

Transition within transition: How young people learn to leave behind institutional care whilst their carers are stuck in *neutral*

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ARTICLE INFO

Available online 27 August 2011

Keywords:

Care leaver
William Bridges transition model
Childcare practitioner
Learning
Post-communist country
Romania

ABSTRACT

This paper discusses findings from a qualitative longitudinal study which explored the process of leaving long-stay institutional state care in Romania during 2002–4, a period at the heart of accelerated EU-enforced childcare reform. 28 young people were interviewed before leaving care and 17 were tracked up to 8 months after discharge. 18 practitioners were also interviewed.

The findings confirmed Pinkerton's (2006) emphasis on the impact of global and national factors on the individual experience of leaving care. This study took place in a country undergoing widespread change. The care leavers' irreversible transition took place within the simultaneous professional transition of their carers and that of the community with which they needed to integrate. This insight is widely relevant in the current context of public funding cuts and changes in welfare policy in many countries, including the Central and Eastern European (CEE) countries.

Bridges (2009) was used to understand the experiences of care leavers and their carers. Bridges stresses the role of the leader in creating protective conditions for traversing three unavoidable transition stages: 1. ending old identity/behaviour; 2. a neutral zone of deconstruction and transformation; and 3. a new beginning. Preparation for leaving care can be viewed as learning to end care, followed by the neutral zone which begins at discharge. When lacking family support, formal carers are the young people's main transition guides. However, their professional transition also needs management. Because of top-down, accelerated childcare reforms, the Romanian carers' transitions appeared stuck in the neutral zone, affecting preparation for leaving care. Yet, the availability of learning opportunities after discharge changed the nature of the neutral zone for most of the sample who did better than expected at follow-up. This, supported by Bridges' proposal that learning during transition influences future coping, offers a foundation for new theory.

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1. Introduction

In the West the process by which young people make the transition from care to living in society has received attention since the mid-1970s in the UK (Stein & Carey, 1986) and even earlier in the US (Courtney & Hugh-Heuring, 2005). Over 30 years of research has shown that leaving public care is not a simple act of opening a door and exiting care. Instead, a much more complex process takes place, which begins before discharge and merges with other life processes subsequently. Stein (2010) suggests that the care leavers' task, along with the rest of youth in today's Europe, is to find stable accommodation, continue education or find suitable employment and achieve health and well-being.

Our understanding of this phenomenon is currently facing three challenges. First, leaving care remains an under-theorised phenomenon, our knowledge being largely descriptive (Stein, 2005). A theoretical understanding is needed of the deeper mechanisms and factors that

strengthen or weaken coping with life after public care. Second, we need more insight into the cultural context of leaving care. We need this to avoid the assumption that Western understandings of leaving care should shape all national policies. Third, we need to understand how global factors affect the local process of leaving care (Pinkerton, 2006).

This paper will address these challenges by presenting research findings from a little-studied context: long-stay institutional state care in a former communist country, now an EU member¹ (Anghel, 2010; Anghel & Beckett, 2007; Anghel & Dima, 2008; Dima, 2009; Erentaite, 2008; Herzog, 2008; Lerch & Stein, 2011). This qualitative longitudinal study was conducted during profound childcare reform in Romania. The analysis used a model of transition adapted from organisational management (Bridges, 2009). The observations covered three areas:

- The process of leaving care can be seen as similar to the three-stage transition process proposed by Bridges (2009): preparation

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¹ At the time of study, 2002–2004, Romania was still in negotiations with EU, which it joined in 2007.

or *ending care*; *neutral zone* of deconstruction and transformation; and *new beginning*. This way of framing care leaving could offer a structure for practitioners and policy-makers within which to promote factors supporting young people's progress through each stage. Dima (2009) who also used Bridges' model arrived at a similar conclusion.

- b) During the all encompassing system reform generated by the negotiations with the European Union (EU), childcare practitioners, who are expected to implement the change, were going through a practical and conceptual transition themselves. Their support needs were as central as those of the young people. When the practitioners' transition needs are poorly managed they can become stuck in the *neutral zone* (Anghel, 2010; Anghel & Beckett, 2007). This creates additional risks for the young people's preparation for leaving care. This 'transition within transition' feature of care-leaving is relevant to countries experiencing reforms (e.g. CEE countries required to deinstitutionalise long-stay institutional care and Western countries which change their policies on social welfare).
- c) One of the most significant factors supporting the transition from care to living independently is the availability of opportunities for experiential learning (Anghel, 2010). This conceptualisation of the process of leaving care as a process of learning offers a foundation for new theory.

