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An Exploratory Study into Care Leavers Transition into Adulthood

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Abstract

Care leavers are often expected to make an accelerated and compressed transition to adulthood, which denies freedom of choice and psychological opportunity to explore. This paper gives weight to the growing recognition and importance of aftercare services in contemporary society and provides a critical analysis on current legislation and policy. The study recognises that care leavers are not a homogenous group and various experiences associated with transition are varied, multiple and not final attainments. For the purpose of this research care leavers can be defined as young people reaching the age of 18 and at such a time exit the Irish care system. This research explores the protective and risk factors that impact on care leavers' transition to independent living. Factors include educational attainment, placement stability, support networks, mental health, preparation and planning to leave care. Through methods of grounded theory, findings pertaining to the perspective of social work/care professionals give insight into such factors.

Keywords: Aftercare, youth transitions, through-care planning, potential risk and protective factors in leaving care.

Introduction

Young people leaving the care system and making the transition into independent living are considered one of the most vulnerable social groups in society. In the context of transition from restricted to full social citizenship, young people move from the child welfare system

into civil society. In recent years, research has highlighted that care leavers are over represented in many sub-groups of social disadvantage. These groups include the unemployed, homeless, prison populations, persons with mental health and/or drug and alcohol issues (Kelleher et al, 2000). In light of existing research, there has been a growing recognition of the importance of aftercare services in contemporary society. This study focuses on the transition for young people from the Irish care system into independent living as a crucial time and turning point in their lives. This transition period provides a window of opportunity that has the potential to facilitate empowerment in these young people. However, this transition has been problematized in the literature and media in terms of highlighting negative outcomes for this group. Services need to be organised in a way that best meets the needs of young people leaving care and maximise their chances in life. This research investigates the protective and risk factors that impact on care leavers and the implications of these factors in their transition to adulthood. This article will firstly consider life course choices associated with youth transitions and highlight some challenges that care leavers may face. A critical analysis of current policy developments will be offered and findings from existing research in this context will be outlined. Methodological influences will be discussed along with themes that emerged from primary data. A concluding piece will follow.

Transitions to Adulthood

Studies on youth transitions illustrate that all adolescents are presented with an extended period of economic dependence until their mid to late twenties. Traditional tasks of achieving full citizenship in adulthood status have been constructed in terms of leaving education, securing independent living, orientating towards a career, entering marital relationships and having children. These life course choices, from which adult rights and responsibilities have been formed, are mediated by the impact of structural changes and individual socio-economic status (Hendry and Kloep, 2007). Young people cannot return to the child welfare system after the age of 18 unlike their peers within general population who leave home often with a safety net to return again (Doyle et al 2012). Llewlynn (2008) asserts that childhood and adulthood has been constructed in binary terms, therefore defined in opposition to one another. National and international legislation has created one's 18th birthday as a dividing line between childhood and adulthood. Children are constructed as

vulnerable and in need of protection whereas adulthood is defined in terms of possessing rights and responsibilities.

In advanced industrial societies moving from one life stage into another can no longer be justified by linear movements (Henderson et al, 2007). Postmodern youth transitions are characterised as involving greater discontinuity and risk. In contrast with previous generations, current transitions to adulthood present challenges for all young people, with greater diversity in the extended pathways to adulthood. Transitions are now fractured and complex and this has ensured a less fixed identity (Furlong et al, 2003). This development is linked with structural changes such as the extension of education, the loss of labour market opportunities and restrictions to the welfare system. Such changes have impacted every young person's transition to adult independence (Furlong and Cartmell, 1997; Cote and Bynner, 2008).

Transition to adulthood for marginalised youth groups is considered even more fractured and complex. Care leavers are often expected to make an accelerated and compressed transition to adulthood, which denies freedom of choice and psychological opportunity to explore. Many have to cope with major status changes at the time of leaving care in setting up a new home; as well as finding their way into further education or employment or coping with unemployment (Stein, 2006). Care leavers are not a homogenous group; each young person has specific needs, abilities, hopes, expectations and will be affected differently by their experiences. Young people with disabilities, mental health issues and/or from ethnic communities face additional challenges (Barn et al 2005). Many care leavers are partly or solely dependent on social welfare and professional support to enable them to make the transition to independence (Doyle et al, 2012). Leaving care is a time for reappraisal, and many are keen to test the reliability of support in kinship networks and carer relationships (Wade, 2008).

