Widening the care gap? An international comparison of care-leaving in the time of COVID-19

Abstract

Following COVID-19, young people who transitioned to adulthood from different types of alternative care (care-leavers) experienced an exacerbation of the challenges they had before the pandemic. The purpose of this international survey was to explore the range of policy and service responses that have or have not been implemented around the world to support care-leavers during COVID-19. Responses were collected from care-leaving researchers from 19 countries towards the end of 2020. Half of the participating countries reported that the state had issued directives about measures that should be taken to support care-leavers following COVID-19 outbreak, but only three reported actual changes in legislation. Additionally, NGOs in various countries took steps to guide and support care-leavers, while two thirds reported on special initiatives that were mounted. The most common change in practices during COVID-19 was the postponement of exits from care, and the second was an increase in contact from workers. These findings are critically discussed in relation to the impact of policy changes on an already vulnerable group. In particular, we indicate that there appears to be a widening care-gap: some countries with stronger leaving-care legal and policy frameworks pre-COVID-19 were more inclined to introduce additional supportive measures during the pandemic, whereas some with under-developed services tended not to increase support. By contrast, other countries used this crisis to develop services that were not available before. The creativity and flexibility in the services provided during the COVID-19 outbreak are required on an ongoing basis and thus should be implemented overall.

Keywords: COVID-19, care-leavers, international survey, policy changes, social services, legislation

Public Policy Relevance

Before the outbreak of COVID-19, care-leavers – young adults aged 18 and above who transition to adulthood from different types of alternative care – constituted a marginalized group in every country in the world. During the pandemic their difficulties were exacerbated. The findings indicate that, while countries that were more progressive to begin with implemented the most policy and program changes and countries that had limited policies and services before COVID-19 implemented limited or no changes in policies and services, some other countries used COVID-19 to spur improvements to the situation of care-leavers via unique policy and services frameworks. There is a need to ensure territorial justice by decreasing the gaps in policies and legislation between countries that apply to this vulnerable group.

Introduction

Since the COVID-19 outbreak, evidence from around the world indicates significant outcomes of the pandemic, not only because of threats to physical health, but also in relation to an ongoing economic and employment crisis, mental distress and social loneliness and isolation (Mansour et al., 2021; OECD, 2021; Oppenauer et al., 2021; Refaeli & Achdut, 2021; Rens et al., 2021). Moreover, people from vulnerable groups, such as youth and those experiencing lower socioeconomic status or low levels of social support, have been found to be at risk of experiencing increased difficulties during the COVID-19 pandemic (Krumer-Nevo & Refaeli, 2021; McQuaid et al., 2021; OECD, 2022). For these groups, the outbreak of COVID-19 intensified the difficulties they previously experienced and exposed the insufficiency of social services, the inadequacies of existing policies, and problems with access to resources (Krumer-Nevo & Refaeli, 2021; Murphy et al., 2021).

The current study focused on a specific group of vulnerable young people: care-leavers. Care-leavers are young adults aged 18 and above who transition to adulthood from different types of alternative care, including kinship care, foster care or residential care. Research demonstrates several care gaps that contribute to poor outcomes amongst this group compared to their peers in the general population.

These include: 1) pre-care adversities such as abuse and neglect; 2) lack of continuity of care, as the parenting task is discharged by different carers and workers, and can be experienced as impersonal and task-focused rather than relational; 3) discontinuities in schooling and health care provision associated with placement moves; 4) states that stop discharging their corporate parenting responsibilities before or shortly after young people reach legal adulthood; 5) a mismatch between (often high levels of) need and the availability and types of services and support provided to compensate for the issues above; and 6) variations in the implementation of policies and practices to improve outcomes locally, nationally and internationally (Bullock et al., 2006; Mendes et al., 2022; Strahl et al., 2021; Van Breda et al., 2020).

Since these pre-existing issues may have been exacerbated during the pandemic, this study aimed to explore whether or not different countries implemented additional support measures for care-leavers during the pandemic to address worsening outcomes and the further widening care gaps.

Transitions from Care

Even prior to the outbreak of COVID-19, care-leavers constituted a marginalized group in countries across the world. The United Nations Convention on the Rights of the Child acknowledges that care-leavers are entitled to special support and assistance from the state (Munro et al., 2011). In addition, the United Nations Guidelines for the Alternative Care of Children (2009) highlighted the standards for services that are needed to support care-leavers, for example: "Access to social, legal and health services, together with appropriate financial support, should also be provided to young people leaving care and during aftercare" (p. 19). However, multinational studies that have compared policies have found that in many countries limited support is offered by states, and even in countries with robust legal and policy frameworks there are gaps between entitlements and access to services and support for care-leavers (Strahl et al., 2021; Van Breda et al., 2020).

Compared to other young adults in the general population, care-leavers are typically expected to live more independently at a younger age and without the same level of practical, emotional or financial

support. As a result of the lack of support needed for this transition, they enter adulthood more vulnerable and disadvantaged than many of their same-aged peers (Mendes & Snow, 2016; Stein, 2008; Sulimani-Aidan & Melkman, 2018). It should be noted that despite the vulnerability of this population, this group is not homogeneous. Some care-leavers are characterized by high levels of resilience and experience positive transitions to independent living. Others can show resilience only with additional aftercare support (Stein, 2005). Young people who demonstrate greater resilience following their transition from care might be able to respond successfully to COVID-19 challenges, however they may also experience them as overwhelming, given how difficult it may already be to manage an autonomous lifestyle.

Two recent international comparative studies (Strahl et al., 2021; Van Breda et al. 2020) identified two main types of responses aimed at improving outcomes for young people negotiating the transition from care to adulthood: support can be provided through "extended care": the option to remain in the care placement after the age of 18, usually until the age of 21. A second type of assistance is "aftercare" support: additional assistance to care-leavers including financial support, housing support, mental health support, and education and employment programs. However, Van Breda and colleagues (2020) note that the boundary between extending care placements and offering a broader range of aftercare services is not clearly demarcated in all countries.

There are also fundamental differences between countries in the degree to which they provide extended care and aftercare support. Reviews on this issue indicated that, while in some countries there is targeted legislation outlining care-leavers' entitlements, in other countries, there is an absence of a mandatory policy for care-leavers. In addition, as mentioned even among the countries that provide a range of services, there are gaps in implementation and many care-leavers have inadequate access to services (Strahl et al., 2021; Van Breda et al., 2020).

