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Examining Policies and Practices to Support Young People Transitioning From Out-of-Home Care (OOHC) in Asia: What Do We Know From Existing Grey Literature?

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ABSTRACT

Young people transitioning from out-of-home care, also known as care leavers, are globally recognised as a vulnerable group. There is a scarcity of literature on leaving care across the Global South, including Asia. The authors examined policies and practices from the grey literature to gain insights from broader literature beyond peer-reviewed literature on Asia, which is relatively scarce and has a distinct social and cultural context compared with Global North countries, where most care-leaving studies have been conducted. The authors used one knowledge hub (Better Care Network), which is regularly used by global non-government organisations and civil societies across the globe in alternative care, to search for publications concerning policies and practices related to leaving care in Asia. This article reports on 43 documents identified. Several key themes emanated from this review. They are (1) leaving care and aftercare policies and practices in Asia; (2) implications of existing policy and practices for young people's outcomes; (3) less attention or support to care leavers' physical wellbeing and mental health compared with other after-care support. The implications for research, policy and practice are further discussed.

1 | Introduction

Young people transitioning from out-of-home care, known as care leavers, are globally recognised as a vulnerable group. Decades of studies from Global North countries found a higher potential for poor outcomes for this particular population compared with those who were raised in non-care contexts (Biehal et al. 1995; Courtney 2000; Mendes and Moslehuddin 2006; Mendes and Snow 2016; Mendes et al. 2025; OECD 2022; Radityaputra et al. 2024; Stein and Carey 1986; Stein and Munro 2008; Stein 2012; Strahl et al. 2021; Van Breda et al. 2020; Zhao and Waugh 2025). Some of the principal poor outcomes observed among care leavers include housing instability or homelessness (Zhao & Waugh, 2025), unemployment and work insecurity (Furey and Harris-Evans 2021; Wade and Dixon 2006), poor educational outcomes (Courtney and Hook 2017), poor health and psychosocial wellbeing (Mendes

and Chaffey 2024) and lack access to services for care leavers with complex needs (Stein 2012).

Nevertheless, care leavers are not predetermined to have adverse outcomes. The heterogeneity of care leaver lives, including their potential outcomes, is highly diverse, with some faring better than others (Stein 2012). Mike Stein (2012), proposed three different outcome categories for care leavers in transitioning into adulthood. The first is the Moving On outcome, characterised by the stability that care leavers have achieved in terms of education, employment and housing, with care leavers attuned to their overall wellbeing. The second is the Survivor outcome. This outcome is mainly characterised by the instability of care leavers in their employment, education and accommodation. Care leavers in this category have achieved some form of independence, yet they remain largely driven by the adversities they experienced during their pre-care and in-care periods. They still

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need adequate support to maintain, prepare and transition to future life.

Furthermore, the third category is termed Strugglers. This category comprises care leavers who require extensive after-care support, although this support is probably insufficient. While they require additional specialist services to support their daily life. They may have some significant disadvantages that essentially hinder them from having an 'independent life' and further drawbacks. Additionally, recent literature has also documented potentially fewer differences in outcomes among the youth in the general population with care leavers within the context of Global South countries, which might have a more restrained economy and limited social support policies (Frimpong-Manso 2022). Additionally, a comparison of alternative care placements in Asia and the Global South reveals significant differences from those in countries of the Global North. Children and young people in the Global South are typically placed in out-of-home care due to the community response to socio-economic related difficulties and reasons other than abuse that made biological families put their children and youth in most residential care settings (RCS, Collins and Tuyền 2016; Roche 2019).

Aftercare support and practices for young people leaving care are internationally recognised in the UN Guidelines for the Alternative Care of Children (United Nations General Assembly 2010). The guidelines, designated for UN Member States that ratified the UN Convention on the Rights of the Child, mandate aftercare support for children and young people from alternative care. The guidelines, while lacking a clear upper age limit for those from alternative care, state that there needs to be preparation and transitional plan for young people leaving care. This 'aftercare' support may be in the form of 'ongoing educational and vocational training opportunities', 'access to social, legal, and health services and financial support', 'acquisition of social and life skills', and employment (United Nations General Assembly 2010, 19).

Existing leaving care research and studies on the Global South, including Asia, are limited (Frimpong-Manso 2022; Van Breda and Pinkerton 2020). Furthermore, there has been meagre exploration of findings from relevant grey literature, although there is a global network of NGOs working particularly in the Global South and documenting their research, evaluation and practices (i.e., UNICEF, Save the Children, SOS Children's Villages). Finally, there is no particular linking knowledge between more 'rigorous' peer-reviewed studies and grey literature from national and international practitioners from the Global South and NGOs working within this geographical area.

In this paper, we aimed to address this identified gap by exploring the available literature across the Asian region. We examined the broader literature beyond the limited research, studies or peer-reviewed articles available on Asia. The authors concluded that exploring the grey literature produced by reputable agencies in the alternative care area would be one of the best ways to approach the investigation. NGOs and related OOHC institutional providers are the leading sector in delivering aftercare support in developing countries

(Frimpong-Manso 2022). There is also a need to explore the breadth of the literature outside the mainstream 'academic' literature, as most of the practices and support in the Global South are conducted by international NGOs working within a particular country (Frimpong-Manso 2022), which might document their work with national and subnational government counterparts.

This grey-literature review should be helpful for the first author and other Asia-based researchers to identify similar challenges or practices across the Asian continent that arguably have close proximity in terms of the social and cultural context similarities compared with the established practices of leaving care support from a mostly Global North context. The most dominant voices in the academic literature are predominantly from scholars in the Global North researching their respective countries, who have greater access to resources compared with those from the Global South. Including the perspective of Global South scholars and practitioners can add a meaningful contribution to the discussion on leaving care support internationally.

Furthermore, the potential wider lessons to take from this review are also to highlight the value and insights of grey literature in general. Grey literature offers several advantages over commercial publications, including reduced publication bias, greater time efficiency, access to local and unique information, consideration of alternative perspectives, complementation of published research and bridging of academic research and practical concerns (University of South Australia, n.d.; University of New South Wales, n.d.; Kousha et al. 2022).