In care leavers' accelerated transition to adulthood, Bridges (2002) distinguishes between change and transition. Change is understood as situational, external and focused on a new context, whereas transition is the psychological process people go through in order to come to terms with the change. Three phases of transition are described in this model of transition including; an ending phase of an old reality and old identity, a neutral zone which is

described as being in between old and new, and a beginning phase symbolising the situational change. Without adequate preparation, young people leaving care often have to jump straight into the beginning phase. Bridges (2002, p. 4) states that ‘unless transition occurs change will not work’. Research findings in the UK by Dima and Skehill (2011) into care leaver’s transitions emphasise the significance of the ending phase as being of equal importance to the other two phases of transition. The research found that ending phases tend to be overlooked because people generally don’t like endings as it represents a separation and loss.

Policy Background

The Child Care Act 1991 is the overarching legislation that governs services for young people in and after care. The care system has been intended by the state as a place of safety and protection for children and young people when such a need has been identified. Children and young people have a right to state care; depending on the level of need, this includes foster care, residential care, hostel, high supports and special care until the age of 18. Once a young person turns 18 the state is under no obligation to support them. In leaving care, young people are expected to make an accelerated transition from restricted to full social citizenship which every young person must make, usually as a gradual process (Stein, 2006).

Section 45 of the Child Care Act 1991 states that aftercare services *may* be provided to a person leaving his or her care on an 18th birthday up to the age of 21 or 23 if in education. Many have commented on the weaknesses inherent in this legislative framework as there is no statutory mandate to provide aftercare services (Kelleher et al 2000; Epic, 2011; Doyle et al 2012). Current legislation empowers the HSE to provide an aftercare service in the following ways: by visiting a young person; contributing to an education course; paying an admittance fee to a suitable trade and co-operating with housing authorities to arrange accommodation (The Irish Statute Book, 1991).

Aftercare is a process of preparation and support for leaving care and moving into independent living for young people who have been in the care of the state. It can be defined as ‘the provision of advice, guidance and assistance with regard to the social and emotional support, accommodation and vocational support’ (EPIC, 2011, p. 1). In recent years a coalition from civic society came together as ‘Action for Aftercare’ and advocated for

aftercare to be placed on a statutory footing. Focus Ireland launched an internet campaign 'Right to Aftercare' which ensured that 5000 emails were sent by voters to their local politicians and former Minister for Children, Barry Andrews. However, the Childcare Amendment Act 2011 did not enshrine a legal right to aftercare with the argument that the legislative framework was a satisfactory entitlement for all care leavers (Focus Ireland, 2012). Shortcomings in the provision of aftercare services in Ireland have been highlighted in numerous reports. For example, objective four of The Youth Homeless Strategy (2001) noted the importance of aftercare as being an integral part of the care system and that young people should be actively involved in the planning and preparation of their leaving care process. The Ryan Report (2009) echoed these recommendations and stressed that aftercare should provide flexible support to young people exploring independence and should not be a discretionary service. The HSE made a commitment in their 2009 Service Plan to ensure that all Local Health Offices would operate a formal leaving and aftercare support service for young people with 100% coverage. In light of this commitment a National Policy and Procedures Document for a Leaving and Aftercare Service has been developed and is currently being rolled out across the country. The policy framework provides an opportunity to deliver a standardised service across Ireland, interagency and multidisciplinary workings are key themes within the document (HSE, 2012).

This policy document encourages a three stage through-care process, which works in consultation with the young person beginning from reception into care to leaving care and up to the age of 21/23. Through-care planning is essential as it addresses various aspects of care leavers lives and provides a focus for monitoring and attention to detail. A through care model of leaving care incorporates two sets of interacting features of material and psychosocial experiences associated with transitions to adulthood. Material characteristics include health, employment, education, income support, training and accommodation. Whereas psychosocial characteristics represent identity, self-confidence, adult support, social competence, peer support and neighbourhood belonging (Stein, 1997).

Delivery and preparation for leaving care and aftercare support will officially begin for each young person at age 16 and is based on assessment of need, care plans and on-going reviews. Eligibility for aftercare services is based on length of time in care. The policy outlines that a young person has to be in statutory care for a minimum of twelve consecutive months on

their 16th birthday, or twelve consecutive months prior to their 18th birthday if placed in care after their 16th birthday. This one year stipulation for being in care excludes young people who still have the same level of need but do not meet the criteria. It has been identified that some young people who enter the care system via homeless services are not entitled to receive aftercare support based on the eligibility criteria. Furthermore, receiving a service remains to depend on location and the individual care provider (EPIC, 2011).