These differences between countries extend beyond service delivery to the quantity and comparability of even basic data. While population size and number of children are relatively easily accessible data

for most countries, the number of children in state care is often unknown (for example, South Africa has no statistics on children in residential care) and data on care-leavers is even more limited (OECD, 2022). In the context of COVID-19, changes in the number of children in care is even less available, due to the rapid escalation of the crisis. It is for this reason that the current study was undertaken, albeit with limitations. Nevertheless, some comparative data outside of COVID-19 is available in existing publication, such as the OECD (2022) report, which covers nine of the 19 countries in our study, Strahl et al. (2021), which includes 13 of our 19 countries, Van Breda et al. (2020), which includes eight of our countries, and Stein and Munro (2008), which includes nine of our countries.

Care-leavers and COVID-19

Since the outbreak of COVID-19, researchers have examined outcomes for care-leavers and found that the difficulties they face were exacerbated. Three main outcomes of COVID-19 for care-leavers can be identified and are discussed below: increased challenges in relation to employment and finance, greater deficits in relation to social connections and relationships, and escalating mental health difficulties.

In relation to financial challenges, like other young people, care-leavers in several countries experienced layoffs and cuts to work hours (Goyette et al., 2022; Lotan et al., 2020), and a loss of income (Bukuluki et al., 2021), which in turn led to increased housing instability. Employment and housing difficulties caused other related problems, such as heightened poverty rates, economic instability, difficulties in paying debts, and even an inability to afford food (Greeson et al., 2022; Kelly et al., 2021; Lotan et al., 2020; Munro et al., 2022; Roberts et al., 2021).

A second challenge that dominated due to COVID-19 was an increased sense of social isolation. It has been documented that care-leavers around the world experienced a significant lack of social support (Goyette et al., 2020; Lotan et al., 2020; Modi & Kalra, 2022), and increased loneliness was reported in two studies in England and Wales (Munro et al., 2022; NYAS, 2020). Compounding this isolation was a continued lack of access to technology to facilitate connection through social media

(McGhee & Roesch-Marsh, 2020; Modi & Prasad, 2020; NYAS, 2020; Roberts et al., 2020; Roesch-Marsh et al., 2021).

Finally, the mental health problems experienced by care-leavers increased significantly during COVID-19. This has been demonstrated through a documented increase in the demand for specialized services due to higher rates of anxiety and emotional need, and reports of an escalation in self-harm and suicide attempts (Munro et al., 2021). In addition, self-reports from care-leavers identified increased anxiety and overwhelming emotions during COVID-19 (Kelly et al., 2020). High levels of clinical depression or anxiety were reported by care-leavers in the USA (Greeson et al., 2022), Israel (Lotan et al., 2020) and India (Modi & Prasad, 2020).

In response to the onset of COVID-19, it would be expected that countries would adjust and even increase services, supported by policy, to buffer care-leavers from the unprecedented challenges that COVID-19 and lockdowns pose to vulnerable young adults transitioning towards independent living. To the best of our knowledge, only one study had compared policy changes for care-leavers across countries. Collins and Augsberger (2021) analyzed policy guidelines in May-July 2020 in four countries (Australia, Canada, England and US), based on official guidelines published on the websites of states or organizations. Although all countries had extended and aftercare options prior to COVID-19, these four countries also implemented several new policy changes. All countries extended or revised the role of social and care workers and included new safety measures, such as social distancing or moving from face-to-face to online contact. The four countries also extended time in care and provided other types of flexible services.

Several single country studies have also reported COVID-19-related changes to policy and services and a report for policies changes in 15 SOS Children's Villages in Asia[1] was published (Jindal et al., 2021). For example, several countries (e.g., England and some SOS Children's Villages in Asia)

[1] The countries in Asia included: Bangladesh, Cambodia, India, Indonesia, Laos, Mongolia, Nepal, Philippines, Sri Lanka, Thailand and Vietnam

suspended the transition from the care placement (Jindal et al., 2021; Munro et al., 2022). Other countries (e.g., England, New Zealand, and various SOS Children's Villages in Asia) provided care-leavers with emergency financial assistance and increased emotional support, and care workers were required to proactively reach out to care-leavers (Jindal et al., 2021; Munro et al., 2022). Despite these changes, care-leavers in Northern Ireland reported the inadequacy of the changes, and called for swifter and more inclusive consultation, particularly in relation to issues of mental health (Kelly et al., 2021).

While there is a growing body of research on changes to policies and service in response to COVID-19, to the best of our knowledge most of this research, little as it is, focuses on single countries. The lack of multinational comparative data is a gap. This study contributes to closing this gap, by comparing changes across 19 countries.

The Present Study

The purpose of this international survey was thus to explore the range of responses that have (or have not) been implemented around the world to support care-leavers during COVID-19. As far as we are aware, this is the largest international comparison of COVID-19-related policies and practices to support care-leavers to date, as the only study we could find that conducted a similar comparison during COVID-19 included just four countries (Collins & Augsberger, 2021). International comparative studies are complex. Stafford et al. (2011) suggest that such studies can aim to compare and to learn. Comparison, however, is fraught with challenges owing, among others, to diverse contexts, data quality, data equivalence and terminologies. At best, we offer a broad-brush comparison that allows learning about patterns and trends. Van Breda and Pinkerton (2021) argue for discourse as the key perspective in cross-national studies, particularly when one-to-one comparisons are not possible. Discourse allows various threads of insight to emerge that enable each context to gain greater insight into their own context in relation to others.

Method

This study adopted a mixed-methods approach, in which both quantitative and qualitative data were collected, as represented by the QUAN+QUAL model (Johnson et al., 2007).

Sample

The population was defined as the 45 countries that have active INTRAC (International Research Network on Transitions to Adulthood from Care) and/or ANCR (Africa Network of Care-leaving Researchers) members. Both INTRAC and ANCR are research networks, and all members are academic researchers or postgraduate students studying care-leaving.

Data Collection

Forty-five individual members of INTRAC and ANCR were identified to serve as key informants for their countries (as well as a back-up key informant in countries with more than one member). The key informants were the persons judged to be most knowledgeable and willing to invest time in the study. They were invited by email at the end of June 2020 to participate and received a link for the online survey. All 45 countries were eligible for inclusion in the study.

