

Understanding Young People's Transitions from State Care: The Need for Connections

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Abstract

Over the last decade in a growing number of countries there has emerged an interest in the experiences of young people leaving state care. This has included a limited amount of cross national comparison. This paper reports the bleak descriptive picture of poor outcomes and lack of support that has emerged but cautions that this be recognised as primarily expressing an Anglo-American descriptive empirical engagement with the issue. It then goes on to argue for using Esping-Anderson's three types of welfare regime and the European Union policy goal of social inclusion as starting points to develop a more dynamic, systemic international picture of care leaving.

Keywords: Leaving care, Youth transition, Welfare regime, Social inclusion

Den Übergang junger Menschen aus staatlicher Fürsorge verstehen: die Notwendigkeit eines theoretischen Rahmens

Zusammenfassung

Das Interesse an der Lebenssituation junger Menschen, die die staatliche Fürsorge verlassen, ist in den vergangenen zehn Jahren in immer mehr Ländern gestiegen, wobei länderübergreifende Vergleiche und internationale Perspektiven begrenzt vorhanden sind. Der vorliegende Artikel zeigt einen Mangel an Unterstützungssystemen auf. Dabei wird zu Bedenken gegeben, dass dieses Bild möglicherweise in erster Linie Ausdruck der anglo-amerikanischen, vornehmlich deskriptiven Beschäftigung mit diesem Thema ist. Ausgehend von Esping-Andersons dreigliedriger Klassifizierung von Wohlfahrtssystemen und der Forderung der Europäischen Union nach einer stärkeren sozialen Inklusion, gilt es, eine dynamische, systemische sowie internationale Vorstellung über aussichtsreiche Übergangssysteme für junge Menschen zu entwickeln.

Schlagworte: Leaving care, Übergang, Wohlfahrtssystem, soziale Integration

1 Introduction

Over the last decade in a growing number of countries there has emerged an interest and engagement in the process and outcomes of young people leaving state care. This has covered legislative reform, policy development, advances in practice and improvements in information and research. As could be expected in an era of heightened globalisation it

has also included attention to international comparison. Surprisingly given those developments, the understanding of care leaving has remained within fairly narrow theoretical and research boundaries. Within that frame what has emerged as the received wisdom is a bleak picture of young people ill prepared and coping poorly with the challenge of contemporary youth transitions. The transition from youth to adulthood for these young people is made even more difficult by requiring a move from the 'in care' systems of the state to the complex and shifting aftercare systems combining elements of family, civil society, market and state.

The main aim of this paper is to argue that at this point in the development of leaving care as a field of youth studies it is important not to rush to generalisations proclaimed as 'international' that can too easily become closed assumptions that block off questioning and dialogue both within and across national boundaries. In Europe the United Kingdom (UK) perspective on leaving care which draws on a sustained period of policy, practice and research appears to dominate thinking within the leaving care field. Yet even a cursory review of how leaving care is being addressed in a range of other countries suggests that although major themes reflecting the UK account may be shared, the national variations on those themes are likely to be significant. Appreciating these national variations is not only important for the individual countries but may also prompt questioning of how care leaving is understood in other countries, including the UK.

The paper starts by drawing on a small number of recent benchmark reviews of research on young people leaving state care to set out the bleak picture that has become the received wisdom about this area of youth policy. Not only do the routine administrative data and academic research highlight poor outcomes but even where significant and sustained efforts have been made to improve these, as in the UK, there is no clear evidence of significant progress. The prospect of such improvement seems increasingly unlikely in the present economic and political climate. That said it also needs to be noted that the deficit characteristics of the dominant narrative are known not to apply to every care leaver (cf. *Stein* 2008) and that in terms of European, and even more so global, coverage only a very partial picture of care leaving is presently available and being represented. Developing understanding of care leaving requires attention to what may lie beyond the boundaries of the present dominant Anglo American descriptive research. Accordingly the paper goes on to argue for using Esping-Anderson's three types of welfare regime and the European Union policy goal of social inclusion as starting points to develop a more dynamic, systemic international understanding of care leaving

2 Poor outcomes

For all young people the transition into adulthood holds challenges – as it does for the social formations of which they are a part. It is a critical period of both personal biography and social reproduction. There is a societal imperative for new generations to move from the exploratory independence of youth to the chosen interdependence of adulthood through which a social formation is stabilised and the developing identity of youth becomes the more or less settled identity of adulthood. Achieving that requires both individual agency at the micro level and also structuring by changing social forces at a macro level (cf. *Furlong/Cartmel* 2007; *Henderson et al.* 2007). The extensive character of that

social change in the decades running up to the end of the 20th Century is registered in two key, though it is important to note also contested, terms – globalisation and risk society.

