



**Centre for
Homelessness Impact**

The Impacts of Lifelong
Links on Housing
Outcomes for Young
People Leaving Care:
An evaluation using matching

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About this series of studies on care leavers

Young people leaving care are at significantly higher risk of homelessness than their peers who have not experienced care¹. Yet there is a lack of data and evidence on interventions aimed at addressing this risk and the quality of existing studies has been critiqued². In the UK, a range of interventions have been implemented, across many years, which may have had an impact on housing outcomes, and broader outcomes, in early adulthood. However, housing outcomes have not been rigorously analysed in the existing studies³. This is despite the fact that housing and homelessness is regarded as a critical issue to address, in the context of children's social care, with existing studies underscoring the need for an "urgent research agenda" focused on this⁴.

This study is one of a series of quasi-experimental evaluations focused on analysing the effectiveness of homeless interventions for care leavers. This evaluation work seeks to address the paucity of evidence-based interventions (and dearth of robust impact evaluations) focused on improving housing outcomes for young care leavers, a cohort known to experience poor outcomes compared to their peers.

Through this work, which has been funded by the UK Cabinet Office, we are seeking to evaluate existing interventions which may have influenced housing outcomes, and to identify more interventions to test and potentially scale up. We have focused on interventions in the children's social care domain, particularly those funded through the Children's Social Care innovation programme waves 1 and 2. The project, as a whole, seeks to address calls, in the existing literature, for more impact evaluations of housing interventions, for young care leavers.

We intend to do an additional suite of evaluations, which will focus on investigating interventions to reduce homelessness among care leavers including Staying Put, and other interventions done in Greater Manchester including 1) Housing First; 2) A Bed Every Night; and 3) The Young Persons Prevention Pathfinder.

A previous version of this report published in September 2023 states that data analyses included young people in a local authority who are owed a prevention duty. The data used includes both young people owed either a prevention or relief duty. The text has been amended throughout to reflect this. This version also includes an Executive Summary.

1 Briheim-Crookall et al., 2020; Mendes & Rogers, 2020; Parsons et al., 2022a; Sacker et al., 2021; Sanders et al., 2021; Sanders et al., 2022

2 Sanders et al., 2022; Taylor et al., 2021

3 Sanders et al., 2021; Sanders et al., 2022

4 Cross et al., 2022

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Executive Summary

Background

Young people leaving care can experience multiple sources of vulnerability, yet often lack vital support, at a crucial transitional period⁵. While young care leavers are at a significantly higher risk of homelessness than their peers who have not experienced care, there remains a paucity of studies which have quantitatively assessed interventions aimed at reducing this risk. The quality of existing studies has been critiqued⁶; and many have not analysed housing outcomes into adulthood⁷, despite the fact that homelessness is considered a critical issue to address in this context⁸ and a range of interventions have been introduced in the UK, which may have impacted housing outcomes. While this has made it difficult to recommend one particular approach for improving housing outcomes for care leavers, there are some approaches which hold promise and should be further explored. For example, ensuring that young care leavers have access to a stable family home is vital and aligned to calls in the existing evidence, to ensure that care leavers have a gradual, rather than accelerated, transition to adulthood.

An example of a practice change, which aims to strengthen the young people's relationships, particularly with their birth family, is called Lifelong Links.

Understanding the impact of Lifelong Links on housing outcomes is the purpose of this evaluation. Specifically, to identify causal impacts, we assess the number of young people in a local authority who are owed a prevention or relief duty and who are identified as being care leavers in a given local authority in a given year.

About Lifelong Links

Lifelong Links is an intervention developed and delivered by the Family Rights Group in the UK. The intervention aims to ensure that a child in care has a positive support network around them to help during their time in care and into adulthood. A Lifelong Links coordinator works with a child to find out who is important to them, who they would like to be back in touch with and who they would like to know. The coordinator searches for these people, using a variety of tools and techniques, and then brings them all together in a Lifelong Links family group conference to make a plan of support with, and for, the child.

Methods and findings

Using a combination of coarsened exact matching and difference in differences. First, local authorities which made use of Lifelong Links as a part of the Children's Social Care

5 Briheim-Crookall et al., 2020; Mendes & Rogers, 2020; Parsons et al., 2022a; Sacker et al., 2021; Sanders et al., 2021; Sanders et al., 2022

6 Sanders et al., 2022; Taylor et al., 2021

7 Sanders et al., 2021; Sanders et al., 2022

8 Cross et al., 2022

Innovation Programme are matched to local authorities which do not make use of the intervention, but which are statistically similar in terms of their children's social care system and underlying levels of homelessness. Second, the differences in outcomes in these two groups of local authorities are compared before, and after the implementation of Lifelong Links. For additional robustness we make use of a triple differences approach in which the outcomes for a cohort within the same local authorities, subject to the same housing market but not eligible for Lifelong Links - older adults - are additionally compared.

We find statistically significant reductions in young people being owed a homelessness prevention of relief duty as a result of Lifelong Links being introduced. Specifically, we find a 10% reduction in this outcome for young care leavers aged 18-21 as a result of the intervention.

Recommendations

We argue that the reduction in homelessness as a result of Lifelong Links demonstrates the benefit of this intervention, and recommend first that this is considered by government in decisions about the roll out of Lifelong Links, and that further research is conducted to understand both the long term impacts of Lifelong Links on other outcomes, and the economic case for the intervention.

