The Social Exclusion of Vulnerable Youth Synthesis Report

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The Social Exclusion of Vulnerable Youth
Synthesis Report

Côte d'Ivoire, Guatemala, Indonesia, Kenya, Malawi and the Netherlands

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List of Abbreviations

AISSR	Amsterdam Institute for Social Science Research
FBC	Family Based Care
FSP	Family Support Programme
SDGs	Sustainable Development Goals
SOS CV	SOS Children's Villages
UvA	University of Amsterdam

1. Introduction

1.1 Purpose & scope of the research

This report presents the results of a scientific research on the topic of **Social Exclusion of Vulnerable Youth**, commissioned by SOS Children's Villages Netherlands and conducted by researchers of the Amsterdam Institute of Social Science Research (AISSR) at the University of Amsterdam, in collaboration with local counterparts within the six study countries. The purpose of the research is to identify and understand the multi-dimensional drivers of social exclusion of vulnerable youth, which concerns youth who have lost, or are at risk of losing parental care.

Specifically, the objective of this synthesis research is to answer the main question:

> ***How are vulnerable youth affected by social exclusion in terms of their human wellbeing, employability and social acceptance?***

The research aligns with the new Sustainable Development Goals (SDGs) objective to 'leave no-one behind' **[1; 2]** and responds to policy makers and practitioners' interests, whom have recognised the importance of including youth in their social and economic policies and strategic actions on the ground. Yet, vulnerable youth are on nobody's radar. Youth in and from care, for example, are underrepresented or even not counted in national statistics. As a result, their conditions and progress into adulthood, social life and employment is not monitored. SOS Netherlands has signalled this to be a major issue of concern, together with other SOS Children's Villages country offices within the international federation. Country specific studies on youth in alternative care have been conducted by SOS CV Finland **[3]** and SOS CV Belgium **[4]**, both emphasising the 'invisibility' of youth in alternative care settings. Internationally, governments appear ill-informed about the outcomes of vulnerable youth, despite these young people being important builders of present-day and future societies. Initiatives, such as that by SOS CV Italy, to undertake an international *care leavers mapping* exercise, are highly needed to fill in this blind spot. In-depth studies exploring the drivers of social exclusion, such as the present study, are also highly needed to fill in the prevailing knowledge gaps on vulnerable youth and the conditions in which they grow-up.

This international research contributes to the global debate on social exclusion of vulnerable youth and provides concrete input to adjust SOS international's existing programmes. The research was carried out in the period January 2016 until December 2017 in six countries: Côte d'Ivoire, Guatemala, Indonesia, Kenya, Malawi, and the Netherlands. The SOS National Offices have supported this research, but did not play a role in the research to warrant scientific independence.

1.2 Contribution to knowledge gaps

This research focuses on vulnerable youth, specifically on young people who have lost or are at risk of losing parental care. The social exclusion of vulnerable youth is a context specific problem, but its' driving mechanisms show similarities across different societies, as explored below. Social exclusion of vulnerable youth can thus be a problem in poor and affluent societies alike. If youth are not faring well, this poses challenges and risks to their own and family wellbeing, and undermines societal

resilience and stability. Based on an international literature review **[6]**, the following knowledge gaps were identified:

(1) There is a general lack of <u>empirical evidence</u> on vulnerable youth (i) in and from an alternative/informal care settings and (ii) in vulnerable families at risk of losing parental care, being actually socially in-/excluded or marginalized
(2) Lack of in-depth understanding of <u>how</u>, <u>why</u> and <u>by whom</u> social in- and exclusion of vulnerable youth takes place, and <u>to what extent</u>
(3) Lack of knowledge on how vulnerable youth are <u>faring later on in life after leaving care</u> – in terms of their independence, human wellbeing, employability, family, and social acceptance.
(4). How do (2) and (3) differ across (1.i) and (1.ii) and according to <u>gender, ethnicity and religion</u>.

1.3 Approach & methodology

The UN Guidelines for the Alternative Care of Children (2010) follow a Human Rights-based approach **[5]**, which remains key to the mission goal of SOS Children's Villages. At the same time, a more comprehensive approach to human wellbeing, sustainability and voice and empowerment is currently advocated under Inclusive Development and the SDGs **[7; 8]**. This research integrates the two approaches by taking a relational approach **[9; 10]**.

The six country case studies have taken a bottom-up and participatory approach and used mixed methods for quantitative and qualitative data collection and analysis. The prime units of analysis were vulnerable youth themselves. In total, 347 youth participated; their voices, experiences and inter-relationships stand at the core of this research. In addition, their caregivers, teachers, health workers, employers and other social peers were also part of the research. Country specific secondary sources, including scientific literature and policy reports also formed part of the contextual analysis.

1.4 Report outline

The remainder of the report is organized as follows. Chapter 2 presents the theoretical framework and conceptual model guiding this research. Chapter 3 explains the research methodology in detail and lists the youth and stakeholders participating in the research. Chapter 4 presents an overview of the study country contexts. This is followed by Chapter 5, which presents the research findings. Recommendations for uptake and use of the research findings by the SOS organisations and beyond, at multiple policy levels, are provided in Chapter 6. The literature list is included at the back.

2. Theoretical Framework

2.1 Taking a relational approach

This research is framed within human rights **[5]** and inclusive development theory **[7; 8]** and takes a relational approach **[9; 10]**. The research takes youth in interaction with their personal and structural environment as a key entry point **[18; 25; 26; 29; 30; 37]**. Although this is a social economic research, it is partly inspired by psychological studies on youth **[e.g. 10; 28; 31],** which have emphasized how inter-personal relations can either foster or impede relational connectedness. We consider vulnerable youth in *dynamic* inter-connection to their care environment (people and structures); the nature of these interactions changes over time **[10; 18]**. To feel relationally connected to people and structures around oneself is an important determinant of human wellbeing **[10; 14]**. However, vulnerable youth transit in and out of (care) relationships multiple times: upon entering care, moving through care, and leaving care **[32; 33; 34]**.

2.2 Vulnerable youth & their multiple transitions

'Youth' is defined as a transition phase between childhood and adulthood **[15; 16; 35]**, otherwise termed as waithood **[13]**. "Waithood represents a period of suspension between childhood and adulthood, in which young people's access to adulthood is delayed or denied" **[13, p. 1].** While their chronological age may define them as adults, structural constraints mean that young people have not been able to attain the traditional social markers of adulthood: earning a living in a training or job, independence, establishing a family, providing for offspring and other relatives, and becoming taxpayers. **[11; 13]**

In this research, 'vulnerable youth' are defined as youth who have lost or are at risk of losing parental care. Vulnerable youth encounter barriers, disturbances and delays in forming their social identity, whilst making multiple transitions through care. When transiting out of care, they often lack financial, social and emotional guidance and fallback mechanisms **[14; 15, p. 4; 16, p. 3]**. As a result, care leavers run more risk than their peers of *not* achieving in education and employment, and more quickly resort to street life, alcohol and drug abuse, crime, or being exploited **[15, p. 16; 17]**.

2.3 Social exclusion & self-exclusion

Social exclusion is both a process and outcome leading to disempowerment. Beall and Piron (2005) define social exclusion as "… a process and a state that prevents individuals or groups from full participation in social, economic and political life and from asserting their rights. It derives from exclusionary relationships based on power." **[18, p. 9].**

Social exclusion creates social inequalities that are inter-generational and embedded in societal structures, institutions and policies **[20]**. Cultural oppression and marginalisation lead to further isolation, shame and humiliation – and, in turn, to self-exclusion **[21; 36]**. Those who are socially excluded share similar social, economic and political barriers and constraints, and lack security, justice and economic opportunities in life in general **[17; 28]**. This means that there are two sides to the same story; social exclusion may lead to self-exclusion and *vice versa* **[10; 21]**. Where social exclusion affects individuals in their daily lives and behaviours, studies prefer to speak of discrimination **[e.g. 20, p.3; 22]**. There is a growing awareness that social exclusion of vulnerable youth is an emergent problem arising out of problematic relationship between broad-based societal change, social inequality **[23, p.21; 24, p. 7]** and ideology **[25]**. The myth of meritocracy leads to self-

blame and self-exclusion **[10; 26, p.93; 27]** of young people who are in an important identity building phase of their life and on their way to independence. Early experiences in life of social exclusion affect later ones, making social acceptance more and more difficult **[28]**.

2.4 Other key concepts & conceptual scheme

Drivers of Social Exclusion - Social, cultural, political and economic factors that cause and sustain the process of social exclusion and self-exclusion.

Connectedness - Being and feeling connected to others and to social structures in a social-relational environment. **[10]**

Relational images - Individual expectations of how one will be treated (self-images) based on previous treatment, and images that others hold of an individual as to how they will act and who is to blame for their exclusion **[10]**.

Relational movement - Relational movement is the process of moving through connections, disconnections and back into new connections; these can be positive or negative **[10]**.

Employability - A set of achievements – skills, understandings and personal attributes – that make graduates more likely to gain employment and be successful in their chosen occupations, which benefits themselves, the workforce, community and economy **[16, p. 3; 19]**.

Social Acceptance - The acceptance of a person (or group) into a group or society as a whole.

Human Wellbeing - Feeling satisfied with what one can have, be and achieve in life.

Figure 1 - Conceptual Scheme

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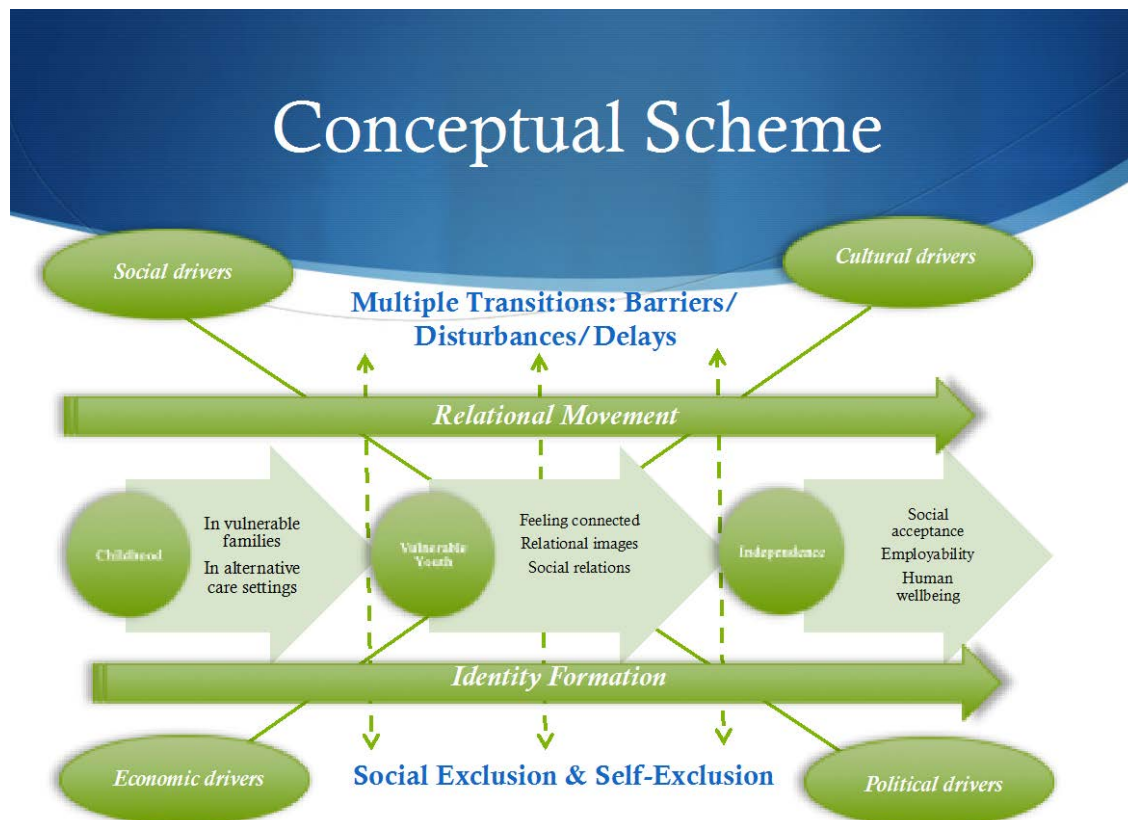
3. Research Methodology & Study Populations

3.1 Introduction
This research uses a mixed methods approach to explore the social exclusion of vulnerable youth. This section will outline the research questions, the methodologies used and describe the study populations.