Ultimately, after repeated requests, we received replies from 21 countries: Argentina, Australia, Canada, England, Ethiopia, France, Germany, India, Israel, New Zealand, Norway, Portugal, Romania, Rwanda, Scotland, Somalia, South Africa, Spain, Sweden, Switzerland and Uganda. Responses from Rwanda and Somalia were later eliminated due to incomplete data. While 21 of the 45 countries in the population are in the Global South, only six responded, and only four of these were detailed enough to use (representing a fifth of the population). Of the 24 countries from the Global North, 15 responded (representing two thirds of the population). Global South participants were hindered by a lack of expertise – in many countries there are only one or two experts on leaving care – and by a lack of administrative data. This study's ability to present the situation in Global South countries is thus limited.

Key informants were asked, in completing the survey tool, to consult widely with other researchers, policy makers, and managers of care-leaving services and to use written information and local literature, so that they presented an integrative, collective national response. The number of people who contributed to each country's responses ranged from one to 36. The range in the numbers was mostly the result of the seniority of the people the informants consulted with and their ability to use written information. Informants who consulted with one or two people indicated that they are senior researchers or government agents who could provide enough information. Some key informants provided more substantial narratives than others. Data were collected between July and October 2020, corresponding to the first wave of COVID-19 in most countries.

Instrument

The online survey tool comprised closed and open questions to address the aim of the study. Questions focused on the following areas:

Availability of extended care, including eligibility, criteria, and potential length of stay. Extended care was defined as voluntarily remaining in the care system into legal adulthood. We asked the participants if extended care is an option available to care-leavers in their country If yes, we asked who is eligible and what is the maximum age at which young people can remain in care.

Availability of aftercare support, including the range of supports, eligibility criteria, and length of support. We asked the participants to identify: the maximum age until which young people can access aftercare support, the types of aftercare support that are available, who provides the supports and any eligibility criteria.

Responses to COVID-19, including changes to legislation, and amended provisions, guidance, or guidelines for service providers. We asked the participants 1) whether their state (nationally, regionally or locally) amended legislation or issued advice or guidance to practitioners and support for care-leavers during the pandemic, and if yes, to summarize the main provisions or guidelines; 2) whether NGOs or charities issued any guidance to practitioners and provided support for care-leavers

during the pandemic, and if yes, to summarize the main provisions or guidelines; 3) to identify from a list of possible changes to practice in response to COVID-19 the changes were implemented in their country (e.g., looked-after young people's exits from care to independence have been postponed, or care-leavers receive less contact and support from social workers or other leaving care workers). The participants were asked to explain these changes.

Priorities for the future, an open question about priorities for supporting care-leavers in each country over the following 12-24 months.

Ethical Considerations

The study received ethics approval from the Research Ethics Committee in the Faculty of Humanities at the University of [omitted to facilitate blind review] (number REC-01-087-2020). In order to ensure the informed consent of the interviewees, the survey included a preliminary explanation of the goals of the study and a request of the participants to indicate that their participation is voluntary. We asked the participants to indicate if they prefer to remain anonymous; all declined anonymity.

Data Analysis

The quantitative data were analyzed using descriptive statistics. Qualitative data were analyzed using thematic content analysis (Clarke & Braun, 2017) to identify shared concepts within the dataset. As the first step, the researchers familiarized themselves with the data and identified initial ideas by analyzing each response. Next, they extracted and coded relevant data. The codes were then grouped as initial themes, and themes were reviewed by the research team to assess variability and consistency. Authors cross-checked each other's work to promote the trustworthiness of the data analysis (Lincoln & Guba, 1985).

Findings

Findings are presented in three sections. First, an overview of the services offered to care-leavers prior to COVID-19 is provided. While this has been well covered in previous publications (e.g., Strahl

et al., 2021; van Breda et al., 2020), this constitutes the baseline from which COVID-19 responses were made, and thus it is important for understanding any responses to the pandemic. Secondly, we document changes or the lack of changes to service delivery in response to COVID-19 in each country. Lastly, the paper describes participants' views on the priorities for the coming year or two.

Services to Care-leavers prior to COVID-19

As discussed earlier, the services provided to care-leavers in the countries under study can be divided into two main types: extended care and aftercare.

Extended Care

Table 1 provides an overview of extended care provisions and eligibility criteria prior to COVID-19 in the countries that participated in the survey. As this shows, extended care was an option in most countries. It was not formally available in four of the 19 countries (Argentina, India, Israel, and Switzerland). In most of the countries where extended care was an option, it was provided until the age of 21, although exceptions were Norway (max age-23), Portugal (max age-25), Romania (max age-26), Ethiopia (max age-28), and Uganda (max age-30).

Insert table 1 about here

In terms of eligibility for extended care, a range of criteria were identified. In some countries (Germany, New Zealand, Norway, Scotland, and Uganda), all care-leavers were eligible for extended care. In Germany, in exceptional cases, extended care could be provided to young people who have not been in care before. Still, *"they have to declare that they need support for their personal development and have educational and caring needs"*. An additional eligibility criterion in some countries (Ethiopia, Romania, Portugal and South Africa) was integration into a program of education and/or employment.

Finally, a small number of countries (Australia, England, France, Spain, and Sweden) indicated more specific eligibility policies. For example, in England, only young people in foster care were eligible

for extended care, not residential care. In France, Spain, and Sweden, eligibility was examined on a case-by-case basis and according to an assessment of individual young people's needs. In Australia and Canada, there was a high level of variability between provinces in terms of eligibility for extended care. In Canada, extended care is available in only two provinces (Newfoundland and Nova Scotia). In Australia, at the time of the survey, it existed in four states/territories, with different eligibility criteria in each one.

Aftercare Support

The findings indicated that the umbrella term "aftercare support" referred to a broad range of services, with variations in the types of assistance and resources provided, the eligibility criteria, the bodies that provide the services and the process for accessing them in different countries. As Table 2 shows, prior to COVID-19, state-funded aftercare support was not available in seven of the 19 participating countries (Ethiopia, France, Portugal, Romania, South Africa, Sweden, and Switzerland). However, non-governmental support was available through NGOs in all these countries, except Ethiopia, where there was no aftercare support for care-leavers. In two countries that did not have aftercare support (France and Sweden), there were no dedicated services specifically for care-leavers, but care-leavers could access universal services designed for the general welfare population. In countries where NGOs provided aftercare support, this assistance was reported to be sporadic and sparse. For example, there was only one NGO in Portugal that offered services to care-leavers, and in Romania, different services offered different types of services.