1.1 | Study Aim and Research Questions

Given the gaps in existing knowledge on leaving care and aftercare support in Asia, particularly in the grey literature, the review's primary aim is to investigate the grey literature on policies and practices related to young people transitioning from OOHC in Asia. In addition, a secondary aim is to explore the experiences, outcomes and practice gaps of young people leaving care in Asia.

Our primary research question for this study is: What is known from the existing grey literature exploring policies and practices to support young people transitioning from OOHC in Asia?

We also prepared a secondary research question: What is known from the existing grey literature about the scope of experiences, outcomes and practice gaps of young people leaving care in Asia?

2 | Methods

This article employed a grey literature review (Schöpfel 2011), which comments generally or specifically, or as an additional section in the document, on leaving care and aftercare policies and practices in Asia. In addition, the authors also reviewed experiences, outcomes and potential gaps reported by care leavers and their care providers. The authors used the grey-literature approach to search for potential policies, practices and outcomes

for care leavers that have or have not been addressed by primary studies or ‘peer-reviewed’ literature, either in the Global South or the Global North.

The authors define grey literature as ‘numerous documents produced by governments, academics, business entities, and industry that are protected by intellectual property rights preserved by libraries and institutional repositories, but not controlled by commercial publishers’ (Schöpfel 2011, 11–26). Furthermore, in this review, the authors will only utilise out-of-home care definition as defined as ‘alternative care’ by the UN Guidelines for Alternative Care of Children (United Nations General Assembly 2010). Alternative care is defined as care provided to children and young people who lost parental care or whose best interests were not met by remaining in parental care, which includes formal care (foster care, residential care and supervised independent living) and informal care (kinship care). We will only use articles commenting on long-term out-of-home care (*inclusive*) in which the children and young people stay in care for more than 6 months. A previous scoping review on the Global South, including Asia, looking at the nature of ‘alternative care’ reveals that across these regions, a significant community welfare response to children and young people is in the form of RCS (i.e., orphanages, children’s homes, institutional care) (Roche 2019), mainly excluding other forms of formal care such as foster care and supervised independent living while also un-accounting for informal care (kinship care).

In a pragmatic sense, this review defined Asia and Asian countries from the official UN Member States of countries of the Asian region (United Nations, n.d.). West Asia, also known as the Middle East, is included in this review to explore the practices in this region. Arguably, West Asia shares some influences or similarities, such as the presence of similar religious practices found in South Asia and Southeast Asia (i.e., the Islamic religion).

The author also applied inclusion and exclusion criteria to select the articles available in the Better Care Network database. As a significant source of information for those who work with children who do not have adequate family care, Better Care Network claims that it has more than 16 500 resources on research, policies and programs related to vulnerable children and young people across the globe (Better Care Network, n.d.). With this in mind, it has the potential to document reports from Global South countries, scholars and practitioners who may have limited opportunities to publish in international commercial publications. Furthermore, it can also contain information on international and local NGOs working in the Global South in the leaving care space. The criteria were created before conducting the search and iteratively modified during screening as the first author had become accustomed to the literature. During the screening process, the first author focused on finding the ‘leaving care’, ‘Asia’ and ‘Middle East’ themes, and excluded documents that had no information about leaving care and aftercare support. However, the first author later discovered that some of the resources were in the form of videos, recorded webinars, presentations and manuals containing incomplete materials that were not intended for reporting research, policies or practices. Thus, the exclusion

criteria for materials that were not suitable for documenting those practices (i.e., videos) were applied. The criteria are as follows:

2.1 | Inclusion

- Documents commenting about young people preparing to leave or from care age 16 to 25. The age range was selected due to the higher possibility that most countries have the legal leaving care age at 18 years or the end of State legal protection at 18 years. Furthermore, the review also sought to understand the previous preparation or transitional planning for young people still in care. Thus, having two prior years (at 16 years old) before transitioning from OOHC may be one of the best ways to explore and examine their transitional plan. This includes papers that report retrospective accounts of young people aged 16–25 years.
- Documents that contain information about the support for care leavers (*inclusive*).
- Commentary articles exist in the Better Care Network knowledge hub.
- Policy brief, research and evaluation report, dissertation or doctoral thesis, formal report from NGOs.
- Countries resided in Asia and West Asia/Middle East, as listed in the UN Member States regional group.
- Documents commenting on long-term OOHC (*inclusive*).
- Any time range of publication is selected. This review aims to explore as much as possible the grey literature available in the database about leaving care.

2.2 | Exclusion

- Documents that had no information about leaving care, care leavers’ experience and post-care support.
- Peer-reviewed studies existed in the knowledge hub.
- Informal and formal news articles.
- Video-related materials or recorded webinars regarding child protection, alternative care, or leaving care.
- Similar studies that were reported several times (i.e., summative report of five provinces and further each research report from each province).
- Literature only discussing other children or young people in need of special protection (i.e., children trafficked, unaccompanied refugee minors).
- Presentation materials and manuals.

This study employed a narrative review of grey literature (Benzies et al. 2006; Grant and Booth 2009; Adams et al. 2016), which may not include a “systematic” searching of literature. The first author attempted a ‘structured’ search strategy by focusing a search on one global knowledge hub specialising in alternative care or out-of-home care, the

Better Care Network (2025). The authors also included grey literature that was identified through, and excluded from, a previous review of the peer-reviewed literature in this space (Radityaputra et al. 2026). The current literature search was conducted on 5 February 2025 using a combination of search terms in the Better Care Network database, such as ‘leaving care’ and ‘Asia’ and also ‘leaving care’ and ‘Middle East’. The literature search identified 258 documents consisting of open-access peer-reviewed articles, research reports, government reports, policy briefs, commentary articles and others (i.e., videos and event reports). The first author screened the titles and abstracts or executive summary, resulting in 43 relevant documents being included in the review. The selection process was highly inclusive, where if the first author could not find an abstract or executive summary available in the text, he would search in the table of contents and search relevant chapters or sub-chapters related to leaving care and screen the related chapters, or complete a full-text review where it was unclear from the abstract or executive summary whether the leaving care theme is covered. Of the relevant documents, the full-text review resulted in the inclusion of 9 commentary articles, 1 book, 5 book chapters, 2 doctoral thesis/dissertations, 1 government report, 17 non-government reports and 8 policy briefs. The literature search strategy and proof of search can be provided by request.

