

Moving Forward: towards a rights-based paradigm for young people transitioning out of care

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Abstract

The authors draw on their experience of developing *Moving Forward* (Cantwell et al, 2012), an international handbook directed toward legislators, policy-makers and decision-makers designed to facilitate the implementation of a new United Nations framework: the *Guidelines for the Alternative Care of Children*. The paper proposes that these Guidelines have ushered in a new international rights-based policy framework for the Convention on the Rights of the Child, acknowledges the global nature of the issue and reviews a growing body of international literature. The paper first examines key debates on young people leaving care and then discusses policy orientations, illustrated with reference to a range of practice examples. A number of themes emerge which mirror those within the literature and additional issues identified, particularly the value of the more intangible emotional supports which young care-leavers need. The paper considers the issues in the context of a children's rights framework, notes the traditional lack of a rights-oriented discourse in this area, and suggests that in all countries, more strategic collaborative efforts need to be undertaken by a range of actors to improve the poor life chances of many of these young people when they 'leave care'.

Introduction

Strides have been made internationally toward better awareness, understanding and in some cases implementation, of children's rights so that they are reflected in the services for children in need of, and at risk of needing, alternative care. However, that same rights-based emphasis is not as evident for those young people who transition out of the care system and are moving into young adulthood. This paper explores the concern of rights-oriented services for care-leavers from both a global policy and practice context, framed by the key issues outlined in the literature. Drawing on the research informing a new handbook, *Moving Forward: Implementing the Guidelines for the Alternative Care of Children* (Cantwell et al, 2012), this article then outlines illustrative examples of such developments from around the globe.

A global framework

The near-universally ratified United Nations Convention on the Rights of the Child (CRC) is a fundamental driver in the development of rights-focused policies and services related to children. Of particular relevance to this paper, Article 20 of the CRC asserts the rights of children to protection and support when they are unable to live with their parents or remain in a stable family setting.

1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.
2. State Parties shall, in accordance with their national laws, ensure alternative care for such a child.
3. Such care could include, *inter alia*, foster placement, kafala of Islamic law, adoption or, if necessary, placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background. (Article 20, United Nations, 1989)

The *Guidelines for the Alternative Care of Children*

As is the case with many of the rights codified within the CRC, the measures that should be taken to realise these rights in relation to many specific areas of children's lives are not described in any depth in the CRC. As a result, detailed, internationally recognised guidance based on the CRC has been developed to clarify key topics (HCCH 1996, United Nations 1985, 2008). The *Guidelines for the Alternative Care of Children* (henceforth 'the Guidelines') (UNGA, 2009) are another example of this type of guidance, and were developed to promote the implementation of the CRC and the provisions of other international instruments relevant to 'the protection and wellbeing of children who are deprived of parental care or who are at risk of being so' (para.1 s1). The experience of young people leaving care is addressed within the Guidelines.

The development of the Guidelines to improve the implementation of the CRC for children living out of their parent(s)' care is the result of a five-year, worldwide collaborative planning and consultation process. Through its Resolution A/RES/64/142 (UNGA, 2009), the United Nations General Assembly (UNGA) formally 'welcomed' the Guidelines by consensus in December 2009, indicating unanimous global approval of the Guidelines' principles and orientation at government level. The unanimous nature of their approval is particularly important as this has ushered in a more coherent international policy framework for States to shape a solidly rights-based approach to prevention and provision of alternative care services for children.

The Guidelines' status as an UN-approved set of principles, and their role as a basic reference for the CRC Committee (the UN monitoring body for States' compliance with the CRC) in its Concluding Observations on States' compliance with relevant provisions of the treaty, indicate the significant potential for the Guidelines' impact on practice in this area. This potential is not limited to the boundaries of the influence of the CRC Committee alone; the Committee on the Rights of Persons with Disabilities (UN Human Rights Council, 2012), for example, has for the first time given visibility to children with disabilities in alternative care by incorporating the issues highlighted in the Guidelines into their concluding observations. This new international policy framework also functions as an advocacy tool, as the Guidelines are explicitly not limited only to governments, but toward 'all sectors

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directly or indirectly concerned' including policy-makers, decision-makers and professionals. If effectively implemented, the Guidelines offer a framework that addresses the issues identified in the literature in relation to the barriers facing care-leavers.