Insert table 2 about here

Changes in Services to Care-leavers During COVID-19

Central to this study is understanding whether and how countries adjusted their services to care-leavers in response to the challenges of COVID-19. This was addressed through four categories of responses (1) state-issued (whether at national, regional or local levels) advice or guidance to practitioners on services and support to care-leavers, (2) NGO- and charity-issued advice to

practitioners, (3) special initiatives developed to provide additional support to care-leavers during the pandemic and (4) changes to care-leaving practices in response to COVID-19. The results of the first three categories are summarized in Table 3.

Insert table 3 about here

Almost half the countries reported state-initiated guidance for care-leaving services under COVID-19, while two thirds reported NGO-initiated guidance. In addition, two thirds of participating countries implemented special new initiatives to assist care-leavers during COVID-19. Seven of the 19 countries (about one third) indicated that all these changes had taken place (state issued advice, NGO issued advice, and special initiatives), viz. Canada, England, France, India, Israel, New Zealand and Spain.

By contrast, two countries (Portugal and Sweden) reported that there had been no state- or NGO-initiated guidance and no special initiatives for care-leavers. The three categories of responses (state issued advice, NGO issued advice, and special initiatives) and the changes to practice are presented in detail below.

State Provision of COVID-19 Advice, Guidance and Support

Only three countries (England, France, and Scotland) reported a change in legislation. In England, government guidance was also issued, stating that local authorities should take COVID-19 into account when making decisions. Practitioners were asked to ensure that no one had to exit the care system or 'Staying Put' arrangements (extended care) during the period, unless they wished to do so, and unless it was in their best interests (Department for Education, 2021). Moreover, they recommended additional measures including:

> *Leaving care workers proactively reach out to care-leavers, including those aged over 21 who are eligible for support until 25 (even if they were not accessing support before the pandemic).*

In France, child welfare services were legally obliged to delay the transition from care for young adults under the age of 21 and were compensated by the state for the additional costs.

Some countries made provisions for care-leavers without implementing legislative changes. For example, the State of Victoria, Australia:

> *Formally announced that extended care supports would be available for those turning 18 between March and December 2020 till June 2021. That includes a care or housing allowance, flexible funding, and casework support.*

Canada and Spain made provisions for extended care, to avoid aging-out young people into the COVID-19 context:

> *No new discharging cases due to age, they remain in residential care even after 18 in general.* (Spain)

Israel and New Zealand provided additional financial support for care-leavers:

> *The government also supported organizing special places for care-leavers that needed a place for isolation.* (Israel)

Israel and New Zealand also defined care-leaving workers as essential workers, allowing them to continue providing aftercare support during COVID-19 lockdowns:

> *They also defined the workers with care-leavers as essential workers, which prevented their designation on unpaid leave when there were restrictions that limited workplaces.* (Israel)

In New Zealand, transition providers and workers were deemed an essential social service, where they were supporting young people in crisis situations to be safe, access accommodation, and provide food and essential goods (where other options have been explored and are unavailable).

Some states provided guidelines for increasing support and contact. For example, in New Zealand the guidance was: *"Contact (phone or text) with young people to be increased to at least twice weekly*";

in Israel: *"Generally, the workers continue to provide support via phone to care leavers but were more active in contacting the care leavers"*; and in Spain: "*Reinforcement of virtual contacts with care leavers".*

In Israel and New Zealand, state funding was provided for the implementation of additional measures:

> *The governments provided special budgets to buy sanitizers products for the NGO's that provide houses for care leavers and offered to support special needs following COVID-19. ... Moreover, the ministry of welfare paid double to both the residential facilities and the NGO's during the summer months to promise no pressure in the transition procedures that needed from the facilities to the supported houses*. (Israel)

> *Importance of ... phones and credit to be purchased for [care-leavers]. … New flexible short-term financial support arrangements for young people (and providers) covering food, other essential items, accommodation, bills, prescription costs and taxis to supermarkets.* (New Zealand)

NGO/Charity Provision of COVID-19 Advice, Guidance and Support

NGOs and charity organizations in various countries took steps to guide and support care-leavers during COVID-19. In some countries (e.g., Ethiopia, Germany, Israel, South Africa, and Spain), these organizations provided more intensive support, for example, by contacting care-leavers more often than pre-COVID-19, providing financial assistance to care-leavers or responding to various health practices following COVID-19. For example:

> *Offer of extra counselling support by care leaver peer to peer project. Being aware of extra hardship: needs concerning counselling and support, transition to labour market and within educational career/school system, financial needs, isolation...* (Germany)

Similarly, Israel reported an increase in efforts to provide services more intensively. In addition, they reported an expansion of face-to-face to online service provision:

> *The NGOs that provide [a support] program for care-leavers, provided more intense support to the care-leavers. The workers contact young people more often than the past. They also created several events via Zoom for entertainment as well as for providing learning opportunities (e.g., English course). They also gave them food and food vouchers, scholarships for students, home visiting, provide training to their workers on online interventions and created a platform to share employment opportunities.*

In some countries (e.g., Canada, England, and India), NGOs advocated for policy changes or offered policy recommendations:

> *The Child Welfare League of Canada, A Way Home Canada, and the provincial care leaver's associations have called for a moratorium on discharges. The Child Welfare League also called on agencies to do all they could to maintain and protect connections to family, community and culture, as visits and access were halted in some regions.* (Canada)

Special Initiatives

Two thirds of participating countries (68%) reported that special initiatives had been introduced to support care-leavers during COVID-19. These initiatives included fundraising for additional financial support for care-leavers:

> *Provision of additional food vouchers, computers, and internet access for families of youth still in care whose visits had stopped.* (Canada)

> *Few private initiatives of NGOs, for example: online campaigns to raise money to support vulnerable groups, including care-leavers.* (Romania)

Some initiatives were related to the development of technological solutions. For example, organizations in Israel created online learning opportunities (e.g., an English course). Scotland reported the provision of ICT to care-leavers:

Digital inclusion measures via the provision of laptops, tablets, smartphones and data to enable connection with support services, education and social networks as a health and wellbeing measure.