Data were extracted from 43 documents selected for inclusion: study characteristics (authors, year of publication), location of the countries reported, young people preparing to leave care or care leavers population (*inclusive*), sources relevant to policies and practices to support them (legal leaving care age, formal support, lack of support, types of support, care leavers circumstances and so forth). The first author pre-determined three different social ecologies of support framework into ‘macro’ areas (i.e., policies, socio-cultural), ‘mezzo’ areas (i.e., care settings, types of support) and ‘micro’ areas (i.e., personal capacity) (Pinkerton 2011). The first author then categorised relevant findings from the extracted data into three themes and narratively synthesised them.

2.3 | Characteristics of Included Literature

Most of the sources are opinion or commentary articles or reviews, and their conclusions are based on desk reviews. Some reports, book chapters, and doctoral theses are from studies that collected data from participants such as care leavers, service providers, or policy makers. Most of the grey literature was produced by reputable non-government entities collaborating with government stakeholders or local organisations in the child protection or alternative care sector. The analysis that comes from them is primarily descriptive, and some provide recommendations or best practices to move forward with the overall child welfare or child protection system.

Because of the nature of the report and involvement of several stakeholders within the country that represents authority, the reports produced might be highly biased, less critical, or not ‘political’ in addressing the issue of leaving care support and mainly focus on the ‘how’ and ‘what’ to support and less with the ‘why’ and debate of the reason for lack of support.

The 23 documents included are mainly commenting on the whole issues of child welfare, child protection, alternative care and others with sub-sections commenting about ‘independent living’, aftercare support and leaving care, while a further 20 documents (i.e., doctoral theses, books and book chapters) specifically discuss young people and their transition from care to adulthood. Some reports provide clear methods to their investigation, with some involving a large number of care leavers’ samples. Nevertheless, this review does not intend to examine the literature critically, but how these ‘less rigorous’ pieces might provide valuable insights to design and create a leaving care support system in Asia.

Table 1 outlines the characteristics of the reviewed documents (all documents reviewed are listed in the [Supporting Information](#)). It describes the year of publication, the country location of the report and the types of documents retrieved.

Table 1 provides an overview of included publications, demonstrating that most were published between 2011 and 2020 (70%), indicating that most discussion about out-of-home care in Asia commenced recently. South Asian countries (38.5%) also produced more documents than the rest of the region. While most documents were produced by non-government reports (39.5%), one government report was also written by non-government authors, although a national government facilitated it.

Among the 43 documents retrieved, 37 papers stated clearly their investigation or reporting within a specific country. Six documents report on multiple countries in Asia, including Central and South Asia. For example, one commentary article provides information about care-leaving in two Central Asian countries: Uzbekistan and Kyrgyzstan. One non-government report delivers details about ageing out of care in Nepal, Sri Lanka and Bangladesh. Another non-government report discusses care reform and young adults from care, aged 18–24 years, from Central Asian countries such as Tajikistan, Uzbekistan, Turkmenistan, Kazakhstan and Kyrgyzstan. A separate non-government paper comments on care reforms overall in the Central Asia Region, again including Tajikistan, Uzbekistan, Turkmenistan, Kazakhstan and Kyrgyzstan. Finally, two policy briefs were developed by care leaver associations and local NGOs in India and Sri Lanka, as well as other international partners.

2.4 | Thematic Findings

Although there are many similarities between countries found in this review, it is necessary to acknowledge the heterogeneity of these countries, which may also exhibit social, cultural, religious, and political differences. For instance, Central Asian countries may be heavily influenced by the post-communist political system. At the same time, East Asian countries may also be directly influenced by Confucianist values in their approach to providing care. However, the 43 documents and papers reviewed did not reveal or discuss any significant social and cultural nuances that are comparable with or highlight essential differences between countries in the Asian region.

The following are the themes that were generated by the authors.

TABLE 1 | Sample characteristics of documents.

Variable	N (%)
Year of publication	
2001–2010	1 (2)
2011–2020	30 (70)
2021—current	7 (16)
ND (Not-dated)	5 (12)
Total	43 (100)
Country location of report ^a	
East Asia	8 (15.4)
People's Republic of China	2
China-Taiwan	1
China-Hong Kong	1
Japan	4
Southeast Asia	8 (15.4)
Indonesia	3
Cambodia	1
Myanmar	1
Thailand	1
Vietnam	2
South Asia	20 (38.5)
India	13
Bangladesh	2
Nepal	2
Sri Lanka	3
Central Asia	11 (21.1)
Uzbekistan	2
Kyrgyzstan	3
Tajikistan	2
Turkmenistan	2
Kazakhstan	2
West Asia/Middle East	5 (9.6)
Turkey	1
Jordan	2
Saudi Arabia	1
Yemen	1
Total	52 (100)
Types of documents retrieved	
Commentary articles	9 (21)
Book	1 (2.3)

(Continues)

TABLE 1 | (Continued)

Variable	N (%)
Book chapters	5 (11.6)
Doctoral thesis/dissertation	2 (4.7)
Government report	1 (2.3)
Non-government report	17 (39.5)
Policy brief	8 (18.6)
Total	43 (100)

^aSome of the reports covered more than one country: six documents reporting multiple countries in Central Asia, South Asia, Southeast Asia (Uzbekistan, Kyrgyzstan, Tajikistan, Turkmenistan, Kazakhstan, Nepal, Sri Lanka, Bangladesh).

