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Resilience and young people leaving care

Overcoming the odds

Mike Stein

A literature review exploring the factors affecting young people leaving care as they make their transition to adulthood and independence.

As young people leave care they face a variety of challenges. Some meet and overcome these challenges, yet others struggle. This review found a gap in the literature on resilience among young people leaving care. It therefore draws upon research studies completed in the last twenty years which have captured the experiences, views and reflections of the young people themselves. In reviewing the research evidence, the report captures the different stages or contexts of young peoples' journeys:

- their journeys through care, including an exploration of stability, continuity and attachment, identity, education, leisure and preparation
- their transitions from care
- their lives after care
- the impact of 'leaving care' policy.

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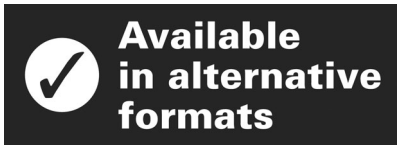

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Contents

Introduction 1

Journeys through care 3

Transitions from care 16

Life after care and resilience 19

Leaving-care policy and resilience 22

References 27

Introduction

For the majority of young people today their journey to adulthood often extends into their mid-twenties. It is a journey from restricted to full citizenship, from a childhood status characterised by dependency to an adult status derived in part on choices, such as becoming a student, employee, householder, partner and parent. But not all young people take the same path. Such life-course choices, from which adult rights and responsibilities flow, are mediated by the impact of their socio-economic background, their ethnicity, their gender and any disability they may have.

In contrast to the extended transitions made by most young people, the journey to adulthood for many young care leavers is shorter, steeper and often more hazardous. And yet, against many odds, some of these young people have succeeded. They have found fulfilment in their careers and personal lives. What has contributed to the resilience of these young people? How have they been prepared for, and assisted during, their journey? This paper will explore these questions. But it will also consider the barriers to those who have struggled and are continuing to do so – for we can learn as much from avoiding boulders as from crossing bridges – or what researchers often refer to as 'risk' as well as 'protective' factors. In doing so, it will draw on research studies that have been completed during the last 20 years, including those that have captured the experiences, views and reflections of young people leaving care.

Resilience

In this paper, resilience will be defined as the quality that enables some young people to find fulfilment in their lives despite their disadvantaged backgrounds, the problems or adversity they may have undergone or the pressures they may experience. Resilience is about overcoming the odds, coping and recovery. But it is only relative to different risk experiences – relative resistance as distinct from invulnerability – and is likely to develop over time (Rutter, 1999; Schofield, 2001).

Recent empirical research into the development of resilience has focused on three main areas: the attributes of children and young people themselves; their family relationships; and the characteristics of their wider social environments. As well as attempting to identify the risk or protective factors – in each of these domains, more recent research has explored protective processes or *how* these factors may contribute to positive outcomes.

Theoretical frameworks guiding the development of resilience research have included: the three-level (community, family and child) 'protective' and 'risk' factor model; ecological perspectives identifying the influence of different contexts (culture, neighbourhood and family) varying in proximity to the individual; and the structural-organisational perspective, which views individual choice and self-organisation as critical as other factors to the development of competence over time (Luthar *et al.*, 2000).

Promoting resilience

Why some young people cope better than others is complex and there may well be innate and linked personal attributes we do not understand. In the UK, the resilience of young people from very disadvantaged *family backgrounds* has been found to be associated with: a redeeming and warm relationship with at least one person in the family – or secure attachment to at least one unconditionally supportive parent or parent substitute; positive school experiences; feeling able to plan and be in control; being given the chance of a 'turning point', such as a new opportunity or break from a high-risk area; higher childhood IQ scores and lower rates of temperamental risk; and having positive peer influences (Rutter *et al.*, 1998).

A research review of the international literature on resilience factors in relation to the key transitions made by children and young people during their life cycle has added to this picture. As well as the first three factors identified above, the authors conclude that children and young people who are best equipped to overcome adversities will have: strong social support networks; a committed mentor or person from outside the family; a range of extra-curricular activities that promote the learning of competencies and emotional maturity; the capacity to reframe adversities so that the beneficial as well as the damaging effects are recognised; the ability – or opportunity – to make a difference, for example by helping others through volunteering, or undertaking part-time work; and exposure to challenging situations that provide opportunities to develop both problem-solving abilities and emotional-coping skills (Newman and Blackburn, 2002).

The focus of the paper

But what of young people from *care backgrounds?* Although there have been some descriptive accounts and very influential practice guides (Gilligan, 2001), and an important study applying the concept of resilience to 40 adults who grew up in foster

care (Schofield, 2001), there has been no review of research focusing solely on the resilience of young people who have been in care and the implications of these findings for promoting the resilience of care leavers.

In reviewing the research evidence, this paper will use an ecological framework to capture the different stages or contexts of young people's journeys: at the outset, their journeys through care including an exploration of stability, continuity and attachment, identity, education, leisure and preparation; second, their transitions from care; third, their lives after care; and, finally, the impact of leaving-care policy. Within this framework, links will be explored with the resilience-promoting factors identified above.

Also, although resilience is the central organising concept, this review will not be a slave to it. As has been recognised by a review of the literature on self-esteem, single-issue movements, although popular, usually oversimplify complex associations (Elmer, 2001). Resilience may well be just a rose by another name – child development?, attachment? (Luthar *et al.*, 2000; Schofield, 2001). When we describe someone as resilient, are we just, in effect, acknowledging they have experienced 'normal' development or a range of 'protective' factors? In that sense, is the promotion of resilience simply a matter of eliminating 'risk' factors? Probably not – in that the management of risk is itself a resilience-promoting factor. But there is a need for more research into how most young people, not just disadvantaged and vulnerable young people, cope with adversity, in order to provide a normative context. So, as well as drawing on empirical findings, this review will be informed by selected psychological and sociological concepts and perspectives. Finally, by reviewing leaving-care research studies completed during the last 20 years, it will also attempt to identify continuities and changes over time.

