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Article:

Stein, Mike (2014) Young people's transitions from care to adulthood in European and postcommunist Eastern European and Central Asian societies. *Australian Social Work*. pp. 24-38. ISSN 1447-0748

<https://doi.org/10.1080/0312407X.2013.836236>

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Young people's transitions from care to adulthood in European and post-communist Eastern European and central Asian societies

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This is an Author's Accepted Manuscript of an article published in Stein, M. (forthcoming) Young people's transitions from care to adulthood in European and postcommunist Eastern European and Central Asian societies, *Australian Social Work*, (Available online from 2 October 2013). available online at: <http://www.tandfonline.com/doi/full/10.1080/0312407X.2013.836236>

Abstract

This paper explores comparative material from two publications which provided mapping information on young people's transitions from care to adulthood: It draws on two samples: first, a European sample which included 9 non-communist European countries; second, a sample of 14 post-communist societies which included 9 European and 3 central Asian countries. The paper outlines descriptive data on: population; the placement of children living apart from their birth families; the age of leaving care; the legal and policy framework for preparation and aftercare; official (secondary) data and research, and; policy and practice recommendations. The paper also discusses the application of Esping-Andersen's welfare regime typology in relation to leaving care policy. It is suggested that its application raises questions at two levels: first, in relation to leaving care policy within the sample of European countries, and, second, in its relevance, at a more general level, to post-communist societies. In conclusion, it is suggested the paper provides a starting point for further empirical and theoretical comparative work in this area.

Young people's transitions from care to adulthood in European and post-communist Eastern European and central Asian societies

Introduction

International collaboration on the study of young people's transitions from care to adulthood has, to date, a short history. The Transitions from Care to Adulthood International Research group (INTRAC) was set up in 2003 in response to growing evidence of the poor outcomes experienced by young people living in and leaving care: in comparison with young people in the general population, international research showed that their outcomes were poorer, particularly in respect of education and employment, housing and health and well-being (the background research studies are outlined in the 16 country chapters in Stein and Munro 2008). The INTRAC group brought together, for the first time, researchers from Europe, the Middle East, Australia, Canada and the United States and laid the foundations for comparative research in this area.

The work of the INTRAC group resulted in an initial mapping publication which included 16 country chapters using a standardised framework. Information was collected on: contextual data; case examples; types of welfare regimes; the legal and policy context; use of secondary data, and research findings. The publication also included four thematic chapters which addressed global issues; legal and policy frameworks; the use of secondary data, and; messages from research (Courtney 2008; Pinkerton 2008; Stein 2008; Ward 2008).

The INTRAC publication included chapters on leaving care in two post-communist societies, Hungary and Romania, which explored material on the challenges of

moving from centralist, enclosed and institutionalised models of care to more family based provision and smaller children's homes (Anghel and Dima 2008; Herczog 2008). The need to find out more about young peoples' transitions from care to adulthood in Eastern European and Central Asian post-communist societies, also resulted in a mapping exercise carried out by SOS Children's Villages International, which adopted the standardised framework used by INTRAC, identified above (Lerch and Stein 2010).

The aim of this paper is to reflect upon the comparative material detailed in these two mapping publications. This includes: contextual data on population and the placement of children living apart from their birth families; the age of leaving care; the legal and policy framework for preparation and aftercare; official (secondary) data and research, and; policy and practice recommendations. Two samples are identified as a basis for comparison: first a non-communist European sample (referred to as the European sample) which included the 9 European countries from the 16 INTRAC countries, and; second, 14 post-communist countries, which included 9 post-communist European and 3 Central Asian countries from the SOS mapping exercise, plus Hungary and Romania from the INTRAC countries (see Fig 1 below).

This is the first comparative exploration of this topic. However, there are limitations in the descriptive data: the INTRAC mapping exercise took place in 2007 and the SOS in 2009. There are also gaps in information arising from both mapping publications (which are indicated in the text). To address these limitations, where it exists, more recent literature will be drawn on to confirm or add to the picture portrayed in this account, including publications arising from both INTRAC and SOS

Villages International (Stein, Ward and Courtney, 2011; Stein and Verweijen-Slamnescu, 2012).

