

WHEN CARE ENDS LESSONS FROM PEER RESEARCH

INSIGHTS FROM YOUNG PEOPLE ON LEAVING CARE
IN ALBANIA, THE CZECH REPUBLIC, FINLAND, AND POLAND

 SOS CHILDREN'S
VILLAGES
INTERNATIONAL

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Executive summary

Every year, thousands of young people learn that they will soon have to leave care to live on their own. For many, the ensuing transition from care to independent life can be destabilizing, heightening their sense of loneliness and insecurity—both financial and emotional. *When Care Ends: Lessons from Peer Research* offers rare insight into the stark realities—and the disturbing deficiencies—of that process.

At the heart of this two-year research project is the testimony of more than 300 young people with care experience in Albania, the Czech Republic, Finland, and Poland. Their collective understanding of the leaving care process has directly informed both the findings and the policy recommendations in this volume.

The study is underpinned by the peer research methodology, a cutting-edge approach whereby subjects are interviewed by their peers rather than professional researchers. More than 40 care leavers from the four countries under review were selected and trained to play an active role in all aspects of the project—from designing the questionnaire and conducting interviews to analysing the results and disseminating them.

The peer researchers developed a strong sense of ownership and, perhaps not surprisingly, exhibited an unparalleled ability to elicit relevant information from the respondents. The interviews revealed widespread inadequacies regarding the process of leaving care, prompting the research team to draw up recommendations to address recurring issues, including the following:

Age limits for leaving care. Most respondents argued that care should be extended to cover young people until they reach at least 20 years of age or feel prepared for the transition, partly to ensure that the end of care does not coincide with the often stressful end of school. The need for revised legislation is especially urgent in Albania, where state care terminates when children turn 14.

Advance notice about leaving care. Some care leavers recalled having been given less than one month's notice about the termination of care; in extreme cases, young people found out only one week beforehand. Recognizing advance notice as essential to a smooth transition,

respondents called for the process of leaving care to begin up to two years before a young person's departure.

Basic, everyday skills. Many care leavers found themselves insufficiently prepared to cook a meal or balance a budget. In general, the respondents stressed that young people must have the opportunity to learn basic skills before leaving care. A standardization of the leaving care process would allow young people to wean themselves off the lifestyle of dependency while gradually learning skills ranging from banking and budgeting to shopping and cooking.

Communication skills. This research shows that the vast majority of respondents feel insufficiently prepared to engage in formal communication with authorities. Since care leavers are required to fill out numerous forms and applications, while also familiarizing themselves with a vast range of provisions covering their rights and duties, they should be able to turn to dedicated social workers for support and advice regarding such tasks.

Leaving care support. Interviews confirmed that young people can benefit greatly from support provided by a leaving care worker, a position that already exists in some residential care facilities in the Czech Republic and Finland. The appointment of such trained specialists ensures that young people in care always have someone they can rely on for emotional and practical support. Once a young person leaves care, these care providers—as well as family members and friends—should stay in touch and encourage the care leaver to do the same. This type of contact can significantly reduce care leavers' feelings of loneliness and isolation and can allow them to seek advice and support.

After care assistance. The majority of care leavers indicated that their standard of living had dropped noticeably after they left care, largely due to financial restraints. While some of these young people could not afford to continue their leisure activities, others did not have enough income to continue their education or even to cover their basic needs. Many respondents called for more financial assistance to cover the costs of setting up a home and other needs linked to the transition to independence.



Education and employment. Interviews underscored that respondents had not been adequately informed about educational and employment opportunities. Young people require robust support—both from care professionals and through social policy—to be able to secure a study place and employment by the time they leave care. Care providers should be especially attentive to the needs of young people who are neither working nor studying, as was the case among 50% of the care leavers in Finland.

Accommodation. Some care leavers found themselves living in run-down housing that was far away from key locations such as the work place, educational sites, shops, or leisure facilities. To avoid such shortcomings, young people should be supported and involved in selecting housing that best matches their assessed needs.

Health and well-being. Some respondents described their physical and mental health as ‘poor’, underscoring a need for regular assessments by health care professionals. Young people who have had traumatic experiences or who have problems with substance abuse should have reliable access to psychosocial support services, both in and after care.

Abuse. Numerous respondents reported that they had been abused or mistreated while in care. Such accounts should serve as an urgent plea to policy-makers to implement, monitor, and enforce enhanced standards of care. They should also drive efforts to provide young people with ongoing psychosocial support.

Training of care professionals. A number of respondents specified that they had received little or no support from care providers during the leaving care process. Foster parents and residential care staff, as well as social welfare and health care professionals, should receive training to allow them to provide suitable support for young people in care as well as care leavers.

Involvement of the care leaver. The interviews revealed that young people are not sufficiently involved in the decision-making process regarding their departure from care. Leaving care plans, not unlike the ones prepared in Poland, can allow future care leavers to assess their own preparation needs and to play a role in determining how to meet them, thereby furthering their own autonomy.

When Care Ends: Lessons from Peer Research is the first major outcome of the *I Matter* peer research project of SOS Children’s Villages International. In demonstrating that care leavers are at high risk of deprivation and often lack the social support they require, this report echoes and reinforces some of the findings of other recent research while also deepening and broadening our awareness of the challenges facing care leavers. Yet perhaps most importantly, this volume serves as a call for informed and responsive policy-making. As such, *When Care Ends: Lessons from Peer Research* offers recommendations designed to ensure that young people who have left care will not be left behind once more.

1. Introduction

Young people in alternative care are expected to acquire a level of maturity and self-reliance that will allow them to lead an independent life. In practice, however, they may not be sufficiently prepared for the transition, which may require them to deal simultaneously with complex tasks such as securing housing, financing, and employment, or continuing their education. While some young people are able to cope, others experience destabilizing setbacks, some of which can lead them to seek renewed social support, if it exists.

This report presents main trends and characteristics of the transition process from care to an independent life based on research carried out in Albania, the Czech Republic, Finland, and Poland. It also offers recommendations made by young care leavers from the countries under review. SOS Children's Villages urges national and international policy-makers in Europe to consider these recommendations when designing policies relating to alternative care.

When Care Ends: Lessons from Peer Research is an outcome of SOS's peer research project, which is part of the *I Matter* campaign on leaving care. Planned to run from 2008 to 2013, this campaign aims to ensure that young people in alternative care are sufficiently prepared to leave care and are able to access continued after care support. The *I Matter* campaign is under way in 21 countries in Europe and Central Asia. The four countries under review in this report hosted the *I Matter* peer research project from January 2011 to December 2012. The research benefited from co-funding provided by the European Union's Fundamental Rights and Citizenship programme.

Chapter 2 of this report describes the peer research methodology used to investigate the leaving care process. Simply put, young people who grew up in care—the peer researchers—conducted interviews with their peers who were about to leave care or had already done so. Since its introduction in the four countries under review, this methodology has been applied in eight other countries in Europe and Central Asia: Armenia, Azerbaijan, Belarus, France, Kazakhstan, Latvia, Russia, and Uzbekistan. Results are expected to be published in 2013.

Chapter 3 reveals trends in the leaving care process based on empirical findings from the four national reports provided by research teams in Albania, the Czech Republic, Finland, and Poland. These results emerged from peer researcher interviews that asked peers how they secured housing, employment, and education; what obstacles and challenges they encountered; and what sources of support they were able to rely on.

Based on their own knowledge of the transition process and the findings of their research, the peer researchers drew up recommendations designed to facilitate and enhance conditions for leaving care in their countries. These recommendations appear in each section of Chapter 3 and are summarized in Table 5 in Section 3.7.

Chapter 4 highlights the criteria for successful peer research with a view to encouraging its application in other settings.

Chapter 5 presents summaries of the national research reports from Albania, the Czech Republic, Finland, and Poland, each of which concludes with a series of recommendations. The full report may be accessed at: <http://www.sos-childrensvillages.org/About-us/Publications/Pages/IMatter-Publications-on-Leaving-Care.aspx>

The annexes reproduce the tools used for this research project: the questionnaires developed by peer researchers, a peer researcher checklist, a template for the requisite letter of consent, and a template used by the project teams to collect good practices in supporting young people during the leaving care process.

This report is more than a research report! It is the story of a journey of almost four hundred individuals—most of whom were young people, joined by academics, child care experts and policy makers. It has been a journey of two years where as much weight was given to the processes as to the outcomes. The recommendations made by the young people are clear and strong! They create the foundation for a better society and deserve our attention. We must assume the responsibility to create this more inclusive society which respects the fundamental rights of all its members in an equal way.

2. GIVING YOUNG PEOPLE A VOICE: THE PEER RESEARCH METHODOLOGY



This chapter describes why the research coordinators of this project chose the peer research methodology. It also provides insight into the coordination of the project, its research tools, and the recruitment, training, and interview processes, as well as the data analysis and the drafting of the report and its conclusions.

2.1. WHY PEER RESEARCH

The goal of SOS Children's Villages and the National Care Advisory Service (which is part of the UK young people's organisation Catch22) was to empower young care leavers and encourage their participation in all aspects of the research—from designing a questionnaire

and conducting the interviews to analysing the results and disseminating the findings. In addition to fulfilling those criteria, the peer research methodology features the following five benefits:

- It addresses potential power imbalances. Young people are likely to feel more comfortable being interviewed by a peer who is of similar age and care background than by an adult.
- It uses the power of empathy. Regardless of their sex, ethnicity, age, and location, the peer researchers and the respondents have something in common, namely having been in care. The peer researchers are thus able to empathise with the interviewees.

- It allows for deeper insight into the research subject. Peer researchers are uniquely qualified to bring their own knowledge of the care system, its weaknesses, and its strengths to the research project. As a result, they can challenge assumptions and prod interviewees to provide more of their own insight on various subjects.
- It permits young people to learn research and life skills. In addition to learning about research and interview techniques, peer researchers gain teamwork experience and hone their planning skills, which are useful for everyday life. As one peer researcher recalled:

When I was to conduct the first piece of research I was quite stressed. I was afraid that interviewees would not want to talk and wouldn't want to share their thoughts with me. But the more research I did, the less restraint I felt and the research itself turned into an interesting conversation. Interviewees were eagerly answering the questions I asked, as these questions dealt with their own life and experience. I noticed that in the beginning of independent life they mostly needed the support of their relatives and practical knowledge about what they were going to experience. I got involved with conducting research, I obtained a lot of knowledge, and I grew richer both as a pedagogue and as a human being. (Peer Researcher, Poland)

- It supports advocacy for, with, and by children and young people. Peer research can influence sustainable change by giving young people a voice.

2.2. PROJECT COORDINATION

The peer research project was led by an International Coordination Team, which comprised an international project coordinator from SOS Children's Villages International (Ms Raluca Verweijen-Slamnescu), who was responsible for the overall management of the project; a representative of the National Care Advisory Service (Mr Sharn Bowley), who provided guidance on the implementation of the peer research methodology; Prof Mike Stein from the University of York, who undertook the overall scientific coordination of the project; and the national coordinators from each of the four countries under review: Ms Almandina Guma (Albania),

Ms Hana Pazlarova (the Czech Republic), Ms Hillevi Westman (Finland), and Ms Beata Kulig (Poland). All national coordinators were recruited from the local SOS Children's Villages associations.

At the national level, National Coordination Teams were established, bringing together representatives of child care organisations, one national academic institution and two young people who had lived in alternative care.

2.3. RESEARCH TOOLS

In January 2011, the International Coordination Team met in Vienna for the first time, joined by two young people from Albania and the Czech Republic. The criteria for applying the peer research methodology were presented and discussed with the national coordinators, national researchers, and the young people. Although the researchers had no experience with this methodology and some were initially apprehensive about using it, they soon demonstrated enthusiasm for the project, thus setting it in motion. The next step was to develop a first draft of the questionnaire that would serve as the main project tool.

In April 2011, 30 project members and the National Care Advisory Service met in Prague to develop the tools of the project: the questionnaire and the letter of consent, as well as information for peer researchers, criteria for their recruitment, and a template for collecting good practices for leaving care. While the meeting had brought together people from markedly different cultural, organisational, and research backgrounds, the ten young people—representing the four countries under review plus the United Kingdom—were able to galvanize support from the members for the project and its objectives.

Over two long working days, the young people fine-tuned the questionnaire and led the discussions with adult researchers regarding the number and types of questions to be included. Yet as some professional researchers favoured closed questions with multiple choices, while young people proposed open questions to invite personal reflection, a confrontational tone emerged. Two semi-structured questionnaires were developed, one for young people who were about to leave care and the other for those who had already done so.

The questionnaires and the other tools developed during the Prague meeting can be found in the annexes to this report. All the tools were translated from English into the national language and adjusted to correspond to the national context.

2.4. RECRUITMENT AND TRAINING

The recruitment of peer researchers began in April 2011. For each country under review, the two young people in each National Coordination Team supported the national coordinators in identifying the best ways to raise awareness of the project among young people with care experience. After the national coordinators interviewed the applicants, they recruited 10–15 peer researchers in every country. In so doing, they aimed to achieve a balance in terms of sex, age, and alternative care experiences—including residential care, foster families, and SOS Children’s Villages.

As soon as the peer researchers had been recruited, the National Care Advisory Service organised three-day coaching sessions with the National Coordination Teams. The coaching was designed to train peer researchers and to explain what type of support and guidance they would receive throughout the data collection and analysis phases. In some countries the National Care Advisory Service ran the training together with the national coordinators.

The training provided peer researchers with knowledge about key components of academic research and interview techniques. The young people had the opportunity to practice skills they would need to apply during the interviews. They also learned about informed consent, confidentiality, child protection, and interview safety. In addition, the training aimed to give young people an accurate sense of what would be expected from them in the project; those who felt they were not able to assume such responsibilities resigned during or immediately after the training (four peer researchers, two from Albania and two from Poland).

While the recruiting and training were under way, the National Coordination Teams contacted local authorities and child care facilities to announce a call for project participants, namely young people who would age out of care within two years as well as those who had already left care. Teams aimed to select 100 participants in a

way that would reflect a balanced representation with reference to age, sex, and location, as well as the nature of the areas in which they grew up (rural v. urban) and the forms of care they received. The selected peer researchers were active in finding respondents, most of whom were found using the snowball method and social networks. The level of involvement by local authorities varied from country to country. In Finland, research fatigue apparently led to a lower level of motivation of the local authorities and young people with care experience for getting involved in the peer research project.

In Albania and Poland, the National Coordination Teams selected more than 100 respondents. In the Czech Republic and Finland, they chose 83 and 53, respectively.

2.5. THE INTERVIEWS

Each peer researcher was asked to conduct ten interviews. While most of them succeeded, some were unable to do so due to unexpected events (such as finding employment, moving to another location, or unplanned exams). As a result, some peer researchers conducted more than ten interviews, but not more than 16.



In Albania, the Czech Republic and Poland, all interviews were conducted face to face. In Finland, where peer researchers would have had to travel up to 800 km to meet respondents, the national team decided to accept interviews conducted via Skype.