Broad (1998) identified three models of leaving care. Firstly a ‘social justice’ model is characterised by emphasis on empowerment and campaigning against oppression. The second model is the ‘social welfare’ model which focuses on individual care and welfare and, thirdly the ‘technical assistance’ model concentrates on training and skills to promote independence through employment. Commentators have stated that without the legal right to aftercare, new national policy guidelines do not offer much more than previous governments. It stands as a ‘hollow guarantee’ that requires sufficient investment to ensure adequate resources (Hough, 2012). The Minister for Children and Youth Affairs, Frances Fitzgerald has acknowledged challenges facing aftercare services including the need for consistency across all stages, the need for follow up with young people who may at first reject its services and the need to link with adult services as necessary (Dáil Éireann Debate, 2011). While not all care leavers will require a vast amount of support, the current level of intervention is still reported to be inadequate and under-resourced (EPIC, 2012).

Messages from the Research

Irish studies investigating young people leaving care have identified a number of risk and protective factors that are particularly salient in this research context. The first and only national study to date on young people leaving care in Ireland was carried out in 2000 by Focus Ireland (Kelleher et al, 2000). Research findings on outcomes for young people leaving care in North Dublin by (EPIC 2011) also provide valuable insight into risk and protective factors that impact on care leavers.

Identified Risk Factors

Lack of educational qualifications amongst care leavers appears to be a major risk factor for these young people when transitioning to adulthood. The main findings in the 2000 national study drew attention to 55% of care leavers leaving the education system with no

qualification whatsoever. In the 2011 North Dublin study, the Leaving Cert or its equivalent was the highest educational attainment reached by 46% of the target population. Additionally, half of this figure reported gaps in their schooling due to placement breakdown. Despite a ten year gap in these two studies, findings demonstrate almost half of the care leavers' population leave care with a low educational attainment. This may significantly reduce care leavers employment opportunities and ability to financially support themselves once they leave the care system (Kelleher et al, 2000; EPIC, 2011).

Another significant risk factor for young people leaving care is the high level of reported mental health issues. A third of the sample in the 2000 study was identified as having disability or mental health needs. Furthermore, 20% of young people were identified as having mental health needs and they were not receiving counselling for same in the 2011 North Dublin study. Coping with mental health problems without professional counselling may seriously compromise care leavers ability to cope effectively in making the transition from the support of the care system to independent living (*ibid*).

Lack of family support seems to be another important risk factor to consider when discussing care leavers transition to adulthood. In the research, care leavers attempts to live independently often led to chaotic lifestyles. While approximately one third of the care leavers in both the 2000 study and 2011 North Dublin study returned to live with their families, two thirds of care leavers in the 2000 study left care to live independently. Results show that half of this figure had difficulties with accommodation six months after leaving care. It was also found that 68% of the target population experienced homelessness within two years of leaving care. Within two years, 30% of care leavers also had addiction problems and 14% were suspected of being involved in prostitution in the national study. The research carried out in 2011 found that 30% care leavers had experienced three or more accommodation moves within a 21 month period. It would therefore appear that instability in accommodation and lack of family support increase care leavers' vulnerability to further social issues (*ibid*).

Identified Protective Factors

The nature and length of final care placement also emerged in the research as an important factor. The 2011 research findings found that positive outcomes were more likely when

young people had been in foster care during their last placement. Placement stability of at least five years was also an important factor as well as remaining in the placement after the age of 18. The 2000 study also showed that young people who had made a successful transition from care, tended to have educational qualifications, experienced placement stability and continuity in terms of planned transitions. In addition, both studies showed that having just one reliable adult to depend on for guidance and support was a significant protective factor for care. The 2011 study found that 83% of the sample group asserted that they have at least one adult they could turn to for advice and support. Examples included foster carers, siblings, parents, grandparents and aftercare workers. The group in the 2000 study also reported that having intensive support from a social worker, a residential key worker or a foster carer made a positive impact. National research also asserts that successful transition is influenced by the quality of preparation in leaving care and support received within the first six months (*ibid*).

International research has shown that many care leavers feel unprepared for the transition into independent living (Centrepoint, 2006). Doyle et al (2012) notes that evidence suggesting young people's feelings of readiness at the point of leaving care in the Irish context is mainly anecdotal. A small scale HSE study in (2001) found that many felt unprepared with inadequate support and advice in relation to skills, training and employment. International research evaluating aftercare services highlight that they have a positive impact in terms of providing stability in accommodation, developing social networks and self-esteem for young people. Furthermore, international studies informed by the through-care model of service provision indicate that outcomes for care leavers converge to be more compatible with their peers after two years of leaving the care system (Cheung and Heath, 1994).