Introduction

Young people leaving care are a particularly vulnerable cohort, and are known to be at risk of and to experience negative outcomes, in areas such as homelessness⁹, substance abuse¹⁰, low educational attainment¹¹, poor mental and physical health¹² and unemployment¹³. For instance, they are less likely, than their peers, to be employed and/or attend higher education¹⁴ and more likely to be incarcerated¹⁵, to experience physical and mental health problems and to be reliant on public assistance¹⁶. The poor outcomes may be linked to pre-existing psychological and/or developmental problems, along with trauma experienced prior to or whilst in care¹⁷. They often extend beyond mid-adulthood, into older age, thus underscoring the vital importance of interventions aimed at assisting this cohort¹⁸.

Homelessness is one of the most prominent domains in which outcomes differ significantly, and also an area which significantly impacts upon outcomes in other areas, such as health and employment¹⁹. Young people transitioning from out-of-home-care (OOHC) are often poorly equipped for independent living²⁰. The type and amount of support provided to this cohort is not sufficient for preventing adverse outcomes. In England, at least some forms of institutional support are withdrawn at the age of 18²¹. While the responsibility of the state to their wards extends until 25, the extent of this support is reduced compared to when they were children in care²². The transition to independence is often accelerated, rather than gradual, despite the well-evidenced need for it to be a gradual process²³. Consequently, at a pivotal age in which most young people still live at home and/or have support from their families, young people leaving care exit a system in which they are provided with formal support, and enter unsupported living arrangements²⁴. They are forced to look after themselves at a much earlier age than their peers who can likely rely on their birth families for ongoing personal and/or material support, and they tend to have insufficient life skills, knowledge and/or training to navigate this difficult transition²⁵.

The most common reason for a child to be removed from their home and placed into the care system is due to abuse and/or neglect²⁶. The majority of the young people taken into

9 Sanders et al., 2021; Sanders et al., 2022

10 Parsons et al., 2022a

11 DfE, 2022; Parsons et al., 2022a; Parsons et al., 2022b

12 Briheim-Crookall et al., 2020; Tarren-Sweeney & Vetere, 2013

13 Mendes & Rogers, 2020; Sanders et al., 2021

14 DfE, 2022; Parsons et al., 2022a; Mendes & Rogers, 2020; Parsons et al., 2022b; Sanders et al., 2021;

15 Crawford et al., 2018; Parsons et al., 2022a; Yoon et al., 2018

16 Mendes & Rogers, 2020; Sanders et al., 2021

17 Sanders et al., 2021; Sanders & Whelan, 2022

18 Parsons et al., 2022b; Sacker et al., 2021

19 Cross et al., 2022; Sacker et al., 2021; Taylor et al., 2021

20 Heerde et al., 2018

21 Parsons et al., 2022b; Sacker et al., 2021

22 NAO, 2014; NAO, 2015; Sanders et al., 2021; Sanders & Whelan, 2022

23 Baker, 2017a; Baker et al., 2017b; Stein, 2008; Stein, 2012

24 Briheim-Crookall et al., 2020; Taylor et al., 2021

25 Briheim-Crookall et al., 2020; Donkoh et al., 2006; Sanders & Whelan, 2022

26 Hiller & St Clair, 2018

care in England have experienced substantial hardship and trauma in their life prior to entering care²⁷. They are thus already highly vulnerable, at the point of entering a highly complex, underfunded system. From this point onwards, they then receive varying quality and levels of care, while facing significant challenges in finding a permanent place to stay, and likely confronting systematic inequality in accessing vital support from the wider system²⁸. The vast majority report having a small support network and higher levels of stress and chronic loneliness than their peers²⁹.

While in care, young people tend to experience substantial instability; in England, one-third of young people in care experience more than one placement per year³⁰. Among this cohort, it is the young people with the most severe psychological difficulties, who tend to experience more placement breakdowns, with a detrimental impact on their mental health³¹. Poor psychological outcomes for children in care are thus very common. This has been demonstrated by various studies, such as a survey of over 1,000 children looked after by local authorities in Britain, which found they were five times more likely to meet criteria for a psychiatric disorder compared with their peers³². The care system itself, therefore, often inflicts further harm on young people, rather than preventing further hardship³³.

Homelessness amongst young people leaving care is regarded as a critical issue to address, in the context of children's social care, with existing studies underscoring the need for an "urgent research agenda" focused on this³⁴. Data quality on the correlation of care experience and homelessness remains mixed; nonetheless, various studies have provided insights on the prevalence of the problem. For instance, approximately 10% of people sleeping rough in London in 2018 were in care as a child³⁵; and the charity Centrepoin found that 26% of young people leaving care had 'sofa surfed' and 14% had slept on the street³⁶. Studies which have reviewed the existing body of evidence on interventions aimed at reducing homelessness for young people leaving care, have identified that there is a shortage of high quality evidence at this stage. It has thus been challenging to draw conclusions about the effectiveness (or otherwise) of one particular approach, as the evidence base for 'almost all' approaches is of a poor quality, with no clear finding that a specific approach delivers better or worse outcomes than usual services³⁷. As a result, differing perspectives remain, in regards to the ideal timing, frequency, type, intensity and sequencing of services designed to better support young people transitioning from care into independent living arrangements. Some approaches (e.g. extended care) appear to hold some promise, yet more rigorous effectiveness research is urgently required.