2. International and Romanian contexts

Most research on the process of leaving care has been conducted in Anglo-Saxon countries in the context of foster care. These qualitative, often longitudinal studies observed that there is a relationship between social integration and quality and paced preparation, late discharge, participation, and a stable and positive relationship with a carer (Biehal, Clayden, Stein, & Wade, 1995; Courtney & Hugh-Heuring, 2005; Pinkerton & McCrea, 1999; Stein & Munro, 2008; Stein & Wade, 2000). Factors which support good transitions from care have been researched in Western contexts, but need further exploration in other cultures.

Former communist countries traditionally cared for vulnerable children in institutions. Little is known about how young people experience leaving care from this environment (Lerch & Stein, 2011). Some of these countries have been pressured to reform their policies according to UN principles of care. Whilst this provides guidance, there are dangers in applying international findings to policy development in under-researched contexts. They raise questions of relevance, disempowerment of local actors (Dickens & Groza, 2004), and they can miss the opportunity to learn what is specific to these populations of care leavers.

Romania is a changing post-communist Eastern European society. Since 1989 it had been guided by the IMF, the World Bank, and the EU because of its dependency on financial support and the conditions of EU membership (Jacoby, Lataianu, & Lataianu, 2009). This cascaded wide scale change in the political and socio-economic systems, the childcare system, and the individual and local experience of leaving care (illustrated in Fig. 1; Anghel, 2010). After a period of introducing abrupt neoliberal change models, which caused new inequalities during the 1990s (Zamfir, 1996), Romania experienced gradual economic growth under EU guidance.²

Against this background the childcare system too moved from being the worst example of child maltreatment in public care (Schell-Frank, Rotaru, Iverson, & Dole, 2004) to developing childcare legislation and policy that is 'good, almost better than any in Europe' (Scheele,³ in Jacoby et al., 2009:127). During much of the 1990s

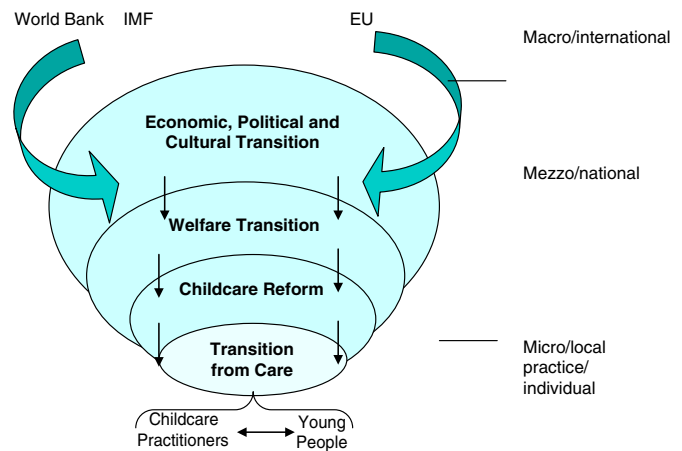


Fig. 1. Cascading change from globalisation agents to local practice and leaving care experience: *Transition within Transition*.

institutional care was socially isolated, unaccountable, abusive and concerned with deficit (Zamfir & Ionita, 1997). Later, the EU, using the mandatory requirements in the UNCRC agreement (Jacoby et al., 2009), pressured Romania to reform its childcare policies. In less than a decade, based on Western models often adopted without preparation and adjustment to local circumstances (Dima, 2009; Jacoby et al., 2009), the Romanian childcare system experienced two reforms (Law 272, 2004; OUG 26, 1997). It is now decentralised, focuses on deinstitutionalization and on safeguarding children's rights and it includes national standards based on case management and strengths models. On reaching 18 care leavers can request extended preparation (Law 272, 2004) and are prioritised for accommodation, employment, health and education (Law 116, 2002). The concepts of individualised leaving care planning, community participation, holistic care, service user involvement, and community-integrated preparation for independent living are now core to the care-leaving policy.

