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## A Happy 18<sup>th</sup> Birthday....Or is it?

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### **Abstract**

The transition to adulthood is difficult for most young people. It is a time when they have to make many important decisions about their lives including their future education, career and living arrangements. Most young people have strong family and social networks to support them in these decisions. However, young people leaving foster care are often expected to make this transition abruptly and at a young age with no family or social networks to support them in making these decisions. The aftercare provided by the State is often not sufficient to provide for the needs of these young people leaving them at risk of homelessness, alcohol and substance abuse, low levels of educational qualifications and unemployment. A change in Irish legislation is needed in order to secure a legal right to aftercare for all young people leaving State care.

**Key words:** Aftercare; young people leaving foster care; ageing out of care issues; risks faced by young people leaving care; lack of consistency in the aftercare system; turning 18 in foster care

### **Introduction**

This paper aims to consider the policies and practices currently in place when dealing with young people leaving foster care at the age of eighteen, focusing on a region in the South. The aim of the paper is to consider the views of the various professionals involved with young people leaving foster care on the current system of aftercare and to supplement these views with personal accounts where possible. The paper also aims to look at the risks faced by young people leaving foster care at the age of eighteen, to consider the effectiveness of government policy and legislation in this area and to explore the confidence placed in the system by those directly involved. Research was informed by attachment theory, focal model of adolescence theory and the theory of resilience, all in the context of social exclusion. Research into how these theoretical concepts contribute to a greater understanding of the issues involved with young people leaving care will be explored.

### **Background**

Aftercare is a process of preparation and support for leaving care and moving to independent living for all those young people who are or have been in the care of the HSE. Section 45 of the Child Care Act 1991 states ‘ **45.** —(1) ( a ) *Where a child leaves the care of a health board, the board may, in accordance with subsection (2), assist him for so long as the board is satisfied as to his need for assistance and, subject to paragraph (b), he has not attained the age of 21 years.*’ This empowers a Health Board, now the HSE, to provide aftercare support for children in their care in the form of visiting the young person, arranging for the completion of his/her education and assisting with accommodation. This assistance may be provided but is not guaranteed until the young person reaches the age of twenty one or until the completion of the course of education in which he or she is engaged. Irish care leavers do not have specific rights to aftercare supports, unlike their English and Northern Irish peers meaning that levels of support vary from region to region and within regions from one individual case to the next.

### **Literature Review**

Research suggests that many children taken into the care of the state are born into a situation of poverty and social disadvantage and many experience great emotional

trauma because of violence in the home, sexual abuse, alcohol or drug addiction in the home and/or loss of a parent through separation or death (Kelleher et al, 2000 & Biehal et al, 1995). Pecora et al (2006) also found that the emotional, social, behavioral and educational problems found in children in foster care are substantially higher than in the general population. Kelleher et al (2000) found that the majority of young people leaving state care fail to make successful transitions from care.

### ***Education***

Kelleher et al (2000) in a study of fifty six young people leaving the care of the Health Board, now the HSE, revealed that on average care leavers leave school at an early age with 60% leaving school at fifteen years or younger and with low levels of education qualifications. They found that only ten per cent of young people in the care of the health board sat the Leaving Certificate. Only three of the young people went on to third level education. These three young people were all in long-term stable fostering arrangements. Similarly Simon & Owen (2006) found that educational achievement among children and young people in care in the U.K is relatively poor when compared to children in the general population. They also found that half of the population in care in Britain left care with no qualifications.

### ***Homelessness***

Kelleher et al (2000) found that six months after leaving care thirty three per cent of the health board population had experienced homelessness and after two years of leaving care sixty eight per cent of the health board population had experienced homelessness. This is also highlighted in research by Maycock & Carr (2008) on 'out of home' young people in Cork city; out of the 37 life history interviews conducted with young people 20 reported a history of state care. Having spent time in state care was identified as one of the pathways into homelessness. Features of this pathway were multiple care placements in residential and/or foster care, inadequate preparations for leaving the care setting and lack of after care.

