



Outcomes for Young People Leaving Care in Ireland

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My inspiration for this research came from my own experience as a social care worker working with children in residential care. We worked intensively with young people preparing to leave care to support them in developing the independent living skills they would need. Unfortunately, in some instances the young person left our care and quickly descended into homelessness, unemployment and social isolation, making it clear that much more leaving and aftercare support is necessary. I wish to express my gratitude to my colleagues and all the children and young people we worked with for helping to inspire this research.

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Dedication

This work is dedicated to Abby, Claire, Tadgh and Troy.

Chapter 1

Introduction

1.1 Background

Kelleher, Kelleher and Corbett (2000) completed the first and to date only large-scale national research project on care leavers in Ireland. *Left Out On Their Own* was primarily concerned with the housing outcomes experienced by young people leaving the care of the state but it also discussed educational and employment outcomes and explored the extent to which care leavers experienced a range of difficulties and problems. The research followed the progress of a cohort of care leavers who were drawn from two main sources: those leaving special schools (reformatory and industrial schools) and those leaving health board care. The housing, educational and employment outcomes of these care leavers was tracked for two years as they attempted to transition from care to independent living. Kelleher et al. found that: ‘...many of the young people in the study were characterised by despair, hopelessness and chronic social instability’ (2000: 33).

In the intervening years the state has introduced additional policy initiatives and guidelines in an effort to address the weaknesses in the Irish care and aftercare systems. In addition, during this time Irish society has undergone significant changes: it is now much more multicultural, has seen the growth and collapse of the Celtic Tiger economy and in recent years has experienced a time of extreme financial difficulty with severe consequences for the most vulnerable.

Numbers of young people in care have increased in recent years. Statistics from the Department of Children and Youth Affairs show that at the end of 2016 almost 6,300 children were in the care of the state, of whom 5,883 (93.3%) were in foster/relative foster care. In addition, 11 children (0.2%) were in residential special care, 309 children (4.9%) were in residential care and 103 children (1.6%) were in other care placements. In 2016, the Child and Family Agency Tusla stated that 1,880 young people aged 18 to 22 years inclusive were receiving an aftercare service (DCYA, 2016).

The difference between children in care and care leavers is that while the Child Care Act 1991 imposes an obligation on the state to care for children who are not receiving 'adequate care and protection' until they reach the age of 18, it is not so obliged beyond that age. Section 45 of the Child Care Act empowers the state to provide aftercare up to the age of 21, or 23 if the young person is completing a course of education or training. This is a discretionary power rather than a statutory obligation, and contrasts unfavourably with the situation in England and Northern Ireland.

Since the full enactment in 1996 of the Child Care Act 1991 the Irish child welfare system has gone through a number of legislative, structural, policy and practice developments that have had the cumulative effect of largely restructuring the Irish care system. The most significant recent development is the passing of the Child Care (Amendment) Act 2015, which will be outlined in chapter 2. While these developments have undoubtedly led to improvements, the question remains whether their combined effect has been sufficient to render the findings of Kelleher

et al. (2000) out-of-date or whether the situation today is as bad as, or worse than, it was in the late 1990s.

Since the publication of Kelleher et al., (2000) care leavers in Ireland have received some attention from other researchers. Daly (2012) studied the experience of a smaller number of care leavers in one region, while a number of authors such as Doyle, Mayock and Burns (2012), Daly and Gilligan (2005) Mayock and O'Sullivan (2007) and Lalor, de Róiste and Devlin (2007) have paid some attention to care leavers but in a broader context (and the last named is a summary of existing research). Gilligan (2008: 98) has noted the 'almost complete dearth of official data or evidence on outcomes for care leavers' and Daly (2012), referring to the study carried out by Kelleher, Kelleher and Corbett (2000) expresses disappointment that 'more than ten years on, this has remained the only national study of young care leavers in the country'.

The problem is confirmed in non-academic contexts by those directly involved in care. Jennifer Gargan, CEO of Empowering People in Care (EPIC), in response to a radio interviewer's question as to 'how do we compare to the rest of the world [in relation to children in care]?' replied:

We don't have a lot of data. There is a real deficit of data on outcomes for children in care and on the outcomes for children leaving care... What we need is more data, more research and up to date facts about what is happening for these young people.

This research therefore set out to conduct a national empirical study of Irish care leavers to assess the outcomes they experience today in the housing, educational, employment, health and personal fields. The findings from this study will help to

show if the legislative, policy and social developments of the past fifteen years have resulted in better outcomes for Irish care leavers.

1.2 Research questions

The study has three central research questions:

1. What are the outcomes for young people leaving care in Ireland today and how do these compare with those described in the only national study on this topic to date (Kelleher, Kelleher and Corbett, 2000)?
2. What light does social theory, and in particular the concept of social capital, throw on the forces and processes that influence those outcomes?
3. In the light of changes to policy and legislation, what challenges face the Irish aftercare system today and how might these be responded to?

Following directly from these questions, the study has three main aims. These are:

- To describe and explore the experiences of, and outcomes achieved by, a national sample of young care leavers, and to analyse and interpret these in the context of (a) their experiences during and prior to being in care, and (b) the views and perspectives of social workers, carers, care and aftercare workers.
- To describe and discuss the concept of social capital as formulated by social theorists and to explore the ways in which it can be applied in the context of the situation of care leavers.
- To identify the major challenges that are faced by the Irish aftercare system today and suggest solutions at the levels of policy, practice and provision drawing on the perspectives and insights of research respondents.

In fulfilling these aims the researcher has administered surveys to a total of 227 research respondents and has conducted a series of semi-structured interviews with young care leavers, at the point of leaving care. Additional semi-structured interviews were conducted with social workers, carers, aftercare workers and policy-makers to ascertain their views on the experiences of young people leaving care, the development of the aftercare system and the factors that have influenced this development. The researcher has also identified aspects of aftercare policy and provision internationally which contain significant learning for Ireland, and which have informed this study's recommendations.

By conducting an empirical research project that engages directly with care leavers this work has aimed to produce data and findings that will enable the researcher not only to evaluate the effectiveness of legislative policy and practice developments to date but also provide a baseline measurement from which to gauge the effectiveness of any future legislative policy and practice developments.

1.3 Theoretical framework

As suggested above, the concept of social capital and the theoretical frameworks that are associated with it have proven to be valuable in describing the social interactions, structural constraints and individual agency that together shape the young care leaver's engagement with the social world. This study will outline some of the key developments in the concept of social capital from its inception in the writings of John Dewey to the later works of Bourdieu, Coleman and Putnam. The study's overall goal is not merely to describe the outcomes experienced by care

leavers in Ireland but also to gain an understanding of the forces and processes that influence those outcomes, and social capital has proven to be useful in this respect.

1.4 Structure of the dissertation

The dissertation has ten chapters. After this introductory chapter, Chapter 2 describes the evolution of legislation and policy underpinning the provision of child care services and the discussion around the need for aftercare supports that has taken place. It will include a critical appraisal of the development of aftercare policy that followed from section 45 of the 1991 Child Care Act. Finally, it will evaluate the impact these policy developments have had on the provision of preparation for leaving care and aftercare services in Ireland.

Chapter 3 presents a brief review of both Irish and international literature on the experiences of children in care and care leavers. Even though this study aims to explore the outcomes experienced by care leavers it is essential to understand the role of the individual's pre-care and in-care experiences in shaping their post-care outcomes. Chapter 4 discusses the origins and development of the concept of social capital and explores the differences of perspective and ideology among the social theorists most associated with it, suggesting that an eclectic approach to these perspectives can serve a useful purpose in understanding the experiences of young people leaving care.

Chapter 5 outlines the study's methodology, including the rationale for its mixed methods design and the approach to sampling, data collection and analysis, as well as ethical questions. The quantitative findings of the study are presented in Chapter

6, based on an analysis of survey responses by 82 care leavers and 145 Maynooth University students. This is followed by two chapters that focus on the study's qualitative findings. Chapter 7 provides a detailed description and analysis of the lived experience of transitioning from care to independence, drawing on in-depth semi-structured interviews with nine care leavers. Chapter 8 presents the results of in-depth semi-structured interviews with eleven aftercare workers, eight employed by the HSE/Tusla and three by voluntary residential aftercare services. One additional interview was conducted with a regional aftercare coordinator/social worker who was also employed by the HSE/Tusla. These key informants had extensive experience of working one-to-one with young people who were preparing to leave care or who had just left care. As such they had an intimate understanding of the interplay of policy, practice and outcomes that surround the process of leaving care in Ireland.

Chapter 9 discusses both the qualitative and quantitative findings of the research and interprets them in the light of the literature on social capital and the development of the Irish care system. Finally, Chapter 10 summarises the key points of the study, makes a number of policy recommendations and suggests possibilities for further research.

Chapter 2

The Development of Child Care and Aftercare Policy and Provision in Ireland 1858 - 2017

2.1 Historical background

To understand the Irish child care and aftercare systems as they exist today under the provisions of the Child Care Act 1991 it is essential to understand their origins. This involves reviewing the acts that preceded the current legislation and identifying the factors that led to the enactment of alternative legislation. Here I will briefly discuss three of historical acts relating to the out-of-home care of children in Ireland, namely the Reformatory Schools Act 1858, the Industrial Schools Act 1868 and the Children Act 1908.

The Reformatory Schools Act 1858 was enacted for the purpose of providing places of detention for children who had been convicted of crimes. In many instances children were imprisoned for minor acts of delinquency for which the courts sentenced them to serve time in the reformatory schools (Barnes 1989).

The Industrial Schools Act of 1868 expanded the scope of the 1858 act by providing for the detention of children who were found to be begging in public, wandering without a home or visible means of support, being orphans or the children of parents who were imprisoned (Robins 1980). The act also allowed for the detention of children under 12 years of age who had been convicted of an offence that was not a felony (Robins 1980). The industrial schools served a

number of purposes but primarily they acted as a deterrent to criminal behaviour and as a place of state guardianship for children without a means of support. According to Rafferty and O'Sullivan (1999), up to 80% of the children incarcerated in industrial schools were there because of a lack of guardianship. Other reasons included non-attendance at school or indictable offences.

It must also be noted that these were not the only forms of care available on the statute books at this time. The Poor Law Amendment Act 1862 provided for an alternative by allowing children to be 'boarded out' (Gilligan 1991). This offered a more humane form of care and can be seen as the forerunner to foster care in Ireland. Barnes (1989) describes how charitable organisations, the Roman Catholic Church and Protestant churches in Ireland supported the practice of incarcerating children and played a central role in establishing a network of industrial schools throughout the country; this form of industrialised care was generally managed and staffed by religious orders while being entirely funded by the state.

O'Loughlin (2013) explains that in the late nineteenth and early twentieth centuries British social reformers such as Charles Booth and Seebohm Rowntree looked beyond the existence of poverty and began a discussion on its causes, leading to a growing recognition that children were vulnerable to all kinds of abuse. This helped to stimulate a move towards what was seen at the time as a more socially aware means of caring for poor and destitute children. The existing legislation was replaced by the Children Act 1908, sometimes informally known as the Children's Charter.

The 1908 Act focused on a number of areas such as the prevention of cruelty to children and the protection of infant life, but Part 4 is of most significance to this discussion. It placed reformatory and industrial schools on a constitutional footing, reinforcing their role as the preeminent form of out-of-home care for children in Ireland. The number of such schools rose to 71 at its height, detaining 8,000 children on any given day (Raftery and O'Sullivan 1999).

Even though the 1908 Act partly focused on the prevention of cruelty to children, the abuses suffered by children within these institutions continues to reverberate in the lives of those who suffered and who are still alive today. Mary Rafferty and Eoin O'Sullivan in their ground-breaking book *Suffer the Little Children* (2001) documented the appalling circumstances and conditions experienced by children within their walls. Despite its cruelty, Barnes (1989) points out that the general public was largely in favour of this form of care as it was seen to provide children with religious and moral education in an atmosphere of total submission and deference. During this time the state adopted a laissez-faire attitude towards the provision of such services. By allowing the religious orders to assume responsibility in this area the infant state was effectively solving this social problem by sweeping the issue of poor or destitute children under the carpet.

This was an example of 'the tendency of Irish society to hide its problems behind institutional walls' (Kennedy Report 1970: 59). The cultural propensity to respond to social issues by hiding them led to law makers' categorisation of poor and destitute children as a menace to public order. This view was reflected in the means by which thousands of children were incarcerated, in many cases brought before

the courts without legal representation and taken to their place of confinement by the police. Any attempt to escape from these institutions was seen as a criminal offence that in turn would be worthy of incarceration within a reformatory school.

2.2 The beginning of change

The 1950s saw the emergence of a more progressive view and a realisation that at-risk children were less in need of incarceration than of care and protection, and this view increasingly came to dominate discussions of child care in the following decades. Authors such as Rafferty and O'Sullivan (2001), Gilligan (1991) and Graham (2011) are in agreement that three reports played pivotal roles in highlighting the inadequacies that had persisted for decades in the reformatory and industrial school system. These reports are the *Tuairim Report: Some of Our Children* (1966), the *Kennedy Report* (1970) and the *Task Force Report on Child Care Services* (1980).

2.2.1 The Tuairim Report: Some of Our Children (1966)

The Tuairim report was published following an investigation by the Tuairim Voluntary Society into the Irish care system. The report was highly critical of the practice of detaining thousands of children in large care institutions, and made numerous far reaching recommendations. Among these were:

- The local authority should be empowered to give supports to families and guardians to prevent children entering care but if the child is taken into care efforts should be made to return the child to their natural home once discharged from care.
- The guardianship of the children should pass from the unit manager and rest with the local health authority.

- Children in need of out-of-home care should be placed in small mixed units and the ethos of supervision should be that of a reasonable parent and not that of a warder.
- The state should cover all the running costs of the units including the subsidiary and professional staffs' wages.
- Local authorities should be responsible for the payment of maintenance grants for the children in the units.

The Tuairim Report drew the public's attention to the inadequate and in some cases barbaric conditions that existed within these institutions which in turn had the effect of forcing a reluctant recognition by the state of its responsibilities in this area. On foot of the report the then Minister for Education (Donogh O'Malley) formed a committee of enquiry in 1967, chaired by Justice Eileen Kennedy, to examine in detail the reformatory and industrial school system.

2.2.2 Report of the Committee on Reformatory and Industrial Schools 1970 (The Kennedy Report)

The Committee on Reformatory and Industrial schools, as it was known, was given broad terms of reference. It was initially required to 'survey the reformatory and industrial school systems and to make a report and recommendations to the Minister for Education'. After its establishment the Minister agreed 'that the committee's enquiries should include all children in care'. (Kennedy Report 1970: vii)

Following a lengthy investigation, the committee published a broad reaching and in-depth report that built upon many of the recommendations in the Tuairim Report. It also served to heighten the public's awareness of the systemic failings that ran throughout the child care institutions, including the absence of monitoring

procedures that resulted in the almost complete disregard for the welfare of children in their care. The committee found that deprivation was widespread among the detainees within reformatory and industrial schools, who were housed in 'Dickensian and deplorable' conditions (p. 22). It stated that because the schools were inadequately staffed many of the children had 'no saleable skills to enable them to take their place in society' (p. 12). This lack of 'saleable skills', or in fact any preparation for leaving care, combined with the recognised consequences of institutionalisation, resulted in many young people experiencing significant difficulties upon their release as they struggled to reintegrate into a society for which they were ill prepared.

The authors of the Kennedy Report identified that children in care had complex emotional needs that required the support of competent and well-trained staff members, and it therefore highlighted the recruitment of suitably qualified staff as its most important recommendation above all others. Its publication led to a fundamental re-evaluation of the provision of care for children in Ireland, and a move away from large scale residential forms of care to foster care within family settings. Gilligan (1991: 188) noted that between 1982 and 1988 the proportion of children in foster care grew from 52% to 71%. This trend has continued to the present day; over 92% of children in care are now in foster placements.

Of most relevance to the present study are the observations and recommendations set out in Chapter 8 of the Kennedy Report, entitled 'Aftercare'. It is disheartening to see that many, if not all, of the challenges faced by care leavers as described in the report are the same ones that exist almost half a century later.

Section 8.2 suggests that after care planning should begin soon after the young person enters care. This should begin with a full assessment of the young person's 'needs and talents' (p. 56), so as to help in their education and choice of career.

Sections 8.3 through 8.5 focus on the effects of inappropriate placement, highlighting the fact that offenders and non-offenders were mixed together and that this led to confusion among the general public as to the purpose of the different forms of residential care, and an assumption in the public mind that all children in care were offenders. This opinion was likely to be reinforced when upon release offenders and non-offenders alike demonstrated an apparent inability to take their place as productive citizens and struggled to reintegrate into a society from which they had been removed because they were seen as a danger to the common good. These sections of the report also highlight that inappropriate placement may lead non-offenders to acquire offending behaviour through their exposure to and interactions with offenders.

Section 8.6 highlights the lack of independent living skills training received by young people as they approached the transition from care. It also discusses the juxtaposition of the needs of the system with the needs of the child; the report goes on to state that to avoid such conflict each residential unit should have an aftercare agent to pave the way for the young person's transition out of care.

Section 8.7 suggests that one way to help the young person deal with the challenges associated with the transition to independent living is to give them access to a pre-

release hostel sometime before they leave care, thus providing the young person with a space to develop the skills required to live independently.

Sections 8.8 to 8.12 discuss the provision of aftercare supports for young people who are returning to their family of origin and for those who have no such family supports. These sections highlight questions such as who should be responsible for supporting the family of origin during the care leaver's process of reintegration, the need for community involvement in supporting the young person's transition out of care into employment and on to full independence, and the challenge of social isolation.

Finally, Section 14 provides a poignant statement that still reverberates in today's supposedly more enlightened society:

Our whole approach to every aspect of child care must be based on the fact that we, the community can no longer hide our social problems behind institutional walls, we must all play our part in solving them (p.59).

Following the publication of the Kennedy Report the already flagging industrial school system began to be wound up, but it wasn't until 1974 that responsibility for child care/protection moved from the Department of Education to the Department of Health. Once this had taken place the Department of Health set up its own task force to look into child care services. The Task Force published an interim report in 1975 and its final report in 1980.

2.2.3 The Task Force Report on Child Care Services (1980)

In its final report the Task Force describes its own purpose in the following words:

The Task Force was asked to make recommendations on the extension of services for deprived children and children at risk; to prepare a Bill up-dating the law in relation to children and to make recommendations on whatever administrative reforms it considered necessary in the child care services. (p. 1)

Graham (2011) points out that the Task Force was expected to publish its final report within six months but instead took over five years and was unable to 'prepare a Bill up-dating the law in relation to children'. Both Kilkenny (2012) and Graham (2011) draw attention to a statement made in the report that:

...the most striking feature of the child care scene in Ireland was the alarming complacency and indifference of both the general public and the various government departments and statutory bodies responsible for the welfare of children. This state of affairs illustrated clearly the use by a society of residential establishments to divest itself of responsibility for deprived children and delinquent children. (Task Force Report on Child Care Services 1980: 182).

But both Kilkenny (2012) and Graham (2011) seem to misunderstand this statement. It did not refer to the care system as it was between 1974-80 as they seem to imply but rather to the system prior to the Kennedy Report. In fact, the Task Force report found that:

The Kennedy Report proved to be a turning point in residential care in Ireland. It had the effect of shaking out of their complacency all those concerned with the placement, care and funding of children in residential care, and bringing thinking about residential care up to date.

Most of those responsible for, and working in the institutions, for their part, gradually set about endeavouring to bring them into line with the spirit of that Report. (Task Force Report on Child Care Services 1980: 182).

The Task Force's work therefore took place at a time of modernisation and development within the Irish child care system, which was in the process of moving away from the 'Dickensian and deplorable' conditions outlined in the Kennedy Report (p. 22) to a far more humane system that was becoming better

staffed and better financed (after the publication of the Kennedy Report two training courses for residential care staff were set up, with financial support from the Department of Education and others).

The Task force's Final Report went on to make a total of 97 recommendations, focusing on areas such as national and regional administration, social services for children, family support services, community services, foster care, residential care, constitutional law and juvenile justice. Two of the recommendations bear some relation to what would be viewed as preparation for leaving care/aftercare today.

The first of these is recommendation 71:

R71. We recommend the provision of hostels in all large urban areas for certain boys and girls who are either in employment or preparing to start work. (p. 273)

By highlighting the need to support older children as they transition into the employment market the Task Force Report accepts that state child care services must provide support beyond the point of the young adult's discharge. The second recommendation likewise focuses on the transition process:

R72. We recommend a more extensive provision than at present of suitably supervised flats, for young people (p. 273)

By recommending an increase in the provision of supervised flats the Task Force Report was adding its voice to the debate about the need for step down services that provide support as the young person moves towards full independence.

Even though the Task Force Report was far reaching and comprehensive in its treatment of the Irish child care system it can be criticised for its failure to consider

the care system's obligations to those children and adults who had left its care without the necessary supports to successfully transition to full independence. The report made mention of aftercare only once, as follows:

Responsibility for the welfare of children following the ending of a residential placement is frequently referred to as 'aftercare', especially where it concerns children who leave residential care to go out into employment. We prefer not to make this distinction between 'care' and 'after-care'. We consider that the responsibility of the CCA for children placed in their care who have not been successfully rehabilitated with their own family or another family should continue on a voluntary basis until the child has achieved independence. (Task Force Report on Child Care Services 1980: 202)

By refusing to recognise the real and significant distinction between care and aftercare the authors of the Task Force Report disregarded the complex and on-going needs of care leavers because of their interactions with the care system itself.

Even though the Tuairim, Kennedy and Task Force reports all levelled enormous criticism at the Children Act 1908 and called for reform, successive governments failed to respond with new legislation until the early 1990's, by which time the Act had been in place for over eighty years without any major revision or addition (Kelleher et al. 2000). When the health boards were given greater responsibility for child protection from the 1970s on they were still bound by the outdated and wholly inappropriate provisions of the Children Act. Because of this, as McGuinness (2012) explains:

...considerable legal ingenuity was brought to bear in using marginally relevant sections of the 1908 Act, which permitted a petty session court to place children in the care of 'a relative or other fit person', this was used as a basis for applications to take children into care (McGuinness 2012: 49).

It was the Supreme Court judgement in the case of the State (D&D) vs G [1990] which found that under the 1908 act the health boards had no right to act as a 'fit

person' and therefore could not provide care for children. It was this judgment that put the 'final nail in the coffin' of the Children Act 1908 (McGuinness 2012) and made the passing of new child care legislation unavoidable.

2.3 The Child Care Act 1991

Robbie Gilligan in the introduction to his 1992 article examining the scope and resource implications of the 1991 act stated that 'the Child Care Act, 1991 was the first comprehensive legislation in relation to child welfare enacted by a native administration since the foundation of the state' (Gilligan 1992: 347). While the act was long overdue and its scope was comprehensive, its impact was by no means immediate. Gilligan pointed out the 'very slow gestation of public policy and provision in this area' (Gilligan, 1992: 366) citing the sluggish pace at which the Task Force report came to light after it had abandoned its ambition 'to prepare a Bill up-dating the law in relation to children'. Once fully enacted the 1991 Act provided robust mechanisms that enable the Health Boards/HSE (now Tusla) to intervene when a child is deemed to be at risk. These mechanisms include Voluntary Care (section 4) Emergency Care Orders (section 13), Interim Care Orders (section 17), Full Care Orders (section 18), Supervision Orders (section 19), Special Care Orders (section 23[b]) and Interim Special Orders (section 23[c]). Of particular importance to this study is section 45 which deals with aftercare. While all the provisions of the 1991 act have an impact on the young person's experience in care, and while that experience may in turn have an impact on their post care outcomes, the remainder of this section will focus on the provision of aftercare supports and services as outlined in section 45 of the 1991 Child Care Act.

2.3.1 Section 45 of the Child Care Act 1991

While the Child Care Act 1991 imposed an obligation on the state to care for children who are not receiving 'adequate care and protection' until they reach the age of 18, it did not impose an obligation beyond that age. Section 45 of the original 1991 Act is worded as follows:

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.

(b) Where a health board is assisting a person in accordance with subsection (2) (c), and that person attains the age of 21 years, the board may continue to provide such assistance until the completion of the course of education in which he is engaged.

This is a rather narrow approach to the provision of aftercare. Section 45 went on to outline the options that are available in supporting care leavers:

(a) By causing him to be visited or assisted;

(b) By arranging for the completion of his education and by contributing towards his maintenance while he is completing his education;

(c) By placing him in a suitable trade, calling or business and paying such fee or sum as may be requisite for that purpose;

(d) By arranging hostel or other forms of accommodation for him;

(e) By co-operating with housing authorities in planning accommodation for children leaving care on reaching the age of 18 years.

The most significant aspect of this section of the legislation is the use of the word 'may' rather than 'shall'. It put the provision of aftercare services completely at the discretion of the HSE/Tusla. This section of the Act has more recently been

amended by the Child Care (Amendment) Act 2015, which will be discussed later in this chapter.

2.4 Irish Aftercare policy since 2000

Since the turn of the century there have been a number of important policy developments and initiatives relating to aftercare. These are summarised and discussed below.

2.4.1 National Children's Strategy 2000

The National Children's Strategy was published in November 2000. It was the first comprehensive national policy document to guide both statutory and non-statutory agencies working with children. Its publication followed an extensive consultation process with parents and groups working directly with children, and a considerable effort was also made to consult with children themselves. The strategy set out a 10-year plan calling upon local communities, statutory agencies and the voluntary sector to alleviate difficulties experienced by children in Ireland. Areas of priority included eliminating child poverty, ensuring that children have a voice in relation to matters that affect them, improving children's access to recreation and play facilities and improving both the quality and quantity of research into children's lives.

Children in care were not mentioned within the 14 objectives of the Strategy. They featured once in the body of the document when it made reference to what it called the 'relatively new phenomenon' of youth homelessness and noted that it was 'predominantly urban and strongly associated with children leaving care'. It went

on to cite the finding in *Left Out on Their Own* (Kelleher et al. 2000) that two years after leaving care 33% of the special school and 68% of the health board care leavers had experienced homelessness, and continued:

Formal programmes to prepare young people for leaving care and to deliver an after-care support will be introduced with the key objective of ensuring that no child leaving care is discharged into homelessness. (National Children's Strategy 2000: 65)

There was no further discussion of how such services might be provided or funded, meaning that the statement was largely aspirational. Irish research such as Mayock and O'Sullivan (2007), Mayock and Carr (2008) and Mayock, Parker and Murphy (2014) show that a background of state care is still a key predictor of youth homelessness.

2.4.2 National Standards for Children's Residential Services 2001

The National Standards for Children's Residential Services were developed by the Department of Health and Children in conjunction with the Social Services Inspectorate, with some input from the HSE. This document set out the standards by which all children's residential services, whether private, voluntary or HSE, would be evaluated. The Social Services Inspectorate was empowered by the Child Care Act 1991 to inspect children's residential centres run by the HSE; the HSE in turn was then responsible for inspecting voluntary and private children's residential services (Department of Health and Children 2001: 1).

Section 5 outlines the responsibilities of centres in relation to developing and updating care plans. Standards 5.33 to 5.39 deal with planning and preparation for leaving care, discharge and aftercare.

Standards 5.33 to 5.36 state that the young person must be prepared for leaving care in a way that is appropriate to their understanding and maturity. This preparation must also be suitable to meet the needs of the young person whether they are moving to a step-down service or on to complete independence. There is no consideration given to a young person whose understanding and maturity are insufficient to allow independent living. Key workers are given specific responsibilities to support this transition. Two years before the young person turns 18 they and their families are to be involved in developing a leaving care plan that will outline the services and supports that will be put in place to aid a smooth transition.

Standards 5.37 and 5.38 state that the centre's manager and supervising social worker are to ensure that the young person's discharge is not to be unplanned, and a staff member is responsible for ensuring that all personal belongings and paperwork such as birth certs, photos etc. are given to the young person (Department of Health and Children 2001: 19). Finally, standard 5.39 states that the HSE must have a written policy on aftercare and outlining all the supports and entitlements available to care leavers up until the age of 21 (Department of Health and Children 2001: 20).

Standards 5.33 to 5.38 because they deal with the needs of the young person before they turn 18, when they are still protected by the Child Care Act, can be seen as having a real impact on the nature of transitional supports for young people preparing to leave care. Standard 5.39, on the other hand, must be viewed

differently in the light of section 45 of the 1991 Act. The provision of aftercare services remains as an optional extra that has to compete for funding and resources with the child protection obligations of the health boards/HSE/Tusla that are statutorily required under the Act.

The later publication of the National Standards for Foster Care 2003 sets out the standards for children in foster care. Section 13 describes 11 standards that should apply to the preparation of children in foster care for leaving care. These standards almost exactly match those outlined above.

2.4.3 The Youth Homelessness Strategy 2001

The Youth Homelessness Strategy built upon the work of the National Children's Strategy 2000. It was informed by a number of earlier reports on youth homelessness such as the March 2000 consultant's report prepared for the Department of Health and Children, the Report of the Forum on Youth Homelessness, Eastern Region (2000) and the Report of the Review Group on Crisis Intervention Services for Children (2000). The authors of the strategy also consulted with the Health Boards and youth homelessness service providers (Department of Health and Children 2001: 10).

The Youth Homelessness Strategy set out its goal as follows:

[T]o reduce and if possible eliminate youth homelessness through preventative strategies and where a child becomes homeless to ensure that he/she benefits from a comprehensive range of services aimed at re-integrating him/her into his/her community as quickly as possible. (Department of Health and Children 2001: 3)

Objective 4 of the Strategy provides that aftercare services 'will be strengthened so that children are supported in making the transition to living independently or returning to their families' (Department of Health and Children 2001: 26).

The Strategy goes on to set out aftercare protocols that health boards would be required to follow. First among these protocols is that aftercare is no longer an optional extra but rather an integral part of the process of care. However, since this was without any legislative or statutory basis it could not be enforced. Many of the protocols echoed the recommendations of previous reports, such as each health board having a written aftercare policy. However, there were a number of new ones, including the setting aside of an aftercare budget, the appointment of aftercare support workers and aftercare support officers within every residential centre and the continuation of aftercare support until the young person has settled into an independent life or some other suitable arrangement.

Even though the Youth Homelessness Strategy was unambiguous about what was required, the delivery of aftercare services remained inconsistent across the country, drawing criticism from Barnardos (2012) as being patchy and inadequate due to the lack of investment and absence of a statutory obligation. The organisation EPIC (2012) also complained that aftercare services were available only on an ad-hoc basis, well-developed in some areas and practically non-existent in others.

A review of the Youth Homelessness Strategy was carried out in 2013 by the Centre for Effective Services (CES) on behalf of the Department of Children and

Youth Affairs (DCYA). It found that while in general support services for homeless children have improved over the lifetime of the Strategy, key issues remain to be resolved. Among these are:

- The difficulties experienced by children in crisis or out-of-home in gaining access to intellectual disability services and mental health services remains problematic.
- There remains a considerable need for improvement in interagency cooperation.
- Children in emergency settings require additional supports to engage with education.
- The needs of minority groups such as travellers, ethnic groups and lesbian, gay, bisexual and transgender (LGBT) youth need to be better understood in relation to homelessness.
- The process of accessing homeless services through a Garda station was seen to be intimidating and inappropriate for children.
- The general service responses for children aged 16 to 18 needs renewed attention.
- The transition between child and adult's services needs to be improved.
- Additional supports are needed for young people aged between 18 and 25.

The review discussed the situation in relation to Objective 4 of the Strategy as follows:

While much progress has been made in relation to aftercare, it was felt by many stakeholders that there had been, or still was, inconsistency in provision across the country, with inadequate resources to achieve consistent provision. A lack of a specific budget for aftercare was highlighted and some service providers had experience of children in the past without aftercare support plans. There was also a degree of lack of awareness about the proposed changes to aftercare policy currently being developed by the HSE. Tighter budgets in recent times have meant that little semi-independent accommodation is being developed. Many children have little option beyond private rented accommodation and accessing rent allowance, thereby increasing their vulnerability. There are also structural barriers to accessing aftercare support when children move to other parts of the country. (DCYA 2013: 27)

The Youth Homelessness Strategy has without question sharpened the collective focus of agencies and providers of homelessness services on the needs of care leavers but there still remains a considerable gap between those needs and the ability of service providers to build sufficient capacity to meet them.

2.4.4 The Report of the Commission to Inquire into Child Abuse 2009 (Ryan Report)

In May 1999 the then Taoiseach Bertie Ahern made an apology on behalf of the state to survivors of abuse within the Irish child care system and announced that a commission of enquiry would be set up to investigate the abuse suffered.

In May of 2000 the Commission to Inquire into Child Abuse was established. The final report of the commission was published in 2009. It detailed many cases of horrendous physical, sexual, psychological and emotional abuse suffered by children in the care of the state. The report also acknowledged the state's shameful failure to intervene in cases where abuse was known to have taken place.

The report highlighted the fact that many of the difficulties experienced by those who left care in the era of the industrial schools were still being experienced in more recent times. Difficulties such as homelessness, mental health issues, addiction, low educational attainment and social isolation were common to care leavers of any generation (Department of Health and Children 2009: 47). Recommendation 16 of the commission focused on the introduction of leaving care and aftercare services for all care leavers.

Children who have been in State care should have access to support services. Aftercare services should be provided to give young adults a support

structure they can rely on. In a similar way to families, childcare services should continue contact with young people after they have left care as minors. (Department of Health and Children 2009: 464)

The provision of such services should provide additional social and practical support structures to aid successful transition. In addition, the report suggested that these services should be provided on a nondiscretionary basis by the HSE.

Two months after the Commission's report was published the Minister for Health and Children published the Report of the Commission to Inquire into Child Abuse 2009 Implementation Plan.

In responding to Recommendation 16 of the Commission's report the Implementation Plan firstly discussed the current position of aftercare services. It explained that the level of supports available to care leavers was very much dependent upon the geographical area they resided in. Because aftercare services were not standardised across the country many young people having left care were offered little or no support as they transitioned to independence. In areas where aftercare supports were available they ranged from the provision of aftercare workers who facilitated access to support services, to supported lodgings both in hostels and apartments, rental deposits and the payment of college fees and living allowances for those care leavers in full time education.

The Implementation Plan went on to highlight the inadequacy of transitional accommodation supports available to care leavers who in most cases are left with no option but to seek private rental accommodation and in so doing are at a heightened risk of homelessness, social isolation and debt. The Plan also stated

that there has been no 'systematic follow-up' of care leavers to measure the outcomes they experience, to see if the difficulties they encounter are significantly different to those of their peers who have not lived in state care (Department of Health and Children 2009b: 47).

The Implementation Plan made six recommendations in the form of actions to be taken in the area of aftercare services as follows:

64. The HSE will ensure the provision of aftercare services for children leaving care in all instances where the professional judgement of the allocated social worker determines it is required (by November 2009).

65. The HSE will, with their consent, conduct a longitudinal study to follow young people who leave care for 10 years, to map their transition to adulthood (starting in 2010).

66. The HSE and the Department of the Environment, Heritage and Local Government will review the approach to prioritising identified 'at risk' young people leaving care and requiring local authority housing (by December 2010).

67. The HSE will ensure that care plans include aftercare planning for all young people of 16 years and older (by June 2010).

68. The HSE will ensure that aftercare planning identifies key workers in other health services to which a young person is referred, for example, disability and mental health services (by June 2010).

69. The OMCYA (Office of the Minister for Children and Youth Affairs) in conjunction with the HSE, will consider how best to provide necessary once-off supports for care leavers to gain practical lifelong skills (by June 2010). (Department of Health and Children 2009b: 49)

Like other policy documents before it, the Implementation Plan made strong and considered recommendations that if fully implemented would undoubtedly have a significant impact on the transitional experience and long-term outcomes of care leavers in Ireland. Unfortunately, they were published at a time when Ireland was

entering a period of economic downturn meaning that government expenditure was severely reduced across all departments. Therefore, the policy recommendations outlined above remained largely un-acted upon until 2014 when the responsibility for aftercare services moved from the HSE to Tusla (the Child and Family Agency).

2.4.5 Report of the Independent Child Death Review Group

The publication of the report of the Independent Child Death Review Group, co-authored by Dr Geoffrey Shannon and Norah Gibbons (2012), brought into sharp focus the potentially tragic reality of leaving care in Ireland. It reported on the un-natural deaths of 27 young people who had left care. The systemic weaknesses described in the report that may have contributed to the un-natural deaths of these young people also impact on the majority of young people leaving care in Ireland, who struggle unnecessarily because of the lack of coherent well-planned aftercare services.

The report highlights a number of failures on the part of the HSE. These include:

- Cases where no aftercare was provided.
- Cases where aftercare was offered at the discretion of the young person.
- Files being left incomplete and in disarray.
- Inconsistency in social workers and aftercare workers assigned to young people.
- A lack of support for care leavers with mental health issues.
- A lack of interagency communication.
- A lack of clear procedures, reporting and supervision for HSE staff.

The report also echoes many of the recommendations of previous policy documents by stating that the provision of aftercare services for care leavers should be made mandatory and that counselling and advisory services should be offered to all care leavers.

Substantial deficits in the provision of aftercare services by the HSE have been highlighted by numerous reports and policy documents. These have had the combined effect of bringing about slow and incremental improvements in the development of aftercare services. Among the most frequent calls for reform has been the need for consistency of provision of aftercare across the country. Up until now the provision of aftercare has been largely left to the discretion of each HSE area; each area was required to write its own policies, allocate its own budgets and appoint its own staff. This has led to significant inconsistencies and geographical inequalities. To alleviate these inequalities, the HSE in 2011-2012 developed the Leaving and Aftercare Services National Policy and Procedures Document.

2.4.6 HSE Leaving and Aftercare Services National Policy and Procedures (2012)

In June 2010, the then Minister for Children and Youth Affairs (Barry Andrews, TD) on foot of legal advice in relation to section 45 of the Child Care Act 1991 directed the HSE as follows:

In order to remove any doubt in this regard and in accordance with section 45 (4) of the 1991 Act, I am writing to direct the HSE to formulate and implement appropriate administrative policies, procedures and guidelines for implementing the aforesaid duty. (HSE 2012: Foreword)

In accordance with this direction the HSE in 2012 completed the Leaving and Aftercare Services National Policy and Procedures Document, designed to unify regional aftercare policies and respond to the recommendations of numerous reports relating to child welfare in Ireland. The 2012 policy document replaced all previous regional aftercare written statements. A written response dated 13th February 2013 by the Minister for Children and Youth Affairs Frances Fitzgerald to a Dáil question asked by Aengus Ó Snodaigh TD makes it clear that the HSE document supersedes any previous guidelines in this area. The Minister stated that:

The HSE national aftercare service is underpinned by a national policy and procedures document which has been developed in co-operation with the key stakeholders, including the voluntary sector agencies involved in aftercare provision and my Department. The policy commits to promoting and achieving the best outcomes for young people leaving care and in ensuring consistency of support to these young people. (Fitzgerald 2013)

The Leaving and Aftercare Services National Policy and Procedures Document is considered in further detail below.

Statement of Purpose

Firstly, the document provides an outline of its purpose, what it hopes to achieve and how it will achieve it. The HSE commits to fulfilling its role as a 'good parent' to the children in its care and the young adults in receipt of its support. This commitment to good parenting is elaborated on in the principles of leaving and aftercare policy on p.11 where the document echoes Article 3 of the UN Convention on the Rights of the Child (to which Ireland became a signatory on the 30th of September 1990) by stating that the welfare of the child is paramount.

The statement of purpose continues by indicating that it seeks to promote better outcomes by supporting children preparing to leave care and care leavers in developing life and social skills and personal resilience, while also providing supports in training, employment, further education, in establishing suitable accommodation and developing appropriate social networks. This support will be provided by assigning personnel to coordinate the assessment of needs along with the planning and review process. In addition, a multi-agency approach will be adopted to meet assessed needs and efforts will be made to preserve significant social and emotional attachments.

Eligibility

In accordance with the neo-liberal model of provision that is generally adopted in Irish welfare services and that rejects universalism in favour of individualism (Gilligan 2008) the Leaving and Aftercare Services National Policy and Procedures Document sets out strict criteria that must be met before a care leaver is deemed eligible to receive the services offered. At first the policy document states that all young people who have a care history are entitled to an aftercare service (p.13) and that these services focus on the 'most important requirements', namely secure and suitable accommodation, further education, employment or training. This is in line with the supports outlined in section 45 of the Child Care Act 1991.

At this point there is no mention made of the individual's need for social connectedness and a sense of belonging or the supports that can be derived from such, as highlighted in the Youth Homeless Strategy (2001). As regards eligibility

criteria the document states that the Board/HSE must be satisfied that there is an on-going need for assistance and if this is the case aftercare services are available to care leavers between the ages of 18-20, ceasing on their 21st birthday in line with section 45(1) and (2) of the 1991 Act. These services can be extended until their 23rd birthday to allow for the completion of a course of education.

On p.14 the document introduces additional 'primary eligibility criteria'. Foremost among these additional criteria is the requirement that to be eligible for preparation for leaving care services the child must have been in care for 12 consecutive months before their 16th birthday and to be eligible for aftercare services the child must have been in care for 12 consecutive months before their 18th birthday. In previous policy documents (HSE 2006: 11; (HSE 2007: 4) there was a requirement that the child must have been in care for only 6 consecutive months before they turned 18 to be eligible for an aftercare service. By doubling this requirement, the Policy and Procedures Document has excluded a significant proportion of young people with no regard to their needs or circumstances. The only exception to these requirements would be a care leaver with extensive experience of care and on-going intensive social work intervention. The earlier statement to the effect that all young people with a care history are entitled to aftercare services is not therefore borne out in the detailed provisions.

Stages of Preparation for Leaving Care and Aftercare

The Policy and Procedures document sets out the three stages that the young person will progress through while in care, designed to support their transition out of care and on to fully independent living. On p.11 the fifth principle states:

Preparation for leaving care will begin on entry into care, and support will be given and continue until the young person has made the transition to independence, or some other appropriate arrangement. (HSE 2011: 11)

This would suggest that the preparation of an exit strategy from care should commence on the child's entry into care, but in practice the document only provides guidelines for the preparation of such a strategy on or after the child's 16th birthday.

Preparation for leaving care

Preparing to leave care begins at the age of 16, if the child has been in care for 12 months consecutively before their 16th birthday. The young person should be centrally involved in the process:

The leaving and aftercare process must be child centred and their full participation is paramount in the development of a plan for their future. (HSE 2012: 15)

In addition principles 2 and 3 state that:

2. The young person has the right to informed, meaningful consultation.
3. Young people will be provided with all relevant information in order to enhance their participation in decision making regarding their future life and plans. (HSE 2012: 11)

The first step in this stage is the completion of a planning for leaving care referral form by the social worker in consultation with the young person. This form provides detailed information on the child's social history and pathway into care along with an up to date care and placement plan. Social workers completing the form must 'consider any cultural and ethnicity issues that may have an impact on the referral, assessment and service delivery' (HSE 2012: 15).

Once the referral has been made and the young person has been deemed eligible, an extensive assessment of the young person's needs should be completed by the aftercare worker in consultation with the young person. The needs assessment is a document that if completed correctly will provide an extensive description of the young person's strengths and needs that are relevant in informing all future planning. In the completion of the needs assessment the social worker or the aftercare worker is instructed to seek the collaboration of others who play a significant role in the young person's life such as parents, residential staff, foster carers and other professionals. The needs assessment covers areas such as:

- Accommodation,
- Income supports and entitlements,
- Finances and budgeting,
- Education, employment, training,
- Personal and health care,
- Health and wellbeing,
- Leaving and aftercare services;
- Significant people.

The completed needs assessment, combined with any relevant medical or psychological reports, forms the basis for the 'Preparation for Leaving Care Plan' that will include any additional preparation programmes and leaving care supports needed by the young person.

The roles of the aftercare service and the aftercare worker

The National Policy and Procedures Document goes on to outline the roles of both the aftercare service and the aftercare worker. The aftercare service is responsible for assigning a named aftercare worker to a young person who has been referred to the service, for providing ongoing support to the young person and for providing

additional supports for and ongoing collaboration with those who are contributing to their welfare. In addition, the aftercare service fulfils an advocacy role on behalf of the young person with agencies such as housing, social welfare, education/training, community and counselling services. The aftercare worker is responsible for liaising with the young person, their social worker, care staff/foster carer and birth family where appropriate, in carrying out life skills assessment and developing an extensive written aftercare plan. Having done so, the aftercare worker is responsible for the implementation and review of this plan in conjunction with the relevant individuals mentioned above.

Payment and financial considerations

The HSE commits to meeting care leaver's needs for additional financial supports.

It states that:

We also value the achievements that each young person makes and recognize the emotional and financial commitment involved in supporting young people during this time. The emotional and financial commitment involved is a shared responsibility between all parties i.e. HSE, Foster Carers, the Young Person and their families... The Health Service Executive will provide financial support in the context of the legislation primarily Section 45, Child Care Act 1991 and HSE national protocols. (HSE 2012: 17)

The legislation mentioned above is very specific in relation to the forms of financial support that can be offered to care leavers. Section 45. 2: (b) and (c) of the Child Care Act provide for support in the following ways:

- (b) By arranging for the completion of his education and by contributing towards his maintenance while he is completing his education;
- (c) By placing him in a suitable trade, calling or business and paying such fee or sum as may be requisite for that purpose;

Therefore, such financial supports are only available to care leavers as long as they are in education or training and have not reached 21, or 23 if in full time education. (In September 2015 Tusla standardised all payments to care leavers who are education or training. Under these arrangements, all other financial payments will be taken into account when calculating the care leaver's weekly payment of €300.)

Monitoring and Evaluation

The Policy and Procedures Document recognises that to develop a 'comprehensive aftercare service' there must be a means to monitor and evaluate the service they provide. Recognition is given to the work of the Health Information and Quality Authority in monitoring the aftercare service. The document makes mention of plans to monitor the progress of care leavers who have used their service by the development of an aftercare database to track young people while they are engaged with the service. The Ryan Report's action 65 called for a longitudinal study to track care leavers for ten years, but merely tracking care leavers while they are in the service, with no regard to the large number of care leavers who have restricted or no access to aftercare services, falls far short of this. There are also no explicit plans to develop internal monitoring or evaluation processes.

It is clear that the HSE Leaving and Aftercare Services National Policy and Procedures Document reflects a considerable effort to respond to most if not all recommendations in the series of reports described earlier in this chapter. This document therefore provides a national framework that if applied consistently will go a long way to meeting the identified needs of most care leavers.

The criticism most commonly levelled at the National Policy and Procedures Document is that even though the guidelines it sets out are comprehensive, it has not been followed by any concrete implementation plan. The Tusla Corporate Plan 2015-2017 hardly mentioned the area of aftercare except in relation to the Child Care Amendment Bill 2015. In relation to this the Corporate Plan states:

It is hoped that the Child Care (Amendment) Bill, 2014 will address current difficulties within the legal system particularly in relation to the oversight of the Guardian ad Litem system, as well as providing a legislative basis for aftercare services. (Tusla 2014: 14)

The Bill in question has since been enacted as the Child Care (Amendment) Act 2015, which will be discussed at 2.6 below. In the meantime, an assessment of the effect of the HSE's Leaving and Aftercare Services National Policy and Procedures Document has been conducted by the Health Information and Quality Agency (HIQA).

2.5 The Health Information and Quality Agency's evaluation of preparation for leaving care and aftercare provision

Even though HIQA has not engaged in a systematic evaluation of the provision of preparation for leaving care and aftercare services there have been three recent HIQA publications that have partly focused on this subject.

These are the Inspection of the HSE Fostering Services in Cork (November 2013), the HIQA report on fostering care services in Dublin south central (2014) and HIQA's Annual Report 2015.

2.5.1 HIQA Inspection of the HSE Fostering Service in the Cork area, 2013

HIQA reported on an inspection of fostering services in Cork that was carried out in mid-2013. The report levelled serious criticism at the lack of preparation for leaving care provided by dedicated aftercare workers by stating that:

Many of the children and young people were supported to prepare for independent living primarily through their foster carers. However, the provision of aftercare was inequitable, with many children not receiving a dedicated aftercare service. (HIQA 2013: 8)

While foster carers are well placed to support preparation for leaving care, allowing them to fill the vacuum that has been caused by the under-resourcing of aftercare services is inconsistent with the HSE/Tusla's own guidelines as outlined in the 2012 Policies and Procedures Document. Furthermore, the inequitable delivery of statutorily mandated services is once again highlighted in this report. Even when the needs of the young person fall within the terms of the 1991 Child Care Act, the HSE/Tusla fails in its duty:

Where a child or young person expressed a wish to go on to further education this was found to be supported by the area. In some cases, it was evident that financial supports were made available for third-level education and this was confirmed by social work personnel and the aftercare coordinator. Inspectors found that some foster carers paid for third-level education themselves as the children were either not in receipt of an aftercare service or there was a delay in receiving support by the HSE to attend third-level education. This was not in line with legislation whereby the HSE is obliged to support children in care which includes third-level education. (HIQA 2013: 20).

By supporting some young people in care/care leavers in third level education and in other cases abdicating this obligation to foster carers, the HSE/Tusla is in direct contravention of part 5 section 45, 2 (b) of the Child Care Act 1991, cited above.

The HIQA report went on to explain that many children who had reached the age of 16 had not been referred for leaving care preparation and of those who had been there 'was little evidence of aftercare plans on the case files' (HIQA 2013: 21).

This report highlighted the greatest anomaly that exists both in legislation for and the provision of leaving and aftercare services:

There was no evidence that the aftercare services were delivered in a manner to ensure that children most in need of support before and after leaving care received a service. The aftercare service mainly focused on those who continued in education and continued to live with their carers. Staff interviewed indicated that those children who chose not to continue in education were not offered an aftercare service even though they were likely to need more support. There was no evidence of prioritisation of the aftercare services to ensure that services were provided to children that required it the most. (HIQA 2013: 21)

The wording of section 45 of the 1991 Child Care Act limits the supports available to care leavers specifically to: arranging for the completion of education; placing the young person in a suitable trade, calling or business; arranging hostel or other forms of accommodation; co-operating with housing authorities in planning accommodation on reaching the age of 18 years.

In practice this means that if a care leaver is unable to engage with education or training there is effectively no aftercare service for them. This is doubly problematic in the light of the research which will be presented later that highlights the fact that care leavers are more likely to experience low educational attainment, unemployment and housing instability, which all combine to hamper access to continued education after leaving care (Cashmore and Paxman 2006; and Courtney et al. 2010; Stein 2006). In addition, many care leavers who have suffered abuse or neglect before coming into care may still struggle with unresolved trauma that

requires substantial support to allow them to engage in education and training (Leon et al. 2008; Main and Hesse 1990; Pecora et al. 2006).

The final point to be highlighted here from the HIQA Cork report is in relation to the monitoring and evaluation of care leavers outcomes. The report found that:

Outcomes for care leavers were not formally collated by the area at the time of the inspection even though the requirements to do so under the national policy had been in place since 2011. (HIQA 2013: 21)

The obvious consequence of neglecting to monitor and evaluate care leavers' outcomes is that the aftercare service has no way of knowing if its work is effective, which in turn means that it is impossible to identify necessary improvements. This failure to act upon a key component of the Leaving and Aftercare Services National Policy and Procedures Document demonstrates the ongoing need for the development of a national implementation plan.

2.5.2 HIQA Inspection Report for Foster Care Services under the Child Care Act 1991, Dublin South Central

HIQA carried out a similar inspection of foster care services in Dublin south central in early 2014. It found that when aftercare services are provided to care leavers they are of a high standard, well planned and of significant value to the future outcomes of the care leaver. But the report also drew attention to the fact that many children in care in south central Dublin who were between the ages of 16-18 were not receiving any preparation for leaving care, primarily due to a lack of allocated resources:

The area had a very small team dedicated to aftercare for children in care, which was overseen by an acting principal social worker. This team did not have adequate resources to accept referrals and support young people to

transition to adulthood from the age of sixteen. As a result, aftercare support was provided much later than required which did not offer young people adequate preparation for a move towards adulthood...