The EU accepted these changes as showing significant progress, praising Romania for having an exemplary reform model in the CEE region. Yet local commentators (e.g. Charities Concerned with Children in Romania, 2006)⁴ contested the credibility of this apparent progress, arguing that changes in policy did not address grossly negligent practice. Romanian research on leaving care is still developing. So far we know that care leavers have unsuitable qualifications for the modern labour market (Hot, 669, 2006), find legal, sustainable and safe employment with difficulty (UNICEF, 2000) and lack social skills (ANSIT, 2003). This increases their risk of social exclusion (Alexeanu-Buttu, Alexandrescu, & Mihaita, 2001). Researching from a psycho-social perspective, Dima (2009) found that young people attempt to cope with community living by striving to acquire an 'ordinary identity', thus losing the stigmatising 'in care identity'. The experience of childcare practitioners involved in leaving care in this context has also been little studied.

This study attempted to address some of the gaps described above by exploring the features and context of the process of leaving institutional care in Romania; the interconnected experiences of young people and practitioners; and the co-occurring factors that support or hinder their transition.

3. Methodology

The fieldwork took place in Bucharest between 2002 and 2004. The study was designed as a qualitative longitudinal case study of the leaving care process (Saldana, 2003; Stake, 2000) and conducted in a 'strengths' perspective (Saleebey, 1997). It explored preparation

² Until 2008 when it was affected along with most countries by the world financial crisis.

³ Former head of the EU Commission delegation in Bucharest.

⁴ A large number of childcare organisations with experience of working in Romania.

and early outcomes of care in key life areas.⁵ It included a purposive sample of 28 young people (18 M and 10 F) approaching discharge from nine placement centres⁶ in five Bucharest boroughs. Centre managers nominated the young people preparing to leave care in 2 months. Aged 17 to 24 the young people had a care history of five to 21 years. Most admissions were poverty-related. A quarter was abandoned at birth. The vast majority (89%) had a relatively stable care career experiencing only up to three placements. These are common features of the institutional state care system, so whilst the sampling was not representative as such, there is clear relevance to the wider care population. The perspectives of 11 state and seven NGO practitioners on work and role, the young people and the childcare system provided the setting against which the young people's transition was staged.

Semi-structured interviews with young people before and after discharge, and single interviews with childcare practitioners were conducted. The young people chose pseudonyms. Eight to ten months after the first interview, 19 young people left the centres of whom 13 were re-interviewed; for nine the situation remained unchanged and four⁷ were re-interviewed. Of the 13, nine (32% of the original sample) had 5 to 8 months experience of living in society. The 39% attrition rate, caused by care leavers' mobility and by blocked access by gatekeepers, affected the gender composition and the diversity of early outcomes captured.

Thematic analysis (Boyatzis, 1998) was used to understand the contextual and internal factors supporting or hindering the process of leaving care (Yin, 2003). It combined data-driven and literature-driven approaches. Preliminary findings on context and the transition experience of the childcare practitioners suggested that Bridges (2009) 'model of transition' would be relevant to both professional and personal transitions (Bridges, 2004).

3.1. Bridges' model of organisational change

Bridges (2009) makes three important points. First he distinguishes between situational *change* and the psychological process of *transition* inherent in change, on which the success of the change depends. Second he explains transition as a process in three overlapping stages that must be traversed in the following order: *ending*, coping with the *neutral zone* and reaching a *new beginning*. Finally, he emphasises the role of the transition leader for needs specific to each stage.

During *ending* people experience loss. They need to leave behind familiar stability and engage in its deconstruction. During this stage people resist change and become confused and stressed. A good transition leader explains why change is needed and understands people's sense of loss and grieving. S/he compensates for this by giving back a sense of control and competence. Dialogue, abundant information, and foresight are critical. The *neutral zone* is at the heart of transition, but at the same time a psychological 'nowhere between two somewheres' (Bridges, 2009:90). In this part of transition people feel lost, demotivated and vulnerable. When overloaded, efficiency and confidence decrease. A good transition leader sees an opportunity for creativity, innovation, participation and puts in place systems of support. 'Putting things into words' (Bridges, 2009:33) is once again crucial. Finally, the *new beginning* expresses a new identity and only takes place when the neutral zone has been traversed successfully. There is a risk that past memories of failures can sabotage the new beginning. Providing a vision of the new reality encourages and enables participation in planning.