27 Briheim-Crookall et al., 2020; Sanders et al., 2021

28 Taylo et al., 2021

29 Briheim-Crookall et al., 2020

30 Department of Education, 2022; Hiller et al., 2020

31 Hiller & Clair, 2018; Rock et al., 2015

32 Ford et al., 2007

33 Taylor et al., 2021

34 Cross et al., 2022

35 Ministry of Housing, Communities & Local Government, 2018

36 Gill & Daw, 2017

37 Sanders & Whelan, 2022; Taylor et al., 2021

About Lifelong Links

The Lifelong Links intervention was developed by the Family Rights Group in the UK, in collaboration with various stakeholders including local authorities, foster carers, families, social workers, children in care and young people leaving care. Underpinned by a commitment to building and maintaining positive support, the intervention aims to ensure that a child in care has a positive support network around them, thus providing vital support both during their time in care and into adulthood. The care network can include relatives and/or other key adults.

The existing evidence base underscores the importance of interventions which are focused on enhancing and maintaining support for children in care. For instance, many of the negative outcomes experienced by children in care and young people leaving care can be linked to a lack of support, which also contributes to loneliness and isolation³⁸. Thus, prior studies have emphasised that the care system and the associated child welfare procedures and policies often 'break' relationships for children living in or on the edge of care³⁹. Additionally, studies have identified stability and support (both from family and the broader community) as particularly important aspects of successful transitions for young people in care to adulthood⁴⁰.

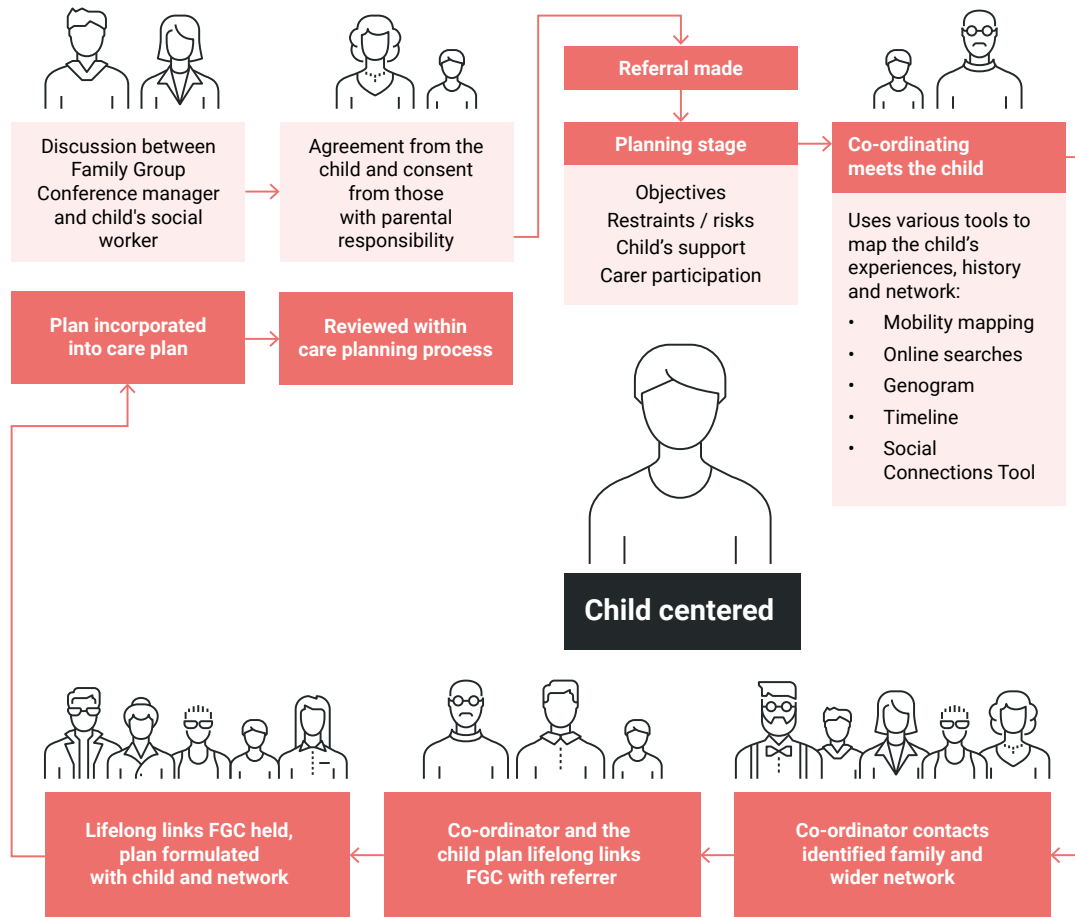
In the Lifelong Links intervention (Figure 1), a trained independent Lifelong Links coordinator works with a child to map out the people that they identify as being important to them, those who they would like to reconnect with and those who they would like to know. The coordinator assists with searching for and finding relatives (which can include known and/or unknown relatives), as well as other supportive adults (such as former foster carers and/or teachers) who care about the young person and would be prepared to support them. Having used a variety of tools and techniques to identify appropriate individuals, the coordinator then brings them all together, in a Lifelong Links family group conference. During the group conference, a plan of support to address the young person's needs is made with, and for, the child. The plan is then embedded into their care or pathway plan.