Fig. 1. Sample of European and Post-Communist countries*

| European sample | | Post-communist Eastern European and Central Asian sample | | |
|-----------------|-------------------------------|--|-----------------------|--------------------|
| France | Norway | Albania | Czech Republic | Poland |
| Germany | Spain | Azerbaijan | Estonia | Russian Federation |
| Ireland | Sweden | Bosnia and Herzegovina | Georgia | Romania |
| Netherlands | Switzerland United Kingdom | Bulgaria Croatia | Hungary Kyrgyzstan | Uzbekistan |

(*based on Stein and Munro (2008) and Lerch and Stein (2010))

Population of children under-18 in the general population

In the post-communist sample, the population of children under-18 years of age, as a percentage of the total population, varied from 18.7 per cent in Bulgaria to just over double that living in Uzbekistan (39%). Between these two country extremes, were the Czech Republic and Russian Federation (19%), Bosnia and Herzegovina, Estonia (20%), Romania (20%), Hungary (21%), Croatia and Poland (22%), Georgia (25%), Azerbaijan (31%), Albania (32.6%) and Kyrgyzstan (35%).

In the European sample, the similar population group ranged from Spain (17%) to Norway and Ireland both at 25 per cent. The other countries were in a band between 20 and 24 per cent. In terms of comparison, the Central Asian countries had a higher percentage of the population under-18 than the post-communist European sample and

the European sample, reflecting the higher birth rate and underpinning demographic and cultural factors (although this was not explored in the SOS mapping research).

The placements of children and young people living apart from their birth families

For each of the post-communist countries data was collected and categorised in respect of: young people placed: under ‘guardianship’ in kinship care with relatives (extended family members); in a large institutional setting, or; in a family setting including family foster care, small children’s homes, or SOS children’s foster care villages (see Fig. 2).

Fig. 2. Post-communist sample: Children and young people living in alternative care (type of placement: information on 13 countries)

| Country | Guardianship kinship care (with relatives) % (percentage) | Institutional setting Large residential homes % (percentage) | Foster care and SOS families, small children’s homes % (percentage) |
|------------------------|---|--|---|
| Albania | 96 | 4 | 0 |
| Azerbaijan | 34 | 66 | 0 |
| Bosnia and Herzegovina | 0 | 25 | 75 |
| Bulgaria | 0 | 98 | 2 |
| Croatia | 17 | 50 | 33 |
| Czech Republic | 0 | 75 | 25 |
| Estonia | 45 | 42 | 13 |
| Georgia | 0 | 27 | 73 |
| Hungary | | 47 | 53 |
| Kyrgyzstan | - | - | - |
| Poland | 90 | - | 10 |
| Russian Federation | 63 | 37 | * |
| Romania | | 35 | 65 |
| Uzbekistan | 27 | 71 | 2 |

As detailed in Fig. 2, in 10 of the 13 countries, a majority of the young people were living either ‘under guardianship’ in kinship care with relatives, or in an institutional setting. Smaller percentages of young people were living in an alternative ‘family setting’ which in the mapping exercise was categorised as including family foster care, smaller children’s homes, or SOS foster families (‘children’s villages’). However, there were some large differences between countries. The percentage of young people living in an institutional setting in the 13 countries varied between four per cent in Albania (where most young people were placed in kinship care) and 98 per cent in Bulgaria. The percentage of young people living ‘under guardianship’, in kinship care, also varied: between 17 per cent in Croatia, to 96 per cent in Albania.

The percentage of those living in an alternative family setting, including foster care, smaller children’s homes or SOS children’s villages varied between none (0%) of the young people (in Albania, Azerbaijan, and Kyrgyzstan), and 2 per cent in Bulgaria and Uzbekistan, to 73 and 75 per cent in Georgia, and Bosnia and Herzegovina, respectively. In only considering the numbers of young people living in institutional settings, in comparison with young people living in ‘family settings’ (foster care and children’s homes), information was available on 12 countries. This showed that in eight of these countries most of the young people lived in institutional settings.

In the European sample (see Fig. 3), most of the young people were living in either family foster care or residential care placements (in this sample, data collection differentiated between foster and residential care).