New Zealand reported a range of creative responses to support care-leavers during COVID-19:

Anecdotally, individual providers and their workers were very creative in how they engaged and supported young people during COVID-19. Some examples included: purchasing streaming services such as Netflix for a young person; online cooking demonstrations after dropping off the ingredients at the homes of young people; and buying basketballs for young people and did a regular coaching programme with them online.

Changes to Practice in Response to COVID-19

It is widely recognized that there can be gaps between what is outlined in law, policy or guidance governing care-leaving and what is actually embedded in local practice (e.g., McGhee, 2017; Munro et al., 2022; Strahl et al., 2021; Van Breda et al., 2020). Therefore, country representatives were asked about their perceptions of the changes to practice with care-leavers in response to COVID-19, including the postponement of exit from placements; the review of exit decisions; the return to birth family or foster or residential care; changes in levels of support from workers; financial provisions and ICT supports. Table 4 summarizes enhanced practice measures by country. In three countries – England, Germany, and Israel – one or both of two negatively worded changes were also reported alongside more positive measures – "Care-leavers receive less contact and support from social workers or other leaving care workers" and "Care-leavers receive less financial support".

Insert table 4 about here

The most reported practice changes were, "Looked-after young people's exits from care to independence have been postponed", reported by two thirds of countries; "Care-leavers receive increased contact and support from social workers or other leaving care workers", reported by half

the countries; and "Care-leavers have returned to birth family", reported by just under half the countries. The most uncommon changes were "Care-leavers have returned to foster care", reported by only two countries, and "Care-leavers have returned to residential placements", reported by three countries.

Canada reported that visits to care placements were suspended. In Romania, support was offered to care-leavers at their home, rather than at the NGO's offices. Several countries (Germany, Israel, New Zealand, Romania, Scotland, Spain, and Sweden) noted an increase in virtual or telephone contact with care-leavers during COVID-19.

Countries with many provinces (e.g., Australia, Canada, Scotland, and Switzerland) noted high variability between the provinces. Canada, for example, mentioned "*huge variations from province to province*." And Scotland indicated that COVID-19:

> *amplified … the inconsistencies and variations that exist in relation to support and services… across the range of local responses… The answers have changed from local authority to local authority – a mixed picture with local variation… Some very positive examples, but again dependent on local action, thus significant variation.*

In addition, in other countries, changes in practice were provided mainly by NGOs or care institutions, for example:

> *The changes in practices have occurred at the discretion of the institutions and their workers, not because there have been any regulations or any specific protocol on the subject.* (Argentina)

Similarly, in Israel, while some NGOs working with care-leavers provided more financial support, other NGOs postponed and even stopped the payment of scholarships due to their economic collapse. Therefore, we found high variability in the level of assistance provided across and within countries.

Identified Priorities to Avoid Reinforcing and Amplifying Inequalities

Participants were asked what measures needed to be prioritized over the next 12-24 months, during which the COVID-19 pandemic was anticipated to continue. A wide range of concerns were raised by all the participants, and those most commonly mentioned included needed changes to legislation, the importance of delaying care-leaving, and the provision of better housing, health care, finances, employment, and support. These concerns are detailed below in order of the frequency with which participants mentioned them:

- **Legislation** is needed for to protect care-leavers as a vulnerable group: *"Special policy that entitles care-leavers the right to get COVID-19 Emergency Fund"* (Ethiopia) and *"The Government should come with a budget for children's homes/residential care facilities, because they are financially constrained"* (Uganda). *"Care-leavers are a more vulnerable group of young people, often with little to no social/familial support. They should be considered a vulnerable group and thus be entitled to Care Leaver grants, in the same way other vulnerable groups have been allocated specific COVID-type relief funds"* (South Africa). This point was mentioned by 10 participants.
- Additional **financial support** is required, given the labor market conditions: *"Special financial support for young people at risk – distributive justice during crises and longer unemployment payment for this group"* (Israel). This was identified by eight participants.
- **Housing** and/or extended care should be widely available: *"Extended care should be made available universally to all care-leavers throughout Australia"* (Australia). *"Post-care housing options and prevention of homelessness"* (Scotland). Housing was prioritized by eight participants.
- Access to **health care**, including mental health support, is particularly important: *"Intensified counselling and psychotherapy services (they are used with groups, while during lockdown*

they suffered from loneliness and other associated problems)" (Romania). Seven participants highlighted this.

- Support for education, employment, and training to avoid **NEET** (young adults not in employment, education or training) status: *"Some lost their jobs, as they have low qualifications and now lack financial resources"* (Romania). *"Wide support for care-leavers in higher education to avoid drops out, especially needed is financial support"* (Israel). This issue was mentioned by six participants.
- Strengthening of access to **digital connections**: *"Equip young care-leavers with the IT equipment needed for a potential lockdown reinstatement – teleworking, communication, distance learning"* (France). This need was mentioned by five participants.
- **Care-leaving** should be delayed given the adverse environment: *"Looked-after young people's exits from care to independence must be reviewed to consider whether they are in a young person's best interests; creation of support structures and measures for care-leavers"* (Portugal). This was prioritized by four participants.
- Expanding the provision of **social support**: *"Many of these young people have limited social support in the informal network and are now much alone. This could affect their well-being and also their mental health, which should be given more attention"* (Norway). This need was mentioned by three participants.

Discussion

Research highlights the persistence of inequalities in health, education, and employment over the life course for care-leavers. A recent review of children's social care in England suggested that "the disadvantage faced by the care experienced community should be the civil rights issue of our time" (MacAlister, 2022, p. 5). This echoes wider calls to recognize that, as a matter of social justice, more should be done to protect and promote the rights of those without parental care well into adulthood (Bond, 2018; Mendes et al., 2014). Instead, young people leaving care are normally expected to

negotiate the transition to adulthood at a much younger age than their peers and without the levels of practical, financial, and emotional support that those in the general population typically receive from their families ("accelerated and compressed" transitions) (Stein, 2008, p. 35). In countries that have extended support into young adulthood, provision may be withdrawn abruptly and/or be conditional on meeting specific eligibility criteria, with no right to receive these services again in times of difficulty (Stein, 2008). In recognition of the likelihood that COVID-19 would further exacerbate precarity in the lives of this disadvantaged group, our survey of countries in both the Global North and the Global South in mid-2020 sought to explore the extent to which governments and/or NGOs have implemented specific measures to respond to heightened need, with a view to prevent widening inequality and worsening outcomes.