Journeys through care

Context

Children and young people become looked after by local authorities mainly because their parents are unable to care for them for a variety of reasons. They may be the victims of physical, sexual or emotional abuse or neglect, or their parents may be overwhelmed by material and emotional problems and unable to cope. Some young people may experience difficulties as they grow up – getting into trouble at home, in their neighbourhood or at school. Other young people may need special help with physical disabilities or mental health problems. The most recent Children in Need

(CiN) census suggests that 16.4 per cent of the children looked after in the February sample week were disabled (Department for Education and Skills, 2004a). Other research estimates that a quarter of looked-after children and young people have a disability (Harris *et al.*, 2002). Just under a quarter of young people looked after in England aged 16 and over are from minority ethnic groups, although, as with disability, this masks the great variation between local councils (Department for Education and Skills, 2004b). And some young people may arrive in the UK without their parents, seeking asylum from war or oppression.

Many of these children and young people will spend a short time in care and return home. But other young people will remain in care longer and others enter care later. However, a significant number, currently just over 8,307 young people in England, Northern Ireland, Scotland and Wales, will remain in care until they leave at between 16 and 18 years of age, a majority to live independently in the community (Gibbs *et al.*, 2005). But child welfare is no longer just a parochial affair, immune from the impact of global events. It is highly likely that this number of young people will increase significantly in subsequent years, as there are approximately 6,000 unaccompanied asylum-seeking and refugee children and young people currently in the UK, most being either looked after or supported by local authorities (Kidane, 2002; Gibbs *et al.*, 2005).

Many of these children and young people will have experienced familial abuse, rejection, disruption and loss in their lives. In addition, the exile of unaccompanied young people may be a consequence of the death of their parents or their inability to care for them because of war, or different forms of persecution – for example, being forcefully recruited into military service, being made to denounce family or group members, having to undergo compulsory re-education, or the prohibition of their religious or political beliefs.

Stability, continuity and attachment

Placement movement

In this context, the most fundamental requirement from care for these young people will be for stability in their lives. Stability is the foundation stone. Young people who experience stable placements providing good quality care are more likely to succeed educationally, be in work, settle in and manage their accommodation after leaving care, feel better about themselves and achieve satisfactory social integration in adulthood than young people who have experienced further movement and

disruption during their time in care (Barn *et al.*, 2005; Biehal *et al.*, 1995; Dumaret *et al.*, 1997; Jackson, 2002). And, although some of these associations between stability and positive outcomes may be complex – for example, it may be that a young person's personality or educational achievement may contribute to the stability of the placement, or some young people with many placements may succeed educationally – it also seems likely that stability has the potential to promote resilience in two respects.

First, by providing the young person with a warm and redeeming relationship with a carer – a compensatory secure attachment that may in itself reduce the likelihood of placement breakdown (Rutter *et al.*, 1998). Second, and not necessarily dependent on the first, stability may provide continuity in young people's lives (Jackson, 2002). Yet, one of the most consistent and depressing findings of research studies completed during the last 20 years is the amount of placement movement and disruption experienced by young people leaving care:

> I know what a parcel feels like in the post, I felt like they had forgotten the address.
> (Care leaver, in Stein and Carey, 1986)

In an early empirical study, based on 76 young people who had been in care during the late 1960s and 1970s, and who had left during the early years of the 1980s, just under three-quarters had experienced three or more placements in care, 40 per cent had five or more placements and 6 per cent had ten or more. The average was 4.2 placements per young person (Stein and Carey, 1986).

A study of 18 young people referred to a leaving-care project at the end of the 1980s found that half of them had between seven and 12 placements by the time they were 16 years of age and the average was six per young person (Stein, 1990):

> I didn't know what was going on inside my head because I was moving around so much.
> (Care leaver, in Biehal *et al.*, 1995)

Studies of young people leaving care in the 1990s reveal similar findings. A survey of 183 young people found that fewer than one in ten remained in the same placement throughout their time in care, 40 per cent made four or more moves and 10 per cent moved more than ten times. In a follow-up study of 74 young people, a third of the sample made four or more moves during their time in care and only 16 per cent remained in the same placement throughout (Biehal *et al.*, 1992, 1995).

Comparative research, based on surveys of young people leaving care in England, Northern Ireland and Ireland during the 1990s, revealed that significant numbers of young people experienced placement moves. In Ireland, 19 per cent had between five and ten moves, and, in England and Northern Ireland, just over 40 per cent had more than three moves. In the Northern Ireland sample, just under three-quarters of young people experienced two or more moves and over a tenth moved more than five times. In the England and Ireland surveys, 10 and 13 per cent respectively had ten or more placement moves before leaving care (Pinkerton and McCrea, 1999; Kelleher *et al.*, 2000; Stein *et al.*, 2000):

> I've moved around all my life and so it was hard trying to settle down.
> (Care leaver, in Dixon and Stein, 2005)

And the picture hasn't changed very much for young people leaving care at the end of the 1990s and the beginning of the new century. A recent Scottish survey of 107 young people found that 30 per cent had experienced four or more moves and only seven per cent had remained in the same placement (Dixon and Stein, 2002).

A consistent finding over time is the 30–40 per cent who experience four-plus moves and, within this group, the 6–10 per cent who have either a single placement or a very large number – as many as ten or more (Stein, 2004).

There is also disturbing evidence from an Audit Commission survey that refugee children and young people are being denied stability in their lives by routinely being supported in temporary accommodation – over half of the children over 16 and 12 per cent of those under 16 being placed in bed and breakfast, hotel and hostel accommodation. They also found that many local authorities did not offer 16 and 17 year olds a full needs assessment and only one third had individual care plans. A Barnardo's survey also highlighted the large number of unaccompanied young asylum seekers living in unsuitable accommodation (Audit Commission, 2000; Barnardo's, 2000).

Even taking into account that some placement moves will be planned and responsive to the needs of young people – for example, a more permanent placement or the removal of a young person from an abusive placement – the overall picture suggests that those *in loco parentis* are failing to provide the basic stability required by young people to promote their resilience. This becomes more evident through a further exploration of what is often bureaucratically described as 'placement movement'.

The meaning of 'placement movement'

For the young person, 'placement movement' often means an abrupt end to a foster care or children's home placement accompanied by a sense of failure, guilt and blame – 'it's my fault, they don't want me' – and changing carers, friends, neighbourhoods, schools on several occasions with little security in their lives. This will include both young people moved by social workers and those who move themselves by going missing from care, some of whom are likely to become increasingly detached from their carers (Biehal and Wade, 2000).