In all cases examined, inspectors found that referral to the aftercare service occurred just prior to the young person's eighteenth birthday...

Inspectors found that for all of these young people, their care plans did not address aftercare sufficiently. There was little evidence of planning and preparation for the young people in moving towards adulthood and two young people who spoke to inspectors were unclear about the plan for them moving into adulthood. (HIQA 2014: 19)

In these circumstances, the HSE/Tusla's role as a 'corporate parent/good parent' is clearly not being fulfilled.

The report highlighted a matter of even greater concern, relating to the transition out of care for care leavers with a disability.

There were deficits in the provision of aftercare for young people with a disability. Staff told inspectors that young people who left the care system and required the support of adult disability services were not given priority in adult services. The responsibility of funding was also an issue as the area had funded services for these young people but this was not finite [sic] as they progressed into adulthood. The area manager reported there was no memorandum of understanding in place with adult services and this meant each case had to be negotiated. (HIQA 2014: 19)

In many cases the funded services referred to above are in fact counselling services that have been in place prior to the child's 18th birthday. It is troubling that such an important support service is removed just as the child faces the challenges of making the transition out of care and into adulthood.

Unlike Cork, the inspection of foster care services in south central Dublin found that there was a process that allowed the management team to identify those children in care who were in greatest need and plan how best to meet those needs.

At times the courts have intervened in this process:

The management team had identified children and foster carers most in need of a service such as assessments, reviews, aftercare plans and specialist supports. However, if a court ordered an assessment in these areas, this took priority over the priorities of needs identified by the area.

Equally, aftercare plans had been court ordered for some young people who had turned 16 years and were in stable placements, and these then took precedence. Other young people who were identified as being in urgent need of an aftercare plan were left waiting. (HIQA 2014: 20)

The Ryan Report Implementation Plan recommendation 64 states that aftercare will be provided 'in all instances where the professional judgement of the allocated social worker determines it is required' but the above statement shows that the courts are able to intervene to ensure that a young person's needs can be met even when the professional judgement of the allocated social worker determines it is *not* required. The court's intervention in this way could add additional pressure to already under-resourced services and might result in the needs of another child in care or care leaver going unmet.

Having said that, if the courts determine that a young person's needs are sufficient to require aftercare support why then would the allocated social worker determine otherwise? It would seem that in some cases the 'needs of the young person' are not the determining factor in the social worker's decision but rather the *prioritisation* of need and the best use of insufficient resources.

2.5.3 Annual report of the regulatory activity of the Health Information and Quality Authority: Children's Services 2014 (June 2015)

This report was published about three years after the 2012 HSE Leaving and Aftercare Services National Policy and Procedures Document. During the intervening years Tusla took responsibility for these services, the national aftercare

implementation group was established and budgetary resources were ring-fenced for aftercare services, but still the HIQA 2015 report highlighted the ongoing inequitable delivery of services:

The provision of aftercare supports was also inequitable across the areas inspected. While the Child and Family Agency has a comprehensive national policy for children leaving care and the provision of aftercare services, this had not been fully implemented in all areas inspected. The majority of children were taught independent living skills by their carers in preparation for adulthood but a number of children did not have aftercare plans or an allocated aftercare worker. This meant that children might not have the supports in relation to housing, finances, education and training and social relationships that they needed during this time of transition and extreme vulnerability. (HIQA, 2015: 43)

Part 6 of the report focused on children's residential centres. While HIQA has published reports on individual children's residential services in the past this section of the annual report presented a general picture of the sector. With reference to the level of care in residential centres it stated that:

Inspectors found that children were well cared for by dedicated and committed staff members. The majority of children were in full-time education and supported to achieve their educational potential. They also had up-to-date care plans that guided and informed their lives. (HIQA 2015: 50)

It is generally accepted that children who require care in residential centres do so because of their need for additional supports, supports that would not be available in a foster care setting (Johansson 2007; Sulimani-Aidan and Benbenishty 2011; Zeller and Kongeter 2012). It is therefore not surprising that children from a residential care background are at a greater risk during the period of transitioning out of care than those with a foster care background (Johansson 2007; McNeal et al. 2006). Keeping this in mind the following statement from HIQA in relation to preparation for leaving care and aftercare provision for young people from a residential care background is troubling:

The provision of aftercare services to children leaving centres was not equal. Some –but not all – children had access to aftercare services. This meant that not all children had the necessary supports in place in a timely manner to assist them leaving care at a vulnerable time in their lives. (HIQA 2015: 50)

This statement further demonstrates that it is once again availability (or not) of resources that determines the provision of services. In the cases mentioned above even though the young person's need for additional supports has been identified, the provision of preparation for leaving care and aftercare services is not available to them.

2.6 The Child Care (Amendment) Act 2015

The most recent major development in relation to aftercare provision in Ireland has been the enactment of the Child Care (Amendment) Act 2015. Before discussing the contents of this Act, two key definitions must be highlighted. The terms 'eligible adult' and 'eligible child' are defined in the Act as follows:

'Eligible adult', subject to subsections (1A) and (1B), means a person aged 18, 19 or 20 years who was in the care of the Child and Family Agency for a period of not less than 12 months in the 5-year period immediately prior to the person attaining the age of 18 years;

'Eligible child', subject to subsections (1C) and (1D), means a child aged 16 years or over who—

(a) is in the care of the Child and Family Agency and has been in the care of the Agency for a period of not less than 12 months since attaining the age of 13 years, or

(b) was in the care of the Child and Family Agency for a period of not less than 12 months since attaining the age of 13 years but is no longer in the care of the Agency.

These definitions bring much needed clarity to the 'primary eligibility criteria' presented in the National Policy and Procedures Document (HSE 2012).

The Child Care (Amendment) Act (section 6) places a statutory obligation on the Child and Family Agency to complete a needs assessment for eligible children and adults in relation to: education, financing and budgeting matters, training and employment, health and well-being, personal and social development, accommodation, and family support.

For an eligible child, once this has been completed, the Child and Family Agency 'shall, where any need is identified in an assessment of need carried out in respect of an eligible child in the care of the Agency, prepare an aftercare plan for that child'. In the case of an eligible adult, the 2015 Act amends the Child Care Act 1991 with the following insertion to section 45:

45C. (1) An eligible adult or a person authorised in writing to make a request on behalf of an eligible adult may request the Child and Family Agency to prepare an aftercare plan for the eligible adult where the Agency has not previously prepared a plan for that eligible adult.

(2) Upon receipt of a request under subsection (1), the Child and Family Agency shall, where any need is identified in an assessment of need carried out in respect of the eligible adult, prepare an aftercare plan setting out the assistance that the Agency may provide to the eligible adult to meet the needs as identified in the assessment, being assistance which may be provided to that eligible adult [directly by the Agency or through access to other services].

The Act also provides a mechanism to allow for the review and update of an aftercare plan (section 10, amending section 45D of the 1991 Act), and details the process by which persons of significance to the child or adult will be consulted in preparing such a plan.

At a number of points within the Act the issue of the resources available to the Agency is addressed.

45B. (10) The Child and Family Agency shall, in preparing an aftercare plan for an eligible child under subsection (1) or (3), have due regard to the resources available to the Agency to implement that plan.

45C. (6) The Child and Family Agency shall, in preparing an aftercare plan under subsection (2), have due regard to the resources available to the Agency to implement that plan.

45D. (7) The Child and Family Agency shall, in updating an aftercare plan under subsection (6), have due regard to the resources available to the Agency to implement any updated plan.

The Child Care (Amendment) Act 2015, while tasking the Child and Family Agency with the completion of a needs assessment from which to develop an aftercare plan that meets the needs identified under the headings outlined above, makes no mention of any preparation for leaving care or the implementation of any independent living skills training to prepare the young person to leave care. At the time of writing the Child Care (Amendment) Act had just been commenced, meaning that it is too early to reach any conclusions about its impact. However, given the qualifications relating to resources, it appears that it will not guarantee any supports for care leavers.

2.7 Conclusion

This chapter has presented the historical, legislative and policy debates and developments that have taken place in relation to children in care and care leavers since before the birth of the state. It has shown that in the past the Irish state was unwilling to bear its responsibility to provide for poor and destitute children, preferring instead to defer to religious orders as a surrogate child care

infrastructure, with disastrous consequences for the tens if not hundreds of thousands of children who were incarcerated in industrial and reformatory schools. The Tuairim Report (1966), which highlighted the truth about the nature of life behind institutional walls, started a process of revelation and reaction that continued for some decades. In the course of this, uncomfortable truths about the 'public child' (Gilligan 2009) would progressively come to light and successive governments commissioned expert or taskforce reports to investigate the issue and make recommendations for change. The process was hampered by the 'cultural stigma' (Carr 2014) attached to the public child who as Ferguson (2007) argued was constructed by society as 'other' and therefore morally culpable for their own incarceration. This prevented and in some instances continues to prevent issues relating to the public child gaining enough traction in public discourse to effect timely and substantial change.

This seems especially true in relation to care leavers. As has been shown above the only national study looking at the outcomes experienced by care leavers (Kelleher et al 2000), was not commissioned by the Irish state but rather, like the Tuairim Report more than two decades years earlier, by a charitable organisation. The process of revelation and reaction continued in relation to preparation for leaving care and aftercare services until the publication of the HSE Leaving and Aftercare Services National Policy and Procedures Document in 2012, and more recently the Child Care (Amendment) Act of 2015.

Even though policy and legislation in relation to preparation for leaving care and aftercare services has gone through substantial development there still remains a

glaring anomaly. That is that the nature of aftercare supports as outlined in legislation prevents care leavers who are most in need of help from gaining access to it. Nonetheless, it has to be acknowledged that written policy has progressed to a point where if it was fully implemented nationwide the needs of a substantial proportion of care leavers would largely be met. The difficulty is that as shown in the HIQA reports cited above, insufficient resources and a lack of statutory obligation means that the provision of services continues to lag far behind policy development.

Chapter 3

Literature Review

3.1 Introduction

This chapter will present a review of both Irish and international research literature dealing with the experiences of children in care and care leavers. The importance of educational attainment while in care in shaping post care outcomes will be discussed, and the elements of the care experience that have been shown to affect educational attainment will be highlighted. The chapter will also discuss the social, structural, policy and practice factors that influence not only the educational attainment of children in care and care leavers but also their access to social connections and to opportunities to build and strengthen those connections. Such opportunities in turn help to determine the individual's access to extended support networks.

3.2 Care and education

Children in care and care leavers are undoubtedly among the most disadvantaged groups in education, both nationally and internationally (Daly and Gilligan 2005; Darmody et al. 2013; Mendes and Moslehuddin 2009; Trout et al. 2008). International research consistently identifies the ongoing challenges experienced by children in care and care leavers at all levels of the education system, and there is also now a growing body of Irish literature in this area. A selection of both the Irish and international research findings will be presented below.

3.2.1 Socioeconomic background, experience of care and educational attainment

The first point to stress is that children in care generally come from disadvantaged socioeconomic backgrounds (Bebbington and Miles, 1989; Bhatti-Sinclair and Sutcliffe 2012; Crozier and Barth 2005; Franzen, Vinnerljung, and Hjern 2008; O'Higgins et al 2015; Simkiss, Stallard, and Thorogood 2012). The question therefore arises whether the child-in-care's socioeconomic background or their care history is primarily responsible for their low educational attainment.

Berridge (2006) is highly critical of research into looked-after children's educational attainment on the grounds that it has been primarily descriptive in nature and has focused on identifying deficits within the care system to the exclusion of wider social, sociological and structural explanations.

This is not to be complacent and some looked after pupils no doubt could and should do better at school. But it is argued that these educational problems are more complex and deeply entrenched than is usually assumed, and the explanations more structural in origin. More specifically, the social risk factors associated with family breakdown and entry to care are themselves closely linked to educational failure. It is disingenuous therefore to attribute the poor academic results of looked-after children mainly to inadequacies in social work (and not schools, interestingly), which has often occurred. (Berridge 2006: 3)

West and Pennell (2003) argue that even in light of social and structural changes associated with modern and post-modern societies social class still maintains the strongest influence on educational attainment. On the basis of their own findings they argue that teachers' assessments of children's abilities are more closely associated with children's social class than with their cognitive abilities.

Devine (2004) points to the economic cultural, and social capital available to more affluent families that are traded to support their children's education, while Ely et al.

(1999) note that divorce and changes in family composition can also impact on educational progress. Other assets such as social networks, parental motivation and level of parents' education have been shown to play a role in determining the student's educational attainment (de Graaf et al. 2000; Duncan & Brooks-Gunn 1997; Gamoran 2001). All these factors combine to shape any individual's experience of the educational system but for the child-in-care, educational interactions are further shaped by their care history.

In a systematic review, O'Higgins et al. (2015) cite a number of studies that have identified a relationship between low educational attainment and a care history (AIHW 2007, 2011; Flynn and Biro 1998; Iglehart 1995; Mitic and Rimer 2002; Rees 2013; Scherr 2007; Townsend 2012; Trout et al. 2008; Turpel-Lafond 2007). They go on to echo the concerns raised by Berridge (2006) by suggesting that the studies above and others like them have led many to assume a straightforward causal relationship between educational outcomes and a care history. To counter this view, O'Higgins et al. draw attention to a number of other studies that compared the educational outcomes of children in care to groups of other children who shared similar characteristics but were not in care.

For example, Farruggia et al. (2006) and Sawyer and Dubowitz (1994) compared groups who were drawn from the same schools and who were broadly equivalent in terms of gender, ethnicity and age. Both studies found that having matched the groups on the basis of these characteristics, the children in care still scored lower in educational terms than the students who were not in care. Burley and Halpern (2001) similarly controlled for individual factors including gender and race, educational

aspirations, aptitude (grade point average) and a foster care background. Additionally, they controlled for school factors such as whether the student:

- had changed school during the year;
- was enrolled in special education or received additional assistance;
- had repeated a grade;
- felt safe at school.

In relation to the family Burley and Halpern controlled for four factors:

- whether there was a computer in the household;
- number of hours per week spent watching TV;
- whether English was spoken in the home;
- whether an adult helped the student with their homework.

Based on their analysis, Burley and Halpern (2001) produced five key findings.

1. Foster youth score, on average, 15 to 20 percentile points below non-foster youth in state-wide achievement tests.
2. Only 59 percent of foster youth enrolled in 11th grade complete high school by the end of grade 12. The completion rate for non-foster youth is 86 percent.
3. Even after statistically controlling for a variety of factors, a youth that enters foster care is likely to have lower test scores and graduation rates.
4. At both the elementary and secondary levels, twice as many foster youth had repeated a grade, changed schools during the year, or enrolled in special education programs compared with non-foster youth.
5. Surprisingly, a young person's length of stay in foster care and other placement characteristics do not appear to be related to educational attainment. Children in short-term foster care have on average the same educational deficits as children in long-term foster care. (Burley and Halpern 2001: 6)

O'Higgins et al. discuss two other studies, both by Pears et al. (2010, 2013). In these cases children in care were matched with children living with their parents, with both

groups sharing the same socio-economic background. The studies found that the children who were in care demonstrated lower educational attainment than the children who were living with their parents. Overall, O'Higgins et al. (2015) conclude that a care history remains a risk factor in low educational attainment even when other factors are controlled for. In other words, children who are already at risk of experiencing low educational attainment are further disadvantaged educationally when, due to child welfare concerns, they are taken into care.

The gap in educational attainment that exists between children in care/care leavers and the general population first came to light in the mid 1970s when Essen et al. (1976) published the article 'School attainment of children who have been in care'. Since then much attention has been focused on the possible causes and processes that are at the root of this gap in educational attainment while also measuring its impact on the long-term outcomes of children in care and care leavers.

Figures 3.1 and 3.2 below are taken from Brown's (2014) study which compares the educational outcomes for children looked after by local authorities with outcomes of the general child population in England. Figure 3.1 shows the attainment gaps relating to reading, writing and mathematics in the years 2012-2014. Even though there is a slight closing of the gap, in 2014 48% of children in care were achieving expected levels compared to 79% of the general population.

Chart 4: Attainment for both sets of children has improved since 2012, and the gap has narrowed
 Attainment and attainment gaps between the percentages of looked after and non-looked after children achieving the expected level in reading, writing (TA) and mathematics, 2012-2014

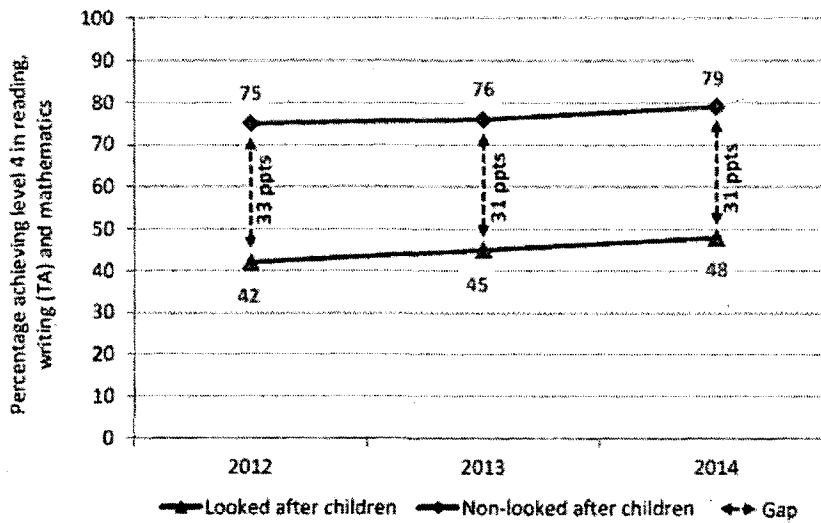


Figure 3.1: Attainment gaps for reading, writing and arithmetic (Source: Brown 2014: 8)

Figure 3.2 presents Brown's findings in relation to the proportions of the two groups achieving 5 or more A-C GCSEs or equivalent, including English and mathematics, in the years 2009-2014. It shows that in 2014 only 12% of children in care achieved 5 or more A-C GCSEs or equivalent, compared with 52.1% of the general population, resulting in an attainment gap of 40.1%.

Chart 6: The attainment gap stands at 40.1 percentage points between looked after and non-looked after children on the headline key stage 4 measure

Attainment and attainment gaps between the percentages of looked after and non-looked after children achieving 5+ A*-C GCSEs or equivalent (including English and mathematics), 2009/10-2013/14

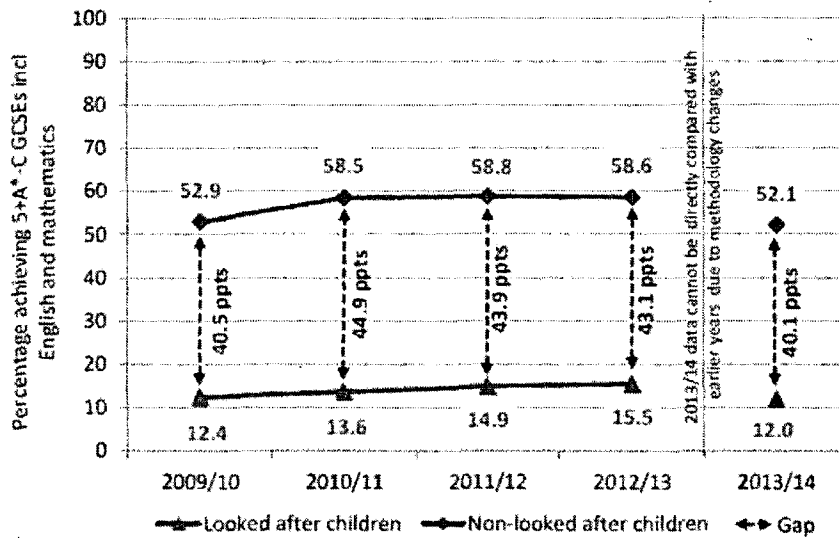


Figure 3.2: Attainment gaps for GCSE or equivalent (Source: Brown 2014: 11)

This gap in educational attainment is confirmed by other studies of care leavers. Dixon et al. (2004) found in their study of 106 care leavers that 54% had no qualification, while Jackson and Cameron (2011) found that 47% of care leavers had 4 or less GCSEs, and only 19% had 5 GCSEs compared with 97% of the general population. These findings from the UK have been mirrored in studies elsewhere: in Australia by Mendes and Moslehuddin (2006) and Cashmore, Paxman and Townsend (2007); in the USA by Courtney et al. (2004; 2007; 2011), Smithgall et al. (2004), Wolanin (2005) and Halley and English (2008); and in Ireland by Emond (2002, 2012), Daly and Gilligan (2005, 2010), Department for Education and Skills (2010) and Darmody et al. (2013). They are also borne out by the findings of the European YIPPEE project, described below.

3.2.2 The YIPPEE project

The 'Young people from a public care background: pathways to further and higher education in five European countries' (YIPPEE) project (Jackson and Cameron 2011) is by far the most extensive study of the educational pathways and outcomes experienced by children in care and care leavers conducted in Europe. This project was conducted over two years (2008-10) in five European countries, namely Denmark, England, Spain, Hungary and Sweden.

The central aim of the project was to identify how children and young adults with a care background could be encouraged to remain in education after the age of 16 and progress into college or university. The YIPPEE project found that on average 40% of the general population aged 17-30 attend some form of third level education while only 8% of people with a care background do the same. Even though the five countries studied have different welfare regimes and care and educational systems, the researchers found 'remarkable similarities in the characteristics' of young people with a care background.

[T]he majority came from chaotic families in which their lives were punctuated by recurrent crises. Most birth parents were divorced or had never married. Many had problems with alcohol or drug addictions, committed criminal offences or suffered from mental disorders. (Cameron and Jackson 2010: 8)

The study also found that the in-care population suffered from disrupted schooling early in their education, caused by the chaotic life style of their birth families, and once having entered care they experienced multiple changes of placement that would necessitate moving from one school to another. The study also found that generally social workers placed less emphasis on educational attainment than on emotional stability. Later in their education many children in care received little encouragement

to achieve because social workers and carers had low educational expectations of the children in their care. These findings are echoed in the research of authors such as D'Andrade (2005); Dumaret et al. (2011); Farmer and Moyers (2004); Hyde and Kammerer (2009); Leathers, (2006); Newton et al. (2000); Zinn et al. (2006) This combination of factors resulted in a progressive deterioration and widening gap in educational attainment as the young person progressed through the system. Gender also played a significant role in that females within the in-care and care leaver population were more likely to succeed in education than their male counterparts. The study found that this gendered gap was more pronounced than in the general population.

In identifying barriers to success in education, the YIPPEE Project distinguished between those at the individual level and those at the level of the care and education systems. At the individual level the barriers can be further divided into the individual's characteristics and environmental influences. Relevant individual characteristics include: low self-esteem and lack of aspiration; literacy and numeracy problems; lack of basic skills; feeling that nobody cares; being an outsider. Environmental influences include: lack of role models; birth family not valuing education; abuse and neglect before care, leading to mental health and behavioural problems; and disrupted schooling with long periods out of school.

The barriers within the care and education systems were identified as having grown from a division between child care/protection and education services. This division has resulted in inflexibility within education systems, no provision for catch-up tuition after gaps in schooling, schools not understanding the care experience and lack of

informed guidance for children in care at the post-compulsory stage. Within the care systems themselves Jackson and Cameron identify barriers such as: lack of attention to education when selecting placements; placement instability (especially in England); social workers giving little importance to education; education not being prioritised by foster carers or residential workers; foster carers' own low level of education; low expectations of professionals/carers; and inadequate financial and personal support for continuing in education.

3.2.3 Education of children in care in Ireland: An exploratory study

In Ireland, neither the Department of Children and Youth Affairs nor the Department of Education and Skills compiles statistics on the educational attainment of children in care or care leavers. This is just one instance of a more general absence of data relating to vulnerable children that has been the subject of criticism in successive reports of the United Nations Committee on the Rights of the Child (2006, 2016). Referring to the fact that the administration in Northern Ireland produces an annual report on the educational outcomes of children in care but the Republic does not, Gilligan says that as a consequence 'we can see the picture for the child in Newry [and] throughout Northern Ireland, but not for the child in Dundalk [ten miles away] or its peers throughout the Republic' (Gilligan 2015). In the absence of such official statistics, a report commissioned by the Ombudsman for Children in Ireland (Darmody et al. 2013) provides valuable information.

Darmody et al. draw attention to the lack of 'empirical and descriptive information in Ireland [which] prevents evaluation of the extent to which tangible advances have occurred here' (2013: 39). In an exploratory study, the researchers interviewed 19 key

stakeholders, including social workers, school principals and deputy-principals, foster parents, and policy-makers in relevant areas. In addition, 15 young people with a care background ranging from under 10 years to over 20 years of age were interviewed.

The study reaches a number of conclusions that echo those outlined above. Firstly, it found that ‘a stable and supportive environment... can enhance children’s and young people’s motivation to do well at school and to have high aspirations’ (Darmody et al. 2013: 12), whereas a history of multiple placements and school moves could impede their full engagement in education. The role of the school and the student’s relationship with teachers were also highlighted as having a positive impact on the student’s engagement, as were supportive relationships with friends. The lack of needs assessments was identified as a significant barrier. Finally, the study concluded that ‘[j]oined up inter-agency work by dedicated individuals (including foster parents, carers, teachers, and other professionals) who place a high value on education is likely to have a positive impact on the educational experiences of children in care’ (Darmody et al. 2013: 12). While the authors acknowledge that the research literature includes examples of individual care leavers who, through their own personal resilience, are able to break the cycle of disadvantage and experience success in education and beyond (e.g. Jackson and Simon 2005), they stress that such resilience needs to be ‘cultivated and supported by carers, social workers and teachers at school’ (Darmody et al. 2013: 15). This is reinforced by a scoping review of the literature on outcomes for children in care by Moran et al. (2016) which points out that young people leaving care ‘require both the guidance of committed adults or professionals and the support of integrated services’ (Moran et al. 2016: 57).

3.3 Placement instability, type of placement and social connections

Research shows that placement instability tends to result in the destruction of social connections and access to support networks. The young person who experiences multiple placement moves quickly learns that investing in social connections, with their accompanying emotional attachments, can result in emotional distress rather than the hoped-for dividends (Barber 2006; Hyde and Kammerer 2009; Moran et al. 2016; Rubin et al. 2007; Unrau 2007). The young person's opportunities and capacity to reinvest in social connections and gain access to support networks therefore tends to decrease as the number of placement moves increase (Biehal 2012; Boddy, 2013; D'Andrade, 2005; Dumaret et al, 2011; Gibb et al, 2005; Höjer 2012; Jackson and Thomas 2000; Pecora et al, 2006). Not surprisingly, after reviewing the literature on placement stability, Munro and Hardy conclude 'the key is to minimise the number of changes' (2006: 21).

In a study of the educational outcomes achieved by looked after children in Scotland, Gayle and McClung (2013) adopt the theoretical standpoint of social capital to evaluate the relationship between social connections and educational outcomes. This study developed a data base of one fifth of all children discharged from care in Scotland in a five-year period. It found that 28% of the children became looked after because of neglect or abandonment, 25% because of difficulties in attending school, while an additional 20% became looked after because of behavioural issues. It was found that 74.5% of the children had between three and four placements while 10.7% had five or more placements. Such cases of multiple placements are common in international care literature (Barber 2003, 2006; Dworsky et al. 2012; Gibb et al. 2011;

Hyde and Kammerer 2009; Iwaniec 2006; Mendes and Goddard 2000; Pinkerton & McCrea 1999; Rubin et al. 2007; Unrau 2007).

Gayle and McClung also found that the pre-care lives of many of the children in their study were characterised by instability, neglect, abuse, alcohol and drug addiction, parental imprisonment, unemployment and deprivation. They cite Harker et al. (2003: 90) to the effect that the nature of the relationships between looked after children and significant adults in their lives can greatly impact on their educational achievement. The children in Gayle and McClung's study had negative interactions with their carers and birth families and lived in environments where trust and reciprocity, which are such a central part of social capital, were in short supply. The difficulties experienced by care leavers because of challenging relationships with birth families and carers have also been highlighted by a number of other studies (Courtney et al 2004; Croll 2004; Day et al. 2012; Dixon 2007; Flynn et al. 2011; Wade 2008).

Most relevant for this study, Gayle and McClung identified a correlation between the young person's educational achievement and their placement type, the age at which they entered care and the reason they came into care. They found that children in foster care are more likely to succeed in education than children in residential care or those who were known to social services but remain at home with their birth families, who within the Scottish care system are still classed as being in care. They also found that children who enter care before the age of 12 are more likely to succeed in education than children who enter care after that age, and finally that children who enter care because of the attributes or behaviour of their parents, for example neglect and abuse, are more likely to succeed than those who entered care because of their own

behavioural issues. The relationship between care, behavioural issues and educational outcomes has also received attention from Berridge et al. (2008); Lane and Carter (2006); Sempik et al. (2008) and Taussig et al. (2001).

Gayle and McClung found that children who became looked after having turned 12 because of their own behaviour and who remained in their family home were the least likely to succeed in education, whereas those who entered care before the age of 12 because of parental issues, and who were placed in foster care, were the most likely to succeed. Their analysis also showed that children in foster care placements who were taken into care before the age of 12 as a result of their parents' behaviour had the most enriching lives and the greatest capacity to develop bonding, bridging and linking social capital, even though their levels of social capital were lower than would be expected in the general population. The authors believe that this is due to the enhanced stability and social connectedness experienced by children in foster placements as opposed to the more unstable and chaotic characteristics of residential or home placements. These findings are echoed in a number of other studies (for example Barber 2003; Cameron 2007; Craig et al. 1998; Iwaniec 2006; Jackson 1994; Jahnukainen 2007; Trout et al. 2008).

Finally, Gayle and McClung highlight the significance of 'objectified' cultural capital, such as a quiet place to study, access to a PC or laptop or access to schoolbooks. They found that 26% of children in the study had no access to a quiet study space; all of these 26% were living in residential care settings. 14% didn't have access to school materials and books where they lived, and all of these 14% were looked after at home. 36% didn't have access to a computer and all of these children were either living at

home or in a residential setting. In addition, the children within residential settings were reported as having little or no interaction with peers outside of school. Once again, these findings are consistent with the results of other studies (Harris et al. 2009; Jackson and McParlin 2006; Thapar et al. 2010; Zeller and Köngeter, 2012). The subject of social capital will be explored at length in the next chapter.

3.4 Care leavers transitioning to independence and adulthood

The legislative and policy position in Ireland is that on their 18th birthday or very soon after, and regardless of the type of care they have been in (whether any form of foster care or any form of residential care), the young person makes the instantaneous transition from being a child-in-care to being a care leaver (due to the provisions of the Child Care Act 1991 and the policies laid down in HSE 2012). It is at this point of transition that the impact of being in care on the care leaver's access to social connections and networks of support may strongly manifest itself. Prior to this point the child-in-care has been largely protected from the impact of reduced social connectedness as the state fulfils its role as the corporate parent by providing for the child's basic needs. Once this statutory obligation has been fulfilled the care leaver is forced to rely upon their own support networks and social connections as they emerge into the 'real' social world and attempt to make the transition to full independence (Barn et al. 2005; Bonnerjea 1990; Burke 1991; Brandford and English 2004; Hines 2005; Reid 2007)

Research has shown that most young people nowadays experience an increasingly prolonged transition to adulthood and independence; it is no longer assumed that when a young person attains the age of 18 or 21 they will automatically become self-

sufficient (Andersson 2005; Arnett 2000; Dworsky et al. 2012; Johnson and Chamberlain 2008; Setterstein and Ray 2010; Wight et al. 2010). Young adults within the general population continue to have access to familial and extra-familial social connections and networks of supports. It is clear that most young people maintain social connections with their family, most families have access to valued resources either economic, cultural or social and most young people share norms of trust and reciprocity with their family (Barker 2012; Schoeni and Ross 2004).

Because of this access to familial social connections it is much more likely that the young person will gradually take upon themselves the responsibilities associated with independence and adulthood, as he or she advances through education to employment and eventually is in a position to establish an independent family unit (Berlin et al. 2010). In general, this transition is supported as the young person accesses informational, financial and emotional supports through the social bonds they have with parents, close family members and friends. There is also often the understanding that the young person has the option to return home if they fall into crisis. For most young people, therefore, the journey to full independence from the family of origin is completed over a period of months or even years (Furstenberg et al. 2005; Setterstein et al. 2005; Yelowitz 2007).

In contrast, care leavers' experience of the move to independence is a far more precipitous event, often accompanied by heightened levels of anxiety due to the removal of a highly structured support system that has provided all the necessities of life (Brown and Wilderson 2010; Furstenberg et al. 2004; Lister 1998; Osgood et al. 2010; Stein 2008; Wade and Dixon 2006). This accelerated independence denies the

care leaver the opportunity to acclimatise themselves to their new circumstances, resulting in higher levels of stress and anxiety and in many cases the inability to complete the transition successfully (Hines 2005; Mendes and Moslehuddin 2009; Wade and Dixon 2006).

During this very difficult stage of transition the young person may look for support from any social connections they have. At this point it is common for care leavers to attempt to reconnect with birth and extended family members. This focuses attention on the capacity of their family to act as a source of social connections and support networks, and tensions or difficulties from the past may resurface (Baker 2012; Dixon and Stein 2002; Holmes 2014; Jones 1995; Mendes and Moslehuddin 2009; Mendes et al 2014; Reid 2007).

3.4.1 Accommodation

As the young person leaves the care system the first and most pressing need is for accommodation, but as the care leaver strives to meet this need the cumulative effects of multiple disadvantages begin to manifest themselves and can become barriers to independent living (Broad 1999; Dworsky et al. 2012; Mendes and Goddard, 2000; Singer 2006).

The international literature that examines the care leaver's first step into the housing market shows that care leavers are a heterogeneous group, with their own individual histories, difficulties and care backgrounds, who emerge into housing markets with different levels of housing supports dependent upon the jurisdiction in which they live (Bassett, 2010; Cashmore and Paxman 2006; Dworsky and Courtney 2009, 2010;

Fowler et al. 2006; Natalier and Johnson 2012; Stein 2008). If such housing supports are gained by virtue of the care leaver's care history, this is the first post-care manifestation of Evans's (1996) notion of 'synergy' where the state interacts with charitable, voluntary and private groups to provide transitional supports for care leavers. In the Irish context, as outlined in Chapter 2, such transitional supports are dependent upon strict eligibility criteria.

However, it is rare for a young person to exit the care system and immediately become homeless. Almost all of the research emanating from the UK, Europe, Australia, Canada and the USA suggests that care leavers normally receive assistance in accessing their first home, although the nature and suitability of this home may vary considerably. The range includes returning to their family of origin, supported lodgings, apartments, shared housing, charitable organisations like the YMCA, and in some instances homeless shelters (Dixon 2007; Dixon and Baker 2012; Dworsky and Courtney 2010; Holmes 2014; Mendes et al. 2008, 2014; Pinkerton and McCrea 1999).

Research has shown that the type and quality of accommodation has a significant impact on the person's ability to cultivate a strong base from which to further develop independence. A growing body of literature has shown that accommodation does more than merely provide the basic human need for shelter; the correct type of housing - i.e. safe, affordable and stable - has been shown to have a considerable positive impact on outcomes such as physical and mental health, education and employment. Conversely, low quality unsafe and unsustainable accommodation has been shown to negatively

affect outcomes for care leavers (Biehal et al. 1995; Collins and Ward 2011; Johnson and Chamberlain 2008; Lenz-Rashid 2006;

MacArthur Foundation 2012). A certain level of housing instability is to be expected with a young person leaving home and seeking independence. Moves may often occur as a young person attempts to improve their housing or pursues education or employment opportunities. However, it has been shown consistently in the literature already cited above that care leavers experience significantly higher rates of housing instability and homelessness than their peers in the general population.

Concepts such as housing instability and homelessness are understood differently in different countries, and as already stated supports also vary from one jurisdiction to another. Because of this, reported rates of homelessness and housing instability vary greatly. In one report the prevalence of homelessness among care leavers is reported at 11% (Brandford and English 2004) while in another report 35% of care leavers were said to have experienced homelessness (Wade and Dixon 2006). In the Irish context Kelleher et al (2000) found that two years after leaving care up to 68% of care leavers had experienced homelessness, while later Irish research has found that a history of state care is one of the pre-eminent risk factors in youth homelessness (Daly 2012a, 2012b; Doyle et al. 2012; Gilligan 2008; Mayock and O'Sullivan 2007; Mayock and Carr, 2008; Mayock, et al. 2011).

3.4.2 Transition 'pathways'

Johnson et al. (2010) present two 'pathways from out-of-home care'. The first of these is a 'smooth transition from care' which is characterised as being:

...relatively smooth and trouble free. It reaffirms the importance of care leavers having a stable first placement and how the success of the first

placement is often underpinned by strong social relationships with family members, friends and/or support workers. These relationships appear to be instrumental in achieving positive housing outcomes for care leavers. Strong social relationships are an important source of emotional and material support, both of which are known to be central in young people's ability to successfully negotiate the transition to adulthood (Beer & Faulkner 2009). Importantly, when young people are able to build or maintain connections with biological or foster families, social or professional networks, their pathways out of care are typically much smoother than those experienced by other care leavers. (Johnson et al. 2010: 35)

The second pathway, 'a volatile transition from care', was experienced by 59 out of the 77 care leavers in the study. This transition is 'more complex and chaotic', punctuated by 'periods of housing stability interspersed with periods of acute instability and homelessness' (Johnson et al. 2010: 40). In describing the factors that influence this volatile transition, Johnson et al. echo the findings of a number of other studies (e.g. Biehal and Wade 1999; Cashmore and Mendes 2008; Courtney et al. 2001; Kroner 2007; McDowall 2009; Mendes 2005; Simon 2007; Walker et al. 2002).

Johnson et al. found that for some care leavers the final care placement ended in an unplanned way, resulting in the young person having no exit plan or arrangement for post-care accommodation. This left the care leaver with no option but to rely on friends or family members to provide short term, unsustainable solutions such as couch surfing.

It is certainly of concern that almost two-thirds of young people on the volatile pathway had no leaving care plan. With few housing options, little assistance or apparent concern from child protection authorities, leaving care often meant moving into tenuous housing circumstances or directly onto the streets. For these young people their abrupt break from care highlights a specific policy dilemma—young people who make a sharp break from care at 15 or 16 years of age often do so with little support, no planning, and little social, economic and cultural capital. Without these resources breaking into the housing market is difficult. (Johnson et al. 2010: 42)

In other instances, Johnson et al. found that care leavers planned to leave care and live with a family member or share with a friend, but for a wide variety of reasons these relationships had broken down, and with few if any resources to draw on the young people were at acute risk of homelessness. Even for care leavers who managed to obtain secure and suitable accommodation, Johnson et al. found that most young people on the volatile pathway had subsequently been evicted from their accommodation, or had simply left before they could be formally evicted.

There were a number of reasons why care leavers on the volatile pathway found that their tenancies were unsustainable. These included a lack of independent living skills, a lack of affordable accommodation and a lack of support in times of crisis; in other words a lack of social, economic and cultural capital. Under these circumstances the care leaver may simply not have the capacity to sustain their tenancy. This forces them into poor quality accommodation or into transition/homeless hostels which are often in areas where there are few opportunities to develop social connections and limited access to transport, shopping, employment and educational services. This in turn can lead to other negative outcomes including poor health, lower self-esteem, diminished social networks, social isolation or exclusion and long-term housing instability.

Stein (2008, 2012) suggests a typology of three rather than two groups to describe young people leaving care. The 'moving on' are the most stable and resilient and 'welcome the challenge of independent living and gaining more control over their lives'. The 'survivors' have experienced more instability and disruption and are more likely to have experienced homelessness and/or unemployment, but 'what seems to have made a difference to their lives, or promoted their resilience, was the professional

support they received on their pathway to adulthood'. The 'struggling' have had the most disadvantaged and damaging pre-care experiences, a troubled time while in care and 'in the main, care was unable to compensate them, or to help them overcome their past difficulties' (Stein 2012: 170-172).

Munro et al. (2011) apply Stein's typology in the context of a study of young people in 'Right2BCared4' pilot initiatives in English local authorities and found that, while 'there is scope for situations to change rapidly' given the age of the young people and the nature of the difficulties they face, based on their current circumstances roughly similar numbers fell into each group. Using a similar typology but focusing more specifically on accommodation, Munro et al. identify three types of transition pathway:

- Direct pathway – making the transition straight from foster care to independent living
- Transitional placement pathway – living in one or more supported placements before living independently
- Complex pathway – marked by multiple moves and changes. (Munro et al. 2011: 132)

More than half of the young people in the study by Munro et al. took the transitional pathway, just under a third followed the complex pathway and only very few the direct pathway (Munro et al. 2010a: 132-138). The same typology is applied in a related study by Munro et al. (2012) which explores the transitions of young people who were given the opportunity to remain with their foster carers until the age of 21 (with somewhat different findings reflecting the nature of the study group).

Research suggests that if the care leaver has demonstrated challenging behaviour while in care they may have less capacity to sustain their tenancy having left care (Zinn et al. 2006). In a related finding, Mayock and Carr (2008) suggest that a history of multiple placements while in care may form a pattern of constant transition that is continued once the individual leaves care. This creates what Johnson et al. call 'chronic instability':

When care leavers lose their accommodation they often experience periods of chronic instability and move in and out of homelessness. Once they are homeless, their circumstances often get worse and finding any form of housing can be particularly difficult.....young people often become disillusioned when they struggle to gain access to private rental housing and, when this happens, they are at risk of becoming entrenched in the homeless population. In other words, problems accessing housing not only leaves these young people stuck on the streets, but also often leads to an acute sense of resignation that can trap them in a damaging cycle. (Johnson et al. 2010: 47)

Once a care leaver has entered such a cycle, there is an increased likelihood that they will experience drug and/or alcohol addiction and mental health issues, which in turn makes it more likely that they will come into contact with the criminal justice system (Biehal and Wade 1999; Mendes and Moslehuddin 2007).

3.5 Crime

A number of authors have pointed to a strong relationship between a care history and interactions with the criminal justice system. Mendes and Moslehuddin (2007, 2009) interviewed 20 Australian care leavers aged from 18 to 26, 12 of whom were female and 8 male. Eleven of the respondents had at least one criminal conviction. Offences included aggravated assault, arson, alcohol abuse, breaking and entry, assault with a deadly weapon, perjury, possession of drugs, theft, illegal debt collection, and destruction of property, drink driving and driving without a license. In Ireland,

Kelleher et al (2000) found that two years after leaving care 31.6% of the care leavers in their study were in prison. A number of other international sources also suggest that significant numbers of care leavers are at risk of involvement with the criminal justice system (Chamberlain et al. 2007; McFarlane 2011; Foster and Gifford 2004; Pritchard and Williams 2009; Hagan and McCarthy 1998; Taylor 2006).

3.6 Conclusion

The research discussed above makes it clear that young people leaving care suffer from multiple disadvantages that combine to produce social, structural and physical barriers that impede their entry into and maintenance within education, employment and the housing market. Furthermore, young people leaving care may suffer from both material and social disadvantages that hinder their transition to full independence.

In our society, the ability to live independently is closely tied to success within the employment market, which for most people is in turn linked with achievement in the sphere of education. As shown above, this is closely tied to the quantity and quality of social connections that can be mobilised to support educational success. Therefore, the low levels of educational attainment among care leavers have a direct negative impact on their employment prospects, which in turn becomes a barrier to accessing and maintaining high quality housing. This triad of difficulties produces a self-reinforcing cycle of disadvantage. The ability to maintain suitable housing is dependent upon employment; the ability to gain suitable employment is dependent upon educational attainment and the ability to pursue education is dependent upon both sufficient access to social connections and sustainable and stable housing. All of these can be related to the concept of social capital, to which we now turn.

Chapter 4

Social Capital and Care Leaver Outcomes

4.1 Origins and emergence of the concept of social capital

Even though social capital as a concept has grown in popularity since the mid-1980s, its origin can be traced back much further. The idea of individual and collective benefit derived from social connections is at least as old as the discipline of sociology. Key figures such as Emile Durkheim, Max Weber and Friedrich Engels in their different ways uncovered the structures, processes and patterns of behaviour that create and strengthen social bonds that in turn bestow some benefit upon the group and individual. It is this bestowal of benefit through social connections that can be seen as the birth of the concept of social capital (Portes 1998). It developed further through the work of writers such as David Hume, Adam Smith, John Stewart Mill and Alexis de Tocqueville, but the term didn't emerge until 1900 in John Dewey's book *The Elementary School Record*:

...these subjects are social in double sense. They represent the tools which society has evolved in the past as the instruments of its intellectual pursuits. They represent the keys which will unlock to the child the wealth of social capital which lies beyond the possible range of his limited individual experience. (Dewey 1900, quoted in Farr 2004: 17).

Dewey went on to use the term social capital in three further publications (1909, 1915 and 1934). Meanwhile Lyda Hanifan (1916: 130) described it as the 'tangible substances [that] count for most in the daily lives of people: namely good will, fellowship, sympathy, and social intercourse among the individuals and families who make up a social unit'. The term was also used by sociologist Alvin Gouldner in the 1960s and, from a very different perspective, by Nobel Prize-winning

economist James Buchanan in the 1970s, the latter using it to describe the 'adherence to rules' that characterises a 'law abiding society' (Buchanan 1975: 15-16).

The use of both the term and concept of social capital in more recent decades is associated with the work of three main authors: Pierre Bourdieu, James Coleman and Robert Putnam. Their various interpretations of the concept are not only different but in some ways incompatible. This has led to considerable inconsistency in the employment of the concept of social capital within the social sciences and in public discourse. Below I will critically discuss each of these three conceptualisations of social capital before setting out the sense in which it is used in this study.

4.2 Pierre Bourdieu

In 1980 Bourdieu published the first of his many works that analysed the differing forms capital can take. His 1980 publication was titled 'Le capital sociale, notes provisoires' (social capital, provisional notes) and received little recognition in the non-French speaking world (Portes 1998). For Bourdieu social capital was part of a broader analysis of the fundamentals of social order which focused on the study of social classes and the intergenerational transmission of domination and inequality (Bourdieu 1970).

The most significant arena for this intergenerational transmission of advantage and disadvantage was education. Bourdieu observed that economic capital, while playing a role in the differing educational attainment of children from different

social classes, was insufficient as the sole explanation. In 1970 Bourdieu and Passeron presented the concept of cultural capital, arguing that the dispositions inherited from one's family combine with economic factors to add to or detract from the attainment of educational success (Bourdieu and Passeron 1970). Bourdieu went on to suggest that cultural capital can take three forms, namely *embodied* cultural capital (disposition of body and mind), *objectified* cultural capital (cultural goods such as books sports equipment or musical instruments) and *institutionalised* cultural capital (qualifications, skills and competencies) (Bourdieu 1986).

In identifying the connection between the domestic transmission of cultural capital and attainment within the education system, Bourdieu broke away from more traditional views that focused on individual intellect as a predictor of educational success and served to reinforce the dominant eugenics-based paradigm of social class. Furthermore, Bourdieu (1980) added *social capital* to the other forms of capital (economic, cultural and symbolic) that can be mobilised in accessing social and class position. He defined social capital as:

...the sum of actual or potential resources related to the possession of a durable network of more or less institutionalised relationships of acquaintance and recognition; or in other terms, to a group membership, as a set of agents who are not only equipped with common characteristics...but are also united by permanent and useful connections. (Bourdieu, 1980: 2)

In other words, while social capital can exist in every social connection the quality and productivity of these connections are dependent upon their volume, permanence and utility. Bourdieu went on to identify four interwoven elements that contribute to the acquisition and utilisation of social capital. These are:

- the *resources* available within the individual's social network;
- the social *network or networks* that can facilitate the individual's access to communal resources;
- the nature of the *relationships* that exist as a result of subjective interactions, or the institutional acquaintances and recognition through which social capital gain is a symbolic characteristic; and finally
- the agent's *membership* of groups which provide helpful and durable social connections.

For Bourdieu social networks are a product of 'social institutions' such as the birth and extended family, neighbourhood, schools, sports clubs and even particular forms of recreation within which the individual or collective either consciously or unconsciously is socially invested, which in turn results in the reproduction of relationships that can bestow short or long-term benefit (Bourdieu 1984). The production and maintenance of social capital requires continuous social interaction and exchange to acknowledge and re-acknowledge social connectedness. This reinforces social bonds while also providing opportunities to extend such bonds.

In an analysis of social order which focused on the study of social class, forms of capital (social, economic, cultural and symbolic) were seen as a means of inclusion in and exclusion from social networks. To illustrate this Bourdieu draws attention to the manner in which parents invest not only in the education of their children but also in cultural practices that facilitate access to social networks that can offer valuable shared resources.

The members of the professions (especially doctors and lawyers), relatively well endowed with both forms of capital, but too little integrated

into economic life to use their capital in it actively, invest in their children's education but also and especially in cultural practices which symbolize possession of the material and cultural means of maintaining a bourgeois life-style and which provide a social capital, a capital of social connections, honourability and respectability that is often essential in winning and keeping the confidence of high society, and with it a clientele, and may be drawn on, for example, in making a political career. (Bourdieu 1984: 122)

In essence, by investing in appropriate educational, recreational and cultural activities, privileged parents are placing their children within social networks that will allow them to reproduce the 'bourgeois life-style' (Bourdieu's focus on 'social connections, honourability and respectability' clearly owes much to Weberian concepts of status, symbols and social closure). But on the other hand if the family of origin is unable to mobilise the required levels of cultural or social capital to invest in their children they are prevented from participating in the social networks that would increase the child's access to such shared resources. These class differences are reflected even in such matters as the sports that individuals from different classes participate in (Neves 2012, drawing on Bourdieu 1984). In Bourdieu's approach to social capital, therefore, *differential (stratified) access to a particular type of lifestyle*, one that is 'desirable', respectable or honourable, is central. This brings us to the concept of habitus.

4.2.1 Habitus, field and doxa

Barker (2015), whose work will be revisited later, summarises Bourdieu's concept of habitus in these words:

Habitus is a way of talking about habituated ways of understanding and acting in the world...it is a result of the habitat (or place) we live in, our history, and has become a habit or a set of practices and internalised ways of making sense of the world and acting within it. The patterned regularities and constraints of external social reality are durably instilled in individuals, forming the pattern making and sense making tools that constitute a habitus...Habitus represents an informal and practical, rather than a

discursive and conscious, form of knowledge and action. Practices produced by habitus are created without conscious calculation, done habitually and pre-reflexively, underlying and outrunning conscious intention, operating at an unconscious or preconscious level. (Barker 2016: 668)

The habitus, as Bourdieu views it, is a socially produced pre-cognitive structure that arches the divide between structure and agency. It is composed of systems of embodied dispositions that serve to generate practical action in the social world. The objective conditions which are experienced by the individual shapes their development of such dispositions (Nash 1999). In this way objective social structures or social rules are internalised and become the individual's own guiding principles. Thus habitus is 'the way society becomes deposited in persons in the form of lasting dispositions, or trained capacities and structured propensities to think, feel and act in determinant ways, which then guide them' (Wacquant 2005: 316).

Bourdieu's social theory clarifies the process through which objective social structures are translated via the process of socialization into embodied social structures (Bourdieu 1984: 467). This in turn produces practices that are in tune with the social structures that generated them. Bourdieu explains the process by which the individual learns to accept their place within the social 'fields' they inhabit.