3.2 Research Questions
To guide the research, the following research question and sub-questions were formulated:

> **How are vulnerable youth (youth in and from alternative care and families at risk of losing care) affected by social exclusion in terms of their human wellbeing, employability and social acceptance?**
>
> *SQ1.   In what ways are vulnerable youth socially excluded, by whom and to what extent?*
>
> *SQ2.   What are the drivers of social exclusion of vulnerable youth?*
>
> *SQ3.   How does social exclusion lead to self-exclusion and vice-versa?*
>
> *SQ4.   How do childhood experiences of exclusion effect relational movements and connectedness after care?*
>
> *SQ5.   How are vulnerable youth prepared for living independently?*
>
> *SQ6.   How do the above answers differ between different subgroups of youth?*
>
> *SQ7.   How do the above findings compare across the six study countries?*

3.3 Research Methodology
In order to develop an understanding of the social, cultural, political and economic drivers of social exclusion, surveys and interviews were conducted with a total of 347 youth and 105 stakeholders, including caregivers, teachers, employers, government workers and health workers, supplemented by insights from secondary literature. A structured survey was conducted with 246 youth; with a sub-selection of 70 youth, life histories using social-relational mapping exercises were conducted to identify barriers, constraints and delays in their relational movement and social identity formation towards independence. In total, 32 focus group discussions, using vignettes, were organised with young males and females separately to explore gender specific drivers of social in- and exclusion.

Table 1 – Overview of respondents and methods in six study countries

	Survey	Life History	Focus Group	Interview
Youth	246	70	32	-
Stakeholders*	-	-	-	105

* Including: caregivers, staff, teachers, health workers, employers and local government.

3.4 Description of Study Populations

The primary group of participants in this study were vulnerable youth in/from alternative care. The surveyed youth came from SOS Family Based Care (FBC) (44%), SOS Family Strengthening Programmes (FSP) (15%) and from other care organisations (41%) – see Table 2 below. Not all countries run an FSP programme and in the Netherlands, at the time of writing this report, SOS does not run any programme. Instead, Dutch youth from care participated through the organisation Spirit in Amsterdam. Out of the 246 surveyed youth, currently 79% resided in care (within a care institution or in a family) and 21% had recently left care.

Table 2 – Youth survey respondents from SOS and other care programmes (N=246)

	SOS FBC	SOS FSP*	SOS total	Other care organisations**
Number of youth	108	38	146	100
% of youth	44%	15%	59%	41%

*SOS CV in Quetzaltenango (Guatemala) does not run a FSP programme. **The youth respondents in the Netherlands study are from Spirit, a non-SOS programme providing residential and mobile care.

Of all the surveyed youth, 134 were male (54.5%) and 112 female (45.5%). In the life histories and focus group discussions a gender balance was made. We have kept the other care organisations participating in the research anonymous in each country. The average age of youth participants was between 19 and 20 years old, but ranged between a minimum of 13 years up to a maximum of 32 years. The majority (92%) ranged between 16 and 26 years old. The average age of participants first entering care is 11 years, but is widely dispersive across individuals depending on their individual life histories. The majority entered care before age 16 (90.6%). All youth participating in this research had been in care on average between 11-12 years, but this varied a lot across individuals, from 1 to 25 years. Of the surveyed youth, the majority were of Christian religion (75.6%), Muslim (20%), or none/not answered (4.4%), which was representative of the total number of children and youth in care and their stated religion.[1]

In total 105 stakeholder participants were interviewed, consisting of 24 SOS mothers, 38 members of SOS and non-SOS care institutional staff or youth experts, 10 teachers, 12 local government workers (e.g. from the municipality or social welfare office), 10 employers and youth employment experts, and 8 health workers. All of the stakeholder participants interacted on a daily to regular basis with youth, or had youth in their portfolio of work (local government offices).

The interviews with stakeholders provided a means to triangulate the research findings obtained from the youth. In addition, secondary document analysis was performed including SOS country reports, policy documents and national and international studies on youth, both generally and youth in/from care.

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[1] SOS CV was originally founded in Austria, back in 1949. Although, it has no specific religious orientation, its Christian background is traceable in its programmes.

4. Youth Policies, Issues and Programmes in Study Countries

4.1 Introduction

The research was conducted in one low-income country, Malawi, four lower-middle income countries, Côte d'Ivoire, Guatemala, Kenya and Indonesia, and one high-income country, the Netherlands.[2] The sections below summarise the principal observations regarding youth policies and youth issues in the study countries. More elaborate background information on these issues can be found in the country field research guides [**38; 39; 40; 41; 42; 43**].

4.2 Youth policies in study countries

With the exception of the Netherlands and to a lesser extent Indonesia, the childcare system in the other four study countries is only partially institutionalised and legalised. 'Youth' are defined in policies and laws in terms of different age categories, even within the same country. All study countries have ratified the international conventions on child labour, five[3] out of six have a National Youth Policy, in Côte d'Ivoire, Guatemala, Kenya, Malawi, and the Netherlands[4], and there are a number of legal frameworks in place, that directly or indirectly concern youth in each country (e.g. through education or health policies and legal acts and regulations), but compliance to standards is under-monitored in Côte d'Ivoire, Guatemala, Indonesia, Kenya and Malawi. In Indonesia, Malawi and the Netherlands there is specific mention of youth in care in national policies and legal frameworks, and responsibilities of various Ministries to children and youth. These laws and regulations oblige parents/caregivers not to abandon children under their care, and encourage re-unification with biological family as much as possible, as well as including rules about after-care. In recent international debates on alternative care, there is a resurgence of family-based care and seeing alternative care only as a means of last resort. This is already a longer-standing practice in the Netherlands. In the other countries without legal frameworks in place, national policies support re-unification efforts, but a monitoring system is lacking and youth are often placed into care, without full consideration of family alternatives. On average, youth leave alternative care after the age of 18-23. In the Netherlands, youth care after age 18 is not funded, but support can be pro-longed until age 23 if extended care is needed.

4.3 Youth issues in study countries

Youth in all countries demonstrate high ambitions and dreams and commonly strive to complete (higher) education and find stable employment that matches their aspirations and 'settle down'. Most youth have a positive outlook on the future and endeavour to 'fit in' with society. However,

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[2] According to the 2017 World Bank classifications in four categories of countries: low-income < 1,005 US$; lower-middle income 1,006-3,955 US$, upper-middle income 3,956-12,235 US$; and high-income > 12,235 US$ (current US$).

[3] Only Indonesia doesn't have a National Youth Policy, but it does have a National Youth Law.

[4] In the Netherlands, there is also the National Youth Institute, which compiles, verifies and disseminates knowledge on children and youth matters, such as child abuse, youth work, youth care and parenting support in the Netherlands. See also: http://www.youthpolicy.nl/en/About-Netherlands-Youth-Institute

youth unemployment is a major issue in Côte d'Ivoire, Guatemala, Indonesia, Kenya and Malawi. These countries also have a large informal economy, in which many youth are self-employed or depend on temporary jobs. Youth unemployment in the Netherlands has decreased to 9.1% in 2017, which is at the lowest level since 2009 [**44**], but unemployment amongst refugee and non-Western youth is high **[46]**. In the low-income and lower-middle income countries, public spending on education and health care is low, there are limited youth policies and programmes, youth experience high levels of physical and sexual violence and exploitation, child labour, migration, ethnic, religious and/or gender discrimination and conflict, early pregnancies, school dropouts, engagement in illicit trading and criminal activities, HIV/AIDS, and substance abuse. Political commitment to youth in/from care issues is strikingly low. Political representation and citizenship of youth is low in general (with the exception of the Netherlands), and of youth in/from care in particular.

4.4 SOS programmes & *Spirit!*

SOS Children's villages run the FBC and FSP, but the latter not in all locations. The FBC programme has a number of stages; children first live in family-type set ups, with an 'SOS mother' and 'SOS siblings'. There are up to 10 children and young people living in these family homes. When there are biological siblings entering care, they are kept together as much as possible nowadays.[5] The next phase is the SOS youth house, where young people move from the family houses to communal living, monitored by a designated member of staff, with a youth house for young males and a youth house for young females. Finally, when young people leave the youth house they usually continue to be financially supported for some time, gradually becoming completely independent. FSP supports families at risk of breaking down, providing, for example, financial support, engagement in livelihood activities, and training.

SOS Children's Villages provides residential and mobile care based on the needs of the child. SOS staff determine whether children in need should enter into SOS care short term (for emergency situations), mid-term (for children who still have relatives who could care for them after assessments) or long-term (where children do not have parents or relatives to care for them) or enter into FSP (where the parents are not fully able to care for the child, for example due to disability or divorce). Children who are referred to the organisation for other reasons, such as finances, or have special needs are often referred to other organisations. There is an official, bottom-up procedure before children can enter into SOS-care, in cases where there is no emergency situation. This involves the identification of vulnerable families within communities, and their conditions assessed by a professional board.

In the Netherlands, there is currently no SOS programme. This research therefore collaborated with the organisation *Spirit!*, which is the largest care provider in the capital city of the Netherlands, Amsterdam. *Spirit!* offers residential and mobile care programmes to different categories of youth and parents. This research focussed on a limited number of care programmes, namely foster care, minors refugee (in collaboration with foundation Nidos), and assisted living.

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[5] This was not an explicit SOS policy in the past, when siblings could be separated to live two different SOS houses (within the same village), or in two different villages in the country.

5. Data Analysis

5.1 Introduction

Before fully delving into an analysis of the data on the in- and exclusion of youth, it is first important to explore what youth themselves consider to be meant by the terms exclusion and inclusion. When young people were asked this question, the majority focused on how this felt for the individual; with exclusion resulting in negative feelings and inclusion resulting in positive feelings. Of the surveyed youth in the six study countries, on average 26.5% mention they feel treated differently due to their care background. For a deeper exploration, we prompted youth to explain how they think society treats someone who is in- or excluded.