2.4.1 | Leaving Care and Aftercare Policies and Practices in Asia

This review found that most countries did not have national leaving care legislation and systems available to support care leavers (Table 2.). NGOs and private or government residential care implemented initiatives and aftercare support efforts locally. Only one country was identified as having national legislation intact for aftercare support beyond the legal leaving care age, that was India (Udayan Care 2019a; Cameron et al. 2018). Other countries in Asia, such as China, have transition policies at the local (provincial) level (Shang and Fisher 2017; Yin 2024). There are major differences between countries as to whether children and young people in OOH leave care at a certain age. However, most Asian countries define the legal leaving care age as between 15 and 18 years, but some youth are permitted to stay in care until 24 years old (Collins and Tuyền 2016; Madihi & Brubeck, n.d.). For example, countries such as Vietnam and Japan have a legal leaving care age between 15 and 18 years, but Indonesia only stated protection for those under 18 years old. In contrast, Thailand has an upper age limit for care until the age of 24. Moreover, countries like Kyrgyzstan permit young people to be under protection until 23 years old, as long as they are engaged in professional vocational training or higher education.

Furthermore, the types of support available to care leavers in Asia vary considerably in terms of length, needs and adequacy. The literature also highlighted the lack of aftercare support for care leavers across Asian countries. Even though a few countries have legislation (i.e., India), national initiatives (i.e., Kyrgyzstan) or local support (i.e., People's Republic of China), reaching a wide range of care leaver groups may be inadequate, especially those who fare worse. Most support mainly focuses on education, employment and accommodation or financial support. In contrast, 'well-being' support, such as health services, psychosocial or psychological support, and social support, is less notable in the literature reviewed. However, there is an exception in a report from Vietnam, where young people receive some mental health and psychosocial support services. This is initiated by civil society or non-governmental organisations that provide care to children and young people (Collins and Tuyền 2016).

The general information about leaving care services and aftercare systems in several Asian countries is in Table 2 from the

TABLE 2 | After care system availability.

Countries	The existence of national legislation for aftercare support		Leaving care age	Maximum age for aftercare support	Types of support
	People's Republic of China	No (local policies)			
People's Republic of China	No (local policies)		18	N/A (responsibilities transfer to social welfare institutions for adults)	Financial allowances, education & training, employment support, healthcare, accommodation.
China-Taiwan	^a		^a	23 (child welfare bureau standards)	Local initiatives (Education, financial assistance employment, psychosocial, social support, monitoring or evaluation)
China-Hongkong	^a		Vary, for most residential care services leaving care age is age 21	^a	^a
Japan	No		15 to 18	20	Initiatives from institutions (not mandatory)
Indonesia	No		18	N/A	N/A (no specific policies, depends on initiatives from institutions)
Cambodia	^a		18 to 24 (depending on the institution)	^a	^a
Myanmar	^a		18	^a	^a
Thailand	^a		24	^a	Local initiatives (housing, employment, access to higher education)
Vietnam	No		16	20–21 (depends on the institutions)	Independent/life skills training, housing support, education/employment support, family reunification, psychosocial support, access to identity documents
India	Yes		18	21	Housing support, skills training, access to health services, secondary education & vocational training, access to identity documents (government and NGO support)
Bangladesh	No		18	^a	Local initiatives (Education and training financial aid, healthcare, jobs support, accommodation, micro-credit loan for small business)
Nepal	^a		18	^a	^a
Sri Lanka	No		18	^a	^a
Uzbekistan	^a		^a	^a	^a

(Continues)

TABLE 2 | (Continued)

Countries	The existence of national legislation for aftercare support	Leaving care age	Maximum age for aftercare support	Types of support
Kyrgyzstan	No	15–18	23 (those engage in higher education and professional school until they graduated)	Education and training. Lifetime state protection for youth with disability
Tajikistan	a	a	a	a
Turkmenistan	a	a	a	a
Kazakhstan	a	a	a	a
Turkey	a	a	a	a
Jordan	No	a	a	Government initiatives (Housing access, employment support, psychosocial and financial aid)
Saudi Arabia	a	a	a	Institutional support to find a job, lodgings, training programs, continuing education, and financial assistance
Yemen	a	18	a	Higher education support, residential houses, employment links, organise group marriage celebrations.

aNo information.

43 documents reviewed. Several documents or papers from a few countries did not provide detailed information about their leaving care and aftercare services (i.e., China-Hong Kong, Myanmar, Nepal, Sri Lanka, Uzbekistan).

Furthermore, no countries seemed to have introduced a formal monitoring, evaluation or follow-up system to track the outcomes of young people after they leave care (Martin and Sudrajat 2007; Cameron et al. 2018). For instance, Türkiye lacks a leaving care monitoring and follow-up system, and there is no research exploring how these care leavers cope during transition and into adulthood (Erol et al. 2017).

A few countries, such as China, Vietnam, Thailand, Saudi Arabia, have local policies and practices or initiatives implemented by government institutions or private entities to support care leavers (Collins and Tuyền 2016; Crispin et al. 2023; Chung-Yi, 2011; Shang and Fisher 2017;). For instance, the People's Republic of China encourages local governments to provide aftercare support in their local policies (Shang and Fisher 2017, 56; Yin 2024). Several Chinese provinces have local policies and support around finance, housing, employment and education. The support usually covers a lump-sum or monthly living allowance, work and housing arrangements. In more affluent provinces, policies include the cost of living, foster care, housing placements and employment for young people entering adulthood (Shang and Fisher 2017). While the most important support in Thailand is to assist young people in getting personal documents such as birth certificates and IDs (Crispin et al. 2023).

The literature also reported that significant numbers of young people leave their out-of-home care settings (i.e., residential care) before they reach their legal leaving care age (i.e., 18 years) and end up not receiving any support from their residential care due to their 'completing' their care without 'permission', such as in China, Indonesia, Vietnam, Thailand and Bangladesh (Martin and Sudrajat 2007; O'Kane and Lubis 2016; Yin 2024; Collins and Tuyền 2016; Crispin et al. 2023; Islam 2013). Most of these children and young people were placed in out-of-home care settings due to families' or communities' choices, rather than child protection orders from the government, meaning that families and communities placed them in the hopes of achieving more positive life outcomes due to their adverse circumstances (i.e., education opportunity, basic needs fulfilled). Young people leaving care in Asia also commonly experience an 'abrupt' and 'unprepared' transition phase into adulthood even though they leave care at an older age, such as in post-communist countries in Central Asia (i.e., Uzbekistan, Kyrgyzstan, Tajikistan), with some of them still living in residential care to 24 years old receiving support to complete education, receive training, enter employment and prepare independent living (Stein 2014; Unicef 2024).