The interviews ranged in duration from one-half hour to two and one-half hours. After the first two interviews, a preliminary evaluation was done with a national coordinator to assess the quality of the interview, the emotional state of the peer researchers, and the kind of support they would need. In only one case was the contract with the peer researcher terminated because of substandard interviewing. In two cases, the respondents asked for their completed interviews not to be made available for the research.

Interviews proved to be intensive and tiring. It was thus important for the peer researchers to know that they could access support from a researcher or care co-worker at any time to express their concerns or just to confirm that the interviews went well. For each fully conducted interview, the peer researchers received the equivalent of EUR 25 in the local currency.

2.6. DATA ANALYSIS AND DRAFTING THE REPORTS

All interviews were recorded using voice recorders and were subsequently transcribed by peer researchers or national coordinators. Albania, the Czech Republic and Finland used the same company—Data Mind, based in the Czech Republic—for the quantitative data analysis. In all countries, the national researchers and the national coordinators undertook the qualitative analysis. Qualitative questions accounted for around 60% of all the questions in the interview.

Based on the interviews, the peer researchers identified leaving care services that could be considered good practices and could be further documented. The national coordinators completed the documentation of the selected good practices according to the template designed by the international team.

After a draft report was produced, one or two debriefing meetings with the respondents and peer researchers were organized in each country. Ethical principles were

considered, and no references were made to names or any other identifying information that would allow a third party to guess the identity of any respondent. The respondents were shown the preliminary findings of the research and were invited to express their views on the results; their comments were considered in the final report. In a few cases, researchers were surprised to find out that their interpretations differed significantly from those the respondents reportedly had in mind. The good practices identified during the interviews and documented by the national coordinators (two or three per country) were validated by the respondents and peer researchers attending the debriefings. The selected good practices can be seen at: www.sos-childrensvillages.org/What-we-do/Child-Care/Quality-in-Care/leaving-care-good-practice.

Members of the research and child care communities have taken note of the impact the peer research methodology has had on the development and engagement of young people. The peer researchers have presented the methodology at national and international conferences, where they proved themselves to be outstanding ambassadors for their cause.

2.7. CHALLENGES AND CONCLUSIONS

Certain concerns have been raised with reference to the methodological weaknesses of peer research. These include the effectiveness of the process and the validity and reliability of the data. Further, young people who are recruited as peer researchers will not have the same skills and level of expertise as trained and experienced academic researchers (Smith, Monaghan, and Broad, 2002). Further, as members of the research group, peer researchers could have their own agendas, which could cause them to ask leading questions or present the data in a misleading manner. To minimize the risk of such manipulation, the International Coordination Team sought to ensure a high level of professionalism and standardization, incorporating continued training and monitoring, and sustained contact throughout the research study, as suggested by academics involved in peer research (Burns and Schubotz, 2009; Clark, 2004).

3. A review of the findings from Albania, the Czech Republic, Finland, and Poland



I am worried about leaving. On the other hand, I look forward to being able to make my own decisions. (Respondent, Finland)

I'm too scared to stand on my own feet. I am looking forward to being independent and having privacy. (Respondent, Albania)

This chapter examines the findings of the peer research that was carried out in Albania, the Czech Republic, Finland¹, and Poland. Its sections present details on the

respondents; their preparation and readiness to leave care; their education, employment, finances, and accommodation; their health and well-being; and their leisure activities, families, and friends. The chapter closes with conclusions and recommendations.

3.1. THE RESPONDENTS

In the four countries under review, the peer researchers interviewed a total of 338 young people—200 of who had left care and 138 of whom were still living in care (see Table 1).

¹ In Finland 53 interviews were conducted. However only 50 of them (all interviews with care leavers) were considered in the quantitative analysis of the data.

Table 1 Respondents by country, care status, and sex

	Albania		Czech Republic		Finland		Poland	
	Number	%	Number	%	Number	%	Number	%
All respondents	100	100	83	100	53	100	102	100
In care	54	54	53	64	3	6	28	27
Male	26	48	19	36	0	0	15	54
Female	28	52	34	64	0	0	13	46
Care leavers	46	46	30	36	50	94	74	73
Male	30	65	16	53	26	46	35	47
Female	16	35	14	47	27	54	39	53

The age range of the respondents was 13 (in the Czech Republic) to 32 (in Finland). The sample included young people who lived in cities, towns, and rural areas. Some of them were young parents.

Young people leave care at different ages, depending on national care legislation:

- Albania: 15 years of age;
- the Czech Republic: 18 years of age;
- Finland: 16 years of age; and
- Poland: 18 years of age and older.

In all of the above countries, young people can stay longer in care if they continue their education. However, in Albania, the extended age limit for young people continuing their education is 17 years of age.

More than one-half of the care leavers in Albania and the Czech Republic had previously lived in residential care facilities, whereas in Finland and Poland just over one-half had lived in family-based care, including foster care, kinship care, SOS families, and other youth facilities (see Table 2).

Table 2 Respondents by care status and type of care (%)

	Albania		Czech Republic		Finland		Poland	
	In care	Care leavers	In care	Care leavers	In care	Care leavers	In care	Care leavers
Residential care	43	50	58	53	8	44	50	40
Family-based care	57	50	34	36	16	32	50	60

In Albania and the Czech Republic, more than one-half of the care leavers had spent more than ten years in care; the proportion was lower in Finland (two-fifth) and in Poland (one-quarter). More than one-half of the care leavers had spent more than seven years in care in Albania (76%), the Czech Republic (65%), and Poland (56%); in Finland, the proportion was close to one-half (46%) (see Table 3).

Table 3 Care leavers by years in care (as percentage of total per country)

Years in care	Percentage of care leavers			
	Albania	Czech Republic	Finland	Poland
1-3	11	15	30	17
4-6	13	13	12	20
7-10	22	15	12	32
>10	54	67	40	31
Total	100	101	100	100

Table 4 shows that respondents left care at different ages, from as young as 12 (in Finland) to 26 (in the Czech Republic). The average age varied far less, ranging from 17 (in Albania) to 21 (in Poland).

Table 4 Ages at which respondents left care

Age when leaving care	Albania	Czech Republic	Finland	Poland
Minimum	14	17	12	18
Maximum	21	26	22	>23
Average	17	20	18	21

3.2. PREPARATION AND READINESS TO LEAVE CARE

*I would have liked more information about running a household. Some kind of practice home would have been nice. I did not know how to wash clothes and what to do when a fuse blows.
(Respondent, the Czech Republic)*

*We need systematic preparation and we need to go outside... to work, shopping, to the cinema... the normal world.
(Respondent, Albania)*

The peer researchers collected information on: when young people were informed about having to leave care; the life skills they learned; the people who prepared them to leave care; and the information they received about specific topics.

3.2.1. BEING INFORMED ABOUT LEAVING CARE

In the Czech Republic, Finland, and Poland most respondents who had lived in family-based care were informed at least four months in advance that they were going to leave their care placements. Those living in family-based care in the Czech Republic and Finland generally received advance notice more than did their peers in residential care.

In Albania, most respondents who were still living in care said they wished to be informed at least four months in advance; however, most care leavers were given very little notice. Indeed, one-quarter of the young people were told only one week before the end of their care. Young people in residential care reported having short and inadequate preparation periods more frequently than their peers in family-based care. The lack of preparation

and haste in their departure left most of the young people with very negative feelings about their care.

In the Czech Republic respondents who left large residential care facilities received only several weeks' notice. In contrast, those who left family-based care had more time for preparation; most of them (91%) were informed more than four months ahead of their departure. The research also shows that although young people often expected to leave care once they turned 20, they left care two years earlier on average. Most respondents stated that they would prefer to leave care once they had finished school, had secured a job, and had gained some experience.

Summary and recommendations

In all four countries, respondents reported that they wanted and needed time to prepare for leaving care. Young people in family-based care are more likely to be given sufficient advance notice than their peers in residential care facilities. Some may have to leave care before they feel prepared and ready to leave. These findings suggest that:

- the process of leaving care should be planned well in advance so that young people have time to prepare for their departure; and
- young people should leave care at an age when they consider themselves prepared and ready to leave.

3.2.2. LEARNING LIFE SKILLS

Albania

In Albania, significant numbers of the respondents in care had not received any information on the essential practical skills of cooking (22%), shopping (20%), or budgeting (15%). One-quarter of young people did not receive any information on 'safe sex'; similarly, one-third was not informed about 'sexual relationships'. Respondents rated as 'very good' or 'sufficient' the information they received on personal hygiene, a healthy diet, keeping fit, the prevention of drug abuse, the avoidance of smoking, making friends and personal relationships, and finding help or information, with fewer than 10% reporting 'no information' on these subjects.

Among the care leavers, around one-quarter reported that they had had 'no knowledge' of basic practical skills, including cooking, budgeting, and shopping. In contrast, respondents said they felt highly knowledgeable about personal hygiene, personal relationships, and making friends.

Czech Republic

In the Czech Republic the respondents in care described themselves as very well prepared in terms of hygiene and shopping; however, one-fifth to one-third of these young people did not receive any advice on leading a healthy lifestyle (regarding drugs, alcoholism, smoking, and safe sex). Many respondents reported that their preparation was lacking mainly in the area of life skills such as home economics, interaction with authorities, and cooking. They also said they felt insufficiently prepared in the area of relationships.

Asked about 'knowledge and skills obtained before leaving care', most care leavers asserted that they felt well prepared to deal with all aspects of independent life; nevertheless, they cited home economics, information literacy, and interaction with authorities as 'gaps'. Respondents in residential care gained more skills for shopping and home economics than those in family-based care. The research also shows that while most of the young men felt they had been well prepared for physical fitness, only one-half of the young women shared that view. Most of the young women (93%) said they had a solid understanding of safe sex, as compared to only three-quarters of the young men.

Finland

In Finland, the majority of respondents (70%–86%) assessed the information they received about personal hygiene, shopping and cooking, safe sex, and the prevention of substance abuse as 'very good'.

Differences emerged, however, between young people who left family-based care and those who left other types of alternative care. On the one hand, respondents who had left family-based care were very well prepared with respect to budgeting and healthy food planning; on the other hand, respondents who had experienced other types of care were better informed about the prevention of substance abuse. The peer researchers also found that young women were better informed about safe sex and substance abuse than young men.

Poland

In Poland, the peer researchers found that respondents who were living in care rated their own knowledge, life skills, and abilities higher than the care leavers. Indeed, the young people in care had the highest scores with regard to personal hygiene, interpersonal relations, and making acquaintances, although they scored lower with respect to interaction with official bodies and budgeting. The care leavers accorded themselves the highest marks for personal hygiene, making acquaintances, and preventing substance abuse, while they gave lower scores for budgeting, cooking, interaction with official bodies, and sexual relations.

Summary and recommendations

The picture that emerges from the research shows variations not only across the four countries, but also between respondents who are in care and those who have left care, between those in residential care facilities and those in family-based care, and between young men and young women. That said, the peer researchers identified significant gaps that cut across these categories, such as the lack of essential practical skills—including cooking, shopping, home economics, and budgeting—in Albania, the Czech Republic, and Poland. These and other findings suggest that:

- a more systematic approach should be developed to provide young people in care with the range of knowledge and skills they will require after leaving care; and
- more opportunities should be provided for young people to acquire and practice a range of abilities, including practical, self-care, and emotional and inter-personal skills.

3.2.3. LEAVING CARE SUPPORT

Albania

In Albania, respondents in care identified care workers in the residential settings, their social workers, and their relatives as the people who were most helpful and supportive during the leaving care process. Friends were also cited as helpful in providing knowledge about



independent living. Respondents did not view teachers as able to provide any relevant assistance.

Care leavers' answers reveal that young people expect help of different kinds from different groups of people. Those who had lived in residential care facilities identified friends, social workers, and care workers as most helpful with respect to leaving care. For the young people who had lived in family-based care, family members and relatives played an important role.

Czech Republic

In the Czech Republic, the majority of respondents in residential care facilities (54%) named local staff as a great help, but one-third described them as providing little support, and a small number of young people (13%) said they were of no help at all. They also cited psychologists, partners, extended family (such as an uncle or a grandmother), and foster families as helpful. Teachers were mainly described as helpful by young people who were living in rural areas.

Many care leavers asserted that friends had given them support, although they also identified foster parents. However, care leavers from residential care said, in contradiction to young people still living in residential care, that the staff generally provided 'little help', as did teachers and social workers; they credited friends and staff with providing the most support. The research shows that in SOS Children's Villages, support came from the SOS care providers, families of origin, and friends, in that order; young people in SOS Children's Villages could generally rely on more resources for support than could their peers.

Finland

In Finland, respondents identified staff working in residential facilities (49%) and specialized leaving care workers (43%) as ‘very helpful’, followed by social workers (35%), family and relatives (33%), friends (33%), and foster care providers (29%). A majority of respondents (66%) said that teachers were of ‘no help’. No significant differences emerged between respondents who had experienced different types of care or between the sexes, except that young women perceived teachers as less helpful than did young men.

Poland

In Poland, care leavers credited ‘care leaver guardians’ with providing the most support, followed by social workers and friends. (The care leaver guardian is an individual chosen by the young person who is about to leave care at least two months before he or she turns 18. The care leaver guardian is expected to support the young person in developing an individual leaving care plan.) Respondents in care also asserted that the most helpful were the care leaver guardians, followed by families and relatives, educators, friends, and social workers. Overall, however, the analysis shows a diverse picture of engagement in meeting the needs of young people, particularly with respect to those who were responsible for providing professional help (care workers in residential care, care leaver guardians, and social workers).



Summary and recommendations

The findings from the four countries reveal that diverse groups of people were involved in preparing young people for leaving care. They included residential staff, foster care providers, SOS staff, social workers, guardians, family, and friends. These findings suggest that:

- efforts should be made to identify who is best equipped to meet young people’s needs, including professional staff and informal family and friendship networks;
- staff and carers should be trained to be able to prepare young people for leaving care; and
- the importance of involving young people in assessing their preparation needs should be recognized.

3.2.4. THE INFORMATION YOUNG PEOPLE RECEIVED

Peer researchers asked the respondents about the information they received in relation to the key areas that would help them after leaving care. These included education, employment and training; finances; accommodation; and health and well-being.

Albania

In Albania, more than one-half the respondents in care said they had received ‘enough’ information regarding health (59%) and education (53%), while fewer than one-half felt that way about emotional development (46%), accommodation and financial support (41%), training (37%), and employment (24%). Nearly one-half of the young people had not received any information on employment (46%) and nearly one-third (31%) had not been informed about health.

The research also shows that the level and type of information provided varied depending on the age and care setting of the respondents. Older respondents reported having more information on employment and health than their younger peers; respondents in family-based care received better information than their peers in residential care.

Care leavers evaluated the information they received as ‘insufficient’ with regard to education, employment, health, and financial support. Respondents from family-based care had slightly more information on financial support and their own emotional development than those who had lived in residential care facilities.

Czech Republic

In the Czech Republic the peer researchers found that the respondents in care were well informed about support in terms of health and education. They knew less about financial literacy, housing, and personal development; moreover, more than one-third (34%) of the respondents had no information about employment opportunities. Asked what other types of assistance they would most need, the respondents most frequently cited the areas of finance, employment, housing, and interaction with authorities.