In reality, the dispositions durably inculcated by the possibilities and impossibilities, freedoms and necessities, opportunities and prohibitions inscribed in the objective conditions (which science apprehends through statistical regularities such as the probabilities objectively attached to a group or class) generate dispositions objectively compatible with these conditions and in a sense pre-adapted to their demands. The most improbable practices are therefore excluded, as unthinkable, by a kind of immediate submission to order that inclines agents to make a virtue of

necessity, that is, to refuse what is anyway denied and to will the inevitable (Bourdieu 1990: 54)

In this way the individual's habitus determines their expectations and aspirations as they come to accept as beyond question the limitations placed upon them by powerful agents within the field they inhabit. Bourdieu stresses that it is through early experiences within the family or extra-familial social fields that the individual firstly embodies their family's cultural capital (Bourdieu, 1994), which then forms their foundational understanding of the social world. This world thereby takes on a 'taken-for-grantedness' (a *doxa*): social structures are seen as the natural order of things, shaping the individual's internalised and embodied sense of both society and their place in it (Navarro 2006).

4.2.2 Critique

While many authors have argued that Bourdieu offers the most theoretically refined approach to social capital as a component of his theory of practice, his work has still drawn criticism from a range of sources. Among these Field (2008) argues that Bourdieu presents social capital as almost the exclusive property of elites. Such a criticism is prompted by comments such as the following from Bourdieu:

The distribution of the different classes (and class fractions) thus runs from those who are best provided with both economic and cultural capital to those who are most deprived in both respects. (Bourdieu, 1984:114)

This description of the tendency of social capital to gravitate towards dominant agents is in striking contrast to the notion of social capital as the focus of individual investment. Why would an agent invest in social connections to generate social

capital if such investment would primarily be of no benefit to the investing agent or a close institutional connection?

Another common accusation levelled at Bourdieu is the lack of operationalisation of social capital. Authors such as Goldthorpe (2007) cite the lack of any firm indicators of social capital, presenting researchers with a nebulous concept that is impossible to measure. Small (2009) highlights another issue in Bourdieu's approach when he criticises the following statement:

...the social network is the product of social investment strategies, consciously or un-consciously oriented to the institution or reproduction of directly usable social relationships, in the short and in the long term. (Bourdieu 1980:2)

Small points out that Bourdieu describes at length the need to constantly invest and reinvest in social connections to ensure the greatest return for social investment while also describing the efforts made in cultivating cultural capital through engagement in cultural activities that are appropriate to the agent's desired social position. How therefore can these cognitive, strategic decisions possibly be un-conscious or disinterested? Finally, Bourdieu can be criticised for providing no description of social connections that are not primarily based on personal self-interest. As Small (2009) puts it, what is missing is an explanation of how people make social connections that are not merely based on an assumption of reciprocal investment.

4.3 Coleman

In 1966 the American sociologist James Coleman was commissioned by the United States Department of Health, Education and Welfare to conduct a large

scale national study of equality of educational opportunity within schools. This study drew a sample of 150,000 students from across the country. The central focus was to evaluate the equality of educational opportunities to children of different race, colour, religion, and nationality. Coleman found that financial and other resources available to schools were less significant as predictors of educational attainment than the individual student's background and socio-economic status (Coleman 1968).

He also found that black children from more disadvantaged backgrounds who attended 'mixed race' schools were more successful in their education than their peers who attended black-only schools (Coleman 1968). This led Coleman to consider the role of the home environment as well as the influence of peers on educational outcomes. It was in this context that Coleman developed his notion of social capital.

4.3.1 Social capital in the creation of human capital

For Coleman social capital is not an entity possessed by an individual but rather exists within social ties, and it within these ties that social resources can be developed.

Social capital is defined by its function. It is not a single entity but a variety of different entities, with two elements in common: they all consist of some aspect of social structures, and they facilitate certain actions of actors whether persons or corporate actors within the structure. Like other forms of capital, social capital is productive, making possible the achievement of certain ends that in its absence would not be possible. Like physical capital and human capital, social capital is not completely fungible but may be specific to certain activities. A given form of social capital that is valuable in facilitating certain actions may be useless or even harmful for others. (Coleman 1988: 98)

Social capital serves as an enabler to action in the sphere within which it resides. It can only function within relationships. Social connections consist of a spider-web of strands that cross and intersect at many different junctions. Each individual relationship may exist within multiple social networks and may cross boundaries but Coleman's position suggests that social capital present in one social network may not be transferable to another and in fact may be detrimental within an adjacent social network. In this way social capital as conceived by Coleman can serve as both an enabler of action within its own sphere but also as a means of exclusion or reduced activity within another.

Coleman argues that it is in primary relationships that social capital is initially produced; consequently, the natural birthplace for social capital is in the family (Coleman 1988: 1990). As Field (2008: 26) points out, for Coleman the birth family is the 'primordial source' of social capital for the child. It is within primary relationships that the child is initially exposed to what Coleman sees as the three forms of social capital: obligations and expectations; information channels; and norms and sanctions.

Once the initial production of social capital has been accomplished within the family setting the family unit's access to extended social capital in the larger community can also be drawn upon to support the child's social development and educational attainment. Because parents utilise their access to social capital to benefit their children's educational attainment, social capital can be viewed as a means of developing human capital (Abbas 2002).

Coleman expresses concern that what he perceives as the decline of the traditional family will reduce the production of social capital. In essence, if the family is the primary unit of the production of social capital, changes in its constituent parts and long-term stability will result in a decline in the production and stability of social capital (Coleman 1988; Field 2008). This point is especially relevant to the current study. If the family plays such a central role in the production and maintenance of social capital and a child is removed from their family and placed in care what effect does this have on their access to social capital and how does this influence their post-care outcomes?

4.3.2 Obligations and expectations as social capital

The first of Coleman's forms of social capital consists of obligations and expectations. Coleman uses the example of favours to demonstrate how these work (Coleman 1988; Pettit et al. 2011): one person does a favour for another person and then in turn the first person has an expectation that the second person is obliged to return the favour in some way. For this form of social capital to exist, relationships must have two components, namely trust and reciprocity. The willingness of one person to do a favour for another is directly related to the level of trust that exists within the relationship and the level of trust is dependent upon the likelihood of reciprocation.

Within the arena of education, a parent's access to this form of social capital can facilitate the educational attainment of the child by enabling access to additional supports such as homework clubs, picking up children after school and other forms of informal childcare. All of these serve to share the burden of supporting the

child's educational attainment, and in this way the child gains access to additional social networks and begins to gain extra-familial social capital.

Outside of the educational context, Coleman provides the example of rotating credit associations:

These associations are groups of friends and neighbours who typically meet monthly, each person contributing to a central fund that is then given to one of the members (through bidding or by lot), until, after a number of months, each of the persons has made a number of contributions and received one pay-out...

But without a high degree of trustworthiness among the members of the group, the institution could not exist, for a person who receives a pay out early in the sequence of meetings could abscond and leave the others with a loss. (Coleman 1988: 102-103)

A similar need for trustworthiness would also apply, albeit in a different way, within family groups and/or neighbourhoods where smaller sums of money are routinely borrowed and repaid as needs require. Equally, once that trust has been broken, social capital if it existed can be damaged or destroyed (Streeten 2002).

4.3.3 Information channels

Coleman describes the ways in which individuals, groups or corporations can gain access to information through social connections:

Unlike other forms of capital, social capital inheres in the structure of relations between actors and among actors. It is not lodged either in the actors themselves or in physical implements of production. Because purposive organizations can be actors ('corporate actors') just as persons can, relations among corporate actors can constitute social capital for them as well (with perhaps the best-known example being the sharing of information that allows price-fixing in an industry). However...the examples and area of application to which I will direct attention concern social capital as a resource for persons. (Coleman 1988: 98).

Coleman gives a number of examples of individuals who wish to remain informed on certain subjects but are unwilling or unable to invest the necessary time. Instead they rely on other individuals within their social networks who have specific interest in those areas to provide information when needed (Coleman 1988). These examples can be extended to more significant lines of communication such as seeking information about employment opportunities or in times of illness or crisis. In these instances, access to extended channels of information can be vital in securing one's own wellbeing.

Within the arena of education access to information can be of vital importance. Knowing where to find the best-value school supplies, knowing which children have strength in a subject where your child is weak, knowing where to find good grinds or knowing which teacher is best at teaching a given subject can all have an impact on a parent's ability to support the child's educational success.

4.3.4 Norms as social capital

Coleman's understanding of social capital views agency and structure as inseparable components that combine in the production of social norms, offering the rational actor an opportunity to exercise agency within the bounds set by these social norms. For Coleman rational action theory provided a means of understanding how an individual, group or corporation exercises agency, focused upon promoting their own self-interest, seeking always for the best possible outcome given the circumstances and structural constraints that exist. Within this context, the rational actor is presented with a choice of obedience to social norms or accepting the sanctions that come as a result of disobedience.

Coleman (1987) argues that social norms are 'supra-individual entities' that through the effects of costs and benefits, rewards or sanctions constrain individual actions.

It is in this sense that social norms constitute social capital. Their presence results in higher levels of satisfaction – though perhaps at the cost of reducing the satisfaction of some members whose actions are most constrained by norms.

Their absence allows individuals to realize greater satisfaction from their own actions, but leaves them with less satisfaction overall, as they suffer from the unconstrained actions of others. (Coleman, 1987: 153)

In this way, social norms prevent the social actor's application of rational action theory in the pursuit of their own self-interest from having a deleterious effect upon another's pursuit of their own self-interest. Therefore, social norms function to produce an environment conducive to social stability and individual productivity and so constitute social capital.

To demonstrate the power of social norms in constraining individual action Coleman points to crime and punishment: by criminalising certain actions social norms are reinforced through the application of legal sanctions. The application of these legal sanctions in turn makes it possible for law-abiding individuals to live in a society with lower rates of crime than there would otherwise be. Social norms reach far beyond legal structures in reinforcing appropriate modes of behaviour; everything from dress standards, use of language, engagement in recreational activity to supporting the correct sports team can facilitate or impede access to social networks.

4.3.5 Critique

Coleman provides what might in some senses appear a more 'workable' definition of social capital than Bourdieu while also providing clear examples of its operationalisation by drawing on empirical data. However, many authors have drawn attention to significant weaknesses within Coleman's approach.

The first of these refers to his conceptualisation of social capital solely as a positive or as a public good; Coleman makes no reference to any negative aspects of social capital. But authors such as Putnam (2000) and Streeten (2002) point out that while actors who have access to sufficient levels of social capital can realise significant benefits, those with diminished or damaged social capital are largely excluded from such benefits. In his examples of contexts within which 'obligations and expectations' are strong, Coleman describes closed communities with extremely high levels of trust and reciprocity and stringent adherence to in-group social norms, meaning that anyone who does not meet these inflexible requirements is excluded. This exclusionary nature of social capital leads to inequality, discrimination and conflict (Barn 2010). Streeten (2002) cites negative cases such as membership of sinister social groups like the Klu Klux Klan or drug gangs that highlight the darker side of social capital. The lack of attention to such 'dysfunctional' forms of social capital reflects the influence on Coleman of the functionalist sociology that was dominant in North America in the mid-to-late 20th century.

Secondly Coleman relies heavily on rational action theory which argues that an individual's actions are always calculated to maximise their own personal

interests. This draws on Becker's (1962) utility or profit function. Authors such as Kahneman (2002), Fine (2001) and Bilhim (2004) have criticised such an approach as excessively reductionist and individualistic because it fails to acknowledge the range of psychological and sociological components of the decision-making process.

Thirdly Coleman's notion of the family and the community have been criticised for being ideologically conservative, leaving little room for adaptation to circumstances that fall outside the traditional deal of a working father, a stay-at-home mother and one or two children. This too can be seen as a reflection of a functionalist sociological approach.

Finally, the indicators used by Coleman to measure social capital are 'volatile', according to Neves (2012): 'it seems one could add almost anything relational as an indicator'. Neves argues that Coleman's definition of social capital on the basis of its function is somewhat simplistic when compared to what he sees as the more theoretically sophisticated approach of Bourdieu.

4.4 Putnam

Robert Putnam is an American political scientist who is best known for his work *Bowling Alone* (2000) which brought the concept of social capital to a larger mainstream audience. In 1993 his study of regional government in Italy examined the rate of civic engagement within different municipalities and laid the foundation for his understanding of social capital (Putnam et al. 1993). In this study the authors found a correlation between communities' civic involvement (civic-ness),

economic development and local government. They developed what they called the civic community index and applied it to different Italian regions to identify any correlation between civic involvement and what they termed as democratic success, finding that some regions actively cooperated for mutual benefit while others did not. They termed this phenomenon the 'dilemmas of collective action'. They concluded that to act collectively for mutual benefit there must be high levels of reciprocal trust within the community and if such levels of trust and reciprocity are not present the members of the community 'end up with an outcome that no one wants, un-harvested corn, over grazed commons [and] deadlocked government' (Putnam et al. 1993: 164).

This makes clear the difference between Putnam's approach to social capital and that of the two previous authors. While Bourdieu and Coleman primarily focus upon the micro to meso implications of social capital, that is to say its operation within the family, the school and the community, Putnam is more interested in its meso to macro repercussions, involving the broader community and the society. Putnam often uses the interactions between individuals and small groups to demonstrate the value and utility of social capital. While Coleman and Bourdieu view social capital as providing access to communal or group assets from which the individual can gain personal benefit Putnam views social capital as a collective asset or common good through which the community or larger society can promote social cohesion (Warren et al. 2001).

For Putnam, social capital is generated through such factors as trust, adherence to social norms and interactions within social networks and it has a tendency towards being self-reinforcing and cumulative. He referred to this as the 'virtuous circle'

of social capital; social capital is a by-product of other social activities but one that, once created, lends itself to the development of stronger social ties that in turn result in increased levels of civic-ness (Putnam 2000: 317).

Putnam's conception of social capital shares Coleman's emphasis on factors such as trustworthiness and reciprocity, social norms, social networks and multidimensionality (physical, human and social aspects). But unlike Coleman he focuses on the way these combine to generate 'civic virtue' (Putnam 2000: 19) in the form of trusting communities within which people are actively involved in being supportive and helpful to each other. This is related to, but goes beyond, Coleman's description of 'obligations and expectations'. While Bourdieu and Coleman conceptualise social capital as a primarily private good, that resides in social networks but serves mainly to enable individual action (albeit that, in Bourdieu's case, the individual is acting as a member of a social class), Putnam views social capital as a public good that promotes advantageous outcomes at the levels of communities and societies, such as political engagement and reduced crime rates.

Because of Putnam's emphasis on the role of social capital within the community and larger society his work has received much attention from researchers interested in community development, particularly his distinction between three levels or types of social capital, namely 'bonding, bridging and linking' (Putnam, 2000; Schuller et al. 2000; Warren et al. 2001). Bonding social capital refers to social solidarity between like-minded people that results in the reinforcement of homogeneity and builds lasting ties. Social capital in this form can also result in

inequality by excluding those who do not belong to the group. Bridging social capital refers to connections or inclusive activities between heterogeneous groups who unite to achieve some common goal. These connections are more fragile but serve to reinforce social inclusion. Finally, linking social capital enables groups and individuals to reach out to dissimilar groups and diverse communities and thereby gain access to a wider range of social assets. A connection can be traced between this view of social capital and Evans's (1996) notion of the 'synergy' that can exist when a government chooses to cross the public-private divide to interact with community-based, charitable or private groups to achieve a common goal.

Putnam's interest in the political implications of social capital reflects his own positioning as a political scientist. While this perspective may seem less directly applicable than the previous ones to an issue such as the outcomes experienced by care leavers in Ireland, it can be argued that the concepts of bonding, bridging and linking social capital do have some relevance in this context, as does the question of the relationship between the Irish state and organisations attempting to support care leavers' transition to independence, and whether this is 'synergistic' in Evans's (1996) sense.

4.5 Framing social capital in this study

The relationship between the three perspectives on social capital outlined above has been summarised as follows by Devlin (2008: 80-81):

[In the work of Putnam] social capital is primarily a characteristic of societies, which can have more or less of it, and since it is a good thing to have, the more the better. For Putnam social capital refers to the 'features of social life – networks, norms and trust – that enable participants to act together more effectively to pursue shared objectives'...[For Bourdieu and Coleman], despite the fact that they have very different ideological orientations, the emphasis is primarily on the 'assets' available to

individuals (although of course these assets are drawn from social structures and processes). For Bourdieu...it relates to the social advantages or disadvantages, the social resources (whether great or small) in terms of contacts, networks, formal and informal 'memberships' which people have by virtue (largely) of their class position. [For Coleman] social capital refers to those aspects of social structure which actors can use as 'resources to achieve their interests' ...and he focused particularly on how social capital in the form of parental presence and interest...contributes to human capital, or educational success, resulting in skills and credentials.

It is clear that Bourdieu and Coleman differ in their interpretation of the nature and purpose of socially negotiated ties and relationships. Coleman views social capital as a structurally determined resource that resides primarily within the family and promotes solidarity between the individual, family and community. This solidarity is underpinned by trusting reciprocal relationships that are based on adherence to social norms. For Bourdieu social capital is a component within a wider critique of class inequality and the intergenerational maintenance of power and privilege. However, he also provides a means of conceptualising the process by which the individual internalises the structural limitations that exist because of class inequality and that shape both their habitus and their 'doxic' understanding of the social world.

In exploring the role of social capital in the young person's transition out of care, this study draws on Bourdieu's analysis of structural and class inequality, which he associates with *differential access* to 'respectable and honourable' lifestyles, to provide an explanation of the meso level factors that shape the transition out of care (and indeed the entry into care in the first place) while also employing his idea of the habitus to describe the process by which the individual's understanding of the social world is shaped by their pre-care and in-care experiences. But the

study also makes use of Coleman's analysis of the role of *trust and reciprocity* in social interactions to describe the capacity of the individual to engage with others as a source of sustainable support. Importantly, while Bourdieu and Coleman take very different views of social inequality and its relation to individual differences, both highlight the key role of the family in transmitting and facilitating the development of social capital and both refer explicitly to the vital influence of socialisation processes in the early years of life.

4.5.1 The family and social capital

In the case of Bourdieu, as Tzanakis (2011) puts it:

Cultural capital embodies the sum total of investments in aesthetic codes, practices and dispositions transmitted to children *through the process of family socialisation*, or in Bourdieu's term, habitus. Habitus is an important form of cultural inheritance, reflects class position or the actor's location in a variety of fields and is geared to the perpetuation of structures of dominance. (Tzanakis 2011: 77, emphasis added).

As stated earlier, Bourdieu emphasises the importance of early experiences in leading people from working class or poor backgrounds to accept, or take for granted, the limitations placed upon them by social structures:

The very conditions of production of the habitus, a virtue made of necessity, mean that the anticipations it generates tend to ignore the restriction to which the validity of calculation of probabilities is subordinated...the anticipations of the habitus, practical hypotheses based on past experience, give disproportionate weight to early experiences. (Bourdieu 1990: 54).

In the case of Coleman, the family is seen as the 'primordial source' (Field 2008: 26) of the three forms of social capital (obligations and expectations, information channels and norms and sanctions) that once transmitted to the child are reinforced by the family's access to external, communal social capital. As Dika and Singh

(2002) point out, Coleman (1988) suggests that greater amounts of social capital can be transmitted in homes where there are two parents, fewer siblings and where the parents express expectations of high educational attainment. The transmission of familial social capital under these circumstances include parents' nurturing activities such as helping children with homework, discussing important school activities, holding and expressing high educational aspirations, adult supervision when the children return from school, and monitoring of homework. As Devlin suggests, this approach makes ideological assumptions about family types and also sees younger family members as occupying only passive roles:

The capital in Coleman's view is an adult attribute, to be passed on to, or shared with (or *divided among*, even in terms of time), children and young people. What children and young people bring to relationships and social systems, what they give to each other (as siblings, as friends) and to their parents, communities and to society as a whole, [receives] scant attention. (Devlin 2008: 81, emphasis in original)

Whatever the circumstances of the family, the individual child will be exposed to and 'learn' the characteristics and idiosyncrasies of their parents, siblings and extended family members, shaping their expectations and modes of behaviour (their *habitus* in the case of Bourdieu or their adherence to social norms in the case of Coleman), which in turn will underpin their subsequent interactions within extra-familial social spheres.

Like many other authors, Israel, Beaulieu and Hartless (2001) argue that a significant role is played by the parent's socioeconomic status, with its accompanying access to cultural or social capital, in shaping childrens' educational performance:

These family assets create an environment where educational achievement is valued and expected. In addition to family background attributes, however, social capital available in the family promotes a child's educational achievement further. When youths are provided with a nurturing environment and with guidance on behaviours that are deemed appropriate and inappropriate, the effects on their educational progress are powerful and positive. (Israel, Beaulieu and Hartless 2001: 60)

As the individual interacts with additional social spheres, such as school and the larger community, they draw upon the social assets of their family to operate successfully within these settings; and this process can continue throughout their lives. Not all families are equally equipped to offer such support (Ghate and Hazel 2012; Winkworth et al. 2010). Baker (2012) in a study of homeless youth, many of whom had spent time in out-of-home care, presents a triad of components that, in his view, must be in place for a young person's familial social connections to be capable of supporting the transmission of social capital. Significantly, in doing so he draws on both Bourdieu and Coleman, among others. Firstly, the young person must be socially *connected* with their family or family member; secondly the family or family member must have access to valued *resources* in the form of economic, cultural, or social capital; and thirdly the young person must have *shared norms of trust and reciprocity* with the family or family member.

If any one of these components is not present Baker asserts that the family cannot operate as a source of social capital. For the young person leaving care (the main focus here), this has a bearing on whether he or she can return to the original family setting or otherwise receive support from family and kin. But it is clearly a key consideration at a much earlier stage and is likely to be closely bound up with the reasons for the young person having entered care in the first place. While not all children enter care for the same reasons the majority enter care because of abuse,

neglect or other child-welfare issues (Department for Education 2013), meaning that bonds of trust have been broken. In addition, as discussed in the last chapter, international research consistently demonstrates that young people in care and care leavers generally come from lower socio-economic backgrounds, meaning that their access to capital of various kinds, most obviously economic, is extremely limited (Bebbington and Miles 1989; Berridge 2006; Bhatti-Sinclair and Sutcliffe 2012; Crozier and Barth 2005; Franzen et al. 2008; Simkiss et al. 2012; O'Higgins et al. 2015; Osborn and Delfabbro 2006). Research has also shown that once the child enters the care system normal family connections are often damaged or broken (Pecora et al. 2011).

Figure 1: Reasons why children looked after at 31 March 2013 were provided with a service

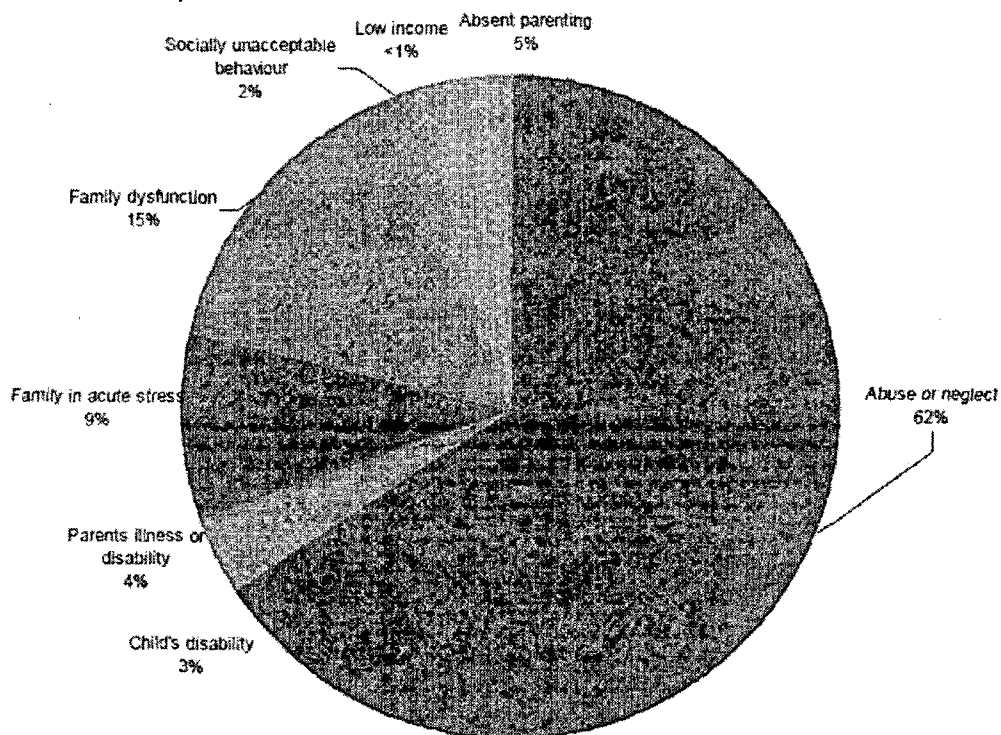


Figure 4.1: Reasons why looked after children were provided with a service (Source: Department for Education 2013)

Figure 4.1, from a report by the British Department for Education (2013), indicates the reasons children in its care in March 2013 were provided with services. Given the strong likelihood that the young person in care or care leaver has experienced abuse, neglect or other child-welfare issues, they will have little chance of developing 'norms of trust and reciprocity' in the family context.

In these instances, the child entering care does so largely bereft of social capital and will be reliant on their care placements to substitute for the family's role. Once having entered the care system a further process of socialisation will take place; as Bourdieu would put it, the young person's habitus and doxa will become influenced by their in-care experiences. If the care setting is not experienced as supportive, the difficulties that gave rise to the care placement will be compounded:

Most profoundly this absence of support leads to an overemphasis on self-reliance due to the lack of trust in other people, a lack of the shared norms of reciprocity and good faith that underpin relationships becoming social capital Baker. (2012: 732-733)

4.5.4 Care experiences, education and social capital

In cases where a child enters care, the state has intervened directly in the processes through which he or she accesses and develops social connections and networks of support. In so doing the state becomes, through its authorised agents, the primary source of social, cultural and symbolic capital for the child or young person. The nature of the care placement that is offered to the child is therefore vital. In addition to the question of the quality of the relationships the care placement offers the child (referred to above) and how closely these substitute for a positive family-of-origin experience (one with substantial social capital), the

access to education that the care setting offers and facilitates is another vital dimension.

Jackson and Cameron (2011) identify key characteristics of a positive care placement, specifically with regard to facilitating educational attainment. These are:

- High aspirations and a future-oriented approach;
- Personal support and advice throughout placement;
- Carers emphasise education as the key to future opportunities and a good life;
- Care and school placements that are stable with few changes;
- Mixing with people outside of the care system;
- Support for leisure activities and participation in community life.

In practice these features are not always in place. The research presented in Chapter 3 highlighted the gap in educational attainment experienced by children in care and care leavers, compared with the wider population of young people, and the factors that are responsible:

- Disrupted schooling early in the child's education;
- Multiple placement moves;
- Less emphasis by social workers on educational attainment than on emotional stability;
- Little encouragement to achieve in education;

- Low educational expectations among both social workers and carers;
- Low self-esteem and lack of aspiration;
- Literacy and numeracy problems;
- Lack of role models;
- Long periods out of school.

Viewed collectively, these factors make it strikingly clear how severe is the deficit of social capital in the lives of many children in care, whether in Bourdieu's sense of different and unequal access to desirable goods and resources or Coleman's sense of networks and relationships of trust and reciprocity. The possible disregard for education, and lack of a positive experience of education, in the child's birth family can be compounded rather than remedied after entry into the care system by a combination of disrupted schooling, multiple care placements and aspects of the attitudes and practices of social workers and carers, all reinforcing the already low self-esteem and lack of aspiration relating to education that the child in care is likely to have. In these circumstances, the accumulation of social capital through the creation of strong, lasting and productive social connections that facilitate and enable educational success becomes an increasingly difficult task. On the other hand, a positive experience within the care placement itself, and one that in turn supports and sustains a positive engagement with the education system, can go a considerable way towards remedying the young person's prior disadvantage in terms of social capital, particularly since the school is often closely networked with other areas of young people's lives such as peer groups, neighbourhoods and leisure activities (Catts and Ozga 2005; Gilligan 1999).

4.5.5 Transition from care: habitus of instability

The transition from care does not merely consist of the young person walking out the door of their final care placement; it exists simultaneously at the conjunction of several social spheres that involve legislative and policy considerations as well as individual, familial, social, structural and temporal factors. As such it is a multi-faceted social experience shaped by complex micro, meso and macro social and structural forces. The young person's experience of the transition, and success or otherwise in negotiating it, will be fundamentally influenced by their social capital, by the *potential and actual* practical, social and emotional resources available to them because of the social connections they have built and maintained while in care or because of the access to communal resources that are available to them through their durable networks, group membership and permanent and useful connections.

Chapter 3 referred to a number of studies that have analysed young people's experiences of leaving care through the use of typologies of transitions or pathways. Johnson et al. present two main pathways out of care, the 'smooth' and the 'volatile'. Stein (2008, 2012) identifies three main groups of young people leaving care: the 'moving on', the 'survivors' and the 'struggling'. Focusing more specifically on accommodation, Munro et al. (2011, 2012) identify three types of pathway: the 'direct', the 'transitional' and the 'complex'. In each case the young people whose circumstances are most precarious can also be seen to be those who are most disadvantaged in terms of social capital as described in this chapter.

Among those whose lives are most volatile and complex, and most of a struggle, are young people who have become homeless. One recent Australian study of the experiences of homeless young people makes explicit use of Bourdieu's concept of habitus to highlight how instability permeates all aspects of these young people's lives (Barker 2016). Noting that Bourdieu himself (1990: 116) said that habitus can, in certain instances 'be built upon tension, even upon instability',

Justin Barker goes on:

The organising principle of instability can be seen as a dis-organising principle. The habitus of homeless youth is based on experiences of instability and uncertainty. Subsequent experiences are structured in terms of a logic derived from the past, as homeless young people perceive and reproduce instability in their present conditions. (Barker 2016: 671).

Applying this notion of a habitus of instability to the experience of (at least some) care leavers helps to uncover the process by which post-care outcomes are shaped not only by current circumstances, individual factors and the forces of structural inequality but also by pre-care and in-care experiences. The habitus of instability can mean that the care leaver's experience of continual transition while in care is reproduced in their experience after care. This can lead to a cycle of transition or liminality where the creation and subsequent destruction of social connections further reduces the care leaver's access to social capital, leading to increased levels of social isolation. Barker argues that there is no point in simply blaming either the individual or the 'system' for this:

[B]laming either individuals or structures is a preposterous intellectual fallacy... they are intimately intertwined. The habitus of instability reminds us that human action is the culmination of personal histories, external environment and living conditions. Interventions that require individual change without structural change and awareness of the expectations that have been inculcated from past experiences can set people up for failure, reinforcing a sense of naturalised or inevitable inadequacy...[T]o shift...expectations and practices requires durable exposure to reliable and stable support, both material and social. This will

allow for these young people to see realistic opportunities to change their lives with the support of external enablers. (Barker 2016: 680-681)

4.6 Conclusion

This chapter has explored the concept of social capital, with a particular focus on the work of Pierre Bourdieu and James Coleman. Despite significant differences in the approaches taken by these two writers, most notably in the fact that Bourdieu's adopts a critical position with regard to class inequality, power and privilege, it is possible to see points of correspondence. They both highlight the importance of socialisation processes, particularly within the family of origin, in developing basic assumptions and dispositions on the part of the child or young person with regard to the nature of society and their place in it (appropriate norms for Coleman, a habitus and doxa for Bourdieu). They both also recognise that social capital can take multiple forms: it consists of a range of types of resources that are available because of the relationships and networks that a person is part of. Bourdieu emphasised the differential access that these provide to lifestyles that are regarded as 'honourable and respectable' and are also associated with materially comfortable class positions, while Coleman emphasised the importance of trust and reciprocity in building and sustaining those relationships.

It has been suggested that social capital is closely linked to key aspects of the experiences of young people in care and leaving care, including their original family circumstances and the social and economic context of these, the reasons for being taken into care, the nature of the care placement(s) offered to them and how this affects their educational participation, broader life experience and ultimately transition from care into adulthood. The remainder of this study will draw on

aspects of both Bourdieu's and Coleman's perspectives on social capital as a means of analysing and interpreting a range of empirical data, quantitative and qualitative, on the experiences of young people leaving care in Ireland.

Chapter 5

Methodology

5.1 A 'pragmatic' approach

A mixed methods approach has been adopted to answering the key questions of this research. Such an approach can be seen as an answer to a long-lasting and as yet unresolved debate between qualitative and quantitative research methods and their associated philosophies. These are usually presented in terms of two paradigms or world views that appear to be in fundamental opposition (Creswell, and Plano Clark 2007). On the one hand there are the positivists with their notion that an external truth exists and it is waiting to be discovered by researchers who are objective and value free, and who through the application of the scientific method can shed light on the nature of a singular reality. On the other hand the constructivists/interpretivists reject the notion of a single objective reality in favour of a subjective 'messy' reality that can only be uncovered through the application of qualitative research methods that allow the experience of the researched to be brought to light.

Notwithstanding the significant efforts made by feminists, postmodernists, poststructuralist and critical researchers, the divisions between these two methodological paradigms persist. Green et al (2001) point to the rigid polarity in research paradigms that requires researchers to affiliate themselves with one or the other and utilise paradigm-specific research methods to the exclusion of all others, resulting in the constraint of intellectual curiosity and the blinding of researchers to important aspects of social phenomena. These conflicting paradigmatic views of truth shape the social scientist's choice of research questions based upon their ontological

and epistemological view of what can be known and how can we know it (Hughes and Sharrock 2007).

Feilzer (2010) is one of an increasing number of authors who have recently drawn on the earlier work of writers such as William James and John Dewey to argue that *pragmatism* can provide a third research paradigm. She defines paradigm in Kuhn's terms (1962: 23) as an 'accepted model or pattern'. It is 'an organising structure and a deeper philosophical position relating to the nature of social phenomena and social structures' (Feilzer 2010: 7).

Pragmatism can be seen as a valid research paradigm in itself as it serves to direct research efforts while also reasserting itself through the articulation of its own theoretical and philosophical standpoint. Unlike the measurable objective reality of positivism and the subjectivity of interpretivism, pragmatism rejects the exclusive adoption of some research methods and the rejection of others. Feilzer quotes Fishermen (1978) to the effect that 'all knowledge is knowledge from some point', thereby rejecting the positivist notion of the 'view from nowhere' or the 'god view'. She says that pragmatism, as a paradigm, 'sidesteps' contentious issues of truth and reality and sets itself the task of solving practical problems in the 'real world':

One of Dewey's (1925) contentions is that the main research paradigms of positivism and subjectivism derive from the same paradigm family, that they seek to find "the truth" — whether it is an objective truth or the relative truth of multiple realities (Dewey, 1925, p. 47). Both objective as well as subjective inquiry attempts to produce knowledge that best corresponds to, or represents, reality (Rorty, 1999, p. xxii). Thus, pragmatists are "anti-dualists" (Rorty, 1999, p. ix) questioning the dichotomy of positivism and constructivism and calling for a convergence of quantitative and qualitative methods, reiterating that they are not different at an epistemological or ontological level and that they share many commonalities in their approaches to inquiry. (Feilzer 2010: 8)

Another author who has recently asserted the value of a pragmatic approach is David L. Morgan (2007). Acknowledging a debt to Patton (1975), Morgan suggests that pragmatism can provide 'new options for addressing methodological issues' by moving beyond a rigid polarity between induction vs deduction, subjectivity vs objectivity, and context vs generality. In place of these, as shown in Table 5.1, a pragmatic approach can offer abduction, intersubjectivity and transferability.

The pragmatic approach is to rely on a version of *abductive* reasoning that moves back and forth between induction and deduction - first converting observations into theories and then assessing those theories through action...[T]he usual forced dichotomy between subjective and objective is an equally artificial summary of the relationship between the researcher and the research process...Any practicing researcher has to work back and forth between various frames of reference, and the classic pragmatic emphasis on an *intersubjective* approach captures this duality. The final dualism that [a pragmatist approach] seeks to transcend is the distinction between knowledge that is either specific and context-dependent or universal and generalized...The advocacy of *transferability* arises from a solidly pragmatic focus on what people can do with the knowledge they produce and not on abstract arguments about the possibility or impossibility of generalizability. (Morgan 2007: 71-72)

A Pragmatic Alternative to the Key Issues in Social Science Research Methodology			
	Qualitative Approach	Quantitative Approach	Pragmatic Approach
Connection of theory and data	Induction	Deduction	Abduction
Relationship to research process	Subjectivity	Objectivity	Intersubjectivity
Inference from data	Context	Generality	Transferability

Table 5.1: A Pragmatic Alternative (Source: Morgan 2007: 71)

By adopting a pragmatist approach as briefly outlined above the researcher is freed from the constraints inherent within either of the major 'dominant' research paradigms and is able to select any tool, or combination of tools, that will efficiently aid the attainment of the end goal(s) of the research. While pragmatism and mixed methods

research are not necessarily synonymous with each other, authors such as Johnson et al. (2007), Creswell (2011) Creswell and Plano Clark (2007) and Creswell and Tashakkori (2007) have suggested that pragmatism can provide philosophical underpinnings and a coherent rationale for the adoption of a mixed methods approach, and that has been the case in this study.

5.2 Mixed qualitative and quantitative methods

It must be acknowledged that there is nothing new about using multiple research methods within the same research project. Johnson et al. (2007) argue that it was an article by Campbell and Fiske (1959) that formalised the practice of using multiple research methods. Campbell and Fiske introduced the concept of *triangulation* which they referred to as 'multiple operationalism'. They used this as part of their validation process to ensure that variances in results are explained by the underlying phenomena and not by the method. The convergence of findings obtained through the application of both qualitative and quantitative methods enhanced their belief in the validity of their findings. Bouchard (1976) was also of the opinion that the application of multiple methods would ensure that findings were valid and not merely 'methodological artefacts'. In these early applications 'multiple operationalism' was used to enhance the validation process and not as a research methodology. Johnson et al (2007) also discuss the work of Webb et al (1966) who stated that:

Once a proposition has been confirmed by two or more independent measurement processes, the uncertainty of its interpretation is greatly reduced. The most persuasive evidence comes through triangulation of measurement processes. If a proposition can survive the onslaught of a series of imperfect measures, with all their irrelevant errors, confidence should be placed in it. Of course this confidence is increased by minimising errors in each instrument and by a reasonable belief in the difference and divergent effects of the source of error. (Webb et al. 1966: 3)

In this instance Webb et al. are describing cross *method* triangulation but Denzin (1978) suggests that there are in fact four types or dimensions of triangulation, these are: (a) data triangulation, the use of multiple sources of data within one study; (b) investigator triangulation, the use of multiple researchers within one study; (c) theory triangulation, the use of multiple theories to interpret the results within one study; and (d) methodological triangulation, the use of multiple methods in the research of a social phenomenon.

The current study has employed both methodological and data triangulation. That is to say that quantitative research methods have been used to design, implement and analyse the results of a survey with 85 care leavers and 142 Maynooth University students, while qualitative methods were used to design implement and analyse in-depth semi-structured interviews with 10 care leavers and 12 professionals involved in social care.

Jick (1979) points out that the utilisation of triangulation will allow researchers to uncover inconsistencies and contradictions and thereby challenge existing theories. More recently Collins et al (2006) suggested four rationales for conducting mixed methods research, which are: 'participant enrichment', 'instrument fidelity', 'treatment integrity' and 'significance enhancement'. Two of these rationales are applicable to the current study. The first of these is 'participant enrichment'. The use of both qualitative and quantitative methods has served to elicit high quality data from each research participants, giving them the opportunity to provide a richer representation of their experience in relation to the transition of care leavers.

Secondly it is hoped that 'significance enhancement' has taken place in this study through the generation of richer, thicker data to develop a clearer and more in-depth representation of the processes involved in care leavers' transitions, and strengthen the relationship between policy development, policy implementation and practical application.

5.3 Sample selection and recruitment

At the inception of this research project there was an understanding that in many instances care leavers are part of a hidden population, and that gaining access to them can be challenging. With this in mind a strategy was developed that involved the identification of a network of gatekeepers.

In October 2013 the researcher embarked on a process of developing a network of contacts with direct access to care leavers or experience of working with care leavers in the aftercare sector. In the initial phase a snowball sampling method was used (Atkinson and Flint 2001; Browne 2005; Noy 2008; Penrod et al. 2003). The researcher first drew on his own professional contacts with individuals who had interactions with care leavers, using each as an access point from which to generate further contacts. At this point it became important to alter the sampling method as it had produced a list of individuals who were almost all aftercare workers employed by the HSE/Tusla and located in or around Dublin. The care leavers recruited through these aftercare workers had been fully engaged with aftercare services and had received both educational and financial supports. Because of this there was a danger of a significant sample bias.

To address these issues a non-random purposive sampling approach was developed (Bryman 2008, 2012, 2015; Tongco 2007; Wong 2008). This sought to gain access to gatekeepers who were more geographically representative and who were not only aftercare workers. Efforts were made to identify and connect with other groups and services that interacted with care leavers. These services included EPIC (Empowering People in Care), the Irish Foster Care Association (IFCA), Focus Ireland, the Simon Community both in Dublin and Cork, Peter McVerry Trust, Don Bosco, Streetline, Crosscare Youth Aftercare Support Service and other NGO's working across the country.

Contact was also made with the Research Officer in the Irish Prison Service. An application for ethical approval was submitted to, and approved by, the Irish prison service research office. Access to 10-20 prisoners who have experience of growing up in care was requested. The Research Officer contacted the staff in Wheatfield prison to inform them of my request and to instruct them to facilitate my access. He selected Wheatfield prison as the most appropriate facility because recently many of the prisoners between the ages of 18 to 22 have been moved there. Following a discussion with the staff of Wheatfield it was decided that the most appropriate method to recruit inmates with a care history was through information posters. Unfortunately, none of the inmates in Wheatfield expressed an interest in participating in this research. The experience of Irish care leavers' interactions with the Irish criminal justice system unfortunately remains a topic in need of further research (Chamberlain et al. 2007; Foster and Gifford 2004; Hagan and McCarthy 1998; Kelleher et al. 2000; McFarlane 2011; Mendes and Moslehuddin 2007, 2009; Pritchard and Williams 2009; Taylor 2006).

In total, contact was made with 65 aftercare workers who are either employed directly by, or who work in services funded by, the HSE/Tusla to provide aftercare services to care leavers. Contact was also made with 119 foster carers who are members of the Irish Foster Carers Association (IFCA). An additional 37 contacts were made within the other services and NGO's mentioned above. From these 221 initial contacts a network of 90 gatekeepers was developed. The geographical distribution of these gatekeepers is shown on the map below:

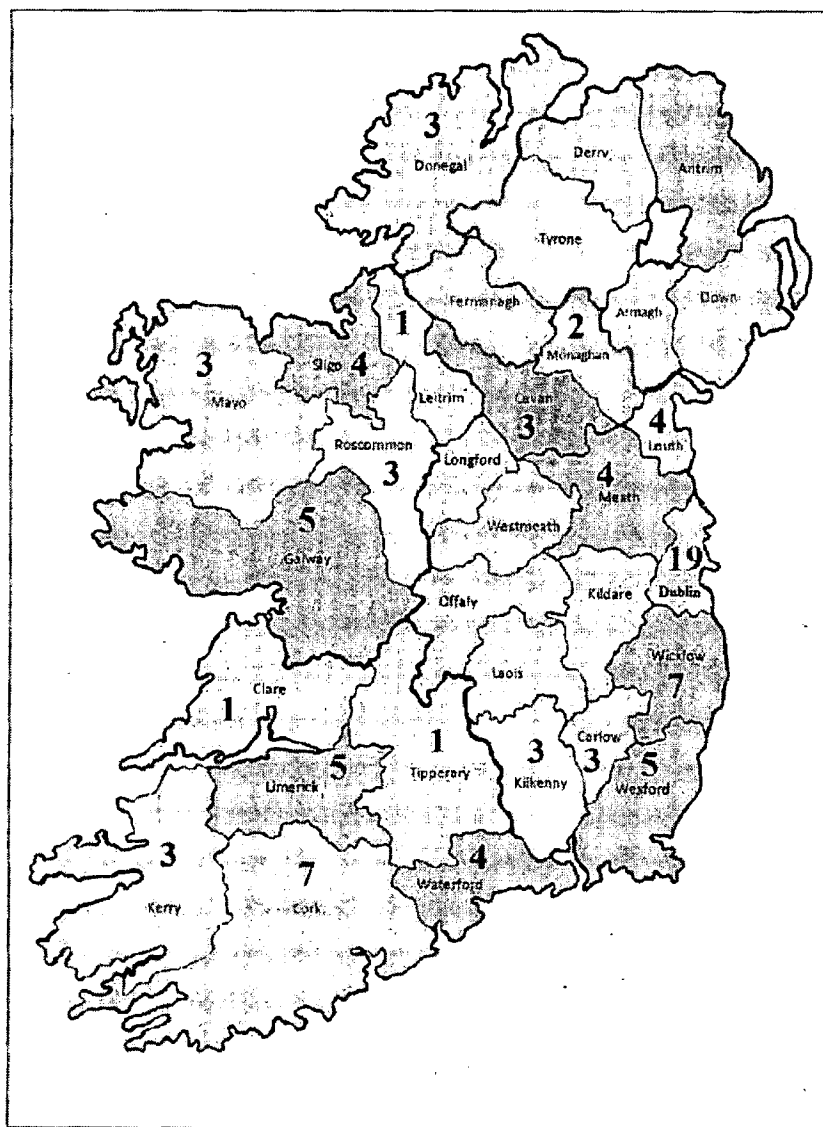


Figure 5.1: Geographical distribution of gatekeepers

Through this network of 90 gatekeepers the researcher gained access to 121 care leavers who agreed to take part in this research. The process by which agreement was obtained was as follows. Phone calls were made to the aftercare workers, foster carers and other gatekeepers to explain the purpose of this research and to outline the role the care leaver would play in it (i.e. the completion of two survey questionnaires spaced 12-15 months apart, which was the original intention). It was also explained that some of the care leavers would be invited to take part in a recorded interview.

Once the gatekeeper agreed to facilitate access to care leavers, an information pack was emailed or posted to them and they were invited to speak to the care leavers to invite them to take part in the research. The gatekeeper was also informed that if literacy was an issue the researcher could fill in the survey with the care leaver over the phone. If the care leaver agreed to take part, the gatekeeper would then share their contact details, with their consent, and the researcher then contacted the care leaver directly. Once contacted, the researcher then took time to explain the research to the care leaver and clarify their role in it. If the care leaver was still agreeable the first survey pack was sent to them, unless literacy was an issue in which case the researcher offered to fill in the survey with them over the phone once a signed consent form was received in the post.

The first survey pack contained a letter to the care leaver thanking them for agreeing to take part in the project, an information sheet outlining their role in it along with the consent form and the survey questionnaire itself. Copies of these documents can be found in Appendix A. The pack also contained a stamped addressed envelope that

allowed the care leaver to return the signed consent form and completed questionnaire to the Department of Applied Social Studies in Maynooth University.

Attempts were made to contact all of the 121 care leavers who agreed to take part in this research but it was ultimately only possible to contact 115 of them. Subsequently 115 survey packs were sent out, and after considerable support and encouragement by both the gatekeepers and the researcher a total of 82 were returned. The geographical distribution of the care leavers who responded is shown in Figure 5.2.

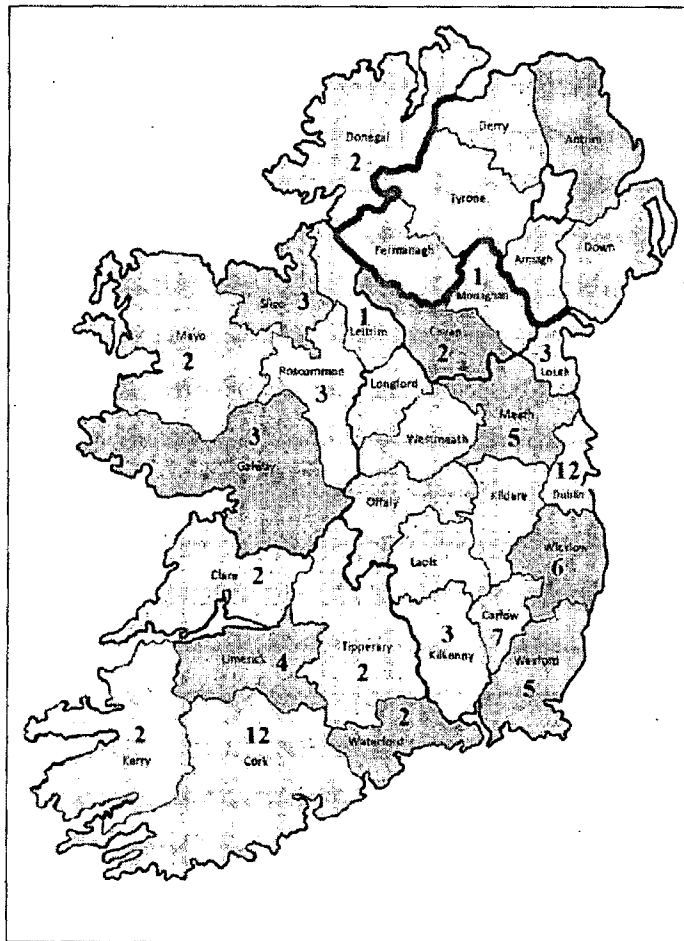


Figure 5.2: Geographical distribution of care leaver respondents

5.4 The survey design

During the earliest stages of the research design process, following the decision to adopt a mixed methods approach, attention was focused on how best to gather quantitative

data from the care leavers. Self-completion questionnaires were deemed to meet the needs of this research over other options such as structured interviews, structured observation, content analysis or secondary data analysis. There were a number of reasons for this decision, one being that self-completion questionnaires allowed the researcher to gather large amounts of structured and focused data in the most cost effective and timely manner. Another was that having the care leavers provide the data themselves rather than having a social worker or aftercare worker fill it in for them, as was the case in Kelleher et al. (2000), would provide the care leavers with an opportunity to present their own experiences of life in care and post-care. The data gathered in this way had the potential to uncover previously unknown or unreported facts, information or realities.

In choosing to gather data through a survey the researcher recognised the limitations of this method of data collection as outlined by Bryman (2012):

- Cannot probe or prompt
- Can only ask salient questions
- Few open-ended or complex questions
- Respondent can see the whole questionnaire before answering (question order effects)
- Cannot ensure that the 'right' person answers.
- Cannot observe respondent's environment
- Respondent fatigue if too many questions
- Excludes people with limited literacy skills
- Greater risk of missing data.
- Lower response rate

There were other issues specific to the respondent group that needed to be planned for, in particular the possibility of literacy problems. As mentioned above the gatekeepers were informed that if literacy was an issue the researcher could fill in the survey questionnaire with the care leaver over the phone.

To take account of the nature of the survey group, the design and layout of the survey received considerable attention. Almost all of the questions were presented in such a way that the respondent was only required to tick the appropriate box. Most sections of the questionnaire focused on a single topic and the questions were worded without the use of technical or academic language. The layout of the survey followed a logical progression to reduce the possibility of confusion and each section of the questionnaire was clearly divided to show the respondent that they were moving to a new topic.

Before finalising the questionnaire design the researcher ran two rounds of piloting. The first pilot of the self-completion questionnaire was administered among colleagues and the second was with seven care leavers. The feedback received prompted the researcher to make a number of changes: some of the phraseology was simplified and a number of questions were repositioned or divided into two questions. The researcher's PhD supervisor was also closely involved in reviewing the questionnaire and suggesting alterations. The seven care leavers were later contacted by phone and were asked to answer a small number of questions that were not in the pilot questionnaire.