While considering these policy and practice changes, it is important to identify the unique challenges and barriers that the pandemic created for both care-leavers and services. For example, requirements for social distancing and health regulations limited the ability of providers to support care-leavers at a time when mental health needs grew dramatically (Greeson et al., 2022; Kelly et al., 2020; Munro et al., 2021). Moreover, care-leavers experienced loneliness and isolation, especially since many lost their jobs (Greeson et al., 2022), but at the same time group support interventions were limited and, in some countries, only long-distance professional support was possible. It is thus important to explore how countries dealt with such challenges.

Overall, 15 out of the 19 countries under study had some form of extended care and/or aftercare provisions in place prior to COVID-19, notwithstanding variations in eligibility criteria, access, and the types of services provided. Six months into the pandemic, half (10) of the participating countries reported that the state had issued guidance to practitioners about measures that could (or should) be taken to support care-leavers in the context of COVID-19. In at least five of these (Australia[2], Canada,

[2] In both Australia and Canada, this does not apply to all States and Territories. In Australia, the Home Stretch campaign has been lobbying for extended care until 21 years across the country, but recognition of and responses to the campaign have varied between States and Territories.

England, New Zealand, and Scotland), care-leavers were visible on the policy agenda prior to the pandemic and a range of measures had already been put in place with the aim of improving outcomes. All these countries, except for Australia, also reported a high percentage of practice enhancements during the early stages of COVID-19 (between 6 and 8, see Table 4). These findings are similar to those of Collins and Augsberger (2021) on changes in practice in Australia, Canada, England and the US following COVID-19. By contrast, two countries (Portugal and Sweden) reported that there had been neither state- or NGO-initiated guidance, nor special initiatives for care-leavers. In Portugal, care-leaving services are still in their infancy. In Sweden, the welfare model aims to provide a safety net for all citizens. Trust in universal services and support for the general population may undermine recognition of the needs and circumstances of young people leaving care, resulting in ambivalence to provide specialist leaving care services (Storø et al., 2019).

The current study found that the most common enhanced practice measure during COVID-19 was 'postponement of exit from care'. This change was also common in the abovementioned study of Collins and Augsberger (2021). In theory, this measure created space to move beyond age-related transitions from care placements and to disrupt the pattern of 'accelerated and compressed' (Stein, 2008, p. 35) or abrupt transitions amongst this group. But as the survey was undertaken at an early stage in COVID-19, it was not possible to explore the parameters surrounding the timelines for extensions, whether all care-leavers were eligible and/or whether this was dependent on placement time or other conditions. Munro and colleagues' (2022) later study, which explored care-leaving in the context of COVID-19 in England, found that although the government issued guidance that young people should not be expected to exit care placements, there were wide variations in local authority practice and extensions were typically for a few days or weeks, rather than longer term. Moreover, young people in residential care, who typically have the most complex needs, were not always given the option of remaining in placements, thus perpetuating the inverse care law (greatest need/least support, see Hart, 1971). A similar concern is presented by Collins and Augsberger (2021), who mentioned that the changes in policies following COVID-19 were likely to be temporary, and there

is a concern that in the future the regulations will be tightened because of the financial hardships that many countries experienced as a result of the financial effects of COVID-19.

The countries that did not introduce measures permitting 'postponed exit' included countries that already permitted extended care pre-COVID-19 (Ethiopia, Norway, South Africa, and Sweden), as well as three that did not (Argentina, India, and Switzerland). In Argentina, for example, leaving care measures are designed to provide personal support and a monthly allowance, rather than extended placements. Prior to COVID-19, implementation challenges meant that only a small number of young people were able to access these services (Van Breda et al., 2020). During COVID-19, whilst NGO advice and guidance was issued, no special initiatives were reported to ameliorate the additional challenges and pressures resulting from COVID-19 restrictions. Similarly, we found that in India, no changes in practice were offered, although the state had issued policies, advice and guidance, while another study in India found that most interventions during COVID-19 were offered by private projects and charities (Modi & Prasad, 2020).

The second most common response to the pandemic was an increase in contact/support from workers. Pre-COVID-19 research highlighted that isolation and loneliness are common amongst care-leavers and the accounts of young people highlight the importance of emotional support (Munro et al., 2016). In a sense, COVID-19 restrictions and heightened isolation amongst the general population served to highlight the lived realities of too many care-leavers in 'normal' times. It seems therefore that many countries identified the social needs of care-leavers as important challenges that should be addressed in the early stage of the crisis. This contact was provided in various and creative ways to deal with the health risks. However, we did not find enhanced safety protocols to constitute a major practice change, as Collins and Augsberger (2021) did. Overall, 10 countries reported increasing contact from workers, although two – Germany and Israel – also reported that while some young people received more support, others received less. In Switzerland, both contact from workers and financial support were decreased during the early stages of COVID-19, thus reducing support to an already under-resourced population at a time of heightened vulnerability.

In some countries (including England and New Zealand) and in various SOS Children's Villages in Asia), care-leavers were provided with increased emotional support and proactive measures were taken to keep in touch with them, including the use of virtual contact, as this study and others indicate (Jindal et al., 2021; Munro et al., 2022). Like our findings, in Asia, some SOS Children's Villages sought to leverage peer support and provide counselling, and also engaged young people through games, quizzes, virtual competitions, yoga, and exercise classes (Jindal et al., 2021). Our findings here echo some of the findings of Collins and Augsberger (2021) who indicated that changes in policies in four countries included more flexibility in services provided and greater use of technology. Similarly, interviews with leaving care managers in England revealed examples of more flexible, relational, and creative practices to keep in touch and reduce social isolation (Munro et al., 2022).