The peer researchers found that care leavers were sufficiently informed about health, education, and financial assistance, although they were less informed about training options, employment, and personal development, as well as about housing support. No significant statistical differences emerged between respondents in the two main types of care; however, young men reported being considerably better informed than did young women, especially with respect to housing (69% of young men v. 21% of young women called the information they received ‘very good’), employment (63% v. 21%), and training (50% v. 7%).

Finland

In Finland nearly three-quarters of the respondents reported that they had enough information about health, and just under two-thirds said so about accommodation. More than one-half responded they had enough information about education, training, and financial support. Yet less than one-half of the respondents had enough information about employment (40%) and personal and emotional development (36%). Meanwhile, about one-quarter responded that they had no information on training (25%), employment (28%), or personal or emotional development (28%).

Poland

In Poland, respondents in care reported that they valued the information they received about health, education, and financial support, but found the information on securing housing and employment less helpful. The care leavers said they were thankful for the information they had received on education, financial support, and housing, but they found information on employment and personal development to be lacking. The analysis shows that the respondents in care praised the information more than did care leavers.

Summary and recommendations

Although responses vary, young people in all four countries clearly lacked information about the critical area of employment. In general, they also wished for better information on personal and emotional development, while some sought information on educational opportunities. These findings suggest that:

- a more systematic approach should be developed to involve young people in identifying their information needs;
- more information on employment, education, and personal development should be provided as a matter of priority; and
- professional staff from these areas should be involved in providing young people with information.

3.3. EDUCATION, EMPLOYMENT, FINANCES, AND ACCOMMODATION

*I didn't know what to do about finding work.
(Respondent, Poland)*

*It was hard to find accommodation. I used to sleep on the street. The current room seems like a prison with bad conditions and a bad smell.
(Respondent, Albania)*

The peer researchers collected information on education and employment; young people’s finances and their views about debt; and accommodation.

3.3.1. Education and employment

The peer researchers collected information on the education and employment of young people at the time of the survey. Although it is not possible to make detailed comparisons across the four countries due to differences in the collection criteria and categorization methods, some of the main country trends may be identified.

Albania

In Albania just over one-third (35%) of the respondents received a primary education, more than one-half (52%) achieved a secondary-level education, 7% attended university, and another 7% did not reach any educational level.

With respect to employment, one-third of the respondents were unemployed and another third were still studying. The 'income sources' indicate that fewer than one-half of the respondents (43%) received part of their income from work, with most of the other young people depending on unemployment, social benefits, and support from family and friends.

Czech Republic

In the Czech Republic, the majority of care leavers had attended secondary education (with or without passing school leaving exams), and one-half were continuing their studies. One-half of the young people were working, mainly doing manual work.

Finland

In Finland, research revealed that one third of young people (33%) were studying. Just over half of them were attending vocational colleges. The other half was equally distributed in other forms of education. One studied at upper secondary school and one at university. One-half of them were neither working nor studying, while 37% were employed (10% of them were working alongside their studies) and almost one-quarter (23%) were studying. Young people from family-based care were more likely to be employed than those from residential care.

Poland

In Poland just under one-quarter (24%) of care leavers had a primary education, about 30% had achieved a vocational or secondary-level education, and 16% had continued their studies beyond the secondary level. Of the same respondents, just over one-half (54%) were unemployed while 46% were working (35% full-time, 33% on 'time contracts', and 12% part-time).

Summary and recommendations

Available information for all four countries under review shows that very few respondents achieved a university-level education; most reached the secondary or vocational level. All four countries exhibited high numbers of unemployed young people who were dependent on benefits or financial assistance. Those who were employed were likely to work in manual occupations, social care, and part-time. These findings show that:

- the educational needs of young people should be assessed on entry to care and should be regularly reviewed;
- young people should be provided with additional and ongoing opportunities to address educational deficits; and
- formal links should be developed with employers to increase the employability and employment opportunities for care leavers.

3.3.2. FINANCES AND DEBT

Albania

In Albania the majority of the respondents in care (81%) were debt-free. Young people under the age of 18 cannot access credit cards or purchase items through a loan and are therefore protected from accruing commercial debt. Respondents stated that the best way to avoid debt was to have a good job and the skills and ability to plan their finances and budget wisely.

Less than one-half of the care leavers had not received any financial support or grant to assist them in the transition from 24-hour care to living independently. About three-quarters (74%) who left family-based care were provided with some financial support. Most of the respondents asserted that the sums they received were not sufficient to cover costs related to leisure activities or ‘maintaining family relationships’, although they were just enough to cover initial costs for education, clothing, accommodation, and food.

Yet most of the care leavers struggled to meet their daily needs after leaving care. Approximately one-half said that they were not able to pay for education, training, or transportation, while about three-quarters reported being able to pay for their accommodation and food requirements. Respondents who had left family-based care were better able to meet their needs, reflecting the fact that they left care at a later age and had reached a higher level of education or had received more preparation for independence. Despite their financial insecurity, more than one-half of the respondents said they were debt-free and 22% were able to pay back their debts.

Czech Republic

In the Czech Republic the majority of respondents in care were not at risk of incurring debt. The fact that they were still in care seemed to prevent them from falling into debt. Only 4% reported that they were behind on payments. Only one-half of the respondents claimed that they were completely free of financial obligations. The research also shows that most of the respondents who had problems paying off their debts were young men.

The care leavers said they relied on a variety of income sources—such as earnings, social benefits, education and training grants, and support from family, friends, and partners—for stability given that the sum they received upon leaving care covered only food, healthy living, and housing. Indeed, the sum often failed to cover leisure activities and personal development, and sometimes clothing. Many young women reported that the money for education and clothing was always short. Some respondents from foster care said that they had difficulty budgeting for food.



The research reveals young people who had left family-based care were generally better able to manage a clothing budget than their peers who had left residential care. Approximately 40% of respondents were free of debt; of the remaining 60%, approximately one-half had no problems meeting payments, while the remaining one-half did. About one-quarter of the young people had debt problems. No significant variations were found in relation to the different types of care.

Finland

In Finland, most of the respondents—and especially those who had lived in family-based care—reported that the sum they had received on leaving care covered their basic needs. Most of the young people were dependent on unemployment benefits, social benefits, or education subsidies and were able to cover the costs of accommodation, food, and health care from these sources; however, many had difficulties covering the full costs associated with education, transport, and leisure. The research also shows that less than one-half of young people were debt-free while one-third were able to pay back their debts without difficulty. Indeed, more than one-half of the young people responded that they were able to pay back their debts on time; the others expected delays in making payments.

Poland

In Poland, care leavers revealed that they were able to afford enough food but that they encountered difficulties covering all other needs unless they secured additional sources of income. Their standard of living had thus dropped since they had left care. Their sources of income—which were generally limited—included

education benefits (54% of respondents), employment (46%), family (24%), and social benefits (12%). Just under one-half of the care leavers (47%) and those living in care (46%) were debt-free; one-third of the care leavers and more than one-half of the respondents in care said they were able to pay their debts. Most of the care leavers reported that they had learnt to manage their budgets.

Summary and recommendations

Across the four countries under review, care leavers had just enough money to cover basic costs. Employment is key to meeting needs, but more than one-half of these young people were unemployed and surviving on various forms of benefits. These findings imply that young people who leave care are likely to struggle to make ends meet and that educational under-achievement casts a long shadow on their lives. These findings also suggest that:

- at the time of leaving care, all young people should receive financial support that covers the costs of setting up a home and other expenses linked to the transition; and
- efforts should be made to enhance young people's educational development with an eye to securing their long-term financial standing and professional marketability.

3.3.3. ACCOMMODATION

Albania

In Albania respondents in care said that they would prefer to live with family (50%) or in their own apartments (31%) after leaving care. Others said they would prefer semi-independent living (13%), assisted or supervised apartments (2%), or student hostels (2%). After leaving care the majority of the young people initially lived in public boarding schools (konvikts), which provide accommodation primarily for young people who have left care and are still attending high school or university, but which do not provide care or guidance. One-fifth of the care leavers stated that they initially lived in their own apartments after leaving care.

On average, the young people spent almost three years in their first accommodation.

Respondents said they had received assistance in their search for accommodation from social workers (26%), family or relatives (24%), and residential care workers (22%). More than one-half of the young people (57%) stated that they had received no help from the residential care workers, two-thirds had received no help from social workers, and 15% said that they had not been assisted with advice on accommodation by the SOS care providers.

With reference to their accommodation, care leavers were generally positive about the proximity to shops, services, and friends as well as the hygienic conditions. Yet they asserted that distances to educational sites, training locations, or jobs were too great. Young women, in comparison to young men, generally stated more often that their accommodation was safe and situated close to their friends.

Czech Republic

In the Czech Republic, the vast majority of the respondents in family-based care (95%) wanted their own accommodation. Among young people who lived in residential care facilities, the picture was more diverse, with just over one-half (58%) hoping to own or rent their own accommodation and just under one-quarter (23%) preferring 'housing provided by an organisation'.

No young people from family-based care and only three from residential care said they hoped to live with their biological families. The majority of the care leavers moved into rental properties (40%), followed by housing provided by an organisation (30%).

Friends were without a doubt the main source of help with respect to housing while some foster parents were also credited with providing support. Respondents said they had received little help from residential staff or their biological families.

More than one-half of the care leavers were living in their own housing (57%) while the number of respondents in housing provided by an organisation was below one-quarter (23%). A large proportion of young people who had left residential care facilities still lived in housing provided to them by an organisation (38%), however.

Most respondents said they were satisfied with their housing, yet about one-third had only lived there for a relatively short period of time. Their complaints focused on being too far from their biological families, school, or work, and on the housing being too expensive.

Finland

In Finland, one-third of the young people moved to semi-independent accommodation provided by an organisation, and just under one-third moved to their own apartments or to rented accommodation. The young people identified residential workers (48% of respondents) and foster care providers (38%) as ‘very helpful’ in assisting them with their housing search; they also said they had received assistance from leaving care workers (29%); SOS caregivers (21%); social workers (20%); and families and relatives (19%). The majority of respondents rated their current accommodation as ‘adequate’ with regard to private space (84% of respondents), hygiene (82%), safety (78%), household equipment (70%), affordability (54%), and the proximity to shops and services, education, work, and friends (90%, 68%, 56%, and 54%, respectively). Yet only 35% felt they lived close enough to their birth family.

Poland

In Poland, not all respondents who were preparing to leave family-based care knew where they were going to live, often due to a shortage of social housing. Most of the care leavers hoped to live in their own apartments. However, as the research showed, only three of the care leavers were successful in this endeavour.

Most of the care leavers had moved into ‘supervised apartments’, ‘municipality apartments’, ‘apartments owned by their families’, or ‘social apartments’; others had moved in with family or friends.

Most of the care leavers reported that the most useful housing assistance had been provided by ‘care leaver guardians’ followed by family and relatives. The assistance received included help in moving, material assistance, help in finding an apartment, advice in dealing with formalities, and the provision of information and instructions. Young people in care highlighted the lack of choice or influence they had over accommodation.

Two-thirds of care leavers had been in their accommodation more than one year. The majority of the young people (66%) said they were satisfied that they were next to shops and services. They generally approved of safety and sanitary conditions, furnishings and domestic appliances, the cost of the apartment, and personal space. They were slightly less satisfied with regard to the proximity of their work place.

The main accommodation problems cited concerned the state of the apartment itself, with 19% of the respondents mentioning fungus, dampness, the lack of a kitchen, poor sanitary conditions, missing doors, poor heating, or the need for renovations. Nine respondents mentioned financial difficulties in keeping the apartment or being in arrears with their rent. Six experienced administrative problems, three mentioned long waiting periods for their own apartment, and another three complained of a lack of space; two respondents mentioned conflicts with neighbours, families, or acquaintances.

Summary and recommendations

In the four countries under review, most respondents were provided with accommodation and assisted by professional staff, family, and friends. Some of these young people were able to move into their own housing, but their preferences were not always met and shortages in social housing sometimes resulted in uncertainty about when a respondent would leave care. Some young people reported that their accommodation was inadequate.

These findings suggest that:

- young people should be able to select accommodations to match their assessed needs, taking into account their views and any additional support they may require; and
- accommodation should be in a safe area, in good physical condition, and close to key locations, such as the work place, educational sites, shops, and leisure facilities.

3.4. HEALTH AND WELL-BEING

I'm content with life. I'm successful in what I'm doing. I know who I am, I can deal with my problems. (Respondent, the Czech Republic)

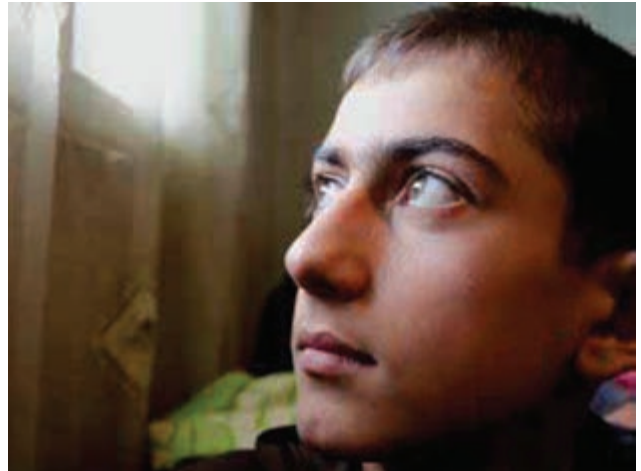
My main problems were loneliness, lack of support, lack of job and funds for living, and relationship problems. (Respondent, Poland)

The peer researchers explored how young people felt about themselves, how they viewed their physical and mental health, and whether they had a sense of security in life.

Albania

In Albania the respondents who had grown up in residential care—23 of whom were under the age of 15—reported having a relatively satisfactory self-esteem. While three of the young people (6%) said their health was ‘generally poor’, 20 responded that their health was ‘very good’ or ‘good enough’. Of the 31 young people over 15, the majority (21, or 68%) said they felt ‘very good’, with the remaining ten (32%) rating their health as ‘good most of the time’. When specifically asked about their physical health, all respondents over 15 stated that their physical health was ‘very good’; one-quarter of the younger respondents (6) said that their physical health was ‘good enough’.

Respondents of all ages responded similarly when asked how they viewed their mental health. Just under two-thirds (61%) of those under 15 and more than one-half (52%) of those in the older group said their mental health as ‘very good’, while one-third (35%) and just under one-half (48%), respectively, called their mental health ‘good enough’. Only 4% of those under 15 referred to their mental health as ‘poor’. Twenty-three (43%) of both age groups said they felt a sense of security in their lives, with 14 of those under 15—a majority of whom were living in residential care—describing their lives as not always secure or safe. Twenty-two respondents related their feelings of security to the belief that they would be able to manage living independently thanks to their own skills or support from their families; the others said they had concerns regarding the future and having to manage with less support than they had in care.