Overview of the Guidelines

The Guidelines intend to advance two fundamental principles of children's alternative care. The first is the principle of 'necessity', whereby alternative care is resorted to only when genuinely needed. At the heart, upholding these principles requires broad efforts to prevent situations and conditions that can lead to family breakdown. The second is the principle of 'suitability', whereby this necessary care is provided in a setting and in a manner that is specifically appropriate to the particular child or young person's individual circumstances.

During the early drafting process of the Guidelines, young people with care experience highlighted the importance of incorporating provisions on both carefully preparing young people for their transition from alternative care and foreseeing follow-up and support during that transition. As a direct result of this feedback, these concerns are reflected in the Guidelines (s131-136).

The *Moving Forward* handbook

A handbook project, *Moving Forward: Implementing the Guidelines for Alternative Care of Children* (Cantwell et al, 2012) was subsequently produced to facilitate the implementation and monitoring of the Guidelines worldwide. It is directed toward legislators, policy-makers and decision-makers as well as professionals in the field of child protection and alternative care for children. Commissioned by UNICEF and a consortium of international non-governmental organisations (NGOs), developed by the Centre for Excellence for Looked After Children in Scotland (CELCIS) at the University of Strathclyde, and launched at the Human Rights Council, Geneva, in March 2013, it connects national policy and direct practice to the Guidelines and intends to contribute to closing the gap between the ambitions of international policy and the real life experiences of children, young people and families. In translation into six languages (at time of writing), *Moving Forward* supports the implementation of the *Guidelines*

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by making strong connections between national policy, direct practice and the *Guidelines* themselves, and offers insight into the intended meaning of the Guidelines.

Specifically, *Moving Forward* is designed to address a number of aspects of the Guidelines, including: (1) the thinking behind the inclusion or wording of the provisions in the Guidelines; (2) the implications of those provisions from a policy perspective and the wide variety of policy issues to be addressed to ensure optimal implementation of the Guidelines; (3) examples of practice identified throughout the world that illustrate an element of the Guidelines; and (4) the selection of fifteen topics that would benefit from more in-depth explanation. A focus on “preparation for leaving care and aftercare support” (p.16) is one of these topics for closer exploration.

Methodology

The research informing *Moving Forward* is the source of the policy orientations and practice examples in this article. Researchers undertook a wide literature review covering academic and policy texts, drawing from reports and studies on alternative care in a global context, international documents, and feedback from an extensive consultation process among a wide range of experts, international professional networks and key regional contacts. A particular search strategy was used for selecting the ‘promising practice’ examples. They were retrieved using various combinations of search terms based on the selected topics and terms relating to inspiring practice. The search used various general terms relating to each of the topics (e.g., ‘aftercare’, ‘informal care’, ‘kinship care’). Articles were retrieved based on database findings, and specific journals suggested by the steering group were then targeted. After academic databases were reviewed, a hand-search was conducted of report documents suggested by partner organisations, steering group members and the project team. The steering group was also asked to circulate requests for practice examples to its members, which helped to identify further examples. Finally, the project team reviewed all the examples against the topic descriptor and agreed on which to include.

As expected, while the research identified a wealth of information internationally across literature, much of the evidence which emerged from low resource countries was found within

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non peer-reviewed literature, as it was written for a non-academic research audience. In some cases these resources left the research team with unanswered questions about the data, in particular in relation to criteria by which the rigour of the research is determined, for example, clarity about sample size and variables. While the strength of this particular category of evidence was inevitably weak, nevertheless for a global project such as *Moving Forward*, it was seen to be important that this evidence was included, to represent what is known globally about policy and practice in relation to alternative care.

While the nuances of the debate about quality standards of evidence and resulting bias are acknowledged, for example, the frequently cited articles in British Journal of Social Work by Webb (2001) and Sheldon's rebuttal (2001) questioning the role of evidence-based practice in social work, they cannot be the focus of this article. The limitations for transferability inherent within descriptions of practice which have not yet been formally evaluated or peer-reviewed are acknowledged; our inclusion here of sources that describe particular practices is nonetheless understood as an informative means to widen a global understanding of the key issues facing care-leavers, with a view to contributing to an extension and enrichment of the—thus far—Western-dominated discourse. Where information about data and context is known, it is included below; where it is unknown, we have aimed to ensure that gaps in information are transparent.