The questionnaire was designed to answer elements of all three central research questions, as follows.

1. What are the outcomes for young people leaving care in Ireland today and how do these compare with those described in the only national study on this topic to date (Kelleher, Kelleher and Corbett, 2000)?

The questionnaire addressed the post-care outcomes experienced by the care leavers in this study in such a way that it would be possible to make tentative comparisons with the outcomes experienced by the care leavers in the Kelleher et al. (2000) study. To do

this it was necessary to include questions on the care leavers' educational attainment, employment status and experience of homelessness.

2. What light does social theory, and in particular the concept of social capital, throw on the forces and processes that influence those outcomes?

Informed by the literature on social capital as discussed in the previous chapter, data was gathered on the respondents' access to social connections and support networks (including proximity of friends/relatives, contact with friends/family/neighbours, perceived barriers to contact with friends/relatives), community involvements, personal satisfaction, sources of support during a crisis and money worries. In designing these sections of the questionnaire the researcher was guided by the work of Ruston and Akinrodeye (2002) who present a broad selection of questions from survey instruments included in the Social Capital Survey Matrix 2002.

3. In the light of changes to policy and legislation, what challenges face the Irish aftercare system today and how might these be responded to?

To gather data related to the third question, sections of the survey focused on the preparation for leaving care the young person received, the transitional assistance available to them and the ongoing aftercare supports that were in place once they had left care.

The questionnaire also sought general demographic information as well as data on the care leaver's care history, health, money worries, alcohol and drug use and involvements with the police. In designing these aspects of the questionnaire the researcher drew on the work of Cashmore and Paxman (2007), Courtney and Dworsky

(2006), Daly (2012), Duncalf, (2010), Lopata, (2011), and Ward et al. (2003). The care leavers' survey questionnaire can be found in Appendix B.

5.5 The follow-up survey

The original research design for this study included a longitudinal component. The researcher planned to have the care leavers complete two surveys, the first soon after they turned 18 and the second 12-18 months later. As outlined above the first survey questionnaire was completed by 82 care leavers. When the researcher attempted to reconnect with the care leavers for the second round, only 49 of the 82 could be contacted. The second survey questionnaire was sent to these care leavers but following considerable efforts on behalf of the researcher over a protracted period of time only 12 completed questionnaires were returned. These were insufficient to serve as a follow-up sample and there was not enough time to attempt to attempt to secure more. Unfortunately, therefore, the study does not include a longitudinal component. The experience has confirmed the difficulty of engaging for research purposes, particularly over time, with 'hard-to-reach' populations.

5.6 Survey analysis

The data from the 82 completed care leaver surveys were input into SPSS. The analysis of the survey data will be presented in detail in subsequent chapters, but for now one point to highlight is the need to utilise nonparametric methods when exploring correlation between some key variables. Because the sample was relatively small many of the assumptions required to run parametric tests were not met, in particular the fact that the data was not normally distributed. To overcome these difficulties, it was

necessary to apply non-parametric or distribution free statistical analysis (Osborne and Waters 2002; Pallant 2010).

Chapter 6 will present the testing of three hypotheses examining the relationship between the care leavers' access to social capital and their post-care outcomes. These are: that placement instability while in care negatively affects the care leaver's post care access to sources of social capital; that there is a positive correlation between the care leaver's level of social capital indicators and their educational attainment; and finally that the care leaver's level of social capital indicators has a positive correlation with their post-care outcomes.

The statistical methods used to test these three hypotheses were as follows:

Step 1.

A series of tests of normality were run for each of the four variables that were to be used. This found that the data in all four variables were not normally distributed and therefore it was appropriate to use non-parametric methods.

Step 2.

Chi Square tests of independence were run to discover if there were statistically significant likelihoods that a relationship exists between the three pairs of variables. In all three cases the Chi Square tests of independence discovered that there was a statistically significant likelihood that a relationship existed.

Step 3.

A non-parametric correlation test was run with each of the three sets of variables to discover the strength and direction of the relationships that were found in the Chi Square tests of independence. Because the chosen variables were not normally distributed it was necessary to use Spearman's rho test as opposed to Pearson's correlation.

5.7 Survey of Maynooth University students

Having begun the process of analysing the quantitative data collected from care leavers it became clear that even though the care leavers in this sample were not a homogeneous group they did, by definition, share many of the same experiences. These included

numerous foster or residential placements during their upbringing that diminished their development of social networks. They also tended to share low levels of formal educational attainment, reduced levels of community involvement and the experience of a relatively abrupt transition to independent living much earlier than their peers.

It was considered beneficial therefore to be able to place the results of the care leavers' survey in a comparative context. For practical purposes, it was decided to gather comparative data from students at Maynooth University. The students were asked to fill in a slightly modified version of the survey used with care leavers. This was the one and only contact with the students. The survey did not record any identifying information and there was no follow-up contact. This additional component of the research required a supplemental ethical approval from the University's Social Research Ethics Sub-Committee.

It was decided that the most appropriate means to administer this survey was online. Therefore, a second survey, almost exactly the same as the one for care leavers, was set up on Survey Monkey and an email invitation was distributed to approximately 10,000 email addresses listed under all users on the university student email service. Positive responses were received from 195 students. Of these, 50 fell outside the required age group of 18 to 25 and their offer to complete the questionnaire was declined. The remaining 145 students completed largely the same survey questionnaire as the care leavers but with the care history, aftercare supports and carer supports sections removed on the basis that in general they did apply to the MU students. However, a question was added to the student survey asking if the student had a care history. If the student

answered 'yes' they were redirected to an exact copy of the care leaver's survey. Three Maynooth University students who completed the survey had a care history.

It must be acknowledged that there are considerable limitations in using a university cohort for comparative purposes. Strictly speaking the comparison should be with young people who have not experienced care but who in other significant respects are similar to those who have (as in an experimental or quasi-experimental design), or with young people of the same age group in the general population. However, a combination of practical and ethical considerations determined the research design of this study and information about the key variables being studied (including a range of types of social capital) is not available about the population at large. The comparisons that are made between the two groups in Chapter 6 are therefore made extremely tentatively, and for broadly indicative purposes only. They claim no more than to suggest some points of similarity and (more often) difference between a sample of the care leaving population (who, previous research shows and this study confirms, are highly unlikely to progress to third level education) and a sample of young people whose educational careers and experience have progressed as far as university and who have never been in care.

5.8 Interviews

In the process of developing a network of contacts there were a number of key informants who were particularly well informed and highly experienced in relation to supporting young people as they transition out of care and the provision of aftercare services. It was thought that these individuals would be an extremely valuable source of information and insight and therefore they were invited to be interviewed as part of this research. In addition, and as already mentioned, a number of care leavers who took

part in the survey agreed to take part in recorded interviews (by ticking a box at the end of the questionnaire).

In total, 22 in-depth semi-structured interviews were conducted, 10 with care leavers and 12 with professionals involved in social care. Of the latter, nine were aftercare workers, one was a senior social worker and two were managers of residential aftercare facilities. Of the nine aftercare workers, five were employed directly by the HSE/Tusla and four worked for charitable NGOs. The interviews took place in Carlow, Cavan, Cork, Dublin, Kilkenny, Limerick, Louth, Meath, Sligo, Waterford and Wexford.

Pseudonyms and job status are presented below.

Name	Service
Audrey	Voluntary residential aftercare services
Amanda	Voluntary residential aftercare services
Kevin	Voluntary residential aftercare services
Rita	HSE/Tusla Aftercare Worker
Sue	HSE/Tusla Aftercare Worker
Emma	HSE/Tusla Aftercare Worker
Julie	HSE/Tusla Aftercare Worker
Meg	HSE/Tusla Aftercare Worker
Martina	HSE/Tusla Aftercare Worker
Ann	HSE/Tusla Aftercare Worker
Tom	HSE/Tusla Aftercare Worker
Lorraine	Regional Aftercare Coordinator HSE/Tusla

Table 5.2: Social care professionals interviewed

5.8.1 Care leavers Interviews

In designing the interview schedule for care leavers, the Biographic-Narrative Interpretive Method (BNIM) was initially selected. This or a similar method has been adopted by Mayock and O'Sullivan (2007), Mayock and Carr (2008) and Mayock and Corr (2013), in research with Irish young people who have experienced homelessness.

The method allows the research participant a great deal of autonomy in recounting significant events from their own lives (Bornat 2008); Denzin, 1989; Gudrium and Holstein, 2002; Roberts, 2002; Roth, 2005; Wengraf, 2001, 2004). The Biographic-Narrative Interpretive Method (BNIM) was chosen because it would allow the researcher to gain access to specific areas of the young person's lived experience, including:

- Early childhood experiences (family life, schooling, relationships with peers and members of the extended family);
- Events and circumstances leading to their initial entrance in to care;
- The experience of being in care;
- Events and experiences subsequent to the initial experience of entering care (with an emphasis on the chronology of events);
- Current level of contact with family and friends;
- Alcohol and drug consumption (frequency of alcohol consumption, level and type of drug use);
- Mental health;
- Levels and types of contact with aftercare and other support services.

In practice, however, the researcher found that all the care leavers interviewed had great difficulty in accurately recalling significant life events in chronological order. This appeared to be due primarily to multiple placement moves and multiple carers and bears out the findings of previous research (McKeown et al. 2006; Cook-Cottone and Beck 2007; Baynes 2008; Murray et al. 2008; Willis and Holland 2009). To address this issue while attempting to adhere as closely as possible to the spirit of the Biographic-Narrative Interpretive Method (BNIM) the researcher developed an interview schedule that followed the structure of the care leaver survey, with which the respondents were already familiar, but prompted and encouraged them to

elaborate and 'tell their story' in relation to each topic. This provided them with the scope to describe significant life experiences in as much detail as they could recall.

Further detail about the composition of the group of care leaver interviewees is given in Chapter 7.

5.8.2 Interviews with social care professionals

In preparation for interviewing the professionals working in social care, a pilot interview was conducted with an aftercare worker, transcribed and entered into MaxQDA. At first an open coding method was used to identify all significant statements. Having done this, the researcher reviewed all coded segments to highlight any recurring themes. This interview enabled the researcher to identify key areas to focus on when developing the interview schedule for use with the rest of the key informants.

The final draft of the interview schedule focused on broad areas of discussion and provided ample scope for the researcher and key informant to pursue any relevant points of their experience. Below are the main questions that were contained in the interview schedule.

- What supports and services do you provide to young people preparing to leave care?
- What supports and services do you provide to care leavers?
- What challenges do care leavers face?
- What percentage of care leavers are offered an aftercare service?
- What are your experiences of working to support care leavers in education/training/employment?
- What are your experiences of working with clients with mental-health issues?
- What are your experiences of working with clients with drug and alcohol misuse/addiction issues?

- What are your experiences of working with clients who have experienced or who are experiencing homelessness?
- What guidelines are in place regarding eligibility requirements for a young person to access your service?
- What challenges do you face in encouraging young people who meet the eligibility requirements to engage with your service?
- How many clients do you currently have on your books and of those how many are actively engaged with your service?
- If a client initially refuses to engage with your service but later seeks to re-engage what if any are the barriers that hinder this re-engagement?
- How do care leavers get on later in life?
- In the past few years what policy developments have influenced the provision of aftercare services?
- How about the 2011 HSE Leaving and Aftercare Services National Policy and Procedures Document?
- What filing and reporting procedures are in place?
- In what ways are the management structures organised to support the aftercare worker?
- Inter-agency cooperation.
 - Housing.
 - Education/training.
 - Welfare payments/entitlements.
 - Mental health services.
- What challenges and frustrations do you face?
- What has improved?
- What needs to improve?
- What is your view of the new Child and Family Agency? What do you hope or expect it might achieve?

The recording of each key informant interview was transcribed verbatim. During the transcription process any identifying information was removed. The transcript was then imported into MaxQDA Qualitative software package and the coding process began.

5.9 Interviews: thematic analysis

In analysing both the care leavers and key informant interviews the researcher drew primarily on the work of Braun and Clarke (2006) who suggest a six-step process as listed below:

Familiarising yourself with your data:

Transcribing data (if necessary), reading and rereading the data, noting down initial ideas.

Generating initial codes:

Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.

Searching for themes:

Collating codes into potential themes, gathering all data relevant to each potential theme.

Reviewing themes:

Checking that the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2).

Defining and naming themes:

Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definitions and names for each theme.

Producing the report:

The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis. (Braun and Clarke: 2006)

Each of the interview recordings was transcribed by the researcher within two weeks from the date of the interview. During the process of transcription, the researcher added to the notes that were taken during the interview itself, allowing for additional reflection on the content of the interview. During the first two rounds of initial coding both inductive and deductive coding were used, as described in Fereday and Muir-Cochrane (2006). Once each transcription was completed and imported into MAX QDA, the document was firstly coded using an open coding approach. During the second round of coding the researcher was guided by the three central research questions and the conceptual framework of social capital. Appendix C includes further details of codes

assigned and themes identified, and the following two chapters provide the resulting analysis.

5.10 Ethics

Ethical approval was granted by the Maynooth University Social Research Ethics Subcommittee. All research participants were over 18 and were capable of giving informed consent. Having said this the researcher was constantly aware of the vulnerability of care leavers, and this was taken into account throughout the research design process. Special care was taken to ensure that the questions in the survey were respectful of the care leaver's dignity and integrity.

In relation to the care leavers who took part in the in-depth interviews, the interviews were held in public but quiet places with a third party present or in close proximity. These venues included a local community centre, the corner of a hotel lobby, a pub, a family resource centre, a care leaver's apartment, a residential aftercare facility, a social worker's office and the offices of EPIC. In all cases it was possible to maintain privacy while also insuring that either a third party was present or that both the research respondents and the researcher could be seen through a window or an open door, thus ensuring the safety of all parties.

The researcher was mindful that by their very nature semi-structured in-depth interviews with vulnerable groups such as care leavers can provide opportunities for the recollection and discussion of difficulties or challenges that they may have faced through their life experiences. There was a possibility that in discussing such challenges the young person could be distressed or re-traumatised. In practice this did not happen

but if it had, the researcher's professional qualification, training and experience as a Social Care practitioner would have allowed for the provision of appropriate support.

There was also a risk that the care leavers, during the survey or interview, might have made disclosures that could not be kept confidential. The care leavers were advised that in certain circumstances confidentiality and anonymity cannot be maintained. In the case of non-nationals, they were also advised to be mindful of any comments that could negatively affect their legal or residency status. All research participants were offered an information pack that contained details of support services in their area.

5.11 Conclusion

The primary purpose of this study is to gain a better understanding of the process of transition experienced by young people who have lived in the Irish alternative care system. The study adopts a pragmatist approach and a mixed-methods research design, acknowledging that this transition exists simultaneously at the conjunction of several social spheres that have been shaped by legislative and policy developments, and influenced by individual, familial, social, structural and temporal factors.

A pragmatist approach frees the researcher from the constraints inherent within any one paradigm, and encourages the selection of a range of research tools that will efficiently aid the attainment of the end goal. The use of mixed methods promotes both 'participant enrichment', ensuring that each respondent is given the opportunity to provide as full as possible a representation of their experience, and 'significance enhancement', by allowing for an exploration of the relationship between policy development, policy implementation and practical application.

Chapter 6

Quantitative Findings

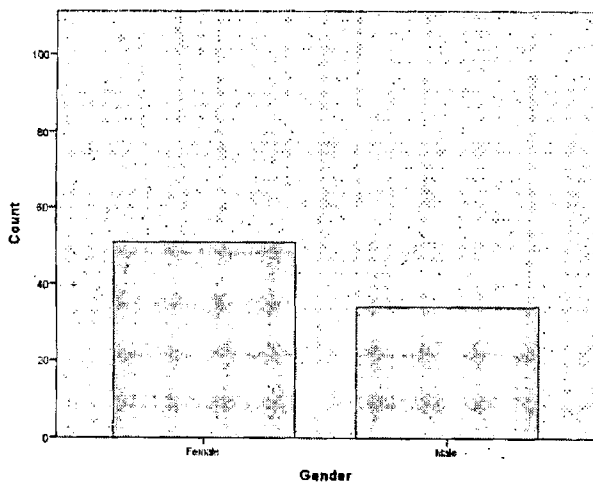
6.1 Introduction

This chapter will present an analysis of the data gained from survey questionnaires completed by care leavers and by Maynooth University students, as detailed in Chapter 5. Of the 145 MU students who responded to the survey, three had been in care and were therefore added to the care leaver group, resulting in an MU sample of 142 and a care leaver sample of 85. The results of the two surveys will be presented together, except where the care leavers' study contained questions that were not included in the MU survey. The first section of both the care leavers and MU student's surveys ask generic demographic questions.

6.2 Personal information

In response to a question on gender, the care leaver sample had 51 (60%) female and 34 (40%) male respondents while in the student sample 88 (62%) were female and 54 (38%) were male .

Care leavers



Maynooth University Students

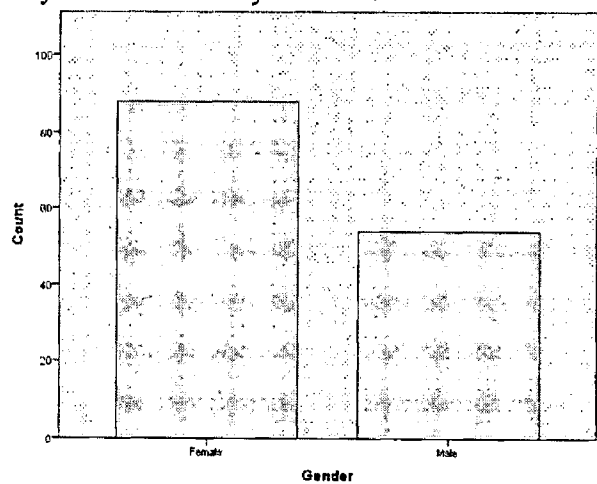
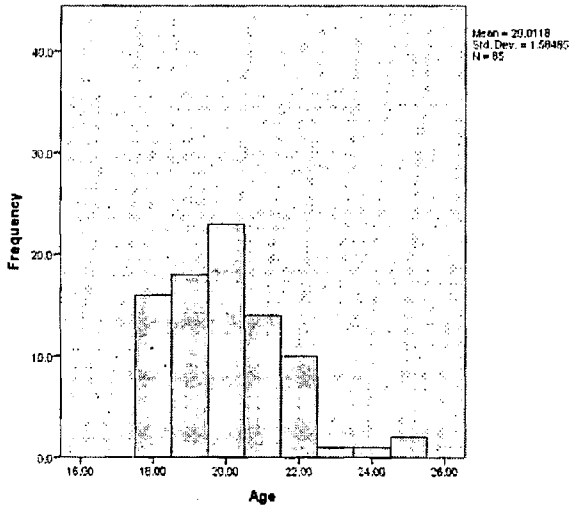


Figure 6.1: Gender of respondents

In both samples the age range was from 18 to 25 years inclusive. The mean value was 20.03 years for care leavers and 19.86 years for the MU students (Figure 6.2).

Care leavers



Maynooth University Students

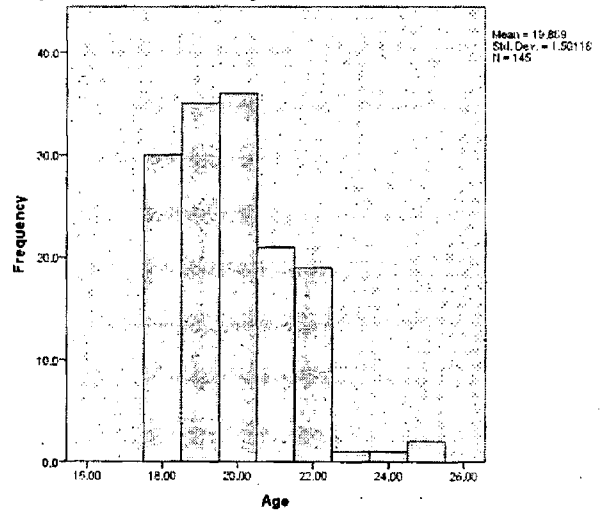
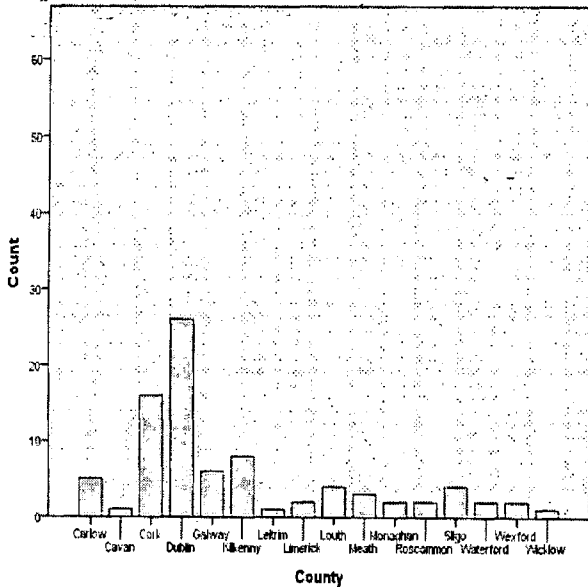


Figure 6.2: Age of respondents

Geographically the care leavers were more widely dispersed than the MU students.

Care leavers



Maynooth University Students

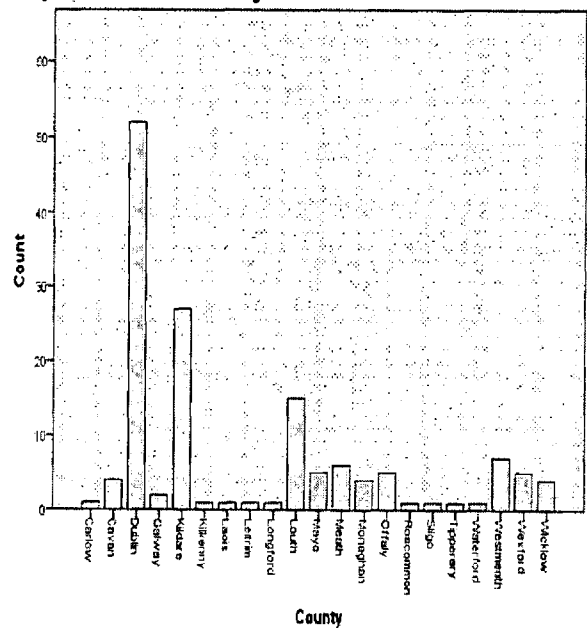


Figure 6.3: Geographical distribution of respondents

Within the care leaver sample 73 (89%) were ethnically white (Irish, or any other white background), five (6.1%) were ethnically Traveller (Irish Traveller) and four were ethnically black (African or any other black background).

An even larger proportion of the MU students - 138 (95.2%) - were ethnically white, with two (1.4%) ethnically black (African or any other black background), two (1.4%) Asian (Chinese or any other Asian background) and three (2.1%) classing themselves as other.

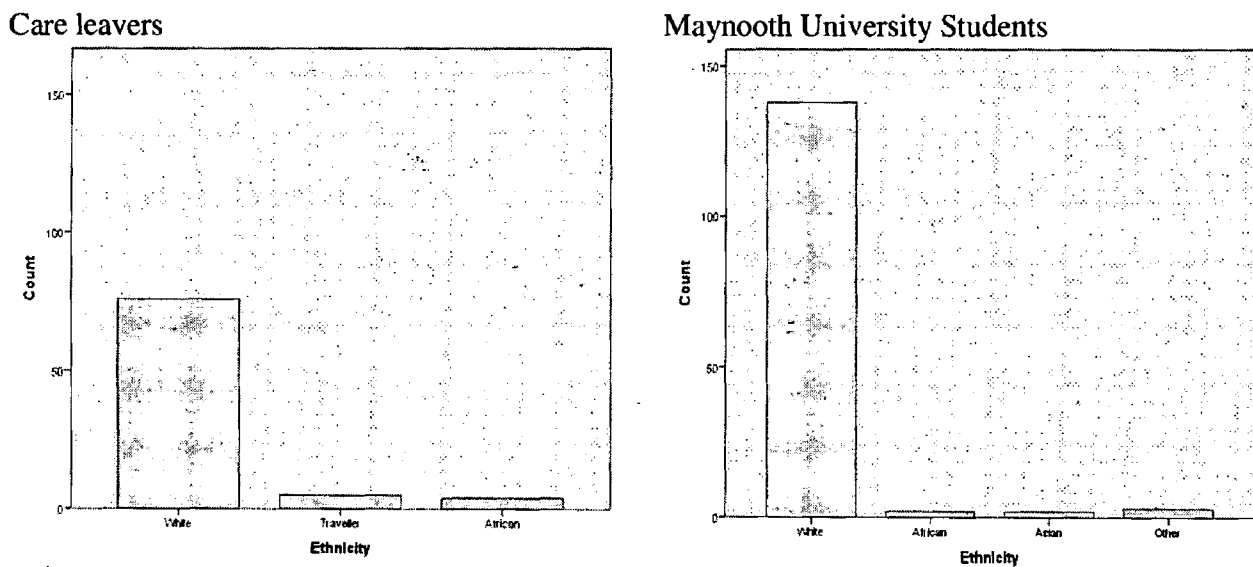
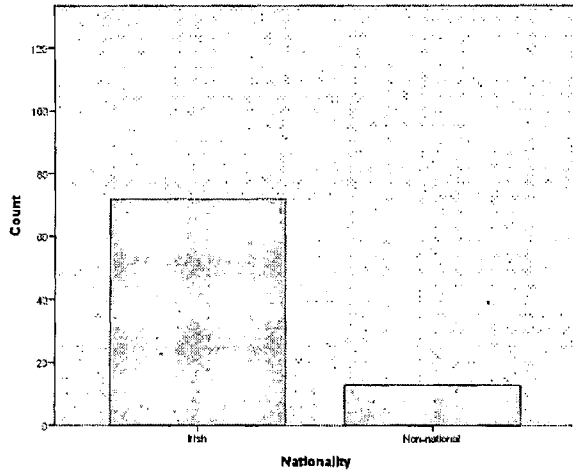


Figure 6.4: Ethnicity of respondents

In terms of nationality the two samples were almost an exact match. Among the care leavers 71 (86.6%) were born in Ireland and 11 (13.4%) were non-nationals while among the MU students 124 (85.5%) were born in Ireland and 21 (14.5%) were non-nationals.

Care leavers



Maynooth University Students

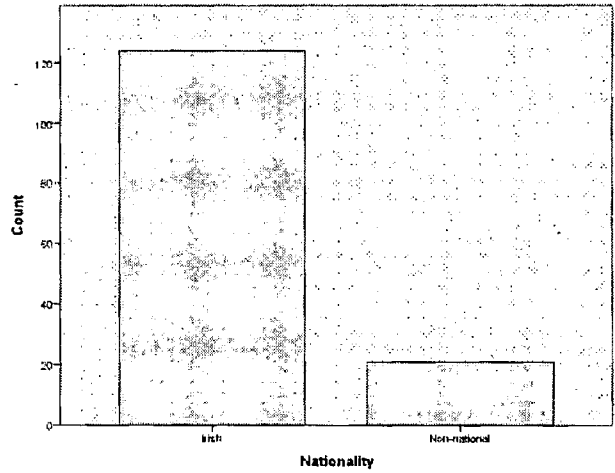
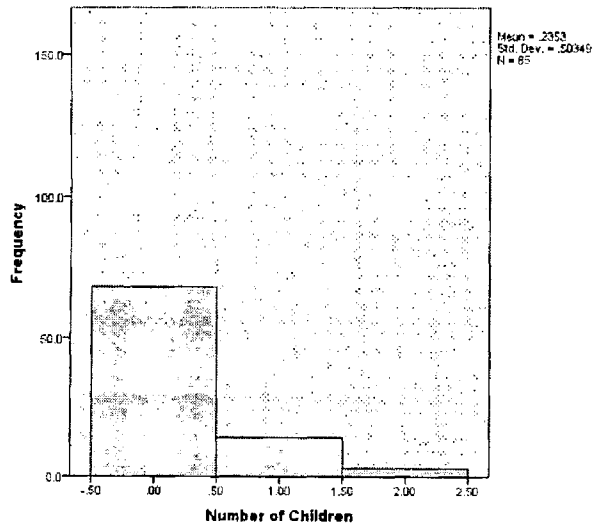


Figure 6.5: Nationality of respondents

The respondents were asked 'Do you have any children?'. Here the first notable difference between the samples can be seen.

Care leavers



Maynooth University Students

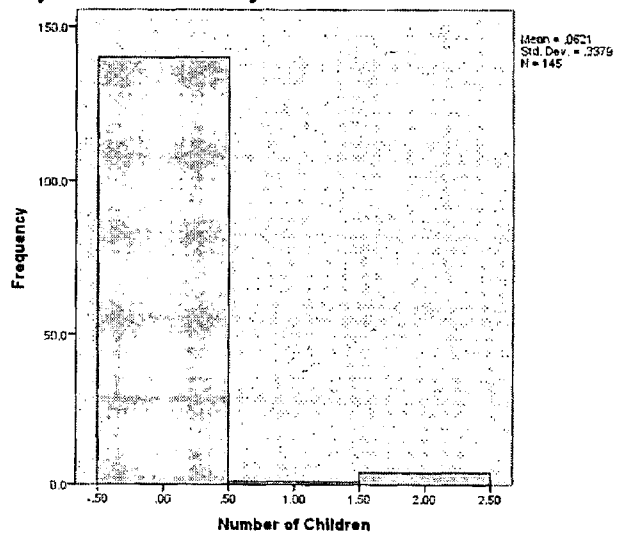


Figure 6.6: Number of children

The care leavers were much more likely to be parents than their student peers: the mean value for number of children among care leavers was 0.23 and for MU students it was 0.06, meaning that the care leavers were almost times more likely to have a child than the MU students. The care leavers who were parents were more likely to be female (12 as compared with five males). None of the MU students or their partners were currently pregnant or expecting a child while two care leavers reported that they or their partners were currently pregnant or expecting a child.

The next two sections relate to the care leaver's care history including the preparation they received for leaving care and independent living and their experience of aftercare. While the MU students did not (apart from the three exceptions already mentioned) have experience of care, data was gathered about their accommodation history to allow for an element of comparison in relation to stability of domicile. The comparison is necessarily limited for the following reasons. When a child in care is moved from their care placement, at a minimum they are being moved from one set of primary care givers, with all the associated social connections, into another social setting. In many cases the child is also moved from their school and community which will break further social connections. In the case of university students, previous experience of moving house, whether they moved from school and community or not, will usually have involved taking with them most of their familial connections both close and extended, allowing for the maintenance of social stability and the continuity of the sense of belonging.

6.3 Care History

As discussed in chapter 3 the age at which a child enters care has been shown to have a correlation with outcomes in later life. The histogram below shows the amount of time (in years) the care

leaver was in the care of the state prior to their 18th birthday. It shows a minimum value of 1 year and a maximum of 18 years with a mean value of 9.11 years in the care of the state.

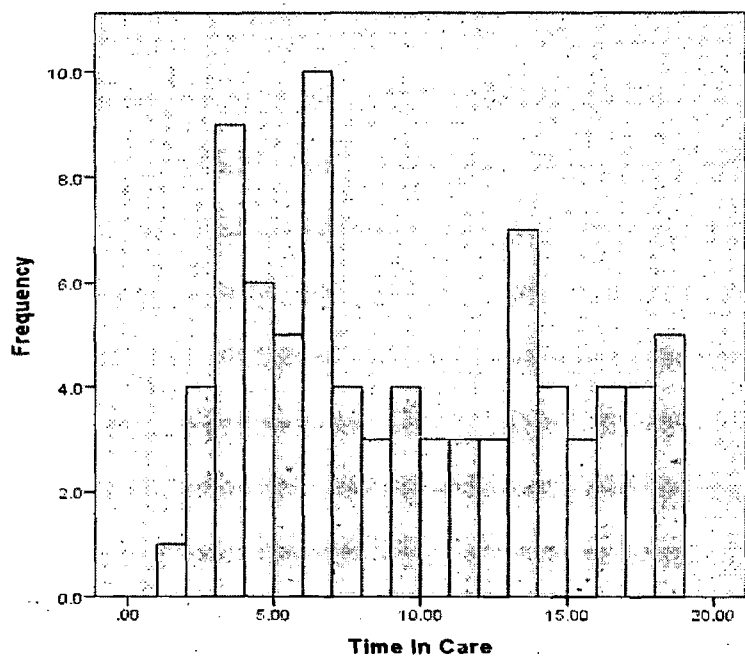


Figure 6.6a: Time in care (in years)

The care leavers were asked about the number and type of placements they had experienced, in order to ascertain their level of placement instability. The MU students were asked: 'How many times did your family move accommodation before you turned 18?'. Because the students were asked how many times they moved rather than how many homes they had, when converting this data from SurveyMonkey to SPSS each student's response was increased by 1 so as to include the first family home, while the original family was also added to the care leavers' responses to enable comparability. Analysis shows that the care leavers had a minimum of 1 and a maximum of 15 placements with a mean number of 4.64, whereas the MU students had a minimum of 1 and a maximum of 9 'placements' with a mean of 1.71. This indicates that the care leavers experienced significantly higher rates of social instability, at least in relation to domicile.

The next three questions were designed to gain further insight into placement stability and duration. If a care leaver said that they were in care for five years and had five placements it would not be possible to know if they had one long term placement and four moves in quick succession or if they had five placements of a year each. It would also not be clear how long their final placement was, and this is an important factor in enabling or hampering preparation for leaving care. Respondents were therefore asked the following questions:

- How long was your longest placement?
- How long was your shortest placement?
- How long were you in your final placement?

In relation to longest placement, responses ranged from nine months to 216 months or 18 years, with a mean of 81.5 months or almost seven years. Shortest placements ranged from 0.25 months to 216 months or 18 years, with a mean of 32 months.

The duration of the care leaver's final placement, as mentioned above, has important implications for the young person's opportunity to prepare adequately for their transition but also for their ability to engage with support services such as social welfare, local authority housing, health and mental health as well as pursuing educational or training opportunities. Duration of final placement ranged from one month to 18 years with a mean of 64.38 months or 5.4 years. (Obviously, a care leaver who had a single placement lasting all the way to their 18th birthday accounts for the top of the range being the same in response to all three questions).

In the case of the MU students, longest accommodation duration ranged from 60 months to 300 months (25 years), with a mean of 190 months (c. 16 years), and shortest accommodation duration from 2.4 months to 300 months (25 years) with a mean of 120 months or 10 years. The MU

students' most recent accommodation ranged in length of time from 2.4 to 300 months with a mean of 167.04 (13.9 years). Table 8 summarises the mean responses for the two survey samples.

	Care Leavers' Mean	Students' Mean
Total No of placements	4.6	1.7
Longest	79.1 (6.6 years)	190.4 (15.9 years)
Shortest	30.1 (2.5 years)	120.3 (10.0 years)
Final	63.3 (5.3 years)	167.0 (13.9 years)

Table 6.1: Summary comparison of longest, shortest and final 'placements'

The care leavers were asked about the nature of their final placement before they turned 18 years of age. As outlined in Chapters 3 and 4, Gayle and McClung (2013) identified a correlation between the young person's educational achievement and their placement type. The care leaver's final placement provides the setting from which he or she begins to plan and prepare for transition from the statutory supports guaranteed under the Child Care Act 1991 to the far more precarious supports offered to care leavers.

The breakdown of final placements experienced by the care leavers sampled in this survey is somewhat different from the national statistics provided by Tusla, according to which 93% of children in care are placed in foster or kinship care with the remaining 7% in all other forms of residential care placements. In this study, 44 (51.8%) said that their final placement before turning 18 was in foster or kinship care while 36 (42.3%) were placed in residential care or supported lodgings with a further 5 (5.9%) placed in homeless hostels or B&Bs.

Type of final placement

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kinship	6	7.1	7.1	7.1
	Foster	38	44.7	44.7	51.8
	Residential	29	34.1	34.1	85.9
	Supported	7	8.2	8.2	94.1
	Homeless Hostel	2	2.4	2.4	96.5
	B&B	3	3.5	3.5	100.0
	Total	85	100.0	100.0	

Table 6.2: Type of final placement

6.4 Preparation for leaving care

Preparation for leaving care primarily relates to the formal process of supporting the child in care to acquire the skills, competencies and information required for their successful transition from care to adulthood and full independence. The Leaving and Aftercare Services National Policy and Procedures Document (HSE 2012) states that the process should centrally involve the young person: 'The leaving and aftercare process must be child centred and their full participation is paramount in the development of a plan for their future' (HSE 2012: 15).

The document introduces additional 'primary eligibility criteria', foremost among which is the introduction of a requirement that to be eligible for preparation for leaving care services the child must have been in care for 12 consecutive months before their 16th birthday and to be eligible for aftercare services the child must have been in care for 12 consecutive months before their 18th birthday. Of the care leavers in the current sample 79 (92.7%) had been in care for 12 consecutive months before their 16th birthday and therefore should have received two years of preparation for leaving care. In addition, all 85 care leavers had been in care for 12 consecutive months before their 18th birthday and were therefore eligible to receive an aftercare support service. The data below

make it clear that the experience of the care leavers surveyed fell far short of the standards set out in the policy.

Of the care leavers surveyed, 58 (70.7%) had been assigned an aftercare worker before they turned 18; 24 (29.3%) answered 'No' or 'I don't know'. If the care leaver answered 'Yes' they were then asked further questions about their experience with their assigned aftercare worker. Almost three quarters of them (42, or 72.41%) strongly agreed or agreed with the statement 'I found that my aftercare worker was very helpful before I turned 18'. The remaining 16 (27.6%) had no opinion, disagreed or strongly disagreed.

According to the HSE/Tusla guidelines, preparation for leaving care should commence as the child in care turns 16 years of age, but the data show that among the care leavers who were assigned an aftercare worker before they turned 18, in only 4 cases (6.9%) did this happen 19-24 months beforehand. In one additional case the aftercare worker was assigned 13-18 months before the young person's 18th birthday. Among the remaining 53 care leavers, an aftercare worker was assigned 7-12 months before the 18th birthday in 16 cases (27.6%), and 1-6 months before in 37 cases (63.8%).

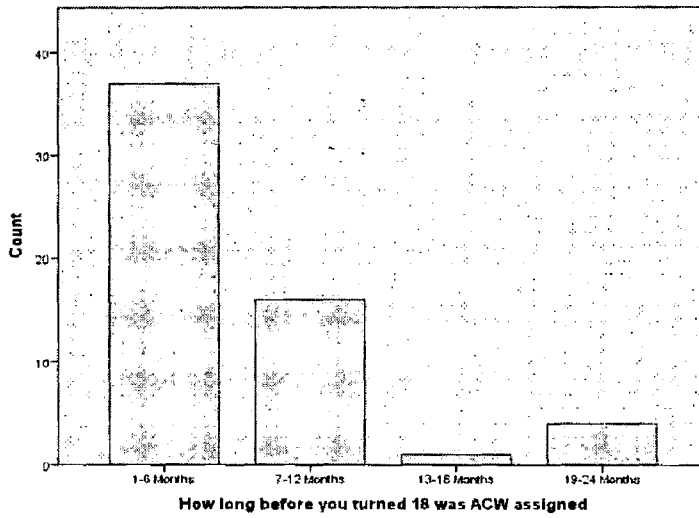


Figure 6.7: Timing of aftercare worker assignment

Those care leavers who were assigned aftercare workers before turning 18 years of age were asked how often they were contacted by the aftercare worker. Figure 6.8 shows the distribution of responses. The mean response was once every 2.48 weeks.

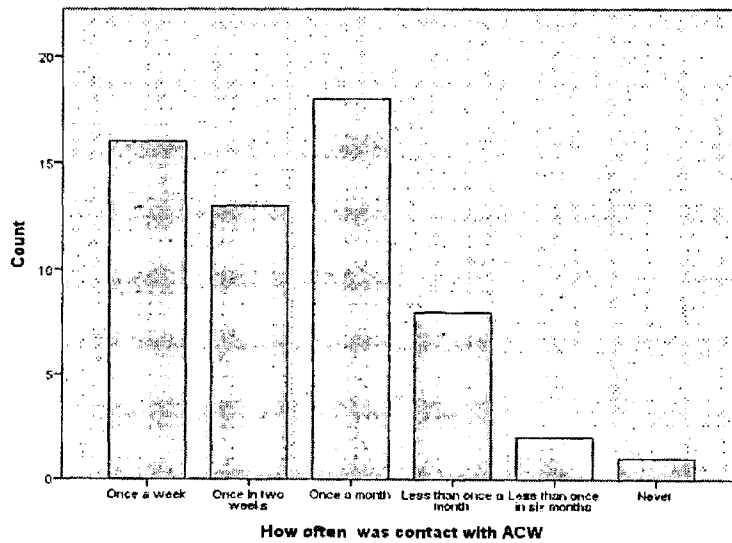


Figure 6.8: Frequency of contact with aftercare worker

The final question in this section asked the care leavers if a needs assessment was completed with them before they left care. The content and process of completing a needs assessment is outlined in the Leaving and Aftercare Services National Policy and Procedures Document (HSE 2012). The needs assessment is intended to provide an extensive description of the young person's strengths and needs that are relevant in informing all future planning. When the completed needs assessment is combined with any relevant medical or psychological reports it forms the basis for the 'Preparation for Leaving Care Plan' that will include any additional preparation programmes and leaving care supports needed by the young person. Of the 85 care leavers in the sample, 30 (36.6%) reported that they had received a needs assessment with the remaining 52 (63.4%) reporting that they had not received one or did not know.

Respondents were then asked about specific support or training received before turning 18 in preparation for leaving care. The need for preparation and training for young people as they prepare to transition out of care has been widely acknowledged as research has consistently identified the period of transition from care to independence as a time of increased anxiety and heightened risk.

Firstly, care leavers were asked if they received any training in independent living skills from their carers or aftercare worker before turning 18. In response, 47 (55.3%) answered 'Yes' and 38 (44.7%) answered 'No'. They were then asked if they received training in each of a number of specific areas (based on independent living skills programmes such as Baker et al. 2000, Biehal et al. 1995, Donkoh et al. 2006 and Montgomery et al. 2006) and if so how helpful they found that training. The areas were as follows:

- Budgeting
- Cooking
- Housing, rights and responsibilities
- Employment

- Further Education
- Health
- Emotional/Mental health
- Effective communication
- Getting help in a crisis
- Social welfare entitlements

Table 6.3 below presents that in every one of the specific areas of training, a majority of care leavers said they had received no training, with the proportion around or above two thirds in several cases. The remainder of respondents who had received training, were asked how helpful they found it, and these figures are also presented in Table 6.3. The same data is presented graphically, with absolute numbers rather than percentages, in Figure 6.9.

	No training %	Not helpful %	A bit helpful %	Very helpful %
Budgeting	51.8	10.6	22.4	15.3
Cooking	56.5	1.2	16.5	25.9
Housing, rights and responsibilities	65.9	2.4	12.9	18.8
Employment	63.5	3.5	16.5	16.5
Further Education	56.5	0	15.3	28.2
Health	56.5	1.2	17.6	24.7
Emotional/Mental health	68.2	1.2	10.6	20
Effective communication	70.6	0	7.1	22.4
Getting help in a crisis	61.2	1.2	17.6	20
Social welfare entitlements	52.9	1.2	14.1	31.8

Table 6.3: Provision/helpfulness of life skills training

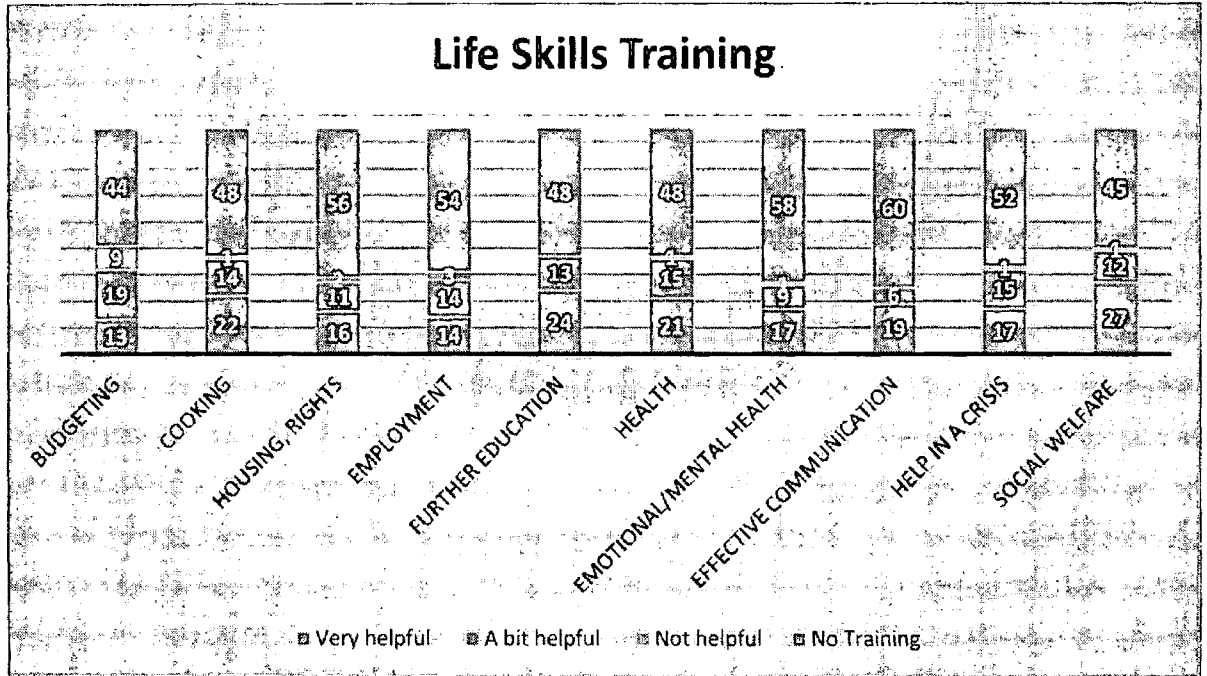


Figure 6.9: Provision/helpfulness of life skills training

6.5 Aftercare

As discussed in greater detail in Chapter 2, aftercare services in Ireland are governed by Section 45 of the 1991 Child Care Act. Section 3 of this survey focuses on the supports offered to care leavers after they had turned 18 years of age. Section 6.12 will go into more detail about the exact nature of the supports received by care leavers.

The first question in this section asked the care leaver if they were offered an aftercare service after they turned 18 (it should be noted that some care leavers having left the care system choose not to engage with any further supports offered to them). To this question 61 (71.8%) said that they were offered an aftercare service and 24 (28.2%) said that they were not or that they did not know.

When asked if they currently had a social worker 8 (9.4%) answered yes, 77 (90.6%) answered no or that they did not know. In general care leavers are not assigned social workers unless there are other welfare concerns. At the time of filling in this survey 50 (58.8%) care leavers were assigned aftercare workers while 35 (41.2%) were not or did not know.

The age of the care leaver can determine if they are eligible for aftercare services as provided for in the Child Care Act 1991. That is to say that in general the HSE/Tusla can provide aftercare support to a care leaver between the ages of 18-21 but can choose to extend such supports, if the care leaver is in education, until their course of education is complete. Table 6.4 shows that the number of care leavers assigned an aftercare worker is lower for those aged 21 and over. Of the 57 care leavers aged between 18-20, 36 (63%) had an aftercare worker and 21 did not, or did not know, while of the 28 care leavers aged 21 or more, 14 (50%) had an aftercare worker and 14 did not

	Aftercare worker assigned now?			Total
	Yes	No	Don't know	
Age 18	9	6	1	16
19	14	4	0	18
20	13	10	0	23
21	6	6	2	14
22	6	4	0	10
23	0	1	0	1
24	1	0	0	1
25	1	1	0	2
Total	50	32	3	85

Table 6.4: Assignment of aftercare workers by age of care leavers

As indicated earlier, the Leaving and Aftercare Services National Policy and Procedures Document (HSE 2012) states that the aftercare worker is responsible for liaising with the

young person, their social worker, care staff/foster carer and birth family where appropriate in carrying out a needs assessment and developing an extensive written aftercare plan. (This data was gathered before the implementation of the Child Care (Amendment) Act 2015 and therefore there was no statutory obligation on the part of Tusla to prepare an aftercare plan.) In the light of this, the care leavers were asked if they had an aftercare plan, to which 36 (42.4%) answered yes and 49 (57.6%) answered no or they did not know.

Finally, in this section the care leavers were asked how strongly they agreed or disagreed with the statement 'I found that my aftercare worker was very helpful after I turned 18'.

Almost one third (27, or 31.8%) of the 85 respondents had never had an aftercare service. Of the 58 who had, 42 (72.4%) agreed or strongly agreed that their aftercare worker was very helpful, seven (12%) disagreed or strongly disagreed while nine (15.5%) neither agreed nor disagreed.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly agree	22	37.9	37.9	37.9
Agree	20	34.5	34.5	72.4
Neither agree or disagree	9	15.5	15.5	87.9
Disagree	6	10.3	10.3	98.3
Strongly disagree	1	1.7	1.7	100.0
Total	58	100.0	100.0	

Table 6.5: Perceived helpfulness of aftercare worker

6.6 Education

Chapter 3 of the present study presented the national and international research on the educational attainment of children in care and care leavers, highlighting the significant disadvantage they experience as compared with their peers in the general population. In this study the comparison between care leavers and Maynooth University students is intended to identify the educational trajectory followed by each sample group from childhood into adulthood, and also to throw light on the social and structural forces that influence that trajectory.

Firstly, respondents to both surveys were asked how many primary schools they attended. There is a striking difference in the responses. Of the care leavers only 42 (51.2%) attended a single primary school (with a mean value of 2.07 primary schools attended). In contrast, 106 (73.1%) of the Maynooth University students attended a single primary school with a mean of 1.38).