Globalisation gives expression to a complex range of phenomena generating and generated by economic, political and cultural flows across ever more porous national boundaries facilitated by the continuous development of information technology and social media. It draws attention to the role of global institutions in trying to manage and capitalise on the influence of global processes. The ever quickening pace of change and instability generated by globalisation is at the core of the concern with the risk society – as social structures become less rigid and ties to family, place and work are loosened people are freed to embrace new opportunities but also forced to constantly negotiate new hazards. Pursuit of security and prevention of risk become preoccupying but also illusive goals in the lives of individuals and in the business of the state. The playing out of the dynamics associated with both globalisation and the risk society are of immense significance to how class, ethnicity, gender, disability and sexual orientation are registered in youth transitions (cf. *Coleman/Hagell* 2007; *Furlong/Carmel* 2007; *Henderson* 2007).

In this context of ‘uncertain futures’ for all young people moving into adulthood it is perhaps not surprising that the concern to understand how young people in state care manage their transitions has tended to focus on the difficulties in the process and on the poor outcomes that routinely result – though it is important to note neither globalisation nor risk as a sociological category has attracted much attention in the leaving care literature. The focus has been on describing the experiences of care leavers in what could be described as the English social administration tradition (cf. *Stein* 2006). A recent literature review setting what is known about care leaving in Australia within the international literature usefully represents the received wisdom about these young people. It noted: “specific concerns identified from the literature include housing instability and homelessness, poor mental and physical health, education and employment deficits, limited social and emotional support systems, crime, early parenthood, substance abuse, and prostitution” (*Mendes/Johnson/Moslehuddin* 2011, p. 14). It added that it was important to note that these factors are often interconnected. The review also drew attention to how specific groups of care leavers faced additional disadvantages: indigenous young people; rural and regional young people; young disabled people; unaccompanied asylum seeking young people. To that list can be added young people coming from minority ethnic communities, young parents and gay, lesbian and bisexual young people.

Poor outcomes were also highlighted in the Editorial to a recent Special Issue of the American journal *Children and Youth Services Review* on ‘leaving care/emancipation from care’. “Whilst, internationally, there is no consensus about what to call this process [whereby young people move on from living in out of home placements] there is agreement, based on research evidence, that outcomes for children living in care are poor in comparison to those of other children, especially in relation to their education” (*Stein/Ward/Courtney* 2011, p. 2409). The editorial also emphasised that “although we have a greater international understanding of young people leaving care than a decade ago, we are still a long way from having a global perspective” (p. 2409). The Australian review also acknowledged that it was drawing primarily on UK and US studies for its international perspective.

There have however been a number of attempts to gather cross national data on care leaving. In 2010 a Systematic Review with international parameters was undertaken in support of the joint National Institute for Excellence (NICE) and Social Care Institute for

Excellence (SCIE) project on improving the physical and emotional health and well being outcomes for children in care in the UK (cf. *NICE/SCIE* 2010). NICE's role is to produce independent, authoritative and evidence-based guidance to the British National Health Service. SCIE does something similar for the social care workforce – gathering and analysing knowledge about what works and translating that into practical resources, learning materials and services. From 171 potentially relevant papers only seven were ultimately judged to be of sufficient methodological rigour and clarity to be included (six American and one British).

The review came up with very similar messages to those of earlier US reviews (cf. *Collins* 2001; *Lemon/Hines/Merdinger* 2005; *Montgomery/Donkoh/Underhill* 2006). Firstly, that there is a dearth of rigorous evaluations of young people experience of being in care and of the support given with leaving and aftercare; secondly what data there is provides no conclusive evidence of effective interventions but suggests that support services focused on education, employment, parenthood and accommodation may have some beneficial effect. The review concluded that there continued to be an urgent need for rigorous design and evaluations in the leaving care field. This was disappointing given that the earlier reviews had also highlighted this need. The review also concluded that it would be important to differentiate between the needs of different sub groups within that population and evaluate on that basis.