Fig. 3. European sample: children and young people living in alternative care (type of placement; (- sign means no information available in mapping exercise))

| Country | Foster care % (percentage) | Residential care % (percentage) | Kinship care % (percentage) |
|---|---------------------------------------|--|--|
| France | 55 | 37 | - |
| Germany | 45 | 55 | - |
| Ireland | 55 | 10 | 25 |
| Netherlands | 40 | 60 | |
| Norway | 61.7 | 19.2 | 19.1 |
| Spain | 8 | 45 | 46 |
| Sweden | 74 | 26 | 13 |
| Switzerland | - | - | - |
| UK (Total for England, Wales, Scotland, Northern Ireland: where comparable information available) | 62.1 | 13.2 | - |

Residential care included small children’s home and residential centres employing social pedagogues. Its usage varied from Ireland (10%) to Netherlands (60%). The use of foster care placements varied from Spain (8%) to Sweden (74%). Very limited information was available on the use of kinship care in the mapping exercise. It showed that just under a half of placements in Spain, a quarter in Ireland and 13 per cent in Sweden were kinship care placements (Fig. 3).

Although there are difficulties in making direct comparisons, given the gaps and difference in data categorisation (in particular, the grouping together of foster care, small children’s homes and SOS families in the post-communist sample), two points stand out. First, the use of institutional care in the post-communist sample: in five of the countries, more than half of young people, and in six of the countries, more than a quarter of placements, were in institutional care. As discussed later, these placements were generally seen as very negative. This contrasted sharply with how positive residential centres, using social pedagogues, were seen in the European sample.

Second, the prevalent use of kinship care placements in the post-communist sample: it was used in seven out of the 11 countries for which information was available, and in six of these countries over a quarter of placements was with kinship carers.

Age of leaving care

Ten post-communist countries provided information on the age of leaving care (there was no information provided for Estonia, Georgia, Kyrgyzstan, Uzbekistan) (see Fig. 4). This showed the age range of leaving care was wide - young people ageing out of care from between 14 years to 26 years of age. In Albania, and Bosnia and Herzegovina, young people could leave care from aged 14 and 15, respectively, if not continuing in education. In the Russian Federation young people aged out of care between 18-23 and those who were continuing their education or pursuing vocational training were entitled to support. There was evidence from some of these countries (e.g. Czech Republic and Poland) that young people will age out of care later if they continued with their education.

Fig. 4. Post-communist sample: Data provided on the age of young people aging out of care (information on 10 countries)

| Country | Age of leaving | Country | Age of leaving |
|---------------------------|--|--------------------|--|
| Albania* | 14 or 17 beyond 17 to continue education | Hungary | 18-24 (up to 24 if cannot take care of themselves) |
| Azerbaijan | 22 | Poland | 18; beyond 18 to continue education |
| Bosnia and Herzegovina | 15-24 | Romania | 18-26; beyond 18 to continue education |
| Bulgaria | 18 or 20 | Czech Republic | 18-26 |
| Croatia | 18 | Russian Federation | 18-23 |

(*Albania data included Stein and Verweijen-Slamnescu 2012).

In the European sample the age range was 15-21 (Germany and Sweden) and in half of the countries young people left care at 18 years of age (Fig. 5 below). In contrast to some of the post-communist countries, remaining in education did not necessarily entitle care leavers in the European sample to remain in accommodation – although since the INTRAC mapping exercise was carried out there is evidence that young people who participated in the ‘Staying Put’ family placement pilot programme in England were likely to be in further or higher education (Munro et al 2012)

Fig. 5. European sample: data on the age of young people aging out of care

| Country | Age of leaving | | Country | Age of leaving |
|----------------|-----------------------|--|----------------|-----------------------|
| France | 18 | | Norway | 18-20 |
| Germany | 15-21 | | Spain | 18 |
| Ireland | 18 | | Sweden | 15-21 |
| Netherlands | 16-18 | | UK | 16-18 |

The legal and policy framework for preparation and after care

The information provided on the legal and policy framework in the post-communist sample shows that there was very little specialist or dedicated legislation for preparation for leaving care, or for supporting young people after they left or aged out of care (Lerch and Stein 2010; Stein and Verweijen-Slammescu 2012). The country analysis showed that existing legal provisions were contained within more general social care or child care and protection legislation. In seven of the countries this included legal provisions for general assessment and care planning as the main preparation for young people. For example, Albania had a ‘pathway plan’; Croatia had a ‘duty to prepare’, and; Poland had a ‘self-reliant plan’

