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THE PROCESS OF TRANSITION FROM PUBLIC CARE TO INDEPENDENT LIVING: A RESILIENCE-BASED APPROACH

Gabriela DIMA, Mihaela Dana BUCUTA

The Process of Transition from Public Care to Independent Living: A Resilience-Based Approach

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Abstract

Young people leaving care are a group at high risk of social exclusion, as evidenced internationally in research on care leavers' outcomes. Leaving care is a turning point in care leaver's lives and pathways to independency vary according to young people's characteristics and the social support received. This article uses Bridge's model of transition adapted to leaving care to bring an in-depth understanding of the process of leaving care and young people's experiences of leaving and after-care. The first part draws on a research study and discusses care leavers' characteristics and outcomes based on Stein's resilience categories, illustrated with three case studies. Data was collected by use of semi-structured interviews from 34 care leavers. The main method used for the qualitative analysis was the Interpretative Phenomenological Analysis, chosen for its potential to give voice to young people's lived experiences and bring an in-depth understanding of the way they cope with leaving care. The second part, moves from research to practice, from identifying to promoting resilience. A programme to support care leavers transition is introduced and proposed as a resilience-focused and process-oriented model of intervention.

Keywords: leaving care, resilience, community intervention, Bridges model of transition, interpretative phenomenological analysis, Romania.

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Introduction

Transitions are part of our experiences throughout the lifespan and associated with some degree of stress, as literature indicates (Bridges, 2002). Care leavers face multiple transitions - from education to work, from care to another housing solution, from financial dependence to independence, from being cared for to self-care, changing community/city, leaving friends behind and making new friends. Mike Stein described the UK experience of care leavers as "*compressed and accelerated transitions to adulthood*" (Stein, 2006:430), while for Romanian care leavers is expected *"instant adulthood"* (Anghel & Dima, 2008: 166). While a progressive legislative framework with prolonged and enhanced support for care leavers was adopted at the last reform of the child welfare system (2004, under EU pressure)[3], insufficient funding and low professionalization of staff made the implementation of provisions slow (Cojocaru & Cojocaru, 2008; Anghel, Herzog, Dima, 2013). In addition, the economic crises negatively impacted on the improvements made and the new services in place. This article focuses on the lived experiences of three young people, being selected from the large research sample (34) to represent the three resilience groups described by Stein (2005, 2012). Findings of the study constituted an input to improve a community based programme designed to support care leavers in their transition to independent living and adulthood.

Resilience

The concept of *resilience* grew out of the field of mental health and studies on children facing diverse trauma and adversity. Rutter (1995) defines resilience as the positive facet of people's responses to stress and adversity. The new concept marked a change of focus from vulnerability and risk variables to protective factors, as a counterpoint to the pathologysing approach. Resilience refers to *"the process of, capacity for or outcome of successful adaptation despite challenging or threatening circumstances"* (Masten, Best, Garmezy, 1990: 425). An entirely accurate perspective of risk and resilience is bio-psycho-social according to Schofield and Beek (2005). In the field of childcare, studies focused first on resilience of children in care or substitute care (Rutter, 2000; Gilligan, 2000, 2008), and later on leaving and after care (Stein, 2005; Samuels & Pryce 2008, Driscoll, 2013). Mike Stein (2006) who has undertaken most work on theorising leaving care proposed first *attachment theory, the focal model of adolescence* and *life course theory,* and later the concept of '*resilience*'. He categorised care leavers according to their outcomes based on UK research findings in three outcome

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[3] Law 116 / 2002 on Prevention and Combating Social Exclusion; Law 272 (2004) on the Protection and Promotion of Children's Rights; Order 48 / 2004 on Minimum standards for Services for Independent Life Skills Development replaced with Order 17 / 2007

groups, situated within a 'resilience' framework: young people *'moving on'* who are very resilient; *'surviving'* who are just about coping, resilience closely linked to the support received; or *'strugglers'* (formerly called '*victims*') who are very disadvantaged and need support (Stein, 2005, 2012) (Figure 1.).