Key issues

“When too little (or no) importance is given to this key transitional period in a child’s life, the consequences in all parts of the world are often disastrous.” (Cantwell et al, p.98)

The following section frames the concern of rights-oriented services for care-leavers by outlining key issues drawn from a range of research and policy evidence. Despite the fact that the (English-language) literature base about preparation for leaving care and aftercare support is dominated by publications based on studies in the USA, the UK and Australia, this paper explores the issues across a range of countries. The literature about ‘care-leaving’ falls into two broad categories; there is the work which identifies and quantifies the ‘poor outcomes’, whether in health, education, or

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employment. Then there is literature which reviews the development and impact of new services or approaches that have been created in response to the problems identified. Some of these responses have focussed on improving the care experience itself so that young people are better 'prepared' for the leaving phase, while other responses have led to new 'throughcare' or 'aftercare' services which aim to provide differentiated levels of post-care support as young people make their transitions to adulthood and gradually increase their self-reliance.

Here we briefly review some of the key literature which delineates the poor outcomes and critically reviews the new approaches that have been developed. We also note the emergence of the growing body of international collaboration in this field, and select illustrative practice examples which have emerged in diverse countries and regions of the world. While recognising the different cultural, economic, social and political contexts globally, a number of common issues emerge which appear relevant to the experience of all children and young people.

Terminology

The field of 'care-leaving' is an aspect of social work practice that has been recognised and delineated in many countries in recent years (Munro et al., 2011; Stein & Munro, 2008). It is important to note certain variations in terminology; 'care-leaving' and 'throughcare and aftercare' are terms often found in UK and Australian literature while 'aging out of care', 'emancipation' and 'liberation' from care' are distinctive terms from North America.

International attention

Pinkerton, a strong advocate of an international and collaborative approach to the issue (Pinkerton 2008, 2011) notes greater attention being given to the topic of transitions out of care over the past decade, including 'exchanging research, policy and practice experience, cross-national advocacy networking and global policy development' (Pinkerton, 2011, p. 2412). As a result, a growing body of international research is beginning to inform this practice and policy development (Anghel, 2011; Munro et al., 2011). While limited, reference to care-leaving in the Guidelines (para.131-136) reflects

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the fact that transitions out of care and the first phase of 'independent' living post-care is now accepted as part of the child welfare field globally.

Poor outcomes

This transition period is seen as being characterised by highly problematic experiences or 'outcomes' for many young people who have spent time in care (Courtney et al., 2001; Stein and Wade, 2000). The growing focus on 'care-leaving' has been driven by professional and public concern about the great difficulties that young care leavers face (Munro et al., 2011) and the growing body of evidence about high levels of mental health difficulties, homelessness, social isolation and exclusion from employment or education, leading to a range of problems including offending behaviour, substance misuse and early parenthood (Biehal et al., 1995; Courtney & Hughes-Heuring, 2005; Stein & Munro, 2008; Stein & Wade, 2000). Young people can experience 'accelerated and compressed' transitions, achieve substantially lower levels of educational qualification than peers, and indeed those in kinship-care placements are often bereaved of elderly care-givers (typically grandparents) at an early age (Del Valle et al., 2011).

Even where specific policies have been developed to support care-leavers, research shows that systems do not always operate effectively. For example, one Australian study has shown the high level of vulnerability of young people in public care in relation to being 'in conflict with the law', where, despite the existence of protective protocols, some young people may in fact be subject to harsher procedures than young people not in public care, for example when their social worker does not provide written information for, or turn up at, court hearings (McFarlane, 2010).

