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EDITORIAL

New impetus on transitions for children and young people in and out of alternative care?

Currently the world is navigating through a complex transition period. But it is also an ideal time to take stock, identify specific shortcomings, and bring new opportunities based on lived experiences and lessons learnt - thus generating potential for systematic changes. Therefore, in this editorial, ISS/IRC wishes to reflect on delicate yet crucial transitions children and young people go through in and out of alternative care.

While the upcoming Day of General Discussion (DGD) *Children's Rights and Alternative Care*[1] (see editorial MR N°249 February 2021) aims at providing answers to pressing questions related to alternative care in Covid-19 and post-Covid-19 times[2], the transition of children and young people from alternative care and deinstitutionalisation processes are among the main focus areas of the DGD[3]. The most recurring questions are in particular: how can we meaningful empower children and youth who have experience of the child protection system and/or of living in alternative care of any type to voice their opinions on what constitutes quality care and advocate for legislative and systematic changes"? How can we ensure a transition out of care that empowers and supports a young person towards an independent life? How can we equip and support professionals who accompany children and young adults in these transitions period? And finally, how can we accompany States in reforming their alternative care systems and progressing in deinstitutionalisation processes?

Transition out of care: towards necessary and suitable leaving care services?

It is widely known that providing preparation and after-care support for care
leavers are key components of quality and continuity of care (see MR N°242 June 2020). As qualified by Quinn et al. (2017)[4], in line with the UN Guidelines, we should refer to the "necessity and suitability of care leaving provisions".

Concerning the *necessity* aspect, there is fortunately growing awareness that "careleavers need greater support, over a longer period of time, in order to significantly improve their outcomes".[5] The existence of an abundant evidence[6] has led to law and policy changes in some States.[7] Yet, why is leaving care still a low priority status in so many contexts, and why are there still so many testimonies of children who are not or not adequately involved in their own pathway planning? Despite the numerous adversities faced by care leavers, their lived experiences generate only slow changes in law, policy and practice. Is

> Leaving care processes can entail various circumstances for children and youth and should encompass comprehensive assessments, preparation, support and monitoring. It can lead to family reintegration, of transition to another placement or towards independent life. **Paras. 131-136, Alt Care Guidelines; Para. 35l)** UNGA 2019 Resolution.

part of the answer linked with the complexity of the concept itself, which is situated at the cross-roads between childhood and young adulthood, and therefore at the margins of applicable children's rights? In addition, it is also a field affected by budgetary constraints on general childhood and social policies for the most disadvantaged families and children. The impact of Covid-19 pandemic has surely not improved the situation

of care leavers given the cross-sectoral disruptions (e.g. ongoing economic crisis, business closures, layoffs, discontinuity in education or vocational training, mental health issues, etc.) (see MR No. 241, May 2020) and therefore call for more targeted and individualised support.

For ISS/IRC, further reflections are also needed on the inclusiveness of leaving care services/programmes: Do all children in care equally benefit from leaving care processes? What about children with disabilities or unaccompanied and separated migrant or refugee children as care leavers? For both groups of children and youth, the leaving care process seems to be conditioned to a specific set of circumstances: physical and/or psychological for the former, and for the latter, often of legal nature and related to structural challenges and tensions between immigration rules and child-rights considerations[8]; a fact that appears to exacerbate general challenges and risks faced by care leavers for these two groups.

Built on the achievements in many regions of the world in terms of raising awareness on leaving care issues and of developing individual services and programmes to care leavers, it is however encouraging to observe that care leavers voices have over the years become more and more prominent in alternative care discussions, including during the Covid-19 pandemic. As shown in the DGD preparation process, time seems finally to have come for their experiences to inform **suitable laws, policies and practice**. Aren't concerned children and young adults in- and out-of-care, best suited to share insights into their preparation for the transition out of care and their life after care?

Transition of care systems: towards more family-based and community-based care options?

Adequate planning and preparation are also required at a macro-level when States initiate transition processes from systems which heavily rely on residential care with limited possibilities for family reintegration (see MR No. 251 May 2021) or family-based and community-based care options.