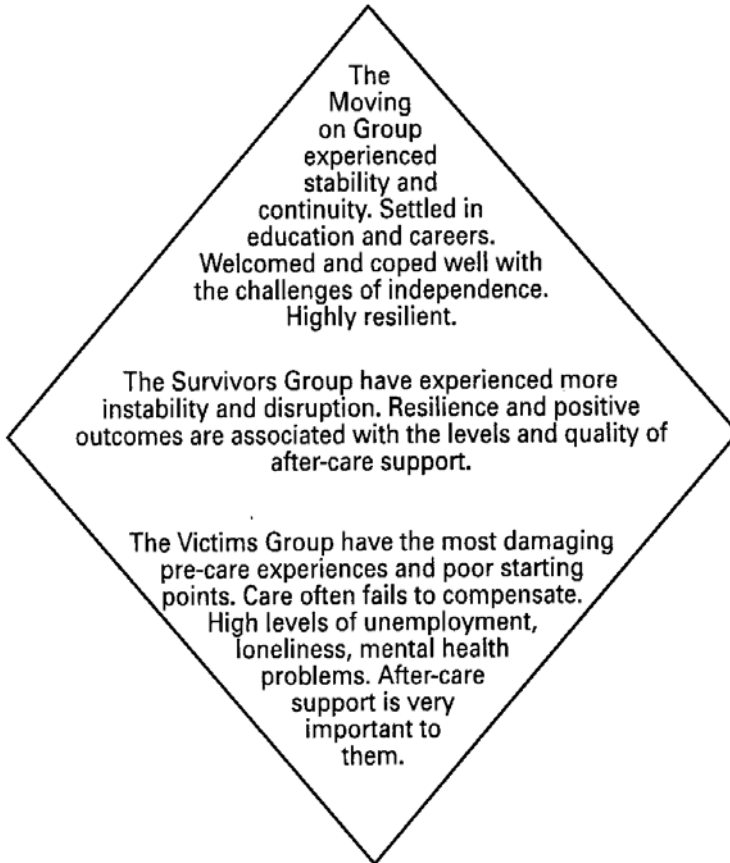Figure 1. *Resilience Diamond (Stein, 2005:20)*

Categories are considered to be 'broad', represented graphically as a diamond to illustrate the distribution pattern of care leavers: lower numbers of young people fall into the successful, '*moving on'* group and the unsuccessful '*strugglers*' group, while the middle category, those '*surviving*' are a much larger representation within the group.

The process of transition from care to independent living

Research findings indicated that social and psychological transitions from care to independent living and adulthood do not happen at the same pace (Author, Skehill, 2011). According to Bridges' (2002:70) phases of transition adapted to care leaving (Dima, 2012) (*Figure 2*), socially care leavers leap directly into the third phase, the 'beginning' of a completely new stage in their lives, while psychologically they still need time to deal with the ending, separation and 'in-between' phase of confusion, chaos, instability and insecurity, exploration of new roles (self-care, employed, parent etc.) and identity search.
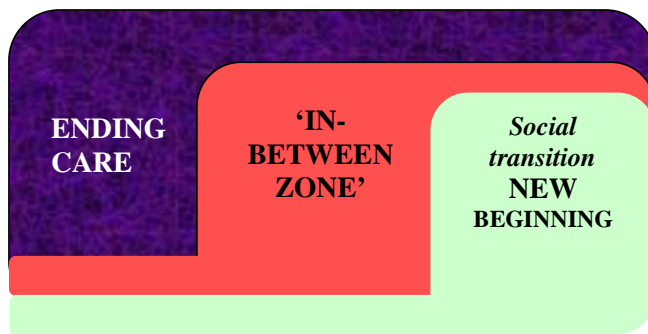
Psychological transition

Figure 2. *Phases of transition adapted to leaving care (Dima, 2012:332)*

This model of transition helps to develop a clearer picture of how services can respond to the needs of care leavers in the different phases they move through and ensure a much smoother transition, likely to lead to better outcomes for young people.