38 Munro et al., 2012

39 The Care Inquiry, 2013

40 Mendes & Rogers, 2020; Sanders et al., 2021

Figure 1: Lifelong Links Process



Source: Holmes et al., (2020: p 53)⁴¹

In terms of eligibility, participating children and young people need to: 1) be under 16 years old; 2) have been in care for less than 3 years; and 3) have no plans in place for them to live within their family or be adopted. The criteria were slightly adapted in one local authority, to include a cohort aged 16 and above.

The Lifelong Links intervention has a range of aims and intended outcomes, namely to: 1) increase the number and sustainability of children's supportive relationships; 2) reduce the number of placement breakdowns; 3) improve emotional and mental well-being; 4) improve educational engagement and attainment; 5) reduce incidents of running away; 6) reduce harmful and risk-taking behaviours including substance misuse, self-harm and criminal activity; and 6) improve longer term outcomes for children leaving care.

41 Holmes et al., 2020

Lifelong Links was originally funded as a three-year trial, through Round 2 of the Department for Education's Children's Social Care Innovation Programme. It initially involved 7 local authorities, and then grew to 12 authorities in the third year, with 875 children benefiting from the trial in England. In addition, a trial is being conducted in Scotland (until 2023), by CELCIS, University of Strathclyde. The trial funds were obtained from the KPMG Foundation, Esmee Fairbairn Foundation, RS MacDonald Charitable Trust and the Robertson Trust. The trial is being conducted by CELCIS, University of Strathclyde.

The original evaluation of Lifelong Links, conducted by the REES Centre at the University of Oxford, identified positive findings. For example, 74% of those who received the intervention were living in their foster care or children's home a year later, compared to 41% of the young people who did not receive the intervention⁴². In addition, the program was found to have improved a young person's sense of identity, and increased their family and friend connections⁴³. Regardless of the positive results, it must be noted that there were various study limitations. For instance, the evaluation did not reach the stage where young people had progressed into adulthood, and so became at risk of homelessness. Recognising this gap, we designed and conducted this quasi-experimental evaluation (which involved making use of a fuzzy exact matching process) to look at the impacts on homelessness later in the young people's lives.



⁴² Holmes et al., 2020

⁴³ Holmes et al., 2020

Methods

This study employs a quasi-experimental design, which combines a number of approaches, reflecting the complexity of the context, intervention and outcomes. We make use of a dataset generated from a combination of national and local datasets developed and designed during this project’s protocolisation phase, which was published on the Open Science Framework⁴⁴. Our main outcome measure is the number of young people in a local authority who are owed a prevention or relief duty and who are identified as being young people leaving care in a given local authority in a given year. Our primary outcome measure is a composite measure for young people leaving care aged under 21.

Given that, for the majority of the time periods, young people leaving care over the age of 21 will not have benefited from the intervention, and the lack of consistent pre-period data, we opt for conducting Coarsened Exact Matching. We take an iterative approach to matching. There is a trade off faced in matching between the “quality” of a match - that is, the number of variables on which treated units are matched, and hence the level of similarity of the matched groups - and the number of matches that are possible. Prioritising the former means that the quality of causal identification is higher, while prioritising the latter increases the statistical power of analysis. Most common (non-CEM) matching approaches require that researchers make decisions about the exclusion of values outside of the range of common support prior to conducting matching⁴⁵, using one of several methods (e.g. Heckman⁴⁶, 1997) - although Lacus et al (2012)⁴⁷ note that this step is not undertaken in much published work in this area. Coarsened exact matching does not require this ‘trimming’ as a first step, with it occurring automatically within the matching process. Nonetheless, we must select how many, and which, variables to include when conducting a match.

The more variables we choose (conditional on the coarsening algorithm), the fewer, but better matches we will achieve. This trade off is particularly acute when we have a finite number of both treated and counterfactual units. Best practice for the use of a propensity score match (for example) requires the researcher to match, test for balance, and rematch (possibly several times) - see e.g. Crump et al (2009)⁴⁸. There are two comparable ‘best practice’ approaches suggested by the analysis of Latus et al (2012)⁴⁹. The first is to gradually increase the extent of coarsening as far as we are “comfortable” (p23), and the second is to reduce the constraint imposed by the number of variables, similarly until we arrive at a level of comfort. We take the latter approach, and iterate the matching process to achieve the best possible match (conditional on our data quality) for each treated unit.

44 <https://osf.io/6up2d/>

45 Lacus et al., 2012

46 Heckman et al., 1997

47 Lacus et al., 2012

48 Crump et al., 2009

49 Lacus et al., 2012



To do this, we start with the broadest set of variables for matching (achieving the fewest, highest quality matches), and then gradually contract this set, for those units that are not yet matched. In doing so, we allow most, if not all, treated units to be matched, without compromising the match quality for those units for whom a better match is possible. We must choose how many rounds of iteration we will undertake, and select three as a number likely to yield many matches without reducing the quality of the matches to too great an extent. We recognise that this decision is, necessarily, largely arbitrary. We display the results of each stage of matching and the matches overall in our protocol; full code and analytical output have been published as Stata Do Files and Log Files and can be found on GitHub⁵⁰.