Another major practice for leaving care is the family reunification process, given that most young people in alternative care in the Global South still have biological parents to return to. This is because young people in Asia are typically placed in alternative care due to economic and other disadvantages other than abuse (Collins and Tuyền 2016), allowing young people to be reunited with their parents in some circumstances after they leave care (Collins and Tuyền 2016).

Another distinct practice in several Asian countries is the usage of RCS as a means to deliver further aftercare support, such as in Bangladesh and India (Islam 2013; Make A Difference 2019). This aftercare support is usually informal, delivered by institutions after they leave care through financial support, accessing further education and training, providing linkage to employment and social networks, maintaining relationships, supporting accommodation, accessing healthcare, credit loans for starting businesses and helping with marriage arrangements.

There is a potential for residential care not to be considered as just a 'last resort' for children and young people who lost parental care if these institutions are providing 'good' care. A few reports indicated that residential care is deemed potentially favourable for care leavers in Asia for providing support in their in-care and post-care experiences, especially those who had previous complex trauma and abuse in their pre-care experiences (Islam 2013; Make A Difference 2019; Unicef 2020).

India is the only country that has some form of national policies established to provide aftercare support (Udayan Care 2016; Cameron et al. 2018; Make A Difference 2019; Karandikar and Charegaonkar 2019; Modi, Wadhwa, & Prasad, 2021; IACN, 2022a, b). Although India has aftercare legislation, a notable implementation gap exists to support care leavers. Forty percent of care leavers in India did not complete their secondary education compared with 19.8% of the general population, while others did not receive any aftercare support (Udayan Care 2019a ; IACN, 2022a). Institutions that provide 'good' quality care can only serve a few care leavers, yet one million young people transition from care each year across India (Udayan Care 2019a; CSA 2020).

Other countries, such as Kyrgyzstan, have some form of national initiatives for care leavers attached to their youth policy, which provides support to 'graduates' (15–18 years) from care such as social services, health care, education, monthly allowance, food and clothes and accommodation in dormitories (Cameron et al. 2018). However, the support ends when they turn 18, and only youth with disabilities have lifetime protection from the State. Care leavers who stay in education (vocational schools and higher education) receive a monthly payment until they are 23 years old (Cameron et al. 2018). Around 400 young people aged 14 to 18 leave care annually in Kyrgyzstan (Cameron et al. 2018). There is a Labour Code (Cameron et al. 2018) that provides a quota for employment for care-experienced young people. Nevertheless, only a few organisations implement this, creating an implementation gap.

Even in a high-income country such as Japan, aftercare support funding from the government was limited, and most support was being implemented by care providers' initiative without adequate funding (Mori et al. 2018). Other authors also commented that Japan's child welfare system is not well-structured, relying on chance to improve the outcomes of young people leaving care (Goldfarb 2016). Through its Child Welfare Act, the country stated that alternative care can be extended until 20 years old if deemed necessary (Saruta 2014). However, most residential care providers did not provide that extension. A report from Saruta (2014) in Japan describes the lack of adequate transitional support for young people leaving care. This study

report interviewed 202 people, consisting of 27 adults who previously lived in alternative care and also service providers, policy-makers, academics and children in care under 18. The research team visited 24 institutional care facilities across 10 prefectures in Japan.

The government in Japan provides some support to care leavers, like financial support to obtain a driver's licence or other activities to prepare for work. Young people can transfer from OOHC to independent living group homes/aftercare facilities targeted between the ages of 15 and 19. However, not many care leavers moved to these aftercare group homes (Madihi & Brubeck, n.d.; Saruta 2014).

2.4.2 | Implications of Existing Policies and Practices for Young People's Outcomes

This review also found that many care leavers needed further support in leaving care and transitioning into adulthood. For instance, in the International Care Leavers Convention (2020), reported in two policy briefs reviewed, delegates from 84 countries (including Asian countries) presented key policy recommendations for practitioners and policymakers. Their recommendations included: better preparation for care leavers, enhanced inclusion and participation for care leavers, providing government and civil society support not just for children in care but also for care leavers, healthy and continued relationships with caregivers, providing a 'safety net' for care leavers, increasing the legal leaving care age/extended care/support to 25 years, housing programs and support, partnership and collaboration with agencies to improve access to services, adequate data and information, strength and resilience narratives of story-telling and sharing, care leavers networks and peer support.

Poor Outcomes in Housing, Accommodation and Homelessness Due to Lack of Aftercare Support. The grey literature pointed to poor outcomes across housing for care leavers across Asia, including in China (Yin 2024), Central Asian countries (Stein 2014), Jordan (Ibrahim 2019), Saudi Arabia (Albar 2018) and India (Udayan Care 2019b). Gender disparity also occurred in which girls have more difficulties in finding aftercare accommodation support relative to boys (Ibrahim 2019).

Furthermore, although inadequate support to assist care leavers with accommodation exists in Asia, it varies in terms of services provided. In Vietnam, accommodation support was provided for young people to work or participate in education, but other care leavers received no support (Nguyen et al. 2022). A few OOHC shelters in Vietnam provide a small amount of rent support for 3 months after leaving care, assuming that these young people have improved income from their jobs after receiving the support (Collins and Tuyền 2016).

In Jordan, eligibility requirements are required for care leavers to have supported home ownership (i.e., purchased a unit), with the condition that they be married (Ibrahim 2019). The Jordanian report also reveals supported living through informal rent discounts or accommodations through educational scholarships. A report from Yemen also mentioned that support for

aftercare facilities or housing is tied to their higher education if they receive a scholarship (Alnood 2018). Aftercare centres in Yemen can facilitate job opportunities with local businesses or private companies after graduation, and also support orphans to get married by organising group marriages for 50–100 orphans annually.