Methodology

The aim of the study was to explore the lives of young people leaving residential care in Romania and to bring an in-depth understanding of their experiences and needs for support in transition from care to independent living and adulthood. Research questions were: What are the experiences of young people leaving public care in Romania? How do young people deal with the difficulties of transition? The research design was mixed-methods consisting of a qualitative core component with a quantitative supplementary element. Data was collected by use of in-depth semi-structured interviews from 34 care leavers (23 males, 11

females) aged 20 - 25 years who had an experience of living independently for two to four years[4]. The sample was selected by purposive sampling, accessibility and agreement to participate. The quantitative dimension of the study was thought to allow for some group tendencies to be observed. The main method used for the qualitative analysis was the Interpretative Phenomenological Analysis, chosen for its potential to *give voice* to young people's lived experiences and bring an in-depth understanding of the way they *make sense* and cope with leaving care (Smith, Flowers, Larkin, 2009). Limitations of the study refer to the lack of generalizable findings and acknowledged subjectivity involved in IPA interpretation (Smith *et al.*, 2009), addressed by use of an external auditor[5]. Ethical approval was secured[6].

Findings and discussion

Quantitative data on outcomes in core life areas such as - accommodation, finances, employment, education, health, relationships were analysed (see Author, 2012) and young people distributed in one of the three categories described by Stein (2005). Data resulted in two small 'extreme' groups, one successful (11.7%) and one unsuccessful (17.6%), and a large, middle group (70.6%), which is in line with Stein's diamond (2005).

The Interpretative Phenomenological Analysis of all 34 interview transcripts of young people has led to a matrix of seven core themes: *ending care, social transition to independent living, psychological transition to adulthood, identity, stigma, social support in transition, coping with transition*. For the purpose of this paper were selected only three case studies, one from each resilience group, which will be presented in line with the seven core IPA themes, however very briefly because of space limits.

Călin[7] - 'Moving on'

Calin is a young man aged 25 years when interviewed, who has left care at 23 years, being allowed by legislation to stay longer in care while continuing education at university. He lived in a rented apartment, worked as sales representative and was in a long-term stable relationship. Calin was abandoned since birth and

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[4] Discharged during January 2003 to December 2004 from all placement centres of one county in Romania; data collection took place during 2005 - 2007

[5] A researcher with expertise in IPA, Romanian native, as primary data are in Romanian language

[6] From the General Directorate for Social Assistance and Child Protection and SCUT Association of Social Services

[7] Names are changed for confidentiality reasons

had no information or contact with any family member. He changed three placement centres, being stable from age 7 up to 18 years[8].

The experience of care was *"with ups and downs",* but overall it was considered "*a good thing for me…because likehood it could be a disorganised or troubled family or I don't know… it could be that I didn't had the chance to get were I am now*". In care he had the opportunity of significant attachment figures which continued to be of good support aftercare too: first, his godmother, a teacher who bathised him at 9 years old; secondly, a Dutch family he met when he was 16 years old and spend his summer holiday abroad within a programme for foreign families supporting children and young people in care. They become "*my family*" and were supportive both in practical and emotional matters: "*I always went to them…not necessarily financially speaking…but regarding sentimental, moral, psychical stuff, I had a lot of things and I went to them, most of the times even late at night, and I've always had an answer from them".*

Calin considered education key for his future and insisted to find alternatives to continue to university after pressures made directly to the Child Protection, as staff in care was discouraging: "*'…ehh, you ain't gonna do a thing, you'll be home after the first exam'; this is a push for some people, for others a drawback."* Despite many difficulties he faced he graduated with the satisfaction of achievement. Leaving care was a more gradual and well-planned, supported process for him, moving first to the `urgency centre` closer to the city and university. He continued to visit his "parents abroad" which supported him to find different jobs (in constructions, supermarket, camping, production etc.) to develop work-related skills during the summer holidays and save money for the next academic year. When he finished university he was discharged from care while abroad *"a thing which had not to be done in my absence*". Luckily he was able to rent and apartment, however the hardest moment he refers to was *"exactly the contact […] the impact, when actually I was not in the centre any more, no Direction any more…I was alone, alone… for me used in a crowd".* A core challenge for care leavers after many years spent in an all-providing institutional setting is that "*you have to do it by yourself, this is a lesson hard to accept".* Calin considers that surviving after care is "*a continuous fight*", but the mentality is core: "*it also matters a lot the way you want to be looked at […] if you say, oh my God, I come from where I come and…I'm poor and I don't have this and that […] what's done is done […] if you don't do it, nobody will, and this is a tough thing...".*

The case of *Călin*, one of the successful, *moving on* care leavers revealed the presence of key protective factors such as: a secure base and attachment, a supportive 'family', considered by literature as the most powerful resilience promoting factor (Rutter, 1995; Masten *et al.*, 1990; Stein, 2005; Gilligan, 2000;

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[8] During communism placement centres were age and gender segregated: infants, pre-school and school children.

