A Quasi-Experimental Evaluation of the Staying Put Intervention for Reducing Homelessness Among Care Leavers

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Abstract_ *The transition from foster care to independent housing is particularly challenging for young care leavers who often lack vital support and face an accelerated, rather than gradual, transition. While young care leavers experience unacceptable levels of homelessness, little is known about what works to prevent or address this. One promising approach, which has been adopted in various countries throughout Europe, is extended care policies. While promising, further evidence is needed to understand the impact of such policies. In the UK, Staying Put has been in place since 2014 to ensure that young people have the right to stay with their foster families upon turning 18, if both parties agree. In this study, we use a quasi-experimental evaluation (coarsened exact matching for pilot sites and a difference in differences analysis and triple-differences for the national roll-out) to evaluate the impact of Staying Put on housing outcomes for young care leavers in England. We find consistent evidence of the effects of Staying Put, particularly in the national rollout analysis. We thus recommend that further funding and support be directed to Staying Put, and that longer-term analysis be conducted to further enhance the evidence base for extended care policies.*

Keywords_ *Care leavers, evidence-based practice, homelessness, Staying Put, impact evaluation, quasi-experimental*

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Introduction

Young people in care have often experienced significant trauma in their lives, including abuse and/or neglect, and are at risk of poor outcomes, particularly in areas such as education, health, well-being, and social exclusion (Stein and Munro, 2008; Mendes and Snow, 2016; Harder et al., 2020; Sacker et al., 2021; Parsons et al., 2022a). For example, they are less likely, than their peers, to be employed and/or attend higher education and more likely to be incarcerated, experience physical and mental health problems, be reliant on public assistance, and/or experience homelessness (Tarren-Sweeney and Vetere, 2013; Briheim-Crookall et al., 2020; Mendes and Rogers, 2020; ONS 2020; Sanders et al., 2021; Parsons et al., 2022a; Sanders and Whelan, 2022). The poor outcomes experienced by young care leavers often extend into older age, thus underscoring the vital importance of interventions aimed at assisting this cohort (Sacker et al., 2021; Parsons et al., 2022b). In this paper, we will focus on the evaluation of one intervention implemented by the Government in England which supported young care leavers in "Staying Put" with their foster carers and its impact on young care leavers' experiences of homelessness.

Various factors may contribute to the poor outcomes experienced by young people in care, for example, pre-existing psychological and/or developmental problems, along with trauma experienced prior to or whilst in care. While in care, young people experience substantial instability, for example, one-third of young people in England experiencing more than one placement per year (Department for Education, 2022a). Those who have the most severe psychological difficulties often encounter the most placement breakdowns (Rock et al., 2015; Hiller and Clair, 2018). Consequently, the care system often inflicts further harm on an already vulnerable population, placing them at a severe detriment, particularly when they age out of the system and support is reduced further. Additionally, the poor outcomes may be linked to inadequate support, particularly at vital transition points, such as when transitioning to adulthood and independent living (Sanders et al., 2021; Sanders and Whelan, 2022).

Non-care leavers tend to be able to draw on support from their biological families beyond the age of 18, whereas for care leavers, the amount of support provided by the State is substantially reduced when a child turns 18, and further reduced when they turn 25 (Sanders et al., 2021). The transition out of care is often 'accelerated and compressed', despite the well-accepted need for a gradual transition (Stein, 2006; Butterworth et al., 2017; Bengtsson et al., 2018; van Breda et al., 2020). Thus, young care leavers are often inadequately prepared for the transition they need to make, and lack the gradual, flexible support often provided by biological families to their own children (Stein, 2008; Stein, 2012; Baker, 2017a; Baker, 2017b). The existing literature also highlights that the vast majority of care leavers report having

a small support network and higher levels of stress and chronic loneliness than their peers, thus suggesting that they are placed at a detriment and that further (extended, gradual) support must urgently be directed to this cohort, particularly at vital transition points (Briheim-Crookall et al., 2020).