I applied this model to leaving institutional care to frame the factors relevant to this process inherent in the interconnected transitions of

young people and childcare practitioners (Anghel & Beckett, 2007). Whilst the three stages are fluid, I propose that preparation coincides with *ending* care and the *neutral zone* becomes dominant after discharge. The *new beginning* is achieved at variable time after and illustrates progress in achieving the three milestones described by Stein (2010). Bridges' model is also relevant to understanding the experience and needs of institutional care staff who deal with extensive and accelerated change within a bureaucratic, structured and hierarchical system. In their case change generates collective and individual professional transitions. It is also relevant to the process and individual experience of care leaving. The model has two dimensions: the transferable three-stage psychological transition model during which people need support and guidance; and the specific context in which change and transition take place which generates some general and some specific needs for support. On leaving care, young people from institutional care engage in preparing for a personal transition, which nonetheless is experienced collectively in an organisational setting. Bridges' model enables us to conceptualise care leaving in a theoretically-informed framework superior to the preparation/outcomes dichotomy which is abrupt and unrealistic as care leaving does not have a fixed end. It also enables us to look at care leaving in a systemic, ecological, multi-layered framework. In this study this has been useful for exploring Pinkerton's (2006) suggestion that local and personal leaving care experience is influenced by global factors modelling national policy development. Other psychological theories are relevant to care leaving. However, these theories are focused in-depth on one aspect of transition (e.g. identity development or coping with loss), whilst Bridges' model offers a framework within which to identify holistically the risks and supportive factors specific to transition from institutional state care in a Romanian context.

4. The experience of the childcare staff in a context of reform

In long-stay institutional care, where family tends to be little involved (Lerch & Stein, 2011), the statutory staff are a critical part of the context in which young people transition from care. Adapting Bridges' terminology, care staff are the young people's transition guides (Anghel, 2010). However, the staff described first-hand experience similar to *ending* and *neutral zone* and needed guided management. Professionally, they had to end a model of practice which infringed on children's rights, and to grasp and implement the new UNCRC-inspired childcare legislation whilst being accountable for rights-based practice. Personally, they had to cope with poor resources and contradicting demands as carers and parents in a fast changing society. A previous article explored in-depth the practitioners' experience of transition, metaphorically illustrating their struggle as 'skateboarding behind the EU lorry' (Anghel & Beckett, 2007). The main points are summarised here.

4.1. Ending and the neutral zone

Although the statutory practitioners understood that their role in the young people's preparation for living in society is critical, they identified many obstacles to their work.

Change and high uncertainty began with the first childcare reform (OUG 26/1997). This introduced deinstitutionalisation and children's rights and changed the childcare infrastructure. Staff experienced loss of status, employment stability, power, and credibility. As the dire situation of the care leavers became acknowledged statutory staff were increasingly blamed for the young people's inadequacies and low achievements.

Six years later, the statutory staff complained of lack of information, vision and support from executive managers and policy-makers. They felt that their expertise was unacknowledged resulting in a reform reactive to the EU demands but designed *ad-hoc*, without reflection and based on unreliable data. This, in their view, generated culturally-incompatible provisions and contradictory policy requirements. At the

⁵ Accommodation; employment; life skills; education; social networks and relationships, and identity.

⁶ The current terminology for large long-stay residential facilities to indicate that placement is now aimed to be temporary.

⁷ Not included in the analysis.

same time they had little opportunity for learning the meaning and application of the new requirements in policy and legislation. Lack of confidence in their theoretical and practical knowledge and their professional identity and role generated stress and a paralysing fear of liability.

In these circumstances the efficiency of their interaction with the young people was suffering. They felt deskilled, uncertain how to establish authority and unable to gain the young people's trust and cooperation. They lacked information about the entitlements young people were eligible for when leaving care and felt demotivated in their work. Many were unable to let go of a deficit approach to practice. For instance, almost half (45%) understood the young people's pre-discharge behaviour not as natural reactions to change and uncertainty but as proof of undesirable dependency, learnt helplessness and resistance to change.