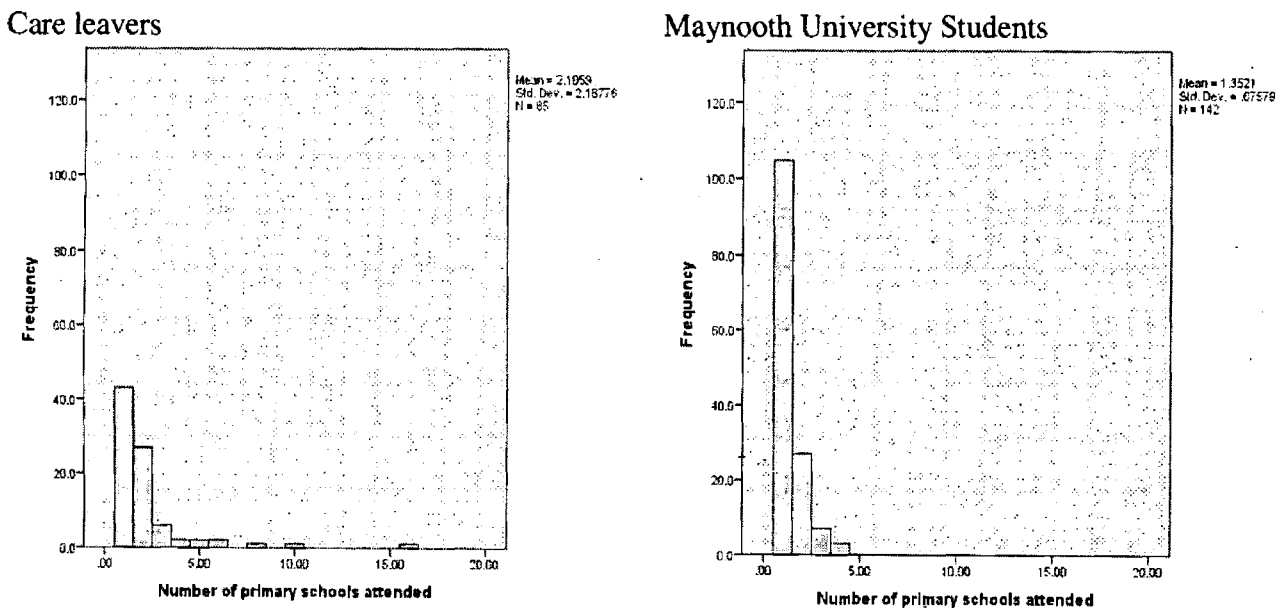
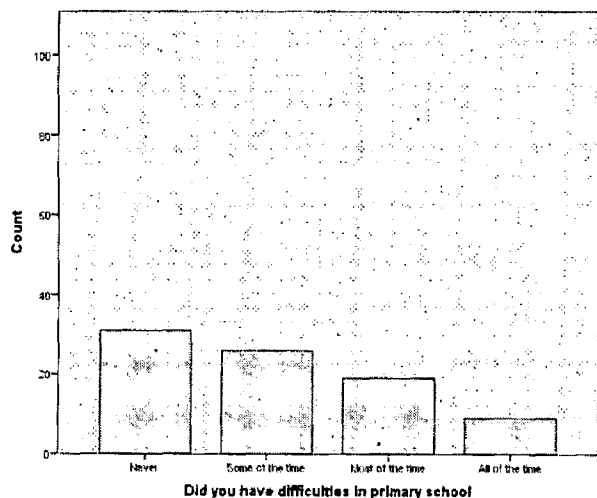


Figure 6.10: Number of primary schools attended

All the survey respondents were asked 'Did you have difficulties in school that interfered with your education during primary/national school?' (see Figure 6.11). Only 31 (36.5%) care leavers answered that they never had such difficulties while 26 (30.6%) replied some of the time, 19 (22.4%) replied most of the time and 9 (10.6%) said that they experienced difficulties in primary school that interfered with their education all of the time. Among the MU students, 84 (57.9%) never had such difficulties while 56 (38.6%) answered some of the time, two (1.4%) most of the time and three (2.1%) all of the time. Expressed in terms of the mean (where 'never' is valued at 1 and 'all the time' at 4), the figure for care leavers is 2.07 compared with 1.45 for the MU students.

Care leavers



Maynooth University Students

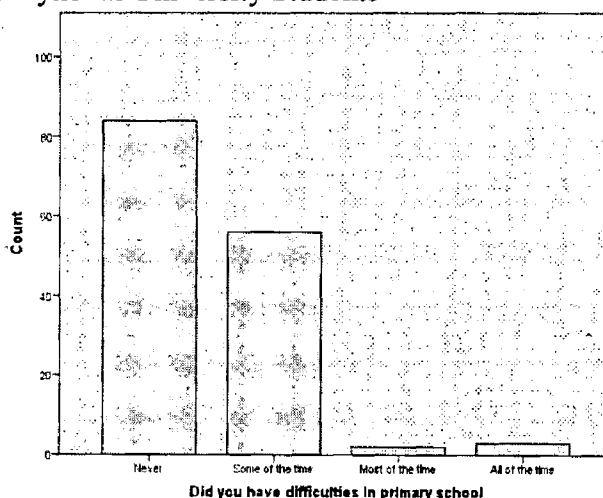
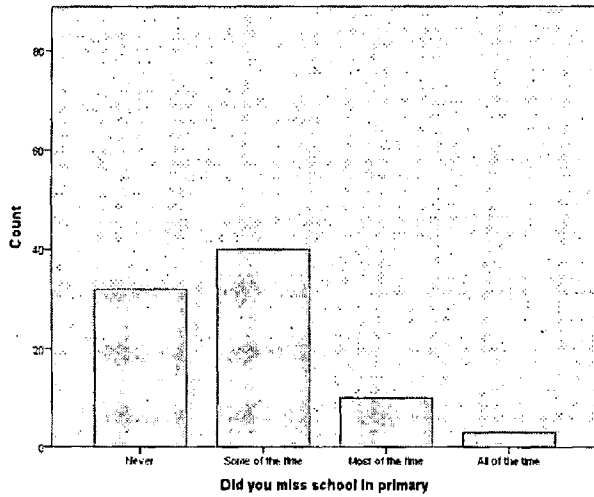


Figure 6.11: Experience of difficulties in primary school

Respondents were then asked how often they missed or didn't attend school (Figure 6.12). A very large majority of young care leavers (72, or 84.7%) never or only sometimes missed primary school while the remaining 13 (15.3%) missed school most of the time or all of the time. In comparison, almost all MU students (142, or 97.9%) never or only sometimes missed school, while

only three (2.1%) missed primary school most of the time or all of the time. In terms of the mean (calculated on the same basis as the previous question) the figures were 1.81 for the care leavers and 1.51 for the MU students.

Care leavers



Maynooth University Students

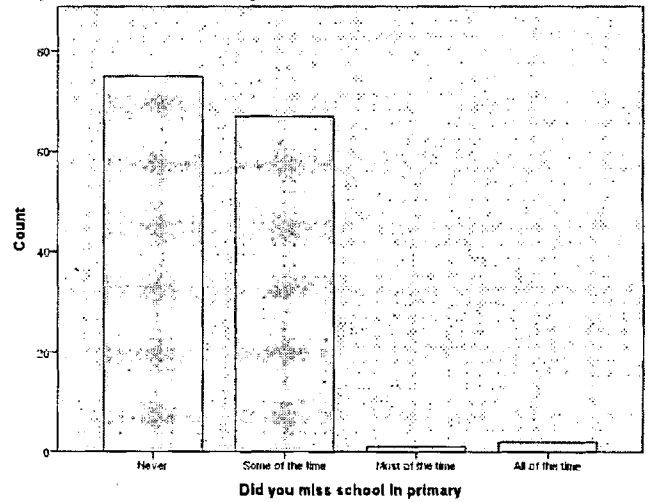
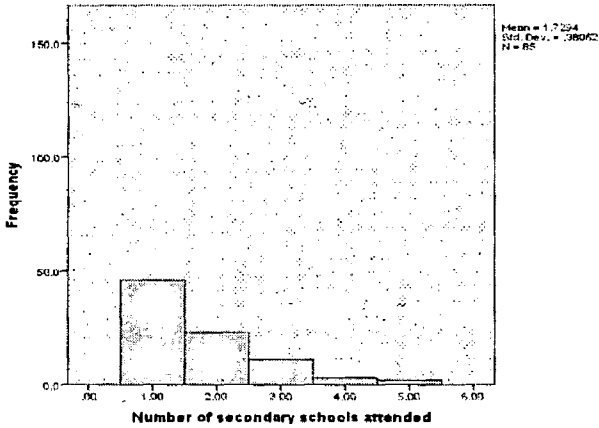


Figure 6.12: Frequency of missing school: primary

Both samples were asked the same questions in relation to their time in second-level school. As regards number of schools (Figure 6.13), more than half of the care leavers (46, 54.1%) reported that they attended a single second-level school while the remaining 39 (45.9%) attended between two and five schools. The mean number was 1.7 schools. In contrast, almost nine out of ten MU students (128, 88.3%) attended a single second-level school, with the remaining 17 (11.7%) attending two schools (none more than that). The mean for the MU students was 1.11 schools.

Care leavers



Maynooth University Students

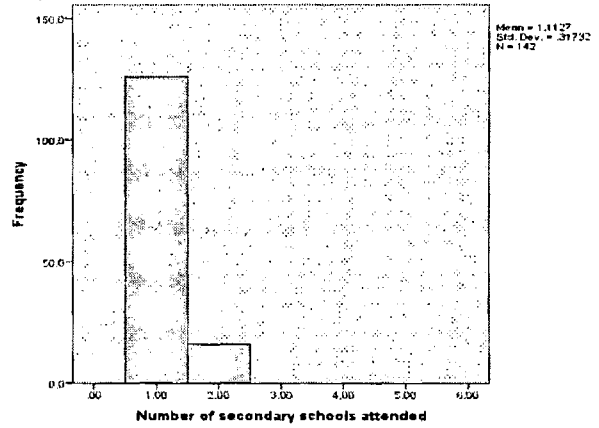
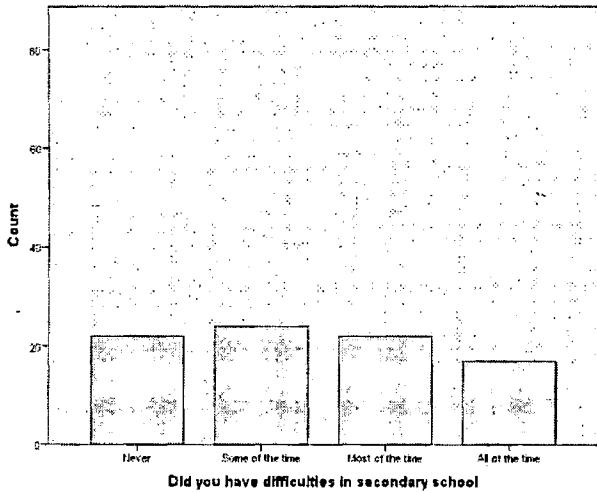


Figure 6.13: Number of second-level schools attended

Both samples were asked if they encountered difficulties in second-level school that interfered with their education (Figure 6.14). To this only 22 (25.9%) care leavers answered that they never had such difficulties while 24 (28.2%) replied some of the time, 22 (25.9%) replied most of the time and 17 (20%) said that they experienced difficulties in secondary school that interfered with their education all of the time. Among the MU students, one half (50.3%) never had such difficulties while 61 (42.1%) answered some of the time, 8 (5.5%) replied most of the time and 3 (2.1%) answered all of the time. Calculated as means, the scores for the two groups were 2.4 and 1.59.

Care leavers



Maynooth University Students

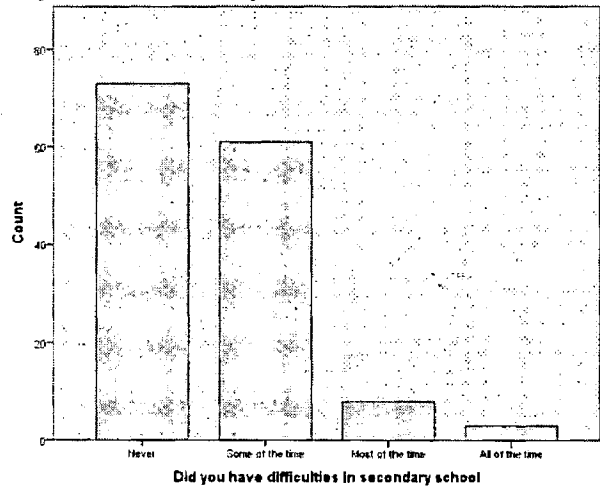
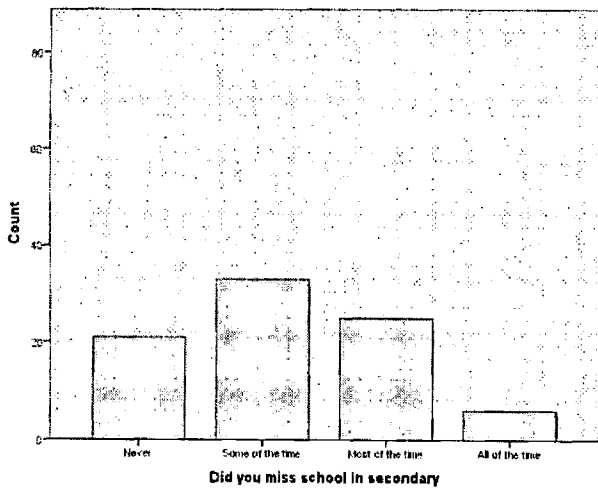


Figure 6.14: Experience of difficulties at second level

With regard to missing school at second level (Figure 6.15), 53 (63.5%) care leavers never or only sometimes missed school while the remaining 32 (36.5%) missed most of the time or all of the time. This gives a mean value of 2.18. In comparison, virtually all MU students (141 or 97.2%) never or only some of the time missed school and only four (2.8%) missed school most of the time or all of the time, giving a mean of 1.6.

Care leavers



Maynooth University Students

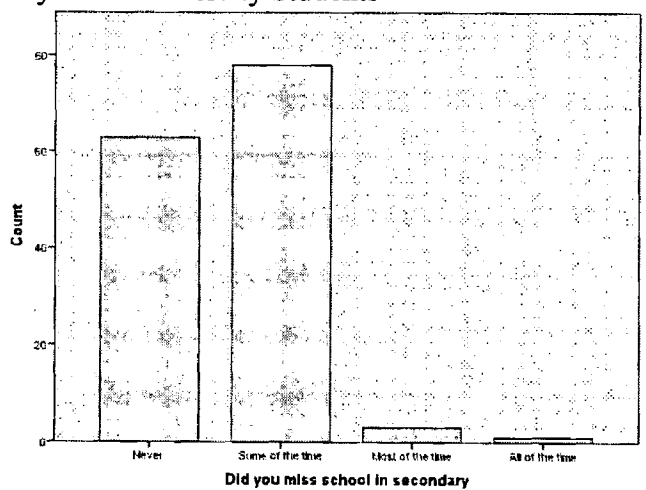


Figure 6.15: Frequency of missing school: second-level

There is a very clear pattern in the data presented above, with the care leavers having a greater likelihood of experiencing multiple school placements at both primary and secondary level, as well as a greater likelihood of experiencing difficulties that interfered with their education, and of missing school. Moreover, a comparison of the data for primary and second level school suggests that perceived difficulties increased much more for the care leavers than for the MU students as they moved from one level to the next. Table 6.6 summarises the mean values for all the responses on the primary and secondary school experiences of the two groups. In all cases the care leavers' mean value is higher than that of the MU students.

Question	Care Leaver Mean	Student Mean	Mean Difference
Number of primary schools attended?	2.1	1.3	0.8
Number of secondary schools attended?	1.7	1.1	0.6
Did you have difficulties in primary school?	2.1	1.4	0.5
Did you have difficulties in secondary school?	2.4	1.5	0.9
Did you miss school in primary?	1.8	1.5	0.3
Did you miss school in secondary?	2.2	1.6	0.6
	Care leavers total means	Students total means	Total mean difference
	12.3	8.4	3.9

Table 6.6: Summary comparison of educational histories

Expressed in this summary form, we can see that care leavers are roughly 50% more likely, both in primary and secondary school, to have experienced multiple school placements, difficulties in school that interfered with their education and increased levels of absenteeism.

A question asked of the care leaver sample but not the MU students concerned their highest level of education. They were asked 'What is the highest level of education you have started or are currently in?' Figure 6.16 summarises the responses, showing that only small proportions of the care leavers had progressed to third level programmes (only 14% for Levels 7 and 8 combined),

while just under 1 in 5 embarked on a 'FETAC'/further education programme at Level 6 and more than half (56%) had experienced no higher than second-level education.

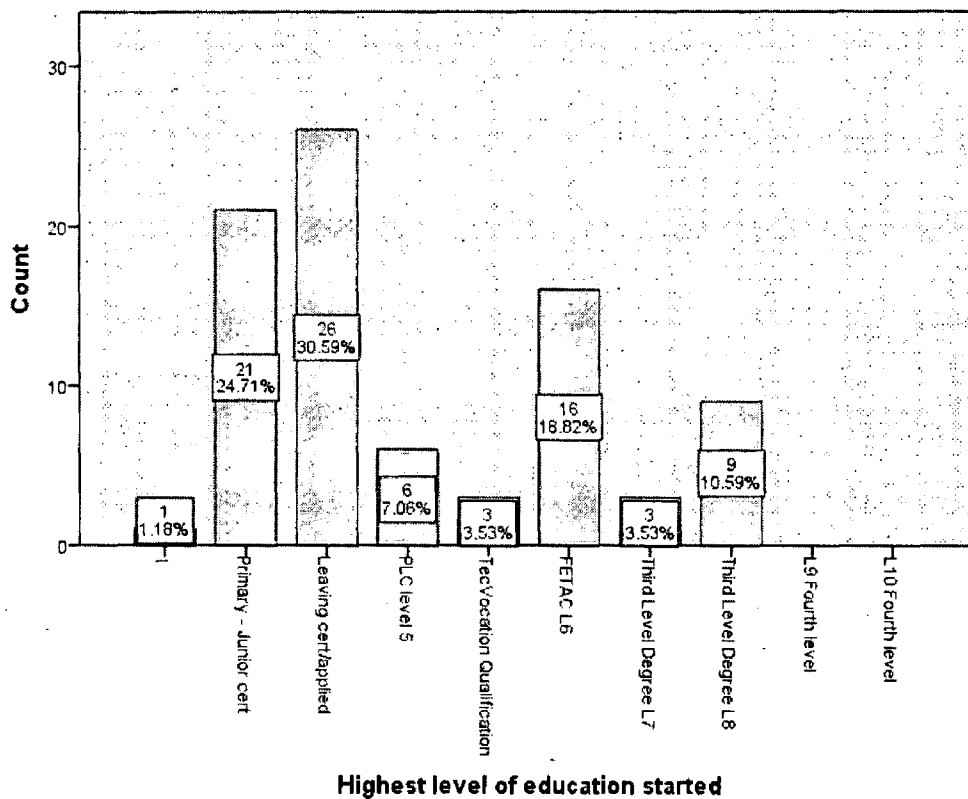
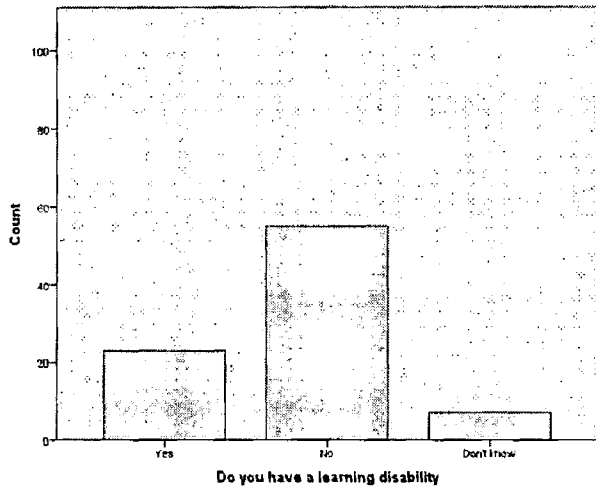


Figure 6.16: Highest level of education started

Finally, in this section the care leavers and the MU students were asked if they had a learning disability. Figure 6.17 shows that 23 (27.1%) of the care leavers replied yes, 55 (64.7%) replied no and 7 (8.2%) did not know. Among the MU students only 16 (11%) MU students answered yes to the same question, with the remaining 134 (89%) answering no. It is significant not only that a much larger proportion of care leavers said they had a learning disability but that almost one in 10 did not know if they did or didn't, whereas there was no such uncertainty among the MU student sample.

Care leavers



Maynooth University Students

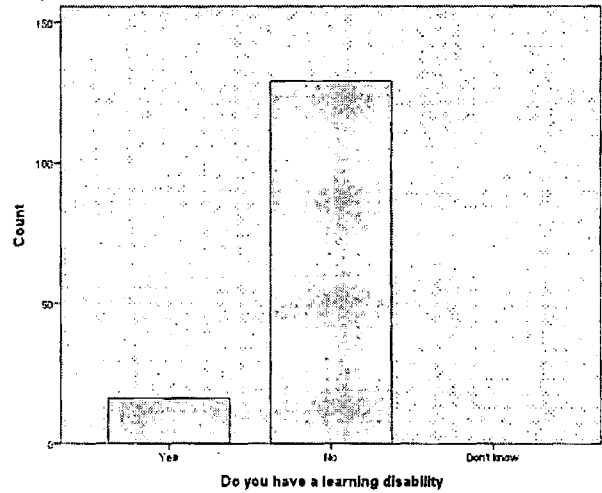


Figure 6.17: Presence or absence of learning disabilities

6.7 Employment

Both surveys gathered data on the employment status of respondents, but because most of the MU students were in full or part-time education attention will focus here on the care leaver sample. Care leavers were asked 'What is your employment status now?', and were given five possible responses:

- Education/Training
- Unemployed
- Part time employment
- Full time employment
- Unable to work due to illness/disability

Figure 6.18 provides a summary of the responses, indicating that approximately one half of the sample were in education or training and just over one third were unemployed.

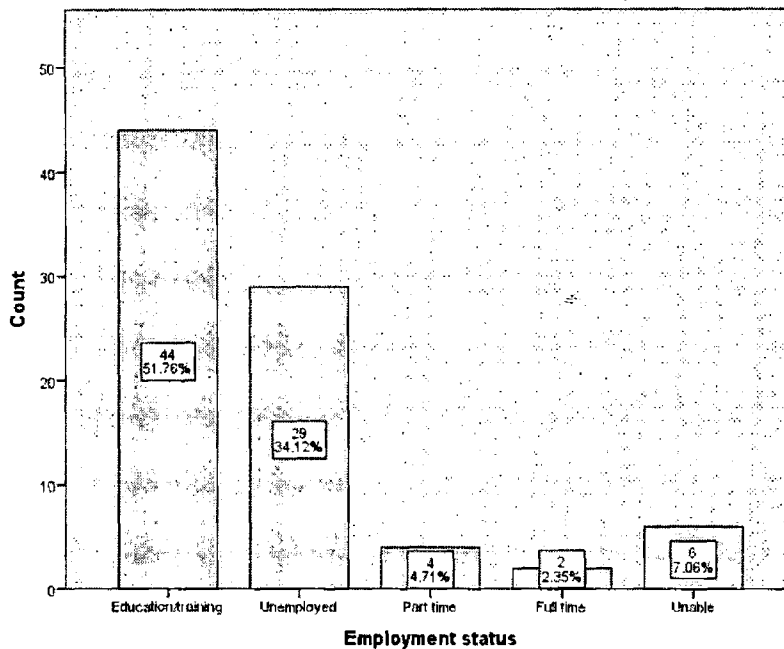


Figure 6.18: Employment status of care leavers

6.8 Housing

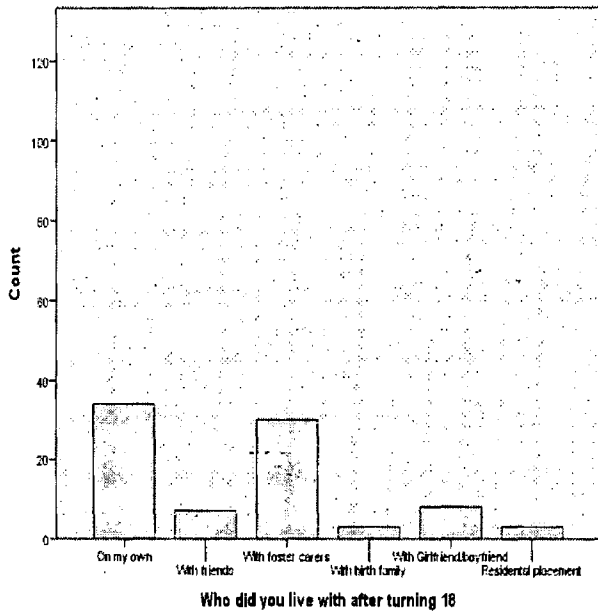
In comparing the housing situation of care leavers with that of the MU students it is important to be mindful that the legal status of care leavers changes as they reach the age of 18 years. From that point on they are no longer wards of the state and therefore the state's legal responsibility for their welfare ends. This means that any funding that has been in place to provide for their accommodation prior to their 18th birthday is no longer a statutory obligation but becomes a matter of budgetary discretion for the HSE/Tusla. In the case of foster placements, if the young person is still in education or training there is usually a continuation of some financial support to extend the placement. If they are not in education or training, upon their 18th birthday all direct funding of their accommodation ceases and they become effectively homeless.

This is also the case for all young people in residential placement settings. These young people transition out of care and enter the social welfare system. At this point the care leaver may have no choice but to enter the private rented market to find accommodation, applying for rent subsidies like any other homeless person or welfare recipient without regard for their care history.

All the survey respondents were asked 'When you turned 18 who did you live with?' Figure 6.19 shows the difference in responses for the two groups. Among the care leavers, 34 (40%) lived alone, seven (8.2%) with friends, 30 (35.3%) with foster carers, eight (9.4%) with their partner and three (3.6%) in residential aftercare services. Only three (3.6%) returned to their birth family.

In contrast, of the MU students six (4.23%) lived alone, 14 (9.86%) with friends and the vast majority (122, or 85.92) lived with their birth families.

Care leavers



Maynooth University Students

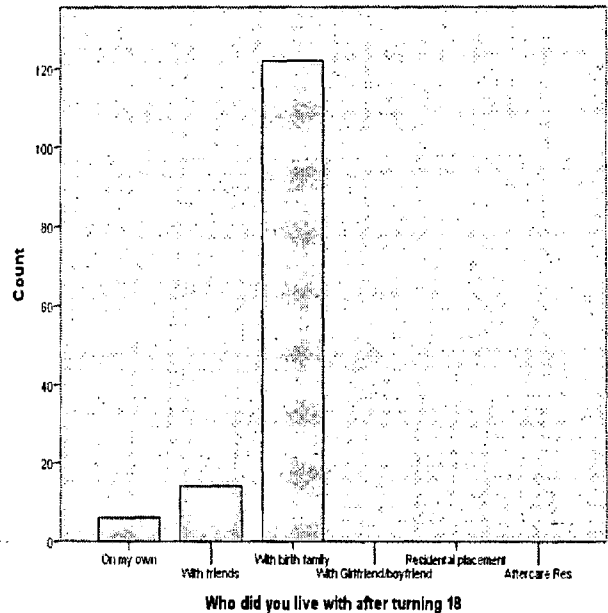
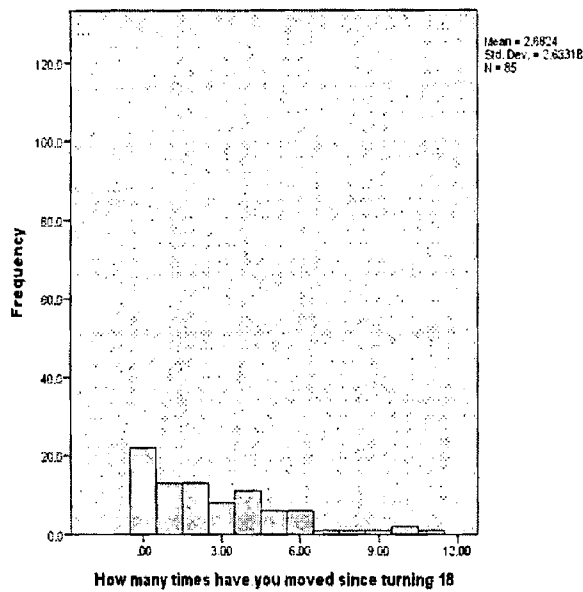


Figure 6.19: Living situation on turning 18

Considerable attention has been paid internationally to the post-care accommodation of care leavers. Chapter 3 of the present study made it clear that care leavers experience significantly higher rates of housing instability than would be normal among their peers in the general population. The data generated from the question ‘How many times have you moved accommodation since turning 18?’ is in line with the international research on this matter. The mean number of moves among care leavers was 2.68 compared with 0.64 among MU students, making the care leavers more than four times more likely to have experienced housing instability than their student counterparts.

Care leavers



Maynooth University Students

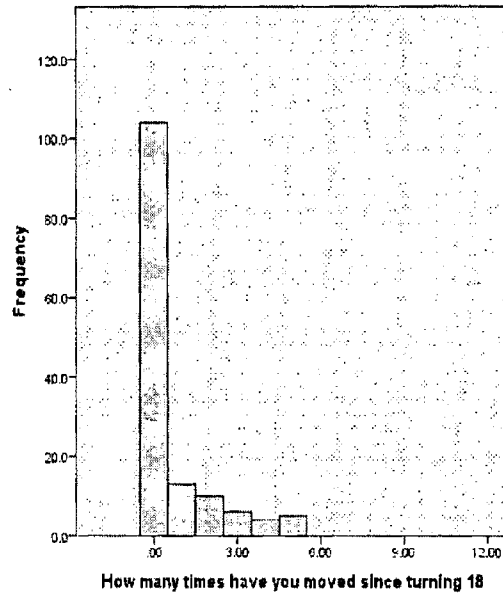
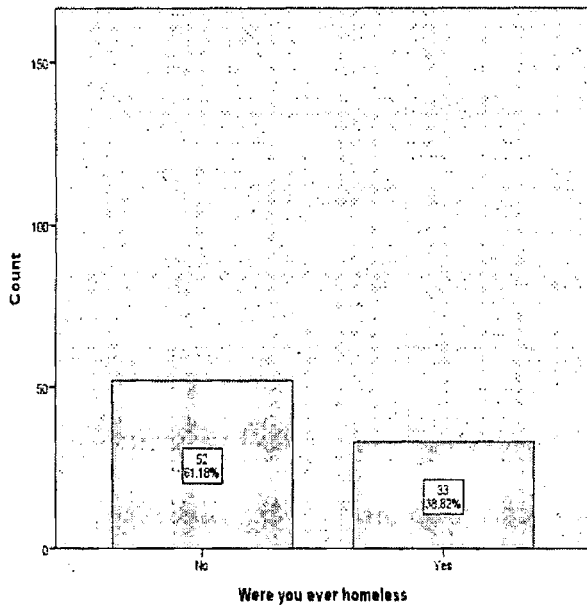


Figure 6.20: Frequency of moving home since turning 18

The next question asked respondents if they had ever experienced homelessness, and the responses provide one of the starkest contrasts between the two survey groups. More than a third of care leavers (33, or 38.8%) replied yes, compared to only three (2.1%) of the MU students (Figure 6.21). However, the figures are even more striking when broken down by gender. Young female care leavers were much more likely to say they had experienced homelessness than young males (69% as compared with 46%). This difference in the likelihood of experiencing homelessness will be discussed further in relation to the individual's access to social capital and support networks later in this chapter.

Care leavers



Maynooth University Students

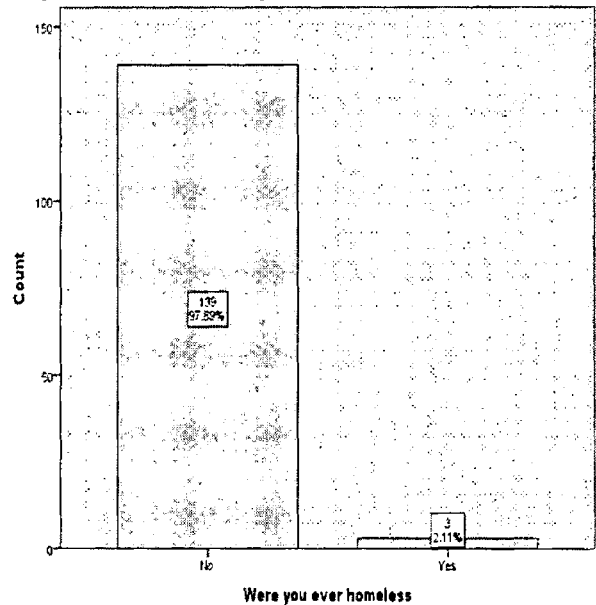


Figure 6.21: Experience of homelessness

6.9 Health

A number of studies have shown that the barriers care leavers face in accessing medical and mental health supports lead to poorer physical and mental health outcomes (Bath 2005; Broad 1999, 2005; Broad and Monaghan 2003; Burgard et al. 2012; Cameron 2007; Goddard and Barrett 2007; Halley and English 2008; Mendes et al. 2008; Richardson 2002, White et al. 2011).

Both the care leavers and the MU students were asked three questions about their health, focusing on their overall perception of their health, the number of GP visits in the last 12 months and the diagnosis of serious illness (this term was not defined and was left for the respondent to interpret as they saw fit).

Asked how they would describe their own health, respondents were given five options: Excellent, Very good, Good, Fair and Poor. Assigning values of 1 to 5 respectively to these

categories allows us to calculate average scores for each group (with the lower score suggesting better perceived health). These are presented in Table 6.7.

Care leavers
How is your health?

N	Valid	85
	Missing	0
Mean		2.8
Median		3.0

MU Students
How is your health?

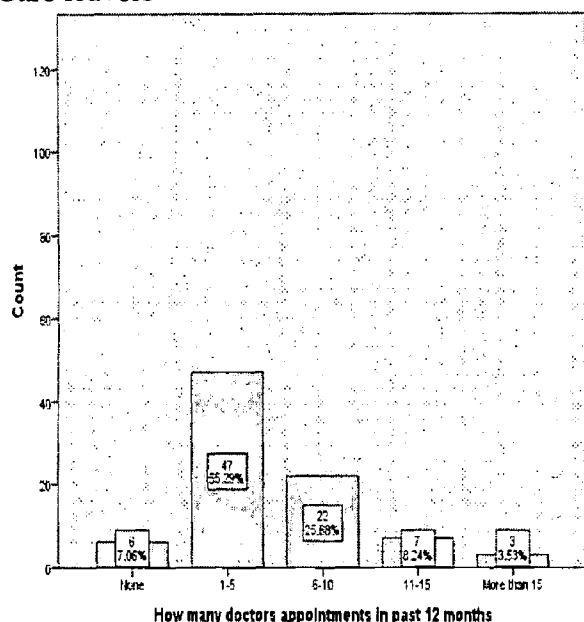
N	Valid	142
	Missing	0
Mean		2.0
Median		2.0

Table 6.7: Perceived health status – average scores

Care leavers had a mean value of 2.8 and a median of 3.0 and the MU students had a mean value of 2.00 and a median of 2.0, suggesting that the care leavers as a whole perceived their own health as being a little better than good, whereas the MU students thought their health was very good.

Both samples were asked 'How many times would you say you have visited a GP/doctor/hospital in the last 12 months?', and given five options as follows: None, 1-5, 6-10, 11-15 and more than 15. As in the previous question, these categories were then assigned values of 1 to 5. Figure 6.22 shows that in both cases the modal response was 1-5 visits. However, calculating the mean suggests that care leavers visited their doctor more often (mean = 1.46) than the MU students (mean=1.05).

Care leavers



Maynooth University Students

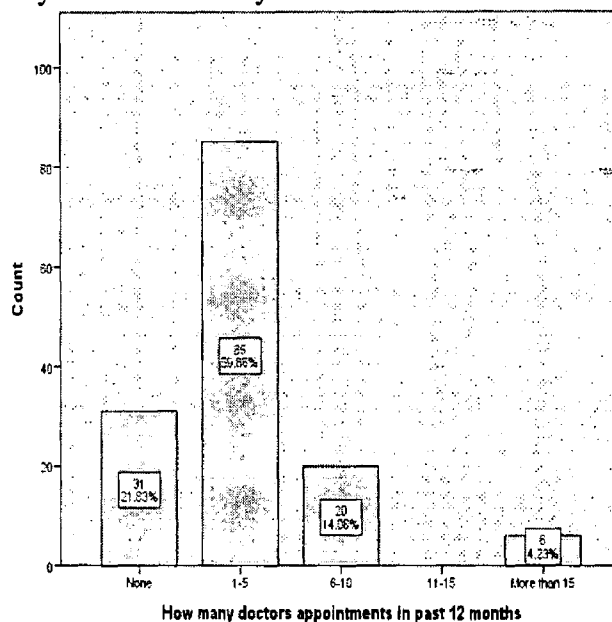


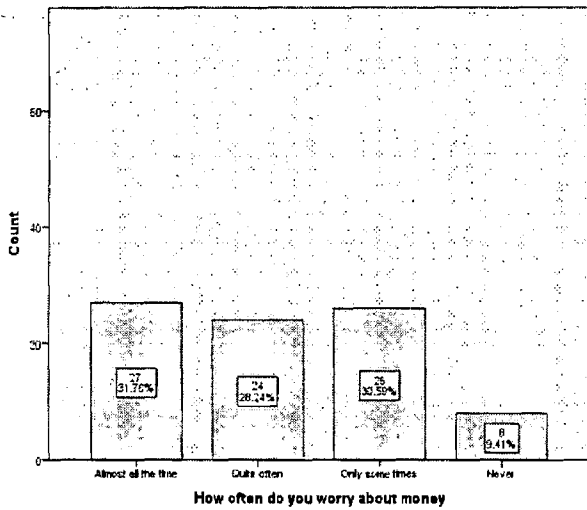
Figure 6.22: Number of doctors' appointments in past 12 months

Finally, when asked if they had ever been diagnosed as having a serious illness or disability, 21 (25.6%) care leavers answered yes, more than double the figure for the MU students (18, or 12.4%). This confirmed an overall picture of comparatively poorer health status for the care leavers. There was also a gender pattern difference within the care leaver sample. Almost half of the young men (48%) said they had been diagnosed with a serious illness or disability, compared with just under a third (32%) of the young women.

6.10 Money worries

Both young people leaving care and university students in general have limited personal funds and often rely on others for support. The level of financial support available to the individual may be reflected in their level of anxiety about money. Both the care leavers and MU students were asked 'How often would you say you have been worried about money since turning 18?', with four response options: Almost all the time, Quite often, Only sometimes, Never (assigned values from 1-4). Figure 6.23 summarises the responses.

Care leavers



Maynooth University Students

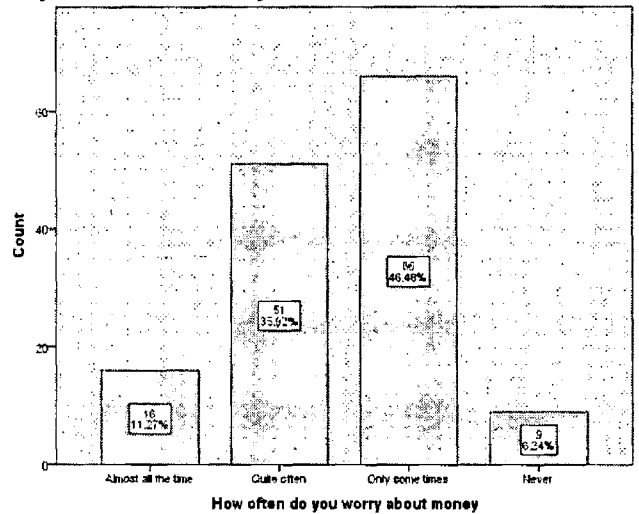
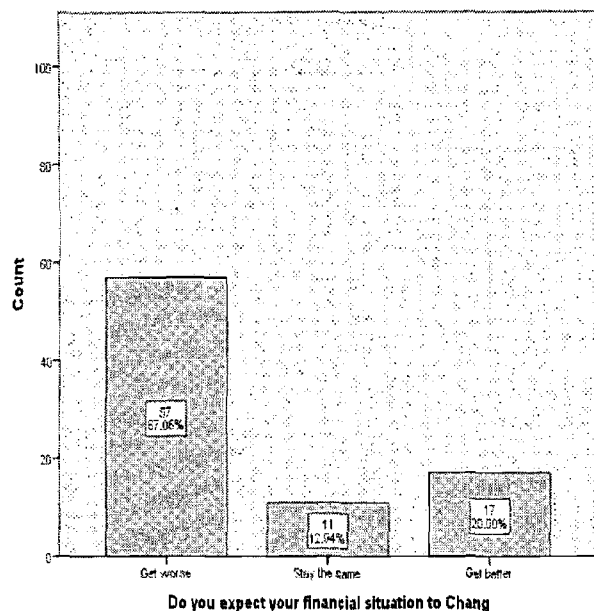


Figure 6.23: Frequency of worrying about money

Care leavers had a median value of 2.0 and a mean value of 2.17 while the MU students had a median value of 3.0 and a mean value of 2.48. The care leavers' responses indicate a slightly to moderately higher level of anxiety about money than the MU students.

Both groups were then asked about their thoughts on their future financial situation and were given three options as follows: Get worse, Stay the same and Get better (with these categories valued 1-3). As Figure 6.24 shows, expectations were strikingly different. Care leavers (median 1.0 and mean 1.52) were much more pessimistic about their financial future than the MU students (median 3.0 and mean 2.58).

Care leavers



Maynooth University Students

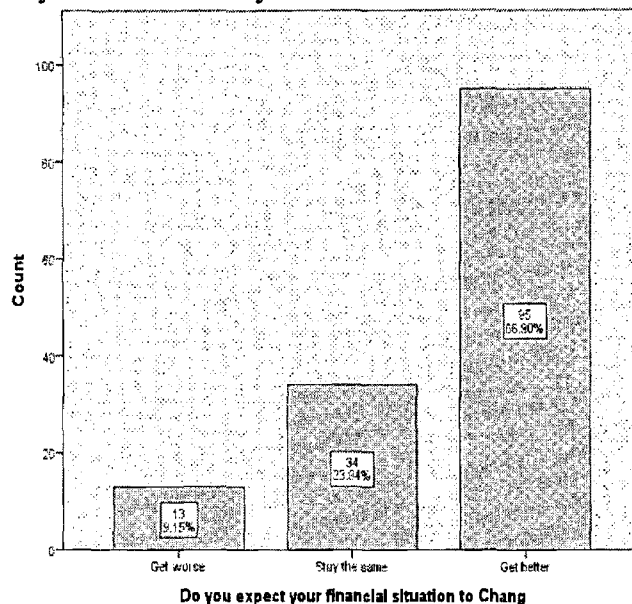


Figure 6.24: Expectations that financial situation will change

6.11 Social connections and contacts

Chapters 3 and 4 of this study discussed the negative affect that spending time in care can have on the care leavers' post-care social connections and by extension social inclusion. This section is the first of a number drawing on parts of the questionnaire that aimed to measure dimensions or elements of the young people's social capital. It focuses on the level of primary social connections, i.e. with relatives and friends, of both the care leavers and MU students, while also measuring the regularity of such contacts. Both groups were asked:

- Do you have any close relatives whom you speak to or see regularly?
- Do you have any close friends whom you speak to or see regularly?

If the respondents answered yes to either or both of the above questions they were then asked how often they would speak to or see them and they were given the following response options:

- On most days
- Once or twice a week
- Once or twice a month
- Less than once a month

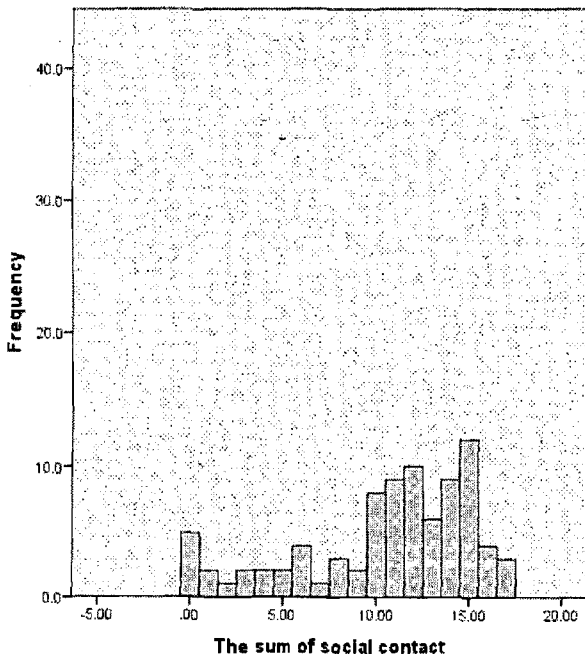
Never

They were then asked if and how often they go out socially with friends or family, for example to a pub, restaurant, cinema or somewhere else and were given the following response options.

- Several times a week
- At least once a week
- At least once a fortnight
- At least once a month
- Less than once a month
- Never

With quantitative values assigned to the responses (0-4 in the case of the first question and 0-5 in the case of the second) it is possible to generate a simple composite score for care leavers' and university students' social connections/contacts on a scale from 0 to 20 (4 x 5).

Care leavers



Maynooth University Students

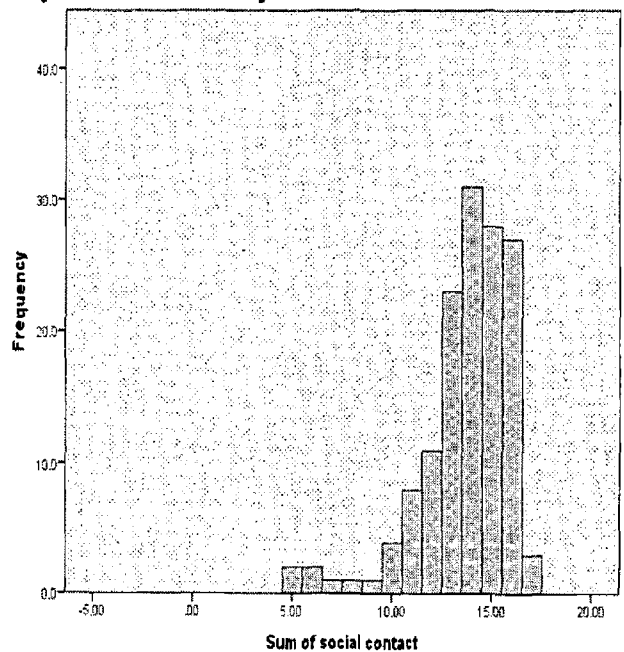


Figure 6.25: Social contact scores

Having created this new variable, the researcher was able to calculate median and mean values for each cohort. The care leavers had a median value of 12.00 and a mean value of 10.57 and the MU students had a median value of 14.00 and a mean value of 13.67.

6.12 Support networks

This section examines the support networks available to both groups once they had turned 18. For clarity and simplicity, the survey questions focused on direct physical and practical supports and the regularity of receipt of such supports. The categories of support identified were *professionals* (meaning social workers, aftercare workers or community welfare officers), *carers* (meaning residential carer or foster carer), *family* (any family member) and *friends*.

Respondents were asked a series of questions using a standard format as follows:

Since you have turned 18 how often did a ...

- Social worker, aftercare worker or community welfare officer
- Carer or foster carer
- Family member
- Friend

...help you in the following ways?

The types of support listed were:

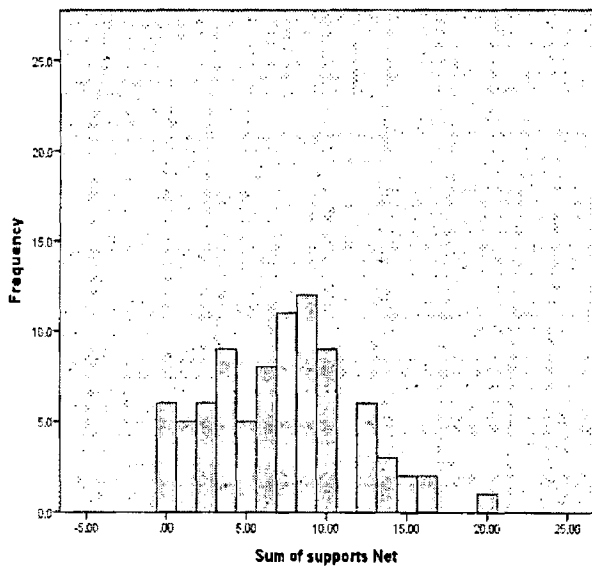
1. Provide money?
2. Provide somewhere to live?
3. Provide food or clothes?
4. Help you find a job or study?
5. Provide emotional support?

Five options were listed for the frequency of support provided by each source - Never, Rarely, Sometimes, Often and All the time – and these were assigned values of 1 to 5.

This was a complex question-set with three different dimensions: source of support/type of support/frequency of support. However, statistically it is possible to express the results in summary form. Care leavers had four possible sources of support (professional, carers, family and friend) while the MU students had three (professional, family and friend). Up to five types

of support could be identified from each source and each type had five possible levels of frequency. A care leaver could therefore 'score' 100 if he or she had the maximum possible frequency (5) of all types of support (5) from all sources of support (4). Calculated similarly, the maximum possible score for an MU student was 75 (5 x 5 x 3). Dividing each respondent's gross total by 4 in the case of care leavers and by 3 in the case of MU students gives us a directly comparable summary score of supports available. Figure 6.26 presents the results of this analysis visually.

Care leavers



Maynooth University Students

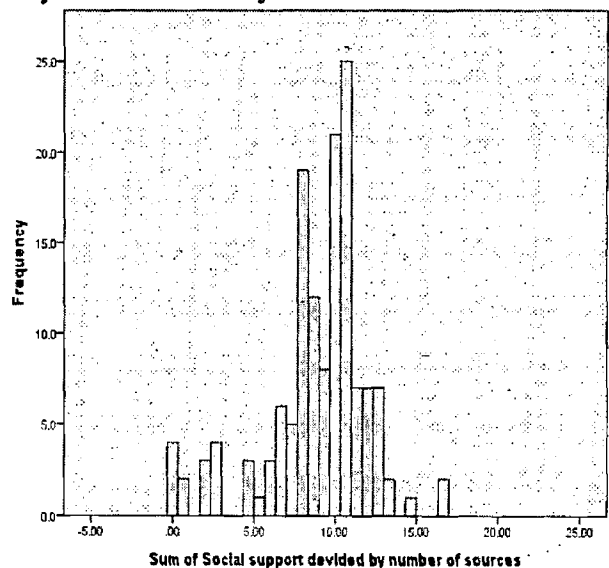


Figure 6.26: Social support scores

Based on this data, average 'support scores' can be calculated. Care leavers had a median score of 7.25 and a mean of 7.12 while MU students had a median score of 9.66 and a mean of 8.83.

6.13 Community involvement

The section on community involvement sought to identify additional social networks that were beyond the bounds of the primary networks of family and friends and the supports of carers and professionals. Respondents were asked if they had been involved in any community or

voluntary organisation or group *before* they were 18 and *since* they had turned 18, and in each case if there had been any such involvement they were asked to specify the type of group and the length of time they were involved. Five general categories of group were identified in the analysis: religious, educational, social, sports and other.

In a process similar to that used in the previous section, a summary measure of community involvement was generated, with a score ranging from 0-15. Figure 6.27 presents the distinctly different pattern of results for the two groups, indicating a modal score of 1 for care leavers and 5 for MU students.

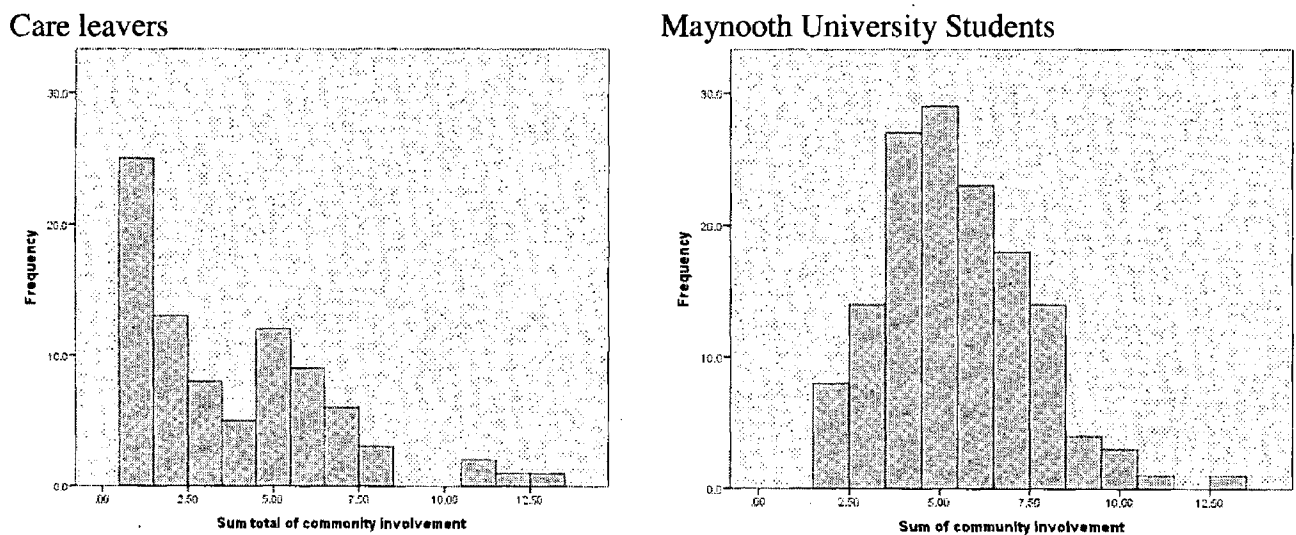
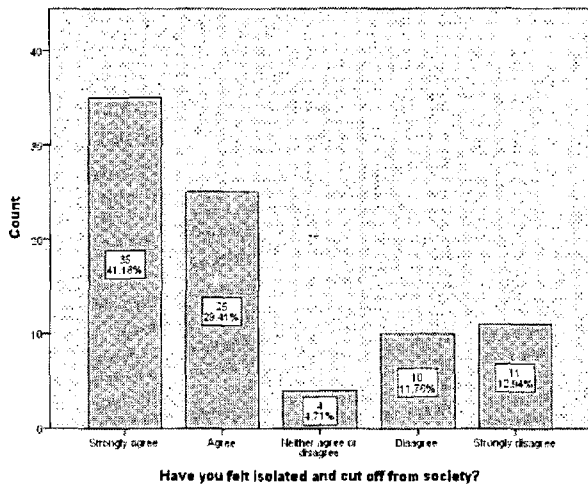


Figure 6.27: Community involvement scores

Care leavers had a median score of 3.00 and a mean of 3.78, while MU students had a median score of 5.00 and a mean of 5.47.