A policy domain in which this lack of support contributes to poor outcomes is housing and homelessness. The transition from care into stable, independent living is known to be a particularly challenging area for policy and practice, in this context (Sacker et al., 2021). Having safe, secure, and affordable housing is vitally important for children and young people, yet often denied to care leavers who are required to live independently much earlier than their peers, often struggling to transition to independent living upon ageing out of the system (Mendes and Snow, 2016; Harder et al., 2020; Cross et al., 2022; Sanders and Whelan, 2022). While outcomes differ across a wide variety of outcomes, housing and homelessness is seen as particularly vital to address, given that housing outcomes significantly impact upon outcomes in other areas, such as health and employment (Cross et al., 2022).

Various approaches have been taken by governments to address the vulnerabilities and barriers highlighted above, with the introduction of a wide array of policies and interventions (Sanders et al., 2021). Examples include increasing the age of local responsibility for care leavers to 25, providing new packages of support, and introducing the Staying Put and staying close policies. Nonetheless, the evidence base remains severely underdeveloped, with a shortage of impact evaluations focused on evaluating the impact of interventions which may influence housing outcomes into adulthood (Sanders and Whelan, 2022). The quality of evaluations that have been conducted have been critiqued (Schwan et al., 2018). Consequently, although it is well-accepted that care-leavers fare poorly, compared to their peers, in transitioning to adulthood, there is little consensus on the factors which facilitate improved outcomes (van Breda et al., 2020). While the paucity of robust evaluations has made it particularly difficult to recommend one particular intervention type, extended care policies (i.e., extending the age to which young people can remain in care) have been identified as one promising approach (Taylor et al., 2021). However, more rigorous effectiveness research is required for this intervention type, a gap which this quasi-experimental evaluation aims to fill (van Breda et al., 2020).

What do we Know About Extended Care Policies?

It is well-accepted that many young care leavers experience serious difficulties in transitioning from the care system to independent living at 18, particularly in the absence of sufficient support (Stein and Munro, 2008; Mann-Feder and Goyette, 2019). Additionally, there is a clear and urgent need for innovative support measures which are tailored to the specific and varied needs of care-leavers, and which go beyond the care available to youth who have not experienced care (The Fostering Network, 2017). This reflects the fact that states have a responsibility as 'corporate parents' to care leavers who have spent many of their formative years in the care of the State (Munro et al., 2016). In this context, extended care policies have been introduced, in many European countries, to increase the level of support available to carers, addressing the 'care cliff' that many experience when turning 18 (van Breda et al., 2020). Contextual factors between countries, and even between jurisdictions within countries, significantly influence the approach taken and outcomes achieved. Nonetheless, extended care policies have become an increasingly popular topic among researchers, policy makers, service providers, and care-leavers, globally (Taylor et al., 2021).

Extended care policies typically refer to policies that allow eligible groups of care-leavers to voluntarily choose to remain in their placement until a later age (van Breda et al., 2020). Various studies have sought to analyse the landscape of extended care policies throughout Europe and have found that the conceptualisation and operationalisation of extended care varies by jurisdiction. For example, Montero (2016) conducted a study analysing the legal provisions across 14 countries for young people leaving care at the age of 18, concluding that in most EU countries, local councils are required to support young care leavers until the age of 21. In some of the jurisdictions analysed, care is even extended beyond the age of 21. For instance, in Romania, young people can remain in care until the age of 26 if they continue in education or are deemed to be vulnerable to marginalisation. Van Breda at al., (2020) also considered extended care policies in a range of countries, producing country narratives for the following jurisdictions: 1) Argentina; 2) Canada; 3) England; 4) Ireland; 5) Israel; 6) Netherlands; 7) Norway; 8) Romania; 9) South Africa; and 10) Switzerland. Their comparative work identified significant definitional ambiguity, with no universal construction of extended care, along with considerable diversity in the funding and administration of extended care arrangements, and inconsistencies in the implementation of extended care arrangements, both within and between jurisdictions. Also, several issues were raised regarding the limited evidence base. For example, in England, the evaluation of the pilot of Staying Put only explored early outcomes, with no further research having been conducted on the implementation of Staying Put (Munro et al., 2012; Van Breda at al., 2020).