In answer to this question, youth tend to highlight the personal flaws that would lead to an individual being excluded by society, due to bad, angry or disrespectful behaviour on the side of the youth themselves. Especially, in Indonesia the level of self-criticism and attitudinal problems stood out. Across the study countries, youth showed a high level of self-reflexivity on personal behaviour, but proved also conscious of other people's behaviour towards themselves, others from care and marginalised groups in society. Youth indicated that they did not to feel like a"normal" child and that they hide or lie about their care background in anticipation of negative responses. As a result, youth from care report they feel sometimes depressed or angry, and might choose to keep a distance to others. This seemingly puts the onus of responsibility of exclusion onto the individual, rather than attributing exclusion to wider societal factors (an issue that will also be considered in more detail below). This finding confirms existing SOS study findings elsewhere [**3; 4**].

Youth from care across the study countries report that someone's poor economic status intersects with their care background, together leading to social exclusion and stigmatisation. Youth indicate that they feel looked down upon, side-lined, ignored, verbally abused and intimidated, discriminated against and seen as a burden to society. Youth highlight feeling a lack of support from the government providing for social services (e.g. in finding housing in the Netherlands) or even basic childcare to orphans (Malawi). As a result of the feeling that society is failing on them, youth from care do not feel completely accepted as citizens. These feelings are stronger in societies that have not structurally organised care for orphans and vulnerable children. In countries where care is well organised, youth perceive responsibility and support on the side of caregivers and educators.

Youth from care perceive of social inclusion as being able to participate in social and economic activities, being socially connected and accepted and treated as "normal", and receiving social and moral support in times of need. Those youth that express feeling accepted by their biological family, have a more positive outlook on social inclusion. Family bonding contributes positively to feelings of self-worth and social inclusion of young people from care. A high percentage of youth say they "feel accepted by their biological family" (89.8%).

> Young people from care want to be treated as "normal" and participate actively in society. Being from care, in combination with other factors, make young people feel side-lined and discriminated. In countries where care is not structurally organised, feelings of abandonment are stronger. Family bonding, friendships and education contribute to feelings of social inclusion.

5.2 Social drivers of exclusion

Young people in surveys were not very vocal about experiencing broad-based social exclusion, but they did talk about feelings of being stigmatised and treated differently individually (see Section 5.1).

Of the surveyed youth, 27.6% indicated that their care background is driving their social exclusion. This is higher amongst youth in FBC programmes (31%) compared to youth in FSP programmes (18.4%). In Malawi, this was the highest (68.2%), and the lowest in Côte d'Ivoire (8.4%) and Indonesia (11.4%), which may be partially influenced by cultural differences in (lack of) openness of expression. There is on average no reported difference between young people from SOS and non-SOS care institutions (28.7%).

Table 3 – Youth feeling socially excluded because of care background (N=246)

	Feeling socially excluded* because of care background (%)
Côte d'Ivoire	8.4
Guatemala	13.0
Indonesia	11.4
Kenya	40.9
Malawi	68.2
Netherlands	33.4
Total Average	27.6

*Feeling 'somewhat' or 'largely' affected by their care background.

The feeling of being socially excluded is mainly a reflection about the society outside care. Feelings of social exclusion are experienced less by young people within their immediate care and education environment. Nevertheless, a number of young people, as well as care staff, highlighted that youth from a care background do face a certain degree of stereotyping in school, whereby teachers in particular, but also peers, treat young people differently as a result of being a "young person from care" or blame young people from care for any classroom issues. Indeed a small number of young people expressed that they felt excluded by their peers from social activities (7.7%) or in school (5.4%) for this very reason. This is explored more in section 5.7.3. By and large, young people in lower income countries are very much appreciative of their access to basic services and education through care, which they otherwise might not have had due their economic or health status, or a disrupted family background.

In Kenya, Malawi, Guatemala and Côte d'Ivoire especially, it was made clear by all of the participants in the study that young people are susceptible to a number of situations that are both an effect of their social exclusion and can result in their social exclusion. Frequently highlighted as social causes and drivers of exclusion for youth were participation in gangs, drugs and criminal networks (especially for young males) and teenage pregnancy for young females, health problems (disability, HIV/AIDS), and underperformance in school. These issues will be discussed throughout this report. SOS staff highlighted that a culture of not talking about sexuality, gender and relationships was largely to blame for young people engaging in negative relationships. Moreover, in SOS Children's Villages, but also in other alternative care settings, direct caregivers are predominately female (i.e. the SOS 'mothers'). Young men may not encounter a male caregiver until in the youth house.

Indeed, parental relationships are not experienced from up-close by youth residing in a care environment. These elements influence youth experiences of intimate partner relationships in general. Health workers in these four countries, and Indonesia, also highlighted that domestic abuse and gender based violence was high and left young people at risk of exclusion. They further highlighted homosexuals, intersex and transgender people, prostitutes and street children as the most at-risk groups when it came to social exclusion.

> On average, 27.6% of youth indicated that their care background is driving their social exclusion. This is higher amongst youth in FBC programmes (31%) compared to youth in FSP programmes (18.4%). There is no difference between SOS and non-SOS youth in care.

5.3 Cultural drivers of exclusion

Whereas in some SOS villages and care organisations, houses are divided by religion from day one, for example in Lembang in Indonesia, in other villages and care settings children and young people from different religious backgrounds grow up together. Yet, national laws state that the caregiver and child should have the same religion, and international guidelines highlight the importance of freedom of religious expression for children and youth in care. The majority of staff in SOS villages are Christian, and many raise the children in their care according to their own religious beliefs. This causes friction and adjustment problems when children enter care from a different religious background. Similar adjustment problems arise for children who are from a different/minority ethnic background, have to learn a new language, and get used to different cultural and religious customs and practises. It also causes problems when returning to their home community, posing them with challenges to 'fit back in', as was reported to be the case in Côte d'Ivoire by Muslim youth. Where multiculturalism is recognised, youth report to feel happy and content to have the freedom to express their religion and beliefs and have the time and space for cultural activities and prayers.

In all countries, ethnic and religious minorities do experience stigmatisation, either because they are viewed as a threat, they speak and dress differently, or because their traditional beliefs are viewed as "backwards". However, this is a sensitive topic that is not equally talked about in the open in each study country, leading to under-reporting and non-responses to survey questions (Table 4). The topic was more openly discussed in the focus groups, where youth felt more at ease to express their opinion and highlighted the discrimination experienced by religious and ethnic minorities and indigenous populations.

Table 4 - Youth who believe cultural drivers affected their feelings of exclusion (N=246)

	Ethnicity (%)	Religion (%)	Gender (%)	Age (%)
Côte d'Ivoire	6.3	4.2	2.1	2.1
Guatemala	24.1	22.3	20.4	29.7
Indonesia	29.5	22.7	4.5	13.6
Kenya	38.6	15.9	27.3	36.3
Malawi	6.8	6.8	15.9	11.4
Netherlands	16.6	8.3	25.0	25.0
Total Average	20.7	14.4	14.7	19.1

Gender and age inequalities, in combination with coming from a care background, are also seen as cultural drivers of exclusion. Especially, in Kenya, Guatemala and the Netherlands where over 20% of youth report these as important confounding factors (Table 4). Societal gender and age inequalities appear to be reproduced in care institutions, through rules and behavioural norms, and in relationships between youth and their caregivers and peers.

Overall, religion and gender are more often perceived as cultural drivers of social exclusion by youth in SOS FBC programmes, than compared to youth in SOS FSP (Table 5). In some countries the same applied to ethnicity, namely in Indonesia, Kenya and Malawi. This seems to suggest that social-cultural inequalities are sometimes even deepened or reinforced within the care institution. There are no stark differences between SOS and non-SOS organisations, except for religion to some extent. This may be due to the non-SOS care institutions included in this study often originating from a particular religious background.

Table 5 – Youth feeling affected by cultural drivers of social exclusion across care-type (N=233)

	SOS FBC (n=108) (%)	SOS FSP (n=38) (%)	Other care organisations (n=87) (%)
Ethnicity	22.2	23.7	18.4
Religion	14.8	7.9	17.2
Gender	16.7	7.9	11.5
Age	19.4	18.4	17.2

A couple of young people expanded on this in the surveys with one discussing how they were excluded from their friendship group because they were from a different ethnic or religious groups as their friends and stating that society around the care institution excludes individuals who do not come from the same ethnic or religious group as the majority in the society. At the same time, involvement in religious and cultural activities is an important way in which the young people express themselves (e.g. in clothing and by speaking their own language), develop their identity and engage with their own culture and with the society around them, through involvement in religious youth groups, and community based celebrations.

Young people from care mention their ethnicity (20.7%), age (19.1%), gender (14.7%) and religion (14.4%) as cultural drivers of social exclusion. Cultural activities are important for identity formation, free expression and engagement with society. However, youth from minority groups often feel they are stigmatised as a threat or being "backward".

5.4 Economic drivers of exclusion
The country studies have shown that economic status is an important driver of social exclusion in general, and of social exclusion of youth from care in particular. On the one hand, poverty and destitution are often prime causes of children being orphaned or put into care; family or relatives are unable to care for them due to economic reasons. Through care, they hope to offer their children a better future, and access to education and basic needs. On the other hand, for young

people coming from care they are often associated with being poor or destitute. Young people in families that are supported by SOS FSP are automatically labelled as poor and dependent by the community around them. This is a reason for young people feeling ashamed and hiding their care background and associations with (former) caregivers, since they expect it might damage their friendships and personal and professional relationships in life.

Youth highlight frequently that young people are excluded because of their constrained economic conditions, but also because being (perceived as) poor, means that people are unable to buy the latest fashions and gadgets or participate with friends in social activities and sports. They also highlight that being a young person from care has connotations in society of lacking money and being a burden, and therefore young people from care face discrimination and exclusion based on these assumptions and associations.

The majority of the surveyed youth from care are still in school (39%) or in employment-related training (37.6%) (see Table 6). Of the youth in SOS FSP, 29% currently receive financial support for their education. These numbers illustrate that a major advantage of being in care is increased access to education, including higher education and university, compared with youth's peers outside care where numbers of youth not in education, employment or training are very high. There is also a considerable percentage of youth waiting for/collecting the finances to complete their education, or training, who are waiting to start a job (agreed upon), who are in between jobs, or who are otherwise waiting or doing something else (17.4%). These youth do not label themselves as "unemployed". The youth currently unemployed amounts to a relatively small percentage (6.1%).

Table 6 – Youth from care in six study countries in various occupations (N=246)

	Percentage of youth (%)
School	**39.0**
- **vocational training/college**	18.3
- **university or higher professional education**	16.7
Currently employed or in employment related training	**37.6**
Doing something else*	**17.4**
Currently unemployed	**6.1**

*These concern young people who are waiting for an opportunity to complete education, training, or start a job, but who do not consider themselves as "unemployed".

Despite widespread youth unemployment in five out of six study countries (all except the Netherlands)[6], youth have a positive economic outlook on their employment opportunities; 67.9% thinks there exist adequate opportunities for meaningful employment for young people in the area. This was nuanced in the focus group discussions with youth, where it was discussed how difficult it was to get a job they actually want. Young people often feel discriminated because of their age. Moreover, in Côte d'Ivoire and Malawi, more than half of the young people think there do not exist adequate job opportunities (Table 7). Young people from care, like any other youth, have high aspirations; 88.6% see themselves to become a professional. According to 60.6% of the youth themselves, being from care does not make a difference in gaining employment. Whereas 33.3%

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[6] Youth unemployment in the Netherlands, in the age category 15-25 years, amounted to 10.8% in 2016; youth unemployment amongst youth with a migration background is twice as high (18.1%) as amongst youth from a Dutch background (8.9%) (Source: Youth Policy Institute, 2017) **[52]**.

thinks they even have an advantage in gaining employment due to their care background; a small 5.3% thinks their care background is a disadvantage.