Newman, Blackburn, 2009; Schofield, Beek, 2005); psychologically moved on from his family (Stein, 2005); the capacity to re-frame adversities so that the beneficial as well as the damaging effects of care are recognised (Schofield, Beek, 2005); positive educational experiences and academic achievement (Stein, 2012; Driscoll, 2013).

Călin is one of the very few care leavers going to university, 0.02% as shown in the national study of Muga, Racoceanu, Alexandrescu, Polch (2005) and confirmed by international research (Munro, Stein, 2008) which indicates poor educational attainments of care leavers. Călin left care later and gradually, welcoming the challenge of independent living and control over his life (Stein, 2005), even though he traversed a period of loneliness. Having a place to live and work competencies developed were premises for a good start directly in the new beginning, and little time and energy spent in the 'in-between zone'. He was able to make good use of the help being offered and move to a post-care normalising identity (Stein, 2012).

Elena - 'Surviving'

Elena was aged 20 years when interviewed in a mother and child unit where she was living with her 9 month old boy. She entered care at age 5, all six siblings being placed in care because of domestic violence and physical abuse. She had to move thrice and finally got together with her older sister. Her mother visited her in care, but both parents died when she was about 14teen. Elena had a good care experience *"I felt good…we were having fun, laughing, playing different games;…[…] one's you don't create troubles, there is nothing you can't like;…[…] there are others much more tortured (at home) than us;…[…] sometimes I had the need to be close to my mother or the whole family"*. At 18 years when she finished vocational training she wished to continue with high school but *"I was told it was too late and probable it was..."*, and she was discharged from care[9]. A common practice was to discharge young people as soon as employment and housing were found, therefore the day of leaving was communicated at very short notice. The first job offered was in line with her vocational training - tailoring, but after a trial week she didn't liked it. The second job *"they found directly, without asking me if I like or if I want to go;…[…] a day before I was told 'watch out 'cause tomorrow we have to go there (village name);…[…] I didn't said anything, what could I have said."* Elena felt *"completely unprepared"* and afraid to leave because *"I knew I was going to be alone and I hate being left alone"*. She said that if someone had prepared her in advance about what to expect and how to deal with life *"perhaps I wouldn't get here, maybe I would have been somebody else now..."*. The day she left care for that village, Elena returned in the evening and went with

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[9] According to legislation (272/2004) young people aged 18teen could to stay in care only if continuing education

all her laguage to her boyfriend and his parents. She was not accepted by his mother "*because I am not good for him*" coming from care. Elena got pregnant after one year, but scandals continued and finally they splitted. Immediately after birth social workers from Child Protection: "*came to the hospital after two days…asked me if I had a place to go to with my kid and I said 'no' and they asked me if I wanted to abandon him or take him to the care centre or to an adoptive family and I said 'God forbid this, I won't give him away even if I have to live in the train station' […] I told them that if I'd been to a care centre I didn't want my child to end up living there too."* Elena proudly confessed that "*the first good thing I did after leaving the centre was not abandoning my kid"*. As young single mother she managed to cope only with support from a mother and child unit providing comprehensive support. Here she found warmth and attachment "*I think of them (*social workers) *as my mothers".* The transition to independent living was planned for this time three month ahead and she got work in a shoe factory.

Elena was part of the large group of *survivors*, being well in some areas, and struggling in others: gained vocational training, had periods of employment / unemployment, instability in her partnership and housing. Key risk factor were lack of preparation for the moment of leaving care and the abrupt ending without the time and space to psychologically deal with leaving behind care, friends and staff felt like another abandonment (Anghel, Author, 2008). Although early parenthood is more common among young people who have been in care compared to general youth population, she had a positive perspective of parenting associated with a sense of achievement, feeling mature and gaining a sense of purpose in life similar to other studies (Biehal, Clayden, Stein, Wade, 1995; Stein, 2012). Protective factors were her ability to build relationships, trust and attachment (Bostock, 2004) and a more planned transition from the mother-child unit (Stein, 2012).