In Beijing, China, the local government provides a basic living income by allocating a lump-sum allowance to the county government to enable care leavers to access housing, employment and permanent residence registration (Shang and Fisher 2017).

Negative Impacts on Education, Training and Employment. Several grey literature documents pointed to adverse outcomes for care leavers with regard to education and employment, including in China (Yin 2024), Vietnam (Collins and Tuyền 2016), Saudi Arabia (Albar 2018), Jordan (Ibrahim 2018) and Central Asian countries (Stein 2014).

For example, in India, care leavers are under considerable pressure to earn money during their transition, and young women are more financially vulnerable than young men, as they were more economically dependent on institutions or other sources of income (Udayan Care 2019a; Srivastava 2019). A publication drawing on data from young people leaving care surveys from 435 care leavers in India, found that most care leavers in India do not receive any fundamental life skills (i.e., cooking and household management), and less than half of care leavers received any training related to employment, and some of them discontinued their education during transition from care (Udayan Care 2019a).

Regarding educational and employment support, most care leavers access vocational training in Vietnam because it is free and requires an easier selection process than entry to higher education (Nguyen et al. 2022). For these care leavers, training and education are also linked to potential work after they leave care in Vietnam. Some OOHC centres in Vietnam provide life skills training to prepare young people for future independent living opportunities. However, there are no documented evaluations or standardised curricula regarding this training (Collins and Tuyền 2016). In another example from Beijing, China, young people leaving state care are eligible to receive employment support in the forms of assistance to find a job for young people with disabilities and job vacancy information for those without disabilities (Shang and Fisher 2017).

Other publications from Jordan indicated that several factors contributed to care leavers' success in achieving more positive education outcomes while in care, including the following: (1) fewer changes of homes and schools; (2) the presence of adults who had high regard for education; (3) studying as a way to escape adverse situations; (4) those who had good relationships with peers and families were more likely to be flourishing; (5) those who received strong initial academic foundations in different homes (Ibrahim 2018). This book chapter is drawn from a qualitative, semi-structured interview study to investigate care leavers' experience in Jordan. This study also found potential good practices in Jordan through summer job opportunities. Data from these 42 care leavers indicates that care leavers highly appreciate that opportunity, as it enhances

their exposure to the world outside of care, as with work experience and budgeting (pocket money stopped during summer jobs) (Ibrahim 2018). The benefits are training to use public transport, budgeting, exposure to the world of work, feeling privileged to have jobs, marked developmental stages in character, and building future relationships with employers (Ibrahim 2018).

The utility of residential care is also documented in supporting educational outcomes from a study report from Bangladesh with 45 care leavers (Islam 2018). The qualitative study employed a semi-structured interview to young people coming from NGO-based institutions, government institutions and faith-based orphanages. The study indicated that young people had positive experiences with institutions that contributed to their education (Islam 2018). In contrast with research in the Global North, those who are educationally successful have stayed longer in institutional care. Their resilience throughout their in-care and post-care experiences (i.e., sense of determination and esteem) is associated with their educational success. While those who had a disruption in care and had poor education had more detrimental life outcomes.

The Implication of the Lack of Capacity of Care Stakeholders to Support Young People and Care Leavers for Reintegration Into Their Society. A report from SOS Children's Villages International and the European Commission described that alternative care settings in South Asia and Southeast Asia lack the capacity to support the reintegration of young people from care to their societies and families (Flagothier 2016). Countries such as Sri Lanka and Nepal (Khatiwada et al. 2014; Flagothier 2016) indicated that young people were aging out of care with no identifiable families to return to and did not develop social networks, thus preventing them from leaving institutions at the age of 18 without further meaningful support. Female care leavers in Nepal, especially those from institutions, seemed to have greater challenges transitioning and reintegrating into society than their male peers (Khatiwada et al. 2014). According to this report, data collected from care leavers' focus groups indicated that Nepalese female care leavers needed more safe space accommodation, empowerment and life skills activities (Khatiwada et al. 2014). However, the report did not mention how many care leavers were involved in the focus groups or why female care leavers needed more support for accommodation.

The Importance of Building an Informal Support System, Given the Failure of the 'Care System' or OOH Settings to Deliver Formal Support. Building informal support networks is important to the life outcomes of care leavers in Asia (Ibrahim 2019; Udayan Care 2019a; Nguyen et al. 2022). For example, one study in Jordan found that a combination of formal and informal support (i.e., peers, caregivers) contributes to better outcomes in a range of care leaver's life domains (i.e., housing security, continuing higher education) (Ibrahim 2019). This qualitative study from Jordan interviewed 42 care leavers in two waves, of which 29 were re-interviewed in the second wave. The young people had left care for 1 month to 10 years in the first wave and 5–19 years in the second wave, making their experiences highly varied. Nevertheless, the study did not provide any baseline measurement and did not have any comparison group due to its qualitative nature (i.e., young people who had access to parental

care); thus, it is challenging to determine if meaningful change occurred, whether due to the support they had received or other unaccounted factors.

2.4.3 | Less Attention to Health and Psychosocial Wellbeing Support Compared With Other Leaving Care and Aftercare Support

Although the well-being of care leavers is well documented in the grey literature, support or intervention for their well-being (i.e., health care, psychosocial support, social support) is getting less attention or is not a priority to implement. The following are the findings from several countries (i.e., Türkiye, China, Vietnam, Jordan, Bangladesh, India, Thailand, Indonesia) that highlight the importance of putting psychosocial support for young people and care leavers equal to other 'tangible' support such as financial support.

In Türkiye, young people who have been moved from institutions to their biological parents fare worse than those who stayed with parents with government financial support and also those who live within institutions (Erol et al. 2017). Most of the latter have positive thoughts and feelings towards their institutions and several protective factors such as having a job, a good education, friends and remain in contact with a parent and parental figure. This book chapter from Türkiye was drawn from a cross-sectional quantitative survey of 28 adults who previously lived in institutional care compared with 28 adults who grew up with their families.