Employers can have a very positive impact upon young people from care feeling accepted; however, this ranges tremendously across countries from a high positive perceived impact in Indonesia (88.6%), to medium levels in Kenya (52.3%), the Netherlands (50%), Côte d'Ivoire (41.7%) and Guatemala (35.2%) to a low level in Malawi (18.2%). Collaboration between care institutions and future employers could therefore be a powerful entry point to enable youth to achieve their goals in life and counter negative perceptions about them.

Of those youth currently employed in a job, approximately half do so alongside education and/or whilst waiting for an opportunity to continue higher education. On average, 51.8% think this is the occupation they aspire and want to continue doing in the future. Youth in Kenya, Malawi and the Netherlands are least satisfied with meeting their job aspirations. The low percentage in the Netherlands partially reflects the sample composition including 50% of refugee minors (see also Table 7) who are only allowed to work when they have obtained their refugee status, as was the case for the interviewed youth.

Table 7 – Youth perceptions of adequacy of jobs and meeting job aspirations (N=246)

	Job adequacy in area (%)	Meeting job aspirations (%)
Côte d'Ivoire	43.8	48.4
Guatemala	83.3	52.4
Indonesia	88.6	61.1
Kenya	70.5	47.1
Malawi	47.7	71.4
Netherlands	83.3	22.2
Total Average	67.9	51.8

In school, economic background influences school performances, since money for school equipment or activities is often a constraining factor for youth from care, especially those who are living independently. In the focus groups, youth indicate that providing for themselves when living independently is a major challenge. They try to resolve this by finding joint living space or living with family/relatives, but many occupy inferior housing. Despite the above positive economic outlooks of young people from care, the difficulty in finding stable employment for youth seems to be reflected in the way youth describe their current circumstances in life histories and is recognised by stakeholders. Caregivers and several government staff point out that due to lack of job opportunities, young people are susceptible to job exploitation, intimidation and sexual or physical abuse and maltreatment. Young males reported that young females are more susceptible to abuse and sexual exploitation by their employers – the latter prefer to give jobs to young females rather than young males according to the young males (Côte d'Ivoire). In focus groups, young males and females also narrated about the long working hours, underpayment and lack of contract and job security.

Young people from care have quite an optimistic economic outlook; 67.9% thinks there exist adequate employment opportunities for youth. However, 51.8% meet their aspirations in their current occupation, and 33.3% of youth state that a lack of money is the biggest barrier to reaching their aims in life.

Throughout the interviews with employers and youth officers in local government a lot of emphasis was put on entrepreneurship. According to these stakeholders, young people should be active in starting-up a business of their own and be more entrepreneurial. This policy emphasis contradicts with young people's own views of requiring a stable income to provide for themselves and a (future) partner and family. Not only do youth from care lack savings to invest in the start-up of a business, but they also lack the fall-back to cushion entrepreneurial setbacks and risks. Entrepreneurship often provides an unstable income and involves taking risks, which implies a level of precariousness that young people from care can ill afford. The approach of employers and government official stakeholders seems to overlook the necessity of a stable income for youth and the capital for creating a business. Indeed, 33.3% of youth state that their biggest barrier to reaching their goals is not having this initial financial investment.

The focus on entrepreneurship also risks young people facing further economic insecurity and waithood. If there are not sufficient jobs available for young people, and they are not able to open up a business or survive on its income, they may be further excluded from society. Young people in life histories discuss that they are currently not earning enough money to live off independently. As well as implications on young peoples' living conditions, this hinders their social activities with peers. Youth postpone the completion of higher education, living independently, and starting a long-term relationship, or a family of their own. After some time, youth may "give up" trying, which leads to more self-exclusion.

Poverty and inequality are main economic drivers of exclusion.
Young people from care experience difficulties in finding stable employment and are susceptible to job exploitation. Youth entrepreneurship may not be the right policy/programme approach for young people who do not have a start-up capital or a secured fall-back position.

5.5 Political drivers of exclusion

Youth policies are not high on the political agenda of study countries. According to the youth from care, politicians at the national and local level know very little about young people in care, or about what happens to them after care. When politicians speak about youth related problems, they often blame young people themselves for it, (for example, as mentioned above, youth not being entrepreneurial enough) instead of scrutinising the system. Politicians appear to be more interested in numbers, and tend to portray young people from care negatively in terms of a cost to society. Despite in some study countries legal frameworks for children in care existing, these are implemented poorly and inconsistently and there is a lack of co-ordination between agencies.

This was apparent in surveys and focus group discussions with youth. Indeed, when asked about their feelings of politics and its impact on achieving their ambitions in life, 81.2% of youth stated that national politics had no/negative impact and 64.5% said local politics had no/negative impact on them achieving their aims in life. Furthermore, 71.9% and 55.7% of young people stated they felt no/negative impact on them feeling socially accepted from national politics and local politics respectively. Negative impacts of national politics and corruption were notably reported in Guatemala and Kenya and at local level in all countries accept Indonesia. For some, this was because of their ethnicity, age, poor economic or refugee/migrant status. In general, young people from care feel that political leaders do very little in their favour.

Table 8 – Youth feeling disconnected from national and local politics (N=246)

	No/negative impact on life ambitions by national politics (%)	No/negative impact on life ambitions by local politics (%)	No/negative impact on feeling accepted by national politics (%)	No/negative impact on feeling accepted by local politics (%)
Côte d'Ivoire	85.4	75.0	75.0	56.3
Guatemala	90.5	60.4	79.6	63.0
Indonesia	77.3	61.4	77.3	52.3
Kenya	88.7	64.6	75.0	54.6
Malawi	63.6	59.1	56.8	47.8
Netherlands	75.0	75.0	50.0	66.6
Total Average	81.2	64.5	71.9	55.7

What is worrying to observe at local governance level, is the lack of responsibility felt towards children and youth in care in by welfare offices, or offices with the mandate for protecting children and youth in all countries, except the Netherlands. All responsibility is seen to reside with care organisations in these five countries, which are not registered or monitored, and thus presumably not regulated; leaving great risk of harm towards children and youth in care. The interviews demonstrate the general lack of political attention given to children and youth in care; no statistical figures are kept about children and youth residing in care institutions, let alone of youth dropping out of or leaving care. Also in the Netherlands, where the local government takes responsibility for youth in care, there seems to be little monitoring of care leavers, and policies are in the main focused on making sure youth get their *startkwalificatie* (basic level of education to enter labour market), overlooking additional (socio-emotional) barriers to social inclusion of youth from care. It confirms the feeling of youth that they are not represented by local and national politics in these countries.

This highlights a significant gap between the policies highlighted in section 4.2 of this report and the realities of what is practiced. It thus begs the question as to how much citizenship youth in and from care really have; as their rights are not being protected by their government and they have no leverage on local and national political agendas. The fact that young people actively avoid political participation is telling; they dislike the corruption, inequality or do not feel represented. Instead of being harnessed by society as a potential positive force for future change, young people opt out of political involvement. Governments internationally, therefore, are not using the full potential of their (vulnerable) youth, who feel separated from politics.

5.6 Multiple transitions

A major finding coming out of this international research is the fact that many young people from care experience not only shorter transitions on leaving care, as existing literature suggests, but multiple transitions throughout their pre-adult lives. This includes transitioning into care, transitions within care and the transition out of care. These multiple transitions have a major impact on young people's lives, affecting their wellbeing and also their identity formation. Findings highlight that youth from FBC have had several transitions from into care, to youth house, to independence, and some even with an interruption in the care given in between. Non-SOS and FSP youth in our sample however, who stayed with their relatives, only know the transition from starting to be supported to not being supported any longer. This section explores the multiple transitions that young people experience, section 5.7 discusses the effect the transitions have on the relational movements and connectedness of youth and section 5.8 discusses the effects these transitions have on identity formation. The section focuses primarily on young people who are in care, and where relevant includes findings of young people who are still living with their families as part of FSP.

5.6.1 Transition into care

As discussed in section 4.3, SOS staff stress that they try to prevent the separation of children and young people from their parents as much as possible these days, and so assess the needs of youth to determine whether youth should enter care on a short-term, mid-term or long-term basis.

Care staff and SOS mothers stress the vulnerability of a baby/child when first entering care. The child's health is that of prime concern. Thereafter time is spent helping children adapt and fit into the children's village. After a year, caregivers say the children are settled in and healthy. Many youth hold both good and sad memories of the moment they entered care; they felt welcome, well taken care of, and happy about basic needs and education being provided. Many felt much better off than before, in a material sense and because of living in a safe and child friendly environment. Identity questions follow as from age five onwards, when children start to ask where they come from and whom they belong to, and why are they in care and not with their biological family (this is explored further in section 5.8).

However, young people who were of older age when entering care (including non-SOS care institutions as well) do recall it as an emotional or even traumatic experience because of the separation from their biological family. Poverty, or the death/disappearance of one or both parents, disrupted family relations, crime, abuse and neglect, are stated as reasons for being put into care. Youth recalled that it was not always explained to them, or they failed to grasp in any case, why they were put in care and for how long they would be there. In some countries, youth reported that due to restrictive/unclear rules about keeping in contact with biological family (e.g. by phones being taken away or bi-annual of family visits only), their anxiety and uncertainty made the transition particularly painful.

Of the total 246 surveyed youth from care, 33.7% had been in a different care organisation before. Youth indicated to struggle with getting used to a new environment, customs and rules and new caregivers. For children/youth coming from an indigenous background or an ethnic minority group, language and cultural customs and beliefs can act as barrier to establish relationships with caregivers and peers. In multicultural care environments with caregivers from mixed backgrounds and linguistic groups, the transition into care is smoother.

Teenagers who enter care often bring in different life experiences, including exploitation, abuse and traumatic events. Most remain loyal to their family or former caregivers. Their adjustment to the new care environment poses different challenges to young people, who often blame themselves for family disruptions. They also pose challenges to their caregivers, who struggle with reconciling different attitudes and behaviours amongst teenagers in care.

In the SOS and non-SOS care organisations alike, young people expressed to feel unclear about the reasons for them being in care. At an early age, children are not always aware that they are growing-up within a care environment, especially if they have been there since babyhood. SOS caregivers explain that most children between 5-10 years old start to ask questions about their background and family, realising they are growing-up in a special environment. However, they continue having questions about the reasons for them being in care and these questions are not always resolved. Likewise, for teenagers entering care it is not always transparent why they are sent to a care organisation. In Indonesia, in the non-SOS care institution, some youth (and parents) were under the impression they were being sent to a boarding school. This practice contravenes Child Protection Laws in most countries, which state that the separation of children from their family should be a last resort. The secrecy surrounding this practice also draws parallels with the use of orphanages as businesses and money making schemes (see for example **[45]**).

In the Netherlands, youth recalled the transition into care as very difficult because of the forced separation from their parents/biological family. Youth indicated they would have wanted more emotional support and guidance how to apprehend that separation.