Nevertheless, as some care-leavers themselves have advocated, there may be gaps in the 'poor outcomes' analysis caused by focusing only on the immediate 'care-leaving' period and some longitudinal studies indicate positive outcomes for care-leavers following a challenging transitional period (Duncalf, 2010). For these reasons it is important to avoid (further) stigmatising care-leavers by talking only about poor outcomes. In a research review Stein (2006b) developed a classification based on a resilience framework outlining three groups among care-leavers in relation to their outcomes: 'moving on', 'survivors', and 'victims', the first of whom are doing reasonably well in difficult

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circumstances. It is clear from this study and many others that, despite an increase in awareness of their problems and some additional resources, the immediate, and longer-term, outcomes for many of those young people remain poor.

Services and approaches

Overall, studies show that young people who benefit from gradual, extended and supported transitions from care have better outcomes than those who leave care early and abruptly (Stein 2006b). These priority aspects of a care-leaver's transition are considered in more detail below.

Preparation

Successful transitions are built on solid foundations, which include: good quality placements, providing young people with stability and continuity of care; a positive experience of education; assessing and responding to young people's health and emotional needs; and preparation in self-care, practical and inter-personal skills. However, achieving such goals is clearly anything but a last-minute exercise).

(Cantwell et al., 2012, p.99)

More attention has recently been paid to 'preparation for leaving care' programmes and the phenomenon of leaving 'too early' i.e., even before they reach the age of eighteen. In England, some pilot services have been developed to strengthen the capacity of social services departments to provide a wider range of appropriate forms of accommodation for children in the years leading up to their eighteenth birthday, so that they are less likely to leave abruptly and unpreparedly (Munro et al., 2010)

Frimpong Manso (2012) discerned three broad categories of support measures which have been put in place extensively in the USA and UK: 'life-skills' courses, mentoring strategies and 'transitional living' projects, although 'rigorous evaluations of the effectiveness of the programmes are scant' (Frimpong Manso, 2012, p.343). There is evidence that care-leavers, despite finding some degree of support through living in their transitional 'youth house' and valuing continuing contact with their

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'house mother' from their care village, lacked preparation in certain independent living skills and the cultural skills needed to function effectively in wider society (Frimpong Manso, p.352).

Specific areas have been identified as particularly challenging for young people; handling money and budgeting emerges as one of the most difficult to come to terms with, even when progress had been made in other practical areas (Daly, 2012; Dixon & Stein, 2003).

Staying longer

To help reduce the challenges of independent living, young people must not be disadvantaged by being 'cast adrift' from alternative care at an earlier age than their peers usually leave the family home. Instead, and if they so wish, children and young people should be allowed, encouraged and enabled to remain in touch with, or in the care of, foster parents or other care-givers after 'ageing out' of the system.

(Cantwell et al., p. 98)

Further, the question of how much support can be provided by carers after a young person has 'left' their care (post-age eighteen) has come under scrutiny (Hojer & Sjoblom, 2010). In the UK, where there is a four-nation approach to policy and practice, there has been a policy commitment in England and Wales to supporting young care-leavers in further or higher education by extending foster placements until they have completed courses. This policy drive has been strengthened by special funding for a number of pilot projects which allow young people to remain with foster-carers until age 21 (Munro et al, 2012). These necessarily involve the local authority's willingness to continue to fund the placement, the foster carers' agreement to continue in that role, and the young person wanting to remain with them. Similarly, in Northern Ireland, a specialist funding stream and support mechanism – the 'Going the Extra Mile' scheme – has been developed which enables care-leavers to go on living with foster carers until they are 21 years old (Coyle & Pinkerton, 2012). The Scottish government have recently announced their extension of the rights of all young people living in any care setting to remain 'looked after' (in care) until the age of 21, as well as announcing their longer term ambition to allow care leavers under the age of 21 the right to return to care should they need it. These examples

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reflect policy and practice approaches which have been put in place or are under consideration to try to respond more effectively to the need for ongoing support for young people.

Support and continuity

The importance of providing continuity for young people at times of transition is reflected in examples from other countries, as discussed below. As we see in the example from Ghana, even where young people have been provided with a place in a shared 'transitional house' and supervisor, they report gaining most emotional support from their previous 'house mother' (Frimpong Manso, 2012). This is hardly a surprising finding in that this is the person with whom they have formed a bond over many years. What is perhaps more surprising is that service providers, and indeed the wider public, hold unspoken assumptions that young people will be adequately provided for if given a house and sufficient funds to survive, whereas the acknowledged reality is that personal relationships and emotional and social support are likely to be the most crucial factors.