As the empirical data cited above clearly demonstrates, most young people leaving care at 16-plus have had several moves. This means many have lived in both children's homes and foster care as well as returning to their birth families. The instability for some of these young people may be compounded by the staffing changes and cultures of children's homes, and further reinforced if they leave care following a breakdown of placement, or feel that they are being forced out or expected to leave at just 16 or 17 years of age (Sinclair and Gibbs, 1998; Whitaker *et al.*, 1998).

Such movement and disruption makes the lives of many young people living in care qualitatively different from those living in families, whether, lone, two-parent, extended, or geographically mobile, where there is some constancy within the family group, or, more specifically, a 'redeeming and warm' relationship with at least one person in the family – a key association with the resilience of young people from disadvantaged backgrounds (Rutter *et al.,* 1998).

Stability is also very closely associated with providing young people with continuity in their lives both while living in care and after they leave care. Those young people who have stable placements are far more likely to have continuity in their caring and family relationships, their schooling, their friendships as well as the neighbourhoods where they live (Marsh and Peel, 1999; Jackson, 2002).

Attachment

Attachment theory offers a framework for making sense of the experiences of many of these young people and, as Schofield has argued, there is a 'conceptual overlap' between resilience and attachment theory (Howe, 1995; Schofield, 2001). For some young people, their journey through care has compensated them for their earlier problems. It has provided them with stability and a secure attachment to at least one

of their carers. And, from this secure base, they have been provided with opportunities and active encouragement to explore and become confident in the adult world. Care has provided them with turning points – by their removal from a damaging family background and an opportunity to develop their potential in their 'new' families, communities and at school. Or, to put it another way, they have accumulated resilience-promoting factors (Rutter *et al.*, 1998; Newman and Blackburn, 2002).

> It's really good escaping one situation and going into a more stable environment. Foster carers are brilliant and treat you as one of the family.
> (Care leaver, in Dixon and Stein, 2005)

> Care, it's given me great opportunities. Before, I didn't have a clue what I wanted to do. Now I know what direction I'm going in. At home my parents didn't care what I did.
> (Care leaver, in Ellis, 2002)

However, for too many young people, their experiences of care, far from helping them overcome the damaging emotional legacy of family problems, had rendered them unable to form the very relationships they needed so much (Stein and Carey, 1986; Downes, 1992).

> I've got a great big space around me which is mine and nobody enters, and why I don't know – whether it comes from care, having been let down so many times, or living with people for so many years and then going, and you never see them again ... you build up a barrier in order to protect yourself, which is wrong, but you're only human, because you get hurt so many times. People try to break it, to get in, and you don't let them because you're so frightened that it's going to happen again; you're going to get let down or hurt again, and that's it with me you see. I never get to know people.
>
> I think sometimes the reason you never get anybody is because you want somebody so much that you never get them in that sense; what I mean is that when you do get to somebody you cling to them so much that you lose them, because they can't cope with the pressure you are applying on them. That comes from having nobody ... once you've got somebody you think that's it, that's mine now, and nobody is going to go near him or her ... and it's putting pressure on other people that they can't cope with.
> (Care leaver, in Stein and Carey, 1986)

This young person powerfully gives voice to the experiences of many young people leaving care over the last 20 years, emotionally polarised between dependence and independence, and denied, through their experiences of family and care, the emotional flexibility to find satisfaction in a range of different relationships. Many of these young people have great difficulties in using other people's help – either they are able to fend only for themselves or they repeatedly subvert their own efforts to cope and to make satisfying relationships. Their difficulties in making alliances with helpful adults and peers are likely to put them at a disadvantage when they are trying to make their way in the world as young adults (Downes, 1992). But it is not always so. For some young people, the barriers themselves are ways of coping and personal development, perhaps more so for the 'independent' than for highly dependent young people. The black writer, Lemm Sissay, reflected on his life in care:

> I've overcome a lot of the knock-backs because I had no family. No foster family, no surrogate family, no birthdays – since I was 12 I've never had a birthday party. My morals, myself, my growth, I have no echo. It's been really important for me to ask myself the questions, to be my own mum and dad.
> (Sissay, 1984, p. 10)

For some black young people who experienced movement and disruption while living in care, there was often the additional burden of isolation from the black community. Caribbean and mixed parentage young people are at high risk of disadvantage (Barn *et al.*, 2005). And unaccompanied young asylum seekers, whose attachments to family, culture, community and country have often been severed so suddenly and who face uncertainty while their immigration status is being processed, can only suffer further in poor-quality temporary accommodation (Kidane, 2002).

Resilient young people have, in the main, had stability in their lives, although the relationship between providing stability and secure attachment is under-researched. However, it seems likely that the link between stability and improved life chances for care leavers is associated with *some* care leavers having experienced compensatory secure attachments, especially through long-term fostering, and, *for others*, the stability, although not necessarily resulting in secure attachment, has provided them with security and continuity in their lives (Jackson and Thomas, 2001; Jackson, 2002).

In promoting resilience, providing stability and continuity may be as important as secure attachment, depending on the age of the young person on entry to care and their history, including the quality of their family relationships and links. Indeed, as recent research on adoptions has shown, not all adopted children and young people are able to form secure attachments – but they can benefit from stability and continuity in their lives (Department of Health, 1999a).

Identity

> No matter who your family are you are going to miss them from time to time ... no matter, you feel rejected and you resent that.
> (Care leaver, in Dixon and Stein, 2005)

Helping young people develop a positive sense of identity, including their self-knowledge, self-esteem and self-efficacy, may also promote their resilience. And, although not explicitly recognised as a variable in the research literature on resilience, identity could be seen as connected to, as well as a component of, key associations: feeling able to plan and be in control; the capacity to reframe adversities so that the beneficial as well as the damaging effects are recognised; personality – or lower rates of temperamental risk (Rutter *et al.,* 1998; Newman and Blackburn, 2002).

Identity formation is an ongoing challenge for all young people, as society has become more complex in terms of industrial change, more consumerist in its ideals and less certain in class, gender, geographical and ethnic identities. In what has been described as today's 'risk society', identity formation is a dynamic and reflexive process, less given and pre-determined. But it is a society in which the family plays a central and increasingly extended role (Giddens, 1991; Beck, 1992).