For refugee minors entering assisted living in residential houses in the Netherlands, the transition into care is difficult, but for different reasons. They feel mutually supported by their peers, with whom they can share experiences and many manage to stay in contact with their biological family. However, anxieties about family reunification and settlement imply a heavy responsibility and psychological burden on (very) young people.

Despite the purposeful separation from their biological family, youth in care do feel generally accepted by their biological family, which is positive and something to build upon. The Netherlands scores relatively lower than the other study countries (Table 9), and for the non-migrant youth even lower (50%). This is indicative of the fact that youth in the other five countries are often taken into care for financial reasons rather than social reasons or for protecting the wellbeing of the child as is the case in the Netherlands, and can in principal remain in contact with their families.

Table 9 – Youth feeling accepted by their biological family (N=246)

	Feeling accepted (%)
Côte d'Ivoire	93.8
Guatemala	87.0
Indonesia	93.2
Kenya	88.6
Malawi	90.9
Netherlands	75.0*
Total Average	89.8

*This is only 50% for Dutch youth in care, yet 100% for migrant youth.

To sum-up, the transition into care, if experienced consciously, always remains a significant event for young people. Open communication, clarity about time in care and maintaining family relations, as well as creating a safe space, time and emotional guidance to address children's/youth's uncertainties, identity questions and anxieties seem critically important to smooth the transition and avoid identity problems later on in life. Cultural and religious diversity of caregivers and staff is more inclusive towards children/youth coming from different backgrounds.

5.6.2 Transition within care

In the SOS-homes there are multiple transitions in the care environment of children/youth. Caregivers might change and new children come and go, which constantly changes the dynamics in the house. As part of the SOS programme, young people transition from their SOS houses to the SOS youth house. Young males move into a separate youth house from the young females and at an earlier age, 16 compared to 18 on average. The youth house of the young males is often located in the community, whereas the females' youth house is on/close to the SOS premises. When living in the youth house, young males have more freedom to move around and interact with the community than young females, to whom more restrictive rules apply. There is one caregiver present, whom in the case of young males is usually a man. This may be the first time in care that young males experience a male caregiver. Also, in the youth house, young people come and go, which gives different dynamics each time.

Although many youth struggle with the separation from their SOS mother/aunt or former caregivers, they also look forward to gaining more freedom and independence. In the SOS youth houses they are taught to take care of themselves, do household chores, shopping and manage their own school affairs – all in preparation of living independently. In some care organisations, e.g. in the Netherlands, there are usually more changes of places and caregivers, which youth find difficult to handle. They mention to want more stability of care and the care environment.

At this age, friendships are very important and exposure to new social peer groups, outside the care institution, increases. Between 83% and 93% of youth from care say they feel accepted from social activities with peers from their age. In focus group discussions some young people told us how they tried to stay away from negative friendships and keep an eye on each other for not engaging with bad friends or illicit activities.

Between 75% and 98% say they also feel accepted by education, with the Netherlands scoring lower (75%) than the rest (93.1% on average). Some youth report to feel discriminated by their teachers,

for being from care, but overall their friends and school act as important strongholds for young people in care, where the care environment itself is subject to multiple changes. How youth grapple with transitions within care has rarely been studied in countries in the global South. This is very much a blind spot in research and policy.

5.6.3 Transition to independence

The transition to independence is the most explored in the secondary literature, but is biased towards Western countries **[6]**. Attention for transition to independence is with good reason, as it is in this transition that young people lose their basic support, accommodation and fall-back positions and have to live independently, indeed considerably more independently than youth from a stable family.

Table 10 below lists the average age at which young people expect to leave care. The differences are not significant across the different programmes and there seems to be a margin of flexibility. What is striking that in the Netherlands young people expect to leave care at an earlier age than in the other countries. This is related to youth care not being financed beyond age 18, although exceptions are made in circumstances where prolongation of care is seen as needed.

Table 10 – Average age young people left or expect to leave SOS and non-SOS care

	SOS FBC (years)	SOS FSP (years)	Other care organisation (years)
Côte d'Ivoire	24-25	25-26	21-22
Guatemala	19-20	18-19	20
Indonesia	21-22	21-22	19
Kenya	22-23	23-24	22-23
Malawi	23-24	26	20-21
	Foster Family	Minors Refugee Home	Assisted Living
Netherlands	18	19-20*	18-19

*Youth living in the Minor Refugee Home strongly expressed the wish to stay in the home to at least age 19-20, though in reality almost all of them will be expected to leave the home at age 18. Not all of the Minor Refugee youth seemed aware of this strict age-cut.

When asked how far in advance young people are told that they are leaving care, answers varied a lot, between less than one week (3.6%), less than 3 months (15%), between 3 and 6 months (11%), between 6 months and a year (11.2%) and more than a year (36.6%). These percentages are broken down per country in the country reports. Across the six study countries on average, a considerable number of youth indicated they don't know when they are leaving care (13.4%), but large variations prevail across country (Table 11).

Table 11 – Percentage of youth not knowing when they are supposed to leave care (N=246)

	Don't know when would have to leave care (%)
Côte d'Ivoire	22.9
Guatemala	33.3
Indonesia	21.9
Kenya	5.6
Malawi	5.6
Netherlands	41.7
Total Average	13.4

The majority of youth think they should be told more than a year in advance that they are leaving care, with the notable exceptions of the Netherlands and Guatemala. This may have to do on the one hand with the low expectations or anticipated stress levels in the Netherlands, and/or the high degree of uncertainty in Guatemala and also the Netherlands (Table 12). Unclarity, about when youth are supposed to leave care may not help in preparing to leave care, yet youth also indicated they do not wish to be reminded all the time that they will have to leave. Both can add to the stress and uncertainty, which means a fine balance needs to be struck to guide preparations well.

Table 12 – Average time youth being & think should being told that they are leaving care (N=246)

	Is being told shorter than 1 year (%)	Is being told longer than a year (%)	Think should being told shorter than a year (%)	Would like being told longer than a year (%)
Côte d'Ivoire	16.7	60.4	16.2	83.8
Guatemala	9.3	57.4	81.5	18.5
Indonesia	12.5	65.6	12.4	81.3
Kenya	19.4	75.0	19.4	75.0
Malawi	75.0	19.4	77.8	19.4
Netherlands	50.0	8.3	66.7	8.3

Young people consider the process of leaving care as quite daunting, mainly because of the financial responsibility and living on one's own. From the life histories with youth we learned that they look forward to having more freedom and time with their friends, less regimented lives, and independence. Youth from the SOS FSP programmes and also refugee minors in the Netherlands, feel a strong sense of duty to provide for their family members. Where this means in the case of SOS FSP youth they express more readiness than FBC youth to leave care, this does not apply to the refugee minors in the Netherlands, who want to prolong their stay in guided living as much as possible.

For youth who experience the transition as a negative, their biggest concerns include being disconnected from their SOS "families" and friends from their care setting, finding a place to live, employment, completing education, and financial security. If this is postponed, youth enter a period of waithood, which they dislike.

> Young people have both positive and negative responses to leaving care. They look forward to more freedom and independence. Transitions are negative when youth lose their connections and enter a phase of waithood, where they are unable to provide for themselves.

5.6.4 Preparation for transition to independence

When asked whether youth felt prepared for living independently 24.4% said they felt very prepared and 42.3% said they felt somewhat prepared (Table 13). So, the majority expresses some level of confidence about being prepared for independence.

Table 13 – How prepared youth feel for independence (N=246)

	Frequency	Percentage (%)
Very prepared	60	24.4
Somewhat prepared	104	42.3
Somewhat unprepared	40	16.3
Very unprepared	42	17.1

Yet, when looking more closely at different aspects of independence young people felt prepared or unprepared for, in terms of information and support received, the results indicate a lot of variation up and down (Table 14). Young people leaving care feel best prepared for taking care of themselves and their own health. They feel least prepared for finding accommodation, obtaining employment, engaging in politics and continuing education. From Table 14 it furthermore shows that 75.6% feel prepared for managing their personal finances, yet this doesn't mean they feel financially secure about independence. A culture of savings is not encouraged in care. Finally, youth mention they wish to be more involved in decision making about them preparing to leave care.

Table 14 – How prepared youth feel for different aspects of independence (N=246)

	Prepared	Unprepared
Finding accommodation	46.3	51.6
Looking after yourself (e.g. shopping, cooking)	88.2	10.6
Managing personal finances	75.6	24.0
Continuing education	69.9	28.9
Obtaining employment related training	61.4	21.9
Obtaining employment	60.6	38.6
Personal health	86.6	12.2
Engaging in politics	38.6	59.3

Note: percentages do not add up to 100%, due to missing responses.

When discussing the preparation for living independently in focus group discussions and life histories, youth indicate to feel insecure about "the world out there", referring to the world outside care. Their exposure and social connections within the community during their time in care has been

limited. This is different for FSP youth, whom have always resided within the local community, and have greater familiarity with the people and places around them.

The caregivers are very important to young people preparing to live independently, as is shown from the figures in Table 15 below. They play a key role in helping youth to prepare for living independently; albeit often for a short time. The next most important people are biological family members, teachers and friends. Young people in the study countries also find support from faith based organisations, which maybe an untapped linkage of SOS to collaborate with in providing/monitoring youth after-care. Young people express to find NGOs and local government bodies not being helpful in their preparations for living independently. Although, these organisations could play a supportive role in finding accommodation, employment and help youth with organising their finance, there seems to be a lack of support here that confirms our earlier finding of political commitment failing on youth from care.

Table 15 – How helpful people are to youth preparing for independence (N=244)

	Helpful	Not helpful	Make it more difficult
Caregivers	91.4	5.7	1.6
Biological family	76.2	19.3	1.2
Teachers	76.2	20.9	0.4
Friends	70.5	25.8	2.0
Faith based organisations	63.9	34.0	0.8
Employers	42.6	38.9	2.0
NGOs	34.0	59.8	0.4
Local government/IND*	32.5	59.8	5.3

*IND = this is the national Immigration and Naturalisation Service in the Netherlands, which has local offices in the big cities and only relates to the refugee minors in the Netherlands.

> Young people preparing to leave care feel best prepared for looking after themselves, but least prepared for finding accommodation, employment and engaging in politics. Their caregivers play a key role in helping them to prepare. Young people also turn to faith based organisations for support.

5.7 Relational movement

As explored in section 2.1, all individuals are going through relational movements throughout their lives, moving from phases of connection and disconnection. However, this research has found that as a result of the multiple transitions (see section 5.6) young people from care experience the movements in and out of connection and disconnection are accentuated and intensified.

5.7.1 Connectedness in care

Youth from care perceive of social inclusion as being able to participate in social and economic activities, being socially connected and accepted and treated as "normal", and receiving social and moral support in times of need. Those youth that express feeling accepted by their biological family, have a more positive outlook on social inclusion. Family bonding contributes positively to feelings of self-worth and social inclusion of young people from care. In Table 9 it was already shown that a high percentage of youth say they "feel accepted by their biological family" (89.8%), compared to feeling unaccepted (6.1%), or refusing to answer (4.2%). Self-perceived acceptance by education (93.1%) and friends (91.1%) are also high, and constitute a positive factor in young people's lives. Self-perceived acceptance by employers is lower (61%). Only 47.2% of young people from care feel accepted by national politics, and 52.4% by local politics. These feelings of disconnection and abandonment by the government are stronger in societies that have not structurally organised care for orphans and vulnerable children (e.g. in Malawi and Kenya).