Asked to identify their greatest problems, respondents mentioned the absence of a family, the lack of support or contact with family members, or the death of family members, which had resulted in their placement in care.

Asked what changes they anticipated after leaving care, the majority of the respondents cited that they expected to be responsible for everything in their lives and to have more freedom to make decisions. They acknowledged that others were taking care of them at the moment; while some said this arrangement felt restrictive, others referred to it as reassuring. Some respondents expressed concerns about the uncertainty of their future and where they would live.

One-half of the care leavers assessed themselves as feeling good about themselves most of the time; only seven (15%) said they did not feel good about themselves very often. The young people who felt good about themselves were equally split between those who had lived in residential care facilities, private residential care, and family-based care. Among the respondents who did not feel good very often, six had lived in public residential care and in private residential care.

More than one-half of the care leavers viewed their physical health as ‘very good’, while about 30% called their health ‘good enough’ and only 13% said their physical health was generally poor. Most of the young people assessed their mental health as ‘very good’ or ‘good enough’.

Czech Republic

In the Czech Republic, a majority of respondents in family-based care said they felt positive about life: more than one-half (58%) reported ‘feeling good’ most of the time. There were no significant differences between respondents in family-based (59%) and residential care (58%). For the most part, young people reported a relatively good sense of well-being, and most assessed their mental health as ‘very good’ (55%) or sufficient (43%). They rated their physical health much worse, however. Just over one-half (53%) of the young people viewed their physical health as ‘sufficient’ and only one-quarter (25%) assessed their health as ‘very good’.

A majority of the respondents reported that they felt safe all the time (58%) or some of the time (34%), partly thanks to the presence of a good foster family. They associated not feeling safe with fears about leaving care and being alone and, as noted by one Roma respondent, not feeling protected by the law. One-quarter of the young people said they were generally happy with their lives; others said they regretted not having a loving birth family and worried about having to cope on their own after leaving care.

More care leavers rated their health as ‘sufficient’ than ‘very good’, but only very few had serious health complaints. Many respondents said their mental health was ‘sufficient’ (37%) rather than ‘very good’, although no young people rated themselves as mentally ill. One-fifth of the respondents reported that they felt safe only some of the time and more than one-tenth did not feel safe at all.

Finland

In Finland care leavers generally reported that they had healthy self-esteem since leaving care. Only 4% stated that they ‘often’ did not feel good about themselves. Responses did not seem to differ significantly based on the type of care placements or other personal characteristics. Nor were there significant differences in the answers regarding physical health. Just over one-half (56%) of the young people from family-based care and just over one-third (36%) from residential care assessed their physical health as ‘very good’,

while 38% and 59%, respectively, claimed to be in ‘good enough’. Only a very small proportion—6% in family-based care and 5% in residential care—rated their physical health as ‘generally poor’.

As regards mental health, there were no significant variations in the perception of different groups of young people. One-half of those in family-based care and just over one-third of those in residential care assessed their mental health as ‘very good’, and 44% and 59%, respectively, said they were in ‘good enough’ health. Similarly to physical health, only a few respondents—6% in family-based care and 5% in residential care—rated their mental health as ‘generally poor’.

More than three-quarters of the respondents (76%) reported having a ‘feeling of security in their lives’; this sense was greatest among young people in residential care (91%), followed by those living in family-based care (69%).

Poland

In Poland the great majority all respondents rated their physical and mental health as ‘very good’ or ‘good’. More than three-quarters of the young people in care (78%) and more than one-half of the care leavers (58%) said that they ‘almost always’ felt good about themselves; just under 18% and one-third, respectively, said that they ‘sometimes’ felt good about themselves. Respondents in care generally reported feeling better about themselves than did the care leavers.

The young people identified a number of factors associated with mental well-being, including professional success; good relationships with a partner, family, and friends; having a positive attitude; and being independent. They linked reduced well-being to factors such as worries about the future; being in a difficult situation (such as being unemployed, experiencing financial difficulties, having relationship problems, or suffering from physical ill health); loneliness, isolation, and lack of support; and past problems complicating the present.

Summary and recommendations

In all four countries, respondents were generally very positive about their lives, partly because they looked forward to leaving care. But the converse also emerged; some young people were very worried about the future, largely because they feared loneliness and a lack of support. For some respondents past rejections by families continued to have an impact on their well-being. In addition, some young people described their physical and mental health as 'poor'. These findings suggest that:

- care providers should assess the mental and physical health of young people on entry to care and during care so that their needs may be identified and addressed; and
- all young people in care should be helped to develop a healthy self-esteem. Besides encouraging them and engaging them in making decisions that affect their lives, they should be supported in understanding their family background and their reasons for coming into care.

Respondents said they were involved in physical activities such as sports (volleyball, football, ice-skating or roller-blading, cycling, skiing, horseback riding, canoeing and rafting, kickboxing, Thai boxing, and squash) and the arts (dance, singing, painting, drawing, guitar playing, rap, and drama). They also cited hobbies that involved animals, cooking, travelling, computers, languages, the voluntary fire brigade, and gardening. Care leavers had fewer opportunities and less time for hobbies and physical activities than the young people who were still in care, partly because their time was no longer organized by people in authority.

Finland

In Finland, more than one-half of the respondents said they engaged in leisure activities often. Care leavers said they did so less frequently since leaving care. The research revealed significant differences between groups of young people from different types of care. Young people living in family-based care were involved in leisure activities more often than their peers in residential care; these respondents generally continued their leisure activities after they left care.

3.5. LEISURE

This section explores young people's leisure activities.

Albania

In Albania the vast majority of the respondents in care (89%) dedicated themselves to their hobbies or physical activities at least occasionally. Most preferred sports activities, especially football and volleyball, although music and dancing, watching television, studying foreign languages, and spending time with friends were also cited frequently. The research showed, however, that such involvement dropped off after respondents left care, with only one-quarter of the care leavers participating in leisure activities.

Czech Republic

In the Czech Republic the majority of young men (83%) were engaged in a physical activity, but for young women this was mostly an occasional pursuit.

Poland

In Poland more than one-half of the care leavers (57%) and young people in care (54%) said they engaged in leisure activities, although the level of activity tended to drop off after leaving care. Care leavers were involved in sports, charity work, motorbiking, entertainment, shopping, computer-related activities, learning foreign languages, music, social networking, drawing, reading, watching films, dance, photography, working out, cycling, journalism, hair styling, and image consulting.

Respondents in care were more likely to have hobbies than care leavers. These included beauty and photo modelling, extreme sports, football, bicycle motocross, working out, cycling, charity work, the Butterfly Effect project, horseback riding, photography, drawing, motorbikes, swimming, fishing, jumping rope, computer-related activities, hair styling, social networking, reading, and watching television.

Summary and recommendations

All respondents were engaged in a wide range of leisure activities while they were living in care. This involvement generally decreased after respondents left care, due largely to financial constraints or because the new accommodation was located too far away from leisure facilities. These findings suggest that:

- sustainable leisure activities should be identified in the plans for leaving care; and
- organisers of leisure activities should be asked to provide reduced membership or entry rates to young people who leave care.

3.6. SUPPORT FROM FAMILY, FRIENDS, AND CARE WORKERS

I miss my family. I never actually met them. I just saw them in a picture they sent me.
(Respondent, Albania)

I can count on my family and friends, and on the help of others. I'm happy when I am with the ones I can trust.
(Respondent, Poland)

Albania

In Albania, most respondents in care said that if they needed emotional support, they would turn first to friends and then to relatives, and especially to brothers or sisters. Care leavers also said they would confide in their friends, siblings, and other family members. Some respondents identified social workers and religious or faith personnel as people to whom they would turn for support. Respondents said that they had received emotional and financial support as well as encouragement and information about securing housing. Most of them described their relationships with their biological parents, extended family, and former carers as poor. The respondents in care reported that they had received support from care providers, their birth families, and siblings. They rated care staff from other organisations—with whom they probably had limited contact, if any—as ‘less helpful’.



Respondents stressed the impact of the support they received as much as the support itself. They described the following people as generally ‘very helpful’: residential staff (60% of respondents), social workers (59%), siblings (56%), biological family (48%), friends (46%), and relatives (39%).

Czech Republic

Most respondents in the Czech Republic said they had turned to friends, siblings, and foster parents for support. They reported having strong relationships with their friends and siblings; those in foster care also cited strong ties to foster families. About one-half of the respondents in residential facilities called staff ‘very helpful’. Unlike respondents in foster care, the young people in residential care were in contact with their birth families. While care leavers said that friends and siblings were their main sources of support, young people in foster care said the foster family was a major help. In general, respondents in residential care said staff and social workers were of little help.

One-third of the respondents in residential care rated the support provided by their biological parents ‘very good’; in contrast, none of the respondents in family-based care accorded their biological parents that rating. While nearly two-thirds of the respondents described their relationships with biological parents as ‘poor’, a similar proportion said that other family members were making a positive contribution.

A major difference emerged between family-based and residential care with respect to the role of other members of the biological family. Care leavers who had lived in residential care reported that family members were helpful, but those who had left family-based care asserted that the biological family played a marginal role. Moreover, one-half of the respondents who had spent more than ten years in care called their relationship to the biological family ‘poor’, while 70% of those who had spent less time in care had a ‘very good’ relationship with their biological family.

Finland

In Finland, care leavers evaluated the support they received from the following people as ‘very helpful’: friends (78% of respondents), siblings (39%), biological family (34%), ‘advisors for leaving care’ (26%), staff from other organisations (23%), SOS family (22%), the foster family (21%), staff in the home (20%), and social workers (15%). About one-third of the young people had good relationships with their former carers. Those who had left family-based care had better relationships with members of their biological family and former carers.

Poland

In Poland, some respondents said that when they needed emotional support, they turned to partners or friends (27%), siblings (20%), or a family member (14%). Care leavers generally said they would first turn to partners and friends for support and then to siblings and the former foster family; those in care identified ‘care leaver guardians’ as the most helpful persons. Care leavers identified teachers as the least supportive group, followed by coreligionists, care staff, social workers, and family and other relatives. Those in care said the most helpful people were care leaver guardians, acquaintances, siblings, and the foster family; they said the least amount of support came from coreligionists, personnel from other organisations, teachers and relatives.

The majority of the respondents described their relationships with their biological families as ‘neutral’ or ‘poor’, yet one-third of the care leavers and one-quarter of those in care described their relationships as ‘very

good’. Some young people said they were receiving help from their biological families, such as financial help and emotional support; they also reported that the families had provided help during crises and that they simply kept in contact.

Summary and recommendations

Many of the respondents in care said they would turn to friends, siblings, and a ‘family member’ for support with problems, and those who had left care identified the same people as having been helpful. The research reveals that relationships with biological families were generally stronger for young people in residential care than for those in family-based care—where there was sometimes no contact with the biological parents—and for those who had spent less time in care. These findings suggest that:

- young people should be involved in identifying support networks that may be helpful to them while they are living in care and once they have left care—such as former carers, professional staff, family, and friends;
- young people in care may benefit from peer-to-peer support, through which they could learn from the experiences of young people who already left care; and
- a specialist leaving care worker should be appointed to ensure that young people always have someone they can rely on for emotional and practical support.

3.7. SUMMARY OF RECOMMENDATIONS FOR POLICY AND PRACTICE

Table 5 gathers the recommendations of the previous sections for easy reference.

Table 5 Summary of recommendations

Category	Recommendation
Preparation and readiness to leave care	<p>Being informed about leaving care</p> <ul style="list-style-type: none"> ■ The process of leaving care should be planned well in advance so that young people have time to prepare for their departure. ■ Young people should leave care at an age when they consider themselves prepared and ready to leave.
	<p>Learning life skills</p> <ul style="list-style-type: none"> ■ A more systematic approach should be developed to provide young people in care with the range of knowledge and skills they will require after leaving care. ■ More opportunities should be provided for young people to acquire and practice a range of abilities, including practical, self-care, and emotional and inter-personal skills.
	<p>Leaving care support</p> <ul style="list-style-type: none"> ■ Efforts should be made to identify who is best equipped to meet young people's needs, including professional staff and informal family and friendship networks. ■ Staff and carers should be trained to be able to prepare young people for leaving care. ■ The importance of involving young people in assessing their preparation needs should be recognized.
	<p>The information young people received</p> <ul style="list-style-type: none"> ■ A more systematic approach should be developed to involve young people in identifying their information needs. ■ More information on employment, education, and personal development should be provided as a matter of priority. ■ Professional staff from these areas should be involved in providing young people with information.
Education, employment, finances, and accommodation	<p>Education and employment</p> <ul style="list-style-type: none"> ■ The educational needs of young people should be assessed on entry to care and should be regularly reviewed. ■ Young people should be provided with additional and ongoing opportunities to address educational deficits. ■ Formal links should be developed with employers to increase the employability and employment opportunities for care leavers.
	<p>Finances and debt</p> <ul style="list-style-type: none"> ■ At the time of leaving care, all young people should receive financial support that covers the costs of setting up a home and other needs linked to the transition. ■ Efforts should be made to enhance young people's educational development with an eye to securing their long-term financial standing and professional marketability.

	<p>Accommodation</p> <ul style="list-style-type: none"> ■ Young people should be able to select accommodations to match their assessed needs, taking into account their views and any additional support they may require. ■ Accommodation should be in a safe area, in good physical condition, and close to key locations, such as the work place, educational sites, shops, and leisure facilities.
Health and well-being	<ul style="list-style-type: none"> ■ Care providers should assess the mental and physical health of young people on entry to care and during care so that their needs may be identified and addressed. ■ All young people in care should be helped to develop a healthy self-esteem through an understanding of their family background and their reasons for coming into care.
Leisure	<ul style="list-style-type: none"> ■ Sustainable leisure activities should be identified in the plans for leaving care. ■ Organizers of leisure activities should be asked to provide reduced membership or entry rates to young people who leave care.
Support networks	<ul style="list-style-type: none"> ■ Young people should be involved in identifying support networks that may be helpful to them while they are living in care and once they have left care—such as former carers, professional staff, family, and friends. ■ Young people in care may benefit from peer-to-peer support, through which they could learn from the experiences of young people who already left care. ■ A specialist leaving care worker should be appointed to ensure that young people always have someone they can rely on for emotional and practical support.

4. How peer research can make a difference



What I liked most about using peer research for advocacy is the learning effect that we can all enjoy. We are all learners in the project. The young people, peer researchers, and respondents all learn skills for life—and they learn about their rights. Academics learn about realities that they never experienced directly through the lenses of someone who was living those realities. And decision-makers learn how important is to have first-hand information coming from those affected by whatever decisions they make.
(Project manager, I Matter peer research)

The experience of producing this report has shown that the peer research methodology can be applied in a variety of national and cultural contexts. Having gained insight into the process, the International Coordination Team has been able to identify the following criteria as key elements for successful peer research projects.

A clear process. There needs to be a clear process and plan that outlines how young people will be involved, as well as the training and support that they will receive. The process should be clearly defined so that young people are aware of what is expected of them and what

they will be doing. Without a clear process the research might lose its focus or stagnate, which would ultimately have a negative impact on the peer researchers and the respondents. For this report, the guidelines clearly stated goals and objectives to be reached within a set timescale; the research team was thus able to maintain a narrow focus and young people understood what was expected.