3 Differences in care leaving: individual and national

The NICE/SCIE point about disaggregating the leaving care population reinforces what is a growing concern to adopt a strengths perspective in thinking about care leavers and emphasise that they are not a homogeneous group, that individual life paths have highs and lows and that there is as much to learn from those making an impressive success of their lives as those who are not. As the differences amongst these young people become better understood it may be possible to group them according to their needs and match that to services in a way that will lead to improved outcomes. A very schematic grouping using criteria combining characteristics of the care experience with particular psychosocial needs has been suggested based on UK research. The groupings are those care leavers who are 'moving on' and have low support needs, those who are 'surviving' with the medium levels of support and those who are really 'struggling', even when appropriately high support is being offered (cf. *Stein* 2004).

In an attempt to explore differences and similarities in national experience the International Research Network on Transitions to Adulthood from Care (INTRAC) drew on its membership to outline what was known about care leaving in sixteen countries: Australia, Canada, France, Germany, Hungary, Ireland, Israel, Jordan, Netherlands, Norway, Romania, Spain, Sweden, Switzerland, United Kingdom, United States (cf. *Stein/Munro* 2008). Information for each country was collected using five headings: socio-economic context, type of welfare regime, key general child welfare statistics, legal mandate, research and information on care leaving. Key messages for policy and practice were also identified. An overview of the collection concluded that for all 16 countries: "although as a group these young people have a high risk of social exclusion, there are differences in their outcomes, between those who successfully move on, those who survive and those

who struggle, and that these different pathways are associated with the quality of care they receive, the nature of the transitions and the support they receive after they leave care” (Stein/Munro 2008, p. 302). In ten of the sixteen countries basic information and research on leaving care was identified as a pressing issue.

The following year SOS Children’s Villages International published a report on the situation of young people ageing out of care in twelve countries across Europe and Central Asia: Albania, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Croatia, the Czech Republic, Estonia, Georgia, Kyrgyzstan, Poland, the Russian Federation, and Uzbekistan (cf. Lerch/Stein 2010). Information was presented for each country under six headings: children and young people living in care and ageing out of care; the child protection and care system; the legal and policy framework relating to preparation for leaving care and after-care; practice related to preparation and after-care; rights violations faced by care leavers; the official data sources; research on ageing out of care. That was then followed by key recommendations for policy and practice. “This study reveals that in the countries under review the preparation for the departure from alternative care and the ensuing transition to self-sufficient adulthood are characterized by chronic, often debilitating shortcomings” (Lerch/Stein 2010, p. 7). One of those shortcomings was a lack of accurate, centralized, and comprehensive government information on care leavers. For seven of the twelve countries, there was either no information or it was unusable as it was not sufficiently comprehensive, accurate or reliable.

The clear message from both of these attempts to gather together and compare national experiences is not only the bleakness of the picture being painted of care leaving but also how far there is to go in establishing anything resembling a global overview of the field. To achieve that it will be necessary to engage in a much more complex and demanding process of knowledge management than has been attempted to date. Existing information will have to be sourced, evaluated for accuracy and comparability and where it is worth doing analysed for similarities and differences. Much of the material is likely to prove too specific to a single country; both in terms of general social, economic and political context and in terms of how services are organised - working assumptions, professional language and the needs to which services are primarily directed.

The even bigger problem is that for huge swathes of the globe, including Africa, China, India and South America, there appears to be no readily available material on the characteristics of care leavers or the process of care leaving. That is despite the fact that there are literally millions of children and young people in out of home placements across the world. The United Nations ‘guesstimate’ for residential care is eight million and that figure, which is probably an underestimate, is expected to rise under the drivers of industrialisation, urbanisation, poverty, disease, disability, armed conflict, natural disasters and discrimination – particularly on those continents listed above (cf. Csaky 2009). There will be care leaving experiences associated with all those millions of placements.