### ***Detention, Alcohol and Substance Abuse***

Kelleher et al (2000) point out that 10% of the young people who had been in the care of the health board had been in prison during the six months after leaving care and 25% had been to prison or detention centres during the two years after leaving care. They also stated that two years after leaving care 30% of the young people in the study were known to have an addiction problem and many of the young people were addicted to multiple substances.

### ***Employment***

Kelleher et al (2000) found that 24% of the 49 young people tracked six months after leaving care were at work, 20% were on state sponsored training courses and 39% were unemployed. This unemployment rate is extremely high compared to the general population as unemployment rates in Ireland were 6.4% in May 1999 (Dobbins, 1999). Kelleher et al.(2000) also found that many of the young people were in low paid jobs and needed to be supported to remain in their jobs and to pursue further training. The failure of care leavers to obtain qualifications at schools, together with a difficulty of establishing themselves in a community at an early age with little or no social or family support has made gaining and sustaining employment extremely difficult (Biehal et al 1995, Broad 2005, Kelleher et al 2000, Pecora et al 2006).

### **Theoretical Concepts**

It is important to take into consideration some of the theoretical concepts associated with young people leaving care. The research findings suggest that young people leaving care are among the most excluded groups of young people in society (Biehal et al 1995, Broad 2005, Kelleher et al 2000, Pecora et al 2006). Social exclusion is defined as ‘being unable to participate in society because of a lack of resources that are normally available to the general population. It can refer to both individuals, and communities in a broader framework, with linked problems such as low incomes, poor housing, high crime environments and family problems’ (<http://www.socialinclusion.ie/poverty.html>). Specific groups such as ethnic minorities, disabled people and young parents who are at risk of being socially excluded are at an even higher risk if they are also young care leavers.

### ***Attachment Theory***

Attachment theory makes a link between young childrens' attempts to cope psychologically with the loss of a parent through separation or death and later emotional and behavioural problems. Loss of a parent through separation or death has been identified as one of the many reasons why children are taken into care so attachment theory is particularly relevant in understanding the needs of these children as they leave care. Research has explored how disturbances in attachment are reflected in the way a child sees the world and processes information and this has a knock on effect on the styles of relationships in childhood, adolescence and adulthood (Stein, 2005). This may lead to young people rejecting the help they need especially in the difficult time of transition to independent living. Walker (2008) found that many children who have experienced insecure or disorganised attachment relationships may have an inability to manage strong feelings and may be more likely to use violence or substance misuse when feeling stressed, threatened or frightened. This is consistent with the statistics on detention, alcohol and substance abuse mentioned previously as this period of aftercare is frequently a time of insecurity, pressure and abandonment in the eyes of the young person who has left care. Stein (2005) suggests that attachment theory offers a perspective for understanding the life stories of young people leaving care and highlights the need to provide young people with stable foster placements that can help them overcome their earlier problems associated with attachment and provide them with a strong emotional platform for their transition to adulthood. If that level of emotional security is not achieved it also shows that aftercare is vitally important as early negative experiences may have long term effects.

### ***Focal Model of Adolescence Theory***

The focal model of adolescence theory is concerned with how young people cope with the changes in their lives (Stein, 2005). Those who adjust less well during adolescence are likely to be those who have to face more than one interpersonal issue at a time (Stein, 2005). This can be said to be true of most young people who

experience foster care as they may go through many disruptive changes throughout their time in care such as change of foster placement and change of schools.

Stein (2005) compares young people leaving care to other young people. A consistent finding from studies of care leavers is that the majority move to independent living at just sixteen or seventeen, whereas most of their peers remain at home well into their twenties and for many of these young people leaving care is the final event- there is no option to return in times of difficulty. They are denied the psychological opportunity and space to focus or to deal with issues over time and are expected to undertake their journey to adulthood far younger and in far less time than their peers. The focal model points to the need for more recognition of the nature and timing of young peoples' transitions from care. Young people need to be given emotional and practical support into their early twenties and over a more prolonged and sustained period of time.