Selection of young people. To be truly engaged in a research project, young people need to have not only the confidence and ability to be able to conduct interviews, but also a commitment to being involved throughout the research process. The aim is to identify young people who are motivated, committed, and eager to enhance their abilities and capacities. For this report, the teams in each country under review carefully selected peer researchers. In Albania and Poland, for example, young people were interviewed to see whether they had the ability, desire, and commitment necessary to be a peer researcher.

Preparation and training of young people. The preparation and training of young people are vital elements of any peer research project. Peer researchers need to understand why they are involved, which must be underpinned by a training process that covers key components of academic research and interview techniques. Training should not be rushed and must be thorough, while also thought-provoking and enjoyable. The ultimate goal is to ensure that young people have the skills and confidence to participate in research.

For this study, all of the selected young people undertook an intense three-day training course that covered themes such as informed consent, confidentiality, child protection, interview safety, and interview techniques. Not all of them continued as peer researchers; at the end of the training, a few expressed concern over fulfilling project expectations. In one case, a group of peer researchers developed a strong team spirit, which led one individual who did not share this enthusiasm to leave the project.

Support of young people throughout the process. Young people need to be properly supported throughout any research process. Interviews proved to be intensive and tiring; it was important for the peer researchers to know that they could access support from a professional researcher or care worker at any time to express their

concerns or even just to confirm that the interviews went well. The interview situations were diverse, reflecting the diversity of the respondents.

Partnerships among all stakeholders. The success of this peer research project rests partly on the partnership and collaboration among the young people, local authority staff, non-governmental organisations, and professional researchers. Partners bring their own level of knowledge, expertise, and experience to a project, which enhances and enriches the peer research process. Working in isolation not only undermines the research process, but also affects the quality of the support and training for young people, the most essential part of the process.

Adequate funding. Including young people in academic research requires adequate funding. This project allocated significant funding for the training of the young people in research skills, remuneration of peer researchers and respondents, travel costs associated with conducting interviews, and costs of supporting staff to oversee the research process. Involving young people in academic research is expensive, but it should not be compromised in order to reduce costs. In addition, funds had to be made available for young people who were interested in communicating about the project and their experiences as peer researchers at national and international conferences. This project benefited from financial contribution from the EU's Fundamental Rights and Citizenship Programme of the European Commission.

Timescales. Experience highlights the need to allow generous timescales when involving young people in research. Enough time should be allotted to design and structure the interview, pilot the interview, arrange and conduct interviews, review and analyse the findings, and complete a report. Timescales need to be realistic so that young people's meaningful participation is not compromised. In this project, three months were set aside for conducting interviews. Yet due to long distances between peer researchers and respondents (particularly in Finland), the dynamic and rather unpredictable time schedule of young people, and the changes of heart of respondents who were not available for interviews at the agreed time, the data collection phase was postponed, adding an additional 10–30 days in each of the four countries.

Ethics framework (safety). The safety of peer researchers is of paramount concern. Any peer research project should follow an ethics framework that scrutinizes the research process and the involvement of young people to ensure that safety comes first. No interview was worth completing if a young person felt vulnerable or unsafe. In some of the countries under review, young people refused to organize interviews on the premises of a local authority. Instead, public libraries, care facilities, and even quiet cafes were chosen as venues.

Lessons learned

The peer research team wished to avoid importing and imposing a ready-made methodology; instead, the team members created a framework for intercultural and international cooperation through which tools and processes were developed together. The team selected ten young people with care experience (two per country, plus two young people experienced in peer research from the United Kingdom), five country-based researchers with a university background, and 20 other co-workers from various national and international organisations, who served as caregivers, psychologists, youth trainers, and advocacy and policy consultants. The team observed several tensions in the group, especially in relation to timescales, the type of methodology to be used, and, to a lesser extent, funding. The clashes generally reflected differing research cultures promoted by various stakeholders in the group.

The young people affirmed themselves as experts on their lives and assumed strong ownership of the project. Although they represented various nationalities, there were no barriers in the communication; cited challenges were, to a great extent, similar across all countries. The young people initially proposed more than one hundred questions for the questionnaire, most of them phrased as open questions to invite respondents to speak freely and to encourage them to propose ideas to improve the policy and practice of leaving care. They eventually acknowledged the need to reduce the number of questions and recognized the difficulty in having so many open questions; nevertheless, they wished to give respondents the opportunity to be open and share their experiences, especially since they may never have had such an opportunity.

Finding researchers with experience in action research was a challenge. The researchers who joined the project had significant experience in researching child care and were genuinely interested, but also critical of the peer research methodology. Their preference for largely closed questions and their reservations about the involvement of young people as researchers generated some tension in the dialogue with the young people. Nevertheless, both the professional researchers and the peer researchers were open to each other's concerns, and their mutual trust and interest in trying new approaches reinforced the desire to collaborate. As would emerge later, this momentum was a key to the success of the research project, which influenced many opinions and imparted many lessons to everyone involved.

By the end of the project, the professional researchers recognized the importance of including open questions. By prompting and probing, the young people could search for personal meanings hidden behind simple answers. One of the researchers who had originally opposed the inclusion of many open questions later acknowledged that it would have been desirable to integrate additional open questions. The debriefing meeting organized with groups of up to 30 respondents offered opportunities to discuss issues that were insufficiently covered by the questionnaire.

Evaluation discussions with peer researchers and professional researchers provided useful insight, including on the following benefits of the study:

Given that young people conducted the peer research, the project prevented power relations. There is often a potential power imbalance when an adult interviews a young person. Peer researchers mentioned that the respondents admitted that they felt more comfortable being interviewed by a young person than an adult.

Both the peer researchers and the respondents could empathize with each other. Despite differences in sex, age, and care settings, young people could create an empathetic atmosphere during the interviews. Respondents declared that they felt that peer researchers could better understand their life experiences and their answers. In one case, however, this heightened empathy led to a situation where a story that a respondent told evoked

painful memories of an unpleasant experience for the peer researcher. Thanks to attentive support provided during the interview by an adult (who was available for support in the next room), the situation was deescalated.

I also had examples of very difficult interviews. I remember a girl who was sharing her painful story with me and it made me cry. I had to stop the interview for a while and resume later. I have thought about that story since. I was very touched. (Peer researcher, Albania)



The project achieved new depth and insight into the subject of leaving care. The care leavers in the research process provided knowledge and expertise, and shared experiences to which most researchers would not normally have access. The interviews challenged respondents to sense the responsibility and the opportunity given to them through this project. Many respondents shared the opinion that they felt, for the first time, that their opinions mattered and that they could make a difference in their own lives and those of other care leavers.

Peer researchers had the opportunity to learn research and life skills. Both during the three-day training period and during the interviews, peer researchers learned new, transferable skills that will continue to benefit them. In addition to gaining research knowledge and learning about interview techniques, young people gained experience in teamwork, collaboration, and time-keeping, skills that are adaptable to everyday life. In a peer research project conducted by the National Care Advisory Service in the United Kingdom, leaving

care staff reported increased confidence and improved communication skills among their peer researchers (Verweijen-Slammescu and Bowley, 2012).

In addition, young peer researchers commented on the value of hearing about the experiences of young people from different backgrounds and cultures.

In this project, I learned to read the body language of young people. I didn't know this before, but it reveals so much about the emotions of another person. Now, in everyday life, I frequently use skills that were taught to us during the training. (Peer researcher, Albania)

During the debriefing meeting held with the peer researchers in Albania, participants reflected on the learning experience and the challenges that arose during the interviews; they also discussed their personal development and plans for the future. Within an open and comforting atmosphere, the young people enthusiastically described how much confidence they had gained and made a range of suggestions for follow-up projects. Even those who had been shy or silent during the training expressed themselves, offering strong arguments for continuing the work with the young people in care. Two of the peer researchers said they had discovered their vocation during the project: one aimed to become a social worker and the other a researcher.

Young people became active in national and international advocacy. The project intended to give young people a voice, to make them aware of and encourage them to advocate their rights. This aim became an element of the sustainable impact of the project. Young people involved in the project in all four countries were encouraged to communicate about the project, its methodology, and its findings in a range of national and international meetings. After this experience, many young people expressed the wish to disseminate and become engaged in advocating the recommendations identified by the study. In the Czech Republic, for example, four peer researchers decided to visit residential care facilities to talk to young people about their rights in care and their preparation for leaving care.

5. The national reports in a nutshell



5.1. ALBANIA

Number of interviews conducted: 100.

Number of trained peer researchers: 9 (17–22 years old).

Demographics of the sample

Care status:	In care: 46 (46% of the sample). Care leavers: 54 (54% of the sample).
Age range:	In care: 13–20. Care leavers: 17–26.
Sex ratio (male:female):	56:44
Place of residence:	In care: 80% in cities; 20% elsewhere. Care leavers: 96% in cities; 4% elsewhere.
Age at entry into from care:	In care: 50% entered care before turning 5. Care leavers: 50% entered care before turning 5.
Number of years spent in care:	In care: More than 10 years: 54%. 7–10 years: 22%. Care leavers: More than 10 years: 59%. 7–10 years: 28%.

Preparation for self-sufficiency

Respondents said they felt comfortable regarding personal hygiene, relationships, and basic health needs. Care leaver did not receive any assistance in their search for employment.

Housing and finances

Respondents reported feeling ill-prepared with respect to securing accommodation and financial assistance. Up to two-thirds did not receive support from alternative care providers in securing suitable accommodation; on leaving care, the majority of this group (21 respondents) initially lived in public boarding schools (konvikts). Accommodation was chosen for the other care leavers without much or any consultation. At the time of the interview, more than 25 young people had been living in their accommodation for more than one year.

Care leavers said that the financial support they received was insufficient, as was the preparatory budgeting and life-skills training (such as regarding budgeting, a healthy diet, and seeking official assistance). About 43% of the care leavers did not receive any financial support or grant; however, 74% of respondents who had left alternative care received some financial support to make the transition from care to independence.

More than one-half of the respondents (54%) claimed to have no debt; 26% said they were able to repay their debts. About 43% received income from employment; 41% from unspecified sources; 28% from family; and 22% each from social welfare benefits and friends.

Health and well-being

One-half of the respondents claimed to feel good about themselves most of the time, irrespective of the form of care, with only 15% not feeling good about themselves very often. More than 50% said they were in good physical health, irrespective of the form of care; 13% described their health as poor.

About 41% of the respondents said they felt safe and secure in their lives (the highest proportion being in residential care); 43% said they did not feel entirely secure given their uncertain future, poor employment prospects and related financial insecurity, and feelings of isolation and lack of support.

Education

Respondents generally acknowledged the importance of studying hard and completing one's education—and possibly attending university—with a view to securing a well-paid and professionally satisfying job. They also recognized that to do so, they would require substantial support from either the alternative care provider or the state.

Most respondents said that they had received inadequate information on educational and work opportunities as well as on financial aid for studies.

Relationships

Some respondents (13) reported having been emotionally or physically abused while in care, which affected them well into their independent life, their ability to trust others and their self-confidence having been eroded. Respondents generally described their relationships with biological parents, extended family members, or former carers as poor.

Many respondents experienced a feeling of loneliness and dislocation after leaving care.

Employment

Respondents had unrealistic expectations regarding potential employment, largely because they had not been properly informed about necessary skills and the availability of jobs.

Plans for the future

All respondents said they wished to have professional careers (which they were unable to be specific about), complete university, or become successful at sports after leaving care, but fewer than 50% of them have accomplished their dreams, at least partly due to an unrealistic outlook. The majority view on love and marriage prospects was atypical: while most young Albanians aim to form a couple by their mid-20s, most respondents said they did not have this goal.

Observations

In comparison with the rest of the CEE/CIS region, Albania has the lowest number of children in institutional care (public and private) per capita, but the total number

of children in residential care almost doubled between 2004 and 2008 followed by a significant decrease in 2009 (TransMONEE, 2011).

Young people must leave the state care system when they turn 14 or 15 (as the age of majority is 14), and they have no access to after-care support. A minority of care leavers receive an extension of supportive care until the age of 17. Those who are in private alternative care may access support and care until they are 18 or older.

The majority of the care leavers respondents had left care before they were 18; 21 of them lived in *konvikts* (public boarding schools), which provide no care or guidance to the residents. Since the family is the primary unit for support, money, and status in Albania, not having a family can have serious consequences for young people's well-being.

Employment agencies and labour offices are not well established in Albania and are limited to larger cities. They would need to improve their work and build networks with the business sector to ensure proper information and support to individuals in need of labour, particularly vulnerable groups such as care leavers.

All the respondents maintained that they were not provided with sufficient information about fields of study, how to finance one's studies, and what they could expect from the educational institutions themselves.

Conclusion and recommendations

- **Extend the age limit for state care coverage.** Legislation should be amended to extend the age limit for state care coverage from 14 to 18. Research shows that 14- and 15-year-olds are not mature or skilled enough to lead an independent life; nor are they able to secure housing or employment, making them undeniably vulnerable.
- **Accord equal benefits to all young people in care.** Legislation should be amended to extend the benefits currently guaranteed for orphans to all young people in alternative care, regardless of whether both, one, or none of their parents is alive.

- **Institute after-care services.** Legislation should be drawn up to define and allocate an adequate budget for after-care services.
- **Develop leaving-care policies and plans.** Leaving-care measures should be integrated as part of the social care reform and the national deinstitutionalization process.
- **Implement standards of care.** A national set of standards of care should be implemented, supported by a monitoring mechanism.
- **Structure and extend the leaving care process.** Care providers should structure the leaving care process and ensure it begins well in advance of the date a young person is to depart from care. This process should be designed to wean young people off the institutional lifestyle of dependency and gradually introduce the daily living skills needed for a successful independent life. It should include the provision of information about study options and financing one's studies.
- **Provide support for care leavers.** A life skills programme and psychosocial support services should be developed for care leavers. The support should help young people to acquire or enhance skills such as budgeting or dealing with relationships.
- **Maintain contact with care leavers.** Care providers should encourage care leavers to stay in touch and visit, as is already the case for young people who have left foster care. This type of contact can significantly reduce care leavers' feelings of loneliness and isolation and can allow them to seek advice and support from former care providers.

5.2 THE CZECH REPUBLIC

Number of interviews conducted: 83. Respondents were selected as a result of a snowballing effect via contacts.

Number of trained peer researchers: 12 (9 women, 3 men; 5 had been in a children's home, 2 in an SOS Children's Village, and 5 in foster care).