The Introduction of Staying Put in the UK

Approximately 11 000 young people transition from care to adulthood each year in England (Department for Education, 2022a). Transitioning to independent, stable housing is particularly challenging for many in this cohort, for example, with the Ministry of Housing, Communities and Local Government (2018) (now the Department for Levelling Up, Housing and Communities) noting that approximately 10% of people sleeping on the street in London in 2018 were in care as a child. Additionally, the charity Centrepoint highlighted that 26% of young people leaving care had 'sofa surfed' and 14% had slept on the street (Gill and Daw, 2017). Consequently, legislation has been enacted, across many years, in England to strengthen the service provision duties that are placed upon local authorities for young care leavers.

One example of a policy response is Staying Put, which is a formal extended care scheme for former foster children (as opposed to children in residential care home settings). It was piloted between 2008 and 2011 in 11 local authorities; and in 2013, the Government advised local authorities that young people should be permitted to stay in a stable foster placement until they were 21, if they wished to do so (Munro et al., 2012). In May 2014, Staying Put was introduced on a statutory footing, with the enactment of the *Children and Families Act 2014*, following many years of lobbying by several children's charities, such as the Fostering Network (Children and Families Act, 2014).

A Staying Put arrangement has a specific meaning in legislation and differs from a foster placement (The Fostering Network, 2017). It refers to situations in which a young person remains with the foster carer that they were placed with when turning 18. To be eligible, they must have been looked after for at least 13 weeks since the age of 14. The arrangement is based upon the wishes of both parties. While Staying Put, the young person is considered a young adult and care leaver, rather than a looked after child; they are entitled to receive care leaver support and are allocated a personal advisor. Similarly, the foster carer no longer acts as a foster carer for the young adult; they are their former foster carer, as the foster placement transitions to a 'Staying Put arrangement', which is not governed by fostering services regulations. This means that they may offer foster placements to looked after children, alongside the Staying Put arrangement.

Since 2014, Staying Put has provided extra grant funding to local authorities to assist with costs. However, funding constraints have been highlighted among the implementation issues, for instance, with the funding model having been based on 25% of eligible individuals opting to stay, even though uptake has been far higher in practice, effectively preventing some eligible young people from Staying Put (Mendes and Rogers, 2020; van Breda et al., 2020). Stakeholders such as the

Fostering Network and Action for Children have called for Staying Put to be fully funded and for the introduction of a minimum Staying Put allowance, to ensure that no foster carer is financially disadvantaged by agreeing to extend a placement (The Fostering Network, 2017; Action for Children, 2020). The Government committed an extra £10 million to support Staying Put from 2020 to 2021, although funding availability evidently remains an issue, for example, with some young people feeling under pressure to contribute to the household, given the reduced allowance offered (Mendes and Rogers, 2020).

Prior to Staying Put being legislated, it was piloted and evaluated, with the findings revealing that the majority of foster carers saw young people as 'part of the family' and were willing to offer extended care placements (Munro et al., 2012). It revealed that the young people who were most likely to stay put were those with a secure, stable base. Conversely, young people with more complex histories were more likely to move to independence earlier, with an inclination toward 'survivalist self-reliance'. The evaluation also found that those who Stayed Put were significantly more likely to be in full time education at 19 than their peers who did not Stay Put. This evaluation's scope was limited to the 11 local authorities involved in the initial pilots of Staying Put and used a combination of qualitative methods and analysis of data routinely produced by these local authorities. While promising, the evaluation did not consider long-term housing outcomes, thus leaving a gap to be filled with this quasi-experimental evaluation. This gap is important for a number of reasons, articulated by Sanders et al. (2021) – first, that we know that care leavers experience homelessness at much higher rates than their non-care experienced peers; second, that we know that homelessness itself can have material consequences for a range of other outcomes later in life; and third, that we know little about how to reduce homelessness for this group.

Methodology

Study design

This study uses a quasi-experimental design to evaluate the impact of Staying Put on housing outcomes for young care leavers. Given the complexity of the intervention, context, and outcomes, we use a combination of approaches. There are several complexities, specific to Staying Put, which had to be taken into account when designing our methodological approach. For example, the Staying Put pilot began prior to the beginning of the data available from Homelessness Case Level Information Collection (H-CLIC). H-CLIC is the household case level data collection, which was introduced in April 2018, to replace the P1E aggregated data return; it contains new information that was not formerly collected and includes information

on all individuals within the household, not solely the main applicant. Additionally, Staying Put has since been rolled out nationally, although with highly variable levels of take-up and wide variations in practices at the local authority level. To account for these complexities, we make use of different methods for evaluating the pilot sites and national roll out. In brief, we use a combination of coarsened exact matching (for pilot sites), and a difference in differences analysis in addition to triple-differences (for the national roll-out).