Maintaining relationships with biological family and friends outside care is very much desired by young people in care themselves, however not always possible due to family problems, rules and regulations within the care organisation, or due to financial constraints on the family side. This aggravates youths' feelings of disconnection, raises identity questions, and has implications on their identity formation. Whilst in care, young people foster strong relationships to their SOS siblings, care mothers and friends. By the time when youth is transitioning to the youth house, most of them have accepted their situation (being from care), but nevertheless feel lonely and yearn for a loving relationship. Some manage to stay in contact with their former caregivers and siblings, but this is practically becoming difficult and caregivers themselves indicate they "have to move on" to new children. Due to negative feelings of "re-abandonment" when youth were transitioning into the youth house, in Malawi the youth house was closed down.

> The vast majority of young people in care say they feel connected to their biological family (89.8%). Family bonding, friendships and education contribute positively to social inclusion.

In the youth house young people appear to remain very disconnected from the broader community. Young males have relatively more freedom than females, due to the location of their youth house being outside SOS premises and within the community/town. Mobility rules for young females are also more restricted. In Côte d'Ivoire, caregivers mentioned they would not like to see their young females move around freely in the local community. So, although youth are being prepared to live independently, they face being secluded from the broader community and have few interactions and encounters with their peers and other community members as part of their daily lives. In some countries, caregivers mention that they would like to see more supervision of youth in the youth house, due to risks of engaging in substance abuse, gangs and criminal activities, young females' early pregnancies, and declining school performance.

The reunification process with biological family also highlights another important relational movement that young people experience. Depending on the reasons why children/youth are in care, the reunification process is part of the SOS policy and is intensified when young people are preparing

for independence. Many young people mentioned they felt good and supported by caregivers in this reunification process, but that the process was not without difficulties on either side (youth and family). Where relationships with biological family are complex, this can cause a lot of stress on the side of youth and contributes to their feelings of failure, lack of confidence and inferiority.

> Separation and disconnection of youth from their families had lasting effects on young peoples' relationships. Youth are generally disconnected from the broader community.

5.7.2 Connectedness after care

An important finding coming out of this study is that youth from care (non-FSP) had a strikingly small number of social relations; yet, these relationships are crucially important when looking for a job, accommodation and to otherwise participate in society. A lot of information on vacancies, internships, and jobs was found on social media and through the advice of friends, family and neighbours. However, most young people from care indicate they have a small circle of friends, mostly consisting of peers from care. Young females seem to have even smaller social networks than males. This in itself demonstrates that youth from care face exclusion, or at least disconnection as a result of their situation, and have very limited access to networks outside of their care organisation.

After leaving care, it proves rather difficult for young people to stay in touch with former caregivers and friends/siblings, and youth may feel disconnected and quite isolated as a result. Lack of proximity, travelling money, and time (on both sides) were mentioned as underlying causes. Other youth did not aspire to stay connected after care, because they did not want to be associated with care any longer by the broader community and when building new friendships and other relationships, or were ashamed of their failing to become self-reliant. After leaving care, youth would expect to have more time available to engage in social activities with their friends. This proved indeed to be the case for 41.9% of youth after care, whereas for 30.6% it stayed the same and for 27.4% this worsened due to other obligations that took most of their time.

When asking a sub-set of youth whom they would turn to for help after care had ended, they indicate their biological family to be the most important source (61.6%) (see Table 16). This confirms earlier findings about the continued importance of family connections. Former care staff also remains important (36.7%), but this dwindles after time elapses. Young people also turn to their friends for help (26.5%), yet they realise their friends are not always capable of helping. On average, 6.1% indicate they have no one to turn to in case of need. When broken down for gender, 80% of these are young males.

Table 16 – Whom would you turn to for help in case of need? (N=246)

	Percentage of youth (%)
Family	61.6
Caregivers and staff	36.7
Friends	26.5
Others (SOS siblings, mentors, church, foster parents)	10.6
Employers	5.7
Teachers	1.2
No one to turn to	6.1*

*80% of which are young males, and 20% young females.

> Social networks of young people after they have left care are strikingly small. Yet, for finding employment social networks are instrumental.

5.7.3 Relational images

Relational images are a key part of the relational approach that was taken in this study. Relational images can be images in the form of expectations about how you will be treated, based on past experiences. If these past experiences were negative, for instance due to abandonment by parents, or complex family problems, or discrimination by teachers, a person may not feel loved and respected or put the blame on her/himself. Across countries, young people narrate about being discriminated by teachers, employers and, partly as a result of that, by their peers and the broader community, and in some cases even direct caregivers. Youth especially highlighted these issues in schools where in some countries they were bullied, labelled or excluded by their classmates for coming from a care background, or stigmatised by their teachers or other parents, who blamed them for any classroom issues, such as noise or theft, assuming that their care-background means they are badly behaved. These relational images even applied to FSP youth, who do not reside in the SOS village, but are still associated with care, being an orphan or being poor due to visits by the organisation.

Caregivers and staff also mention that young people from care have more difficulties to communicate with others outside care, because they are not used to doing so. Nevertheless, 50% of youth indicate that after they had left care their relationships with the local community changed for the better, which seems a healthy development given that they need to find a way to increase their social networks.

This means that about half of the youth who have left care manage to improve social connections, but that the other half does not succeed. What is noticeable in all the study countries with regard to relational movements is that there seem to be few attempts to encourage youth to socialise outside of their care environments. This has serious implications for young people's connectedness after care and finding employment, integrating into society and gaining access to other adulthood markers (see Figure 1). Activities encouraging community integration, and vice versa, for the community to get to know youth from care, should thus be encouraged. This could both help to

overcome negative relational images and improve the inclusion and integration of youth during their time in care and after care.

> A lack of focus on encouraging youth to socialise outside of their care environment and counter negative images, affects the connectedness and societal integration of youth after care.

5.8 Identity formation

Across the countries, the connectedness of young people in care can impact on youth's identity formation. Caregivers and organisational staff highlight that when youth get older, particularly after hitting puberty and beyond, they begin to question their identity and why they are in care when their peers live with their families. These issues are especially pertinent for young people who do not have (contact with) their biological family, and so know very little about their own background and can feel abandoned, and where youth have experienced stigma, discrimination or exclusion. Staff in SOS highlight that young people have to grow up and live with their pasts, in which they may have experienced trauma, abuse, neglect and loss. Youth often respond in one of two ways, according to stakeholders; they either become angry and rebellious or become introvert; withdrawing and isolating themselves from their caregivers, friends and the wider community. Caregivers highlight the negative effect this has on youths' studies and friendships, and it is clear from social-relational mapping that this introvert nature can continue through youth life. Most frequently highlighted was that young people have very low self-esteem, which can lead to a lack of connections, or negative connections, substance abuse and youth struggling with their aspirations. In the three African countries, stakeholders including teachers and health workers also suggest that youth are less resilient, as they have not built the capacity to compete, or indeed are dependent as a result of their care background, however this was not reflected in the opinions of youth.

Young people generally discuss the relationship between their background entering care and their identity formation to a lesser extent and less explicitly, however frequently refer to themselves as introvert and having low self-esteem, in some countries explaining that this is a result of the stigma and discrimination that they have experienced. Youth discuss the effects this has on their connectedness. In countries including Guatemala and Kenya, it was highlighted that young people feel a lack of love and care in their life, which results in them either withdrawing from parts of society and developing low self-esteem, or seeking coping mechanisms such as involvement in gangs. In the Netherlands, young people's lack of hobbies and ambitions, which is often a result of a lack of finances, also contribute to their lack of self-esteem. The link between youths' identity and lack of connection with their biological family was made more explicitly by young people in Kenya, who highlighted the negative effect that not knowing their "roots" and ethnic identity had on their self-acceptance and self-esteem.

5.9 Self-exclusion

This research has shown the cyclical relationship between self-exclusion and social exclusion to be important for youth from care. Indeed, youth both in Kenya and Indonesia highlighted the impact of social exclusion on self-exclusion when they were asked to define the latter.

Past experiences, in combination with this unpleasant labelling by others, as being naughty, untrustworthy, poor, or anti-social, can result in youth from care behaving cautiously or even excluding themselves from social activities and establishing new relationships. Coming from a background of care, is sometimes hidden by youth themselves in anticipation of negative reactions. Self-exclusion can easily lead to further social exclusion and a negative spiral from which it is difficult to escape for a young person feeling isolated or not accepted. This is why for 9.7% of youth their engagement with the local community after they had left care worsened, whereas for 40.3% it stayed the same.

Young people in all countries expressed that experiences of discrimination, negative relationships and social-exclusion led to them developing low self-esteem and withdrawing or excluding themselves from certain activities or parts of society. In schools, for example, young people who had experienced bullying stated that they then became afraid to speak up and had limited interactions with their peers in school. This could be linked to relational images; young people who have experienced discrimination or bullying expect this is how their future relationships will play out and so avoid forming these relationships (self-exclusion) in order to protect themselves from further hurt. Social exclusion and self-exclusion become part of a vicious cycle; with young people experiencing exclusion, withdrawing from certain parts of society and then experiencing deeper exclusion. Importantly, the findings suggest that in many cases this withdrawal and self-exclusion is not a conscious decision on the part of youth, but a process resulting from experiences of exclusion that youth are able to reflect on in retrospect. However, at times self-exclusion can be agentic behaviour, where young people purposefully and deliberately cut themselves off from parts of society. In Malawi, young people discussed actively withdrawing from certain groups for peace of mind and in Indonesia, youth discussed purposefully cutting their ties with their biological families when they realised the negative affect the family were having on their lives.

Young people and stakeholders most frequently discussed the link between social exclusion and self-exclusion in relation to employment. If youth are excluded from employment (if they are unable to find a job) they can experience low self-confidence, desperation and eventually give up; withdrawing from this element of society. Expectations of exclusion from the job market can cause youth to withdraw from education in advance, questioning their investment if they do not expect to be able to find employment at the end. It was discussed how youth turn to 'deviant' behaviour as coping strategies to deal both with a lack of employment and a broader feeling of not being accepted, including substance abuse, crime and gang involvement. These activities result in youth facing further discrimination and exclusion and the loss of social and support networks, again contributing the cycle of social and self-exclusion.

5.10 Outcomes
Outcomes are assessed in terms of three life domains: social acceptance, employability and human wellbeing. These are discussed in the sections below. These outcomes reflect a 'snapshot' of youth in time, and might change later on in life.

5.10.3 Social acceptance
As already reported earlier in this study, the vast majority of youth from care across the countries feel accepted by their biological family (89.9%). They feel similarly accepted by education (93.1%) and by people of their age in social activities (91.1%). Their feeling of social acceptance is lower in

employment (61%), and local and national politics (as discussed in section 5.7.1 above). In the gender breakdown of figures in Table 17, it can be seen that on average young females feel significantly less accepted by their biological families than young males.

Table 17 - Young people from care feeling socially accepted (N=246)

	Females (%)	Males (%)
In education	92.0	94.0
In social activities with age mates	89.3	92.5
By their biological family	83.9*	94.8*
In employment	55.4	65.7
Local politics	53.6	51.5
National politics	48.2	46.3

*Significant difference between females and males at the 95% confidence level (p=0.05). However, if the Netherlands is excluded this difference becomes less significant (but still significant at 90% confidence).