⁵⁰ https://github.com/michaelsanderskcl/QED_Homelessness_Careleavers

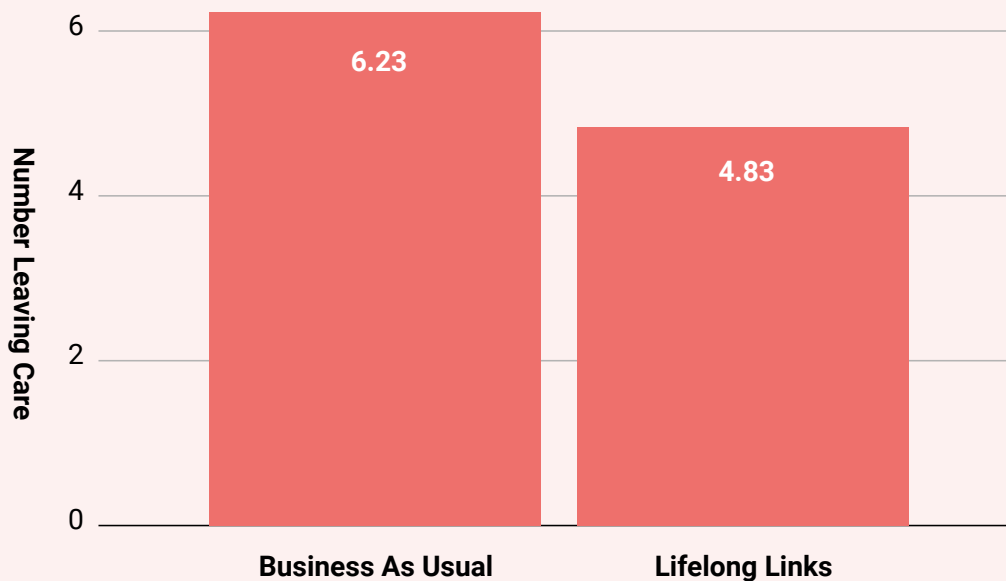
Results

Primary analysis - absolute effects

Our first analysis looks at absolute changes in the number of young people owed a prevention duty in a local authority who also spent some of their childhood in care. As we have not been able to randomise in this study, it is possible that our findings are sensitive to specification, and so we conduct a number of analyses with different approaches and specifications to test our findings.

Looking at the absolute number of care experienced young people who are deemed at risk of homelessness by our definition, we run four analytical models with varying numbers of controls. The most robust of these is a triple differences approach, which controls for pre-existing trends in homelessness risk; differences in pre-existing levels of risk; and local housing conditions via controlling for outcomes for other groups in the local authority who would not be effected by Lifelong Links. The results of our most robust model from this specification can be seen in Figure 2, below. This shows that the local authorities in which Lifelong Links is rolled out in this period would, in the absence of Lifelong Links, have had an average of 6.23 care experienced young people young at risk of homelessness, compared to 4.83 in practice - a reduction of 1.4 young people at risk of homelessness, or a reduction of 22%.

Figure 2: Results of most robust model - absolute changes



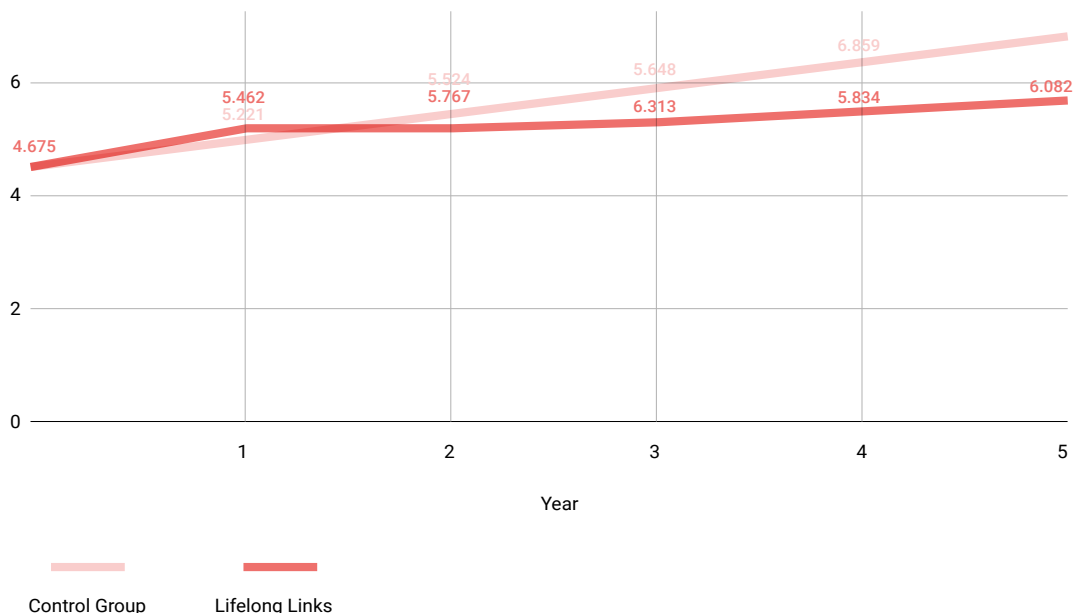
Overall, across all of these models we see a consistent and negative relationship between Lifelong Links being active in a local authority and the number of young people leaving care aged 18-20 owed a prevention or relief duty for homelessness. While not statistically significant at conventional levels, in our most robust estimates, this relationship is associated with p values below 0.15. This lack of precision is perhaps unsurprising given the relatively short period of time that Lifelong Links has been active and the level at which the data is delineated. Nonetheless, these effects are non-trivial in size and should be considered encouraging.