Data description

We generated our dataset using a combination of national and local datasets developed and designed during this project's protocolisation phase, as published on the Open Science Framework. This involved primarily using the detailed local level authority homelessness prevention and relief figures published by the Department for Levelling Up, Housing and Communities (formerly the Ministry of Housing, Communities and Local Government the Department for Communities and Local Government), including data on prevention or relief duties owed. While the data spans back to 2012, the main variables required for this study have only been included in the datasets from April 2016 onward, thus necessitating a later start date for our dataset.

Outcomes

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 care leavers in a given local authority each year. A prevention duty is a duty placed on local authorities in England to take reasonable steps to prevent any eligible applicant from becoming homeless. It applies when a local authority deems that an individual is threatened with homelessness and eligible for assistance. Local authorities also have a duty to relieve homelessness; thus, a relief duty applies when a local authority is satisfied that an applicant is homeless and qualifies for assistance. Our primary outcome measure is a composite measure for care leavers aged under 21.

For evaluating the national rollout, we make use of the following three outcome measures: 1) the number of care leavers aged 18-20 who are owed a prevention or relief duty; 2) the number of older care leavers (aged 21-25) owed a prevention or relief duty; and 3) the total number of care leavers owed a prevention or relief duty. These variables are all derived from the H-CLIC data, which monitors statutory homelessness by local authorities in England.

Matching and counterfactual identification

1. Pilot sites

Within the pilot sites, it is not possible to use difference in differences analysis, due to the absence of data on pre-intervention period outcomes. This is because our data only begins in April 2016 and the intervention was already being used in pilot cities by then; pilots span back as early as July 2008, with Staying Put being introduced into law in May 2014. Consequently, we solely use coarsened exact matching (CEM) to evaluate impacts within the pilot sites. CEM provides an alternative to other techniques commonly used to control confounding (Iacus et al., 2012). It has many benefits, for instance, the fact that it requires fewer assumptions than techniques, such as Propensity Score Matching, and it increases the likelihood of finding suitable matches between treated and untreated units (King et al., 2011; King and Nielsen, 2019). The technique involves temporarily coarsening the data (i.e., grouping or aggregating similar or closely related levels of a covariate into fewer, distinct categories) and exact matching on these coarsened data, before then running the analysis on the uncoarsened, matched data (Iacus et al., 2012). Matching by a set of potential confounders that have been 'coarsened' reduces the number of potential matching values for a covariate, thereby increasing the number of matches achieved (Iacus et al., 2011; 2012). We adopt an iterative approach for matching, in which we balance for the trade-off faced in matching between the 'quality' of a match (i.e., 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 quality of a match increases the quality of causal identification. Conversely, prioritising the number of possible matches increases the statistical power of analysis.

Commonly used (non-coarsened exact matching) approaches typically require researchers to make decisions regarding the exclusion of values outside of the range of common support prior to conducting matching. This can be achieved using one of several well-established methods (e.g., Heckman et al., 1997). However, Iacus et al. (2012) note that this step is not undertaken in many published studies in this area. CEM does not require this initial step of 'trimming', as it instead automatically occurs within the matching process. Regardless, researchers must still select the number of variables and which variables to include when conducting a match.

Evidently, the more variables that are selected (conditional on the coarsening algorithm), the fewer, but better, matches there will be. In instances where we have a finite number of treated and counterfactual units, this trade off becomes particularly acute. Best practice, if, for example, using a propensity score match, necessitates that the researcher matches, tests for balance, and rematches (potentially several times), as recommended by Crump et al. (2009). The analysis of Iacus et al. (2012) provides two comparable 'best practice' approaches. Firstly, it

is possible to gradually increase the extent of coarsening as far as we feel 'comfortable'; secondly, researchers can reduce the constraint imposed by a number of variables, also until arriving at a level of comfort. In this study, we take the latter approach, thus iterating the matching process to achieve the best possible match (conditional on our data quality) for each treated unit. It should be noted that CEM is not without its critics, as is the case for all forms of matching. Black et al. (2020), for example, find that CEM is particularly sensitive to the inclusion of matching variables that are not important predictors of the outcome, and recommend against the use of CEM as a sole means of balancing. Ripollone et al. (2020) find through simulation that it might be preferred over other forms of matching in the absence of rich data containing many variables, as is the case here, but that otherwise it risks lower quality matching than other approaches, such as propensity score matching. Given the data that we have, and the challenges associated with other approaches to matching, we nonetheless believe that CEM represents the best matching approach available.