In their accounts there was little evidence that their professional *neutral zone* was approaching a *new beginning*. Researchers (Alexeanu-Buttu et al., 2001; Dickens & Serghi, 2000a, 2000b; Dima, 2009) present similar problems suggesting that the *neutral zone* was extensive and perhaps stuck.

Against this background the childcare practitioners are expected to prepare, guide and support the young people's transition from collective to independent living.

5. The young people's experience of preparing to end care and of progressing through the *neutral zone*

The young people leave behind many years of institutional care to begin anew in society. Using Bridges' conceptualisation, they first need to prepare for *ending* care.

5.1. Ending care

This stage is critical as 'beginnings depend on endings' (Bridges, 2009:23). Indeed, British research found a link between the quality of preparation for leaving care and aftercare experience and achievements (Stein, 2006; Wade & Dixon, 2006). When young people leave care they experience many changes in environment, life style, behaviour, relationships and especially identity (Anghel & Beckett, 2007). This abundance of major transformations experienced all at once is a major risk for transition (Coleman & Hendry, in Stein, 2004:108). Bridges suggests that during *ending* people are likely to be confused, stressed and grieving and to resist not the change but the losses associated with it. This is confirmed in part by the participants. Before leaving care more than a quarter of young people ($n = 8$; 29%) were discouraged by fears about leaving, whilst almost half ($n = 13$; 46%) had both negative and positive feelings. The fears were of: losing peers and the continuity of their narrative (32%); the unknown, social isolation and potential homelessness (18%); feeling unprepared; and losing the opportunity to continue their education.

I'll feel sad...because we've been like brothers. ('Al')

I feel like crying when I think about it: I've been in care since I was three and I'm used to being in a group. ('Bruce')

None had a leaving care plan and 85% felt that they did not receive meaningful preparation for living independently. Preparation was *ad-hoc*, focused mostly on sexual health advice but with little opportunity for learning household, personal care or interpersonal skills. Young people reported being discouraged and even put down by some staff who also refused them access to information.

...[I've tried] every time they brought in the Governmental Bulletin⁸: 'You are not allowed to look at it!' But why, am I not also human like you!? ('Leonardo')

Many felt unaware of their abilities or gaps in knowledge. They had very poor educational qualifications (mostly technical; only 11% in high school or university) and very limited employment and consumer experience. The losses and the lack of preparation caused strong negative emotions and made these young people anticipate leaving care as a negative change. This is a risk factor during transition (McNamara, 2000).

[When I heard that I have to leave] I felt like killing myself. ('Enrique')

[With tears in her eyes] I can't believe I'll have to go ...I don't know anything about life outside, I've got used to being here...I feel I'll become a nobody. ('Julia')

I'll end up like a dog! ('Snaps')

These signs of grieving and anxiety were not sufficiently acknowledged and counterbalanced by their transition guides. Young people across centres reported that the staff no longer interacted with them. 'Educators behave as if we're not here anymore...' ('Leonardo'). A vicious circle of insufficient trust, empathy and cooperation drove this poverty of interaction. This deprived them of the opportunity and benefits of having quality relationships with their carers. Only five young people (17%) felt their carers were helpful to their preparation. Some support with after-care accommodation was available through programmes developed by local authorities and NGOs. However, these varied across but not within councils and it did not offer suitable options to all.

However, despite these significant disadvantages felt by 75% of the young people, the imminent discharge did not elicit exclusively negative emotions. Apart from the 46% who balanced negative with positive feelings, seven more young people felt excited about leaving care. The hopes were mostly of escaping the care culture and of resisting societal stigma by becoming 'ordinary'. These young people had an accepting attitude viewing leaving care as: inevitable; an opportunity for normalisation and freedom; and an exciting adventure or challenge. They were thus building positive expectations about leaving care and were ready to invest energy in traversing the transition. Bridges discusses the quality of experience in each transition stage focusing primarily on the collective risk presented by people's negative reactions to change and on the supportive role of an efficient transition leader. Transferring Bridges' insights to the experience of individuals in a collective also reveals strengths which support the transition, making it less dependent on the skills and availability of a transition guide. This is a more empowering understanding of transition within a collective context. However, it does not diminish the role of the transition guide. As leaving care is irreversible and involves many deep losses, the importance of all-round preparation for ending care and for beginning the *neutral zone* cannot be underestimated.