How to gather useful primary data from across the world on the varied experiences that exists poses a major social research design challenge. A first step in meeting that challenge is to decide on a strategy. It has been suggested that a combination of three strategies is helpful for thinking in a globalised fashion about care leaving (cf. Pinkerton 2006). The first ‘holistic’ strategy focuses on global phenomena as such and has as its goal a single unified theory that can descriptively connect and analytically explain the impact of the varied dimensions of globalisation on care leavers. This allows for pursuit of grand narratives, whether of the right or left, Neo Conservative or Marxist. Less ambi-

tious is the 'partialising and comparative' strategy which takes as its focus the various national pieces of the global jigsaw and having described these in detail compares them to one another to explore the similarity and differences, the fit, that exist between them. The third approach advocates a much looser, free flowing exchange between interested parties which can focus on any issue and draw on information and insights from any level, local, national, regional and global. In order to encourage the cross referencing of work down following any on the three approaches it is helpful to start to build a conceptual model, or models, that take into account the dialectical nature of leaving care policy and practice – the local within the national, the national within the regional and the regional within the global (cf. *Pinkerton 2011*).

4 Welfare Regimes as a connecting framework

Whilst it is essential to acknowledge the magnitude of the task involved in building the conceptual models and in gathering the empirical material needed for a global understanding of care leaving, it is also important to emphasise that there is now an interest in grappling with these issues across a range of countries that did not exist ten years ago and that seems to be growing. Clearly, part of the explanation for that is globalisation. The growing capacity for international exchange of information and ideas is matched by a growing awareness of the internationalisation of social phenomena and the valuing of learning from others who have already experience of tackling similar problems albeit in different national contexts. However the importance of that national dimension as such should not be downplayed and may, as in the case of European countries, have an additional regional dimension to it. The European Union sits between the national and the international dimension to any social problem within its zone – including care leaving, although it has yet to be adequately described and discussed as an EU regional issue. The only major EU funded study of care leavers to date which focused on pathways to further and higher education in five European countries (Denmark, England, Hungary, Spain and Sweden) concluded: "if public care is to become a path to better life chances rather than social exclusion, it is essential for these young people as a group to gain statistical and social visibility" (*Jackson/Cameron 2011*, p. 9).

In focusing on the national dimension and regional dimensions to care leaving it is helpful to take the INTRAC lead and draw on Esping-Anderson's seminal typology of welfare regimes as a heuristic model (cf. *Daly 2011*, pp. 95-99). Essentially his categories of 'conservative', 'liberal' and 'social democrat' are based on variations in the combination of decommodification and social solidarity at the level of the nation state. The extent of decommodification is achieved through state welfare provision being linked by right to citizenship and making it possible to live without participation in the market economy. Variation in social solidarity reflects how citizenship is understood and whether the dominant locus of solidarity is found in the market (Liberal), the state (Social Democrat) or the family (Conservative). As with any typology some important differences in the cases being categorised will be subsumed and it is important to acknowledge the criticisms of this typology as reflecting a productionist/dependency view of welfare focused primarily on the redistribution of income from those in work to those not. But, even so looking at care leaving through the lens of welfare regimes helps to explain the policy

context and dynamics. It also suggests connections to a range of debates and areas of interest within social policy which are likely to provide helpful perspectives on leaving care as it further develops into a coherent field of study.

Initially interest in leaving care seems to have come from within those Anglophone countries (US, UK, Canada and latterly Australia) which loosely fit the category of Liberal which is low on decommodification and regards the market as the main means of resource allocation (cf. *Stein/Munro* 2008). It is perhaps not surprising that Liberal Welfare Regimes should be concerned that a small but relatively high cost group of recipients of public services not only appear to get a low quality (for some a physically and sexually abusive) service when in care but also go on in adult life to require further state expenditure on income support, accommodation, health, training and control of criminal behaviour. A UK study of public care calculated that for the period between a child entering care and reaching the age of 30, if on leaving care a young person successfully progresses through education to employment and independent living, it will save the state £133,000 when compared to the costs associated with a care leaver who struggles post-care (cf. *Hannon/Wood/Bazalgette* 2010, p. 167).