However, young people themselves had mixed views on the level of support they received, with some observing an uplift in support, whilst others suggesting that their workers were 'unavailable' or 'unhelpful' and that services deteriorated at a time of heightened need (Munro et al., 2022). Our finding of wider and more flexible services, together with the above findings that these services were not available to everyone, might reflect Collins and Augsberger's (2021, p. 60) concept of "creaming". This is a phenomenon in which social services choose to provide services to "clients who are the easiest to serve" (p. 60) or those who meet specific eligibility criteria, such as participating in education. In the wake of the flexibility in services and removal of eligibility criteria that was introduced in many jurisdictions during the pandemic, it is possible that subsequent increased demands on services meant that workers had less time to seek out and support young people who were less inclined to ask for help. Additionally, while we found that many countries provided IT support or other means of online communication, the findings mentioned above may result from difficulties that arose in the context of remote contact – for example, technical problems or lack of internet access (Roberts et al., 2020). Therefore, it seems that the support provided was not enough to respond to the broad needs of the care-leavers during the pandemic.

Overall, the findings serve to highlight what one of our survey respondents articulated:

> *The impact of the COVID-19 pandemic – and the public health emergency response to it – has further exacerbated and amplified the precariousness of aspects of many care-leavers' lives… COVID-19 has further exposed the structural disadvantage and discrimination that many still face, impacting on their rights to services, supports and provisions required to meet their developmental needs into adulthood. This is in relation to both individual circumstances as well as recognising their needs as a broader population to whom the State, as corporate parent, at a local and national level, has specific duties and responsibilities.* (Scotland)

The challenges that COVID-19 brought created a unique opportunity to diminish inequalities in services to care-leavers, especially since in many countries the processes to approve changes in policies to support vulnerable groups were expedited and many services were developed in a short period (Cook & Ulriksen, 2021). On the other hand, COVID-19 created unprecedented economic difficulties and many NGOs experienced economic collapse and had to limit their activities.

In this context, we identified four broad patterns of policy and practice change: i) countries that provided limited support before COVID-19 and made no or only small changes in supporting care-leavers during COVID-19 (e.g., Argentina, Portugal and Switzerland); ii) countries that had policies for care-leavers before COVID-19 and further developed policies during COVID-19 (e.g., England and New Zealand); iii) countries that had weak support for care-leavers before COVID-19, but responded to the crisis with substantial policy and/or practice changes (e.g., Israel and Romania); and lastly, iv) countries that provided policies to support care-leavers before COVID-19, but responded with a few or no further support for care-leavers during the crisis (e.g., Australia and Norway).

These differences may be related to advocacy efforts for care-leavers in several countries and the differences between welfare regimes, among other reasons. The study by Dorlach (2023), which analyzed social policy responses to COVID-19 in the Global South, found the three first types of changes we identify here. In addition, similar to what we found in terms of care-leavers, his study

indicated that while the economic crisis was severe, in some countries there were almost no negative changes or retrenchment measures in the first year of COVID-19. Pereirinha and Pereira (2021) indicated that in Europe, countries that had more encompassing welfare systems prior to COVID-19, could respond better to the challenges of the pandemic and the new needs that followed, while in countries that did not have such systems, populations experienced more unfulfilled needs. This aligns with some of our findings, but we also found that in some countries, care-leavers received better interventions during COVID-19 than prior to the pandemic. However, it seems that, as with many other policies and services, changes that occurred to respond to COVID-19 were ad-hoc and do not reflect deep and sustainable changes in these countries' policies (Devereux, 2021; Seeman et al., 2021).

Findings of this study indicate that some countries took advantage of the COVID-19 crisis to limit inequalities for care-leavers and care-leavers were provided with additional resources, whether or not they were prioritized before the crisis; other countries did not identify care-leavers as a unique population for intervention, resulting in increased marginalization and vulnerability during COVID-19. Greeson and colleagues (2022) illuminate how the social and economic harms, bought about by COVID-19 and the post-disaster context, serve to intensify the financial, employment and housing challenges of care-leavers, and call for policy interventions to avoid what was already an under-resourced population experiencing additional hardship and worsening outcomes. While we support this recommendation it is probable that, in some countries that already experienced economic distress before COVID-19, the crisis just intensified local difficulties, which might be the reason why we did not identify changes in policies but rather increased interventions by NGOs (e.g., India and South Africa). Given the limited support offered during COVID-19, care-leavers in these countries might experience the intersection of several marginalized positions, and find it hard to improve their life circumstances. Therefore, it might be that, even for care-leavers who demonstrated resilience pre covid (Stein, 2005), this crisis created more demands than most can handle.

The mobilization of crises to facilitate policy reform is well-established in the literature. Kingdon (2014) refers to "windows of opportunities" that enable policy change, when "problems, policies and politics converge" (Figueroa et al., 2018, p. 413). Examples of this include the European Union's use of Romania's desire to join the Union to resolve its "childcare crisis" (Iusmen, 2012, p. 213), leading to a radical revision of Romania's children's rights policies. Another example of a crisis mobilized to facilitate policy change was the death of an abused Israeli child in 1989, which lead to significant reforms in child protection. Ajzenstadt and Cavaglion (2003) show a long process of Israel becoming ready to move child abuse from the private sphere to the public. The horrific death of Moran Denemias was a crisis around which policy activists mobilized to transform Israeli child protection legislation. Crises can create important moments or windows for policy change, as was the case in some countries in our study.

Limitations and Recommendations for Future Studies

This study has several limitations. It was conducted in the early stage of the global COVID-19 pandemic (June-October 2020), when the scope, extent, and impacts of COVID-19 were largely unknown. On this basis, we recommend further exploring some areas of enquiry, including the timing and duration of special initiatives and whether care-leavers and frontline workers were consulted about policy and practice changes. While this study provides a snapshot of special initiatives and arrangements during the initial onset of COVID-19, there is no way of knowing how well these initiatives actually responded to the specific needs of care-leavers in each country – this issue should be further explored.

The advantages of using key informants who are well-known researchers in the field of leaving care include accessing data that is not available in English and creating an opportunity to provide, as far as the authors know, the most extensive analysis of changes in policies and services for care-leavers during COVID-19. Using key-informants was a common practice in studies related to policy changes during COVID-19 (e.g., Dorlach, 2023). However, the range of people who contributed to a country's

responses was wide and might raise questions about the validity of the responses. While all key informants were from a care-leaving research network and known to the authors, the use of multiple people to inform their inputs may increase the trustworthiness of the data. In future studies, we suggest using two informants per country and validating their answer by comparing one to another or asking for supporting documents. In addition, researchers could ask participants to consult a minimum number of relevant people.