Demographics of the sample

Care status:	In care: 53 (64% of the sample). Care leavers: 30 (36% of the sample).
Age range:	A 13–29 years (average age: 22 years). In care: 11–17 years. Care leavers: 19–29 years.
Sex ratio (male:female)	Sex ratio (male:female): 35:48. In care: 16:14. Care leavers: 19:34.
Care setting:	Residential care (more than 50%).
Age at entry into and departure from care:	In care: average age - 7 (43% were under 5; 4 respondents entered at birth). Care leavers: average age - 7: some entered at birth, others at age 17; the majority (77%) left care between 18 and 20. Number of years spent in care:
Placement changes among respondents in care:	In care: 57% (n=30) had spent 10 or more years in care. Care leavers: 67% (n=20) had spent 10 or more years in care.
Level of education:	Same placement: 43%. At least two types of placement: 86%. In care: 70% completed only elementary education; at the time of the interview, many were in vocational training, a few attended secondary school, and several were enrolled at a university. Care leavers: the majority completed secondary education; one-half continued their studies at other schools.
Civil status among care leavers:	Married: about 25%. Parents: 7%.
Employment status:	In care: Unemployed: 74% (as they are still in alternative care). Employed: 23% (temporary or permanent). Care leavers: Unemployed and not studying: 20% of care leavers. Employed: 50% (mostly in manual professions). Employed full-time: 79% of employed care leavers.

Preparation for self-sufficiency

Of the respondents in care, 34% reported having negative feelings about leaving care; 19% had mixed feelings; and 11% were wholly positive about it. The majority (68%) said they felt that at least four months' notice should be provided to young people who are ageing out of care. Respondents in foster care generally were given more advance notice than their peers.

Between 19% and 32% of young people in care had not received healthy lifestyle advice on topics such as substance abuse and safe sex. Areas most neglected were home economics, interaction with authorities, and cooking.

They also feel insufficiently prepared for relationships. About 77% of the young women—as opposed to 33% of the young men—said they had been well briefed on safe sex; a greater proportion of the young women than the young men also stated that they had been properly informed about addictive substances. Some respondents in family-based care remained largely uninformed about safe sex.

In all types of care, a support network of friends, available family, or foster parents played an important role. Support from social workers from child welfare services tended to be weak. Care facility staff played an important role but did not always go out of their way to help. Teachers played more of a support role in smaller settlements than in larger towns.

Whereas 44 respondents (83%) stated they had no need for additional information to prepare them for an independent life, the remainder said they needed assistance with their finances, work, housing, and interaction with authorities.

Care leavers generally said they were well prepared to deal with all aspects of independent life, including personal hygiene and health, education, personal development, safe sex, and the prevention of addiction. Yet they said they needed more information on home economics, training options, employment, and interaction with authorities. Interesting differences emerged between the young men and women: 80% of the young men v. 50% of the young women said they were well prepared for physical fitness; more young

women than young men (93% v. 75%) said they were well informed about safe sex. Respondents in residential care facilities were given very short notice regarding the termination of care; 91% of their peers received notice more than four months in advance.

Housing and finances

Most of the respondents in care said they knew little about finances and housing. Only 50% stated they were free of debt and other financial obligations. While 38% said did not know where they would go after leaving care, 74% expressed a desire to have a home of their own. About 13% said they hoped for housing provided by an organisation; this tendency was more common among respondents in foster care than those in alternative care. More young men reported having debt (33%) than did young women.

Care leavers revealed that they needed financial assistance and help with finding and securing housing and employment. About 40% of care leavers were renting apartments while 30% moved into housing provided by an organisation. They reported that friends were their greatest source of help with housing.

While care leavers said that financial assistance—including lump-sum allowances and accumulated savings from orphan pensions—helped them cover basic needs such as food, housing, and clothing, it did not cover leisure activities and personal development. They relied mostly on wages and social benefits. About 40% reported being debt-free; 30% said they had no problems making payments; the other 30% have problems with making payments.

Health and well-being

The majority (58%) of respondents in care—both in family-based and residential care—reported feeling positive about life. About 53% said their physical health was 'sufficient' and only 47% called it 'very good'. While 58% said they felt safe all the time, 34% said they felt secure some of the time. More young men than young women said they needed physical activity (83% v. 50%).

About 66% of care leavers said they felt fine most of the time; 10% said they did not feel well most of the time.

Observations

Young people may remain in care until they turn 26 if they are studying.

Many young people in residential care are not given sufficient notice about when they are to leave care. In family-based care, 81% received at least four months' notice, compared to only 61% of their peers in residential care. Skills are divided along gender lines.

Most respondents suggested that the ideal age for leaving care was 20 years of age though most actually leave when they are 18.

Debt is much more of a problem among young men in care than among their female peers.

About 25% of residential care facilities employ staff members who care exclusively for young people who are preparing to leave care; respondents generally referred to them as very helpful.

Many care leavers (40%) had their own accommodation while some (30%) had moved into housing provided by an organisation.

Care leavers pointed out that the first two years after leaving care were the most difficult in terms of adjustment to independent life.

In many ways, young people who leave foster care adjust more easily to an independent life; they also enjoy more support than their peers after they leave care.

Conclusion and recommendations

- **Invest in the training of care providers.** Neither family-based nor residential care prepares young people adequately for an independent life. Both types of care rely on the intuition of care providers and the resources available at the time. To improve this approach, both foster parents and care staff should receive training to help them prepare young people for life after care.
- **Formalize the leaving care process.** A set of standards should be formulated to formalize the steps in the process that prepares young people for leaving care.
- **Adjust financial assistance to meet needs.** The legislation regulating financial assistance must be altered to reflect the needs of care leavers and allow them to cover basic expenses.
- **Provide support during the adjustment period.** As they transition to an independent life, care leavers have access to a limited amount of support to help them address emotional and practical needs (such as housing, employment, and finances). Such support could usefully be provided by a dedicated youth worker during the first two years after care.

5.3. FINLAND

Relevant child care statistics and legal provisions

In 2010:

- 10,003 children were taken into custody (2% fewer than in 2009);
- 3,432 children were placed in care urgently;
- 78,588 children and young people were assisted by the child welfare services and were receiving support in open care (11% more than in 2009);
- 17,064 children 17 and younger were living outside their families of origin:
 - 5,675 (33%) in family-based care;
 - 2,927 (17%) in professional family foster care;
 - 6,492 (38%) in residential care; and
 - 1,970 (12%) in other forms of care;
- most young people in care were 16–17 years old; and
- more boys than girls were placed in alternative care.

The current Finnish Child Welfare Act stipulates that child welfare services must be provided at an earlier

stage than under previous legislation. Sections 75 to 77 deal with care leavers' entitlement to receive support services after care, defining the type of services to be provided and the funds to be allocated for promoting and supporting independence. The Finnish 'after care' programme entails planning, support for the young person or close relative network, termination of alternative care, and its evaluation. It aims to assist care leavers in managing their own housing, livelihood, employment, education, and social relations.

Number of interviews conducted: 53.

Fewer interviews were conducted in Finland than in the other countries under review as a result of great geographical distances and differences in services provided. Finland does not allow data to be kept on care leavers, which made reaching young people directly difficult and led researchers to rely on snowball sampling and personal contacts. Permission to interview young people had to be obtained from two local authorities.

Number of trained peer researchers: 10 (supported by 3 contact persons).

Demographics of the sample

Care status:	In care: 3 (6% of the sample). Care leavers: 50 (94% of the sample)
Age range:	18–32 years.
Sex ratio (male:female):	26:27.
Place of residence:	94% of respondents lived in towns.
Age at entry into and departure from care:	Entering care: 0–17 (9 was the average). Leaving care: 12–22 years (18 was the average; 40% left before turning 18).
Number of years spent in care:	1–3 years: 30% of respondents. 4–6 years: 12 % of respondents. 7–10 years: 12 % of respondents. 10 years and more than ten years: 40% of respondents.
Most common type of care:	public residential care (44%); SOS Children's Villages (24%); foster care (8%); substitute care establishments (24%).

Civil status of care leavers:	Living with a partner: 33% of respondents. Living with their own children: 20% (10 respondents).
Employment status:	Unemployed and not studying: 50% of respondents. Unemployed and studying: 27% of respondents. Employed: 37% of respondents. Employed and studying: 10% of respondents.

Preparation for self-sufficiency

Only 80% of the care leavers answered the question relating to the preparations for leaving care. Of those, nine were informed about the end of care less than one month beforehand and 31 were informed more than 2 months ahead of time. They identified care staff and leaving care co-workers as the most helpful people in the planning process; they cited foster parents and teachers as the least helpful. Young people who left family-based care were better prepared for budgeting and healthy food planning than those who left other types of care.

The respondents' evaluation of their own basic practical knowledge—including personal hygiene, cooking, shopping, and safe sex—suggests that they are sufficiently prepared for an independent life. Yet they showed weaknesses in two areas: the avoidance of addictive substances and interaction with authorities. Respectively, 14% and 12% considered themselves to be not properly informed in these areas. With reference to substance abuse and safe sex, young women were either better informed or considered themselves better informed than young men.

Respondents who left residential care were more knowledgeable about substance abuse than their peers, whereas those who have been in family care were better prepared to deal with finances and to eat healthily.

The respondents rated their own awareness of personal and emotional development, education, and employment as poor. Especially young women evaluated their own education as very poor.

Housing and finances

While 42% of the respondents (most of whom left family-based care) stated that they did not receive any initial

financial support upon leaving care, some said that the support they received covered necessary expenses at least partly. Others reported that they received just enough—or not enough—to cover essential expenses. Most respondents asserted that the money received on leaving care was only adequate for education and accommodation. Respondents who left family-based and residential care received more financial support than those who had lived in other types of care. Those who had spent ten or more years in care covered their costs more adequately than their peers.

At the time of the research, most of the respondents depended on social security benefits (60% of the respondents); 30% received subsidies for their education even though most had left care several years earlier. Only 37% derived income from employment.

Almost 50% of the respondents were debt-free; another 33% were able to repay their debts on time, but 20% had problems settling what they owed.

One-third of the respondents had been able to settle into apartments provided by an organisation; another 30% had moved into their own or rented apartments. Most respondents (73%) had been living in the same place for less than one year.

Health and well-being

Respondents reported that they were relatively satisfied with their own sense of well-being. Only 4% of the care leavers stated that they often do not feel good about themselves; similarly, only 6% rated their physical health as 'generally poor'. Care leavers who had lived in family-based care described their health and well-being in slightly more positive terms than their peers who had lived in residential care.

Security in life

Just over three-quarters of the respondents (76%) said they felt safe in their lives, the most positive group being those out of residential care.

Plans for the future

The majority of respondents had made plans for the future. Some were engaged in education and training with a view to gaining employment; others had settled down with a partner and some had already started a family.

Observations

One-half of the respondents were neither working nor studying—a worrying phenomenon. The interviews revealed that young people who are ageing out of care require better and longer-term preparation for independent living. They also need more support in preparing for and securing employment.

Conclusion and recommendations

- **Allow sufficient time for the process of leaving care.** The age of gaining independence should be considered flexibly and with reference to a young person's own preferences and skills.
- **Teach basic, everyday skills.** Young people in care should learn basic skills regardless of the type of alternative care in which they live. A special focus should be placed on teaching them how to manage finances independently. Young people often find shopping vouchers humiliating; instead, they could have their own bank accounts with online banking IDs, which they could practise using before gaining independence.
- **Support studies and professional skills.** Young people should be provided with robust support to ensure that they will be able to secure a study place and employment by the time they live independently. Care providers should be especially attentive to the needs of young people who are neither working nor studying.
- **Enhance the quality of care.** Care providers should make an effort to counteract the deterministic flavour of alternative care, which can lower young people's self-esteem, stigmatize them, and have a lasting negative impact on their freedom of action. Furthermore, the supervision of alternative care should be more effective, not least to avoid the maltreatment of young people and to ensure that they have someone to listen to them. Moreover, policy on child welfare should also serve to raise people's awareness of the challenges facing care leavers and incentivize educational and professional institutions to support care leavers in their social integration.
- **Support psychological well-being.** Young people who have had traumatic experiences should have stable access to psychological care and dedicated support, both in care and afterwards. Young people need therapeutic discussions and sympathetic support to be able to revisit the events of their childhood and youth and to gain a better understanding of themselves.
- **Address substance abuse.** Care providers should be able to identify young people in care who may be abusing alcohol or drugs and to assist them in overcoming their addictions before they gain independence.
- **Ensure that contact with supportive individuals is maintained.** Efforts should be made to maintain and enhance the contact young people in care have with supportive family members and friends. Young persons should be placed in care as close as possible to their homes in order to facilitate such contact.
- **Ensure that social policy reduces poverty and increases equality.** Social support should be enhanced to ensure that there are enough properly trained social welfare and health care professionals. Preventive family services should be bolstered to help reduce the risk of child abandonment.

5.4. POLAND

Relevant child care statistics and legal provisions

In 2010 there were:

- 18,982–28,617 children in residential care facilities, 2,183–2,495 of them living in ‘family orphanages’ (small-group homes);
- 65,950 children living in family-based care of all types;
- 47,981 children in kinship care;
- 9,809 children living with foster families; and
- 8,569 children living with professional non-kin foster families.

Most children without parental care are placed in foster care or kinship care (the most common form of family-based care). Kinship care allows many children to maintain ties with the family of origin and to remain in a familiar and trusted family environment. Supportive relatives receive meagre monthly financial support to care for children; they do not receive a monthly salary from the state. In contrast, professional non-kinship foster parents do receive a regular salary.

At the time when the research was conducted, the alternative care in Poland was still regulated by the Social Assistance Act 2004. Articles 88–90 of the Social Assistance Act 2004 define the legal framework for financial and material support and support related to housing, education, and employment for care leavers. Key to receiving assistance is the beneficiary’s commitment to implementing an individual plan for leaving care (essentially a social contract between a

person who is leaving care and the District Centre for Family Support). Such a plan is prepared at least one month before the young person turns 18. The beneficiary must also sign a declaration stating that the assistance money will be spent only on crucial needs, such as housing, education, vocational training, or the creation of conditions that enable employment. The future care leaver usually chooses a guardian at least two months before turning 18.

This legislation also defines the following types of alternative care:

- **Family-based care** includes kinship care; three types of foster care with unpaid foster parents; professional foster families; and short-term emergency foster family placement.
- **Residential care** includes 24-hour shelters for emergency intervention; small-group homes (‘family orphanages’); socializing centres (previously children’s homes); and multi-functional facilities.

However, the Bill of Family Support and Alternative Care came into force on 1 January 2012, after the research for this study was conducted. It covers support for families in need; family and non-family (institutional) alternative care; and adoption procedures.

Number of interviews conducted: 102.

Number of trained peer researchers: 13 (15 young people attended the training, but two of them did not conduct any interviews).

Demographics of the sample

Care status:	In care: 28 (27% of the sample). Care leavers: 74 (73% of the sample)
Age range:	In care: 15 respondents (54% of the in-care sample) were 18–19 years old. Care leavers: 30 respondents (41% of care leavers) were 20–21 years old.
Sex ratio (male:female):	50:52
Place of residence:	In care: city=20; town=3; village=5. Care leavers: city=56; town=6; village=12.