### ***Resilience Theory***

Resilience can be defined as the quality that enables some young people to find fulfillment in their lives despite their disadvantaged backgrounds. It is about overcoming the odds, coping and recovery (Masten & Powell, 2003). As I have already pointed out many young people leaving care have very poor life chances compared to their peers, but not all do. Resilience theory attempts to explain why some young people leaving care, against all odds, cope well. Stability in the life of the young person has the potential to promote resilience. Firstly providing the young person with a warm and redeeming relationship with a suitable carer and secondly ensuring stability in this relationship may provide continuity of care in the young peoples lives which in turn may contribute to positive educational and career outcomes. Helping young people to develop a positive sense of identity, including their self knowledge, their self esteem and self efficiency may also promote their resilience (Stein, 2005).

### ***Conclusion***

There is a general agreement among the literature that more needs to be done in order to support young people leaving care. The theoretical concepts discussed show that linking empirical and theoretical work has the potential to enhance our understanding of the needs of young care leavers. Embracing the knowledge gained in such research can only serve to update and increase the relevance and success rate of interventions put in place to ensure the well being of those moving from foster care to an aftercare situation.

### **Methodology**

While researching the issue of aftercare in a region in the South, focusing on those who are in foster care, it was important to consider the aftercare experience from the point of view of all those inherently involved in or affected by the system. Therefore it was important not to focus solely on the mechanisms of the system but rather to look at the involvement in and effect of the system on all relevant participants. With this in mind best practice dictated getting information from professionals with a high level of expertise and responsibility in foster care service delivery<sup>1</sup>.

### **Data Selection**

This research study is a piece of qualitative research. It focuses on the views of the professionals involved with young people leaving foster care at the age of eighteen. It was decided to focus on views of professionals as there was a restricted time frame and these professionals would be easily identifiable and contact details could be obtained without much difficulty. Also ethical issues may arise if young people themselves were to be contacted. Issues of confidentiality may have arisen when trying to access their contact details and it was felt that great sensitivity would be needed if their personal life story and experiences were to be explored. However, the willing participation of one such young person who was known to the researcher provided further depth and detail. The fictional name Ann will be used to refer to this young person for the purpose of the research.

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<sup>1</sup> Participants and agencies have not been named to protect their anonymity. These are referred to throughout as 'Participant A' and 'Participant B'.

Non-probability sampling was used in this research study. The sample was purposively selected and handpicked by the researcher based on their association with young people leaving foster care. In addition these participants were asked to name others whom they thought would be beneficial to the research study, a process sometimes referred to as snowball sampling.

### ***Data Collection***

Interviews were used as the method of data collection in this research study. Interviews were chosen as they give a clear picture of what the world looks like from the interviewees' point of view. Semi-structured interviews were used for this research study. A framework was established by selecting topics on which the interviews were guided. The respondents were allowed a considerable degree of latitude within the framework. Certain questions were asked but respondents were given the freedom to talk about the topic and give their views in their own time. Respondents were also free to bring up issues they felt were important. The questions were predetermined and were asked in systematic order

### ***Difficulties Encountered***

It took longer than anticipated for the people contacted to reply which delayed the research study. Many of the people who agreed to be interviewed were under time pressure due to the nature of their work. This led to one interview being cancelled at the last minute and a phone interview rescheduled for a later date. This interview could not be tape recorded so extensive notes had to be taken. One participant also decided against being recorded at the last minute, fearing it would inhibit her natural flow and thought process, and as a result a lot of notes had to be taken during and after the interview and further contact with her was necessary in order to confirm and clarify some points. Both the foster carer and Ann<sup>2</sup>, both of whom have personal experience of aftercare were willing to be taped, they specifically requested that the tapes would not be made available, nor would tape scripts be used. Respecting this request meant that quotes were not used at times when referring to the information or opinions given but at no time was the essential message altered or edited.