Qualitative data with youth and their caregivers highlight that young people have very few connections outside of their care organisations, as explored in section 5.7. Given the positive figures in Table 17 about young people feeling generally well accepted by people close to them, these provide constructive entry points for extending the limited social network of young people from care further. Most importantly, new links to access employment and feeling recognised as citizens need to be developed and new channels need to be found, already during their time in care.

5.10.2 Employability

Young people in Côte d'Ivoire, Guatemala, Indonesia, Kenya and Malawi consistently highlight one positive aspect of being in/from care; that is access to better education, and higher education, with care organisations funding education, sometimes through to University level. Indeed this was almost always highlighted as the most important benefit of being in care, as such access to education is not common in these countries, especially where young people do not have to work alongside their early-years education and so can fully focus on their studies. Many youth discussed how they "would not be here [in University/employment]" if it was not for their care organisation. It is important to note here, that access to education primarily applies to youth in residential care and not to youth in the SOS FSP programme, who often do not receive the same access to funding and may have to continue working to generate income for their family during their education.

Access to education is considered valuable in and of itself, but also because it allows young people to have a better present and a better future. Education is considered by youth to aid both their inclusion in society and their self-esteem. Most importantly for young people, a good education increases their opportunities later on in life; giving them better access to better quality jobs and thus promising a more stable future.

Nevertheless, despite the advantages of education, financial issues continue to restrain young people's access to, and participation in, education. In Kenya, young people highlight that a lack of resources to buy school equipment limits their participation in school life. The choices youth have for further education are frequently restricted by the instructions of their sponsors or the scholarships that are available, meaning young people often have to follow an educational path different to that they would freely chose. In the Netherlands (where access to quality education is more widespread), young people opt for a "lower" level of education, which both costs less and lasts

for a shorter period of time, allowing youth to start earning sooner. However, youth face prejudice as a result of this education level and have difficulties accessing the kind of jobs they aspire to. This depicts the vicious circle that young people from care find themselves in; they do not have the financial stability or support to make investments that may benefit their future, which leads to further financial instability into adulthood. Indeed, in all six countries young people find it difficult to continue with their education when they leave care, as they have to balance their studies with the immediate need to earn money for accommodation and food. This can lead to youth stopping leisure activities with friends or visiting their families to save money, or dropping out of education entirely in order to work full-time. Furthermore, youth from care have difficulties participating in education because they are struggling to deal with emotional and socio-economic issues that take up their concentration; this was highlighted especially in Indonesia and the Netherlands.

It is important to note that FSP youth do not have the same access to higher education as young people within the care organisations. FSP youth are given financial support to training programmes for self-employment, for example, but financial support to go to University is given to just a few. Amongst SOS FBC youth, there seem to be more opportunities for continuing with higher education, but here youth reported that chances were not equal for all and due to preferential treatment by caregivers and/or teachers, some young people felt excluded.

Among the sub-set of care leavers (N=109), 50.5% of young people are not engaged in paid employment and 49.5% are. Out of these who are engaged in some form of paid employment, 34.9% are engaged in an apprenticeship or internship. A small share are working for a family (11%), doing voluntary work (10.1%), and/or "doing anything else" (10.1%). The total of these percentages add-up to more than 100%, since young care leavers are typically undertaking multiple small jobs simultaneously in order to survive. One type of economic activity is rarely enough, and there is no stability in the jobs. Out of this group of care leavers, 51.8% think the job(s) they are doing now is what they picture themselves doing in 10 years from now. However, 46.4% think they shall be doing something differently by then.

When discussing employment, many young people described either themselves, or youth generally as "lazy" and gave this as an explanation for why young people may struggle to access employment. This echoes some stakeholder comments that young people should work harder in order to achieve, however does not reflect the considerable amount of time the young participants were investing in education and employment. There is a concern here that young people are blaming themselves when they are unable to find (decent/meaningful/desired) employment, rather than recognising the wider societal issues at play (i.e. high youth unemployment and a lack of jobs generally).

> Young care leavers undertake multiple small jobs in order to survive. One type of economic activity is rarely enough, and there is no stability in the jobs.

5.10.3 Human wellbeing

Human wellbeing is operationalised for the purpose of this research into material wellbeing, social-relational wellbeing and subjective wellbeing.

Material wellbeing

Youth, especially those who have left care, generally did not feel they were earning enough to sustain themselves, and thus can be seen as being in a position of waithood. In Côte d'Ivoire, Guatemala, Indonesia, Kenya and Malawi youth unemployment is high, and it is difficult to find a full-time stable job. However, young people do not necessarily perceive job insecurity as such, as the biggest constraint when leaving care (7.6%). They are aware of the lack of employment opportunities, but tend to be generally optimistic that they will find something to do. The lack of financial means is seen as a much bigger constraint (32.6%) (which is of course related to unemployment, but also by lack of savings and a fall-back position), followed by personal psychological barriers (13%) (see Table 18).

Table 118 - Top 5 biggest constraints perceived by youth after care (N=109)

	Percentage of youth (%)*
Lack of financial means	32.6
Personal psychological barrier	13.0
Job insecurity	7.6
Lack of family support	5.4
Health problems	4.9

Accommodation for young care leavers is very difficult to find, and a recurrent cost they can ill-afford. Many resolve this problem by living together with (one of) their parents, other family members, or friends they know from the care organisation. In the Netherlands, care leavers can register for subsidised social housing or, depending on the care need, qualify for supervised living. Nevertheless, even in an affluent society as the Netherlands, young care leavers end up living on the streets because they do not see alternative options. In countries where poverty is more widespread, we also see young care leavers 'disappearing' straight into the city slums and into informality.

Social-relational wellbeing

Young people from care have experienced multiple transitions throughout their young lives. Part of this experience has been to engage in new relationships with caregivers and institutional environments multiple times. This leads to young people experiencing more, and more intense relational movements. Transitions into care can represent disconnection from youths' biological families and home communities, which can cause youth to question their identity. According to caregivers, youth often respond by either becoming angry or by excluding themselves from caregivers, peers and society. Transitions out of care can also result in disconnection from youths' caregivers and friends, especially because young people lose their financial security and so cannot afford travelling to visit their connections or engaging in leisure activities, or because they do not have the time to do so due to their long working hours.

Beyond engagement with school and religious-based activities, young people seem to engage very little in society, especially with other young people their age; social-relational mapping exercises

show that young people have a strikingly small number of connections, which are mainly centred around their care organisations. Young females interact less with age mates and people from the local community than males, due to more restrictive rules and regulations *vis à vis* young females. In terms of wellbeing, there is a difference in experiences between FSP youth and young people who are not living with their families; FSP youth do not experience disruptive transitions away from their families and are likely to stay at home later. As such, issues of identity may not be such a problem for FSP youth. From the perspective of the local community, whereas FSP youth are living in the community, there is limited interaction and opportunity to get to know young people living in care organisations. This does not help to counter possible negative images, that may or may not be related to negative incidences in the past, or to counter prejudice with regards to youth from care.

Subjective wellbeing

Whilst in care, youth across countries mention their voice and opinion in decisions about their care plan, their transitions through care, pursuing education, or engagement with their biological family, is not sought by caregivers or staff. This is not only frustrating to children and young people who are in an identity formation period of their life, but also undermines their empowerment and ability to make decisions on their own.

Despite the observation at the beginning, that 27.6% of youth feel socially excluded because of their care background, a vast majority of SOS-supported youth feel grateful for the life opportunities they think they would otherwise not have had. They show appreciation for the good education and nurturing environment. For those reasons, we came across many young people who "want to give something back" to the care organisation, and/or to children and young people facing similar challenges in life.

> Young care leavers perceive financial barriers as the biggest constraint to achieve their aims in life. The multiple transitions in care are causal to feelings of disconnection; for FBC youth more so than FSP youth. Young people express the need to have more voice in important decisions. They are also eager to "give something back".

6. Main Findings & Recommendations

6.1 Answering the main research question

In answer to the main research question; how are vulnerable youth affected by social exclusion in terms of their human wellbeing, employability and social acceptance, young people in general claim to feel socially accepted and express a good degree of positivity about their time in care, largely due to the access it afforded them to education. However, they also indicate to feel treated differently and sometimes discriminated against due to their care background. This limits their active participation in society. The following main findings explain the reasons behind this:

➢ On average, 27.6% of youth indicated that their care background is driving their social exclusion. This is higher amongst youth in FBC programmes (31%) compared to youth in FSP (18.4%). There is no difference between SOS and non-SOS youth in care.

➢ Young people from care in the six study countries have very little engagement with the society beyond their care organisations, even when they have left care, with youth discussing how they rarely socialise with, and know very little about, other young people in their community. This is likely to be because many young people refer to themselves as "introvert".

➢ Young people from care mention their ethnicity (20.7%), age (19.1%), gender (14.7%) and religion (14.4%) as cultural drivers of social exclusion. Cultural activities are important for identity formation, free expression and engagement with society. However, youth from minority groups often feel they are stigmatised as a threat or being "backward". Social-cultural inequalities already existing in societies are sometimes even deepened or reinforced within the care organisation.

➢ Poverty and inequality are the main economic drivers of exclusion. Young people from care experience difficulties in finding stable employment and are susceptible to job exploitation. Youth entrepreneurship, which is encouraged by local governments, may not be the right policy/programme approach for young people who do not have a start-up capital or a secure fall-back position.

➢ Young people from care have an optimistic economic outlook; 67.9% thinks there exist adequate employment opportunities for youth. However, 51.8% meet their aspirations in their current occupation, and 33.3% of youth state that a lack of money is the biggest barrier to reaching their aims in life.

➢ Young people from care are given virtually no political attention or protection, and thus lack citizenship and voice and feel disconnected from national and local politics. They have limited knowledge and awareness of their citizenship rights. In countries where care is less integrated into policies and communities, youth feel abandoned and neglected by society.

➢ The multiple transitions young people in care experience affect their identity formation and personal relationships. Young people desire more stability of care.

➢ Young people have both positive and negative responses to leaving care. They look forward to more freedom and independence. Transitions are negative when youth lose their connections and enter a phase of waithood, where they are unable to provide for themselves.

➢ Young people preparing to leave care feel best prepared for looking after themselves, but least prepared for finding accommodation, employment and engaging in politics. Their caregivers play a key role in helping them to prepare. Young people also turn to faith-based organisations for support.

➢ The vast majority of young people in care say they feel connected to their biological family (89.8%). Family bonding, friendships and education contribute positively to social inclusion. Separation and disconnection of youth from their families had lasting effects on young peoples' relationships.

➢ Youth are generally disconnected from the broader community. Social networks of young people after they have left care are strikingly small. Yet, for finding employment social networks are instrumental. A lack of focus on encouraging youth to socialise outside of their care environment and counter negative images, affects the connectedness and societal integration of youth after care.

➢ Young care leavers undertake multiple small jobs in order to survive. One type of economic activity is rarely enough, and there is no stability in the jobs.

➢ The multiple transitions in care are causal to youths feelings of disconnection; for FBC youth more so than FSP youth. Young people express the need to have more voice on their own care plan and important life decisions. They are also eager to "give something back".

6.2 Recommendations for care organisations programming and practice

- Young people need stability of care and more social-emotional guidance to deal with the multiple transitions through care, resolve identity questions and prepare for independence.