Helping care leavers develop a positive identity will be linked to:

1 the quality of care and attachments experienced by looked-after young people – a significant resilience-promoting factor discussed above

2 their knowledge and understanding of their background and personal history

3 their experience of how other people perceive and respond to them

4 how they see themselves and the opportunities they have to influence and shape their own biography.

Personal histories

One way of bringing together these different strands is to see identity as a personal narrative or developing story, connecting the past, present and anticipated future. In answering the question, 'who am I?', it is a story that can provide coherence and continuity to young people's lives.

However, as detailed above, many young people in care have disrupted lives, their personal histories may be lost or confused. There are missing pages, so sometimes it is difficult to follow the plot, to make sense of their stories. The importance of young people *knowing* about their past is generally recognised today and is assisted through, for example, the use of life-story books, greater access to information, maintaining family links and a more participatory practice. But it was not always so:

> It was bad not knowing my past ... I didn't know my parents' names, I knew their surname but not their Christian names or anything like that. I didn't know my parents at all. That's one thing – that I didn't have a past that I could remember.
> (Care leaver, in Stein and Carey, 1986)

And, yet, research completed during the last ten years reveals that some young people were still confused about their past lives by the time they left care, especially information about parents with whom they had lost contact. But, for most young people, it was not so much the question of factual information but the failure of those entrusted with their care to help them understand *why* their parents had abused or neglected them, or were unable to care for them and how this had influenced subsequent events – to help them understand, if possible, their feelings of rejection and resentment (Biehal *et al.*, 1995).

Family relationships are a major dilemma for many of these young people. They need and want to have a sense of family – not surprising given the centrality of 'the family' in ideology, policy and practice – but they also need to be able to commit themselves to their carers and then move onto new relationships (Sinclair *et al.*, 2005). In promoting their resilience, a deeper and more profound story is required – sometimes through professional help – to assist many of these young people to make sense of their past and look to the future.

Black and minority ethnic care leavers, including mixed-heritage young people, may face additional problems and dilemmas. In 1984, at the first Black and in Care Conference, one young black woman brought up 'white' powerfully captured this dilemma:

> … which do I turn to – white or black? I daren't step forward, I can't step back.
> (Black and in Care, 1984)

And the first study to focus on young black people's experiences of care described how a lack of cultural knowledge left many confused about their identity (First Key,

1987). Qualitative research with a small sample of black care leavers has also highlighted their identity problems derived from a lack of contact with family and community, as well as the impact of racism and direct and indirect discrimination on their lives (Ince, 1998).

Research findings published in 1995 reported that some mixed-heritage young people do not feel accepted by black or white people and their definitions of their ethnic identities were often complex, varied and shifted over time. For some of these young people, their definition and identification with a particular ethnic group was linked to their identification with, or rejection of, individual family members (Biehal *et al.*, 1995).

Recent research has shown that living in a multi-racial locality as well as recognising the importance of self-definition, and the complexity of identity may all help Caribbean, African, Asian and mixed-heritage young people be secure in their individual and ethnic group identity, and thus promote their resilience (Barn *et al.*, 2005).

Self-efficacy

Helping young people develop their self-efficacy – being helped to plan, solve problems and feel competent – will also promote their resilience (Newman and Blackburn, 2002). For many young people entering care, their self-efficacy is very low, their lives seemingly controlled by others: *abandoned* by family, *excluded* from school, *put* into care*, sent* to a children's home, *assessed* by social workers, *placed* with foster carers.

In the past, particularly during the 1970s and 1980s, the powerlessness experienced by young people taken into care was compounded by policies and practices that stigmatised and devalued them while in care. For example, the use of order books for buying clothes through a special discount arrangement, requiring a member of staff to accompany the young person to the 'approved' shop and then conduct a paper transaction with the store supervisor:

> … the public stare inquisitively looking disgusted, with the glint of accusation in their eyes ... money is better to use as nobody knows you come from a home.
> (Young person in care, in Stein, 1978)

Other stigmatising practices included: separate school meal arrangements for children in care; second-hand clothing stores in children's homes; the bulk buying and delivery of food, toiletries, household goods – denying young people the

opportunity to learn how to budget, shop and develop responsibility for personal hygiene; and the lack of privacy, such as no locks on bathroom doors:

> Being 15 and in care, I had to suffer public baths. I don't mean swimming baths, I mean having to bath or shower in front of staff of just 22 years of age, both men and women. I found this a distressing situation.
> (Young person in care, in *Who Cares News*, 1978)

From the beginning of the 1990s, with the greater use of foster care, the move to smaller children's homes and the increased respect afforded to the 'wishes and feelings' of children and young people, most of these practices have declined (Sinclair and Gibbs, 1998). But not all. For example, children, young people and carers still feel stigmatised by having to seek permissions and police checks on friends' families to allow 'sleepovers' (Sinclair *et al.*, 2005).

Education, leisure and preparation

As well as providing an opportunity for promoting self-efficacy, having a positive experience of school, including achieving educational success, is associated with resilience among young people from disadvantaged family backgrounds and young people living in care (Rutter *et al.*, 1998; Newman and Blackburn, 2002; Sinclair *et al.*, 2005). However, government performance data as well as research studies completed on young people living in and leaving care since the beginning of the 1970s consistently reveal higher levels of truancy and school exclusion rates, as well as lower levels of educational attainment and participation rates, beyond the minimum school-leaving age, in comparison to young people not living in, and leaving, care (Cheung and Heath, 1994; Biehal *et al.*, 1995; Pinkerton and McCrea, 1999; Dixon and Stein, 2005; Jackson *et al.*, 2003; Social Exclusion Unit, 2003; Stein, 2004; Gibbs *et al.*, 2005).

Studies of young people who have succeeded educationally, including those who have gone on to further and higher education, show that this is closely associated with gender. In one study, those who did gain some qualifications were overwhelmingly female (85 per cent) – and with placement stability, which was more often achieved in foster care placements of longer duration within the local authority area (Biehal *et al.*, 1995). But stability by itself is not determinative. It has to be combined with a carer committed to helping the young person and a supportive and encouraging environment for study. This may also include the foster families' own children providing help and acting as role models (Biehal *et al.*, 1995; Department of Health, 2001; Jackson *et al.*, 2003).

Research completed during the last ten years has also highlighted the high rates of exclusion and non-attendance among looked-after young people. However, there is evidence that a positive relationship with a carer is important in helping young people who truant and who are excluded from school in returning to education, whereas interventions by relative strangers are far less likely to be successful (Baldwin, 1998).