In adopting protective factors that support care leavers transition, research on evidence based practice highlight a number of considerations for best practice. Adopting an approach to practice that is young person led and social work planned has been identified as best practice. Protective factors include addressing pre-care issues and demonstrating interest and positive engagement. Continuity in the social work/young person relationship as well as promoting meaningful contact with siblings and birth parents are also identified as protective factors. Additionally providing age appropriate opportunities throughout the care experience to develop social networks and self-dependency skills is also beneficial (Biehal et al, 1995;

Broad, 1998; Kelleher et al, 2000). International research on formal mentoring programs for young people in care has been found to improve social skills through providing a supportive and trusting relationship, a role model and assisting in developing independent living skills. Following one year of participation post care, young people exhibited an improved ability to trust adults and reported enhanced self-esteem (Spencer et al, 2010).

Wiseman (2009) notes that in order to be able to realise when appropriate to ask for help care leavers need constant reinforcement. Research by Stein (1997) highlights ways of meeting what he refers to as the core needs of care leavers. These include accommodation, social support, finance and careers. In terms of accommodation, a number of options are discussed in the literature including supported lodgings, staying on in care, hostels with support, foyers and independent tenancies. Offering choice and information on type and location of accommodation and having a contingency plan if agreement breaks down, has been evaluated in terms of what works for care leavers. With regard to continuing education, protective factors of stability in care, assessing capabilities and gaining support and encouragement from carers and workers are important. Stein (1997) also notes that in order to be effective, aftercare services need to provide information, counselling, group work support and drop in facilities.

Research Methodology

Interpretivism has been the guiding theoretical perspective in this piece of research, this viewpoint holds the belief that the world is shaped by personal experience. People and their institutions are fundamentally different from the natural sciences and study of the social world should reflect the uniqueness of humans. This perspective seeks to understand human action and its meaning through the the expert by experience in order to find its subjectivity. Interpretation is a key process that facilitates construction and reconstruction of an impression. Constructionism holds the belief that meanings emerge from people's interaction with the world, it is not fixed and there is no objective reality or truth, rather truth is constructed (Bryman, 2008).

Grounded theory as is rooted in the interpretivist paradigm has guided the inductive reasoning of this research. Within this framework, all human beings are viewed as active agents in their lives with agency, rather than passive recipients of larger social forces (Carey,

2009). Attention has been drawn to this field of research as being under theorised, with many studies being empirically driven and descriptive in nature. The essential component of grounded theory is that theory emerges from the data; the method has a unique process in that each layer of empirical evidence gathered from interviews or observations are slowly built and related to the topic. The flexible and systematic qualitative procedures of grounded theory generates theory that explains concepts, process and interaction overtime. Therefore the researcher is an integral part of the process and the data is close to everyday behaviour and action. This research model is marked by the considerations of openness, flexibility, communicativity and curiosity (Charmaz, 2006).

Methods

A leading objective in this research was to analyse current policy for care leavers with the aim of understanding how aftercare services are developing and delivered. It has been documented that aftercare services have developed in an unplanned and informal way around the country (EPIC, 2011). Therefore the researcher decided to apply an area sample and interview professionals in two geographical units where aftercare services have been established. The rationale for this was to examine commonalities and differences in service delivery and offer practitioners an opportunity to reflect and learn from one another. Participants within this purposive sample were identified in terms of accessibility and snowballing lead to other relevant participants being identified. Information sheets giving an outline of the research topic and consent forms were sent to all participants prior to carrying out semi-structured interviews.

Findings

In terms of analysis, a thematic approach has been adapted whereby data was collected, transcribed and patterns were identified and pieced together as themes. Comparative analysis is also an aspect of this study, as participants from two geographical units were interviewed (Carey, 2009). These areas will be referred to as ‘case one’ and ‘case two’ in the analysis, three participants from ease case have been interviewed to ensure data saturation. To give context to these areas, aftercare services began in both cases between 2000 and 2001. Both cases started out with one dedicated worker, services are continuously developing and evolving and now both cases stand with dedicated teams that provide aftercare services. The

following themes emerged from the data; risk and protective factors, entitlement and resources, policy and interagency work.

Risk and Protective Factors

Both cases identified loneliness and isolation to be the biggest problem for young people making their transition to independence from care. It emerged from the data that these feelings combined with a lack of confidence can ensure that young people will resort to false crutches and further risk factors like abusing drugs and/or alcohol or enter abusive relationships. Feelings of rejection can be carried through from the beginning of a care experience and this can lead young people to distrust. This boundary will be continuously tested and may lead to multiple placements resulting in some care leavers resisting to engage with an aftercare service. In attempts to combat the social issue of loneliness, professionals in case one are in the process of starting a mentoring program. Young people who have been through the aftercare system will be invited to contribute to this program in attempts to normalise the experience.