In six of the countries, the legal framework allowed young people to remain in their care placement to continue their education and this qualified them to receive some form of financial support. In Bulgaria and some Russian federal districts there were schemes to enhance employment, through employee subsidies and job quotas for young people. In the Czech Republic and Poland young people could receive some personal assistance or counselling to assist them in finding accommodation or employment. Only one post-communist country, Romania, identified a specific or dedicated legal framework for after-care services (Anghel and Dima 2008; Anghel 2011)

In the European sample, France, Ireland, Norway, Sweden and the UK had specialist after-care legislation, but none existed in Germany, Netherlands Spain and Switzerland. Where specialist legislation was in place it could either be discretionary, (that is 'permissive' whether it was implemented or not), as was the case in Ireland, or mandatory, (that is a duty to provide services) as was the case in England. The main provisions of legislation included providing assistance for young people in respect of education, employment and training, accommodation, and personal support (Ward, 2008; Stein 2012).

Official data and research on care leavers

Most of the post-communist countries had very limited data (or official statistics) on the numbers of young people living in and aging out of care – *'better official data'* was consistently recommended (Lerch and Stein 2010; Stein and Verweijen-Slamnescu 2012). The need for official monitoring or outcomes data was also seen as important, in order to know what was happening to young people after they aged out

of care. This could include data on their housing, education, employment and training, and their health and well-being. As regards research at the time of the mapping exercise, in only two countries, Poland and Romania, had there been a small number of research studies in respect of this specific group of young people. In the Czech Republic, there was no specific research on ‘care leavers’ although this group of young people had been included in other studies of vulnerable young people. In the remaining nine countries there had been either ‘no research’ (8 countries) or ‘no comprehensive research’ (3 countries).

In the European sample, four of the countries collected national data on care leavers and five collected data at a sub-unit level, for example by the local authority or administrative unit responsible for children’s services (see Fig. 6). In only two countries was Government data used for research and in three countries data from population studies was used for research. All of the countries had some research on the experiences of care leavers, although there was considerable variation in the range and type of studies carried out (Courtney 2008). Although the evidence base within the country chapters was variable, this showed the general poor outcomes of care leavers on their main pathways to adulthood (education, employment and training; accommodation; health and well being) in comparison with their peers (Stein and Munro 2008).

Fig. 6. European sample: official (secondary) data and primary research (adapted from Courtney 2008 p281; last column (research on care leavers from country chapters in Stein and Munro 2008)

| Country | National data care experiences | Sub-unit data care experiences | Gov. data used for research | Data Pop Studies used for research | Research on care leavers |
|-------------|--------------------------------|--------------------------------|-----------------------------|------------------------------------|--------------------------|
| France | | Yes | | Yes | Yes |
| Germany | Yes | | | | Yes |
| Ireland | | Yes | | | Yes |
| Netherlands | Yes | | | | Yes |
| Norway | Yes | | Yes | | Yes |
| Spain | | Yes | | | Yes |
| Sweden | | Yes | Yes | Yes | Yes |
| Switzerland | | Yes | | | Yes |
| UK | Yes | | | Yes | Yes |

Policy and practice recommendations

The legal and policy framework

The main policy and practice recommendations contained within the INTRAC and SOS International country analyses reflected the range of issues discussed above. In all post-communist societies and European societies without specialist legislation, there was recognition of the need for the introduction of a legal framework specifically for preparation and aftercare (Stein and Munro 2008; Lerch and Stein 2010; Stein and Verweijen-Slammescu 2012). In the European sample countries where legislation was ‘permissive’ (as detailed above) there were recommendations for strengthening the law – introducing a ‘duty’ to provide leaving care services. In the European sample there was also a consensus that the legal framework should contain provisions to provide support to young people, aged 21 to 25, not just at the time of leaving care (Stein and Munro 2008). Since the INTRAC mapping exercise was

completed, in England, the Children and Young Person's Act 2008 (introduced in April 2011) has extended young people's entitlement to a personal adviser to 25 where they resume an education or training programme (Stein 2012).