While many States have embarked on important care reforms within an overall deinstitutionalisation strategy[9] over the last decade, there is still the overall need to share promising practices on how States have concretely implemented more effective prevention and gatekeeping mechanisms[10]. Likewise, in many contexts, one can observe the need to have a better understanding on residential care, its nature and care provided to children (see p.8). Further, what are the factors that contribute to the institutionalisation of children, and how can they be addressed to prevent it? And most importantly, what needs to be considered in preventing and phasing out the institutionalisation of children? What are the indicators in each State on the how deinstitutionalization and transition to support services in the community have progressed?[11]

When embarking on such process and in order for it to be sustainable, innovative approaches regarding new forms of family-based care (see for instance article tiers bénévole p. 4, or hybrid forms of care measures following a cross-border *kafalah*, see p. 10) as well as collaborative cross-sectoral dialogue might want to be considered (see p.6).

The DGD will surely help provide answers to these fundamental questions, and contribute in particular to gather further evidence on what actually constitutes quality alternative care. Most importantly, ISS/IRC hopes that it will result in concrete follow-up actions and suggestions, especially on how children and young people, care leavers and their associations can build on newly established collaboration and continue to meaningfully generate systematic change to their own benefit and future generations of children in need of alternative care.

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References:

[1] DGD, 16-17 September 2021. For more information, see: https://www.ohchr.org/EN/HRBodies/CRC/Pages/Discussion2020.aspx.

[2] E.g. What has the impact of the Covid-19 pandemic on children's care and alternative care taught us almost 1.5 years after its global outbreak?; and what efforts do we need to deploy to strengthen and reform alternative care systems, and prepare for possible "future public health as well as social and environmental global crises"? (See Specific objective DGD No.3)

[3] The CRC Committee is looking for "*innovative practices, inter alia of family strengthening, quality alternative care, family reintegration, transition from alternative care into independent living and deinstitutionalisation processes*", see p. 3, Guidelines on participation and submissions, DGD:

[4] Quinn, N., Davidson, J., Milligan, I., Elsley, S. and Cantwell, N. (2017), *Moving Forward: towards a rights-based paradigm for young people transitioning out of care.* International Social Work, 60 (1). Pp. 140-155.

[5] McGhee, K., Lerpiniere, J., Welch, V., Graham, P., Harkin, B., (2014). *Throughcare and Aftercare in Scotland: National Study.*

[6] The number of studies conducted on leaving care, including comparative studies is abundant and seeks to inform policy and practice. Two broad categories of research can be identified according to Quinn et al. (2017): determining poor outcomes of care leavers at health, education or employment levels (despite the difficulty to measure outcomes) and assessing services and policies to tackle identified issues of careleavers.

[7] See ISS/IRC MR of June 2020. Concerning examples of promising practices, one should turn to England, the USA, Spain and Scotland, which have introduced changes to their existing laws and policies. One can also observe a nascent awareness of the importance of leaving care preparation and after-care support in developing contexts (e.g. Ethiopia, India, Jordan, Kenya, Latin America, and Uganda).

[8] In particular for unaccompanied and separated children, specific attention should be given to the limited time available to children prior to the age of 18 for leaving care preparation (most are placed in care between 15 and 17), combined with the complexity of the legal procedures around asylum and/or other entitlements and the frequent lack of (quality) representation and/or guardianship, language barriers, post-traumatic stress disorder and the difficult establishment of trusting relationships - all circumstances that increase the complexity of adequate preparation for their transition to adulthood and after-care support - see Wöllenstein J. (2019). *Transitioning out of care: a different reality for unaccompanied children? International frameworks and the examples of Italy and Switzerland*, Thesis submitted in the framework of the Master of Advanced Studies in Children's Rights Sion, 30 September 2019.

[9] Paras. 23, UN Alternative Care Guidelines.

[10] See Specific Objective DGD No. 2.

[11] See point 7.e), Key recommendations for the 2019 UNGA Resolution on the Rights of the Child with a focus on children without parental care.