There is also evidence that young people who have had several placements can achieve educational success if they remain in the same school – and this also meant that they were able to maintain friendships and contacts with helpful teachers. Also late-placed young people who may have experienced a lot of earlier placement disruption can succeed in foster care, although this was seen by young people and their foster carers as more of a service relationship than a substitute family (Jackson and Thomas, 2001).

Young people who have succeeded educationally value the support they have received and feel a sense of achievement:

> If you are in care ... there is a lot of talking and support and help and discussing about your future, what you want to be.
> (Care leaver, in Ellis, 2002)

> I think I am special because I tried and finished college.
> (Care leaver, in Ellis, 2002)

But there is a disturbing continuity in the accounts of young people who failed to gain any qualifications. They talked about the continued movement, the disruptions, the difficulties of settling down and the frequent changes of carers:

> Well it [care] didn't do much for my school work for a start because I was always moving ... I'd have a lot of time off school and I ended up not taking my exams through it all.
> (Care leaver, in Biehal *et al.*, 1995)

> I found the work difficult and didn't want to be at school cos I'd missed a lot of schooling.
> (Care leaver, in Dixon and Stein, 2005)

Barn *et al.*, (2005) identified placement instability, school exclusion and lack of encouragement and support as key contributory influences in the poor education outcomes for white, Caribbean and mixed-heritage young people.

Young people also voiced how they were made to feel different by the attitudes and responses of other young people and carers:

> If you haven't got a mum and dad you're a bastard you know. And I didn't like that at school. If anybody said that to me I used to bray them.
> (Care leaver, in Stein and Carey, 1986)

> When I was in homes they didn't buy me good stuff to wear so I got bullied for that ... I was suspended six or seven times within a couple of years.
> (Care leaver, in Dixon and Stein, 2005)

Young people also experienced teachers who labelled them as troublemakers:

> When I went to school there was a music teacher and the least little thing I used to do wrong these were his very words ... 'you're all the bloody same you lot'.
> (Care leaver, in Page and Clark, 1977)

> I mean you get dumped with all the troublemakers or no hopers because you can't do the work because the teachers won't give you a chance, so you get, what's the word, guilt by association. But it's their fault for dumping you with them.
> (Care leaver, in Biehal *et al.*, 1995)

Or, alternatively, patronising them as deserving cases:

> And yet the one thing I can't stand is people feeling sorry for us, that's worse than them thinking we're just a lot of yobbos.
> (Care leaver, in Page and Clark, 1977)

> And the teachers was always asking if I was all right and making me stand out in a crowd and I didn't like that .. that's another reason I didn't go to school.
> (Care leaver, in Biehal *et al.*, 1995)

Many of the young people interviewed over the years regretted missing out on their education:

> Well it makes it harder to get a job now, with having no qualifications ... I wish I'd sat 'em now ... I just wish I'd one.
> (Care leaver, in Stein and Carey, 1986)

> Don't skip school. Get to school, I wish I had, it might have got me a decent job.
> (Care leaver, in Dixon and Stein, 2005)

School or care itself may also provide turning points (Rutter *et al.,* 1998), open the door for participation in a range of leisure or extra-curricular activities that may lead to new friends and opportunities, including the learning of competencies and the development of emotional maturity, and thus promote their resilience (Newman and Blackburn, 2002). Indeed, resilient young people had often been able to turn their negative experiences at home or in care into opportunities, with the help of others:

> Surrounding yourself with positive people, I learnt that years ago. The more positive people you surround yourself with, the more you'll get up and get ahead.
> (Care leaver, in Ellis, 2002)

Preparation for leaving care may also provide young people with opportunities for planning, problem solving and the learning of new competencies – all resilience-promoting factors (Rutter *et al.*, 1998; Newman and Blackburn, 2002). This may include the development of self-care skills (personal hygiene, diet and health, including sexual health); practical skills (budgeting, shopping, cooking and cleaning); and interpersonal skills (managing a range of formal and informal relationships). Preparation should be holistic in approach, attaching equal importance to practical, emotional and interpersonal skills – not just, as in the past, practical independence training for young people to manage on their own at 16 (Stein and Carey, 1986; Stein and Wade, 2000).

Transitions from care

> It's being away from my mum, I'm only 16 and still a bairn and get a bit weepy at times.
> (Care leaver, in Dixon and Stein, 2005)

From the early 1970s, a body of small-scale surveys and qualitative research revealed how poorly equipped young people leaving care were to cope with life after care – practically, emotionally and educationally – and made connections with their subsequent experiences of loneliness, isolation, poor mental health, unemployment, poverty, drift and homelessness (see Stein, 2004 for a review of these studies).

In addition to confirming their poor life chances after leaving care, more recent research has attempted to compare the experience of care leavers with other young people through the use of comparison samples and secondary sources. The main message from these studies is that, in comparison to their peers in the general population, most young people leaving care have to cope with the challenges and responsibilities of major changes in their lives – in leaving foster care or residential care and setting up home, in leaving school and entering the world of work or, more likely, being unemployed and surviving on benefits, and being parents – at a far younger age. In short, many have compressed and accelerated transitions to adulthood (Stein, 2004).

The experiences of these young people contrast with the findings of the Joseph Rowntree Foundation (JRF) programme of youth research that identified the extended transitions of the majority of young people who stay on in education and remain dependent, to varying degrees, on their families (Jones, 2002).

They also contrast with the 'polarised' second group identified by the JRF research, the 'fast-track' transitions of those young people who leave school at 16 or 17. For, although these young people enter the labour market at a similar age, they generally do so while still living in the family home. More direct comparisons may be made with teenage parents – although, again, there are likely to be significant qualitative differences between young parents who have supportive families and those living in care who may be estranged from their families (Jones, 2002).

The only recent study of the experience of young disabled care leavers found that their transitions from care could be abrupt or delayed by restricted housing and employment opportunities as well as by inadequate support after leaving care (Rabiee *et al.*, 2001).

Research studies completed between 1980 and 2002 consistently find that a majority of young people leave care at just 16 and 17 years of age (Stein and Carey, 1986; Biehal *et al.*, 1992, 1995; Dixon and Stein, 2005). This represents a serious barrier to promoting resilience for three reasons.