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<sup>2</sup> Pseudonym

**Research Analysis*****Lack of Preparation for Leaving Care***

Five interviews were carried out as part of this research study. Lack of preparation for leaving care was one of the main concerns of all the interviewees. Ann said that she was not prepared at all for leaving care and independent living. She described leaving care as ‘being completely cut off from something you knew’. She said that she was used to social workers doing everything and all that suddenly stopped. She was aware that preparation for independent living was supposed to start when she was sixteen but for her this did not happen. Her experience is obviously not unique or isolated as the Participant A is of a similar opinion. She stated that two years prior to a young person leaving care a leaving care plan should start- even so she has yet to come across a case where this has actually happened. Transition to other services should be arranged as part of the leaving care process. The leaving care plan should also set out key tasks, roles and responsibilities and timescales for the work to be undertaken in preparation for leaving care. The foster carer said that the young people are not made aware of their rights and entitlements on reaching eighteen and are suddenly expected to fend for themselves with very little preparation, adding that some don’t even have the support of foster carers once they reach eighteen. The policy analyst for Focus Ireland felt that aftercare plans are not being followed through because aftercare is not a legal entitlement for young people leaving care. An aftercare plan setting out the key tasks, roles and responsibilities and timescales for the work to be undertaken is agreed at a review immediately before the young person’s eighteenth birthday. Yet this preparation should have already taken place by then.

Participant B highlighted staff shortages as one of the main reasons as to why aftercare plans are not being adhered to and why preparation for leaving care is not happening. She explained that in each social work team there is only one designated worker who deals specifically with over eighteens. This is especially problematic in one particular social work department as they are responsible for over half of the children in the care of the HSE south. All this suggests that theory is divorced from practice and that any attempts made at adequate preparation is not in place early enough or is not followed comprehensively.

### ***Inconsistency in the System***

It became apparent from the interviews that there was a serious lack of consistency in the system both within Cork county and the rest of the country. When the Policy Analyst for Focus Ireland was asked how the services for young people leaving care in Dublin compared to the services for those in the rest of the country he responded saying ‘things in Dublin have improved, however its hard to compare with the rest of the country as nothing about leaving care is equal and standardized’. The Participant A also said that the system is very inconsistent. The Participant B offered an explanation for this, she said that aftercare is not compulsory so young people do not have to avail of it. She stated that ‘sometimes you need the hunger to be there before they realise they need help, you can only do so much, all you can do is advise them, you cannot make them do anything’. However, the interview with Ann and the foster carer both revealed that they were willing to accept aftercare support but were not receiving it. Both also suggested that the Aftercare worker should be more vigilant in keeping in contact-they should not have to initiate contact.

The Participant B also made a very worrying point about some foster carers. She said that many foster carers now say ‘goodbye and next’ once someone reaches eighteen. She explains this by reference to the payment foster carers receive which is 319 euro per week per child under twelve years of age and 346 euro per week per child over twelve years of age. Participant B said that years ago there was very little payment for foster carers and the work was done out of the goodness of their heart but now many foster carers see fostering like running a ‘business’. One might question here the quality of the relationship between foster carer and child in care- does duty of care depend on remuneration available for some? What message does this give to the child-how is his/her worth measured?

### ***Eighteen, Independent and Alone?***

The need to realise that eighteen year olds in general, including young people leaving foster care, are not ready for adulthood and independence was stressed in all interviews. The Participant B made a very valid point when she said that ‘we, the

HSE, are the responsible corporate parent for these kids and nothing should be different for them, there needs to be a commitment made to these young people and expectations for these young people should be the same as for other young people'. She feels that the HSE are failing young care leavers as State responsibility ends at eighteen. Once they reach eighteen the HSE sees the problem of housing these young people as the Councils responsibility and even though they are a priority group on the housing list, the Participant B said 'in all my years as Participant B only one kid got council accommodation at eighteen'. The Participant B felt strongly that State responsibility should not end at eighteen stating that 'the HSE broke up their family and failed them so how dare they say goodbye to them at eighteen'. She said that 'young peoples parents do not kick them out at eighteen, yet foster kids do not have this luxury'.

Like the vast majority of young people, young care leavers do not know what they want to do with their lives. Yet Ann felt that she was fast tracked into making decisions. The Participant A said that young people leaving foster care 'need everything that a young person at eighteen with their family need and more, their needs are the same as any young person at eighteen but they have the extra push, they may stay with foster carers but there is always insecurity'. Equity does not mean treating everyone the same but rather giving everyone what he/she needs. Surely therefore the eighteen year old in foster care needs even more support, continuity and guidance than most eighteen year olds. This is further verified by attachment theory and the focal model of adolescence theory as discussed previously. Adulthood and self reliance is not an automatic attainment on reaching the age of eighteen.