Themes around family relationships emerged as both protective and risk factors for care leavers. Primary data revealed a sense of that tug of war that care leavers experience in terms of needing to change and wanting to stay the same. Whether not having a choice to stay on in a placement or in making a decision to move on themselves, young people generally always want to know their birth family. Equally, participants noted situations where young people decided not to have contact with their birth family. Ideas around family culture also emerged in the findings in situations where care leavers meet their families for the first time and experience a culture shock. Conversely birth families can also change and rise above their adversity in the absence of their child in care and this can be challenging for care leavers.

Entitlement and Resources

In framing Ireland's model of leaving care within Broad's (1998) definitions as previously outlined. It is apparent that current legislation encapsulates a 'technical assistance model' that promotes independence through training. However, not every care leaver is ready to continue on in education at 18 or at 23 which means that they will not be entitled to funding. The language of civil society is that of a 'social justice model' which is reflected in recent anti-oppressive campaigns in attempts to secure a legal right for aftercare and promote

empowerment, as noted in chapter one. This observation also emerged in the findings whereby young people with the most complex needs don't go on to education and will require the most support in aftercare and fall short in availing of much needed resources.

A trend emerged throughout the data on the impact of diminishing financial resources within every system. In advocating for care leavers needs, participants asserted the increasing difficulty in navigating and negotiating with systems of housing, welfare, mental health and disability. Funding for education is also limited in terms of just paying for the course and accommodation. The Department of Social Protection make exceptional allowances in maximising payments from €100 to €188 for care leavers. However, it was noted that this is becoming increasingly difficult which places care leavers at greater risk of poverty. Challenges were also noted around finding suitable accommodation for care leavers that meets the ceiling on rent supplement allocation. This finding brings attention to the current era of austerity which connects with the global economic crisis. Participants noted on the importance of engaging with young people in a social context with the purpose of building their self-esteem. In the context of limited resources this research links back to the intrinsic protective factors of the model of through-care planning. Preventative properties are inherent in planning and preparing young people for transition at an early age.

Policy and Interagency Work

Key stakeholders from state and voluntary departments are involved in the implementation phase of the National Leaving and Aftercare Service Policy document. This ethos encourages interagency responsibility and gets all related services involved. A theme emerged from the data in terms of some young people having more needs than any one service can accommodate. Additionally, it was noted that waiting lists for psychological assessments can exceed the length of time a young person has in the care system. In relation to these findings, an ethos of interagency responsibility has the potential to widen the net for accountability and ensures that service provision for care leavers is prioritised and coordinated.

While value systems are not explicit in the policy document or in primary data, this research believes it is important for professionals to have a shared value base. In professionals taking on the role of being a 'good parent', an observation was made on the absence of a coherent value statement between agencies in relation to what this role entails. Decision making is

loaded with morality and politics therefore values form the basis of every service. There is an assumption that ‘working in ones best interest’ answers all value questions, however competing views can lead to indecisiveness. In order for interagency work to be effective, differing and competing values need to be discussed in order to establishing goals. The upcoming obligatory registration as set out by CORU aims to protect the public through fostering common standards of ethics and values across all identified professions. However attention must always be given to how agency and resource constraints will impact on values and ethics and in turn, service users.

Conclusion

This article has attempted to highlight some of the challenges young people may face in their transition out of care and into independent living. It is evident that all young people in postmodern society face numerous challenges in their transition to adulthood. However, care leavers cope with major status changes at the age of 18 that are over and above that of their peers in the general population. The National Policy and Procedures Document for a Leaving and Aftercare Service 2012 implicate what needs to change in order for young people to cope effectively during their transition. According to the findings of this study, loneliness and isolation are considered to be the main social issue that impacts on care leavers. It was found that consistency, continuity and stability in placement promote positive coping strategies. Reconnecting relationships with birth families emerged as being both protective and risk factors for care leavers. Both cases highlighted that many young people cope well with traversing their accelerated transition into adulthood – many manage tenancy agreements, go on to further and higher education and maintain employment. Additionally attention was drawn to current legislation operating a technical assistance model of leaving care which ensures that young people with the most complex needs have challenges in accessing much needed resources. It is clear that an interagency approach to service provision has the potential to improve communication systems and ensure that the needs of care leavers are adequately met.

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