First, as the JRF Young People in Transition research programme shows, during the last 20 years, patterns of transition into adulthood have been changing fast: the major decline in the youth labour market based on manufacturing and apprenticeship training; the extension of youth training, further and higher education; and the reduction in entitlements to universal welfare benefits for young people. These changes have resulted in young people being more dependent on their families for emotional, financial and practical support, often into their early twenties (Jones,

2002). In today's 'risk' society, parents, grandparents and other relatives are increasingly occupying a central role at different life stages. Yet, the very people who are the most likely to lack the range and depth of help given by families are expected to cope at a far younger age than young people living with their families.

Second, psychological research suggests that most young people cope with the major changes in their lives, during their journey to adulthood, by dealing with them over a period of time, resolving one issue, then moving onto another. According to focal theory:

> … different problems, different relationship issues come into focus and are tackled at different stages, so the stresses resulting from the need to adapt to new modes of behaviour are rarely concentrated all at one time. (Coleman and Hendry, 1999, p. 207)

The theory has been tested by empirical research carried out in New Zealand, Scotland and the United States. This demonstrated that young people who have to cope with the greatest number of life changes in less time had far poorer outcomes, including less educational qualifications and lower self-esteem (Coleman and Hendry, 1999). Yet the accelerated and compressed transitions of care leavers deny them the psychological opportunity to focus, to deal with changes over time (Stein, 2004).

Third, and closely linked to point two, the process of social transition has traditionally included three distinct but related stages: leaving or disengagement; transition itself; and integration into a new or different social state. However, because of the changes outlined above (especially in relation to education, employment and housing), for many young people, the overall process is becoming more extended, connected and permeable – for example, further and higher education taking place over a longer period of time, young people returning home after higher education and the growth in temporary and short-term employment markets.

The second stage, transition itself, is critical to this changing process, preparing young people for the 'risk' society. What anthropologists call a 'liminal state' or opportunity to 'space out' provides a time for freedom, exploration, reflection, risk taking and identity search (Hart, 1984). It is a stage that is critical to the promotion of resilience through opportunities to reframe adversities, so that the beneficial as well as the damaging effects are recognised, and through exposure to challenging situations that provide opportunities to develop both problem-solving abilities and emotional coping skills – key resilience-promoting factors identified in the international literature (Newman and Blackburn, 2002). For a majority of young people today, this is gained through the

experience of further and higher education. Yet, as discussed above, many care leavers, as a consequence of their pre-care and care experiences, are unable to take advantage of educational opportunities. Instead, there is the expectation of instant adulthood on leaving care, a conflating of the three distinct stages of social transition into the final stage, to be achieved by the preparatory rigours of domestic combat courses when young people reach 15 years of age.

In promoting resilience, there will need to be more recognition of the nature and timing of young people's transitions from care. This will include giving them the emotional and practical support they will need into their early twenties, providing them with the psychological space to cope with changes over time, as well as recognising the different stages of transitions, including the significance of the middle-stage transition and the implications of the increased uncertainties, risks and more fluid nature of social transitions.

Life after care and resilience

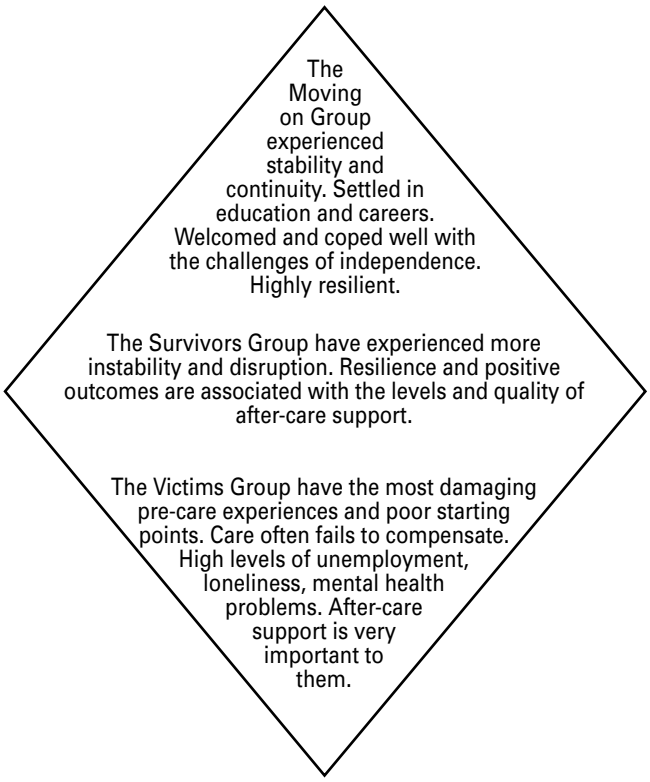
How does the experience of life after leaving care help or hinder young people? Research studies completed since the 1980s suggest that the answer is linked to whether the young person falls into one of three groups (see Figure 1): the *moving on* group, the *survivors'* group or the *victims'* group (Stein and Carey, 1986; Stein, 1990; Biehal *et al.*, 1995; Dixon and Stein, 2005; Sinclair *et al.*, 2005; Stein, 2004).

Moving on

> I feel more of a person now that I'm on my own and I ain't got to go and ask permission from social services for this and that and the other. I feel like myself now, more normal.
> (Care leaver, in Biehal *et al.*, 1995)

The first group, those *moving on,* are likely to have had stability and continuity in their lives, including a secure attachment relationship, made sense of their family relationships so they could psychologically move on from them and achieved some educational success before leaving care. Their preparation had been gradual, they had left care later and their moving on was likely to have been planned. Being *more normal* (a post-care normalising identity) through, for example, participating in further or higher education, having a job they liked – but not any job – or being a parent themselves played a significant part.

Figure 1 The Resilience Diamond



Indeed, there is evidence from some young mothers who have been in care of a feeling of maturity and status, thus contributing to achieving an adult identity (Sinclair *et al.*, 2005). The gains included a renewal of family links and improved relationships with their mothers and their partners' families. Hutson (1997) found that young mothers in supported accommodation tended to experience less poverty and social isolation than other care leavers.

The *moving on* group were also more likely to be young women. They were not only generally better qualified educationally than young men but also able to manage better – being twice as likely to have good practical skills, especially controlling their finances and managing their accommodation by maintaining reasonable relations with landlords, neighbours and friends.