To do so, we begin with the broadest set of variables for matching. We make use of indicators of housing and income deprivation (part of the Indeces of Multiple Deprivation), Income Deprivation Affecting Children (IDACI), and baseline experience of homelessness among older residents. This allows us to achieve the fewest, highest quality matches. We then gradually contract this set for the unmatched units, thereby allowing most, if not all, treated units to be matched, in a manner that does not compromise the match quality for those units for whom a better match is possible. In our second iteration we remove homelessness among older people, and general income deprivation in our third iteration. We are required to choose the optimum rounds of iteration. While largely an arbitrary decision, we select three as a number likely to yield many matches without reducing the quality of the matches too greatly. To ensure transparency, we provide the results of each matching stage and the overall matches in our protocol and in Table 1. We have also published our full code and analytical output as Stata Do Files and Log Files on GitHub.[1]

Table 1: Matching of Staying Put Pilot Sites

Wave	Treated for Matching	Untreated for Matching	Treated matched	Untreated matched
1	27	282	14	38
2	13	282	8	38
3	5	282	4	64
Total			26	93
Unmatched Treated	**1**			

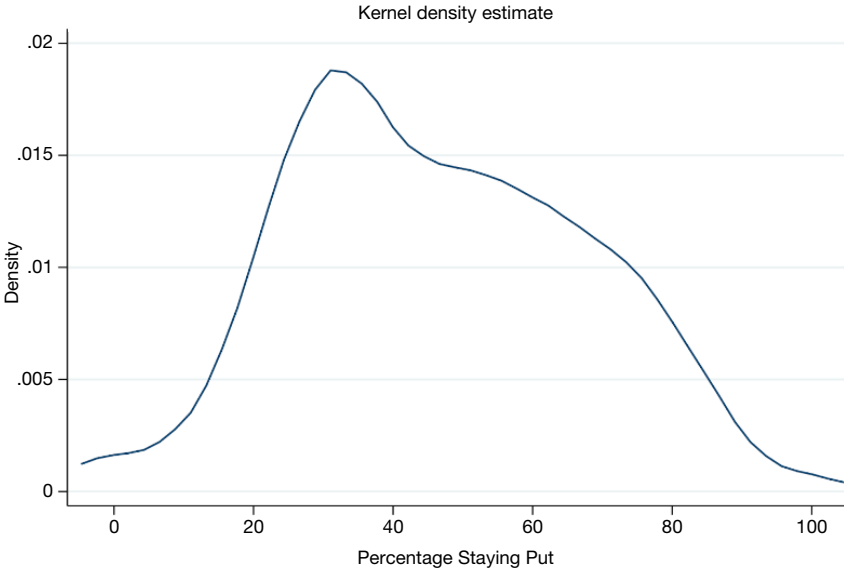
1 https://osf.io/6up2d/

We compare outcomes for treated sites (i.e., local authorities) with those for whom we found matching untreated local authorities. In conducting our main analysis, we make use of the broadest possible match (i.e., the matching approach which yields matching for the largest number of the pilot sites). We also conduct robustness checks using the smaller samples yielded by more restrictive matching approaches.

2. National rollout

In addition to evaluating the impacts of Staying Put in pilot sites, we consider the effects of the national rollout of Staying Put. There are obvious challenges associated with evaluating a national roll-out, where the intervention is made available to all members of a particular cohort. In this context, Staying Put was, theoretically, made available to all care leavers, regardless of location. In practice, however, it is well-recognised that there was substantial heterogeneity in the take-up of Staying Put at local authority level (Figure 1). This was the case both among and within local authorities. As additional funding from the Department for Education has been made available over time, the general direction of travel in terms of the percentage of young people leaving care and Staying Put is upwards, although this is not monotonic. These changes and contextual factors have presented us with a valuable opportunity to quasi-experimentally evaluate the impacts of Staying Put's national rollout on care leaver outcomes.