In regard to the national policy framework, in the post-communist sample, there were recommendations for: a national strategy and clear standards for preparation and aftercare services; better national Governmental inter-departmental co-ordination; less fragmentation of responsibilities between different Government departments, and; better local government inter-agency co-operation, including the involvement of Non Governmental Organisations (Lerch and Stein 2010).

The quality of care

The major challenge facing post-communist societies was seen as de-institutionalisation (Lerch and Stein 2010; Stein and Verweijen-Slamnescu 2012). In the SOS country analysis, large institutional settings were consistently seen to have a very negative impact on the lives of most young people. The main consequences, in terms of 'violations of rights', identified in the SOS report included: the abuses of young people in institutions; the impact of institutional stigma; the failure to meet the needs of young people growing up, in terms of their education, development, health and psychological well-being; the lack of individualisation; the geographical and emotional separation from parents, and; the failure to adequately prepare and support young people into adulthood.

Recommendations included increasing the use of foster care placements and care in family settings, such as SOS foster families, as well as greater use of smaller

children's homes, and training for staff, carers, and 'guardians' (kinship carers). In this context, the implementation of 'quality standards' which comply with the UN Guidelines on Alternative Care for Children (currently under review), were seen potentially as an important mechanism for improving the quality of care, including preparation and after-care services (Lerch and Stein 2010; Stein and Verweijen-Slamnescu 2012).

In the European sample, there was recognition of the association between the quality of care and later outcomes. There were recommendations for better quality care to compensate young people for their damaging pre-care experiences, through stability and continuity, a positive sense of identity, assistance to overcome educational deficits and holistic preparation. The screening for mental health problems and the provision of therapeutic services was recommended to prevent later problems (Dumaret 2008). In the country chapters, the use of foster care placements, small children's homes with a positive culture, residential care providing psychological interventions and socio-pedagogy were identified as contributing to positive outcomes (Stein 2008).

Transitions from care

In the European sample there was agreement that young people leaving care should be provided with opportunities for more gradual transitions from care – less accelerated and compressed, and more akin to normative transitions within their cultures. This would include giving young people 'psychological space' and recognising the different stages of transition, common to 'emerging adulthood'. Opportunities for gradual transitions identified in the mapping exercise included placements, where

young people were settled and carers were able to support them into adulthood, or if that was not possible, transitional or 'half-way' supportive arrangements (Stein 2008).

In contrast to the accelerated and compressed transitions in the European sample, in post-communist societies, one feature of institutional care was extended and abrupt transitions: although some young people left care at a very young age (e.g.14 years in Albania) many young people were leaving care at an older age but being unprepared and uninformed until they were about to leave, and ill-equipped to cope with the transition to living independently. In response, de-institutional and preparation programmes were recommended (Lerch and Stein 2010; Stein and Verweijen-Slamnescu 2012).

Support after care

In both the European and post-communist samples there were recommendations for improving the support provided to young people after they leave care. In post-communist societies this included: the need for housing and employment priority schemes, financial assistance, personal support, and crisis services; more involvement of Non Government Organisations; greater involvement and participation of young in the development of services; care leavers own support networks and a peer website, and; increasing public awareness of the problems and challenges faced by young people leaving care. In the European sample the focus was on providing young people with support into adulthood, not just at the time of leaving care, and the contribution of specialist leaving care services (Stein and Munro 2008; Lerch and Stein 2010).

Official (secondary data) and research

In both the European and post-communist samples, there was also a consensus about the need for more use to be made of official (secondary) data to understand the experiences of young people leaving care. As Courtney (2008) has suggested, it could provide information on a range of key adult outcomes, including education, health and wellbeing, social integration and use of public services, as well as allowing for comparisons to be made with the outcomes for other groups of young people. As detailed above, in spite of its great potential, very little use was made of secondary data. This may be as a consequence of the decentralisation of services, attitudes to the privacy of care leavers, and the ‘limited political capital’ of care leavers as a group (Courtney 2008; Lerch and Stein 2010).

As discussed above, there was very little research on leaving care in the post-communist sample. In the European sample important gaps were identified. Recommendations included: the need for more cohort studies, based on large representative samples, to provide a more sophisticated understanding of ‘risk’ and ‘protective’ factors over time; the need for more evaluative research on the effect of specific interventions, using experimental and quasi-experimental designs, and ; more ethnographic research to add to qualitative knowledge (Stein 2008).