This group have welcomed the challenge of independent living and gaining more control over their lives – often contrasting this with the restrictions imposed while living in care, including the lack of opportunities to make or participate in decisions that affected their lives. They have seen this as improving their confidence and self-esteem. In general, their resilience has been enhanced by their experiences after care and they have been able to make good use of the help they have been offered, often maintaining contact with and support from former carers (Schofield, 2001; Sinclair *et al.*, 2005).

Surviving

> I've become more independent, more tough, I know more about the world.
> (Care leaver, in Stein, 1990)

The second group, the *survivors,* had experienced more instability, movement and disruption while living in care than the *moving on* group. They were also likely to leave care younger, with few or no qualifications, and often following a breakdown in foster care or a *rushed job*, a sudden exit from their children's home. They were likely to experience further movement and problems after leaving care, including periods of homelessness, low-paid casual or short-term unfulfilling work and unemployment. They were also likely to experience problems in their personal and professional relationships through patterns of detachment and dependency.

Many in this group saw themselves as 'more tough', as having done things 'off my own back' and as 'survivors' since leaving care. They believed that the many problems they had faced, and often were still coping with, had made them more grown up and self-reliant – although their view of themselves as independent was often contradicted by the reality of high degrees of agency dependency for help with accommodation, money and personal assistance.

There is research evidence that what made the difference to their lives was the personal and professional support they received after leaving care. Specialist leaving-care workers, key workers, as well as mentors – the latter identified in the international review as a resilience-promoting factor (Newman and Blackburn, 2002) – and different family members, or some combination of support networks, could help them overcome their very poor starting points at the time of leaving care and thus promote their resilience (Biehal *et al.*, 1995; Marsh and Peel, 1999; Clayden and Stein, 2002).

Being a victim

> I was in a bedsit on my own, I couldn't handle it, being on my own, being lonely, no family behind me, no friends. I was stopping at home, being bored, I got into financial difficulties and was evicted.
> (Care leaver, in Stein, 1990)

The third group was the most disadvantaged group. They had the most damaging pre-care family experiences and, in the main, care was unable to compensate them,

to help them overcome their past difficulties. Their lives in care were likely to include many further placement moves – the largest number of moves in the different research studies – and related disruption to their lives, especially in relation to their personal relationships. They were the least likely to have a redeeming relationship with a family member or carer – and continue in education. They were likely to leave care younger, following a placement breakdown. At the time of leaving care, their life chances were very poor indeed.

After leaving care, they were likely to be unemployed, become homeless and have great difficulties in maintaining their accommodation. They were also highly likely to be lonely, isolated and to have mental health problems. After-care support was unlikely to be able to help them overcome their very poor starting points and they also lacked or alienated personal support. But it was very important to these young people that somebody was there for them, that they were not abandoned.

Leaving-care policy and resilience

Young people leaving care are first and foremost *young people* and, as such, their destiny is in part shaped by the opportunities, policies and attitudes that are common to all young people. Indeed, their high degree of vulnerability, to unemployment and homelessness, for example, has in recent years – especially during the 1980s – been an indicator of major structural and social policy changes affecting young people more generally in society. These wider contextual influences and constraints have interacted with a more parochial childcare agenda, and the agency and actions of many, including young people themselves, in the making of leaving-care policy (Stein, 1999).

The Children Act 1948 laid down the post-war legal framework of duties and powers in regard to after care and the new childcare casework included practice with children and young people in, leaving and after care. Those young people unable to return home normally remained in care until they were 18 years of age and were ready to leave. Indeed, the age of 18 became accepted as the normal age of leaving care in children's departments, being derived from legal authority – the expiry age of parental rights resolutions and fit person orders. In this respect, both the law and childcare practice mirrored the accepted age and process of *rite de passage* for most working-class young people at that time. For 18 was the age when apprenticeships ended and adult wages began, when you could be conscripted and when you could marry without parental consent.

Also, during the 1950s and 1960s, and even up to the mid-1970s, there were jobs for most young people. Between 1948 and 1962, on leaving care at 18, young men were required to do up to two years' National Service. Children's departments provided 'working boys'' and 'working girls'' hostels to prepare young people to leave care through attention to practical and social skills, in finding accommodation and work, and in supporting them after they left care. In some local authorities, childcare officers were appointed to work solely with teenagers, including those leaving care. However, ironically, the zenith of welfare, represented by the reorganisation of the personal social services and changes in childcare law – the Children and Young Person Act 1969 (introduced in 1971) – led, in effect, to the end of specialist after-care provision. The priority afforded these vulnerable young people lessened and the age they were expected to leave care reduced.

The shifts from a welfare perspective to more radical responses, including advocacy and a practice increasingly influenced by a developing children's rights discourse, proved contradictory. For, although supporting the voice and self-organisation of young people in care, it had little interest in care itself or the fate of care leavers: community work, advocacy and prevention was where it was at. More mainstream childcare developments – including the priority afforded to child protection work, planning for permanency and diversion – by and large ignored care leavers. It was not until the second half of the 1980s, following sustained campaigning, publicity and research surrounding their plight – especially the exposé of young homeless care leavers – that specialist leaving-care schemes were developed to assist them (Stein, 1999).

The introduction of specialist approaches could be seen as the main policy initiative by local authorities and voluntary organisations to promote the resilience of care leavers and these developments were given a new legal framework by the changes introduced by the Children Act 1989 – although, in most respects, there was far more of the old 1948 Act than the new included in the 1989 Act. Nevertheless, the Act did raise the profile of care leavers and thus provided an opportunity for new initiatives.

Specialist schemes were developed to provide a more focused response to the core needs of care leavers – for accommodation, personal support, assistance with finance and help with careers. The work of these schemes, post 1989 Children Act, has included: contributing to policy development and the co-ordination of leaving-care services within local areas; developing a range of resource options for young people and co-ordinating access to them, especially housing and financial support; developing inter-agency links to ensure a co-ordinated approach; providing advice, information and consultancy services to young people, social workers and carers; and offering direct and group-based support to young people including both those

leaving care and those living independently in the community. Although most specialist schemes contribute to these areas of activity, there is considerable diversity in the types of schemes in terms of service delivery, philosophy and the range and intensity of services.