So far the staff's poor transition management was echoed in poor guidance of the young people's first transition stage. According to Bridges and to leaving care researchers (Wade & Dixon, 2006), an inadequate *ending* attracts the risk of experiencing an uncomfortable *neutral zone* potentially compromising the progression towards the *new beginning*.

5.2. Neutral zone and new beginning

Yet, 5 to 8 months after discharge, when the *neutral zone* became the dominant stage in their transition, most of the 13 young people living in the community at follow-up did better than expected. The general lack of: purposeful preparation and planning; educational assets and practical and social skills; clear employment arrangements; and significant family support, coupled with the relative social isolation of care, suggested that the young people's prospects were decidedly low. However, at follow-up all were accommodated (mostly temporary accommodation); over half worked (not all legally) and some continued their education; all were healthy; all but one were financially protected (not all had income but the living costs were

⁸ The official government paper which publishes current legislation.

temporarily covered); all but one reported a surprising amount of informal, formal, internal and interpersonal sources of support; and most expressed satisfaction and a sense of well-being.

Consequently, most ($n = 9$; 70%) appraised leaving care as a positive transformative turning point. These young people were unanimous in describing an enhanced self image, a positive outlook on life and a sense of self-efficacy and emerging maturity.

...my 'in care' mentality has changed...I think differently... [in care] I only had one thought: that I won't manage, that I'm an orphan with very little chance in life...[now] I find life beautiful...I have a place to live, I found a job that fits my skills and my old friends have returned. ('Leonardo')

Although the time between discharge and follow-up was relatively short, surprising progress was reported by the young people who seemed to be on their way to separating psychologically from care, approaching a new identity and a *new beginning*.

'I feel a common man, like any other, with a job, a place to live...in the end everything is normal' ('Nicolas')

They appeared less anxious, seemed able, even eager to leave behind their old life circumstances and appeared energised and motivated to cope with the challenges inherent in the *neutral zone*.

How did these young people achieve relative stability and personal development without formal preparation, guidance and support when *ending* care? Whilst accommodation and financial security were supportive factors in themselves, the young people's accounts show that what made the difference were the learning opportunities provided by people who offered them support. Almost half had formal support being accommodated by the local authority or NGOs. The most significant support was extended however by adult supporters ($n = 7$; 54%), in-care and alumni peers ($n = 9$; 69%); parents or relatives ($n = 6$; 46%), and a variety of new friends in the community ($n = 11$; 84%). Most importantly, these interactions provided opportunities for social participation and for learning experientially adult roles, responsibility, problem-solving and practical and interdependent living skills. These are known to help coping by increasing motivation, self-esteem and self-efficacy (Benard, 1997; Gilligan, 2001). Those who experienced employment found it emancipating and a route to self-confidence and maturity.

It's like I've woken up. It's beautiful to work, to earn money, to know that when you go somewhere you have your own money, earned by you. ('Nicolas')

Accommodation in which they self-catered, had minimum but sensitive supervision, and shared with a small group of colleagues or lived alone was a rich source of learning. This environment helped them learn how to live among neighbours and to value private property. Some felt that they were able to blend in as ordinary citizens although they were still to learn how to save money or pay bills. They were able to capitalise on difficulties and second chances by learning how the world operates and how to be responsible in their formal roles.

Four young people (30%) who did not have enough learning opportunities were disappointed. They felt that leaving care has been 'a step too small' or based on a 'one-size-fits-all' approach. This outlook on change emerged from being discharged to accommodation which resembled the institutional environment they left behind, had round the clock supervision, oppressive staff, no opportunities to learn consumer or household skills, and no one available for advice and constructive communication. It also was linked to self isolation.

Bridges suggests that during *neutral zone*, the most difficult transition stage, the transition guide encourages participation, normalises people's feelings and presents this stage as an opportunity for

innovation. In these young people's *neutral zone* the transition guide was less evident although most interpreted leaving care as an opportunity to reinvent themselves and to become fully engaged with their life. Whilst in Bridges' scenario change takes place in an organisation, during leaving care young people change environments and carers and the role of transition guide has less continuity. Whilst the young people preferred to cultivate informal sources of practical and emotional support, half received support from local authority and NGO formal carers. Ultimately, the young people needed quality catalysts for learning whatever the source.