Following on from community involvement, and to assess respondents' perceived level of social integration or isolation, both groups were asked how strongly they agreed or disagreed with the statement: 'There have been times since I turned 18 that I have felt isolated or cut off from society'.

Care Leavers



Maynooth University Students

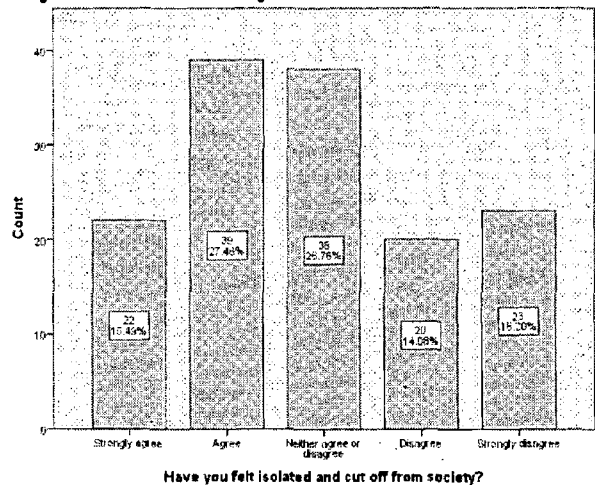


Figure 6.28: Perceptions of social isolation

Responses are summarised in Figure 6.28. Assigning the response options values from 1 (for 'strongly agree') to 5 (for 'strongly disagree') allows us to calculate average scores for both groups, with a lower score indicating a greater sense of isolation. The care leavers had a mean of 2.25 and a median of 2.00, while the M.U. students had a mean of 2.88 and a median of 3.00.

6.14 Emotional support and satisfaction

Survey respondents were provided with a list of people who might be a source of emotional support, and asked to indicate which they mainly relied on for such support at the time they turned 18 or left care (they could tick as many as applied). The list was as follows:

- Boyfriend/girlfriend
- Friends
- Parents
- Foster carers
- Brother/Sister
- Other family members
- Clergy/minister/rabbi/priest
- Counsellor
- Social worker/Aftercare worker
- Someone else

- o No-one

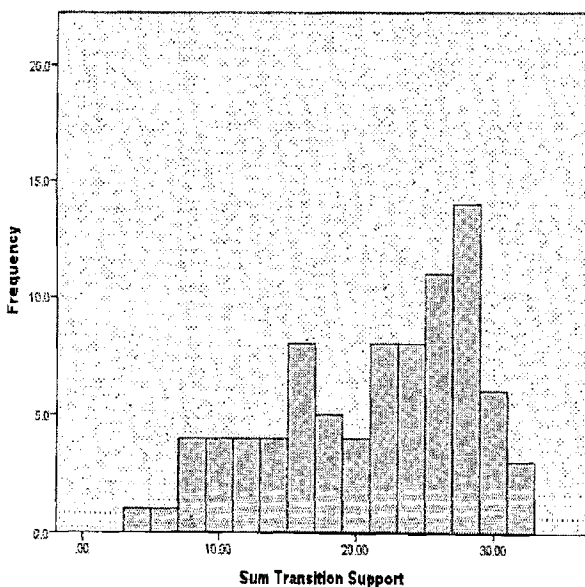
They were also asked to estimate how many people they felt they could turn to for help and comfort (none; 1-2; 3-4; 5-6; more than 6), and then presented with three statements and Likert-type response options from strongly agree to strongly disagree. The statements were:

- There are people among my family or friends who can be relied on no matter what happens.
- There are people among my family or friends who give me support and encouragement.
- I am satisfied with the amount of control I have over decisions that affect my life.

A separate question asked respondents to indicate 'how satisfied you are with your life as a whole at this time', and offered Likert-type responses from very satisfied to very unsatisfied.

In the analysis of responses to the above questions, and using a process similar to that outlined for previous questions, a summary measure of emotional support and satisfaction was generated, with a score ranging from 0-32. Figure 6.29 presents the results for the two survey group.

Care leavers



Maynooth University Students

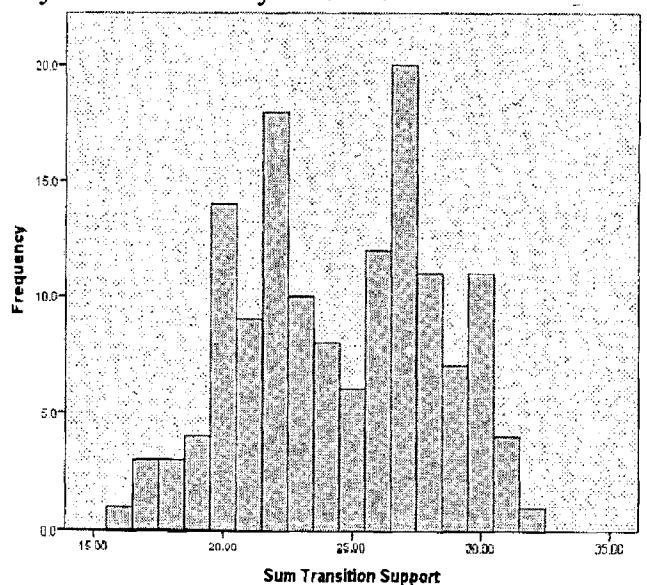


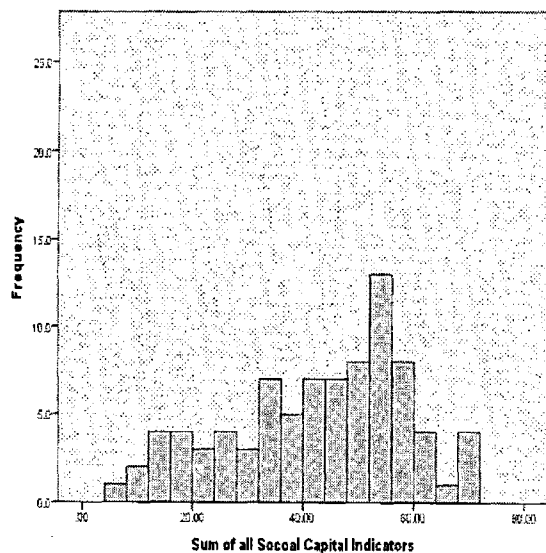
Figure 6.29: Emotional support and satisfaction scores

Care leavers had a median emotional support and satisfaction score of 22.00 and a mean score of 20.80. MU students' median and mean were 25.00 and 24.52 respectively.

6.15 Social capital

This section concerns what might be called the 'product' of social capital, representing the inter-related practical, social and emotional resources available to the individual because of their social connections and their access to communal resources through durable networks and group membership. Here the results presented in the previous sections (on social connections and contacts, support networks, community involvements, emotional support and satisfaction) are brought together in a composite measure of the product of social capital for the two survey groups. The data in Figure 6.30 present 'total' social capital scores, representing a sum of scores on the previous four dimensions.

Care leavers



MU Students

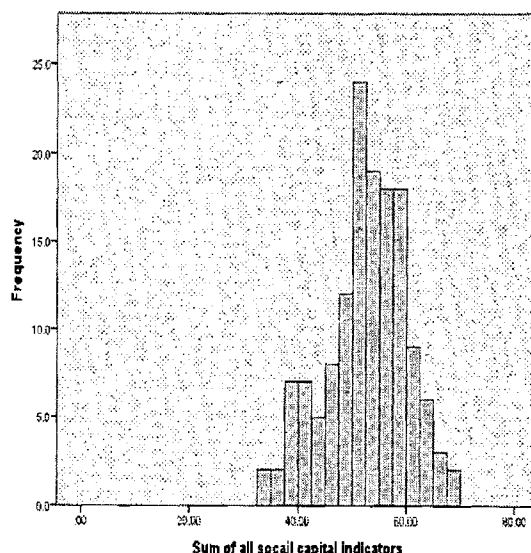


Figure 6.30: Total social capital scores

An important question to consider is whether the differences found between the two survey groups in relation to the different dimensions of social capital and the overall 'product' of social capital are statistically significant. It is readily clear from the histograms in this and the previous sections that the responses relating to these variables are not normally distributed, and the researcher has confirmed this statistically through running both the Kolmogorof-Smirnov and the Shapiro-Wilk tests of normality (see appendices).

As a consequence, the researcher has used the Mann-Whitney U test of significance. This test is used to compare differences between two groups that are independent when the dependent variable is either continuous or ordinal and data are not normally distributed (Pallant 2010: 227). The Mann-Whitney U test firstly generates an output of 'mean ranks' and 'sum of ranks' for the groups being compared. These are presented in Table 6.8, showing clear differences across all items.

Ranks				
	Student or Care Leaver	N	Mean Rank	Sum of Ranks
Social contact scores	Care Leaver	85	84.0	7146.0
	Student	142	131.9	18732.0
	Total	227		
Social support scores	Care Leaver	85	91.9	7812.0
	Student	142	127.2	18066.0
	Total	227		
Community involvement scores	Care Leaver	85	84.7	7206.5
	Student	142	131.4	18671.5
	Total	227		
Emotional support scores	Care Leaver	85	95.0	8076.0
	Student	142	125.3	17802.0
	Total	227		
Total social capital scores	Care Leaver	85	87.3	7424.5
	Student	142	129.9	18453.5
	Total	227		

Table 6.8: Mean ranks and sum of ranks for social capital scores

Table 6.9 presents the results of the Mann-Whitney U test. (The null hypothesis in this test is that the two independent groups have the same distribution. To reject the null-hypothesis we need to find a P or significance value of less than 0.05, and the test has resulted in a 2 tailed P value of less than 0.05 in all five cases.)

	Social contact score	Social support score	Community involvement score	Emotional support score	Total social capital score
Mann-Whitney U	3491.000	4157.000	3551.500	4421.000	3769.500
Wilcoxon W	7146.000	7812.000	7206.500	8076.000	7424.500
Z	-5.357	-3.923	-5.228	-3.379	-4.731
Asymp. Sig. (2-tailed)	.000	.000	.000	.001	.000

a. Grouping Variable: Student or Care Leaver

Table 6.9: Mann-Whitney significance test for social capital scores

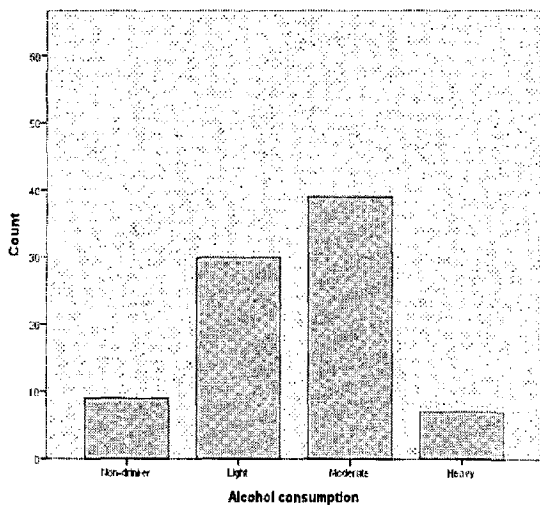
The test allows us to say with a high degree of confidence that there is a large and statistically significant difference between the median scores of the care leavers and the MU students in relation to their social contacts, social supports, community involvement, emotional support and satisfaction and their overall situation in relation to social capital.

6.16 Alcohol and drug use

A large volume of research has identified the challenge of increased consumption levels of alcohol and drugs among care leavers (Amodeo and López 2011; Bhui 2003; Frazer and Steddon 2003; Keller et al. 2010; Mallett 2005; Ward et al. 2003). In the current study, the respondents were asked about their level of alcohol and recreational drug consumption, whether they considered themselves as having an addiction and if they attended any drug or alcohol addiction services in the past 12 months.

In relation to alcohol consumption 9 (10.6%) care leavers answered that they were non-drinkers, 30 (35.3%) that they were light drinkers, 39 (45.9%) that they were moderate drinkers and 7 (8.2%) that they were heavy drinkers. Among the MU students 27 (18.9%) were non-drinkers, 51 (35.7%) light drinkers, 61 (42.7%) moderate drinkers and 4 (2.8%) heavy drinkers. Assigning values of 1-4 to the response categories allows us to calculate mean scores, indicating that the care leavers (mean = 1.51) said they drank more than the MU students (mean = 1.29), but only slightly more.

Care leavers



Maynooth University Students

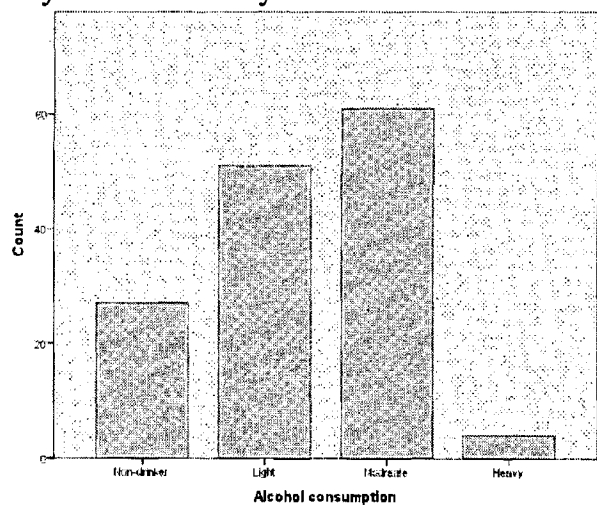
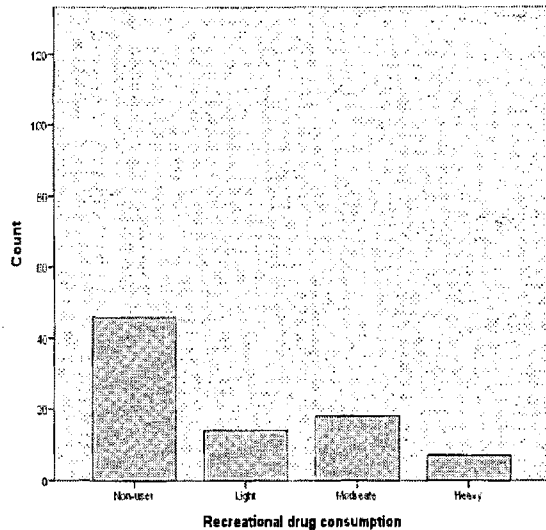


Figure 6.31: Extent of alcohol consumption

In relation to consumption of recreational drugs 46 (54.1%) of the care leavers said they were non-users, 14 (16.5%) were light users, 18 (21.2%) were moderate users and seven (8.2%) were heavy users. Among the MU students 121 (84.6%) were non-users, 16 (11.2%) were light users, five (3.5%) were moderate users and one (0.7%) was a heavy user. This results in a mean score of 0.83 for the care leavers, more than four times higher than the score of 0.20 among the MU students (but it needs to be remembered that these are measures of reported rather than actual behaviour).

Care leavers



Maynooth University Students

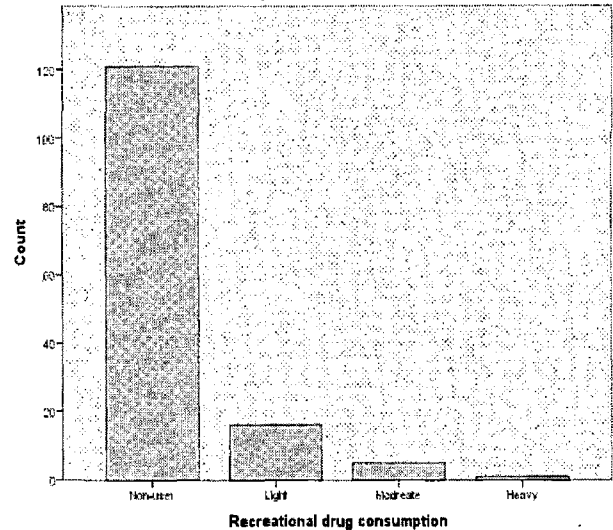


Figure 6.32: Extent of recreational drug consumption

6.17 Involvement with the Garda Síochána

Respondents were asked whether they had been involved with the Garda Síochána since they turned 18. If they said yes, they were asked to indicate the type of involvement (questioned, charged with an offence, convicted; and number of times in each case) and whether they had spent time in detention (if so how often and for how long).

Among the care leavers 74 (87.1%) were never questioned by An Garda Síochána while of the remaining 11 care leavers six (7.1% of the total sample) were charged with an offence, of whom only two (2.4% of the total) were convicted and spent time in detention. For the MU students 132 (93%) were never questioned by An Garda Síochána. Of the remaining 10, none were convicted or detained.

A summary measure of 'involvement with the Guards' was calculated, resulting in a mean score of 1.16 for care leavers and 0.11 for the MU students. Even though only a small number of respondents in each survey were involved with the criminal justice system, the care leavers were more likely to be involved than the MU students.

6.18 Relationships between aspects of the care leavers' experience

Having reported on a number of aspects of the outcomes experienced by young people leaving care, and compared these with the outcomes of a sample of university students of the same age, this chapter now turns to the question of the statistical relationship between key features of care leavers' experiences and circumstances. Answering these questions enables us to explore the role of social and structural factors in influencing the post care outcomes of young people. The first question asks whether there is a statistically significant relationship between care leavers' likelihood of becoming homeless and their levels of social capital.

The second question concerns the relationship between the care leaver's levels of social capital and the social stability they experienced while in care. The third focuses on the factors influencing the educational trajectory of care leavers, and asks whether there is a statistically significant relationship between the care leaver's educational attainment and their levels of social capital. In each case the analysis is also concerned with the strength and direction of the relationship.

The following analysis draws on four variables:

Highest level of education started (rather than completed because many of the respondents were in post-leaving or third-level education): this is an ordinal variable on a scale with a minimum value of 0, meaning the respondent has not progressed beyond primary level, and a maximum of 4.5 if he or she is engaged in Level 10 (doctoral) education (but this did not apply to any of the care leavers in this study). The mean score on this variable is 3.12 and the standard deviation is 0.87.

Total number of placements: a scale variable with a minimum value of 1 and a maximum value of 15. The mean is 3.64 and a standard deviation is 2.86.

Total social capital: a scale variable amalgamating several dimensions as discussed earlier in this chapter (social contacts, social supports, community involvement, emotional supports). This variable has a minimum value of 7.5 and a maximum value of 71.5 with a mean of 48.62 and a standard deviation of 12.47.

Homelessness: an ordinal variable with a binary value of 0 if the young person has not experienced homelessness and 1 if they have. The mean is 0.39 with a standard deviation of 0.49.

6.18.1 Tests of normality

Establishing whether there is a normal distribution allows the researcher to select the appropriate statistical tests, i.e. parametric or non-parametric. Figure 6.33 relates to the total number of placements. It is clear that the histogram is skewed to the left and that in the Q-Q plot the cases curve away from the line while the box plot is unmistakably non-symmetrical.

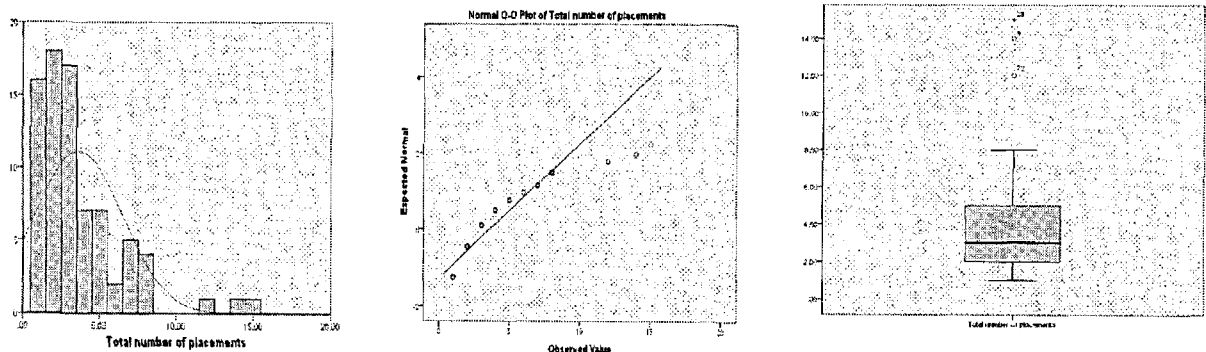


Figure 6.33: Number of placements – distribution of data

Nonetheless a test of normality was run for this variable; the null-hypothesis is that there is a normal distribution and to reject the null-hypothesis a P or significance value of less than 0.05 in both Kolmogorof-Smirnov and the Shapiro-Wilk tests is necessary. Table 6.10 shows that both the Kolmogorof-Smirnov test (P value of 0.000) and the Shapiro-Wilk test (P value of 0.000) meet this criterion with 85 degrees of freedom, confirming that the data for total number of placements are not normally distributed.

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Total number of placements	.239	85	.000	.805	85	.000

a. Lilliefors Significance Correction

Table 6.10: Total number of placements - tests of normality

The same test of normality was run for the remaining three variables: highest level of education started, sum of social capital and homelessness. The appendices provide the test results confirming that in all three cases the distribution of data is not normal. This establishes that non-parametric tests should be used to establish the strength and direction of any relationships between the variables.

6.18.2 Significance and strength of relationships

The next step is to determine if the chosen variables, in each of the three questions presented above, are independent of each other. This involved Chi Square tests of independence.

Homelessness and social capital

Regarding the question 'Is there a statistically significant relationship between homelessness and social capital, and if so what is the strength and direction of that relationship?', the independence of the variables 'homelessness' and 'sum of social capital' was tested. It was first necessary to transform the scale variable 'total social capital' into a categorical variable. This was done manually, assigning the responses into four categories (0-18, 19-36, 37-55 and 56-71.5) and resulting in the distribution presented in Figure 6.34.



Figure 6.34: Social capital – ordinal categorisation

The Chi Square test of independence was then run on the two relevant variables. The null-hypothesis in this test is that there is no relationship; to reject the null hypothesis there must be a P or significance value of less than 0.05. The crosstabulation in Table 6.11 shows that that only two cells have a count of less than 3.

Were you ever homeless? * Sum of social capital

Count		Sum of all Social Capital Indicators Ordinal				Total
		0-18	19-36	37-55	56-71.5	
Were you ever homeless?	No	0	7	28	17	52
	Yes	10	12	10	1	33
Total		10	19	38	18	85

Table 6.11: Homelessness by social capital

The Chi-Square test itself (Table 6.12) resulted in Chi-Square value of 31.385 with 3 degrees of freedom and a P or significance value less than 0.05. This allows the null-hypothesis to be rejected. That is to say that there is a statistically significant relationship between the care leaver's experience of homelessness and their level of social capital.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	31.385 ^a	3	.000
Likelihood Ratio	37.018	3	.000
Linear-by-Linear Association	30.244	1	.000
N of Valid Cases	85		

a. 1 cells (12.5%) have expected count less than 5. The minimum expected count is 3.88.

Table 6.12: Chi-square test: homelessness by social capital

To understand the strength of this relationship one must look at the symmetric measures table, giving the results of two tests: Phi and Cramer's V. (Pallant 2010 suggests that because the contingency table is bigger than 2 by 2 one should look at the Cramer's V results.) As shown in Table 6.13, the Cramer's V test gives a correlation coefficient of 0.608 and a P value 0.000. This indicates that the relationship between homelessness and social capital among young care leavers is not only significant but strong.

		Value	Approx. Sig.
Nominal by Nominal	Phi	.608	.000
	Cramer's V	.608	.000
N of Valid Cases		85	

Table 6.13: Symmetric measures: homelessness by social capital

Care placements and social capital

The question 'Is there a statistically significant relationship between the care leaver's social capital the placement stability they experienced?' was approached similarly, with a Chi Square test of independence that once again required a scale variable (number of placements) to be converted into categorical form (see appendices).

The contingency table showing the subsequent crosstabulation of number of placements with social capital shows that only 2 cells had a count of less than 5 (Table 6.14).

Count		Sum Social Capital				Total
		0-18	19-36	37-55	56-71.5	
Number of placements	1-3 placements	2	8	31	14	55
	4-15 placements	8	11	7	4	30
Total		10	19	38	18	85

Table 6.14: Number of placements by social capital

In the Chi-Square tests itself, the Pearson Chi-Square value was 19.08 with 3 degrees of freedom and a P or significance value less than 0.05. This allows the null-hypothesis to be rejected, indicating a statistically significant likelihood that

there is a relationship between the care leaver's level of social capital and the number of placements they had while in care.

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	19.085 ^a	3	.000
Likelihood Ratio	19.124	3	.000
Linear-by-Linear Association	14.642	1	.000
N of Valid Cases	85		

a. 1 cells (12.5%) have expected count less than 5. The minimum expected count is 3.53.

Table 6.15: Chi-square test: number of placements by social capital

The symmetric measures table gives the results of two tests (Phi and Cramer's V; once again the advice of Pallant 2010 was taken). Table 6.16 shows a Cramer's V correlation coefficient of 0.474 and a P value 0.000, indicating that there is a moderate to large statistically significant relationship between social capital and number of placements.

		Value	Approx. Sig.
Nominal by Nominal	Phi	.474	.000
	Cramer's V	.474	.000
N of Valid Cases		85	

Table 6.16: Symmetric measures: number of placements by social capital

Education and social capital

Finally, for the question 'Is there a statistically significant relationship between the care leaver's educational attainment and their level of social capital?' the two key variables were subjected to the Chi Square test of independence. As can be seen in the contingency table below only 3 cells have a count of less than 3 (Table 6.17).

Highest level of education started * Sum of social capital

Count		Sum of social capital				Total
		0-18	19-36	37-55	56-71.5	
Highest level of education started	Junior Cert	8	8	4	2	22
	Leaving Cert	2	7	15	8	32
	PLC - 3rd Level	0	4	19	8	31
Total		10	19	38	18	85

Table 6.17: Education by social capital

Table 6.18 shows that there is a Chi-Square value of 26.42 with 6 degrees of freedom and a P or significance value less than 0.05. This allows the null-hypothesis to be rejected. In other words there is a statistically significant likelihood that there is a relationship between the care leaver's highest level of education started and their level of social capital.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	26.419 ^a	6	.000
Likelihood Ratio	27.263	6	.000
Linear-by-Linear Association	17.902	1	.000
N of Valid Cases	85		

Table 6.18: Chi-square test: education by social capital

The symmetric measures table (Table 6.19) shows a Cramer's V correlation coefficient of 0.394 and a P value 0.000. This confirms that there is a moderate statistically significant correlation between the two variables.

		Value	Approx. Sig.
Nominal by Nominal	Phi	.558	.000
	Cramer's V	.394	.000
N of Valid Cases		85	

Table 6.19: Symmetric measures: education by social capital

6.18.3 Direction of relationships

Pallant (2010) points out when testing correlation between non-normally distributed variables (as is the case here) it is necessary to use Spearman's rho test as opposed to Pearson's correlation. In the Spearman's rho test the null-hypothesis is that there is no relationship between the variables. To reject the null-hypothesis a P value of less than 0.05 is required.

Homelessness and social capital

In relation to the first question posed, Table 6.20 below gives a 1-tailed r value of 0.000, allowing us to reject the null-hypothesis and confirming that there is a relationship between the care leaver's experience of homelessness and their level of social capital. In addition, a Spearman's rho Correlation Coefficient of -0.587 indicates that there is a large *negative* relationship. This means that *as the care leaver's level of social capital increases their likelihood of experiencing homelessness decreases.*

			Sum of social capital	Were you ever homeless?
Spearman's rho	Sum of social capital	Correlation Coefficient	1.000	-.587**
		Sig. (1-tailed)	.000	.000
		N	85	85
	Were you ever homeless?	Correlation Coefficient	-.587**	1.000
		Sig. (1-tailed)	.000	.000
		N	85	85

** . Correlation is significant at the 0.01 level (1-tailed).

Table 6.20: Correlations: homelessness and social capital

Care placements and social capital

As regards number of care placements and level of social capital, Table 6.21 shows a 1-tailed r value of 0.000. The null-hypothesis is therefore rejected, meaning that there is a relationship between the number of placements experienced by the young person in care and their level of social capital. In addition, a Spearman's rho Correlation Coefficient of -0.405 indicates that there is a moderate *negative* relationship. This means that *as the care leaver's total number of placements increases there is a moderate and statistically significant likelihood that their levels of social capital will decrease.*

Correlations			Sum of social capital	Number of placements
Spearman's rho	Sum of social capital	Correlation Coefficient	1.000	-.405**
		Sig. (1-tailed)	.	.000
		N	85	85
	Number of placements	Correlation Coefficient	-.405**	1.000
		Sig. (1-tailed)	.000	.
		N	85	85

** Correlation is significant at the 0.01 level (1-tailed).

Table 6.21: Correlations: number of placements and social capital

Education and social capital

The final correlation is between the variables level of education started and sum of social capital. Table 6.22 gives a 1-tailed r value of 0.000 which means that the null-hypothesis can be rejected. It can therefore be said with a high degree of confidence that there is a relationship between the level of education the young person has attained and their level of social capital. Furthermore, a Spearman's rho Correlation Coefficient of 0.431 indicates a moderate *positive* correlation. That is to say that *as the care leaver's social capital increases there is a moderate and*

statistically significant likelihood that their level of educational attainment will also increase.

Correlations

			Sum of social capital	Highest level of education started
Spearman's rho	Sum of social capital	Correlation Coefficient	1.000	.431**
		Sig. (1-tailed)	.	.000
		N	85	85
	Highest level of education started	Correlation Coefficient	.431**	1.000
		Sig. (1-tailed)	.000	.
		N	85	85

** . Correlation is significant at the 0.01 level (1-tailed).

Table 6.22: Correlations: education and social capital

6.19 Conclusion

This chapter has presented the findings of a survey of 85 care leavers aged 18-25 exploring a range of aspects of their experience of care, preparation for leaving care, transition from care and circumstances post-care. It has shown that in terms both of preparation for leaving care and provision of aftercare services, the experience of this group of young people falls short of what is envisaged in the policy and procedures published by the HSE in 2012 (now the remit of Tusla, the Child and Family Agency). With regard to a series of specific types of training for independent living, majorities of respondents in all cases said they had received none at all. A minority (42%) were aware of having had an aftercare plan, and in only a small number of cases was an aftercare worker assigned when the young person turned 16, as the policy and procedures specify. Almost three quarters (72%) of respondents said they were offered an aftercare service.

The survey went beyond asking about experiences directly related to care, and to facilitate an analysis and interpretation of the findings in a broadly comparative

light an almost identical survey was administered to a sample of Maynooth University students of the same age group (not because a group of university students is representative of the broader youth population, but because it is reasonable to suppose that it will mostly be made up of young people who have *not* experienced care, and this was confirmed through the survey findings). There were notable differences between the two groups on a series of variables, including likelihood of having parental responsibilities (greater for care leavers), experience of primary and second-level education (in terms both of attendance and perceived difficulties while at school, with care leavers experiencing a marked increase in difficulty as they progressed to second-level), likelihood of having been diagnosed with a serious illness or disability (twice as likely among care leavers), worries about material/financial matters (much more pronounced among care leavers) and experience of having been homeless (more than a third of care leavers compared with 2% of university students).

The survey also asked both groups about a range of aspects of social capital as conceptualised in this study, including closeness and regularity of connections and contacts with relatives and friends, sources of supports of different kinds (from professionals, carers, family, peers), involvement in community and voluntary groups or organisations (before and after turning 18) and emotional support during difficult times. When analysed separately, and considered together as composite measure of young people's situation in relation to social capital, the care leavers scored consistently less favourably than the university students.

Finally, this chapter explored the nature of the statistical relationships between several key aspects of the care leavers' situation and experiences: their levels of

social capital, their likelihood of having been homeless, the stability they experienced in care (in terms of the number of placement settings they had lived in) and their level of educational attainment. There is statistical evidence to support the conclusions that:

- As the care leaver's level of social capital increases their likelihood of experiencing homelessness decreases.
- As the care leaver's total number of placements increases there is a moderate and statistically significant likelihood that their levels of social capital will decrease.
- As the care leaver's social capital increases there is a moderate and statistically significant likelihood that their level of educational attainment will also increase.

Chapter 7

Qualitative Findings and Analysis: Care Leavers

7.1 Introduction

This chapter will present an analysis of the findings from nine interviews with young care leavers. The interviews took place in Carlow, Cavan, Cork, Dublin, Limerick, Louth, Meath, Sligo, and Wexford . The interviews were transcribed in full and imported into Max QDA, a qualitative software package, to facilitate analysis. A tenth interview was conducted with a care leaver in Waterford who subsequently expressed a wish to withdraw from the research, so all their data was removed and destroyed.

Chapter 5 provided a summary of the areas covered in the interviews, as follows:

- Early childhood experiences (family life, schooling, relationships with peers and members of the extended family).
- Events and circumstances leading to initial entrance into care.
- The experience of being in care.
- Events and experiences subsequent to the initial experience of entering care (with an emphasis on the chronology of events).
- Current level of contact with family and friends.
- Alcohol and drug consumption (frequency of alcohol consumption, level and type of drug use).
- Mental health.
- Levels and types of contact with aftercare and other support services.

Chapter 5 also indicated that in analysing the interview data, the researcher drew on the work of Braun and Clarke (2006). In addition to suggesting a set of steps or guidelines for analysis, Braun and Clarke (2006: 83-84) discuss the difference between inductive and deductive approaches. In the former, themes are identified without reference to the 'researcher's analytic preconceptions', whereas in the latter the researcher's 'theoretical or analytic interest in the area' is more influential and the process is more 'analyst driven'. However, Braun and Clarke also acknowledge that even in the most inductive forms of analysis 'researchers cannot free themselves of their theoretical and epistemological commitments' (Braun and Clarke 2006: 84). In the present case, the approach was deductive insofar as the theoretical framework of social capital has explicitly guided the analysis and interpretation of the data, and it is used to structure the presentation of findings in this chapter. However, there is an inductive dimension in that the researcher has attempted to remain alert to other, unanticipated aspects of care leavers' outcomes and experiences as expressed in the interviews. This is in line with the 'abductive' form of analysis which, as outlined in Chapter 5, is recommended within pragmatic approaches to social research (Morgan 2007).

To provide summary information about the respondents and also a link with the quantitative data in the previous chapter, Table 7.1 lists the names (pseudonyms) of the interviewees, their age at the time of interview, and their individual scores for social capital as measured in the survey. The mean scores for the full sample of care leavers in the survey (n=85) is also included. Comparing these with the scores for the interviewees helps to make an important point: it suggests that while the care leavers interviewed have experienced considerable adversity and hardship, they tend to be better placed in terms of social capital than care leavers

in general. This is hardly surprising, since having the confidence and ability to engage in a (relatively) formal interview, which is the outcome of a process of planning and communication and involves a commitment to make and keep an appointment, demands a significant level of social capital in itself. Only two of the interviewees, Darryl and David, are on or below the borderline of the mean social capital scores for the full sample of care leavers. This reminds us that even if there is often a sense of these young people barely 'surviving', or even 'struggling' (to use terms introduced in Chapter 3 and drawing on Stein 2008, 2012; Munro et al. 2011, 2012), they are likely to be doing better overall, and to be better placed to 'move on', than many if not most other care leavers.

Name	Age	Social contact score (Max 17)	Social supports score (Max 25)	Community involvement score (Max 15)	Emotional support score (Max. 37)	Total social capital score (Max 72)
Connor	20	11	9.5	7	28	55.5
Darryl	22	11	4.25	1	21	37.25
David	20	10	8.25	2	22	42.25
John	20	14	10.25	7	27	58.25
Justin	20	10	15.5	5	25	55.5
Louise	19	16	16	3	25	60
Matt	20	14	12	6	28	60
Megan	19	15	6.75	12	27	60.75
Steven	21	13	7.5	5	28	53.5
Scores for care leavers (N=85)		10.6	7.2	3.8	20.8	42.25

Table 7.1: Care leaver interviewees and social capital scores

The next section of this chapter will provide a brief biographical note on each of the nine respondents so as to provide background and context for what follows. This is followed by three sections presenting a qualitative description and analysis of key stages of the care leavers' experiences, again as they relate to social capital, and drawing deductively on the literature but alert to the distinctive life journey of each young person. The stages are:

- The birth family as social capital
- Forming extra-familial social capital
- 'Formal' social capital and the transition from care

7.2 The care leavers

7.2.1 John

John entered care at the age of five. He moved between foster and residential placements but spent his final 10 years in a stable foster placement. The first seven years of this placement were largely without incident, but at the age of 15 John told his carers that he was bisexual. From then on, the relationship with his carers began to deteriorate and reached a point where he felt that he was being neglected. He reported a number of incidents of domestic violence to his social worker but he was not believed and no action was taken.

At the age of 18 he was discharged into a homeless centre. Eventually he was able to secure a place in a transitional aftercare service in Dublin. John spent two years there with a further two years in a supported lodgings stepdown facility. While there, John received extensive formal independent living skills training. He is now living independently and is heavily involved with community and voluntary groups. Since leaving care John has reconnected with his birth mother and her

extended family.

7.2.2 Steven

Steven entered care at the age of three and went through more than 10 placements during his time in care. Steven has a significant learning disability and was sent to a special school. Fortunately, despite his many placement moves he was able to continue to attend the same school. During his time in school he suffered two prolonged periods of bullying that deeply affected his self-confidence. Towards the end of his care history he was placed in the care of his older brother, but after a short time his brother passed away and Steven was placed in a foster care setting.

At the age of 18 Steven transitioned into a residential aftercare facility and spent two years there, during which he took part in an independent living skills programme. At the end of the two years Steven moved into a supported lodgings setting where staff supports were reduced but were still available if needed.

7.2.3 Matt

Matt entered care at the age of seven after his mother passed away. Matt was placed in relative foster care with his paternal aunt and later with his older brother. He lived in an area where preparation for leaving care was relatively well established and before turning 18 he was assigned an aftercare worker who was actively involved in his preparation for leaving care.

Matt's aftercare worker met with him regularly and spent time teaching him life skills such as cooking, saving money and how to use public transport. He also

helped him to get into a programme with FÁS, the national training authority. Matt's aftercare worker remained with him as he turned 18. Matt also received significant help from the advocacy organisation EPIC ('Empowering People in Care'). His EPIC worker became his first port of call for support and would often travel a long distance from Dublin to meet with him.

Matt's location was a vital factor in his ability to access the formal supports he needed to prepare to leave the care system, but in addition he was able to call on extended forms of informal supports due to his placement in relative foster care that enabled him to develop both familial and extra-familial social capital.

7.2.4 Connor

Connor entered care at the age of 17 having been the victim of domestic abuse. Initially he moved in with a family member but because of the additional financial stress that this created for the family member they approached the HSE in search of assistance. A small amount of financial support was given, but withdrawn a short time later. The family member sought additional financial support but this was refused. In desperation the family member was left with no alternative but to bring Connor to his local HSE office and leave him in their care. Connor was then placed in an emergency foster placement until a more permanent placement was found.

Once placed in a more long-term foster placement Connor was able to complete his Leaving Certificate and at the time of his interview was in his second year of a Level 8 degree programme. He received no independent living skills training either

before or after turning 18. He is not receiving aftercare allowance but his foster carers do receive a HSE payment for accommodating him at weekends.

7.2.5 Darryl

Darryl entered care at the age of 12. His pre-care history included 10 or more primary school moves due to his mother moving away from an abusive partner, re-entering the relationship and leaving again a number of times. Darryl's relationship with his mother has been a source of stress as she would constantly repeat a cycle of engagement and disengagement with him. During periods of engagement she would be extremely disruptive, arguing with him and his carers. She would often give Darryl extravagant gifts and then change her mind and demand that he would repay the cost of the gift.

On one occasion Darryl stayed with his mother when his foster carers took their family away on holiday. While at his mother's home Darryl was asked to make repairs to the house and once the work was done his mother no longer allowed him to stay. He was unable to return to his foster placement but did not let his social worker know what had happened. He therefore became a homeless child and was forced to sleep rough for seven nights until his carers returned from their holiday.

Once Darryl turned 18 and finished his Leaving Certificate he entered a course of education but because of a delay with a HSE payment his foster carers had to pay for the course. When Darryl received his student subsistence grant of €1300 his carers demanded that he repaid them €800, which he did. This caused tension between them, leading to the breakdown of the placement and in Darryl failing to

complete the course. As a result, he left care in an unplanned way with very little help or preparation. Darryl hopes to return to education and complete the course he started. He has had no contact with his foster carers since leaving care.

7.2.6 Megan

Megan entered care at the age of 5 and was placed in a foster care placement with a middle-class family. Apart from an 18-month period when she was reunited with her birth mother, she maintained this placement throughout her care history. Following her 18th birthday Megan was able to stay with her foster family because she is studying for a Level 8 degree at university. She considers her foster family to be her 'real' family and has minimal contact with her birth family.

Megan's preparation for leaving care seems to have been achieved through the processes of socialisation that typically happen within families. As she grew up in foster care her carers progressively gave her increased responsibilities, allowing her to learn the life skills necessary for a 'normal' and age appropriate transition to independence. This transition continues to be supported with an extended 'official' and 'unofficial' placement as Megan and her carers plan to maintain their familial relationship. There was no attempt by the HSE/Tusla to provide any formal preparation for leaving care.

7.2.7 Louise

Louise entered care at the age of seven when she was placed in the care of a relative on her father's side of the family. She has been able to maintain that single placement throughout her care history but having turned 18 she now wishes to

establish her own home and be more independent. Louise has a large group of friends and has developed strong bonds with her father's extended family. Unfortunately, she has no contact with her mother or that side of the family. This is a cause of sadness for Louise as she misses the bond that she feels should exist between a mother and daughter. Louise did very well in her Leaving Cert and is now enrolled in a Level 6 college course.

7.2.8 David

David entered care at the age of 16 following prolonged conflict with his parents and siblings. He identified himself as gay when he was 15. This led to an increased level of conflict with one of his siblings that eventually resulted in him asking to be taken into care. Since entering care he has completed his secondary school education and is currently enrolled in a Level 6 college course. David is now living independently and is engaged to his partner. His relationship with his parents has greatly improved in

7.2.9 Justin

Justin entered care at the age of 13 along with his siblings, having been abandoned by his mother who was struggling with long-term drug addiction. He was placed in relative foster care until he turned 18. Justin describes his birth, foster care and extended family as extremely dysfunctional, with an intergenerational culture of abuse, neglect and addiction. He was assigned an aftercare worker as he turned 18, from whom he received what he terms 'amazing support'. This enabled him to move into independent living, attend university and be a support to his siblings.

7.3 The birth family as social capital

Chapter 3 of this study indicated that, despite the significant differences between the theoretical and ideological perspectives of Bourdieu (1990) and Coleman (1988, 1990), both would argue that it is in primary relationships that social capital is initially produced (Bourdieu would add that it is through these relationships that the formation of the *habitus* initially takes place). Field (2008: 6) makes the same point emphatically when he says that the birth family is the 'primordial source' of social capital for the child.

Building on the child's initial exposure to this primary social capital, the family unit's access to extended or extra-familial social capital within the larger community can also be drawn upon to support the child's social development and educational attainment, or what writers such as Abbas would describe as their 'human capital'. The question therefore arises: what are the implications in terms of social capital of a child being removed from their birth family and placed in care?

As mentioned in Chapter 3, Baker's (2012) study of homeless youth, many of whom had spent time in out-of-home care, presents a triad of components that the author argues must be in place for a young person's familial social connections to be capable of supporting the transmission of social capital. Firstly, the young person must be socially *connected* with their family or family member; secondly the family or family member must have access to valued *resources*, either economic, cultural, or social; and thirdly the young person must have shared norms of *trust and reciprocity* with the family or family member. If any one of these

components is not present Baker asserts that the family cannot operate as a source of social capital.

Below Connor's, Megan's and John's relationships with their birth families are examined as a means of exploring and illustrating Baker's assertion.

7.3.1 Connor

Connor's experience demonstrates that the capacity of the birth and extended family to act as a source of social capital is both dynamic and finite. After the loss of his mother through suicide when he was aged thirteen, Connor's father became increasingly violent towards him, until at the age of fifteen he was not prepared to tolerate it any more ('there was a thump from my father and that was it'). He fled to his maternal aunt, although she didn't initially understand how final his break with his father was:

I didn't have a phone but I knew her number so I used one of my friend's phones to text her and she said [ok], as far as she knew it was just for the night. And then I told her the story and stayed the next night and the following night and I started going to school from there.

His aunt was not well off ('She was working with FÁS only a few hours a day no more') and sought help from the state.

So then she went through the HSE and all that just to find out whatever information she could, she was working part time and needed extra support. She couldn't really afford having me there and I didn't know until probably a year later and she was struggling after a month or two I'd say.

For two months Connor's aunt was given limited financial support by the HSE/Tusla (he thinks it may have been foster carers' allowance), but then 'it just stopped for some reason'. She continued to try to support him, and during the twelve months or so that he stayed with her he was able to maintain both a familial

bond and his social connections within his school and sports clubs ('I would be on the hurling team, the football team, it was going grand'). But when Connor was 17 his aunt could no longer cope.

Well it was my auntie who brought me to [name of HSE office]...She didn't tell me until the week before we went...that she was struggling em, so she told me she was just going to have to leave me there. No one was going to give her any answers and the first time we went in some woman said can you come back the next day but she had enough of them so I just stayed and they dealt with me...after a while [a woman] came into the room I was in and just had a few words with me to try and find about my auntie to see if she would come back for me, if I had a way to contact to her get me. Then I told her that she wouldn't come back, like she tried, em that was it. A while later she told me I would be sent to (name of a regional town).

As the financial strain became increasingly acute it overwhelmed the familial connection that had at first facilitated Connor's continued access to a stable social life and educational career. Despite the shared norms of trust and reciprocity with his aunt, her economic means were limited to such an extent that she felt she had to place him in the care of the state. Connor was given a foster care placement some distance from his own community which broke the connections he had with his school and sports clubs.

7.3.2 Megan

Megan was taken into care and placed with a foster family at the age of five because of neglect and abuse both physical and sexual in her birth family. A few years later an attempt was made to reunify Megan with her birth mother but after a short time her mother was unable to care for her and Megan was placed in the care of her grandmother. This too proved to be unsuitable and Megan was returned to her original foster family. Speaking about the time she spent living with her mother and Grandmother Megan said:

I'd say it was probably worse than what I was used to. Yeah probably like, I got lucky with my foster carers like... Em, well I'm only in contact with my mom and she lives in (the name of a regional town) it only, it's not that far at all. Yeah, I don't really have much contact with my mom.

In discussing her experience of primary school, Megan described her foster carers as being better able to support her attendance and participation than her birth mother and grandmother were. Asked if she had missed many days at school she replied:

Yeah, well, well not when I was in my foster care but when I was moved back to my parents, my mom and them. I was living with my nana but yeah I think I missed a lot of school then... But yeah I was, it was one to two years that I was away I'd say. Cos I lived with my mom and my mom couldn't cope with me anymore and then I went back to live with my nana and then yeah I'd say. Yeah then I went back again I think I did miss a lot of school then.

Megan strongly disapproved of the social workers' attempt to reunify her with her birth family, whom she holds in very low esteem:

I don't know they, I don't think they ever should have done it... I don't think they were meant to have me back they were just idiots.

After her experience of the attempted reunification with her birth mother Megan made a conscious decision to distance herself from her birth family and chose to view her foster carers as her 'real' family. This conscious choice to stay in care seems to have grown from her recognition that the time she spent with her birth family 'was probably worse than what I was used to'. From her point of view, the social norms and modes of behaviour (the social capital in other words) that allowed Megan to develop a trusting relationship with her foster carers were not present in her birth family. Her dismissal of them as 'idiots' makes it clear that from her perspective they do not represent a resource, of any kind, to which she wishes to have access.

7.3.3 John

John's care history began at the age of five when he was taken into care following the ending of his parents' relationship. Following the split, his father's sister made a report to the HSE saying that his mother was 'unfit' to be a parent. John asserts that this accusation was untrue, but the HSE took him and his siblings into care. John had five placements in total but his final one was a stable ten year foster placement.

As mentioned above, the first seven years of this placement were without incident but at the age of fifteen John told his carers that he was bisexual. From this point on the relationship began to deteriorate. As he turned 18 he sought to reconnect with his birth father:

A couple of years ago I decided to meet up with my actual biological father and give him a second chance after he walked out on us and other stuff he had done when I was a child and all. Which I don't really remember because I was only a child and he completely just treated me like shit.

And my father, I found out myself recently, started rumours about me because he found out about my sexuality as well.

My own biological father and I was the one giving him a second chance, turned around and neglected me because he couldn't understand that his own son was bisexual. He just couldn't accept it. I'm happy, I've been out since I was fifteen. I'm out nearly ten years now and I couldn't care less who knows now.

John's attempted reconnection with his father was unsuccessful but when asked about the preparation he received for leaving care John's positive relationship with his birth mother became apparent.

Well I was signed up to the social welfare [disability allowance] when I was 16... My foster parents were the ones who showed me that, the information on that and they went through and did the test and all with me but I didn't actually know about the benefits until my biological mother went over it with me about all the benefits I was entitled to. Because she is on it as well.

So she is getting her entitlements and she was wondering why I wasn't getting them so she told me about them and I went straight to the social welfare and claimed most of them so... I was happy with that.

In this instance John's birth mother acted as a channel of valuable information which facilitated his access to financial resources from the state. When asked further about the nature of his relationship with his birth mother while he was in care he responded:

Yeah, that was very strong, it was strong but now it is completely stronger now than ever before like.

Like my mom and me we don't keep secrets. She is always there if I ever want to know anything about my family or what happened when I was in care, is there things I still don't know or understand or... She's not there to tell me what I don't want to hear, she's always there, day or night, to answer whatever questions and she's never lied to me.

And I've never lied to her so we have a great relationship basically at the end of the day.

Once John had turned eighteen and was transitioning from care his mother's capacity to act as an access point for the intergenerational transmission of familial forms of social capital became more apparent:

Well we were strong enough when I was in care but when I turned eighteen that's when the relationship blossomed even stronger.

So it was even stronger then when the two of us... When I was eighteen I started calling over to her house every second weekend or whatever, stayed a night or two and got to know the rest of my family. I still do it to this day you know?

Talking about support from his birth family more generally John said:

Ah yeah, they're always, like my ma always helps me out if I'm stuck for money. She'll always tell me that she'll call me back in a few minutes and she'd have a conversation with my nanny. I don't know what they talk about but she ended up calling me back and telling me that it was sorted out. I don't ask questions I just give her the money back when I have it.

John explicitly referred to the presence of trust in his relationship with his birth family and linked it to having a continuing sense of 'home':

Yeah they would if I was stuck, like they've always said it to me that it's like a home to me as well so.