The birth families of care-leavers represent a potentially important resource for young people. For a long time there was a professional belief in the UK that the 'kids go home' after a period of time in care. However, although many care-leavers look to family for support, in fact the majority do not return home on a sustained basis. Studies reveal mixed outcomes with the young people reporting both positive and negative examples of family connections (Mendes et al., 2012). Whilst support can be offered in promoting and managing these contacts, 'for some young people this may not be helpful, particularly when serious abuse or rejection has occurred. In these cases, the role of the state as corporate parent in providing alternative social and support networks becomes even more critical' (Mendes et al., 2012, p. 368).

Access to good-quality, secure housing is undoubtedly, and not surprisingly, a key element in the care-leaving experience (Johnson et al., (2010), reported in Mendes et al., (2012)); including working with the young person concerned to determine the most appropriate post-care living environment. This could include accommodation with varying degrees of supervision and assistance according to need, or independent housing.

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In those parts of the world where there is only a limited welfare benefits system, young care leavers are at high risk of poverty and homelessness, leading some to argue that this group needs a specific cash benefit entitlement (Atkinson, 2008), and in other countries the NGO sector may provide a financial safety net alongside other support measures (Tanur, 2012). Clearly, a lack of opportunities to ensure financial independence on leaving care is a major factor in ensuing problems, so proactive efforts are required to persuade employers to take on young people leaving care, and those with disabilities in particular. If no immediate employment is possible, those leaving care should be supported in educational and vocational training courses that will increase their chances of finding a job in the medium term (UNGA, 2009, para.132,135; Atkinson, 2008; Tanur, 2012).

In addition, any support system should be able to help resolve practical problems and provide psycho-social support when required, recognising that adjustment to independent living is unlikely to be a linear process. Ideally, a 'specialised person' should be designated who can oversee the transition and intervene as necessary (para. 133), and access to basic services should also be assured (para. 136).

Participation

Unsurprisingly, given Article 12 in the CRC, the importance of consulting children and of taking their views into account is emphasised in the Guidelines (para. 6). As with all aspects of alternative care, the Guidelines emphasise the need for individualised planning – to directly involve the child in determining the most suitable option for them, and how it is to be organised (para. 132). In the UK, where the participation of children and young people in formal decision-making processes has been long established (Carr, 2012), the involvement of young people in planning their own leaving care pathways has been strongly emphasised in policy (Department for Education, 2010; Scottish Executive, 2004). However whether this is realised in practice is open to question (Carr, 2012).

Special considerations

The Guidelines also underline the need for special support for young people with disabilities and other special needs who are leaving care. The position of these particular care-leavers has been relatively

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neglected thus far in research and policy development (Baker, 2011; Geenen & Powers, 2007), and they are considered to be at additional risk of poor outcomes and (where they require them) at the mercy of fragmented services (Brown et al., 2005; Geenen & Powers 2007; Priestley et al., 2003).

There are particular challenges in the transition between children's and adult services that have been recognised, where young people with disabilities too frequently leave children's services in an abrupt and unplanned way (Priestley et al., 2003).

This section has considered the literature, which identifies the multiple challenges for young people transitioning out of care. Different policy and practice approaches have been used to support young people in order to support them develop life skills and deal with practical challenges as well as provide continuity.

Illustrative examples of practice

Having discussed the literature in relation to young people transitioning from out-of-home care, we will now consider key themes in the Guidelines as reflected in the practice examples and policy orientations which were identified from our research on *Moving Forward*. Some of these themes correspond to key issues identified in the literature, while others emerge that are not emphasised within previous research. These illustrative examples are drawn from Latin and North America, Asia, Africa and the Middle East and cover initiatives from different sectors, including major international NGOs, local projects and governmental organisations. For each theme, they illustrate how one organisation has applied the Guidelines and demonstrated this policy orientation with a view to improving the experiences and outcomes of those transitioning from care. Whilst we consider these to be examples of good practice that seek to inspire people, we acknowledge that this does not automatically translate into improved outcomes for young people.