Age at entry into (and departure) from care:	In care: 1–15 years. Care leavers: 11–15 years (with 45 respondents, or 61% of the sample, having left care at 18).
Number of years spent in care:	In care: 43% had spent 4–6 years in care; 25% had spent 7–10 years in care. Care leavers: 32% had spent 7–10 years in care; 31% had spent more than ten years in care.
Most common type of care (most recent setting):	In care: residential care (40% of the sample); family-type children's homes; supervised apartments. Care leavers: residential care (50% of the sample); family-type children's homes; supervised apartments.
Level of education:	In care: 58% primary education; 25% vocational training; 17% secondary education. Care leavers: 30% secondary education; 30% vocational training; 26% university level. Only 27% of care leavers could afford to continue their studies or training.
Civil status among care leavers:	Living with a partner: 24% of respondents. Living with a spouse: 8% of respondents.
Employment status:	In care: 12% employed. Care leavers: 46% employed; 35% employed full-time. Numerous care leavers were unemployed despite their vocational training.

Preparation for self-sufficiency

The extent to which a young person in care prepares for an independent life is strongly influenced by the surroundings and relationships with their transition carers, partners, and families as well as by their general outlook, experience, and employment status. Respondents reported that they lacked cooking skills and were uncomfortable communicating with authorities.

Seventy per cent of the care leavers said they had been in great need of emotional support while preparing to leave care and also once they had gained their independence.

Housing and finances

Respondents generally reported that they were not sufficiently prepared to manage a household budget. The first dwelling of care leavers is in many cases the place of their longest period of independent residence (66% occupied their first residence for more than one year).

Care leavers received income mainly from education allowances (54% of respondents) and employment (46%). State allowances and families were other sources of income.

Nearly one-half of all the respondents were debt-free (47% of care leavers and 46% of those in care).



Almost 34% of care leavers and 57% of respondents in care said they were able to pay off their debts. Most respondents said that the financial assistance supplied for food, clothing, and housing was either satisfactory or insufficient. Funds for education and training were rated as satisfactory (24%) or insufficient (38%).

Health and well-being

Respondents generally rated their own health as good; they also reported that they were maintaining good personal hygiene and avoiding addictive substances. Almost 50% of the group said that their income covered expenditure on health; 34% found it inadequate. About 45% of the respondents asserted that their income was only just adequate to cover their leisure time activities.

Plans for the future

Respondents generally had an optimistic outlook and considered themselves well prepared for independent life, although 11 respondents declared that they had no

plans. The most frequently mentioned plans involved finishing school, studies, or training (38 respondents), finding employment (18), securing good living conditions (14), and starting a family, building a home, or leading a 'normal life' (14). Only 16 respondents reported failure to carry out their plans; 31 reported that they had achieved their plans for future. 36 said they expected financial and emotional support from a variety of organisations and individuals to help them achieve their plans for future.

Observations

The respondents largely argued that the age of transition ought to be raised from 18 to 20 or 21.

They pointed out that financial aid provided after care was insufficient and the process of transition from care—unless supported by third parties—might actually threaten a young person's well-being and result in different types of deprivation after care. They stressed that a successful transition requires the commitment of a third party to provide advice or assistance.

Earnings and allowances were generally not enough to cover typical expenses, requiring very careful budgeting.

Conclusion and recommendations

- Prevent ruptures. Leaving care should not lead to ruptures in friendships or other relationships. Care leavers should still be integrated in social activities such as dinners and celebrations; in the same vein, former care providers should continue to offer and provide support. Carers should also note that care leavers have varying degrees of support from partners or families, such that some may feel abandoned and need support more than their peers.
- Teach formal communication skills. Care leavers are required to fill out numerous forms, write dozens of applications, and familiarize themselves with a vast range of provisions covering their rights and duties. This research shows that issues of formal communication were most troublesome for the respondents. It is thus advisable to assign social workers to support and advise young people in care with respect to such tasks.
- Allow sufficient time for the process of leaving care. Overall, respondents agreed that 18-year-olds are too young to undertake the transition to independence. They also pointed out that leaving care preparations often coincide with the completion of an education and might thus cause additional anxiety. They recommended that the process of leaving care should be as flexible and extended as possible, that it should ideally begin up to two years before the actual transition, and that it should entail ongoing support for care leavers.

Annexes

Annex 1: Questionnaire for the young people in care

This interview is to find out a few things about your time in care. Please answer each question as honestly as you can. The conversation is confidential and this interview, together with many other interviews, will only be used for this research. No one will know who has said what. If there is a question you do not wish to answer that is fine, just say so and we will move on.

First some questions about you

What is your birth year? _____ (enter number)

Gender: **Male** **Female** (circle one)

Do you live in a: **city town** **village** (circle one)

How old were you when you came for the first time in care? _____ (enter number)

In which care setting are you now:

residential care **foster care** **SOS (Family or Youth Facility)**
others: (circle one or enter words)

For how long have you been in your current care settings? _____ (enter number)

How many years have you already lived in care?:

1-3 **4-6** **7-10** **10 and more** (circle one)

How many placements have you had in care till now? _____ (enter number)

You were before in :

residential care **foster care** **SOS (Family or Youth Facility)**
others: (circle one or enter words)

Are you studying at the moment? **Yes** **No** (circle one)

What is your level of education or in which class/grade do you study?

Primary education **secondary education** **others..**

Are you employed at the moment? **Yes** **No** (circle one)

What is your occupation? _____

If you are employed, is your job:

full time **part time** **seasonal/temporary** (circle one)

Do you attend any vocational training currently? **Yes, which one** _____ **No**

Some questions about your preparation and planning for leaving care

1. What skills are you being taught right now? (Please consider the skills listed below and add more skills that you consider important if they are not in the list):

Life Skill (skilling training)	Very good	Sufficient	I do not get any knowledge/skills
Practical skills:			
cooking			
shopping			
budgeting			
Health and Lifestyle:			
personal hygiene			
healthy diet			
keeping fit			
safe sex			
prevention of alcohol abuse			
prevention of drug abuse			
avoid smoking			
Interpersonal skills:			
making friends			
personal relationships			
sexual relationships			
dealing with official people			
finding help or information			

Others: _____

3. How helpful do you consider the following people in relation to preparing you for leaving care?

	Very helpful	Some help	No help
Foster carer			
Residential care worker			
Leaving care worker			
SOS parent			
Social worker			
Teacher			
Family/relatives			
Friends			

Other _____

They are very helpful/very helpful because: _____

4. Do you receive any information about support for the leaving care process in the following areas?

	Enough	Some	None
Accommodation			
Personal and emotional development			
Education			
Training			
Employment			
Health			
Financial support			

Other, please specify: _____

5. If you would need more help, what kind of help would you like to have ? _____

6. Have you come across any barriers in finding information about what it means to leave care or what will happen to you afterwards? _____

(For peer researchers: about services young people might need and how to access them, about the relevant legislations, etc.)

7. Have anybody told you when you will leave care?
 _____ (name the function of the person, e.g. social workers, care giver, teacher, a family member, a friend, etc.)

8. When do you think you and your peers should be informed about leaving care and why? (please circle one)
less than 1 week **between 3-4 weeks** **2-3 months** **more than 4 months**
others _____

Because _____

9. Can you tell me how you feel when you think about leaving care? _____

10. At what age do you think young people are ready to live independently? (enter number).
 Why at this age? _____

11. What support do you think young people need during their preparation for leaving care?

12. What support do you think young people need after they start living independently?

13. So far, what has been the most important help you got for the preparation of independent living?

A few questions about your financial situation and your accommodation

14. If you have any debts,

14a. Can you pay back your debts?

Completely **Nearly** **Hardly** **Not at all** **No debts** (circle the correct one)

14b. Are you up to date with your payments?

Completely **Nearly** **Hardly** **Not at all** (circle the correct one)

15. What do you think that helps young people in care to not to have any debts?

16. Do you know where you will move after leaving care?

17. What type of accommodation do you think you would like to live in ? (please circle the right option)

Health and emotional well-being

18. You feel good about myself: (please circle)

most of the time **sometimes** **not very often**

19. You would say that your physical health is: (please circle)

very good **good enough** **generally poor**

20. You would say that your mental health is: (please circle)

very good **good enough** **generally poor**

21. Do you feel a sense of security in your life? (please circle)

yes **sometimes** **No**

This is because _____

22. What upsets you the most about your life and why? _____

23. What do you think will be the main difference between your life in care and after care? (please explain) _____

Some questions about your free time and your relationships with friends and family

24. Do you practice any physical activities?

A lot A little Not at all (please circle)

25. What are the most important activities you do in your spare time (e.g. hobbies, any courses, voluntary work/ socialising, etc.) _____

26. Whom do you talk to when you feel unhappy? (What is the relationship you have with this person?)

27. I get support from the following people

	Very helpful	Of some help	Not helpful
Friends			
Biological family			
Family relatives			
Siblings			
Foster family			
SOS carer			
Staff in the home			
Staff from other organisations			
Teachers			
Social worker			
Supporter for leaving care			
People related to religion			

Other: _____

I found them helpful/very helpful because: _____

28. How is your relationship with:

	Very good	Adequate	Poor
Your biological parents			
Extended family			
Siblings			

29. If your biological family supports you, please tell me about the support you receive:

30. What do you think about having your family later in life? What does it mean for you having a family?

31. How do you feel about parenthood? _____

32. What reactions do you get when people know you have been in care? _____

33. What are the successes in your life that you are happy about (please explain) _____

34. These successes happened because: (please explain) _____

35. How would you like to be seen by other people? _____

36. What are the good things about being in care? (please explain). _____

37. What are the bad things about being in care? (please explain). _____

And for the end, some questions about your aspirations

38. What are your aspirations for the future? _____

39. How hard do you think it will be for you to achieve those aspirations? _____

40. If you need help to achieve your aspirations, what could this help be? _____

41. Where would you like to be in 5 years time, regarding:

- education _____

- employment _____

- personal relationships _____

- health and well-being _____

42. Would you like to have advice from those young people who have left care? What advices? .

Is there anything else you would like to say?

Did we miss something that from your perspective is important

That's all! Thank you for your time!

For Peer Researchers:

Check list:

- All questions completed
- Informed consent form signed
- Vouchers given (if this apply!)

Peer Researcher's name: . _____

Signature: _____

Date and place of interview: _____

The length of interview: _____ hour/s _____ minutes

Please write shortly your thought about the interview! For instance:

- how did the interview go,
- what did you like about the atmosphere of the interview,
- what particularly caught your attention,
- was there something that moved your feelings?

**Please continue on the back side of the paper, in case you need more space!
THANK YOU VERY MUCH FOR YOUR EFFORTS!**

Annex 2: Questionnaire for the young people who left care

Introductions

This interview is to find out a few things about your time in care. Please answer each question as honestly as you can. The conversation is confidential and this interview, together with many other interviews, will only be used for this research. No-one will know who has said what. If there is a question, you do not wish to answer that is fine, just say so and we will move on.

First some questions about you

What is your year of birth? _____ (enter number)

Are you: **Male** **Female** (circle one)

Do you live in a: **city town** **village** (circle one)

How old were you when you came for the first time in care? _____ (enter number)

How old were you when you left care? _____ (enter number)

Were you last in: **residential care** **foster care** **SOS** (Family or Youth Facility)

others: _____ (circle one or enter words)

How many years did you spend in care?:

1-3 **4-6** **7-10** **10 and more** (circle one)

How many periods of placements did you have during care? _____ (enter number)

What was the level of education attainment achieved?

any **primary education** **secondary** **education** **university** (circle one)

Are you studying at the moment? **Yes** **No** (circle one)

Are you married / do you live with a partner? **Yes** **No** (circle one)

Are you a parent? **Yes** **No** (circle one)

If yes, how many children do you have? _____ (enter number)

Are you employed at the moment? **Yes** **No** (circle one)

What is your occupation? _____

If you are employed, is your job: **full time** **part time** **seasonal/temporary** (circle one)

Some questions about your preparation and planning for leaving care

1. How do you appreciate the level of the skills or knowledge for independent living you got during care (please consider the list below and add if some you considered important are not in the list):

	Life Skill	Very good	Sufficient	I didn't get any knowledge / skills
Practical skills:				
cooking				
shopping				
budgeting				
Health and Lifestyle:				
personal hygiene				
healthy diet				
keeping fit				
safe sex				
prevention of alcohol abuse				
prevention of drug				
abuse avoid smoking				
Interpersonal skills:				
making friends				
personal relationships				
sexual relationships				
dealing with official people				
finding help or information				

Others: _____

2. What skills do you think you were missing when you left care? _____

3. How do you consider the involvement of the following people in planning together with you your leaving care process?

	Very helpful	Some help	No help
Foster carer			
Residential care worker			
Leaving care worker			
SOS parent			
Social worker			
Teacher			
Family/relatives			
Friends			

Other _____

They were very helpful/very helpful because: _____

4. Did you receive any information in the following areas to support you during the leaving care process?

	Enough	Some	None
Accommodation			
Personal and emotional development			
Education			
Training			
Employment			
Health			
Financial support			

Other, please specify: _____

5. If you would have needed more help, what kind of help would you have liked? _____

6. Have you experienced any barriers in finding information about what it means to leave care or what will happen to you afterwards? _____

(e.g. about which services you might need and how to access them, about the relevant legislations, etc.)

7. Who told you that you will leave care?

_____ (name the function of the person, e.g. social workers, care giver, teacher, a family member, a friend, etc.)

8. How soon before leaving care were you told about it? (please circle one)

less than 1 week **between 3-4 weeks** **2-3 months** **more than 4 months**

9. Can you tell me how you felt when you heard you will leave care? _____

10. At what age do you think young people are ready to live independently? (enter number). Why at this age?

11. What support do you think young people need during their **preparation** for leaving care?

12. What support do you think young people need after they **start living independently**?

13. So far, what has helped you most to prepare for independent living? _____

A few questions about your financial situation and your accommodation

14. How did the money you received specifically for leaving care helped you with your:

	Adequately	Just enough	Not at all
Education and training			
Accommodation			
Clothing			
Food			
Leisure and hobbies			
Transportation			
Maintaining family relationships			
Maintaining friendships			

I didn't receive any money (circle this option, if this is the fact) _____

15. Do you currently receive money from the following sources (please tick all that are relevant):

- employment
- unemployment benefits
- social benefits
- education benefits (e.g. scholarship)
- family
- friends
- other _____
- None

16. Does your income meet the costs identified below?

	Adequately	Just enough	Not at all
Accommodation			
Food			
Clothes			
Education and training			
Transport			
Leisure			
Health			

17. If you have any debts,

17a. Can you pay back your debts?

Completely **Nearly** **Hardly** **No debts** (circle the correct one)

17b. Are you up to date with your payments?