Well I have a key to their house anyway so if I just tell them I'm on my way they know I'm on my way so... Like they let me come and go of my own free will like. They trust me that much like I'm not going to do anything bad or anything, so it's nice.

John's relationship with his mother, despite a history of care, is characterised by all three of the components identified by Baker as being essential for the birth family to be able to support the transmission of social capital. It also demonstrates the three forms of social capital described by Coleman: obligations and expectations (exemplified in the trust needed to facilitate the lending and repaying of small amounts of money), information channels (as in the case of his mother's support with benefits and entitlements), and norms and sanctions (being able to 'come and go' freely within the family home because his family could be assured he would not 'do anything bad or anything').

7.4 Forming extra-familial social capital

While the family can be viewed as the 'primordial source' of social capital (Field 2008: 6) it is only as the child begins to interact within social networks beyond their home that it becomes clear to what extent this familial social capital can influence their capacity to succeed within extra-familial social networks or fields of social interaction, including formal, but not fully open, social structures such as school, sports clubs and community groups. Access to, and success within, these networks is substantially dependent upon what Bourdieu termed the individual's habitus and their capacity to develop reciprocal relationships built on their 'doxic'

(unquestioned, taken-for-granted) understanding of the social fields around them.

The two contrasting examples of Darryl and Megan are discussed below.

7.4.1 Darryl

Darryl, as outlined above, entered care at the age of 12. His pre-care history included ten or more home and primary school moves necessitated by his stepfather's abusive behaviour that forced his mother to be constantly on the move ('...he used to basically like chase her around sure like he even chased her over to England'). Darryl's relationship with his mother has been a source of stress and disruption due to her own chaotic lifestyle. Darryl spent seven years in one foster placement. His carers, while providing safe accommodation and ensuring that he attended school, failed to develop strong social or emotional bonds with him, evidenced for example by their taking of family holidays without him. After Darryl left their care he had no further contact with them.

Before entering care Darryl experienced extreme social instability that saw him constantly moving from one social network to another. He could see a positive side to this but found it very disruptive:

Ah it's good you get to meet lots of different types of people and mix and things but you kind of like might make friends and you're like Jesus I'm getting on well here everything's grand. And then it's just like ah he's to move away now next week or the week after then like so you're kind of like ah what's the point. So when you go to the new school you're like ah what's the point of making friends here like because you'll only be moved on again like.

During this time of social instability Darryl began to model his mother's pattern of engagement and dis-engagement in his own behaviour, and this disrupted pattern of social interactions continued through his teen years and into adulthood.

He had difficulty developing trusting and reciprocal relationships. During secondary school he was involved for short periods of time in numerous sports activities but as he progressed in school he felt that these required increasing levels of commitment which he was unwilling to give.

No to be honest with you I stopped playing sports when I was about 17 the last game I was playing was hurling; that was kind of because I was in school. Then when I was finished school I said no fuck, I didn't see the point in it anymore. When you get past the age of over 16, 17 and 18 they want you to be dedicated and serious whereas I knew well I wasn't going to be the greatest hurler in the world. They were kind of wanting more dedication, be more serious, they wanted you to look after your body like not just when you come once or twice a week to train. They were like during the week they wanted you to look after your body not to smoke or not to eat shite or whatever.

Teenagers losing interest in school-based sports activities is not unusual, but for Darryl this disengagement coincided with his discharge from care. So as he was moving to full independence and losing the social capital provided by his carers he was also losing the valuable connection that existed with his sports teammates. At the time of the interview Darryl described himself as having no friends in the local area ('not one') and shared an experience that is rather common among the respondents in this study.

When I first got my first apartment like cos I let people; you know the first time I moved out I really let people take the piss out of me. I let a load of people stay in my place for nights and you know what I mean I let them drink and turn it into a shit hole basically, like I kept the place nice but I basically let them just ruin it. Like I'd wake up in the morning and me house would be in bits and people would be gone off like there'd be no one to help me clean or do you know what I mean like. They'd be coming in eating all of your food and no one would say like ah there's a tenner they wouldn't once ever say here there's a tenner get yourself something to eat out of it you know what I mean like.

Because of this experience Darryl was evicted from his apartment and was forced to begin the difficult process of hunting for new accommodation. He withdrew from his friendship network and became increasingly isolated.

I only have two friends now that keep in contact they had enough respect for me that's why I keep in contact. But very rarely, I haven't seen them since last summer like. They're in [name of regional town] I don't have a single friend here.

Asked if he felt isolated or cut-off from society since leaving care, Darryl had no hesitation in responding:

Aw definitely because there was often times when I was severely depressed like and I thought to myself like what's the point in even being alive like, not, I wasn't going to take my life or anything like that...but I'd be saying to myself what is the whole point sure I'm sitting here doing nothing 24/7. It's like all my friends are in [town] like I kind of made a boo-boo there by switching down to here but I kind of got afraid at the time because I was only seeing my friends once or twice a week and I thought by moving I could see my family seven days a week but it didn't work out like that.

Darryl's attempt to reintegrate with his family was completely unsuccessful and he ended up isolating himself socially. While his care setting had not provided emotional warmth it did offer stability and allowed him to maintain community, school and friendship networks. Once this support was removed Darryl had no option but to try to rely again on familial support, but this was not forthcoming.

As Darryl settled into his new apartment he also began a relationship with a girlfriend. This proved to be particularly valuable to him, giving him access to the social supports and networks of another family. But it also presented difficulties because of his own lack of resources. Asked whether he ever went out, Darryl responded:

...well never but I was actually out yesterday at a confirmation but that was through my girlfriend's family. But I felt out of place because I didn't even have money to buy a decent outfit and then I didn't have money at the pub and it was her nanny who was buying me drinks, do you know like. Making sure I was alright and I felt kind of shitty about that to tell you the truth. I felt shitty because I couldn't even like, do you know what I mean. When you go to a pub you might bring enough for one or two drinks or whatever like so I couldn't even buy her a drink or whatever like I couldn't even do that like it was really shitty like...[and] that was the first time I'd been out in nearly two years like.

While the invitation to a family celebration was a very positive thing, it was also stressful for Darryl because he felt the pressure to meet a certain dress standard and was extremely uncomfortable because he could not return the compliment when bought drinks. He felt that this placed him under a social and financial obligation within a network where he was not yet fully integrated. There were other similar occasions, and while he was without doubt grateful for the support he was also reluctant to take upon himself social obligations that he felt ill equipped to fulfil:

Me girlfriend's nanny helped me out there last week alright. She was nice but she gave me €30. She gave me €10 to get tobacco and she gave me €20 to get a drink so she helped me in that way. And if I was hungry or anything she'd invite me to the house to feed me like so yeah I suppose in a way like in the last couple of weeks she has helped me out yeah. Then in a way you're only kind of digging a hole for yourself you have to pay back you know what I mean like, now I have to pay back €30 that I owe her.

Asked if he could do some work to pay back the money, he responded:

I wouldn't mind helping out on the job but I'd rather pay her back what I owe her, I always pay back what I owe even if she asked me to do a job I'd do the job but I still pay you back.

Darryl's discomfort in these circumstances seems to illustrate a point made by Barker (2012) in relation to a possible consequence of an individual's family being unable to act as a source of social capital.

Most profoundly this absence of support leads to an overemphasis on self-reliance due to the lack of trust in other people, a lack of the shared norms of reciprocity and good faith that underpin relationships becoming social capital. (Barker 2012: 732-733)

Darryl's experience and circumstances also provide a good example of what Barker, in a study of homeless youth referred to in Chapter 4, calls a 'habitus of instability':

The habitus of homeless youth is based on experiences of instability and uncertainty. Subsequent experiences are structured in terms of a logic derived from the past, as homeless young people perceive and reproduce instability in their present conditions. (Barker 2016: 271-272)

Darryl's difficulty in investing in social connections and thereby gain access to support networks was shaped by a deeply chaotic pre-care experience that was compounded by the failure of his foster carers to nurture his sense of personal and social stability. On leaving care, Darryl found himself with severely reduced support networks and faced considerable difficulty in living independently. The isolation and instability he experienced is reflected in the fact that, as is clear from the figures provided earlier in this chapter, his social capital scores in the care leavers' survey were the lowest of all the young people interviewed. The next section returns to the respondent with the highest scores, Megan.

7.4.2 Megan

In contrast to Darryl, Megan spoke very warmly and positively of her relationship with her foster carers, although that is not the term she would use:

I never call them foster carers it's so weird. I just call them [first names]...I wouldn't like em, think of them like that, yeah I wouldn't like go round telling people [they're] my foster parents. Normally I would just say my mom and dad to other people, yeah I'd say [first names] to them.

When asked about her social networks and more specifically her extended familial contacts Megan explained that she had no contact with her extended birth family and only limited visits with her birth mother. She elaborated on the nature of her connection with the extended members of her foster family.

I just prefer [regional town] cos I have a closer connection with [first names of her foster carers] like as well and I have all my friends here. But em, [foster mother's name]'s parents we would call them, well like you would call them nana and grandad and like even [foster mother's name]'s

brothers and sisters, we all call them aunts and uncles would we wouldn't refer to make as like, we wouldn't say mom. Yeah but we would still like, we think about them as that. But yeah [foster mothers name]'s parents I was really, we're really close to them and my, I'd say my nana passed away like over a year ago and yeah that was hard. It just shows how close we were really, yeah that was really, but my grandad is still here so. Yeah, yeah and we were really, really close...

Megan also spoke positively of her experience of school and of friendship groups, suggesting that she did not have the sense of being treated or positioned as 'other' in the way that many young people in care do.

Em I have a couple of closest friends I'd say, yeah, I'd say [names of four girls and one boy]. And then I, I don't know I'm friends with everyone really, I'm not like, yeah like I'm easy to talk to for everyone like. I'd say I have a lot of different friends but they are closest and like everyone else is friendly.

There's no cliques in our, like in secondary school there was no really like big cliques like, like all the girls talk and I'd talked to the boys as well like. But yeah I'd say I have a lot of different types of friends, like you know I'd have friends who mightn't be like friends of my friends and stuff. I don't know, but that's just like the kind of person I am so.

Megan's integration and assimilation into her foster family, school and community grew from her foster parent's willingness to invest their resources both social and financial in supporting her educational attainment, while also providing her with access to cultural practices that would facilitate her access to further social networks. When asked about her community involvement, Megan responded:

Yeah I did gymnastics. I've been doing it since I was six and then I coached gymnastics for a while... I love kids so I like had to, like coach kids they were like four, five and six.. Yeah I don't know, I love kids like, it was fun so...I used to sing choir but like I wasn't that good, I'm not a good singer I just used to be in the church choir but I feel like I did enjoy it. I was in stuff and I always used to be like in drama in school like. That was when I was younger I used to do all those sort of things so yeah like...I had to give coaching class up because I was doing the Leaving Cert because it was just too much time. But I do like plan to be part of clubs and societies like in college.

Megan's process of social integration into her foster family's social networks

began to deepen once she had returned from her abandoned trial reintegration with her birth family. From this point on she distanced herself from her birth mother and decided that she was happier with her foster family who were her 'real' family. While her foster family may or may not have felt the same way it is clear from their actions that they were happy to facilitate unlimited access to their familial and extra-familial social networks, in clear contrast to the experience of Darryl as described above. From this position of security and emotional warmth in the family setting, Megan was able to make broader social connections in her own right that served to reinforce her personal and social development and provided her with access to a range of social resources and social capital.

Megan made it clear in the interview that she had received no formal preparatory training from her social worker or aftercare worker as she approached 18. However, she indicated that from an early age her foster parents were actively facilitating her acquisition of such skills, meaning that (as mentioned earlier) her preparation for leaving care seems to have been achieved through 'normal' processes of socialisation.

Yeah well I was, I'd probably received it from my foster carer, yeah I don't think I got anything like that from my aftercare worker but like when I was growing up my parents, foster parents were doing it like all the time so I'm kind of used to it all so. Yeah, they made us do a job, made us make our lunches when we were smaller and everything so, yeah and do our own washing and everything so.

Overall, like some but not all of the care leavers studied by Johnson et al. (2010), Megan experienced a 'smooth transition from care' due to the fact that she had been secure and content in her care placement with strong relationships with carers but also with extended family and friends. This has allowed her to develop, in

Barker's (2015) terms, a 'habitus of stability', with the requisite skills and aptitudes and also the necessary supports to embark confidently on a life post-care.

7.5 'Formal' social capital and the transition from care

As indicated in Chapter 4 and elsewhere in this thesis, social capital in its most basic form can be defined as any collective or individual benefit derived from social connections (Portes 1998) or, along similar lines, as the resources (of multiple kinds) that they can access which both result in, and are the result of, collective and socially negotiated ties and relationships (Edwards et al. 2003, cited in Gillies et al. 2006).

Defined as such, a young person leaving care, in addition to any access they might have to benefits arising from familial or community connections and supports, may also have access to additional forms of social capital by virtue of their care history (provided that they fall within the eligibility criteria set out in the relevant policy documents). This is because of what Evans (1996) calls the 'synergy' that exists when the state interacts with charitable, voluntary, private and public organisations to provide transitional supports for care leavers. Such supports can include education, which Fukuyama (1999) contends is the preeminent arena where government actions can have a direct influence on the creation of social capital.

The supports available to care leavers under the terms of the Child Care Act 1991 and other relevant social policy provisions were presented in Chapter 2 of this study. These can be seen as examples of 'formal' social capital that are generated through the state's own services and through its interaction with civil society

organisations in support of young people leaving care. A key document in this context is the Leaving and Aftercare Services National Policy and Procedures published by the HSE in 2012.

The Policy and Procedures set out three stages of preparation for leaving care, and stipulates that all three should be completed before the young person turns eighteen. However, the survey findings presented in Chapter 6 showed that the experience of most care leavers is that the Policy and Procedures are not implemented. The same is true of the interviewees. In none of their cases did the three prescribed stages of preparation take place, even though all except for Connor were eligible for both preparation for leaving care services and for aftercare services. For those who received *any* preparation for leaving care, it seems that what was offered did not go beyond Stage 1 of the Policy and Procedures.

There was considerable variation in the nine care leavers' experiences of the timing and nature of the transition from care. Some remained in their foster placement despite turning eighteen, and while they were no longer strictly in care they felt that their transition wouldn't happen until they left their foster carers' home. This was the case for Megan, Louise, Connor and Matt, who at the time of the interviews were still living with their foster carers. For John and Darryl, the placements ended in an unplanned way which created additional difficulties for them, while for Justin, David and Steven the transition was planned and therefore less abrupt.

An important feature of the Policy and Procedures is the requirement that the young person be centrally involved in the consultation and planning process, in identifying their own needs and in planning for their own future. For six of the young people (John, Darryl, Megan, Connor, Louise and Justin) there was no interaction at all before they turned eighteen: they did not receive an assessment of any kind, they were not offered any independent living skills training and they were not involved in any way in the process of planning an exit strategy from care.

Steven was the only young person to receive any formal preparation for leaving care prior to his eighteenth birthday (he was unsure if this was from his key worker or aftercare worker). The other young people were assigned aftercare workers at or around the time they turned eighteen but, as will be discussed below, their experience was not in line with the Policy and Procedures document. The formal supports received by each care leaver will be outlined briefly below. First, summary information on the young people's employment/education status and living arrangements are provided in Table 7.2.

Name	Employment/education status	Accommodation
Connor	Education	Continued foster placement
Darryl	Unemployed	Private rented
David	Unemployed	Private rented
John	Disability benefit	Residential aftercare
Justin	Education	Private rented
Louise	Education	Continued foster placement
Matt	Unemployed	Private rented
Megan	Education	Continued foster placement
Steven	Education	Residential aftercare

Table 7.2: Interviewees' employment/education status and accommodation

7.5.1 Steven

Steven has a significant learning disability and was therefore identified as needing additional transitional supports. He qualified for the Disability Allowance from the Department of Social Protection which at the time of the interview was €188 per week. As he approached the age of eighteen a residential aftercare placement was secured for him in Dublin. This placement lasted two years, followed by an additional two years in a step-down facility. At the time of the interview Steven had moved to the step-down facility and felt very positive about it: '[It's] very, very helpful, definitely I mean, yeah I was very lucky like'.

The residential aftercare service worked intensively, one to one, in supporting Steven to further develop his independent living skills. He had very high regard for his aftercare worker:

...she is always there when you need her, which is tough because she has to deal with other people, em, and it's, you don't actually, you're not waiting as long so she'll do it ASAP or she will try her best... Em, well if I needed like, I don't know em, I'd say like if I needed a clothing grant you know I'd say look how do I get it, how do I do it like how do I go about it and she'll give me a suggestion or if I can't do it she would just link in with me as soon as possible.

The independent living skills programme offered to Steven was based on a process of assessment and evaluation that ensured he both understood and was confident in applying the skills he was learning.

7.5.2 John

John has been in receipt of the Disability Allowance from the age of sixteen. He was given a place in a residential aftercare facility in Dublin where he received roughly the same level and quality of services as Steven. Because of a waiting list

for this place he continued to live with his foster carers for an additional eighteen months after he aged out of care. During this time John was assigned an aftercare worker through Focus Ireland. Asked about his experience with his aftercare worker he replied:

I got one at 18 when I was legally signed out of the care system. I had to go to town to their lawyers sign a contract to clear me as being out of the system. So once that was done I was transferred over to Focus Ireland....Aw they gave me so much support. They were always ringing to make sure that I was keeping well, if I was up to date with my CV and they supported me by coming to job interviews and all that. They were very nice to me, it was very hard when I was 21 and they had to sign me off their books because I was getting too old.

John's access to Focus Ireland aftercare services began when he turned eighteen and ran until he turned twenty-one but his placement in the residential aftercare facility, which was provided by a different charity, started when he was nineteen and ended when he was twenty-five. Speaking about his time in the residential aftercare facility John said:

It gave me more experience, so that helped me a good bit as well. I wouldn't be who I am today if it wasn't for (the name of charitable organisation) helping me out...They have a main house and then there was independent flats. It was supposed to give us the next step from care and all that... Eh, well its more, you're more independent, you're not having so many staff members there. And there's like, one staff member would be there overnight, if there's any emergency or anything like that. Other than that you had your own independence. You have like your bedsit with your own kitchen...It's more like getting ready to live on your own kind of a thing.

John lived in one of the flats and only had to go to the 'main house' to deal with rent matters or to 'check in' so that the aftercare workers would know he was ok. His key worker visited him to ensure that he was meeting the goals they had agreed and to provide practical support:

It was like different goals. I had problems with budgeting money and all that and they gave me loads of support around that, like how to do it properly and how to save and all that kind of stuff. I think just before I

finished up with my key worker she was going over different things like seeing if I can cook and all that...I had to pick a recipe and cook in front of her during the link session and explain what I was doing. Just to show that I can actually take care of myself and that I'm not eating takeaways or microwave dinners or anything like that.

At the time of the interview John was living in a rented apartment and was actively engaged as a volunteer with two community groups. In addition, he was up to date with his bills and had managed to save enough money to go on a foreign holiday.

7.5.3 Connor

Connor also received funding to remain with his foster carers after his eighteenth birthday because he was planning to go to college. Once at college his foster carers' funding was reduced because he was living in student 'digs' on weekdays and returning to his foster carers' home at the weekend. It was not clear from the interview if the aftercare service was covering the cost of Connor's student accommodation, but he was getting the SUSI grant of €600 per month (Student Universal Support Ireland, a means-tested educational grant that is available to all those who meet its eligibility criteria). Connor's aftercare worker completed an aftercare plan with him and filled in the SUSI application for him. Otherwise there was little contact:

I'm not really sure 'cos, himself he was saying that there wasn't much point visiting me to come and see how I was doing because I never had anything to ask, never had anything to complain about. Em, I think from the first time he just said he would check in now and again but there was never anything for him to worry about everything was always grand.

7.5.4 Megan

As discussed above, Megan's foster carers continued to receive funding for her after she turned eighteen because she planned to attend college, but in line with new guidelines her foster carers are now required to use part of this funding to provide her with an allowance of €100 per week.

In addition, Megan's accommodation during term-time is covered by the aftercare service while college fees are met by a SUSI grant. Megan's aftercare worker helped her with the SUSI application although she felt that she needed more help than she was given. When asked about the level of interaction she had with her aftercare worker before and after she turned eighteen Megan replied:

...not much at all no. I'd say I've seen her about three or four times since I got her I'd say. Yeah. she texts me and stuff and she sends me out letters and stuff, yeah she's really good that way. She doesn't leave me hanging or anything.

The level of support offered does not seem in line with the in-depth process of conducting a needs assessment and preparing a leaving care plan as described in the Policy and Procedures Document.

7.5.5 Louise

Because Louise was in full time education she was able to continue to live with her foster carers after she turned eighteen:

I'm still living at home and I get the SUSI grant and other stuff... €135 a month. I get my money from my part time job as well yeah €60, that's €60 a month as well. I can get by and I can go out and enjoy myself as well.

Because of her grant from the Department of Education, the only financial support provided to Louise by the aftercare service is the continued funding of her foster

placement. Having said that, Louise was very happy with her relationship with her aftercare worker:

She is very good she filled out all my forms and stuff for me so, like for college and she links in with me all the time and like meets up with me and stuff like. She's very young as well so it's kind of... I'd see her I think like every two or three weeks.

In addition, Louise was receiving information and other supports related to the transition out of care from the organisation EPIC.

7.5.6 David

David left his foster care placement just after his eighteenth birthday and was assigned an aftercare worker just before he moved out. During his first year of independent living his aftercare worker maintained close contact with him and was his first port of call if any issues arose. She met with him regularly and supported him in developing independent living skills.

Yeah she was really really really helpful. Em, as in like it I ask her a question or if I asked her to em, to look up something for me she'd do exactly what I'd asked her and she came with me to, she helped me, she helped me move out and em she helped me find this apartment. And if I had issues or anything like that, 'cos I did have issues paying my rent 'cos like I wasn't used to it. Like she'd help me with that, she was really really really good.

Like other respondents, David was in receipt of an educational grant:

Em, like I had a grand coming in because I was in college and I had money coming in from the HSE so em, I think it was 70 something Euro and from the grant it was 30 something I think, yeah it would be around that. They would have paid for my rent.

Living independently was a challenge but in addition to help from his aftercare worker he was able to rely on support from his mother:

Yeah it was hard especially because I never had to do, like up until then I never had to do my own shopping so I could of, and I never would have

known like where's the cheapest place to get this this and this...And em, like I would have of done like a €30 or €40 shop for one person but now because like my parents, actually the rent comes out of their money and I give them the rent money. So it's just easier that way because you can't escape your mother.

7.5.7 Justin

Justin was assigned an aftercare worker six months before he turned eighteen and he met with her once a week. She supported him extensively in gaining skills of budgeting, shopping and cooking, communication and general self-care and wellbeing. She also helped him in applying for both an educational grant and welfare entitlements, and continued to offer practical and financial assistance in maintaining him in education:

...to be honest the aftercare service has been great to me. I was supported financially in some degree, I was supported to go to college in [name of city] which is very rare because they said that I received two financial entitlements for my two accommodations at the time.

I had (name of aftercare worker) who is my aftercare worker at the moment, em, I would have been in regular contact with her. You see if I didn't have the support I don't think that I would of had the advantages that I have.

7.5.8 Darryl

Darryl received by far the least help of any of the care leavers interviewed as he transitioned out of care. As his foster care placement was coming to an end he and his mother sourced alternative accommodation without any help from his aftercare worker. He received no financial support through aftercare services:

I never got a penny and I was told that they were supposed to pay the first month's rent or first week's rent. Yeah the deposit but they didn't pay that; I went to the social welfare and I got that. I got all that by myself. I get the jobseekers allowance every week and I get, em, rent allowance.

The only intervention made by Darryl's aftercare worker was one phone call to the social welfare office to confirm that he was a care leaver. Given the lack of support it was perhaps not surprising that after a short time he fell behind with his utility bills and turned to MABS (Money Advice and Budgeting Service) for help:

I suppose people aren't always going to catch you by the hand and show you but like if I was even pointed in the right direction like not even... I wasn't asking for anyone to catch me by the hand or do things for me like it was more so just show me the way to go about it like. Yeah I mean only for I went down to MABS I wouldn't have had a clue about gas bills or electricity bills or anything. I wouldn't have had a clue I wouldn't have had a notion only for I went down to MABS and then they told me what it was.

Even though Darryl was placed in a stable long-term foster placement and was assigned an aftercare worker around the time he turned eighteen, he received no preparation for leaving care and he transitioned out of care with almost no formal supports.

7.5.9 Matt

When Matt was placed in the care of his older brother the court order included a provision that the cost of his accommodation would be covered for two years by the HSE/Tusla. At the time of the interview this time had not yet elapsed and therefore his brother was receiving accommodation costs even though he no longer receiving a foster carer's allowance. As mentioned above, when Matt turned eighteen he initially received support from his aftercare worker in applying for his welfare entitlements, and securing a place on a FÁS training scheme. Subsequently, when he needed help to get on a housing list, he found his aftercare worker less than helpful, even though section 45 of the Child Care Act specifically states that one of the supports available to care leavers is 'co-operating with housing authorities in planning accommodation for children leaving care on

reaching the age of 18 years'. In contrast, Matt received extremely valuable help from EPIC (Empowering People in Care):

I know aftercare workers aren't meant to be there as much as social workers but do you know like I'm in the middle of trying to get on the housing list in [regional town] so I want to move out of here you know what I mean. Your one down from EPIC she does everything with me whenever I want anything she comes down and she helps me out you know what they mean....Yeah she is absolutely brilliant, but the other one the aftercare worker like, it's kind of like I don't know she barely rings me like you know. Whenever I want to talk to her it's kind of like, like there was one Saturday Jesus I think I was waiting two weeks before I got a phone call back from her do you know what I mean like...So I kind of don't even bother with her now, if I need to contact her now I'd ring [name] in EPIC.

The experiences of the care leavers interviewed as they approached their transition out of care seem to closely mirror the findings of the HIQA (2014) inspection report discussed in chapter two from which the following was taken:

Inspectors examined some cases of young people aged sixteen to eighteen years regarding their preparation for leaving care and aftercare provision. The area had a very small team dedicated to aftercare for children in care, which was overseen by an acting principal social worker. This team did not have adequate resources to accept referrals and support young people to transition to adulthood from the age of sixteen. As a result, aftercare support was provided much later than required which did not offer young people adequate preparation for a move towards adulthood.

In all cases examined, inspectors found that referral to the aftercare service occurred just prior to the young person's eighteenth birthday...Inspectors found that for all of these young people, their care plans did not address aftercare sufficiently. There was little evidence of planning and preparation for the young people in moving towards adulthood and two young people who spoke to inspectors were unclear about the plan for them moving into adulthood. (HIQA 2014: 19)

Because of the late referral to aftercare services, which in the case of all care leavers in this study happened near to their eighteenth birthday, the processes of preparing to leave care and the actual transitioning out of care seems to occur almost simultaneously. Because of this the aftercare workers who were assigned

were not involved in providing any form of preparation for leaving care training or planning but rather supported the care leavers' transition out of care and into initial independence.

7. 6 Conclusion

This chapter has presented a description and analysis of the experiences of a sample of care leavers, focusing on key aspects and stages of their time during and after care, and making reference throughout to the concept of social capital. At the outset, the survey findings on social capital for each individual interviewee were presented, ranging from a very positive overall score in the case of Megan to a significantly below average one in the case of Darryl, and the personal stories of the young people as told to the researcher and as set out in this chapter have confirmed that there is a meaningful, patterned difference of lived experience underpinning the statistics. Megan has had a very positive experience of a single, sustained foster care placement in comfortable circumstances; she is continuing to live with her foster family, preparing to attend university, mixing with friends with similar lifestyles, and secure enough in relation to financial matters that when asked about college fees she says she doesn't know what the arrangement is. These positive experiences are despite a complete fracture in her relationship with her birth family.

Darryl came from a background of a highly difficult and unstable family with multiple moves of home, occasioned by abusive behaviour on the part of his step-father towards his mother, whose own lifestyle was chaotic. He too had a single

foster placement, but his foster family failed to develop strong emotional bonds with him (even taking family holidays without him) and he had no contact with them since leaving care. He failed his Leaving Certificate but had embarked on a course in animal welfare, and his dogs seemed to play a vital part in maintaining his own sense of wellbeing. He struggled to provide for them, however, and was embarrassed at having to rely on his girlfriend's grandmother for drinks and cigarettes.

Between these two extremes there is a range of experiences, with the care leavers giving varying accounts of the extent and nature of their contact with their birth families, numbers of friends (from 'not one' to 'I'm friends with everyone really'), their physical and mental health, involvement in community activities and their educational difficulties, attainments and aspirations. Not surprisingly the resources and supports available to them *by virtue of having been young people in care* (which might be termed 'formal' social capital) frequently played a key role in easing their transitions, although their experiences were not at all in line with what they might have been entitled to expect from the National Policy and Procedures on Leaving and Aftercare (HSE 2012). This gap between policy and practice is one that social care professionals might be expected to throw light on, and their perspectives are the subject of the next chapter.

Chapter 8

Qualitative Findings and Analysis: Social Care Professionals

8.1 Introduction

This chapter presents the data from in-depth semi-structured interviews with eleven aftercare workers, eight of them employed by the HSE/Tusla and three by voluntary residential aftercare services. All had extensive experience of working one-to-one with young people who were preparing to leave care or who had just left care. As such they had an intimate understanding of the interplay of policy, practice and outcomes that surround the process of leaving care in Ireland. Questions related to challenges facing care leavers, policy development and services (including what has improved and what needs to improve), inter-agency cooperation, personal and professional challenges and frustrations.

One additional interview was conducted with a regional aftercare coordinator/social worker who was also employed by the HSE/Tusla. This respondent had been closely involved in the development and implementation of aftercare policy for a number of years and was therefore well placed to provide additional insights.

As outlined in the methodology chapter all interviews were transcribed and entered into MaxQDA qualitative software to facilitate thematic analysis. The present chapter will present the findings of the qualitative analysis under the following headings.

- Challenges for care leavers
 - Relationships
 - Drug use
 - Mental health concerns

- Housing
- Gender issues
- Services offered to care leavers
 - Preparation for leaving care
 - Residential aftercare
 - Outreach aftercare

8.2 Challenges for care leavers

8.2.1 Relationships

Interviewees consistently pointed to the way in which the general outcomes experienced by care leavers compare unfavourably with those of the general population, and many of these had to do with basic challenges in building and sustaining relationships. Rita, an HSE aftercare worker with a number of years' experience in the sector, drew attention to a number of factors:

They're always at a disadvantage. We've had a few young people who have committed suicide over the years, very sadly. Some have had children, a few might have got into relationships and maybe got married or whatever, they can do quite well. Some have gone back to education, but generally overall, I would say they all struggle, they've all had difficult lives...they struggle in relationships, then struggle with their own children. Once that damage is done, care can't fix it. I think a lot of us feel they liked their time in care but when they've left that's all gone. So they find it very hard to relate to people in the normal world. (Rita)

In line with the findings of the quantitative strand of this research and the interviews with care leavers themselves, professional respondents highlighted the significance of broken attachments in early life, the need continuity in the lives of young people in care and the damaging impact of multiple placements:

Well, it has a negative effect on them completely if they haven't got a stable person or people within the family. I suppose if they do develop good relationships when they're in care, at least they've found that they can develop relationships. Whereas, the young person who's moved from one place to the other has never even had the time to develop a relationship. Finds it very hard to have the skills to develop a relationship later on. (Meg)

It's important when the young person goes into care I think, that the family

that they have that every effort is made to try and build any breakdown in those relationships because that's going to be really important to them when they leave care. Any friends that they've had from home, from school, try and build on all those relationships...the young person with no attachments, nothing works, they've no anchor, they've nothing. (Martina)

An important aspect of the way social capital operates is that family members can act as 'brokers' to facilitate access to valuable economic or educational opportunities, but this is much less likely for young people leaving care:

So people who haven't had a care experience might have opportunities for jobs because maybe their dad or their mum knew somebody and he's trying to hire or they might have a way of getting in there. So the fact that the young people coming from care don't have that stable role modelling, they don't tend to look for that. (Lorraine)

Not only do young care leavers often lack supports that other young people might have, but by virtue of the difficult nature of their family backgrounds they may also have added pressures or responsibilities that other young people do not:

A lot of young people coming from care don't have the support of the family or in some cases they can be acting as support to that family as opposed to that family acting as support to them. Then just the general things that go with having the support of a family. (Lorraine)

Also consistent with other findings, aftercare workers thought that the nature of the care setting could make a significant difference:

I think young people in foster care do much better in that way because they have lived a more normal life. (Rita)

Those who come from foster care have [more] benefits ... So they have the benefits of, 'My foster mother, this person and they set me up with a job' or they might have those connections, that connection to an area that they still live in. They might have had a school, a community, next door neighbours all that sort of stuff. There was that kind of community, much more coming from a foster placement than coming from residential placement...Foster care is a more natural environment, I would imagine and it's more engaged in a community. (Lorraine)

The resulting vulnerability and lack of social integration may lead some care

leavers to become involved in negative group situations and problematic behaviour.

Because a lot of the young people who are coming to us are quite vulnerable and often would not have very positive peer support. They're very vulnerable to being taken advantage of by groups in relation to anti-social behaviour, in relation to drugs, in relation to money, that sort of thing. Criminalised behaviour, that sort of thing because of the lack of support that they have.

8.2.2 Drug use

The survey results presented in Chapter 6 showed that just under one half (47.6%) of care leavers said they made at least some use of recreational drugs, and drugs were a matter of great concern to the aftercare workers. Three main reasons were identified for care leavers becoming involved in drug misuse. It might be a form of self-medication or escapism, to help them deal with unresolved trauma; a way of dealing with loneliness and social isolation; or a relatively 'normal' expression of teenage experimentation or rebellion, but more pronounced than among the general population. One worker explained that in her view a certain level of drug use has become socially acceptable.

It's a major thing, we were just talking about it today. Hash is just seen as an acceptable lifestyle and it is destroying these young people, it's destroying them, it's terrible. It's not just destroying kids in care I know it's out there for other people as well, there is very little understanding about how it is affecting the brain.

We have one young person who is in the throes of this who's been using since she was 12. We're doing harm reduction with her, there is a number of things being done with her, but the harm it has done to that young person. And there are so many lies about weed that young people hear, it's not addictive, it's not harmful. It's the worst.

It completely robs them of motivation and then they come to that point where they become anxious, socially anxious where they won't do anything for themselves. (Amanda)

Sue, a HSE/Tusla aftercare worker, had a lot of experience of clients with addiction

issues:

Marijuana seems to be the drug of choice. I've seen like a young person, a young person and working with at the moment and he is very much, I would think addicted and he will say he is not and he'd go through periods of smoking, smoking all of the time, and then would come off of it and it's usually at that time when he's off of it that he's into Care-Doc, he's into a mental health situation...He would be presenting kind of maybe in a paranoid state or a worrying state at Care-Doc who in turn would, you know, maybe have him transferred to [psychiatric hospital] and then out-reach mental health services. (Sue)

It is clear from the above extracts that for the aftercare workers the significance of illicit drug use lies not only, or not primarily, in its physical effects but in its impact on mental health.

8.2.3 Mental health

Most of the aftercare workers made particular mention of difficulties experienced by care leavers with mental health difficulties, and about issues related to transition from youth and adolescent services to adult services.

[I]t seems to be very strict that it's a cut off...just recently as well like I know of a young person who has turned 18 and had been diagnosed with OCD and ADHD, just I'd say maybe a month or two prior to his 18th birthday. We had to fight to get a follow-up appointment for him to be assessed for his medication under the child and adolescent mental health services, and he had that appointment, but now they're still not going to prescribe until we can get full commitment from the adult services that they will follow-up if they prescribe medication. So there's that kind of thing going on the whole time, you know and in the meantime this young person is left without his medication. (Emma)

Such situations call for aftercare workers to go to great lengths to lobby health professionals on behalf of young people, often drawing on contacts they may have at local level.

It's [about] working with people at the local level, you pick up the phone and make a call you know. You beg and plead on behalf of that young person to get a service and sometimes it works and sometimes it doesn't. (Emma)

But for some workers it did not even seem to 'work sometimes':

I would say that my experience of that has been that there has been no transition. None at all. I worked with one person who had a very serious history of mental health issues and who had had very serious involvement with the child psychiatry and the transition was poor, to say the least. Appointments were offered and the young person didn't want to engage and then that was just it and part of that is the fact that the adult-, there's no middle ground...So it was either child service or adult service and the adult service is not suitable to young people, it's not engaging, nor is it enticing to young people. (Julie)

Another respondent spoke of being caught in the middle of the struggle to gain access for care leavers to mental health services.

Well, we have one girl who was in youth service, in a number of mental health services. She did transition quite well; it went to court though. It was court ordered. I won't mention the hospital. They had to take this young person on and it's worked for her. They did try to get her out into the regular community, but she wasn't able to manage that. She was being referred to us just to get her a flat, but we said, 'No, there's no way she could manage that.' (Rita)

Rita also raised the issue of how national policy or guidelines are interpreted:

...mental health services and disability services say they're not bound by the national policy, that's it's the HSE or TUSLA now, that has to provide the supports and they don't cover that. Which isn't in the actual wording of it, but with the implementation plan for the national policy, the idea was to get mental health services, disability services and housing all on-board and as far as I know, housing is the only one that came on-board.

This is a disturbing situation in a context where the policy emphasis is intended to be on integrated responses (with all relevant services 'on-board' for the young person). As reported by the interviewees, the supports are not in place to help an 18-year-old with mental health issues, simultaneously being discharged from care and from the youth mental health service, to access adult mental health services; and as we have seen such a young person is often without any stable and reliable support networks, familial or social.

8.2.4 Housing

Housing was seen by the aftercare workers to be by far the most challenging aspect of the care leaver's transition out of care. At the time of the interviews (2013-15) the Irish economy was just beginning to show signs of recovery following the global economic downturn of 2007-08. One outcome of the downturn was the reluctance of Irish financial institutions to provide mortgages, which prevented many people from moving from the private rented sector into home ownership. This put supply-and-demand pressure on the private rented sector, which in turn pushed up prices. In conjunction with the Irish government's failure to raise rent supplement payment, this completely priced many young care leavers out of the housing market. These are among the most vulnerable of all those seeking housing, given the range of challenges they face.

Whereas the rest of us, when we're going out into the world can often come back to the family or can transition out in time periods. We might go to college, come back home, flying the nest at different stages. Whereas, young people in care, they just leave and they don't have that cushion to fall back on. Even with the best will in the world from people who have been involved in their lives, they don't have a family home, a safe family home to go back to if things fall apart on them. (Lorraine)

Even when homelessness services are available, the most needy young people may not be in a position to get access to advice or information, or to listen to it if it is offered:

But the young people who are leaving care and haven't engaged in education in their residential units for lots of reasons and who are dependent on jobseekers and getting rent allowance, it's much more difficult and some of those young people do become homeless. There's the Focus Ireland service in town, there is a few alternatives, but often that young person with those needs, they just won't listen to anybody at that time which means that they do leave care and end up homeless. (Rita)

For reasons already outlined, the birth family may simply not be viable as a fall-

back option, or if it is it may even create further difficulties. This is a very distinctive aspect of the homelessness issue as it affects young care leavers:

I mean a young person who has perhaps maybe left care and has been in a flat on his own for a period of time, that hasn't worked out, has been evicted and is now back living with a parent that is in a, it a very tricky situation. I would, I would class that as a homelessness situation...So there's a lot of that out there, that as a last resort they've gone back to the very place that they've been taken out of, or back into the circumstances that they've been taken out of years previous, so that places them I think in an extremely vulnerable situation...It does have an impact on the parent child relationship like I mean all the work that may have been put in place to have that as best as can possibly be, you put the two of them together for a period of time and, you know it can actually have detrimental effects. (Sue)

As the findings of interviews with young care leavers have shown, even when things go well and housing is acquired, maintaining tenancy can be a huge struggle:

We've had three around (the town) who really messed up their flats. But then you see, if they know they are from care, the landlord's then... and we say we'll support them in this place and try and make sure they pay their rent and everything. But we've had landlords send us photos of the place trashed and the young person just gone without paying their rent and they've been asking us from the HSE to cover the cost and we can't pay anything. I hate to put a landlord in that situation either. If a young person isn't going to be able to manage it is unfair to be putting them into somebody's property knowing they're just going to wreck it. (Meg)

This in turn can have a negative impact on other care leavers attempting to gain access to accommodation:

Sometimes we just have no choice. I know one of the staff went down to (the town) to an agent or to various estate agents, because we would have done this in the past, you look at the list of what's available. Maybe have a few viewings, let the young person decide on where they'd like to go and they won't even show them the list and the staff member from here was very clearly told. 'No, they don't want young people and they don't want young people from care and there's nothing to view, sorry'. (Meg)

Based on the aftercare workers' responses, a major factor influencing care leavers' experience of housing instability and homelessness (apart from the range of

challenges mentioned above) is the instantaneous nature of their transition to full 'independence'. Care leavers are expected to be fully competent in areas of life skills such as budgeting and tenancy maintenance including refuse disposal, paying rent and utility bills, building and maintaining good relationships with landlords and neighbours, while also being expected to have enough self-motivation to seek employment or remain in education, attend medical or mental health appointments, seek out and build positive peer relationships and avoid drug or alcohol misuse. If the care leaver has not received life skills training of sufficient duration and quality to be fully prepared to cope with such responsibilities –and the findings of this research suggest it is very likely that they have not – then managing this rapid transition successfully will be an enormously daunting task. In such circumstances, a pathway into housing instability and homelessness can often be unavoidable. If the care leaver has additional complex personal needs on top of this challenging situation, the difficulties might well be insurmountable.

8.2.5 Gender issues

All but two of the interviewees were female, reflecting the fact that women greatly outnumber men in the social care profession. Gender did not feature strongly as an issue in their responses to the questions asked, and for the most part they did not make distinctions between young men and young women when they described the experiences and outcomes of young care leavers. However it was noted that the general instability in young care leavers' lives might extend to instability in their personal (intimate) relationships and this could have a stronger impact on young women, particular if they had become parents themselves:

They usually end up in relationships, from one guy to the next and then that blows up, unless they have a baby and then the baby goes into care. So we'd often describe some of the girls as just lost, floating souls. They

haven't got anybody. (Rita)

On the other hand it was also suggested that young female care leavers may have somewhat better outcomes, at least in the short term. As in the case of the general population they may have greater success in education and they may also be a little better at maintaining social connections. Furthermore, becoming parents themselves may be a stabilising factor and may have positive resource implications. A Dublin-based aftercare worker commented on this 'pregnancy aspect':

I think the women fair a little bit better. I don't know, they seem to angle a lot more supports, not as much drug use or heavy drug use. They dabble, but not as heavy and a lot of them then go for the pregnancy aspect and toddle down to the CWO [Community Welfare Officer] and get their increase in payments. Which allows them then to get their rent and everything else, get their loan parent's allowance and then obviously, if they're having a baby their rent supplement goes higher. So they might be able to find somewhere better to live. Pregnancy would be a strategic move then it always has been. (Mary)

However, the longer-term effects of such 'strategic' decisions may not be so positive (and not all pregnancies among young female care leavers would be strategic in the first place; most are probably not). The young care leaver is likely to experience the structural constraints that impact on women in general, especially working-class women. Mary also acknowledged this.

But once they get set up in their new place they can't get out of it. They can't get a job, they can't go to college, they're stuck at home with the baby. (Mary)

In such circumstances, young women's difficulty gaining access to further education or employment has the potential to trap them in a cycle of disadvantage and poverty, with negative consequences for their children's health, welfare and

education and, in turn, their future opportunities.

8.3 Services offered to care leavers

8.3.1 Preparation for leaving care

At the time of the interviews the provision of aftercare services had recently moved from the HSE to Tusla. This coincided with the early stages of implementation of the National Policies and Procedures Document discussed in Chapter 2. Many of the aftercare workers were not sure how the new policies and procedure document would impact on their practice. In addition, there was some confusion in relation to the aftercare budget and the financial packages available to care leavers.

Overall, the interviewees' experience of preparing young people to leave care was somewhat different from that outlined in the policy document. To take the most obvious example, the policies and procedures document requires that the process of preparing a young person to leave care should begin on or soon after their 16th birthday, but for the aftercare workers interviewed this was rarely if ever the case. The general level of interaction between the aftercare worker and the young person in practice (as described by the interviewees) was far less than that envisioned in the policies and procedures document.

Based on the interview responses, the 'typical' process works as follows. First there is a meeting between the aftercare worker and the young person's social worker. The purpose of this meeting is to complete a needs assessment from which to develop a preparation for leaving care plan. The input of the young person into the completion of the needs assessment is minimal, if any at all. Following this

preliminary meeting there is be a six-month gap until the preparation for leaving care plan is given to the social worker who then directs the foster carers or residential care staff in implementing an independent living skills programme.

This is how aftercare worker Sue described it:

We would try and make the link at 16. We will attend the young person's care planning review then at 16 we would introduce ourselves as the aftercare workers and we would meet very very periodically with that person and try and formalise kind of an aftercare plan, to see what skills they need to develop. ...Before they leave care, [we would] work with the carers around what skills would need to be developed. Ask carers to encourage independence around certain skills and then we would just identify kind of their needs, what needs to be addressed and we'd formulate an aftercare plan as to where that person would like to see themselves on reaching 18 years of age. (Sue)

Martina gave further insight into the services offered to her clients at this stage of preparation for leaving care. Like Sue, her actual involvement with the young person preparing to leave care is minimal.

Then we prepare their leaving care plan for six months after they're allocated to us and in that leaving care plan, we will have a plan about how they prepare and how we help them to prepare for leaving care at 18. So we would work with them then and with the foster carer, with the residential people on independent living skills, budgeting and shopping, keeping the place, knowing what bills have to be paid and the house and all of that sort of thing. We would look at their social involvement and try and encourage the building up of opportunities to meet young people and to have friends and that, if they're seen to be lacking in that area. And we would identify things around health and opticians and GPs and dental and if there's any work to be carried out there. Now, we wouldn't really be that much involved when we identify it and [we] work with the social worker. (Martina)

In almost all instances it was only young people in residential care who received any formal independent living skills training. On or around the young person's 17th birthday there would be another meeting between the aftercare worker and a social worker to evaluate the progress of the young person's preparation for leaving care.

Then on the young person's 18th birthday they would transition into the aftercare

service. In many instances this would be the first time the young person would actually meet their aftercare worker. Once the young person transitioned into aftercare a range of services became available to them which were dependent upon their level of need and their engagement in education and training.

It is clear from the interviews that the aftercare workers are of the opinion that, irrespective of legislation, all young people leaving care in Ireland have access to an aftercare service. However it is also clear that the aftercare services were unable to meet the requirements of the national policy and procedures relating to preparation of young people to leave care.

Inter-agency corporation has proven to be an area of considerable difficulty for care leavers as they attempt to access a range of different services and agencies. Care leavers are often required to provide the same information and documentation again and again as they try to find their way through the maze of bureaucratic processes to access the supports they need. As earlier chapters have shown, in some cases this proves to be beyond the capacity of the care leaver. In other instances, as illustrated earlier in this chapter, an aftercare worker might rely on the relationships they have developed with individual professionals in other agencies to facilitate the care leaver's access to services. Such relationship-dependent access is by its nature unstable and inequitable.

One of the key policy developments in the area of aftercare services has been the introduction of aftercare steering committees. An excerpt from a Department of

Environment, Community and Local Government circular describes these as follows:

Aftercare Steering Committees are a further structure in the leaving and aftercare process and these area based multidisciplinary teams provide a forum to ensure that there is an enhanced inter-agency partnership approach to meet the needs of young people leaving care and aftercare. Both the local authorities and Tusla will be represented on such Committees which are to be established across the country. (Department of Environment, Community and Local Government 2014)

The first aftercare steering committee was set up in Waterford in 2005 in an advisory capacity. Initially it remained an internal HSE committee comprised of representatives from the residential units, foster care and aftercare and chaired by the Child Care Manager but due to staff changes '*it really lost its momentum*'. In 2006-7 the committee expanded to include non-HSE agencies including the Department of Social Protection, community welfare, housing, mental health services residential care units, fostering, social work, disability, the aftercare service, the probation service and Focus Ireland. When aftercare services were moved from the HSE to Tusla this model of aftercare steering committee was also intended to be rolled out throughout the country. In general, the purpose and process of each committee should be the same, but in practice their effectiveness is dependent upon the cooperation of individual agencies and their level of engagement with the committee.

Aftercare committees were mentioned a number of times during the interviews and a sense was gained of how they tend to work. The committee begins to flag children in care at the age of sixteen as they prepare to leave care. A social worker from the Children in Care Team attends the steering committee meeting and their role is to introduce the children's cases to the committee and to 'pathway' them

into the relevant services represented on the committee. Children with complex needs are flagged to the appropriate services (disability services, mental health services and so on). If the committees are working correctly the case of every young person preparing to leave care will be brought through this process. But the more complex cases may receive additional attention, as aftercare worker Lorraine explained:

It's the complex ones that we look at, but we're very mindful of the fact that it's every young person, it's not just the complex cases. Now, Johnny might be just for mention, whereas Pat maybe more complex so it's up for further discussion and as you know, some kids at 16 are quite settled in placement and they will path through the steering committee and at 17 or 18 they're the complex ones. So we have to make sure that we're mindful of the fact that every young person pathways through that committee.

The value of the steering committee becomes increasingly apparent as the child in care approaches their eighteenth birthday. It is at this point, if the committee has been effective, that the transitional experience of the care leaver can be enhanced by its involvement: the care leaver's needs will have been assessed by the aftercare team and plans to meet those needs will have been made and will be at the stage of being implemented. That is of course if the services have the resources to meet the identified needs.

8.3.2 Residential aftercare

The services available to care leavers fall into two broad categories: residential and outreach aftercare. Residential aftercare facilities, while being relatively rare, are available to care leavers who have been identified as having specific needs that require additional transitional supports. These residential aftercare placements are normally sourced by the HSE/Tusla through the charitable or private sectors. In the case of the charitable sector, residential aftercare placements are partly funded

by the HSE/Tusla with the balance being provided by the charities themselves. Such services are offered by Don Bosco, Belvedere Social Services, the Peter McVerry Trust, Cross Care, Focus Ireland, Wellsprings Cork (The Sisters of Charity) and Street-line Aftercare among others (Streetline Aftercare are funded through private philanthropic donations). Private residential aftercare placements are fully funded by Tusla. The waiting lists for residential aftercare placements are quite long and it can take up to two years before they become available. There is an undeniable geographical bias towards Dublin.

Three of the aftercare workers interviewed worked in residential aftercare units. One of those was Kevin who worked in a Dublin-based service provided by a charity. Kevin outlined the services they offered to care leavers as follows.

Here we provide an aftercare residential service and an outreach as well. It's from 18 to 21 and I suppose we have a degree of flexibility to extend if need be. We have self-contained apartments in the residential service and we've got another unit which is un-staffed, which is a stepdown unit.

Our programme here is 12 months in the main building and if somebody's done particularly well, we might maybe move them to our second building if they appear very capable and kind of independent. There'd be no need to drag it out because generally speaking, the pressure is on the beds here rather than in the stepdown building.

Kevin went on to outline the specific range of support programmes and services offered to the young person. It is important to note that the supports offered to the young people in this post-care residential setting mirror those which ideally should have been in place when the young person turned sixteen and was preparing to leave care.

Basically, our 12 month programme supports the young person to learn independent living skills. So they would have an assigned keyworker to implement specific elements of the aftercare plan for them. So it's mainly the parts of the aftercare plan relating to independent living skills like

budgeting, paying rent, maintaining your apartment, getting on with your neighbours. Sourcing employment, education, training. Sourcing whatever state benefits you might be entitled to. Giving a lot of emotional support and making appropriate referrals to specialist services if that's needed. We'd have links with counselling and mental health services.