Preparation for independent living

The Guidelines state that aftercare should be prepared as early as possible in the placement and, in any case, well before the young person leaves the care setting (s134). *Moving Forward* indicates the policy orientation required to achieve this: providing opportunities for children to develop the

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necessary life skills and to have access to all relevant information when they are preparing to leave care. This involves helping young people develop independent living skills and can include preparing them for independence through youth homes, located in nearby communities.

Young people leaving care can have histories of abuse, neglect or exploitation that can greatly affect their ability to live independently and programmes have been developed to address this. An example is a transitional living programme for homeless care-leavers in the United States, which assessed the outcomes of care-leavers using a transitional living programme, 'Avenues to Independence (ATI)' in Northern California (Rashid, 2004). Independent Living Skills (ILS) training is an integral component of the ATI programme and includes money management, home management, apartment search, personal health and hygiene, conflict management, and decision making. The residents also meet regularly with their case managers, who assist them with planning their future goals and refer them to other resources such as mental health support and medical services if needed. The goal is to provide care-leavers with a safe place to live and with the skills needed for successful adult living. ATI follows an asset-based model of youth development, building on and acknowledging strengths and accomplishments of young people. Following participation in the transitional living programme, a number of factors improved, including accommodation, employment and the amount of money saved. At a six-month follow-up, 90% were in stable housing and care-leavers who had gone through the programme had significantly higher wages (Rashid, 2004).

Education

Another key policy orientation highlighted in *Moving Forward* (relating to s135 in the Guidelines) is to ensure that young people who are currently in education and wish to continue their studies are supported in the transition to leaving care, helping them to access vocational training, college or university education. The Forming Futures Foundation, a small NGO based in Cali (Colombia), runs pioneering preparation for leaving care and after care programmes (Children of the Andes, 2010). One of their projects, 'Life Project', provides houses for young men and women who are supported to finish secondary education; find sponsors for university education; identify career pathways and vocational study; instructed in social and practical living skills; supported through first work experiences; and plan their future lives, ideally with savings behind them and the practical necessities

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they will need for living alone. An evaluation found improved educational attainment; specifically, 84% of the group were in full-time employment; 61% of the group were earning above the minimum wage; 52% are in what they consider stable relationships; and 71% report that they are “satisfied” with their current lives.

Employment and training

The Guidelines also highlight the importance of on-going educational and vocational training opportunities to enable young people leaving care to become financially independent and generate their own income (para. 135). *Moving Forward* notes the example of the Vocational Training Centre at Mongarala in Sri Lanka, funded by SOS Children’s Villages, which was established in 2006 in one of the most underdeveloped districts in the country (SOS Children’s Villages, 2011). Each year between 80 and 100 young people from SOS youth programmes and poor local families enrol as trainees and gain skills in areas ranging from car mechanics to Information Technology. The centre and its courses are accredited by the Tertiary and Vocational Education Commission. This programme has not been formally evaluated, although we do know that between 2006 and 2010 over 300 young people graduated with a National Vocational Qualification Certificate.

Finance

The Guidelines also state the need to help the young person leaving care to access appropriate financial support (para. 136). SOS Children’s Villages in Georgia provide a comprehensive package of services including budget management. The young people then move into a semi-independent living programme (SIL) that focuses on an effective and smooth transition towards an independent life, building the young person’s abilities and skills to cope with the future. Usually, this phase lasts a maximum of 3 years, after which the young person is expected to lead an independent life, including having a regular income. During the SIL period, a Main Care Person (MCP) is the main reference for the young person, giving him/her active guidance, emotional support and counselling. Together with the MCP, the young person looks for accommodation that will suit his/her needs and lifestyle, he/she

also learns to manage money and make savings. In case of economic difficulties, the SIL programme can also provide regular financial support to contribute in payment for rent or overhead costs (SOS Children's Villages, 2009). This programme has not been formally evaluated but it does offer a useful model for promoting independent living for care leavers, and addresses key messages found in the literature reflecting care-leavers' needs for support.