Primary analysis - changes over time

In our second piece of primary analysis, we consider the fact that Lifelong Links is a new programme at the beginning of its execution, and that it becomes more integrated in local authorities over time, as well as that more young people who have been treated will age out of care over the course of the period covered by the data. We thus include Lifelong Links as a variable but additionally include an interaction term between Lifelong Links and the year, which can be interpreted in the change in effect size for each additional year of operation.

In doing so, we find a modest rate of growth of the effect identified for each additional year of Lifelong Links operation in a local authority, albeit that this is imprecisely estimated. We find a reduction in the number of young people leaving care being owed a homelessness prevention duty year on year following the implementation of Lifelong Links in a local authority, compared to the counterfactual. This effect is the equivalent of an additional reduction of 0.4 care experienced young people being at risk of homelessness per year for each year that Lifelong Links is live (see Figure 3). As with the absolute effects, we do not find a statistically significant effect at conventional levels, although p values again vary between 0.09 and 0.14.

Figure 3: Effects of Lifelong Links Over Time

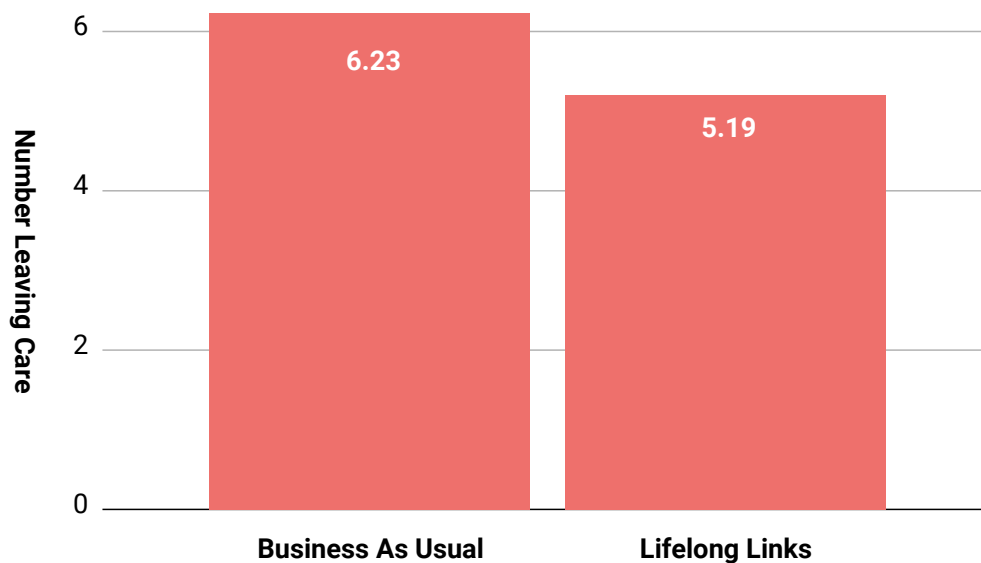


Secondary analysis - closeness of matches

As we described above, there is a trade off between statistical power (which is served by increasing the sample size), and the closeness of matches (which reduces sample size). The Lifelong Links coarsened exact matching processes took a two stage approach, in which local authorities were first matched using all covariates used in the matching process, and then a second, wider matched process with fewer variables being matched on and all local authorities not matched in the first phase being successfully matched.

To test for the robustness of our findings to our expansive match approach, we replicate the analysis, with our sample frame limited to those local authorities matched in wave 1. Confining our analysis to the more closely matched group, our findings change a little, with the absolute magnitude of the effects we identify being reduced slightly in these findings. Partially as a result of this reduction in effect size, and partially due to the reduction in sample size, the statistical significance associated with these findings is also reduced.

Figure 4: Effects of Lifelong Links with close matches



We also replicated our time interaction analysis, but limited our sample to local authorities matched in wave one. Here we see that the interaction effect is statistically significant at the 5% level, suggesting that effects seem stronger when we limit our analysis to local authorities which are closer matches to those who receive the treatment. This effect is the equivalent of 0.5 fewer young people leaving care being at risk of homelessness for each year that Lifelong links is live in a local authority.

Robustness checks

We conducted pre-specified robustness checks to test the extent to which our analyses are sensitive to assumptions or the specific form of analysis used. Although our main analyses remain our main findings, they are interpreted in the context of these robustness checks. These analyses include looking at relative changes, rather than absolute changes, and the use of Poisson regressions, which produce results which are harder to interpret but which can be better suited to count data. For both our effects overall, and our changes over time analysis, these findings are consistent with our main analyses, finding a consistent pattern of reductions in the risk of homelessness for local authorities using Lifelong Links, and one which grows larger over time. Using Poisson regressions and our most robust model, we find a statistically significant 6% per year reduction in risk of homelessness associated with Lifelong Links.



Discussion

In this study, we have investigated the effectiveness of the Lifelong Links program, on housing outcomes for young people in care. In particular, we have analysed the likelihood that they are owed a prevention or relief duty by their local authority. This focus is timely given that housing and homelessness are increasingly being seen as a vital issue to address for children's social care in the UK and internationally. Further research is needed to test the outcomes of homelessness service responses, noting the lack of UK-based research into housing issues as causes or consequences of families' involvement with children's social care.