Figure 1: Take-up of Staying Put at local authority level



Our approach differs from that taken for the pilot sites, as we are able to take a difference in differences approach, in which local authorities are compared with each other over multiple time periods, pre-and-post intervention. While not using a binary treatment indicator (which is common for difference in differences), our approach follows Callaway et al. (2021) and is implemented as a fixed effects panel regression, with fixed effects at the local authority level and a vector of fixed effects for post-treatment time periods. Additionally, we take a triple differences approach controlling for changes in the level of homelessness prevention or relief duty owed to people who are classed as 'old aged', and who are affected by local economic and housing trends within the local authority but are not affected by Staying Put. Because the decision to take up Staying Put at local authority level, or even to reduce this, is non-random, there remains a chance of confounding.

Results

Primary analysis – pilot sites

In our first analysis, we consider absolute changes in the number of young people owed a prevention or relief duty in a local authority who are also care leavers. We conduct this analysis as a linear regression using data at the level of the local authority. Table 2, below, reports the results of four models, conducted using data from the years 2016-2019. Duri ng this time period, Staying Put was being rolled out nationally, as its funding was gradually being increased. It is important to note that this approach is confounded, as described earlier; however, the reduced time period minimises the extent of the confounding. Below the table, we describe each of the four models in further detail.

Table 2: Coarsened exact matching regression models; effects of Staying Put on risk of homelessness duty being owed to young care leavers aged 18-20

	(1)	(2)	(3)	(4)
Staying Put (binary, pilot sites)	-0.120	-0.120	-0.165	-0.444
	[0.310]	[0.310]	[0.304]	[0.291]
Year 2		-0.261	-0.279	-0.284
		[0.249]	[0.244]	[0.231]
Old Age			0.188**	0.160*
			[0.0591]	[0.0627]
Care Leavers 21 plus				0.0817***
				[0.0142]
Constant	3.558***	3.949***	3.322***	2.944***
	[0.139]	[0.398]	[0.438]	[0.433]
R Squared	0.010	0.021	0.046	0.15
N	238	238	238	236

Standard errors in brackets

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

In model 1, we regress the outcome measure on whether or not Staying Put is active in a particular local authority in a given year. While this is the most parsimonious model, it does not account for the fact that there are trends over time and that Staying Put's embeddedness is thus correlated with time. Model 2 overcomes this limitation by controlling for a linear time trend. In model 3, we make use of a triple differences approach, through controlling for the number of people owed a prevention or relief duty for reasons of old age – who are affected by conditions in the local authority but could not benefit from Staying Put. Model 4 builds on the triple differences approach further through the inclusion of a variable which captures the rate at which care leavers aged 21 and over are owed a prevention or relief duty in the local authority. The inclusion of this covariate, although important, does pose some additional risks. For example, this increases the likelihood of spill overs between care leavers under 21 and those 21 and over (e.g., as those aged 21 and over may have benefited from Staying Put until 21, although no longer being eligible), meaning that inclusion of this variable could attenuate estimated treatment effects. Nonetheless, care leavers aged 21 and above arguably provide a closer comparator than people who are classed as old age, given that they are more likely to be experiencing the current labour and housing market, both of which are factors that affect their likelihood of being owed a prevention or relief duty. Thus, their prior experiences are likely to be more comparable than those of older adults.

The findings presented in Table 2 show a consistent pattern of reducing the outcome measure. However, this is highly insignificant ($p>0.5$ in all models except for model 4). The findings from Model 4 (which has a p value of 0.128) are the most encouraging, yet as described earlier we anticipate that these findings have been impacted by potential confounding due to the inclusion of 21+ care leavers for whom there may be spill overs. If this confounding exists, however, it appears to be pushing in the opposite direction than anticipated, which suggests that any spill overs could be negative. Overall, these findings are neither particularly encouraging nor discouraging, especially in light of the potential confounding issues and the lack of statistical significance. We conducted various robustness checks, such as reducing the sample to the most closely matched local authorities and taking logs of the outcome measures; yet these checks did not alter the findings.