It is also not so surprising that in Conservative Welfare Regimes, such as France, Germany and Spain (cf. *Stein/Munro* 2008) the state has limited engagement with care leaving. The subsidiarity principle promotes decentralisation to ensure power and authority is located at the lowest appropriate level in a way that maintains traditional divisions of labour between the state and civil society. As would be expected from this model both out of home care and aftercare are primarily the business of charitable institutions and the extended family or other informal care networks. There is however now some concern that for at least a proportion of the care leaving population holding to the subsidiarity principle may amount to benign neglect. A Spanish study of young people leaving kinship foster care (which accounts for 46% of all out of home placements and 80% of all foster care) noted that whilst for the large majority of the sample the experience was in general satisfactory for around one in ten there were serious problems of social exclusion and almost half the young people “felt that their foster parents did not receive sufficient support from social services to cope adequately with the task of bringing them up” (*del Valle et al.* 2011, p. 2480).

What is surprising is that countries like Norway and Sweden which fall into the Social Democratic category of welfare regime, with extensive state intervention in both the market and family life through services and benefits designed to be universal and of a standard high quality, also appear to be weak in engaging with the issue of care leaving. It would seem that precisely because they adhere to a social democratic perspective that there is an assumption that good quality out of home care is being followed by equally good universal services taking care of issues in the aftercare period. But now in those countries too there is growing concern that despite the many advantages of a strong institutional welfare system it may not be sufficiently attuned to the individual needs of care leavers. They may require more individualised help to make the most of what is available to them as universal social support. Results from secondary analysis of statistical returns to the Swedish National Board of Health and Welfare suggest that the care leaving population shows “elevated risk of higher mortality, mental health problems, suicide attempts, poor educational attainment and teenage pregnancy.” (*Stein/Munro* 2008, p. 193/4)

In the case of the countries of Eastern Europe, which had had such a reliance on institutional care during the Soviet era which for all its limitations was providing a degree of

security and social protection which was swept away by the rush to free market economic structures, they now find themselves with an unsettled mixture of liberal and social democratic welfare regime characteristics. Global and regional bodies such as the UN and the EU have encouraged child welfare legislation and practices, including attention to care leaving, but the capacity to deliver on these is not yet in place even with extensive involvement of external NGOs (cf. *Stein/Munro* 2008; *Lerch/Stein* 2010).

5 Benchmarking against the United Kingdom

Despite the different dynamics at work within European countries representing each of the Esping-Andersen's categories, they all have cause to better understand care leaving. Given the UK's longer and more extensive engagement with the issue, it is perhaps inevitable that it should seem to offer a benchmark for other countries. Based on a strong legislative mandate and detailed policy and procedures (cf. *DfE* 2010) there can be found within the UK a clear account of the process of care leaving, moving from being in care, to preparing to leave, to leaving and then to aftercare. At each stage the goals and tasks are clear – delay discharge until the young person is prepared and ready; ensure comprehensive assessment, preparation and planning; throughout provide personal support. Yet to date, as with so much else in the care leaving field there is no clear evidence to demonstrate significant improvements are being made in the outcomes for care leavers in the UK (cf. *NICE/SCIE* 2010).

The UK may also now provide a warning about the implications for leaving care of austerity programmes. As across most of Europe, in the UK the Government is committed to public spending cuts that are impacting on local budgets and forcing significant changes to be made to service provision. A recent review of the impact of this on young people concluded: "In its hurry to slash public spending and reduce the budget deficit the Government seems only to have considered the short term savings from abolishing schemes that support young people into better futures. The long term public and personal costs of reducing this investment do not seem to have been addressed." (*Melrose* 2012).

In order to monitor the impact of government austerity policies on care leaving the National Care Advisory Service (a London based organisation providing an advice, support and development service focused on leaving care) conducted a survey of members of the National Leaving Care Benchmarking Forum which it convenes. The findings "reveal a general pattern of great uncertainty within services and concern about the capacity to continue to support young people effectively" (*NCAS* 2011, p. 1). Half of the services were expecting to lose resources and four fifths reported already feeling the impact of cuts on other services they worked alongside. Both specialist and more generic support services were said to be affected. Local government budgets and service provision are not self contained but give and get added value from the services and support that are available from other parts of the system. As these complementary services are cut, local government leaving care services have little option but to become increasingly reliant on its own provision, available only to care leavers. In that way a cut in complementary services not only increases pressures on specialist leaving care services but also reduces care leaver's engagement with and integration into mainstream services and thereby society. This is well exemplified in the Report in relation to education. "It is be-

coming all the more difficult for authorities to provide holistic support to young people in and from care when, not only their own budgets but other funding streams that they rely on to ensure that young people are adequately supported are drying up. The announcement of a new bursary scheme for 16-19 year old children in care and care leavers in further education, compensating for the withdrawal of EMA [Education Maintenance Allowance] for this, is the type of intervention that needs to continue across the board.” (NCAS 2011, p. 8)