There are also limitations that are inherent to international comparisons. This survey was administered in English to a sample that included many non-English-speaking countries, such that a language bias may have influenced the results. However, as we approached researchers in INTRAC and ANCR, who are part of an international network, it is likely that participants had an adequate grasp of English. In addition, there was an under-representation of countries from the Global South in the survey, which narrows our ability to identify trends in responses to COVID-19 in these countries. In order to address this issue in future studies, effort must be devoted to improving the accessibility of the questionnaire to more countries in the Global South by creating additional partnerships with representatives in those countries.

As well documented elsewhere, child welfare terminology differs greatly between countries and there are definitional ambiguities surrounding key terms like care-leaver, extended care, and aftercare (Strahl et al., 2021; Van Breda et al., 2020). Therefore, there could have been diverse interpretations of the research questions, which could have affected the results. For example, it may be that certain countries that have aftercare or extended care were not reported although they exist in different forms. These differences in terminology, combined with differences in quality and quantity of administrative data, limits this study to broad-brush comparisons across countries, rather than precise and granular comparisons (Van Breda & Pinkerton, 2021).

Lastly, we did not get responses from big countries like the US and China, which might be a result of the inability to provide such information, given the variety of policies in different states/jurisdictions.

Future studies should invest more efforts to collect data from these countries, reflecting their internal diversities.

Conclusions and Implications

The contribution of this study derived from the extended international comparison of COVID-19-related policies and practices to support care-leavers, with data from 19 countries. Based on the findings of this study and our literature review, the answer to the question of whether COVID-19 creates a risk of widening the gap between care-leavers and the entire population is a complex one, as it seems that it depends on where care-leavers live. The findings demonstrated that some countries (e.g., England and New Zealand) provided a comprehensive set of services to care-leavers before COVID-19 and then improved and expanded their legislation and policies to support care-leavers even more during the crisis. By contrast, we found some countries (e.g., Ethiopia and South Africa) that did not provide sufficient services for care-leavers before COVID-19 and responded minimally to the crisis in terms of creating new policies and interventions. At the same time, some countries (e.g., India and Israel) that had limited policies and services for care-leavers before COVID-19, showed a rapid response to the crisis, with new initiatives and interventions.

Our findings offer the possibility to identify crises, such as COVID-19, as opportunities to develop, improve or intensify services for vulnerable groups, such as care-leavers. Since crises like COVID-19 can loosen social, health and economic policies and procedures, enabling crisis-motivated change, policy makers and practitioners should seize these opportunities to decrease inequalities and increase social justice by both advocating and providing vulnerable groups with enhanced interventions, especially in countries where there was an absence of recognition of this group's needs prior to the crisis. Still, as we saw in our data, it is clear that in some countries, the ability to respond to such challenges with innovative interventions is limited due to pre-existing economic distress.

Given the wide set of policies and practice changes we presented here, our findings can be used by practitioners, program developers and policy makers, to identify interventions used in other contexts

that can be implemented in their countries. We identified a broad range of interventions, including not only delaying the exit from care and providing extended care well into the 20's, but such services as: increased financial support, increased counselling and peer counselling, enhanced contacts with workers and home visits, and more adequate responses to broad range of needs, from increased access to employment opportunities, the provision of food vouchers and cooking lessons, and the supplying of computers and internet service. As Cook and Ulriksen (2021, p. 394) claim: "The crisis is global and with all the different measures countries have put in place, there is a wealth of experience that could be collected and shared". This study provides this information for the field of care-leaving.

Our findings show that many countries were able to implement creative practice measures during COVID-19. Introducing these measures in times of crisis suggests the possibility of introducing them overall. This should mobilize practitioners and policy makers to advocate for uncommon or non-traditional interventions when needed, even outside of crisis times. For example, when there is need to extend the stay in care for a young adult, if it could be done during COVID-19, practitioners can insist it can be done in ordinary times. Another example is that if services could meaningfully be provided via social media platforms during COVID-19, social media should be used whenever it serves the needs of care-leavers.

Policy and practice changes during COVID-19 further highlight the need to close the digital divide in general. The digital divide refers to the inequality that is created between those who have access to information and communications technology as well as know how to use them, and those who don't. Digital divide increases social inequality since it leads to lack of access to information or to asymmetrical spread of information (Tsetsi & Rains, 2017). As such, decreasing digital divide among care-leavers should be advocated for as an important tool to narrow the gap between care-leavers and their peers and this line of intervention should be continued in routine times. This divide increased loneliness, isolation, and poverty for many care-leavers during COVID-19, and likely also before and after COVID-19. Providing care-leavers with different means of communication and relevant online experiences could decrease loneliness and increase social capital (Lissitsa, 2015).

Moreover, as our key-informants indicated, there is need to claim a seal of the interventions to ensure the continuance of interventions developed for care-leavers during COVID-19 through legislation, to avoid the situation of ad-hoc interventions. In particular, special care should be made available to provide for the mental health needs of care-leavers, which were considerably high before COVID and, for many care-leavers, increased during the pandemic.

Our study does, however, prompt the question of why some countries implemented changes when others did not. This is particularly important, given that some well-resourced countries did not implement changes, while some low-resourced countries did, and vice versa. Country case studies that uncover the mechanisms that facilitated or inhibited change will be useful for facilitating future change.

In conclusion, this study asked whether the care gap between care-leavers and other young people has been widened as a result of the COVID-19 pandemic. The answer is not a simple yes or no. In many cases, the gap does appear to have widened, in both countries that had stronger policies and services for care-leavers prior to COVID-19 and countries that had weaker policies and services. However, there are also countries, again including countries that had stronger or weaker policies, that increased the range and depth of services to care-leavers, thereby reducing the care gap. It is essential to highlight that even in the countries that offered a broad set of services, their actual effectiveness was found to be mixed, as recent studies indicated that not all care-leavers benefited from them. It seems, then, that the COVID-19 crisis created the opportunity for improved services, and that some countries, advocates, policy makers or service providers were more ready to mobilize the crisis for improved care. We suggest, therefore, that those working in the care-leaving sector should remain vigilant for the opportunities to shift the system towards improved service delivery and a narrowed care gap.

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