Welfare Regimes

In the European sample, contextualisation of the main findings discussed in this paper, have included identifying the countries welfare regime, using Esping-Andersen’s typology, as detailed in Fig. 7 below (Esping-Andersen, 1990; Pinkerton

2008). He identifies three basic types of welfare regimes – conservative, liberal and social democratic – and proposes that the positioning of a country is assessed on two main characteristics: first, the extent of decommodification – whether services are provided as a right to enable sustaining a living without participation in the market; second, the extent to which a society promotes social solidarity and reduces inequality.

On these criteria, the three types proposed are: first, social democratic welfare regimes: high on decommodification and social solidarity, including state support; second, liberal welfare regimes: low decommodification and high stratification with the aim of freeing the market an individual choice, and; third conservative welfare regimes with medium decommodification and social solidarity, state provision supporting existing structures.

Fig. 7. Welfare Regimes based on Esping-Andersen (identified in the country chapters, Pinkerton, 2008; Stein and Munro 2008)

| Country | Regime | Country | Regime |
|----------------|---|----------------|--|
| France | Conservative: Citizenship rights | Norway | Social democratic: Increase market |
| Germany | Conservative: socio- pedagogical tradition | Spain | Conservative: Mediterranean family model |
| Ireland | Conservative; hybrid state | Sweden | Social Democratic |
| Netherlands | Social democratic: liberal tendencies | Switzerland | Liberal: Strong liberal |
| | | UK | Conservative |

As Pinkerton has suggested in regard to Esping-Andersen's typology 'the categories are theoretical constructs and so states should not be shoehorned into them but rather referenced against them' (Pinkerton 2008, p 252). **Both Brydon (2011) and Mendes et al (2011) also highlight limitations of Esping-Anderson's model: a 'discourse about welfare states...focussed largely on Western models' (Brydon, p22), and, in similar vain; 'a much wider range of welfare regimes exists in the former Soviet Bloc countries and in Asia and developing countries' (Mendes et al p81). As Mendes et al suggests it is likely that in East Asia 'Confucian ideas and values such as individual self-reliance and family solidarity will mean at least for some countries a strong emphasis on independence via participation in the labour market, and assistance from family and non-government organisations rather than from government' (p81-2). Brydon (2011) makes a similar point in proposing a fourth cluster – 'clearly defined Asian models of welfare provision' (p22). Recognising these limitations, and returning to Esping-Anderson typology, what is of relevance to the present discussion is the relationship between welfare regimes and leaving care policy. The expectation might be that social democratic regimes would have the most comprehensive provision to support the highly vulnerable group of care leavers.**

However the picture is more complex. As regards those countries with social democratic regimes, in the Netherlands there is no specialist legal framework, and in Norway and Sweden, a specialist legal framework was only introduced relatively recently, 1998 and 2008 respectively. In both these countries, universalism – central to the social democratic model - in child care and youth provision were seen as being able to meet the needs of all young people, including care leavers. As regards

conservative welfare regimes, Germany and Spain had no specialist legislation, where as UK, France and Ireland did. Only Switzerland conformed to type – a liberal regime with no specialist legislation.

Esping-Andersen also envisaged that the transition from communist to post-communist societies would result in those societies adopting one of the three welfare regimes identified above and this would in part be driven by potential or actual membership of the European Union (Esping-Andersen 1996; Fenger 2005; Rys 2001; Anghel and Dimma 2008). However, as Anghel and Dima (2008) have commented: ‘Fenger (2005) considers that post-communist countries are in the process of developing their own type of welfare. Based on three indicators: characteristics of government programmes, social situation and political participation – he (Fenger) proposes three more types of welfare regime: former USSR; Post-Communist European; and developing.’ (Anghel 2008, p162). Szalai (2007) has also challenged the Esping-Andersen’s typology, proposing the category of ‘post-socialist welfare’ which, as Herzog (2008) reminds us recognises the specific history and culture of a country. **Angel (2011) in her analysis of changes in child care law and policy in Romania also captures the complexity of change, including the impact of both external and internal forces.**