Completely **Nearly** **Hardly** **Not at all** (circle the correct one)

18. What do you think helps young people with care experience not to have any debts?

19. What type of accommodation did you move to when you first left care? (please circle)

semi-independent living provided by an organisation **own flat** **student hostel**
assisted flat family **homeless others**

20. How long did you live in your first accommodation after leaving care?

_____ Months / Years (enter number and circle if months or years)

21. Who helped you with your accommodation?

	Very helpful	Some help	No help
Foster carer			
Residential care worker			
Leaving care worker			
SOS parent			
Social worker			
Teacher			
Family/relatives			
Friends			

Other _____

They were helpful/very helpful because _____

22. How did you decide where to move after leaving care? _____

23. What type of accommodation do you live in now? (please circle the right option)

semi-independent living provided by an organisation **own flat** **student hostel**
assisted flat **the home of biological family** **homeless**
others _____

24. For how long have you been living at your current accommodation? (please circle the right option)

less than 6 months **6 – 12 months** **more than one year**

25. How do you assess the following aspects related to your accommodation?

	Adequately	Just enough	Not at all
Private space			
Safety Closed to your education/training			
Closed to your job			
Close to shops and other services			

Close to your family			
Close to your friends			
Household equipment			
Affordability			
Hygiene			

Others _____

26. In case you have encountered any problems of any type with your accommodation after leaving care, could you please describe them? _____

27. What was the most helpful for you in finding suitable accommodation? _____

Health and emotional well-being

28. You feel good about myself: (please circle)

most of the time sometimes not very often

29. You would say that your physical health is: (please circle)

very good good enough generally poor

30. You would say that your mental health is: (please circle)

very good good enough generally poor

31. Do you feel a sense of security in your life life: (please circle)

yes sometimes No

This is because _____

32. What upsets you most about your life is _____ Why? _____

33. The main differences between your life now and your life in care are: (please explain)

34. What are the successes in your life you are the happiest about (please explain)

35. These successes happened because: (please explain) .

Some questions about your free time and your relationships with friends and family

36. Did you practice any hobbies and physical activities?

	A lot	A little	Not at all
During care			
After care			

37. What are the most important activities you do in your spare time (e.g. hobbies, any courses, voluntary work/ socialising, etc.) _____

38. Whom do you talk to when you feel unhappy? (What is the relationship you have with this person?)

39. I found the support from the following people

	Very helpful	Of some help	Not helpful
Friends			
Biological family			
Family relatives			
Siblings			
Foster family			
SOS carer			
Staff in the home			
Staff from other organisations			
Teachers			
Social worker			
Supporter for leaving care			
People related to religion			

Other: _____

I found them helpful/very helpful because: _____

40. How is your relationship with:

	Very good	Adequate	Poor
Your biological parents			
Extended family			

41. If your biological family supports you, please tell me about the support you receive:

42. What do you think about having yourself a family? What does it mean for you having a family?

43. How do you feel about parenthood?

44. What reactions do you get when people know you have been in care?

45. What are the good things about being in care? please explain)

46. What are the bad things about being in care? (please explain)

47. How would you like to be seen by other people?

And for the end, some questions about your aspirations

48. What were your aspirations for the future while you were in care?

49. How close is your life now to those aspirations?

50. If you need help to achieve your aspirations, what could this help be?

51. Where would you like to be in 5 years, regarding:
education _____

employment _____

personal relationships _____

health and well-being _____

52. How would you describe your main learning for life since you left care?

53. What advice would you give to other young people who are preparing to leave care?



Is there anything else you would like to say?

Did we miss something that from your perspective is important

That's all! Thank you for your time!

For Peer Researchers:

Check list:

All questions completed Informed consent form signed Vouchers given (if this apply!)

Peer Researcher's name: _____

Signature: _____

Date and place of interview: _____

The length of interview: _____ hour/s _____ minutes

Please write shortly your thought about the interview! For instance:

- how did the interview go,
- what did you like about the atmosphere of the interview,
- what particularly caught your attention,
- was there something that moved your feelings?

Please continue on the back side of the paper, in case you need more space!

THANK YOU VERY MUCH FOR YOUR EFFORTS!

Annex 3: Peer interviewer checklist

Before the interview

- Talk with your contact person about when and where you are going to conduct the interview. He or she should know your whereabouts.
- Talk with him/her about other things that are unclear to you
- Arrange the interviews with those to be interviewed in good time, and agree a time and place.
- Exchange telephone numbers so that you can get in touch with one another.
- Do not book any more than three interviews in one day.
- Arrange for the interviews to be held somewhere that is safe/secure as far as you are concerned.

Take along:

- A recorder
- The interview form (and a pen to make notes)
- The consent form
- The project presentation form
- And be prepared to listen!

After the interview

- Send the interview to the address x, mark it 'peer research' and give the interview number (top of the interview form). x will reply when he has received it.
- Get in touch with your contact person, who will sort out payment.
- Erase the interview from your computer when you have checked that x has received it, and make sure that the data does not remain on any computer.
- The interview data must not be revealed or given to anyone else, and may not be discussed with anyone.
- You may only talk with other people about your own feelings as an interviewer. You can speak to your project contact person about the delicate matters you have encountered and the pleasant experiences you have had when conducting the interviews and carrying out the research.
- Always ask if something is unclear.

Annex 4: Informed consent form

INFORMED CONSENT FORM (to be completed after Participant Information Sheet has been read)	Please tick
I have read and understood the information sheet and this consent form.	
I will have the chance to ask questions at any time during the interview.	
I understand that I don't have to take part if I don't want to.	
I understand that I am free to withdraw from this study at any time, without giving a reason.	
I understand that the results from this study will be fed back to the people who develop services and policies for care leavers and I agree for the information that I give to be used in this way.	
I understand that people will read about the things that I tell you, but they will not know I said it. I understand that in exceptional circumstances anonymity and confidentiality would have to be broken, for example, if I say a child or young person is being hurt by someone, or is likely to be hurt by somebody's actions. In these circumstances advice will be sought from a senior manager from a Child Protection Unit who will advise us as to whether we need to make your social worker aware of what you have told us and if further action may be taken regarding the child.	
I agree to take part in this study and my consent is applicable only to this interview.	
<i>For the cases the interviewee withdraws his/her participation: I wish to withdraw my participation in this study. I understand that the information I have provided up to this point will be destroyed.</i>	

Annex 5: Template for collecting good practices

This good practice is meant to be an example of how an organisation is providing leaving care (including after care) support for young people who are about to leave care or have already left care.

This good practice should be used to: inform those responsible for improving policy and practice of leaving care show examples of concrete activities to improve leaving care conditions

1. Title of the good practice:

2. One paragraph description of the good practice:

3. Areas of leaving care which relate to the good practice:

- Assessment of young people's needs
- Preparation and planning
 - Practical skills (e.g. budgeting, shopping, cooking and cleaning)
 - Self-care skills (e.g. personal hygiene, diet, health, sexual health, drugs and alcohol advice)
 - Emotional and interpersonal skills (personal well-being, negotiating skills)
- Finance
 - Support from local authority or agency which cared for young person
 - Support from other sources
- Housing / Day to day living
 - Remaining in current placement (e.g. with foster carers, residential workers)
 - Returning to birth parents or other members of family
 - Moving into supported accommodation (e.g. lodgings, supported flats, hostels)
 - Moving into own accommodation (e.g. flats, own housing)
- Health and well-being
 - Physical health
 - Mental health
 - Positive sense of well-being
- Physical activities / Hobbies
- Stigma / Discrimination
- Education
 - School education
 - Post-16 further, non-University education
 - University level education
- Employment
 - Training for employment (e.g. work experience, apprenticeships)
 - Support in employment (e.g. helping young people maintain their employment)

- Life skills generally
- Family and social networks
 - Relationships with birth family
 - Relationships with former carers (foster and residential care)
 - Relationships with friends
- Other

4. Name of the organisation providing the good practice:

- Contact details of the organisation (address, telephone number, webpage)

5. Type of organisation in which the good practice was implemented:

- Local authority
- NGO
- Ministries
- Educational body
- Youth service
- Corporate body
- Other

6. Country/region where the good practice was implemented:

7. Target group of the good practice:

- | | |
|--|---|
| ■ Disabled young people | ■ Young people involved as researchers |
| ■ Young people with mental health needs | ■ Researchers/evaluators |
| ■ Unaccompanied asylum seeking children | ■ Service managers |
| ■ Young people from minority ethnic groups | ■ Executive and lead members/councillors |
| ■ Boys only | ■ Lead professionals (social workers/personal advisors) |
| ■ Girls only | ■ Foster carers |
| ■ Children in care | ■ Parents |
| ■ Young people leaving care | ■ Youth workers |
| ■ Young people not in education, employment or training (NEET) | ■ Residential care workers |
| ■ Young parents | ■ Other support/care workers |
| ■ Young people involved in participation work | ■ Lesbian, gay, bisexual and trans-gender young people |
| ■ Young offenders | ■ Other (please specify) |
| ■ Young people who misuse substances (drugs, alcohol, etc.) | |

8. What were the objectives of the good practice?

9. What were the activities done within the good practice?

10. What were the tools developed within this good practice (e.g. publications, policies, training materials, etc.)

11. Evaluation:

Were you able to evaluate the impact of the good practice?

Yes

No

If, yes, how did you do this (e.g. young people's views; workers' views)? Please describe:

What did your evaluation show in terms of the benefits to young people?

Please describe these briefly using key words from young people or workers:

Are there any sources of evidence available to show the impact of the good practice (external evaluation, published researcher evidence, practitioner knowledge, etc.)?

Please include references to these sources:

13. Contact details for further information about the good practice:

Name, job title, address, telephone number and e-mail address

Glossary

The following definitions are meant to ensure a common understanding of terms frequently used in this publication.

After care: Professional support young people receive after they leave care. After care services might include services such as psychosocial support, assistance with housing, education, and vocational training and employment opportunities.

Alternative care: Alternative (child) care or out-of-home (child) care refers to a temporary or permanent full-time arrangement where a child is looked after (night and day) by a caregiver other than his or her parents. There are a range of alternative child care options including those that are informal (for example, care by family members, neighbours or friends) and those that are formal (for example, formal foster care or family-based care, such as SOS families).

Care plan: A written document which outlines how, when, and who will meet the developmental needs of a child placed in alternative care with clear short-term and long-term goals. Care planning also refers to the day-to-day provisions for a child while in alternative care.

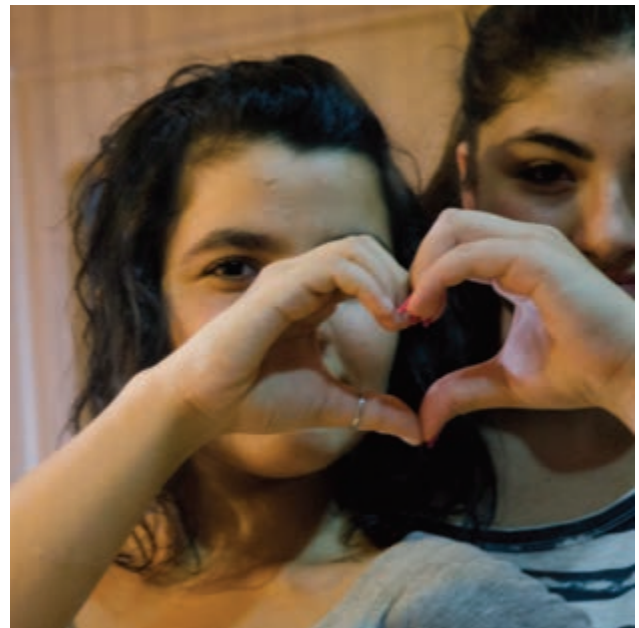
Care leaver: Young people who leave care upon coming of age, who are no longer entitled to care and protection under the child welfare systems. The age limit for leaving care upon coming of age varies from country to country. In many countries this is 18. Nevertheless, in many countries exceptions are made for those young people in care who pursue tertiary education or vocational training or who are disabled. In these cases, young people are entitled to stay in the care system until a later age.

Children without parental care: Children without parental care are children who cannot live with at least one of their parents. This may be either because their parents are deceased or because they are unable or unwilling (whatever the reason or circumstances) to look after them.

Family-based care: Family-based care is a form of alternative child care which generally takes place within an existing family and includes care arrangements such as foster care and care by extended family members.

Family of origin: Family environment from which any child needing alternative care is coming.

Foster care: Foster care is a full-time alternative care arrangement, whereby a child is placed in the domestic environment of a family other than his or her own family. Formal foster care is authorized and arranged by welfare authorities or child-placing agencies following legal order. The arrangement can be either short-term or long-term and takes many forms, depending on the child's situation and best interests. Often, the legal rights for the child remain with the biological parents and are not transferred to the foster carer. Foster care may also be informal.



Leaving care: When a young person living in alternative child care reaches the age of majority, in most cases, they need to leave care and start their lives as independent adults. The term leaving care describes that transition.

Residential care: Residential care usually refers to a full-time alternative care arrangement whereby a child is placed in a group setting which is not family-based, together with a small number of other children without parental care. Care is provided, often in changing shifts, by paid adult staff or volunteers who do not assume a traditional caregiving role.

Supported independent living: Form of care where young people are supported to become independent in the context of their own homes, a group home, hostel, or another form of accommodation. In this form of care, support and specialised co-workers are available as needed and at planned intervals to offer assistance, but not to provide supervision. Assistance may include timekeeping, budgeting, cooking, job seeking, parenting and generally advising on ensuring access to necessary services.

Transition: A period or process of change as children from move from alternative care settings to being young people moving towards an independent adult life. Appropriate leaving care preparation and after care services give them knowledge, skills, and resilience to explore opportunities, reflect, take risks, search for identities, and experience freedom.

Young person in care: A young person who lives in an alternative care arrangement.

Young person/youth: A person between 15 and 24 years (according to a UN definition). Within the category of “youth”, it is also important to distinguish between teenagers (13-19) and young adults (20-24).



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SOS CHILDREN'S VILLAGES INTERNATIONAL

SOS Children's Villages International is the umbrella organisation of more than 130 affiliated national SOS Children's Villages associations worldwide. SOS Children's Villages is a non-governmental and non-denominational, child-focused organisation that provides direct services in the areas of care, education and health for children at risk of losing parental care, or who have lost parental care. The organisation also

builds the capacity of the children's caregivers, their families and communities to provide adequate care.

SOS Children's Villages advocates for the rights of children without parental care and those at risk of losing parental care. Founded in 1949, its operations are guided by the spirit of the UN Convention on the Rights of the Child.

I MATTER CAMPAIGN

The *I Matter* campaign, which started in 2009 and will run until 2013, has three objectives:

■ **More information shall be available on leaving care**

Awareness and knowledge are crucial when bringing about change. Conferences, roundtables, seminars and other events are organised. Briefing papers and other leaflets are published regularly.

■ **Young people shall be the advocates of their rights**

The *I Matter* campaign supports young people with care experience in actively participating in the campaign. It therefore helps them to be involved in the shaping of legislation and practice on alternative care and also helps them to get involved in debates that concern them. The campaign is now strengthened by the

International Youth Council, which consists of approximately 30 young people from the countries participating in the campaign.

■ **Legislation and practice on leaving care shall be improved**

As a result of this campaign, the perspectives of young people ageing out of care will be improved thanks to changes in national legislation and international standards on leaving care, including appropriate budget allocations.

For more information please see:

www.sos-childrensvillages.org/What-we-do/Child-Care/Quality-in-Care/Advocating-Quality-Care/Pages/IMatter.aspx