How effective are specialist schemes in promoting resilience or, put another way, in improving the outcomes for young people after care? This is not an easy question to answer, as, despite the proliferation of specialist schemes, there have been very few outcome studies completed during the last 20 years. Also, the growing literature on outcomes acknowledges the complexity of the task, given the range of contextual and interpersonal factors that may structure the life chances of young people.

The only English study to evaluate the outcomes of differing leaving-care services followed up a sample of 74 young people, aged 16–18, over their first 18–24 months of independent living. The sample was divided into a participating group of specialist scheme users and a comparison sample of young people not in receipt of specialist scheme services (Biehal *et al.*, 1995).

The study found that specialist schemes were more likely to work with young people who had a more disadvantaged starting point – they tended to have poorer family relationships, to be more socially isolated and to have less stable early housing careers – than those in the comparison sample. Given these poor beginnings, specialist schemes were able to make a positive contribution to improving accommodation outcomes and assisting young people with their life skills, including budgeting, negotiating and self-care skills.

However, the specialist schemes had limited impact on other important outcomes. Successful educational outcomes were closely linked to placement stability, more often achieved in foster care placements, combined with a supportive and encouraging environment for study. Without such stability and encouragement, post-16 employment and career outcomes were also likely to be very poor. Success in social networks and in having positive self-image, although assisted by schemes, was mainly associated with young people having supportive links with family members and former carers.

The contribution that specialist schemes can make to promoting resilience is closely linked to the quality of substitute care and young people's experiences of transitions from care. However, the present relationship between these three areas is problematic.

Specialist leaving-care schemes have colonised leaving care. This in effect means that many young people may move on at 15 or 16 years of age to accommodation provided by schemes. This not only builds in additional movement and disruption, and accelerates young people's transitions from care, but also may contribute to the redefinition of foster or residential care – as for young people up to only 15 years of age. Also, there is evidence that preparation for leaving care may be viewed as the responsibility of specialist workers rather than carers, again separating leaving care from ordinary care. Finally, the development of specialist leaving-care schemes may be seen by authorities as the answer to meeting the needs of care leavers, shifting the focus from the quality of substitute care.

Leaving care should be reclaimed by carers. For, as the research evidence clearly shows, it is they who can provide the stability and continuity young people need during their journey to adulthood. The role of specialist schemes should not be to take over from them but to assist them in preparing and supporting young people during their transition. Their main role would shift from being a provider of direct care to servicing those who provide care.

From 1997 onwards, there has been increased government recognition of the failings of the childcare system, including the variation in the resourcing, range and quality of services as well as the complex, discretionary and generally discouraging social policy framework, particularly in relation to benefits and housing (Broad, 1998).

The Government, in its response to the Children's Safeguards Review, following the revelations of widespread abuse in children's homes, committed itself to legislate for new and stronger duties to support care leavers. The proposed changes, detailed in the consultation document *Me, Survive, Out There?*, were part of the Government's plans to modernise children's services, building on the Quality Protects Programme (Department of Health, 1999b). Also, wider government initiatives to combat social exclusion – including the introduction of the Connexions Service and initiatives to tackle youth homelessness, under-achievement in education, training and employment, and teenage parenthood – have the potential to improve the lives of care leavers.

The Children (Leaving Care) Act 2000 was introduced in October 2001. Its main aims are to: delay young people's transitions from care until they are prepared and ready to leave; strengthen the assessment, preparation and planning for leaving care; provide better personal support for young people after care; and improve the financial arrangements for care leavers. To meet these aims, the Act introduces new duties in respect of assessment and meeting needs, the provision of personal

advisers, the development of pathway planning, providing support and accommodation, keeping in touch and financial assistance.

There is evidence that the Children (Leaving Care) Act 2000 (introduced in October 2001) has provided a stronger legal framework for care leavers than the earlier legislation.

In England, the proportion of young people leaving care at 18 is increasing. The new financial arrangements for 16 and 17 year olds, including the use of incentive payments, have contributed to the increased participation of young people in further education and reduction in those not in education, employment and training – although, in respect of both these areas (age of leaving and education, employment and training), there remains a marked contrast with other 'non-care' young people (Dixon *et al.*, 2004; Broad, 2005; Gibbs *et al.*, 2005). There is also evidence of a strengthening of leaving care responsibilities, improved needs assessment, planning and the delivery of financial support, as well as improved levels of support by leaving care teams (Allard, 2002; Hai and Williams, 2004; Broad, 2005).

The new legal framework provides an opportunity for improving services and thus the level of resourcing for young people leaving care – for example, in terms of housing, finance and personal support. This is very important in promoting their resilience. But what is important as well as the quantity is the quality of resource relationships. The principal finding from the only study to explore this dimension, carried out during the 1980s, was that young people who had successful transitions out of care not only displayed a higher level of total resource relationship but also had a lot more interactive relationships. They were, for example, able to *negotiate* decent housing, *derive* meaningful employment or work, *participate* in community and leisure activities, and *engage* in education. This study found that these young people's social networks became richer and more amenable to expansion or contraction at will, and their personal states became more relaxed, stable and fulfilled. They were less lonely and isolated (Hart, 1984).

The same study also found that those whose after-care experience is most successful are those who participate in 'general' or open-access activities and opportunities, as distinct from 'specialist' care provision:

> … which enclose and socially segment care leavers within a whole range of well meaning but misguided provisions.
> (Hart, 1984, p. 20)

A connecting theme of this paper is that leaving care should be at one with a common developmental journey, from being a young person to becoming an adult. Those looked-after young people who experienced such a journey are the most likely to find fulfilment in their careers and personal lives, and overcome the damaging consequences of familial problems, abuse or neglect. They are able to become more independent, not in an emotionally isolated way, but to *move on* from care into education, employment or parenthood and thus achieve an 'ordinary' or 'common' identity – not just coping as *survivors,* or trapped within care identities as *victims*, as many young people are.

Promoting resilience will mean improving the quality of care: providing stability and a sense of identity, assisting with education and holistic preparation, enabling more gradual transitions from care, as well as providing more help for young people after they leave care. Finally, promoting resilience will also mean challenging the current separation in policy and practice of leaving care from caring for leaving – for too many young people experience them as divided and fragmented pathways instead of as a single journey.

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