We embarked upon this study with the ambition of furthering the evidence base for interventions aimed at addressing the poor outcomes experienced by young people leaving care compared to their peers, particularly in regards to housing and homelessness. This cohort is known to experience challenges around the transition to independent living upon 'ageing out' of the care system. Young people in care often feel a lack of support, compounded by the high turnover (amongst social workers and other advisors) which can affect factors such as the continuity of care, quality of support and strength of the relationship⁵¹. They are often provided with inconsistent information which thus makes it challenging for them to access timely, appropriate support⁵². Despite young people in care valuing continuity, the agencies providing them with support have, in various studies, reported having highly variable and limited engagement with a young person's case worker⁵³. The Lifelong Links program is thus particularly vital as it builds lasting connections and support networks and provides stability both during a young person's time in care and also beyond, when young people leaving care transition to independent living. Its focus on overcoming issues highlighted in prior studies (e.g. lack of support, inconsistent information, loneliness etc) is particularly important. Noting that homelessness impacts upon outcomes in a range of other domains, the transition to stable, independent housing is of vital importance. Regardless, prior to this study, the impacts of Lifelong Links on homelessness outcomes later in a young person's life were unknown as the existing Lifelong Links evaluation did not reach a stage in which young people had progressed into adulthood and thus became at risk of homelessness. Against an under-developed backdrop of evidence-based interventions in this policy area, the findings from this study are particularly timely. Other studies, by other research teams, are underway to consider other impacts of Lifelong Links. Our key finding, that Lifelong links is associated with a reduction in the risk of becoming homeless for young people leaving care aged 18-20 in the years following its implementation, suggests that the program has promising results and should be considered for further roll-out and take-up.

51 Taylor et al., 2021

52 Taylor et al., 2021

53 Taylor et al., 2020

As outlined in our pre-specified research protocol⁵⁴, we made use of multiple quasi-experimental approaches and we checked these methods for robustness by transformations of the outcome measure, and through the use of Poisson regression analysis. Although our findings are not conclusive, we found consistent evidence of a negative effect of Lifelong Links on the number of young people being owed a homelessness prevention duty. At conventional levels, the effects are not statistically significant. Nonetheless, they are meaningful in a practice sense, with p-values less than 0.2 consistently presented. It must be noted that there is a growing body of literature which acknowledges the challenges that are associated with the use of a binary 'pass fail' approach to statistical significance testing around the 0.05 threshold (see Halsey et al, 2015, for example).



With this in mind, we consider that our findings provide promising evidence of Lifelong Links being an intervention which has an effect on housing outcomes for young people leaving care. With a shortage of evidence for such interventions, we argue for further analyses to be conducted in future years to continue the evaluation. With the positive results in mind, we believe Lifelong Links could serve as a valuable evidence-based model, for supporting young people in care to maintain their relationship with their birth families.

⁵⁴ <https://osf.io/pm65e>

Conclusions

Young people who ‘age-out’ of care are a particularly vulnerable cohort, who face increased risks of poor outcomes⁵⁵. Although the poor outcomes can span a number of policy areas, one particularly prominent area is homelessness⁵⁶. It is known to impact upon outcomes in other domains, such as unemployment⁵⁷, health⁵⁸, education⁵⁹ and substance abuse⁶⁰. Existing studies in this field have highlighted the poor quality of the existing evidence base⁶¹. As a result of the underdeveloped evidence base, it has thus far been too early to recommend a particular approach to improving outcomes for young people leaving care transitioning into adult living arrangements⁶². We have made an important contribution to the evidence base by demonstrating that Lifelong Links reduces the risk of becoming homeless for young people leaving care aged 18-20 in the years following its implementation. With our most robust model finding a 10% reduction in the risk of a young person leaving care being owed a homelessness prevention or relief duty, we believe that Lifelong Links is a very promising intervention, which should be further rolled-out across England.

55 Briheim-Crookall et al., 2020; Mendes & Rogers, 2020; Parsons et al., 2022a; Sacker et al., 2021; Sanders et al., 2021; Sanders et al., 2022

56 Cross et al., 2022; Sacker et al., 2021; Taylor et al., 2021

57 Mendes & Rogers, 2020; Sanders et al., 2021

58 Briheim-Crookall et al., 2020; Tarren-Sweeney & Vetere, 2013

59 DfE, 2022; Parsons et al., 2022a; Parsons et al., 2022b

60 Parsons et al., 2022a

61 Sanders and Whelan, 2022

62 Taylor et al., 2021

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Appendices

Table 1: Matching of Lifelong Links Pilot Sites

Wave	Treated for Matching	Untreated for Matching	Treated matched	Untreated matched
1	22	287	14	43
2	8	287	8	54
3	0	0	0	0
Total			22	72
Unmatched treated	0			

Table 2: Fixed effects regressions of absolute effects of Lifelong Links on number of care leavers owed a prevention or relief duty

	(1)	(2)	(3)	(4)
Life Long Links	1.691	-1.150	-1.648	-1.482
	[1.164]	[1.157]	[1.064]	[1.003]
Year		0.947***	0.505***	0.461***
		[0.122]	[0.122]	[0.115]
Number of old aged people			0.381***	0.310***
			[0.0406]	[0.0394]
Number of care leavers 21+				0.301***
				[0.0391]
Constant	5.651***	2.890***	1.848***	0.380
	[0.309]	[0.460]	[0.437]	[0.454]
N	564	564	564	564

Standard errors in brackets

* p < 0.05, ** p < 0.01, *** p < 0.001

Table 3: Fixed effects regressions of effects of Lifelong Links with embedding over time using interaction effects