Dumitru - 'Struggling'

Dumitru is a young man aged 22 years when interviewed, having been discharged from care at 19 years. He was currently unemployed and living with two other care friends since two months, which let him stay with them in one small rented room; he had to leave during the next month. Dumitru was abandoned when he was 6 years together with his brother and two little stepsisters on the streets by his mother becoming homeless. Found by the Police bagging and stealing all were taken into care.

The care experience is described as *"life was tough with us",* because of the abuse suffered from older care peers and sometimes staff too. He was leaving care younger (age 18), abruptly and feeling completely unprepared "*we wanted to stay there forever;...[…] we were afraid of the reality;...[…] we were too narrow-*

minded…nobody teaches you anything about society;…[…] I didn't know how to cook eggs, French fries, anything at all […] I didn't know where to go to look for a job […] I didn't know that maybe people drive you away, maybe they don't trust you, I didn't know there were things like upkeep bills, electricity, gas, water…". Dumitru's journey outside care was unstable, troubled, with episodes of homelessness and unemployment. Even those he proved to be resourceful taking over various jobs (6 jobs - unqualified worker in constructions, bakeries, as a salesperson), his difficulty was to keep a job, mostly because of conflicts with colleagues and managers: *"what do you think, just because I come from a care centre and work here, this doesn't mean I'm a slave'… and I left".* Care leavers demonstrate a strong peer support network once outside care, feeling a sense of belonging to the large "*family*" of "*care persons*": "*…not friends, family… all of us live like a family, I mean we get along well, we help each other […] 'Give me something to eat, 'cause I can't do it anymore!' and we helped each other out; he didn't have any, I had and so on […] none of us was in the situation to go to jail […] but, in other generations, this had happened […] they had never kept in touch the way we do."* Dumitru was also supported with accommodation for six month by the Child Protection and he acknowledged to have been among those care leavers who "*…had the impression that everything we deserve, someone has to do it, we didn't have to do, someone has to do it for us […] now we start to get the picture…"* . But after more than three years outside care he was still feeling like *"a stranger, because I still have a lot to learn about society, how you get integrated, and so…"*. His girlfriend was offering some stability, but her parents reject him because of his care background. Dumitru has aspirations and hopes for a better life, talking along the interview about returning to school, graduating the faculty of Sports, working abroad for money to buy an apartment, having a family... but for now the "*future is all misty*".

Dumitru, representing the strugglers group, proved to have a cluster of difficulties and higher needs for support. As found in this group, he was also leaving care younger, abruptly and facing after care problems such as unemployment, episodes of homelessness, great difficulties in maintaining accommodation and work (Stein, 2005). He also proved an utilitarian vulnerability lying on state's support (Cojocaru, 2003: 537). It appears that some of the functional survival coping strategies in care leading to a dominant status and demanding attitude were obstacles for social integration outside care. On the other hand, the survivalist self-reliance (Samuels, Pryce 2008) developed in care and Dumitru's strengths despite adversity were evident. One of the core protective factors was the strong support network of care leavers and group solidarity (Newman, Blackburn, 2009). The tendency of care leavers to group together after leaving care is explained by Tolstobrach (2000) as the result of the society's rejection of care leavers and the care leavers' rejection of a society for which they were not prepared. The strong group-identity maintains the 'care identity' (Dima, 2012),

but provides security, a sense of belonging, "peer capital" of trust, reciprocity, confidence and mutual support. Maintaining a strong sense of self and the loyalties of alliance as forms of solidarity and empowerment may be taken as indicators of resilience in marginalised young people's determination to be successful in their own terms. However, bonding social capital has both positive and negative facets and care leavers need also opportunities for bridging social capital (Bottrell, 2009). Despite having experienced multiple adversities in childhood, in care and leaving care, he was able to establish at least one or more productive connections with the adult world.

The three cases presented here clearly indicate that the event of leaving care is a difficult one in care leaver's lives, while outcomes and pathways to independency vary according to young people's characteristics and the existing social support.

Building Care Leavers Resilience

Contemporary theories of resilience moved from identifying to promoting resilience (Rutter, 1995). Ionescu (2011:31) differentiates between "*natural resilience*", based on the person's own characteristics and its interactions within the family and environment, and "*assisted resilience*", build up with support from mental health professionals. Operationalisation of resilience theory for front-line practice in the field of social care draws on the work of Gilligan (2000), Newman, Blackburn (2009), and Schofield and Beek (2005).