The SOS International country analysis showed that the process of deinstitutionalisation was at different stages in the post-communist countries and that different organisations were involved in leading the change programmes. In Albania, Azerbaijan and Georgia, UNICEF was taking a lead, and in Bulgaria, Poland, Uzbekistan and the Russian Federation, central Government had a lead role. The de-

institutionalisation agenda also included the introduction of preparation and aftercare programmes – even in the absence of specialist legislation, as detailed above. These were provided in all countries, either centrally or locally by the area or district authorities, and by Non Government Organisations

Discussion

There are many complexities and challenges in carrying out comparative work (Munro 2008; Munro and Stein 2008; Munro, Stein and Ward 2005; Pinkerton 2008; 2011). There are differences, for example, between countries in the care population: who comes into care, the use of different types of care placements, who stops in care and who leaves care, as well as the purpose of care itself - whether the aim is family rehabilitation, or not (Ward 2008). Differences in legal and policy frameworks may reflect different views about how countries see the balance between individuals, the family, the role of the welfare state and the labour market, which in turn may be underpinned by differences in countries welfare regimes (as detailed above), as well as the opportunities and risks associated with economic, social and legal global influences (Pinkerton 2008; 2011; Ward 2011).

The initial mapping exercises carried out by INTRAC and SOS International provided the opportunity for exploring the data comparing European and post-communist societies for this paper. The findings from the descriptive data include the high usage made of large institutions in post communist countries, but perhaps less predictably, the significant contribution of kinship care placements ('under guardianship'). In the European sample, although, overall a greater percentage of young people were living in foster care placements, residential care was still much used and often seen as a

positive placement - and in three countries, where social pedagogy was used, a greater percentage of young people were living in residential care placements than in foster care. There was only very limited data on the use of kinship care.

As regards the age of leaving care, the age range was greater in the post-communist sample (14-26) than the European sample (15-21) – although neither accelerated and compressed transitions in the European sample or abrupt and extended transitions in the post-communist countries reflected normative youth transitions in those countries. In some of the post-communist countries young people who remained in education were entitled to remain in their accommodation.

Most of the post-communist societies lacked specialist legislation for supporting young people after they left care, and this was also the case in four of the European countries – legal provisions being contained within more general child care and protection legislation. In the European sample, there was evidence of more collection of official data and research on care leavers than in post-communist societies, although only four of the European countries collected national data on care leavers.

The main policy and practice recommendations were grounded in these findings. In post-communist societies this included: de-institutionalisation, through increasing the use of foster care placements and care in family settings; better preparation and more gradual transitions from care; more holistic support after leaving care; more official data and research, and, a specialist legal and framework supported by a clear inter-agency strategy.

In the European sample the main recommendations included improving the quality of care across the life course of young people; opportunities for more gradual and normative transitions, providing support into adulthood, beyond leaving care; making better use of official data and carrying out more evaluative and ethnographic research, and, strengthening the legal framework. In conclusion the paper discusses some of the complexities in applying Esping- Andersen's welfare regimes typology to leaving care policy in both European and post-communist societies.

The contribution of the United Nations Convention on the Rights of the Child (UNCRC) in assisting European and post-communist countries in progressing the recommendations, identified above, is an important consideration. The UNCRC reporting process and guidelines outlining how States should promote the rights of young people making the transition from care to adulthood, can be used as an instrument to track global patterns of change in policy and practice. Research based on data from 15 countries (including the European sample and 2 post-communist countries) shows there has been limited engagement with understanding and promoting the needs of care leavers, unless a government is committed to developing legislation and practice (Munro et al 2011). However there is also evidence from post-communist countries that the Guidelines for the Alternative Care of Children are making a positive contribution to de-institutionalisation (Lerch and Stein 2010).

This paper, in drawing on two mapping studies, represents a beginning for making comparisons between European and post-communist societies in the field of young people's transitions from care to adulthood. In the main it provides basic descriptive data and, as identified above, there are limitations and gaps. However, it does provide

a starting point for further empirical and theoretical work, including the need for a comparative systematic mapping exercise, the gathering of outcome data drawing on official information and research, and further exploration of contextual issues. There may also be opportunities to extend this comparative approach to other countries – as Pinkerton (2011) reminds us, we are still along way from having a global perspective, ‘there is no readily available material on leaving care in Africa, China, India and South America.’ (p2412).

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