	(1)	(2)	(3)
Lifelong Links	0.887	-0.0134	0.241
	[1.678]	[1.545]	[1.457]
Year	1.032***	0.576***	0.536***
	[0.132]	[0.131]	[0.123]
Year x Lifelong Links	-0.573	-0.459	-0.484
	[0.343]	[0.315]	[0.297]
Number of old aged people		0.378***	0.307***
		[0.0406]	[0.0393]
Number of care leavers 21+			0.302***
			[0.0390]
Constant	2.642***	1.656***	0.174
	[0.483]	[0.456]	[0.471]
N	564	564	564

Standard errors in brackets

* p < 0.05, ** p < 0.01, *** p < 0.001

Table 4: Fixed effects regressions of absolute effects of Lifelong Links on number of care leavers owed a prevention or relief duty - first wave matched sample only

	(1)	(2)	(3)	(4)
Life Long Links	0.871	-0.915	-1.102	-1.086
	[0.935]	[0.935]	[0.882]	[0.874]
Year		0.596***	0.325**	0.351***
		[0.101]	[0.105]	[0.105]
Number of old aged people			0.236***	0.225***
			[0.0391]	[0.0390]
Number of care leavers 21+				0.168*
				[0.0678]
Constant	4.675***	2.957***	2.416***	1.501**
	[0.258]	[0.380]	[0.369]	[0.519]
N	342	342	342	342

Standard errors in brackets

* p < 0.05, ** p < 0.01, *** p < 0.001

Table 5: Fixed effects regressions of effects of Lifelong Links with embedding over time using interaction effects, first wave matched sample only

	(1)	(2)	(3)
Lifelong Links	1.518	0.922	0.784
	[1.343]	[1.273]	[1.264]
Year	0.704***	0.422***	0.439***
	[0.109]	[0.114]	[0.113]
Year x Lifelong Links	-0.689*	-0.572*	-0.529*
	[0.275]	[0.261]	[0.260]
Number of old aged people		0.229***	0.220***
		[0.0390]	[0.0389]
Number of care leavers 21+			0.159*
			[0.0676]
Constant	2.645***	2.172***	1.329*
	[0.397]	[0.384]	[0.523]
N	342	342	342

Standard errors in brackets

* p < 0.05, ** p < 0.01, *** p < 0.001

Table 6: Fixed effects regressions of effects of Lifelong Links on logged number of care leavers owed a prevention or relief duty

	(1)	(2)	(3)	(4)
Life Long Links	-0.0704	-0.139	-0.210	-0.196
	[0.271]	[0.286]	[0.279]	[0.277]
Year		0.0228	-0.0403	-0.0440
		[0.0301]	[0.0319]	[0.0317]
Number of old aged people			0.0544***	0.0486***
			[0.0106]	[0.0109]
Number of care leavers 21+				0.0249*
				[0.0108]
Constant	1.248***	1.182***	1.033***	0.911***
	[0.0719]	[0.114]	[0.114]	[0.125]
N	564	564	564	564

Standard errors in brackets

* p < 0.05, ** p < 0.01, *** p < 0.001

Table 7: Fixed effects regressions of effects of Lifelong Links on logged number of care leavers owed a prevention duty with embedding over time using interaction effects

	(1)	(2)	(3)
Lifelong Links	0.189	0.0604	0.0816
	[0.415]	[0.405]	[0.403]
Year	0.0365	-0.0286	-0.0319
	[0.0327]	[0.0343]	[0.0342]
Year x Lifelong Links	-0.0922	-0.0760	-0.0780
	[0.0847]	[0.0826]	[0.0822]
Number of old aged people		0.0541***	0.0481***
		[0.0106]	[0.0109]
Number of care leavers 21+			0.0251*
			[0.0108]
Constant	1.142***	1.001***	0.878***
	[0.119]	[0.120]	[0.130]
N	564	564	564

Standard errors in brackets

* p < 0.05, ** p < 0.01, *** p < 0.001

Table 8: Fixed effects Poisson regressions of effects of Lifelong Links on number of care leavers owed a prevention or relief duty

	(1)	(2)	(3)	(4)
Life Long Links	0.346**	-0.153	-0.208	-0.191
	[0.113]	[0.118]	[0.119]	[0.119]
Year		0.158***	0.101***	0.0972***
		[0.0108]	[0.0120]	[0.0121]
Number of old aged people			0.0366***	0.0346***
			[0.00315]	[0.00332]
Number of care leavers 21+				0.00429*
				[0.00212]
N	564	564	564	564

Standard errors in brackets

* p < 0.05, ** p < 0.01, *** p < 0.001

Table 9: Fixed effects Poisson regressions of effects of Lifelong Links on logged number of care leavers owed a prevention or relief duty with embedding over time using interaction effects

	(1)	(2)	(3)
Lifelong Links	0.193	0.0527	0.0646
	[0.163]	[0.166]	[0.166]
Year	0.171***	0.112***	0.108***
	[0.0117]	[0.0129]	[0.0131]
Year x Lifelong Links	-0.0919**	-0.0692*	-0.0681*
	[0.0305]	[0.0316]	[0.0315]
Number of old aged people		0.0360***	0.0340***
		[0.00316]	[0.00332]
Number of care leavers 21+			0.00421*
			[0.00212]
N	564	564	564

Standard errors in brackets

* p < 0.05, ** p < 0.01, *** p < 0.001





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