SCUT Association of Social Services (www.scutbv.ro) developed a community programme to support care leavers transition at the time when no or little support for this group of disadvantaged youth was in place (2004). Contrary to many international interventions in Romania after the fall of communism criticized by Dickson and Groza (2004:471) as "*remedial, reactive and disempowering*", this project set up with external support[10] is an example of an empowerment model of working internationally, growing and changing by action learning in this specific context, informed by local research (Dima, 2012)[11] and inspired by international models of good practice. The intervention is personlised and participatory seeking to help care leavers overcome their vulnerabilities and avoid dependency on social services (Cojocaru, 2003).

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[10] SCUT Association was set up in 2000 and supported through the Romanian (RO) - Northern Ireland (N.I.) Partnership Committee, which is a registered charity in N.I.

[11] The study was made possible with the financial support of Queens University as a PhD grant awarded to Gabriela Author and supervised by Dr. Caroline Skehill (member of the RO-N.I. Partnership Committee) and Professor John Pinkerton

The three projects supporting care leaver's transition to adulthood developed over time are: "*Adolescent*", focused on the ending phase, "*Independent*" focused on the new beginning and in-between phase, and *"Duke of Edinburgh's Award"* focused on the in-between phase. All together the services provided promote young people's resilience through following factors acknowledged in literature: (1) access to a caring relationship with adults, at least one close tie with a committed adult (Rutter, 1995; Stein, 2005, 2012; Gilligan, 2000; Schofield, Beek, 2005); (2) a sense of direction, working with young people to build up a picture of what the future may hold, to develop goals and plans for reaching them (Bostock, 2004); (3) encouraging young people to declare preferences, make choices, define their own outcomes and respect these (Gilligan, 2000); (4) building self-esteem and self-efficacy by participation in valued activities, feeling successful, not simply academically, but also in other areas of extra-curricular activities and spare time activities (Gilligan, 2000; Newman, Blackburn, 2009). The Award's concept of public recognition within an award ceremony by the end of each level fosters the feeling of being an achiever; (5) helping them develop a positive sense of identity, overcome stigma and normalise the 'care identity' (Stein, 2012; Author, 2012) by mixing care leavers with youth from families within activities; (6) enhance communication and positive peer relationships (not only care peers) (Masten *et al.*, 1990); build on support networks and bridging social capital (Bottrell, 2009); (7) assistance to overcome educational deficits (Stein, 2012; Driscoll, 2013); (8) providing young people with opportunities for more gradual transitions from care, more akin to normative transitions (Cojocaru & Cojocaru, 2008; Stein, 2012).

As resilience appears to be a dynamic rather than a fixed attribute, having the capacity to emerge in later, even after earlier periods of coping problems, recognising the potential for change of direction sheds an optimistic light even on the most disadvantaged group of strugglers.

Conclusion

An attempt to categorize care leavers according to Stein's resilience categories (2005) mirrored the author's diamond: in this period of time (two to four years after care) few showed a clearer direction, either upwards, being successful, or downwards, being unsuccessful, while the large, middle group was often contradictory in that in one sphere they seemed to be 'moving on' whereas in other area, they weren't. While categorisation approaches are considered helpful to provide a general assessment of care leavers' problems and needs to inform policy and management for an adequate planning of resources, it is less helpful at practice level, for individual interventions which require a more comprehensive

understanding of individual experiences (as illustrated by the case studies) and have to be personalised and needs-driven.

This paper proposes a resilience-focused and process-oriented intervention for young people leaving care. A resilience-based approach shifts attention away from focusing on problems and risks towards a focus on youth potential and interventions which may strengthen them. A framework to understand the complex interplay of social and psychological dimensions of transition and the different rhythms of accomplishing them is provided by an adaptation of Bridge's model (Author, 2012). The value of this framework is its empirical emergence from the experiences of leaving and after-care of young people. The concept of resilience is unpacked and helpful hints for practice are given for each of the three phases: ending care, 'in-between phase' / psychological transition and new beginning / social transition. Future research is planned to evaluate the programme's efficiency.

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