Primary analysis – national rollout

The remainder of our analysis focuses on considering the effects of the national rollout of Staying Put. As described earlier, we use a combination of difference in differences and triple differences, to quasi-experimentally evaluate the impacts of Staying Put's national rollout. In Table 3, we present the results of this main analysis, for three different outcome measures related to young people.

Table 3: Fixed Effects Regression of the impact of Staying Put on absolute number of care leavers at risk of homelessness, difference in differences (models 1-3) and triple differences (models 4-6)

	(1)	(2)	(3)	(4)	(5)	(6)
	Any Care Leavers	Aged 18-20	Aged 21-25	Any Care Leavers	Aged 18-20	Aged 21-25
2019	7.822***	3.086***	4.555***	7.534***	3.020***	4.337***
	[1.818]	[0.877]	[1.274]	[1.756]	[0.871]	[1.223]
2020	9.209***	3.325***	5.672***	10.46***	3.616***	6.628***
	[1.818]	[0.876]	[1.274]	[1.767]	[0.876]	[1.230]
2021	12.03***	4.755***	7.069***	11.89***	4.724***	6.967***
	[1.810]	[0.873]	[1.268]	[1.748]	[0.867]	[1.216]
Treatment Dose %	-0.140*	-0.0666*	-0.0895	-0.132*	-0.0647*	-0.0834
	[0.0653]	[0.0315]	[0.0456]	[0.0631]	[0.0313]	[0.0438]
Old Age				0.338***	0.0783**	0.254***
				[0.0546]	[0.0271]	[0.0378]
_cons	32.04***	15.18***	18.10***	26.29***	13.84***	13.79***
	[3.155]	[1.522]	[2.206]	[3.185]	[1.579]	[2.210]
R Squared	0.079	0.054	0.058	0.142	0.068	0.152
N	902	902	894	902	902	894

Standard errors in brackets

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

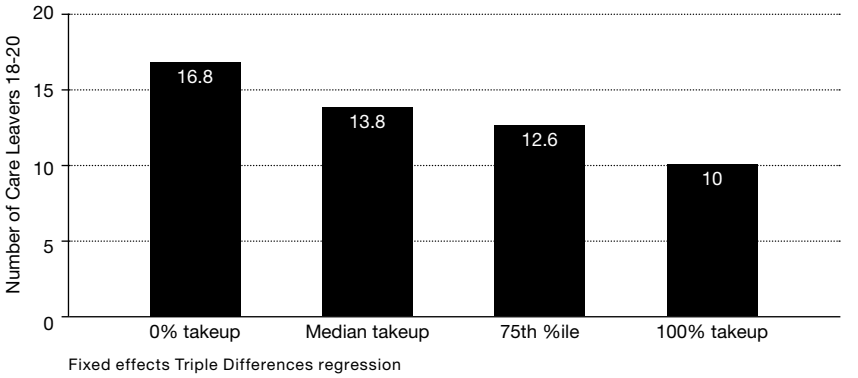
In model 1, we conduct the difference in differences analysis for the variable of any people classed as vulnerable as a result of being a care leaver. In model 2, we restrict the analysis to care leavers between 18-20 years old (i.e., those care leavers who can benefit directly from Staying Put). Model 3 considers care leavers aged 21 and above, while models 4 to 6 repeat these models, with the addition of our triple difference term, old age.

As identified in Table 3, we see significant reductions overall, both in the models considering all care leavers, as well as those that solely consider care leavers aged 18-20. In absolute terms, the effects on older care leavers are larger; yet they are not statistically significant at conventional levels. This can be understood by considering the fact that there are more care leavers aged 21-25 than 18-20, and more heterogeneity in their outcomes. Consequently, the absolute effect is larger, but the relative effect is likely smaller, and the variance in this model is higher. Our findings are robust to being conducted as fixed effects poison regressions, with similar levels of statistical significance and magnitude of effects.