Social support

Moving Forward emphasises the importance of ensuring young people receive help with social support and developing their social networks through supporting opportunities for them to maintain contact with their previous care providers, carers and friends in recognising the importance of on-going relationships and encouraging the extended family, community and civic society to provide support to young people who have left care. In Ghana, the SOS Children's Village in Tema has a specialised programme for preparing its residents for independence through youth homes, located in nearby communities, where young people live together with the support of a group leader and have an opportunity to develop independent living skills in preparation for adulthood. An evaluation found that young people were able to use a variety of sources in preparing for adulthood including the SOS 'mother' and youth facilities and the secondary school boarding houses (Frimpong Manso, 2012).

Social inclusion

Moving Forward indicates the need for a policy orientation around countering stigma and discrimination of children and young people who have been in care and promote their contributions as citizens. 'Out of adolescence towards autonomy and self-reliance' in Argentina, which has supported over 400 young people, places major emphasis on social inclusion of care-leavers. This programme, developed by a local NGO and funded by the public and private sectors, aims in particular to help young people to develop skills for living independently, link them into vocational and educational opportunities, support them in developing social networks and promote their social inclusion (D. Miculitzki, personal communication, 20 May 2012). This programme has not yet been formally

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evaluated. *Moving Forward* indicates policy needs to ensure young people leaving care have access to appropriate accommodation. This involves ensuring that young people leaving care have a range of different living and housing arrangements available to them, that they are consulted as to where they would like to live and with what level of support. In Jordan, the Ministry of Social Development has established a small housing project for female care leavers, due to the particular disadvantages experienced by this group in Jordan. A committee was formed to advocate for their rights, mobilise existing resources and develop new post-care organisations seeking to offer support with housing needs. The committee was spearheaded by SOS Children's Villages International in Jordan, and includes academics, concerned professionals and care leavers themselves (R. Ibrahim, personal correspondence, 30 September 2012). A formal evaluation of this programme has not yet been initiated.

Advocacy to access mainstream services

The Guidelines state that young people should have access to social, legal and health services (para. 136). *Moving Forward* highlights the policy orientation required to achieve this in terms of coordinating a range of mainstream services and advocacy. This involves ensuring that different agencies with, for example, responsibility for housing, welfare, health and education are involved in planning and on-going support to young people leaving care. This can include providing advice and signposting to other services, such as health, education, legal aid, training for work, employment agencies and cultural and social events. The 'Transitions Initiative' in Addis Ababa in Ethiopia illustrates this well. The programme aims to establish a comprehensive support and protective network for young people ageing out of care. The goal of this Initiative, which has not yet been formally evaluated, is to increase the attention, resources and appropriate methods for responding to the needs of care leavers through harnessing relevant agencies and networks (Bailey et al., 2011).

Personal development

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Within the practice examples collected in the study was a focus on supporting the personal development of care-leavers. Mamelani Project Lungisela in South Africa has developed innovative responses for young people leaving care so that they are able to move into adulthood with the support, skills and resources they require (Mamelani, 2013). This involves personal development processes, life skills workshops, one-to-one mentoring, wilderness therapy camps, skills training, work readiness support, internships, job placement and accommodation support. An important part of the process is enabling young people to strengthen their emotional well-being and coping skills. The programme, which has still to be formally evaluated, works with young people for one year before they turn 18 and need to leave the children's home, and offers them on-going support once they have returned to the community. It is recognised that without this level of support, many of these young people would return to lives on the street.

Discussion and conclusions

Care-leaving has been framed as a problem of 'accelerated and compressed' transitions, leading to multiple disadvantages and social exclusion in young adulthood, including progressing to higher education in much lower proportions than the general population (Matheson & Connelly, 2012) and where employed, finding work in mostly low-skilled and consequently low-wage sectors (Del Valle et al., 2011). While inadequately prepared and supported transition from care can have disastrous consequences, we also know that some care-leavers do well. This has led to the application of resilience concepts, and the identification of those 'protective' factors that seem to promote better outcomes.

This paper has illustrated a number of the many policy responses and practice developments, identified in the literature and highlighted in *Moving Forward*, that have been initiated in recent years to counter the insufficient attention paid to the vulnerability of young people who leave care, to ensure that their rights are better met. The practice examples are a coherent representation of how barriers can be effectively addressed. These have included better planning and preparation which involves the young person, providing support and stability into young adulthood, and

facilitating access to appropriate education opportunities. We have highlighted that there is a rich resource of experience globally which has aimed to respond to these challenges.