Care leavers in China perceive leaving care as an important life event in which young people experience a change in residential status, roles and level of social support (Yin 2024). This study is drawn from a doctoral thesis employing qualitative, semi-structured interviews from 34 care-experienced young people and eight staff from the alternative care system in China. Other well-being challenges documented in this study are that some care leavers 'fail' to get married or have a spouse, and experience family conflicts and further social exclusion.

While young people leaving care in Vietnam experience difficulties, they can still achieve positive outcomes with appropriate support, personal resilience and determination (Nguyen et al. 2022). They still engage with caregivers and friends from their residential care home and feel that they have an informal duty to give back to their residential care. Like other countries in the Global South, most care leavers still have relationships with their biological parents and siblings (Nguyen et al. 2022). Those who lost both of their parents still have grandparents, aunts or uncles and, to some degree, keep in contact with them (Nguyen et al. 2022). Some forms of psychosocial support exist for these young people, such as recreational activities and sports, implemented by some residential care providers (Collins and Tuyền 2016).

In Jordan, those with better care experiences had longer and lasting relationships with the adults in care (Ibrahim 2018). Also, developing relationships with their care leaver peers, regardless of the quality of care, was found to be a positive outcome for young people in Jordan.

Care leavers have diverse experiences in care and post-care in Bangladesh (Islam 2018). Nevertheless, most had positive residential care experiences (Islam 2018). Care leavers mentioned opportunities for education, healthcare, relationships and social networks. Concerning their social well-being, care leavers who had friends in care often continued their peer relationships after leaving care in Bangladesh (Islam 2018). Furthermore, for children who still have families, continuing contact with them leads to potentially positive experiences, facilitating their self-esteem and confidence, thus developing their resilience. It seems that a common theme of good relationships (i.e., peers, families, caregivers) operate as a protective factor for care leavers in Asia. On the other hand, those who had been evicted or dropped out of care had negative perceptions of residential care, and these young people experienced more disadvantages (Islam 2018). Findings from Bangladesh also indicated the important role of the community, and that paying attention to children's and youth's faith or religious identity is a significant factor in their well-being (Islam 2018). On the other hand, enhancing financial resources may or may not lead to better outcomes for young people (Islam 2018). Rather, the literature seems to indicate that developing relationships and networks with adults, peers, parents and the community may have a higher potential for supporting positive outcomes among care leavers in Asia.

A report drawing from a quantitative survey from 435 care leavers in India documented the impact of the transition to care leavers' well-being, especially for female care leavers. Most care leavers in this study were reported to experience 'recurring emotional distress' (Udayan Care 2019a, 37). Young girls reportedly experience difficulties developing identity, intimacy, goal aspirations, independent life and distress (Srivastava 2019). Other problems include a lack of inheritance rights for female care leavers, and the increase of gender-based violence experienced by young women during COVID-19 in their aftercare homes and institutions (Bhardwaj et al. 2022). Drawing on findings from surveys with care leavers, Udayan Care (2019a) further reported that four out of five (78%) care leavers did not seek any assistance from professionals related to psychosocial or mental health support, while access to mental health services also decreased when they left care. The transition process from OOHC is more likely to negatively impact care leavers' emotional well-being, with young women faring worse than young men.

Regarding physical health, most care leavers in India did not have any health insurance, thus making them vulnerable to prolonged illnesses or health emergencies (Udayan Care 2019a). Institutionalisation seems to be affecting social relationships with the other gender, and social skills acquisition seems to be low in institutions and aftercare (Udayan Care 2019a).

A report from Thailand identified care leavers tend to view living in residential care as somewhat positive despite challenges living there. Such challenges include low caregiver-to-child ratio, neglect of mental health needs, knowledge and attention from care providers, loss of connection with culture, families and communities, rigid rules and restrictions on freedom, lack of self-care, fear of staff, abuse and violence, inconsistent staffing and bullying and lack of religious freedom (Crispin et al. 2023). The report from Thailand collected data using semi-structured

interviews with 22 care leavers and a quantitative survey with 75 care leavers. The majority of participants (76%) maintained communication with their biological parents (though frequency was not mentioned), and only a few are orphans (who have lost both parents).

Pouw et al. (2017) collected data from several Global South countries, including Indonesia. This study employed a mixed-method approach with a quantitative survey and qualitative interview with 347 vulnerable young people (young people in and from care, young people from disadvantaged families) to investigate the social exclusion experienced by these youth. They found that feelings of social exclusion experienced by young people previously living in residential care may be attributed to their care background and also their socio-cultural background such as ethnicity, religion, gender and age. Furthermore, young people from care, such as in Indonesia, have fewer or smaller social relationships and networks than young people who have not been living in residential care, which is important for them to find future employment.

Finally, there are also findings from Central Asia that care leavers with special needs, such as those with disabilities, are potentially left behind in their outcomes due to a lack of access to aftercare support and effort to reach them (Unicef 2024).

3 | Discussion and Implications

The grey literature reviewed shows a strong need to enhance and strengthen the capacity to support care leavers in Asia, in terms of policy and practices. A wide range of support efforts have been identified across regions in Asia. Although the need for improvement is substantial, local initiatives have proven that the effort to support care-experienced young people is there, and that there is awareness of care leavers' needs in these regions.

The grey literature highlighted the need to improve basic or general post-care support or 'safety nets' such as education, employment, housing or financial support across different regions. While different variations of support exist, data from several countries pinpoint that the support is not reaching a wide range of care leavers and may fail to reach those who fare worse than others. Moreover, care leavers' physical and mental health needs are well discussed but are more likely unattended. This situation also occurs in other countries on different continents, including in Global North countries (Van Breda et al. 2020; Strahl et al. 2021; OECD 2022). It seems that basic support, such as monetary assistance and employment, is given greater 'importance' than more 'non-tangible' needs, such as mental health, which makes the intervention less holistic (Baidawi 2024).