What the NCAS appear to be endorsing is a short term and divisive strategy that protects spending on care leavers, presumably by means of deeper cuts to other services, linked to eligibility criteria that lock care leavers into that identity. This may be an understandable and acceptable defensive response. Whether it is or is not, is a judgement as much to do with political principles and goals as it is with pragmatic manoeuvring. Such questions clearly beg a bigger question of how much does understanding care leaving require an explicit political critique?

6 Developing a politics of care leaving

Public policy within whatever welfare regime allows for alternative views on child welfare and youth policy of which care leaving is a part; or to put it more accurately, alternative views co-exist in tension, waxing and waning according to the priorities within the wider politics (cf. *Collins/Pinkerton* 2008). At present, the dominance of a neo-conservatism based on a free market economic model continues to promote the Liberal as against the Social Democratic or Conservative Welfare Regimes. This, as the UK experience suggests, clearly has implications for how young people leaving care are supported. The political point is that this reflects choices being made by government and there are alternative choices that could be made – as the continued existence of recognisably Social Democratic and Conservative Welfare Regimes in Europe makes clear.

One way of thinking about these political choices is to return to the long standing European welfare goal of social inclusion. It seems well suited to posing in political form, that is to say as a demand on the state, the goal of care leaving – moving on, becoming part of the mainstream in a much fuller sense than just market inclusion. Introducing a wide concept of social inclusion based on ideals of citizenship into thinking about care leaving provides a means with which to understand the social dialectic of personal agency and social structure mediated by the state. It links care leaving with other forms of social marginalisation and allows for “challenging the construction of marginalised groups as passive victims while keeping sight of the discriminatory and oppressive political, economic and social institutions that still deny them full citizenship” (*Lister* 1998, p. 6). Social inclusion connects individual psycho social assets with collective social, economic and cultural resources. That allows care leaving to be seen as the political challenge of ensuring these young people are not excluded from any aspect of what it means to be a full citizen: access to the labour market, an income, housing, health, education, transport, patterns of consumption, leisure and cultural activities, personal relationships and participation in political and civic affairs.

Social inclusion understood as a multi levelled and multi dimensional systemic perspective is undoubtedly challenging to policy making and service delivery (cf. *Cusworth*

et al. 2009). But it sits well with the lived experience of those who find themselves in the social margins such as care leavers. Leaving care challenges young people in every aspect of their lives. To become socially included they have to find ways of meeting their material needs: maintaining good health, finding accommodation, getting an income, continuing or entering education, training or employment. They also have the psycho social needs typical of their age group. They have to be sufficiently secure in their own identity to have the self confidence and social competence to deal with the day to day aspects of their lives outside of the care system. In order to understand the transitions made by these young people, whether that means moving on, surviving or struggling, it is necessary not only to take account of both the material and psycho social dimensions to their lives but also to consider how these impede or promote each other over time in changing personal, socio-economic and political circumstances.

To optimise the social dialectic of personal agency and social structure mediated by the state, 'participation' needs to sit alongside social inclusion as a key concept in thinking about care leavers as citizens (cf. *Tisdall et al. 2006*). In the case of care leavers a key indicator of success is the extent to which they are engaged in managing the process of their own transitions. That can cover a range of concerns, from motivation for education to control over which adults are included in their formal and informal networks of social support. As with any socially excluded group, it is the expectations, judgements and actions of young people leaving state care themselves that will enliven the process of achieving their inclusion. The challenge to policy and service design is to find ways to provide supportive scaffolding and dismantle disabling barriers. As succinctly pointed out by *Thomas Hammarberg*, the Council of Europe's Commissioner for Human Rights, young people should be supported in achieving their social inclusion because that is their right.

"Vulnerable care-leavers should benefit from full support in order to make the transition into adulthood and independent life less burdensome. They are part of our society and have the right to be given the tools to help them shape their future." (*Lerch/Stein 2010*, p. 5)

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