6. Transition within transition

Former communist countries are at different stages of progress in developing their care leaving systems. Romania, for instance, is among the most successful in changing the legal and policy framework for preparation and aftercare. Yet, in the rush to adopt Western models countries risk to create a wide gap between policy and practice lacking enough insight into local circumstances, needs and ideas for change. This article has presented selected findings on Romanian institutional state care, a relatively new cultural context in the leaving care literature. It has argued that in a society where globalisation actors demand extensive and accelerated change young people leave care whilst the environment in which they prepare for transition and that with which they integrate after discharge are both in flux. This exacerbates the difficulty of leaving care. These simultaneous processes summarised as 'transition within transition', could be familiar to other changing social systems (Briheim-Crookall, 2011).

Bridges' model stresses that the success of transition depends on meeting needs specific to each stage supported by a skilled transition guide. This echoes research linking social integration and life satisfaction with having a quality relationship with a sensitive and guiding carer (Gilligan, 2004; Schiff, Nebe, & Gilman, 2005). More research should explore the relevance of Bridges' model to leaving care. Evidence shows that whilst it could offer a framework for assessment and planning for leaving care, research should explore what works in each stage in various cultural contexts. A strengths perspective is also needed. Those experiencing transition have and further develop strengths, which, as shown here, help them to traverse the transition well despite insufficient guidance.

Learning was the thread running through the young people's leaving care experience. They were frustrated with the lack of learning opportunities before discharge and seemed intensely engaged with the process and ready to capitalise on those available after. Failing to capitalise on this new energy, curiosity and motivation for change (Walther, Hejl, & Jensen, 2002) might create feelings of stagnation, failure and victimisation. Learning is important for two reasons. Firstly, it refers to expansion of knowledge and skill, self-awareness and personal development, a transition need unacknowledged by Bridges. Secondly, as pointed by Bridges (2009), learning to cope with *ending* and the *neutral zone* provides positive reinforcement so that future transitions can be approached from a confident, hopeful and skilled position. Although acknowledged as a feature of youth work (Smith, 2009) the centrality of learning has been little considered in the literature on leaving care. Without a focus on learning this substantial opportunity for transforming an otherwise traumatic event into a positive turning point could be missed. Care and aftercare service providers acting as transition guides should be alerted to this important supportive factor.

However, vast systemic changes affected also the professional coherence of the carers who were engaged in an unacknowledged and poorly managed transition. This generated stressors with which carers were coping by avoiding relationship and dialogue with the young people. Overall the statutory carers appeared stuck in the *neutral zone* of their professional transition, themselves in need of conceptual and practical learning opportunities. This is an important

insight. Their critical role in providing learning opportunities in preparation for ending care should not be obscured by the young people's progress a few months after discharge. The small sample at follow-up and loss of data on other aftercare trajectories might underestimate the difficulties faced by young people after leaving care. In a family learning is naturally facilitated through role modelling and contribution to household tasks. In an institution, an artificial and bureaucratic environment, carers need to be able to make available these learning opportunities purposefully. Although restricted by resources, it is likely that with better preparation and aftercare plans, the young people in this study could have advanced further in their aftercare achievements.

In conclusion, during major systemic changes practitioners have transition needs that are as central as the young people's. Ignoring this can be a major barrier to progression through to a *new beginning* for both groups. Although policy changes are aimed to protect young people, lack of effective support for the staff's practical and conceptual transition undermines implementation. Without equal partnership with the grassroots and a participatory methodology, change might remain stuck in *neutral*.

Acknowledgements

I am indebted to the young people and childcare practitioners who have participated in this study; the reviewers of this article for helping me clarify the argument; Prof. Carol Munn-Giddings and Dr. Dave Backwith, the supervisors of this work; Prof. Harriet Ward for invaluable feedback to the last draft of my thesis; Prof. Woody Caan and Dr. Sarah Burch for their editorial support; and colleagues from the International Network on Transitions to Adulthood from Public Care (INTRAC).

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