Furthermore, the documents point to the lack of capacity to deliver support services in each country, with almost all countries pointing out the 'unprepared' circumstances that care leavers face when they leave care. Other documents show that OOHC entities within these countries are not equipped to prepare young people for independent life outside of OOHC. Previous studies have pointed out factors that might impact leaving care support, such as financial limitations, placement unavailability, personnel and human resources capacity and social norms

(Munro et al. 2024). The lack of capacity of service providers is also worsened by the limited qualifications of residential care staff. It is also unclear if there are any Leaving Care specialist services in the Asian countries reviewed to support care leavers (Mendes and Moslehuddin 2006; Stein 2012). There seems to be a lack of standards and safeguards in a few cases that can lead to potentially harmful practices, such as marital arrangements without explicit consent from young people, especially young women. The lack of capacity of service providers in Asia to deliver 'good' aftercare support is more likely to result in poor outcomes for care leavers (Stein 2012). The role of government as 'corporate parents' and providing further extended care is practically 'weak' or non-existent in all countries reviewed. In contrast, most economically affluent countries have established minimum national support for care leavers (OECD 2022). There is also strong support for extending care until 25 years in OECD countries. However, it has not yet been implemented widely in those countries.

With regard to data and information, large or small populated countries did not have any tracking and monitoring of pathways and outcomes of these young people. Most of the studies involved data collection with care leavers from known organisations that are well registered in their respective countries or care leavers within investigators' reach, leaving other care leaver groups undocumented. This circumstance of collaborating with well-known and public organisations might influence the relative independence of the researchers or investigators who published in the grey literature. Moreover, care leavers also might be influenced by the methodological approaches in which investigators collaborated with their own care organisation. That in some degree the trustworthiness and credibility of the data collection is compromised by participants' previous positive or negative relationship with their care organisation.

Another finding that needs further attention is the social inclusion within the care leaver population. Most care leavers who fare worse or have complex needs have less chance to share their experiences with researchers (Stein 2012). As a result, there is less documentation available concerning the needs and experiences of this particular group. However, reports included in the current review have mentioned groups of care leavers who need further attention, such as female care leavers, care leavers with disabilities, care leavers with mental health needs and those who experience 'early dropouts' or left care by their own choice. Previous studies and reports from the Global North point out poorer outcomes for these particular groups (Stein 2012). This is also parallel to a previous study conducted in India, which used Stein's resilience frameworks to interpret its case studies of care leavers, that those who 'struggle' need support with their emotional and social wellbeing, higher education, housing, financial support and employment (Udayan Care 2019b; Modi et al. 2020).

Some of the literature indicates promising practices within the limited formal support services for care leavers identified across Asia. Practices include building informal support for care leavers or supporting aftercare kinship with some government support (Erol et al. 2017). Other distinct practices, such as family reunification (outside cases of abuse), can be a potential choice to provide aftercare support within a limitation of formal support by

NGOs or government-owned OOHC entities. Furthermore, informal support networks have more weight and importance for care leavers, and strengthening these networks before and after they leave care can be a pathway for better outcomes (Stubbs et al. 2023; Waugh et al., 2023).

Acknowledging external factors such as employment availability and economic situations within the respective countries is also essential. This is also the utility of residential care with a 'good' quality of care to provide extended support for young people aged out of care, or those beyond 18 years old. Utilising this entity might also be a potential best practice due to its connection and outreach to young people to provide post-care support while acknowledging the existing institutional barrier (Hlungwani 2023). Residential care could also be utilized to provide better preparation for young people leaving care (Hlungwani 2023).

3.1 | Limitation of This Review

This review also acknowledges the potential limitation of using grey literature. First, there are concerns about the quality of the document and bias. The lack of peer review may compromise the validity and reliability of the information presented. For this reason, the authors attempted to minimise variability in quality by using a reputable knowledge hub that typically publishes outputs from reputable sources or organisations. Second, the lack of methodological standards, the absence of page limits, and the heterogeneous and large volumes of information all complicate the analysis (Benzies et al. 2006). Third, using a database search via a single knowledge hub may potentially miss other relevant and important information available on the Internet.

3.2 | Future Considerations and Implications

Our study suggests implications for further research, policies and practices in Asia. The absence or lack of a leaving care and aftercare support system is an opportunity for countries in Asia to prioritise the post-care system within their limited social policy allocation. There are also numerous opportunities to enhance research, policy advocacy and documentation of lived experiences, thereby increasing the urgency and importance of care-experienced young people in Asia. Furthermore, within the limited social policy provisions and employment availability in the Global South, it is essential to develop practices that can enhance care leavers' informal social support and networks, which may be crucial for their future outcomes.

One of the distinct characteristics of children and young people in Asia compared with those in Global North countries is that most of them still maintain connections with their biological families. This is also an opportunity to encourage family reunification and aftercare kinship support, outside the cases of abuse, for young people who have adequate communication with their biological families (and their extended families). Other distinct characteristics in Asia are the central role of RCS as the most formally utilised OOHC settings in Asia. From those settings, those who provide 'good' quality of care may have the opportunity to deliver leaving care and aftercare support, especially for young

people without connections to their biological families or who lost parental care.

One of the challenges found in Asia is building the 'care system' within a specific country, which might be different from Global North countries that already have an 'established' child welfare/protection system within their respective countries. The massive effort to improve the 'care system' in Asia may include creating holistic and adequate leaving care and aftercare support policies, building the capacity of care providers, widening the continuum of care to reach those who leave care, and extending aftercare support until 25 years, as recommended by the International Care Leavers Convention (2020). Furthermore, aftercare practices can be enhanced by establishing a robust data system that includes gatekeeping, tracking, monitoring, evaluation and identification of care leavers and those with more complex needs. Last but not least, promoting social inclusion and specialised support within the care leavers population to assist those who drop out of the 'care system', females, those with disabilities and those with mental health or cognitive challenges.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Data S1:** Lists of Documents Reviewed is available online and outlines all documents reviewed as part of this study.