Unique challenges

At the beginning of this article we suggested that there were particular deficits in implementing the rights of young people transitioning out of care. Moving into another stage of the life course and potentially living independently, young people who have experience of alternative care are also moving from children's services. One of the major problems is how to position the experience of young people across the boundary between childhood and adulthood: being 'liberated' from children's services while not subsequently having any of the culturally 'normal' supports provided by families. In many high-income countries at least, young adults are not usually expected to become fully self-sufficient until their mid- or late 20s, and even then know that they can usually turn to the family network to meet challenges and find in it – with all its tensions and limitations – a place of retreat at a time of crisis. There are therefore multiple challenges for young people leaving alternative care when they are not connected to a family; these challenges require policy and practice responses which are resolute and unambiguous in providing continuity of support. This is in line with the Guidelines which provide for application above the age of majority and where young people need continuing care and support (para. 28).

The contribution of a rights discourse

Our practice examples clearly demonstrate that, while NGOs have often been first in recognising this issue in terms of providing advocacy and developing services for care leavers, adequate funding and comprehensive provision require the enactment of statutory duties on municipal level local government bodies. The Guidelines call for such services to be provided as a right. In the UK, the legal extension of duties on local authorities has been adopted in part because campaigning groups have successfully enjoined the media to highlight some of the desperate circumstances in which many young people leaving care find themselves.

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We would suggest that situating this discourse – that of the needs of young people and care-leavers - within an human rights paradigm equips advocates more effectively in both their campaigning for policy and systems change, as well as for service improvements, because a rights discourse clarifies the actors who have a duty to ensure these needs are met (Davidson, 2010). In addition, this rights-based discourse also indicates the priority placement that should be given to the needs of this population of care-leavers, even in light of limited resources.

Collaboration

At a global level, the application of the CRC to alternative care in the form of the Guidelines locates care-leavers within this human rights discourse, identifying State policy-makers with the clear duty to address both the necessity and suitability of care—and care-leaving—provision. The literature outlined in this paper reflects the complexity of the challenge, and hence the full range of actors necessary for full implementation of these rights. *Moving Forward* takes this new international rights-based framework yet further, suggesting that the realisation of these rights cannot be achieved in isolation but requires inputs and commitment from a broad spectrum of society. Closing this gap between rights, policy and practice requires harnessing the efforts of governments, NGOs, researchers, care and social work practitioners, community leaders and even the business sector. We propose that implementation of the Guidelines will need to be intentional, strategic and sustainable to effectively contribute to the improvement of these poor outcomes.

The policy and practice examples in this field reflect the need to extend the rights to ‘special provision’ (UNCRC, Article 20) to post-secondary education, employment and provision of supported or ‘transitional’ forms of accommodation. However human experience and young people’s own views (e.g., Daly, 2012; Hojer & Sjoblom, 2010; Milligan, I. (2005) suggest that the more intangible emotional supports and a relationship with a supportive adult are key for a successful transition from care. This poses a challenge to policy-makers and service providers about how emotional and relational support can be meaningfully guaranteed within a rights-based framework. There is a need also to find ways to provide these supports on a flexible and developmentally appropriate basis so that they can be withdrawn at a future stage when young people are more securely rooted within a

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social and community network and no longer especially vulnerable to long-term difficulties and permanent social exclusion. The right to 'stay on' in a 'placement' when desired and the 'right to return' to a previously valued placement seem crucial building blocks.

While no one likes stigmatising 'master labels', the fact remains that many young people are found in the latter two categories of Stein's proposed classification: those 'moving on', 'survivors' and 'victims' (Stein, 2006b). Substantial changes are urgently required so that in coming years many more will find themselves in the first category. The unspoken moral outrage underpinning the literature itemising the poor outcomes of this particular group is a driving force in this agenda. While not sufficient on its own, locating this agenda within a rights framework, founded on the Guidelines' principles of 'necessity' and 'suitability' of care-leaving provision, works to further strengthen these advocacy efforts.

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