Regarding the magnitude of the effect, the coefficient on 18-20-year-olds in both relevant models is approximately 0.065. Thus, for a one-percentage point increase in the proportion of care leavers Staying Put, the number of care leavers at risk of homelessness falls by 0.065. Put differently, this means that a 13-percentage point increase in the rate of young people Staying Put causes one fewer care leaver to

be at risk of homelessness. Distributionally, moving local authorities from the median to the 75th percentile of Staying Put would reduce the number of care leavers at risk of homelessness by 321 in a given year.

Figure 2: graph presenting linear regression results – different take up rates



Discussion

In this study, we have used a quasi-experimental approach to investigate the effectiveness of the Department for Education's Staying Put policy, on housing outcomes for young care leavers. Staying Put is one of many initiatives introduced by the Government to reduce the 'care cliff' that many young people experience when leaving care, thus ensuring a more gradual transition to adulthood. While Staying Put has been in place since 2014 in England and it is aligned with the extended care approach taken in many European countries, it is yet to be evaluated for its impact on housing outcomes. Thus, the housing impacts into adulthood have remained unknown. Our quasi-experimental evaluation contributes to filling this gap and also addresses broader calls in the literature, for studies focused on evaluating the impact of extended care policies (e.g., Taylor et al., 2021; van Breda et al., 2020).

Although homelessness is well-recognised as a vital issue to address for children's social care in the UK and globally, there remains a paucity of evidence-based interventions (Schwan et al., 2018; Sanders et al., 2021). While most intervention types have little to no evidence of effectiveness, extended care policies have been highlighted as a promising approach, with some positive, although not yet conclusive, evidence emerging (Dworsky and Courtney, 2010; Munro et al., 2012; Courtney et al., 2018; Valset, 2018; Taylor et al., 2021). In many countries, efforts to analyse the impact of extended care policies have been significantly hampered by factors such as gaps in administrative data (van Breda et al., 2020). Consequently, the

findings have thus far been inconclusive, and questions have remained in regard to factors such as whether those with the most complex needs are eligible for and/or choose to take up extended care (van Breda et al., 2020). By exploiting administrative data, using quasi-experimental methods, we have been able to overcome the issues faced in many jurisdictions, thus generating important and timely insights about the benefits and impact of extending care.

In this study, we have presented two analyses of the effects of Staying Put on the risk of being owed a homelessness prevention or relief duty for care leavers. The first set of our analysis, which uses CEM, considers the impact of Staying Put on the original pilot sites. This is confounded by the national rollout of the programme commencing. The results in these analyses are not statistically significant, and so, by convention, we are unable to rule out the possibility that they are driven by change.

In our second set of analysis, we consider the impact of the national rollout of Staying Put. This involved exploiting both among and within local authority variation in the take-up of Staying Put, using a fixed effects regression model to achieve both difference and differences analysis and a triple differences analysis. We identify a stronger positive effect on housing outcomes for young care leavers, with consistent significant effects across the board. We find that local authorities who make more use of Staying Put see significant reductions in homelessness risk per our definition, compared both to their peers, and to their own historic trends. Specifically, we found that a 13-percentage point increase in the rate of young people Staying Put causes one fewer care leaver to be at risk of homelessness. The findings of the national analysis thus suggest that Staying Put has the effect of reducing the risk of homelessness for care leavers, and that increased local authority take-up, could safeguard a number of care leavers from becoming at risk of homelessness. With an associated estimated cost of approximately £24 500 (gross) per year and homeless individual, this would also equate to a substantial cost reduction by ways of investing in such a preventative measure. Compared to the previous evaluation of the discussed pilot in 11 local authorities, the present work adds valuable insight into the potential effects of a national rollout of Staying Put on long-term housing outcomes (Munro et al., 2012).

While we have identified positive findings, it must be noted that our results are not conclusive, particularly given the risk of confounding that we identified throughout the paper. The findings for the pilot sites offer the smallest sample and the most confounding. Nonetheless, we identify positive effects on the risk of homelessness (i.e., declined risk), although with low levels of confidence. It is the analysis of the national rollout which offers the strongest evidence. It provides more robustness and a larger sample and identifies consistent and stronger evidence of the effects of Staying Put. In light of this, we recommend that adequate funding be directed to

local authorities (to address the well-documented funding availability issues), and that further, longer term analysis be conducted to measure the longer-term benefits and to improve the robustness of the evaluation.

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