- Activities should be developed to help with community integration; both when youth are in care, to improve community cohesion and reduce negative relational images, and for when youth have left care, to help them integrate and be active in society and cultural activities.

- Better provisions, as well as linkages with employers, should be in place for supporting and preparing youth in their transition to independence; particularly in providing emotional support and practical support in educating youth on how to find accommodation, further education and employment or employment related training in the form of apprenticeships/internships.

- Youth should be positively encouraged with regards to finding employment, and also made aware of the realities of the job market, to avoid youth conceiving of themselves as lazy or as failing and to counter negative prejudice from the society around them.

- Youth should be assisted where possible, and at least encouraged, to maintain their social contacts to ensure they have positive connections when they leave care.

- Vice versa, communities in which care organisations are located should be invited to interact more regularly and openly with youth in care.

- Young people should be more actively engaged in decisions over their lives and their futures.

- Organisations should (continue to) engage in advocacy for the implementation of youth rights and for the local and national government to take responsibility for vulnerable youth. Organisations should make youth aware of their rights and how they can claim them.

- Organisations must adhere to protective national and international laws, and only separate children from their family as a last resort.

6.3 International and national policy and advocacy on vulnerable youth in and from care

- Youth in and from care are an invisible group; they should be counted and included in national and international statistics. Multilateral institutions should develop comparable statistics and collect data systematically across countries.

- Countries should legalise national policies protecting youth in care. The substantial gaps between policy and practice must be addressed to protect vulnerable children and young people.

- Governments jointly with care organisations must take responsibility for vulnerable children and youth, to ensure their safety, protection and rights as citizens:
    - All care organisations must be registered and monitored.
    - Records should be kept locally and shared nationally on children and youth entering and leaving care.
    - Support mechanisms should be built for young people transitioning to independence and provide after-care by securing a fall-back mechanism.

- National and local governments need to cooperate and communicate on issues of (vulnerable) youth. Local governments need to receive adequate funding and support to ensure they have the capacity to protect and support vulnerable youth and implement national policies.

- Governments jointly with private sector organisations must take responsibility for youth (un)employment and collaborate with the private sector to create more stable job opportunities for young care leavers. Encouraging youth to engage in informal jobs or entrepreneurship is likely to lead to increased instability and exclusion for youth.

- Governments must work to improve the accessibility of quality education, so that all children and young people have access to education and families do not feel obliged to leave their children in care. To young people from care, equal opportunities should exist for continuing higher education.

- Care organisations, NGOs and ILOs should (continue to) be active in advocating for the implementation of child and youth rights, government responsibility for vulnerable youth and monitoring the protection of vulnerable youth. This should also include making young people aware of their citizenship rights and ways of accessing them.

6.4 Reflections & study limitations

There are a number of reflections and limitations that should be considered regarding this research:

- In each country, one main study location was selected. Yet, multiple SOS programmes run in each country. Locations differ quite a lot, for example according to rural and urban environment, less impoverished and more impoverished. The findings of this study and the country reports are therefore not representative at country level.

- The Netherlands was included for comparison, but does not have a SOS programme at the moment. Instead, youth in a range of different alternative care institutions were included in the study. As a result, the cross-country comparison is not relevant in regards to each and every aspect of the study.

- It was difficult to contact young people who have left care, as many have moved away and changed phone numbers. Many of those interviewed were in good communication with the care organisation's staff or their peers and thus may not be representative of all youth who have left care.

- Despite trying to ensure independence from SOS, in reality SOS Indonesia and Côte d'Ivoire became involved in the research process on the side-line, including, for example, arranging interviews on behalf of the in-country researchers. This means that respondents could have considered the research to be a part of, and not independent from, SOS and this may have resulted in some respondent bias.

- It was highlighted by the in-country researchers that young people found some of the questions difficult to answer. Not necessarily because they did not understand the question, but because they were not used to being asked such direct questions. Some questions also triggered a lot of emotions (e.g. when asked about their biological family) and this resulted in some unanswered questions.

- There was reluctance on the part of some stakeholders, such as teachers, to discuss more negative issues.

7. Reference List

[1] UN (2016). The Sustainable Development Goals Report. Leaving no one behind. New York: United Nations. Available on-line: https://unstats.un.org/sdgs/report/2016/leaving-no-one-behind

[2] Partos (2015). Leave no-one behind! Inspirational guide on the inclusion of ultra-poor and marginalised people in economic development. Leiden: Partos.

[3] Törrönen, M. & Vauhkonen, T. (2012). Everyone is valuable– participatory peer research into young people leaving alternative care. SOS Children's Village Finland.

[4] SOS Kinderdorpen België & Cachet (2017). "Wij zijn gewone jongeren in een ongewone situatie."Ervaringsdeskundigen aan het woord: waar moet jeugdhulp heen volgens jongeren zelf? On-line: https://sos-kinderdorpen-wieni.netdna-ssl.com/sites/default/files/paragraph/attachments/sos_kd_cachet_visietekst_nl_lr.pdf

[5] UNICEF (2010). Guideline for the alternative care of children. New York: United Nations. Available On-line: https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf

[6] Pouw, N.R.M. & Hodgkinson, K. (2016). Literature Review Social Exclusion of Vulnerable Youth. DOI: 10.13140/RG.2.1.4954.6009 react-text: 62 .

[7] Gupta, J., Pouw, N. R., & Ros-Tonen, M. A. (2015). Towards an elaborated theory of inclusive development. *The European Journal of Development Research*, *27*(4), 541-559.

[8] Pouw, N., & Gupta, J. (2015). Inclusive development in search of political will. *INCLUDE* Knowledge Platform. Available on-line: http://includeplatform.net/contribution/inclusive-development-search-political-will/

[9] Pouw, N. & Hodgkinson, K. (2016). Research Design Social Exclusion of Vulnerable Youth.

[10] Comstock et al. (2008). Relational-Cultural Theory: A Framework for Bridging Relational, Multicultural and Social Justice Competencies. *Journal of Counselling & Development* 86: 279287

[11] Johnston, L. et al. (2000). Snakes and Ladders. Young People, transitions and social exclusion.

[12] Walker, M. (2002). How therapy helps when the culture hurts (Work in Progress No. 95). Wellesley, MA: Stone Center Colloquium Series.

[13] Honwana, A. (2014). Waithood, Restricted Futures and Youth Protests in Africa. Presentation at Symposium on Youth Research and Development, 10 April 2014, The Hague.

[14] Frimpong Manso, K. (2012). Preparation for Young People Leaving Care: The case of SOS children's village, Ghana. *Child Care in Practice* 18 (4): pp. 341-356.

[15] HM Government (2013). *Care Leaver Strategy. A cross-departmental strategy for young people leaving care.* London: UK Government.

[16] Stein, M. (2006). Research review: young people leaving care. *Child and Family Social Work* 11 (3), pp. 273-279.

[17] Berkman, H. (2007). Social exclusion and violence in Latin America and the Caribbean, Working paper. Inter-American Development Bank, Research Department, No. 61.

[18] Beall, J. & Piron, L. (2005). *DFID Social Exclusion Review.* London: Department of International Development.

[19] Yorke, M. & Knight, T. (2006). Embedding employability into the curriculum. *Learning & Employability Series One.* York: The Higher Education Academy.

[20] Susinos, T. (2008). 'Tell me in your own words': disabling barriers and social exclusion in young persons. *Disability and Society* 22(2), pp. 117 – 127.

[21] Chirwa, W. (2002). Social Exclusion and Inclusion: Challenge to Orphan Care in Malawi. Nordic *Journal of African Studies* 11(1), pp. 93 – 113.

[22] DFID (2005). Reducing poverty by tackling social exclusion. London: DFID.

[23] Savelsberg, H.J. & Martin-Giles, B. (2008). Young people on the margins: Australian studies of social exclusion. *Journal of Youth Studies* 11(1), pp. 17 – 31.

[24] Paolini, G. (2013). *Youth Exclusion and Lessons from Youth Work*. Brussels: European Commission.

[25] Thompson, R. (2011). Individualisation and social exclusion: the case of young people not in education, employment or training. *Oxford Review of Education* 37(6), pp. 785 – 802.

[26] Alston, M. & Kent, J. (2009). Generation X-pendable: The social exclusion of rural and remote young people. *Journal of Sociology*, 45(1), pp.89-107.

[27] Ucembe, S. (2013). Exploring the Nexus between Social Capital and Individual Biographies of "Care leavers" in Nairobi, Kenya: A Life Course Perspective. Masters Thesis, The Hague: Netherlands.

[28] Bynner, J. (2001). Childhood risks and protective factors in social exclusion. *Children and Society* 15(5), pp. 285 – 301.

[29] Colley, H. (2001). Problems with 'Bridging the Gap': the reversal of structure and agency in addressing social exclusion. *Critical Social Policy ,* 21(3), pp. 337 – 361.

[30] Gaetz, S.(2004). Safe streets for whom? Homeless youth, social exclusion, and criminal victimization. Canadian Journal of Criminology and Criminal Justice, 46(4), pp.423-456.

[31] Baumeister, R. Nuss, C. Twenge, J. (2002). Effects of Social Exclusion on Cognitive Processes: Anticipated Aloneness Reduces Intelligent Thought. *Journal of Personality and Social Psychology,* 83(4), pp. 817 – 827.

[32] Jackson, S. Cameron, C. (2009). Unemployment, education and social exclusion: the case of young people from public care. London: Institute of Education

[33] Stein, M. Verwijen-Slamenscu, R. (2012). *When care ends: Lessons from peer research.* Innsbruck: SOS Children's Villages International.

[34] Csáky, C. (2009). *Keeping Children Out of Harmful Institutions.* London: Save the Children

[35] Hook, J. (2010). Employment of Former Foster Youth as Young Adults: Evidence from the Midwest Study. Chapin Hall, University of Chicago.

[36] Sommers, M.(2010). Urban Youth in Africa. Environment and Urbanisation 22(2), pp. 317 – 332.

[37] Colley, H. (2003). Engagement mentoring for socially excluded youth: problematising an 'holistic' approach to creating employability through the transformation of habitus. *British Journal of Guidance and Counselling,* 31(1), pp. 77-100.

[38] Pouw, N. Hodgkinson, K. van Dam, K. (2016) *Field Research Guidebook: Côte d'Ivoire*. University of Amsterdam.

[39] Pouw, N. Hodgkinson, K. van Dam, K. (2016) *Field Research Guidebook: Guatemala*. University of Amsterdam.

[40] Pouw, N. Hodgkinson, K. van Dam, K. (2016) *Field Research Guidebook: Indonesia*. University of Amsterdam.

[41] Pouw, N. Hodgkinson, K. van Dam, K. , Le Mat, M. (2016) *Field Research Guidebook: Kenya*. University of Amsterdam.

[42] Pouw, N. Hodgkinson, K. van Dam, K. , Le Mat, M. (2016) *Field Research Guidebook: Malawi*. University of Amsterdam.

[43] Pouw, N. Hodgkinson, K. van Dam, K. , Le Mat, M. (2016) *Field Research Guidebook: The Netherlands*. University of Amsterdam.

[44] CBS (2017). Vooral onder jongeren daalt. werkeloosheid The Hague: CBS. On-line: https://www.cbs.nl/nl-nl/nieuws/2017/24/vooral-onder-jongeren-daalt-werkloosheid