### ***More Accommodation Options and More Staff***

All the interviewees stressed the need for a broader range of accommodation options for young people leaving foster care at eighteen. Ann said that she didn't have many options once she turned eighteen. She was offered a place in sheltered accommodation but this was miles away from her social network and the area she knew so she did not take it up. The Participant B also felt that there needs to be a range of accommodation options and more staff. She said that landlords are very

reluctant to take on young care leavers and stated that ‘it takes a lot of work to convince them’. In her opinion Community Welfare Officers should take on greater responsibility when it comes to finding accommodation that will accept rent allowance for these young people. ‘Community welfare officers need to cooperate and do their best for these kids, all those offering services should coordinate their services to ensure the best outcomes for those involved’.

### ***Need to Change Legislation***

The urgent need to change current legislation regarding aftercare became evident while researching this topic. During the interview with the Participant B she stated many times that ‘State responsibility for these children ends once they reach eighteen’. The Policy Analyst for Focus Ireland talked a lot about the need to change legislation in order to secure a legal right to aftercare for young people in foster care once they reach eighteen stating ‘the Government committing to aftercare is not enough. A change in legislation is vital. Aftercare needs to become a legal right because even though this Government may commit to aftercare the next Government or Governments in years to come may not and if legislation is not changed the Government will not be legally obliged to provide aftercare’. The Participant B also felt that there should be a better aftercare service and stated ‘it doesn’t take a lot to ensure the welfare of young people for a limited amount of time. The HSE understand this but they are caught on finance’. By introducing effective and detailed legislation, although allowing for individual difference, those entering aftercare would be aware of their entitlements; health workers would have specific and measurable targets and universal standards could be applied not only on a national basis but uniformly among all cases even within specific regions or foster care units.

### **Conclusion**

It is evident from the data that the issue of aftercare for young people leaving foster care is a seriously neglected area within the HSE. All interviewees were unanimous in their dissatisfaction with the current system and their support for a change in legislation. It is hoped that by changing legislation it would lead to a standardized

aftercare system with a clear knowledge of the needs of young people leaving care and with resources and services in place to fully meet these needs.

At present those leaving foster care are not adequately prepared. While it is suggested that such preparation should begin at the age of sixteen at least research suggests that in reality this is rarely the case- being at best sporadic and dependent on the goodwill and abilities of those involved in their care. Lack of a formalised system causes a haphazard approach that does not guarantee access and availability for all. Contact and follow up seems to be determined by focusing on crises intervention as opposed to ongoing moral support. This is further substantiated by the Participant B who suggests that quite a period of time can elapse between contacts allowing the young person leaving care to flounder in isolation. She also suggests that much depends on the individual initiating contact and a realisation of need, an impetus to change and a positive self belief is first necessary-characteristics absent in many eighteen year olds, not to mention those facing extra challenges.

### **Recommendations**

Having examined the current reality the following recommendations for change can be made:

- Current legislation should be changed to secure a legal right to aftercare-ensuring conformity, equality and awareness for all concerned.
- Preparation for independent living needs to be a life long process and should be central to a continuum of care starting early in foster care and continuing until the need no longer exists, regardless of age. A recent ESRI report (O'Connell,2009) states that even those most privileged felt inadequately prepared for adult life. Such preparation might include social skills, self esteem programs, individual counseling where necessary etc.
- Individual provision should be made for those with specific requirements. In education an Individual Education Programme is a legal requirement for all those with special needs. The HSE should adopt a similar strategy.
- The option of transitional sheltered accommodation should be available nationwide.

- More staff should be designated to specific aftercare duties. The present freeze on public service recruitment should not prohibit this as money used here would be saved elsewhere when forced to deal with negative results of negligence.
- The age of State responsibility should be raised to at least twenty-one as eighteen is a very young age to have to begin independent living.
- Greater emphasis should be placed on the training and standardisation of foster carers, ensuring that all hold the best interests of the person in care in mind. If possible or desirable care provision should continue for as long as needed.
- There needs to be greater and more communication between the various agencies involved in aftercare ensuring that services are not duplicated but guaranteeing the best possible outcomes.

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