When asked about the financial supports available to the young person Kevin highlighted an important point: the source of any financial support is dependent upon the educational and training status of the care leaver. In other words the care leaver is only entitled to a Tusla aftercare payment if they are in education or training, otherwise they will receive their entitlement from the Department of Social Protection. In both cases the payment is of the same value (at the time of interview €188.00 per week plus rent supplement).

It varies, if they're unemployed or they're on disability then it will be social welfare [payment]. If they're in second level school or some kind of third level education, it'll usually be an aftercare financial package, which more or less mirror the same rates of payments under social protection. They do have rent allowance. Our charge is €53 per week and the young person will pay €32 and the remaining €21 is paid either by social benefit or rent supplement or if they're on a financial plan from Tusla.

The young person pays for their own ESB [electricity]. Each apartment has its own individual metre so they buy like a credit and pop it into the metre and it draws €20 credit. So they're essentially paying for their own ESB. What else, things like we provide the basic package of cable link, that's part of the rent, there's no charges we cover all that kind of stuff.

In outlining the underlying principles that shape the aftercare provision and the expectations of the young person's interaction with the service, Kevin made points that call to mind the emphasis in the research literature on the importance of norms, reciprocity and sanctions as part of the social capital that can be found in, and transmitted by, positive relationships.

Essentially, what they're signing up to is a package of support and included in that package of support is a unit of accommodation and that's the full deal, that's what they're signing up to. It's a license agreement rather than a tenancy agreement. So if you don't want the support, then you can't have the accommodation, that's all.

You can't actually go, 'No thanks, I don't want to see your face', it all comes together and the unit of accommodations, they're all fully self-contained so they don't have to share any facilities with any other residents. So their own kitchen and own bathroom, own living space, one bedroom, all that kind of stuff and they can choose to just shut the door and not engage with other residents if they don't want to, if that works for them. Equally, if they want to get to know their neighbours and hang out with them, then that's okay as well.

This example of a residential aftercare service seems reasonably typical of the residential services offered to care leavers, although some other residential aftercare providers take young people at the age seventeen and even sixteen in one case.

8.3.3 Outreach aftercare

The second and by far the more common form of aftercare provision in Ireland is outreach aftercare services. These offer support to young people with a care background who are now living independently or in some instances continue to live with their previous foster carers. If the young person was in foster care there is an option to continue that placement after the age of eighteen if the young person is in education or training. If this is the case the placement will change from foster care to a supported lodgings arrangement. Aftercare worker Sue explained how such supported lodgings work.

Yes, it's not like foster care, it's not as intense as that. It's less intrusive on the young person. So a young person will have the support of a supported lodgings carer. It worked very well for aftercare... They would be there, they would make sure the young person goes to school or college, whatever they're in, they'd provide meals and there'd be certain rules there as well. The young person could come and go as they wish. So it can be a move on from foster care sometimes. And sometimes from residential care we are able to move young people into supported lodgings.

They're not that expensive, cheaper than a foster placement. Families would get, I think they get €250 a week, whereas foster care would have been about €350 a week.

If the young person is not in education and the foster carers are unwilling to support the young person themselves, the young person has no choice but to find their own accommodation. This is similar to the position of young people in residential care placements, who when they turn eighteen are expected to leave this placement and live independently.

In addition to type of care, the educational or training status of the care leaver affects the level of aftercare supports available. Rita explains how this works.

Well, if a young person's going into education, they're much better off because then they get our package. So we provide them with rent and we provide them with a living allowance. The living allowance is €150 a week and they don't have to contribute to their rent. A person on jobseekers would get €188, but they'd always have to pay €32 towards rent. So they end up with the same amount of disposable income and we'd usually be able to get a flat that's a bit better when they're not getting rent allowance as such. So the landlord doesn't need to know that they're in the system, the money is lodged in their account.

But the young people who are leaving care and haven't engaged in education for lots of reasons and who are dependent on jobseekers and getting rent allowance, it's much more difficult and some of those young people do become homeless.

There are also supports available to all care leavers irrespective of their care and post-care experiences.

...well aftercare from my experience is that we would provide support and assistance to young people who are getting ready to leave the care of the HSE. And then support and assistance in the move to independent living and then we would generally keep an eye on that young person and their progress and try to link them in with maybe adequate training or education or employment programs. (Sue)

General aftercare supports also include simply being available for contact, face-to-face- or by phone, to offer practical advice or sometimes just company.

After leaving care if they are for example in independent living for a period of time we would have weekly contact face to face contact with that young

person, identifying kind of the difficulties or issues there would be around living independently. Em we would also kind of you know they'll be lots of.... my experience is lots of phone contact initially during that period of time whether it is how to pay an ESB bill to I'm feeling pretty lonely whatever it is. Loneliness I find is a huge experience for those young people that are out on their own for the first time. (Sue)

In general, it seems that care leavers receive support primarily in the initial stages as they transition out of care. The aftercare service will support them to source accommodation, settle in to their new living arrangements, find an education or training placement or - if they are unwilling or unable to engage in education or training - gain access to their social welfare entitlements. From this point on the aftercare service will begin to disengage, but with the understanding that it will remain available to the care leaver until they are twenty-one years of age.

The need for this continued access to aftercare support was highlighted by Ann as she explained her experience of seeing care leavers face the realities of post-care life.

They want out, out, out, rid of the social workers. They're tired of being in care. So, they have this unfortunate illusion that once they turn eighteen, magic I'm free. They're free but, this freedom becomes a very tough pill to swallow for them because they realize actually it's not that easy. I'm trying to get rented accommodation. I'm in an emergency homeless shelter. I have no friends. I don't know how to cook, I don't know how to budget and so your role then becomes very much that role to the young person. You become their only source of support.

If on the other hand the young person is able to secure an educational or training placement the aftercare service will continue to provide support.

...we would encourage young people, even if it's only one day a week. So in my view, if it's one day a week and a young person is attending, in my view they're in education or training and they don't have to be in full-time

education or training or PLC courses or going into third level education. They may progress to that, but for a lot of our young people, we have to go at their level and where they're at. The service is irrespective of whether you're in education or training or not up to the age of 21 and if you're not in education or training at 21 we are inclined to close, but to be really honest with you, a lot of our young people are in education or training. It's just finding the right niche for them.

The supports available to care leavers in education or training are focused on enabling them to maintain and complete their course. In September 2015 Tusla standardised all payments to care leavers in education or training. The 'Guidance Document for the Implementation of the Standardised Aftercare Allowance' published on the Tusla website states:

Following extensive consultation Tusla has introduced a Standardised National Aftercare Allowance for young people who have been in care for 12 months on their 16th birthday or for 12 consecutive months prior to their 18th birthday. This weekly standardised allowance of €300 per week ensures equality for all care leavers engaged in training and education.

The document points out that all other financial payments will be taken into account when calculating the care leaver's weekly payment of €300. The FAQ's section includes the following:

4. How much is the Aftercare Allowance?

A minimum allowance of €300 per week is payable to each care leaver who is in training or education. The €300 may be a combined amount from other departments/ agencies or may be paid in full or partly by Tusla.

5. What happens if the Aftercare Allowance currently paid exceeds/ is less than €300?

The current allowance will be reviewed and assessed using the Individual Aftercare Financial Support Plan in line with the new standardised rate of allowance of €300 per week.

Something that is not clear from the Tusla document but which was clarified by the aftercare workers interviewed is that the weekly payment of €300 includes an accommodation allowance of €150 per week with a living allowance of €150. This

is now the national standard payment for all care leavers who are in education or training. This being the case each care leaver has a rent allowance of €150 per week which equals €7,800 per year or €650 per month.

The document reiterates that for care leavers who are not in education or training the aftercare service will continue to 'have a key role in providing support to them in liaising with the relevant departments and agencies in accessing financial assistance'. One aftercare worker with extensive experience in this field highlighted the difference in the nature of the relationship with the young person, depending on whether financial support was available.

So another thing you will find if there's no financing involved the linkage you have with them is quite different, particularly with those who are most vulnerable, there is very little financial support we can give to them because they will be reliant on the social welfare system except for the housing department at the beginning for rent... Now we can give once off pieces of funding depending on need. Such as a rent deposit when they are leaving care and a month's rent in advance... But you'll find for those most in need we have very little financial support to give to them and they're the ones who you tend to chase because they won't chase you. (Tom)

Tom's experience bears out the fact that it is the very young people who are most vulnerable and have most need of support who may be the ones most reluctant to engage with aftercare services, exposing them to risks that those services could help them to manage. This is an important point for both aftercare policy and practice.

A related question concerns the nature of the final stage of the aftercare services' interaction with the care leaver, the process of disengagement. Rita gave an account of her experience of this process.

...we have to close their cases otherwise we'd have hundreds on our list. So we do close their case. But as part of that we'd be linking them in, we're

not always going to be there for them and we can't create dependency either. So they're not always coming to us for a crisis. As part of it, when we do close their case, we're referring them, we're letting them know, giving them a pack or whatever of the services they can contact and introducing them to those services before we finish. So that we're not just leaving them hanging dry, nothing available. We think that's a really important part of the work.

According to Rita, because she worked in an extremely busy service with relatively few staff and an overstretched budget, the typical length of aftercare support offered to care leavers was in the region of three months for those who were not in education or training.

Now, they can come back to us for advice and that and we'd direct them back there, but we don't want to create dependencies and then staff would be gone and the young person would be lost. So they don't do that so much now, they get three months' support and then that's it and some workers do keep in contact, but you can create dependency and you're not going to be there to meet that responsibility...Yes, so, it's helping them to help themselves at the end of the day and standing back a bit and then when we are ending, is that they have the right supports in place.

8.4 Conclusion

A comment made in the interview extract above illustrates the scale of the challenge that may face the young person in life after care, regardless of the personal concern, kindness or empathy of individual aftercare workers: it may be a case of 'three months' support and then that's it'. This raises central questions related to a key concern of this study, the nature of social capital and its place in the lives of care leavers. It may be understandable that aftercare services aim to engender a sense of social independence and self-reliance among care leavers, and they operate within severe funding constraints, but it has to be asked about how realistic it is to expect care leavers who are already at a considerable disadvantage compared with other young people of the same age to develop such qualities in

such a limited period of time. Furthermore, stressing to young people leaving care that they should above all be independent and self-reliant may discourage them from developing (or at least not encourage and support them in developing) the kind of relationships that promote social connectedness and interdependence, the very things that are so central in the lives of those with most social capital. As Robbie Gilligan (2016) has argued, aftercare should 'mirror more closely what happens in real life. Most Irish families don't turf their young people out on the street at 18'.

This chapter suggests that professionals working with young people in care and leaving care are highly sensitive to the challenges they face and highly committed to their care and welfare. There was a strong degree of consensus regarding the major difficulties for young people, all of which relate in one way or another to social capital as understood in this study: difficulties with trust, attachments and relationships; chaotic family situations and yet at times, because of financial hardship, no choice but to go back to 'the very place that they've been taken out of'; a high incidence of mental health concerns but serious problems arising from the disjointed relationship between services for young people and for adults. Faced with such difficulties care professionals often rely on their own informal networks and contacts to secure better outcomes for young people, but these informal remedies are increasingly unsustainable.

Despite the best efforts of workers, overall the accounts of the professionals confirm the finding of interviews with care leavers themselves, and of the survey, that the standard of preparation for leaving care and after care services falls far short of what is prescribed in national policy and procedures. What is of greatest concern is that the most vulnerable young people, who are likely to be unemployed

and not in education or training, are those who are least likely to have contact with aftercare services. Care workers may do their best to 'chase' these young people, 'because they won't chase you', but from the young person's perspective, at the time when they may most need support, it may be a case of 'out, out, out, rid of the social workers'.

Chapter 9

Discussion

9.1 Introduction

This chapter returns to the three questions outlined at the start of the study. It draws on the findings and analysis of both main strands of the research, quantitative (involving a survey of young care leavers and a comparator group of university students) and qualitative (interviews with nine young people who had left care and with 12 social care professionals) to address the following questions:

1. What are the outcomes for young people leaving care in Ireland today and how do these compare with those described in the only national study on this topic to date (Kelleher, Kelleher and Corbett, 2000)?
2. What light does social theory, and in particular the concept of social capital, throw on the factors and processes that influence those outcomes?
3. In the light of changes to policy and legislation, what challenges face the Irish aftercare system today and how might these be responded to?

9.2 Outcomes for young people leaving care

As indicated in earlier chapters of this thesis, Kelleher, Kelleher and Corbett (2000) published what is still the only national study of young people leaving care in this country. Their research was commissioned by a charity for young homeless people (Focus Ireland) and outcomes relating to housing and living conditions were therefore a key concern, but they also assessed care history, placement stability or instability, educational outcomes, difficulties since leaving care (including experiences of addiction and prostitution) and involvement with the Garda Síochána and legal/penal system. There were two main groups of care leavers in their study: those leaving 'special schools' (reformatory or industrial schools) and those leaving health board care.

It is not possible to make direct comparisons with the Kelleher, Kelleher and Corbett study on all aspects of care leavers' experiences for a number of reasons. Firstly, while 'most of them left care at 17 or 18 years of age' (2000: 98), the study included a small number of young people who had left as early as 13 years old. For both ethical and practical reasons, all the respondents in this study were at least 18 at the time of data collection. They were being asked to participate directly in the research, whereas for Kelleher, Kelleher and Corbett, 'the main procedure for tracking the young people involved social workers filling out forms on the circumstances of young people...on leaving care, six months after leaving care and two years after leaving care' (2000: 54).

There are both advantages and disadvantages in using social workers as the source of data about young people in care and care leavers. They have access to a lot of administrative and other information about the young people's experiences and circumstances and they are easier to contact, for initial data collection and, especially perhaps, for follow up; although staff turnover still presented difficulties for the researchers. In the Eastern Health Board Region, 'by the end of the two-year interval, 14 (45 per cent) of the 31 social workers were not in their original positions' (Kelleher, Kelleher and Corbett 2000: 54). In the current study, the original intention to include a longitudinal dimension had to be abandoned because of the extreme difficulty in securing a response from a sufficient number of young people for a second round of data collection.

A further advantage of relying on social workers for information is that the researcher might feel freer to ask about personal or sensitive matters than if they were addressing the young people directly (examples might include addiction or prostitution, mentioned

above). On the other hand, precisely because of their sensitive nature, it is possible that the social worker's impression or information about such matters might be inaccurate. Even if entirely valid and reliable, such information would now be less likely to be made available. In general, research that involves seeking access to personal data about respondents from statutory authorities (and other organisations) has become a lot more complex than it was twenty years ago, because of data protection legislation and much greater formality in dealing with ethical considerations (Munro et al. 2005).

There were several factors, therefore, influencing the decision to collect data directly from young care leavers in this study, even if that meant that some issues might not be addressed and that the sample might not be as representative as it could be otherwise. Completing the survey questionnaire may have seemed entirely pointless or even intimidating to the most disadvantaged and 'hard-to-reach' young people, while participating in the interviews called for a relatively high level of commitment, confidence and competence. For all the above reasons, comparisons between the two studies are offered with caution.

9.2.1 Homelessness

The findings from the study by Kelleher, Kelleher and Corbett (2000) relating to homelessness are summarised in Table 9.1. Similar proportions of both groups of care leavers (special schools and health boards) had experienced homelessness after six months: 30% and 33% respectively. After two years, young people leaving care in the health boards were much more at risk, with the proportion having more than doubled to 68% whereas it only increased very slightly for the other group.

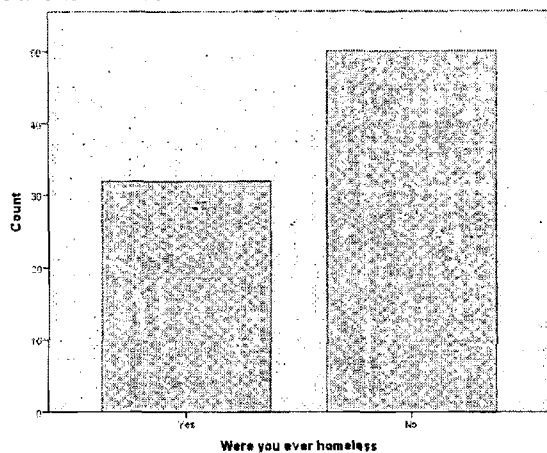
Population	Known to have experienced homelessness six months after leaving care	Known to have experienced homelessness two years after leaving care
Special school population	30%	33%
Health board population	33%	68%

Table 9.1 Care leavers' experience of homelessness, late 1990s (Source: Kelleher, Kelleher and Corbett 2000: 127)

In the present study, both the care leavers and the Maynooth University students were asked 'Have you ever been homeless since turning 18?'. As detailed in Chapter 6, this provided one of the most striking contrasts between the care leavers and students: almost two out of every five of care leavers (39%) responded that they had experienced homelessness, compared with only four university students (2.8%).

Even when interpreted cautiously, this suggests that homelessness remains a very substantial risk for care leavers, and is all the more worrying given the severe difficulties in the Irish housing market in recent years. It is also important to remember that the care leavers may have experienced homelessness *already*, before they turned 18 or left care. This is borne out the in qualitative data presented in Chapter 7, such as in the case of Darryl who was homeless for seven nights, unknown to his social worker, after his foster family left him behind when they went on a family holiday and his mother, to whom he had returned for a short visit, made him leave the house.

Care Leavers



Maynooth University Students

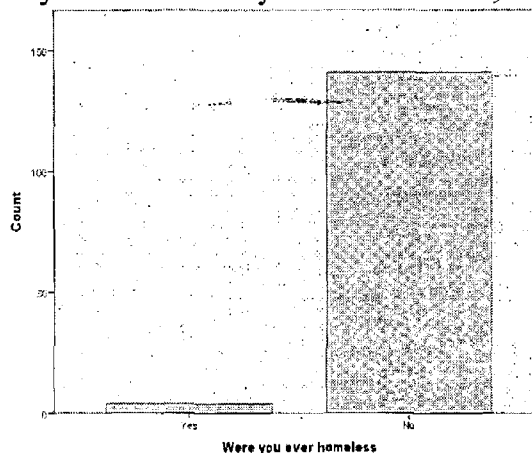


Figure 9.1: Care leavers' and university students' experience of homelessness

In addition to being at a greater risk of homelessness, we have seen that young care leavers who do have a home are also more likely to live alone. The study by Kelleher, Kelleher and Corbett was called *Left Out on Their Own*, but the young people in the current study were also often 'left in on their own'. Asked 'when you turned 18 who did you live with?', four in every 10 of them said they lived alone, compared with just over four in every hundred (4.2%) of the university students. In addition to being a very difficult and challenging experience, leaving care can be a very solitary one.

This is often compounded by the greater instability of the following few years, the formative years of early adulthood, compared with young people who have not been in care. The care leavers in this study had made four times as many moves of home in the years since turning 18 as the university students (an average of 2.7 compared with 0.64), confirming a pattern frequently highlighted in the research literature (Collins and Ward 2011; Dworsky et al. 2012; Mayock and O'Sullivan 2007; Setterstein et al. 2005; Setterstein and Ray 2010; Wight et al. 2010; Yelowitz 2007).

Not surprisingly in the light of these findings, the aftercare workers interviewed for this research tended to see housing and homelessness as by far the most challenging aspect of care leavers' experiences today. Lorraine contrasted young care leavers' situations with other young people, or even herself when she was younger: 'we might go to college, come back home, fly the nest at different stages'. For young care leavers there is no 'cushion to fall back on'. Meg described another factor that may be a significant influence on care leavers' ability to access suitable accommodation. In her experience landlords have become increasingly reluctant to rent to young people with a care background. This is because, as she describes, in many instances it is the landlords who are left to bear the burden of the care leaver's mistakes:

But we've had landlords send us photos of the place trashed and the young person just gone without paying their rent and they've been asking us from the HSE to cover the cost and we can't pay anything. I hate to put a landlord in that situation.

This is likely to reflect, among other things, inadequate preparation for independent living on the part of the young person. Chapter 6 indicated that when asked about a series of specific types of skills training that might have been offered to them before leaving care, including some relating to managing a household, none at all had been received by more than a minority of the respondents, and the qualitative data in Chapter 7 does not call that finding into question. An additional difficulty may be that for young people who secure their own rented accommodation, loneliness and the desire to have friends may result in them welcoming people into their home who have no respect for it, or for them, leading them into difficulties with the owner. In the words of one of the young men interviewed: 'I'd wake up in the morning and me house would be in bits and people

would be gone off...’.

When all the above factors are taken together, a picture of the struggle experienced by many care leavers in attempting to establish themselves as independent adults, and the centrality of housing-related problems in this struggle, comes sharply into focus.

9.2.2 Employment

Kelleher, Kelleher and Corbett gathered information on the ‘work status’ of young people six months and two years after leaving care. Because they were provided with such information indirectly by social workers they were able to include young people who were in a place of detention and therefore not available for paid employment. As explained in Chapter 5, this study attempted to gather data from care leavers in detention but it did not prove possible. Another difference is that the current study asked young people if they were unable to work due, for example, to illness or disability while the earlier one did not include this category but did have a category of ‘home duties’. Both of these accounted for small proportions of the totals. Table 9.2 presents summary data from the Kelleher, Kelleher and Corbett study for the situation of young people two years after leaving care.

Status	Special school	Health boards	Total	%
Education or training	10	8	18	14.0
Unemployed	11	9	20	15.5
At work	18	13	31	24.0
Home duties	3	5	8	6.2
Place of detention/prison	36	1	37	28.7
No information/other	13	2	15	11.6
Total	91	38	129	100.00

Table 9.2: Work/economic status two years after leaving care, late 1990s (Source:

Just under a quarter (24%) of the total sample of young people were working and the proportions unemployed or in education and training were roughly equal to each other (15.5% and 14% respectively), while 6% were in home duties. The figures are skewed by the very high proportion of those leaving the special schools who were in detention (29% of the total sample but almost 40% of the special schools group).

Figures for the care leavers in the current study are presented in Table 9.3. More than half of them were in education or training, a much larger proportion than in the earlier study (almost four times as many), but a much larger proportion were also unemployed (34%) and, by the same token, fewer at work (7.1%). Even if the young people in prison are removed from the Kelleher, Kelleher and Corbett study (leaving 19% in education or training, 22% unemployed and 33% working), there is still a notable difference in the composition of the sample as compared with the current study.

Status	No.	%
Education/training	44	51.8
Unemployed	29	34.1
At work	6	7.1
Unable	6	7.1
Total	85	100.0

Table 9.3: Work/economic status of care leavers in the current study

While it is important again to stress the need for caution in interpreting the two sets of data side by side, the differences in the findings do seem to be consistent

with differences in the national social and economic environment between the late 1990s and the last few years. In 1997, when Kelleher, Kelleher and Corbett were gathering their data, the ‘Celtic Tiger’ economy was in full flow, while in 2014-15, when the survey data for this study was being collected, the Irish economy was still feeling the effects of the global economic crisis and the Troika bailout. This was reflected in the youth unemployment rate nationally: in April to September 1997 it was approximately 15% whereas in 2014-15 it was around 25% (although on a downward trajectory).

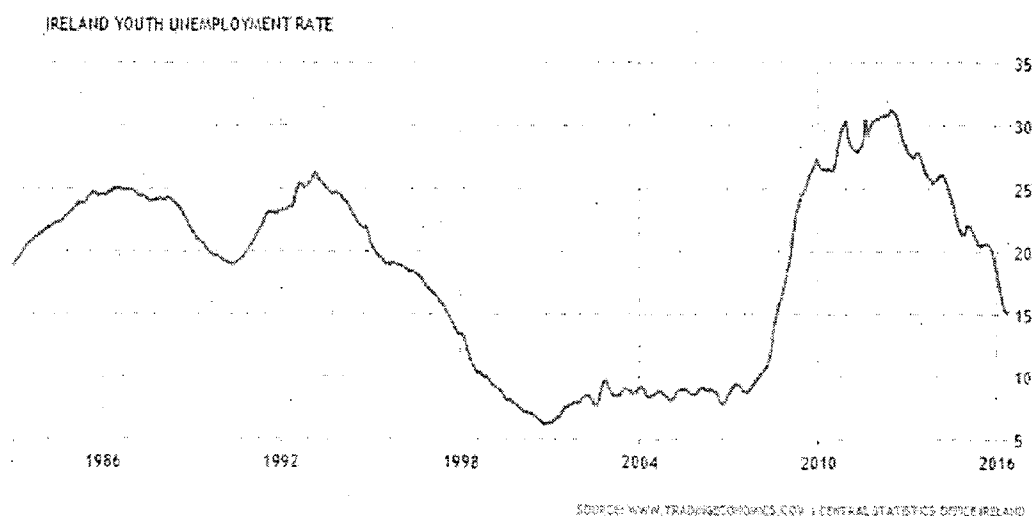


Figure 9.2: Ireland youth unemployment rate 1986-2016 (Source: [www.tradingeconomics.com/Central Statistics Office](http://www.tradingeconomics.com/Central%20Statistics%20Office)).

Young people leaving care in the late 1990s, despite their many difficulties, would have had greater ease of access to certain types of work that were not at all plentiful in more recent years (for example construction related work, particularly for young men). At the same time, participation in education and training among the youth population in general has increased very substantially since the 1990s (Lalor et al. 2007), while for young people leaving care the linking of aftercare supports to participation in education or training may have served to incentivise such

engagement. This appears to be confirmed by the information on the website of the Department of Children and Youth Affairs indicating that 'of those in receipt of an aftercare service, 60% of 18-20 year olds and 59% of 18-22 year olds were in full-time education' (DCYA 2015).

9.2.3 Education

In the light of the findings just presented, it is not surprising that there are significant differences between the educational achievements of the two groups of care leavers.

In the study by Kelleher, Kelleher and Corbett only 1% of the special school population and 10% of the health board population had sat the Leaving Certificate examination (very low proportions even taking account of the fact that a small number of their study sample would have been too young to have completed it). Over half of the health board sample (55%) and more than two in five (44%) of those leaving special schools had no qualifications at all.

In the present study, in response to the question 'What is the highest level of education you have completed?', 10 care leavers (11.8%) replied that the highest level was primary education and a further 23 (27%) indicated the Junior Certificate. For more than a third (29, or 34%) the highest level attained was the Leaving Certificate itself, while 23 had progressed further, including seven (8.2%) who had studied at third level.

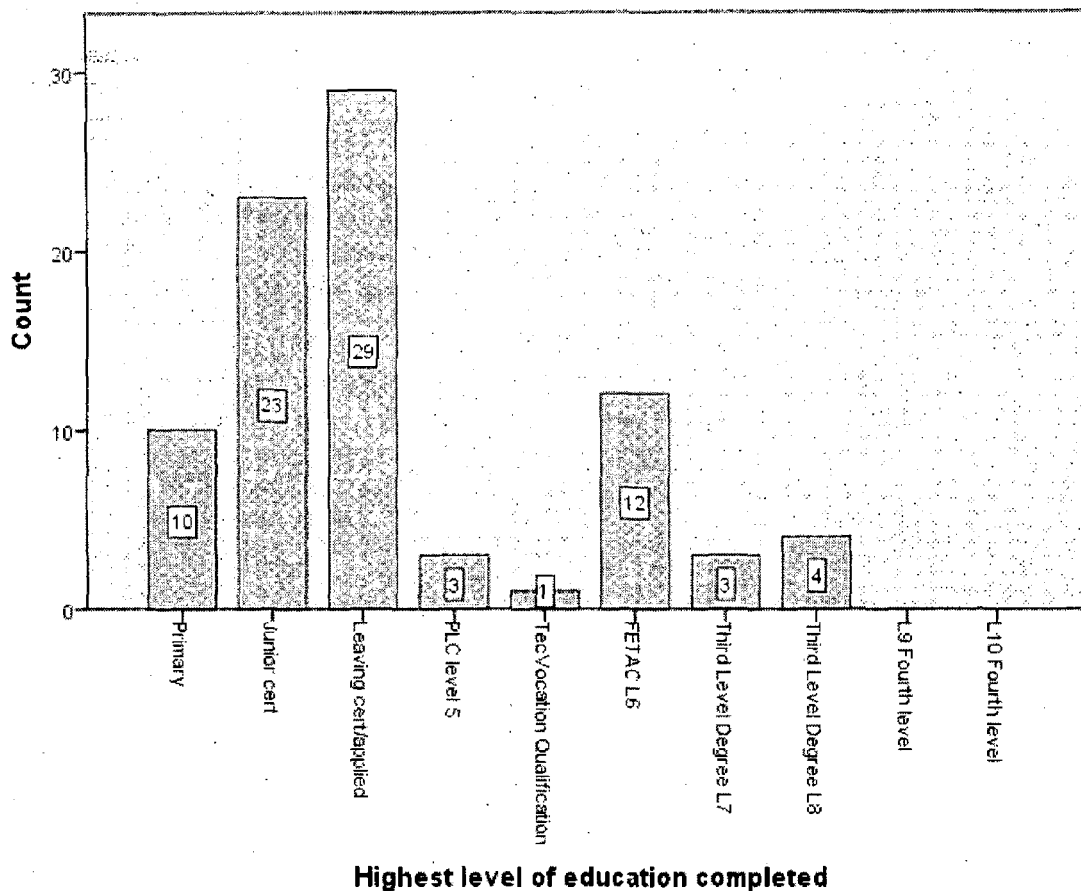


Figure 9.3: Highest level of education completed by care leavers

Even allowing for the point already made that the sample recruited for this survey is likely to have experienced somewhat better outcomes than young care leavers in general, the findings appear to suggest a considerable improvement in educational achievement over the last two decades. Nonetheless, in education as in so many other matters, care leavers are still at an enormous disadvantage compared with young people who have not been in care. The figure nationally for young people completing the Leaving Certificate is now more than 90%, and more than 60% now progress to third level study (Department of Education and Skills 2016). This makes it clear that the gap in educational attainment for young care leavers is at least as big a problem in Ireland as it is internationally, as discussed in Chapter 3 (Cashmore et al. 2007; Courtney et al. 2004, 2007, 2011; Dixon et al.

2004; Halley and English 2008; Jackson and Cameron 2011; Smithgall et al. 2004; Wolanin 2005).

The survey data presented in Chapter 6 throws light on how and why such a gap persists. Care leavers and university students were asked about how many schools they had attended, both primary and second-level, about how frequently they missed school at both levels, and about whether they had experienced difficulties at school, again at both levels. There is a very clear pattern in the findings, with the care leavers having a greater likelihood of experiencing multiple school placements at both primary and second level. For example, barely one half of care leavers attended a single primary school compared with three quarters of university students. Care leavers also had a greater likelihood of experiencing difficulties that interfered with their education (roughly twice as many university students 'never' had difficulties at school as care leavers), and of missing school (care leavers were seven times more likely than university students to have missed primary school 'most or all of the time', and ten times more likely at second level). This last finding touches on a very important point: a comparison of the data for primary and second-level school suggests that perceived difficulties increased much more for the care leavers than for the university students as they moved up from primary to second-level. This suggests a need for additional educational supports for young people in care or at risk of care which are often not in place.

The need for such supports is all the greater in the light of another finding of this study: more than a quarter (25.6%) of the care leavers said they had been diagnosed with a serious illness or disability, double the rate for the university students

(12.4%). This is consistent with the findings of Kelleher, Kelleher and Corbett who collected their data twenty years ago: 'Almost one quarter of the special school leavers and two-fifths of the health board care leavers had a special need' (2000: 8). At least in some respects, not much seems to have changed.

9.3 Social capital and leaving care

Chapter 4 of this thesis explored the concept of social capital, briefly describing its origins in the earliest years of social science before going on to pay particular attention to the three theorists with whom it has been most closely associated in recent decades: Pierre Bourdieu, James Coleman and Robert Putnam (with particular emphasis on the first two of these). Bourdieu describes social capital as:

...the sum of actual or potential resources related to the possession of a durable network of more or less institutionalised relationships of acquaintance and recognition; or in other terms, to a group membership, as a set of agents who are not only equipped with common characteristics...but are also united by permanent and useful connections. (Bourdieu, 1980: 2)

Bourdieu also identified four interwoven elements that contribute to the acquisition and utilisation of social capital: the *resources* available within the individual's social network; the social *network or networks* themselves; the nature of the *relationships* that exist as a result of subjective interactions, or the institutional acquaintances and recognition through which social capital gain is a symbolic characteristic; and finally the agent's *membership* of groups which provide helpful and durable social connections.

Given that his work on capital (not just social but other types including economic, cultural and symbolic capital) was part of a broader analysis of social order which

focused on the study of social class, a key element for Bourdieu was the way in which social capital, through the strategic actions of privileged parents, provides children with *differential access* to certain types of 'honourable and respectable lifestyles'. This involves the child acquiring an appropriate set of dispositions (a *habitus*) from its earliest years through the socialisation process, meaning that its sense of itself and its place in the world takes on an unquestioned 'taken-for-grantedness' (a *doxa*). While Bourdieu focused on those situations in which social capital was plentiful (expressed through 'bourgeois' lifestyles), the inequalities of the class structure are necessarily expressed through its absence (or through it being present in a different way, quantitatively and qualitatively) in the lives of the 'lower' social classes.

James Coleman was writing from a very different ideological position from Bourdieu, and even an incompatible one since his work was not concerned with presenting a critique of class inequality, but he shared with Bourdieu an emphasis on the vital role of socialisation in passing on social capital, or opportunities to accumulate it. This happens initially, and most importantly, within the birth family, which Field (2008: 26) has termed the 'primordial source' of social capital. It is within primary relationships that the child is initially exposed to what Coleman sees as the three forms of social capital: obligations and expectations; information channels; and norms and sanctions.

Despite their differences, it is possible to draw on aspects on both Bourdieu and Coleman in exploring the ways in which the concept of social capital throws light on the experiences of young people in care and leaving care. This study has been

influenced by Bourdieu's analysis of structural and class inequality in understanding the meso level factors that shape the transition out of care (and indeed the entry into care in the first place), while his idea of the habitus helps to explain the process by which the individual's understanding of the social world is shaped by their pre-care and in-care experiences. But Coleman's emphasis on the role of *trust and reciprocity* in social interactions, and how these relate to the other forms of social capital (information and norms) has also proved to be valuable. In integrating aspects of Bourdieu and Coleman, the current study is also building on by the work of other authors, including Barker (2012, 2016) who has used the lens of social capital to study the lives of young homeless people in Australia.

The conceptualisation of social capital for the survey element of this research reflected this attempt to incorporate insights from both writers, including as it did a range of items covering:

- social connections and contacts (the presence in young care leavers' lives of relatives and friends, the numbers of these and the regularity of their contact);
- provision of supports (including material and practical supports) from a range of sources (social workers, aftercare workers and other professionals; carers; family and friends);
- community involvement (engagement with community, voluntary or neighbourhood groups with a religious, educational, recreational or sporting focus);
- emotional support and satisfaction (referring to the presence and perceived reliability of people who could be turned to in a time of difficulty).

The findings presented in Chapter 6 confirm that, defined in these terms, the concept of social capital does appear to capture key aspects of the ways in which young people in care and leaving care are systematically disadvantaged relative to young people not in care. While it is not claimed that the sample of Maynooth University students to whom the survey was also administered are representative of the youth population as a whole, it does consist of young people who have not experienced care (as explained in Chapter 5, the very small number of university students who had experienced care were transferred to the other sample to ensure that comparisons were being drawn accurately).

A very clear pattern emerges from the data. In general, there are fewer 'close' people in young care leavers' lives, and they see them or speak to them less often. They are less likely to receive supports of a range of different types, from a range of different sources (the two sample groups were asked different questions to take account of the fact that some sources of support directly related to care settings would not be relevant in the lives of those who had not been in care). They are far less likely (five times less likely, in fact) to be involved in community groups or activities than the university students, and more likely to feel isolated. (This may also be related to another finding presented in Chapter 6 and referred to earlier in this chapter: young care leavers are also much more likely to *live* alone.) Finally, they are less likely to feel they have people they can rely on 'no matter what happens', or who will give them 'support and encouragement'; and they are less satisfied with the amount of control they have in their lives.

Taking account of all these elements, it was possible to calculate a composite social capital score for the two survey groups. The results showed not only that there is a clear difference between the care leavers and the university students but, based on the Mann-Whitney test, that this difference is statistically significant and is not due to chance. Further tests, again using the appropriate (non-parametric) statistical procedures, examined the relationship between a number of important aspects of the care leavers' lives, including social capital itself and also their number of care placements, level of educational attainment and experience of homelessness. This analysis established a number of statistically significant relationships that support the following conclusions:

- As the care leaver's level of social capital increases their likelihood of experiencing homelessness decreases.
- As the care leaver's total number of placements increases there is a moderate and statistically significant likelihood that their levels of social capital will decrease.
- As the care leaver's social capital increases there is a moderate and statistically significant likelihood that their level of educational attainment will also increase.

These conclusions relating to young people leaving care in Ireland are in line with findings from a number of international quantitative studies referred to in Chapters 3 and 4 of this thesis, including Gayle and McClung (2013), Jackson and Cameron (2011) and O'Higgins et al. (2015).

Chapter 7 presented an analysis of interviews with nine young care leavers that throws further light on the ways in which social capital features in their lives. Focusing on the birth family, for example, it referred to Barker's view (2012, drawing on aspects of both Bourdieu and Coleman) that three key components must be in place for a young person's familial connections to be capable of supporting the transmission of social capital. Firstly, the young person must be socially *connected* with their family or family member; secondly the family or family member must have access to valued *resources*, either economic, cultural, or social; and thirdly the young person must have shared norms of *trust and reciprocity* with the family or family member.

A comparison of the situations and experiences of three care leavers, Connor, Megan and John, supported this view. Connor was taken into care by his aunt when his father started to act violently towards him after the death of his mother, but his aunt was in a financially insecure position and despite what appeared to be a relatively strong familial relationship the material burden of care proved too much. Megan's relationship with her birth family had broken down completely and after a short-lived attempt to re-establish a connection with them she resolved that her foster family was her 'real' family. In addition to providing an atmosphere of greater trust than her birth family, her foster family was better placed to resource and support her education (asked if she had missed many days at school she replied: 'well not when I was in foster care but when I was moved back to my parents [I did]'). John's case illustrates that despite the young person being taken into care, the birth family can remain as a significant source of social capital, even if there are other internal fractures or tensions. His relationship with his birth father

broke down but his relationship with his birth mother survived and eventually, in his words, 'blossomed even stronger'. When he was leaving care she was an important source of information and support for him as he sought 'social welfare' (in his case disability allowance payments), and she was well placed to play this role since 'she is on it as well'. She continued to offer support afterwards, lending him money or letting him stay the night from time to time.

In this case all three elements of Barker's 'triad' were in place, at least to some extent, even if they had not always been. John was not from an affluent or privileged background so his family did not have 'social capital' of the quality or quantity that features most commonly in the work of Bourdieu, but the material aspect of the resources and security available to him was as important as the emotional support, on a modest scale.

Chapter 7 also illustrated the different experiences that young people in care can have when it comes to forming 'extra-familial' social capital, but the nature of the family setting they are in can have a strong influence on this. Darryl and Megan had both been in foster care, but with very different results. During the seven years he spent with them, Darryl's foster family provided a certain stability in ensuring he attended school, but they failed to develop strong social or emotional bonds with him so he did not have a secure base from which to move out into the world or on into adulthood. The traumatic experience of his early years and his birth mother's chaotic lifestyle therefore remained a pervasive influence in a way that it may not have if he had been in a more positive foster placement. This was all the more the case because he continued to have contact with his birth mother. He felt

completely friendless within his local neighbourhood, worried about debt and paying the bills ('I get my money on a Monday and it's gone by Monday') and was uncomfortable attending social occasions with his girlfriend's family because of his inability to reciprocate in the 'round' system of buying drinks. Darryl's experience exemplifies the 'habitus of instability' that Barker (2016) suggests is common among vulnerable young people. In terms of the typology suggested by Stein (2008, 2012) and applied in a number of other studies (e.g. Munro et al. 2011, 2012), Darryl was definitely among the 'struggling' group of care leavers.

Megan on the other hand was part of the 'moving on' group. She had overcome the disadvantages of a very unhappy birth family to achieve what she herself appeared to see as very successful outcomes in her life with her foster parents and family. She continued to live in a fostering arrangement but with warm familial relationships that all parties seemed to want to continue indefinitely into the future, an example of what Gilligan refers to as a 'benign scenario' (2008: 91). As shown in Chapter 7, Megan was also happy with her friendship group and social life, had access to a wide range of recreational and extra-curricular activities and was about to enter university with no significant concerns about the costs of being a student (her foster family seemed economically very comfortable). Despite a care experience, Megan was in a situation of relative advantage in terms of social capital, in its different senses, and her case serves as a useful reminder that being in care does not necessarily mean being in difficulty. In fact it is a reminder of what being *in care*, should by definition mean: being cared for, with important aspects of life being 'taken care of'.

The final section of Chapter 7 broadly confirmed the survey findings relating to young people's experience of the transition from being in care to leaving care. In the survey, just over one third (36.6%) of care leavers reported that they had received a needs assessment before they left care; the remainder did not receive one or did not know if they had. Just under three quarters (72%) said they had been offered an aftercare service. The fact that a lot of young people did not know whether they had a needs assessment suggests that a point made by Kelleher et al. in their research twenty years ago still applies today. There is a lot of ambiguity about what a 'needs assessment' or a 'care plan' is and the precise form these things should take (Kelleher et al. 2000: 110).

Of the nine young people interviewed, only one (Steven) received any formal preparation for leaving care prior to his eighteenth birthday. He was unsure about whether this was from his key worker or aftercare worker (this is another example of how the distinction between different types of formality may seem very unclear to the young person in care). The eight other young people were assigned an aftercare worker around the time of their 18th birthday, but the services they were offered did not conform to the National Aftercare Policy and Procedures document (HSE 2012). This means that what might be termed 'formal social capital', referring to types of resource and supports from the state for which the young person might be eligible by virtue of their care history, and that might help to compensate for the disadvantages they have suffered, were less than what they might have been entitled to expect.

These supports are often provided on the basis of what Evans (1996) calls the 'synergy' between the state and non-statutory actors (e.g. voluntary and private organisations) and can be related to Coleman's (1988: 88) notion of 'corporate social capital', but in the case of services for young people leaving care they depend to a great extent on the state's ability and willingness to make adequate financial resources available. The survey data provides clear quantitative evidence that the volume of 'formal' professional supports made available to care leavers by social workers, aftercare workers and community welfare officers falls considerably short of the equivalent supports made available by familial sources to the students in the Maynooth University sample.

9.4 Challenges facing the aftercare system

Some challenges for the aftercare system today arise directly from the findings of the survey and interviews with young care leavers. The experience of aftercare is intricately bound up with the young person's experience of leaving care, and the findings of this study indicate very significant shortfalls in this respect. Figures relating to needs assessments have already been referred to above. A further issue of concern is that less than 4% of the respondents to the survey had been assigned an aftercare worker 19-24 months before leaving care, as the national guidelines recommend. Among the 58 young people who had an aftercare worker assigned before they turned 18, the average lead-in time was five months. However, the other 27 young people (almost 30%) did not have an aftercare worker assigned at all before their 18th birthday.

Section 9.2.1 has already referred back to the finding in Chapter 6 that only a minority of care leavers had been offered any one of a range of specific types of life skills training in preparation for leaving care. This is despite the fact that a narrow majority (47, or 55%) answered positively when asked if they had received any such training. The apparent inconsistency may be because the young people were offered a type of training that was not covered by any of the types specified in the questionnaire, or because the training took a form that they did not recognise as such. Like needs assessments and care plans, there may be a level of ambiguity among care leavers, and possibly even among providers, about the form that training takes, or should take.

A further challenge relates to involving young people meaningfully in the process of preparing to leave care. The troubled personal circumstances of a lot of young people in care and leaving care, including special learning needs, mental health problems or drug-related issues, make it difficult for them to participate constructively in decisions about their own care and their future (and they may never have been invited to do anything like that before). However, the national guidelines and best practice internationally recommend an approach that involves active participation, as appropriate, in all such decisions. Shaw and Frost suggest that this participation should in fact ideally go beyond the level of the individual young person and also operate at 'group' and 'collective' levels. In relation to the latter they say: 'This can take a number of forms and perhaps has been one of the most progressive developments of the last two or three decades' (Shaw and Frost 2013: 147; see also Stein 2011). They mention as an example the National Association of Young People in Care (NAYPIC) of which a counterpart in the

Irish context is Empowering Young People in Care (EPIC), referred to in extremely positive terms by some of the young people in this study. However, the analysis of interviews with social care professionals in Chapter 8 suggests that individual young people are involved minimally, if at all, in the conduct of needs assessments that are meant to provide the basis of their preparation for leaving care plans, and there is no sense in the interviews of any group or collective dimension to the young people's care experiences at this stage.

Additional challenges for aftercare services are, somewhat predictably perhaps, related to the inadequacy of resources, leading to a lack of places in residential aftercare (with waiting lists of up to two years, unacceptably long in the light of the nature and duration of the transitions taking place in the lives of young people leaving care, and the severity of the risks involved) and lack of capacity in outreach aftercare. As one interviewee put it: 'we have to close their cases or we'd have hundreds on our list'. Resources are also an issue, but not the only one, in the lack of coordination and integration of services for children and young people on the one hand and those for adults on the other. Social care professionals highlighted this as a particular concern in the case of care leavers with mental health problems. Resources will unquestionably be an issue in the implementation of the aftercare provisions of the Child Care (Amendment) Act 2015, recently commenced, since all of those provisions are couched in conditional terms, depending on resources available.

The overall picture that emerges from the research, despite some positive developments in recent years, is of a leaving and aftercare system that falls short

of delivering supports that are (a) as comprehensive in scope as they should be; (b) offered as early as they should be; (c) made available for as long as they should be; and (d) extended to all those young people who need them, as they should be. In describing the 'habitus of instability' that dominates the lives of vulnerable young people and indicating what is required to change it, Barker makes a point that was quoted in Chapter 4 and that is worth repeating here:

...[T]o shift... expectations and practices requires *durable exposure to reliable and stable support, both material and social*. This will allow for these young people to see realistic opportunities to change their lives with the support of external enablers. (Barker 2016: 680-681, emphasis added)

9.5 Conclusion

The discussion above returned to the three main questions that guided this research. In comparing the findings of this study with those of Kelleher, Kelleher and Corbett (2000), in a necessarily tentative way given the differences in sample composition and methodology, it was found that there have been some changes for the better and some for the worse. The risk of homelessness remains an extremely serious problem among young care leavers today, as evidenced both in their own reports of having experienced it and in social care professionals' consistent identification of it as one of the most severe issues they have to deal with. Unemployment is much worse among the care leavers in the current study than it was in the earlier one. This is in line with changes in Irish society over the last twenty years as it went from the boom of the Celtic Tiger years (with abundant opportunities for unskilled or low-skilled jobs for young people) to the bust of the years after 2008 and youth unemployment rates among the highest in Europe.

Finally, young people leaving care are much more likely today to have stayed in school and completed the Leaving Certificate than they were in the late 1990s. Again this reflects a broader national change, this time in participation rates in second level completion and progression to third level. Only very small numbers of care leavers progress to third level, however, and it is suggested that the proportion doing so in the current study is likely to be considerably higher than among care leavers in general.

In addressing the second key question, this chapter discussed the ways in which the experiences of the young people as captured in the survey and the interviews can be understood and explained with reference to the concept of social capital. A 'deductive' aspect of the research (outlined in Chapter 5) was the inclusion of a set of questions in the survey (and some prompts in the interview schedule) to gather data about different elements or dimensions of social capital, including social contact and connections, support networks, community involvement and emotional supports/satisfaction. An analysis of the responses confirms that young care leavers are systematically disadvantaged in respect of social capital as compared with young people not in care. Furthermore, in an exploration of the nature of the relationship between social capital and a number of other aspects of care leavers' experiences, also covered by the survey, statistical evidence is presented supporting the view that enhanced social capital is associated with better educational outcomes and less risk of homelessness for young care leavers. Decreased levels of social capital, on the other hand, are associated with greater placement instability, i.e. higher numbers of placements. (It should not of course be concluded from this that any one placement, even if the young person is not

happy with it, should be sustained in the interest of 'stability'. A placement experience that is experienced negatively over a long period of time is highly unlikely to increase social capital. The voice of the young person in care her/himself is a vital consideration when it comes to making decisions about whether any given placement should be sustained or brought to an end.)

Finally, the chapter has identified a number of challenges facing leaving and aftercare work in Ireland today. A number of those identified might in fact be grouped together as the challenge of properly adhering to the National Policy and Procedures on Leaving and Aftercare Services published by the Health Service Executive in 2012 (now under the remit of Tusla), including ones relating to needs assessments, leaving care plans, training in independent living skills, assignment of aftercare workers (and the timing of this), contact between professionals and the young person before and after leaving care and meaningful involvement of young people in the process throughout. Others have to do with resources, including the major challenge of implementing the aftercare provisions of the Child Care (Amendment) Act 2015 in a context of financial constraints, when all of its provisions are required to have 'due regard for the resources available'. But in addition there is the fact that even those recently reformed provisions do not guarantee young people leaving care the supports they need, meaning that aftercare services, and the young people they are meant to serve, will inevitably continue to be challenged into the future.

Chapter 10

Conclusion, Recommendations and Final Considerations

10.1 Conclusion

This study has used a 'pragmatic' mixed-methods research design, combining qualitative and quantitative methods, to answer a number of interrelated questions concerning young people leaving care in Ireland:

1. What are the outcomes for young people leaving care in Ireland today and how do these compare with those described in the only national study on this topic to date (Kelleher, Kelleher and Corbett, 2000)?
2. What light does social theory, and in particular the concept of social capital, throw on the factors and processes that influence those outcomes?
3. In the light of changes to policy and legislation, what challenges face the Irish aftercare system today and how might these be responded to?

The results of the survey administered to a national sample of young people who have left care suggest that in some respects, particularly regarding participation in education and training, the situation today is much better than it was twenty years ago. In other respects it is not. The proportion of young care leavers who say they have experienced homelessness remains extremely high (two in every five) and the proportion who are unemployed is much greater than it was in the earlier study (one third compared with less than one in ten). It needs to be stressed that caution is required in making such comparisons due to differences between the two studies, but the pattern of change is broadly in line with changes in Irish society in the intervening years (greatly increased participation in education and training, much higher rates of youth unemployment, a persistent and increasing homelessness problem). Unfortunately, this also suggests that aftercare provision may not be

doing a better job than it was twenty years ago in protecting young people from problems affecting the wider society and economy. It is also important to note that if anything the outcomes for care leavers in this study may be better than for care leavers in general, since the young people who were motivated to participate may be the ones who were in relatively favourable circumstances and felt most confident and competent in their communication skills.

The survey questionnaire included a set of items specifically designed to gather information about young care leavers' situation in relation to social capital, on a number of dimensions (social contacts, social supports, community involvement, and emotional supports/satisfaction). The use of a comparator sample of university students in the same age group, who had not been in care, provided some context for interpreting the findings. The care leavers scored consistently less positively than the university students on all elements of social capital, and on a composite measure. These results were found to be statistically significant. When further tests were run to explore the relationships between several key aspects of young care leavers' experiences, it was found that statistical evidence supports the following conclusions, all of which have obvious implications for policy and practice relating to care and leaving care:

- As the care leaver's level of social capital increases their likelihood of experiencing homelessness decreases.
- As the care leaver's total number of placements increases it is likely that their levels of social capital will decrease.
- As the care leaver's social capital increases it is likely that their level of educational attainment will also increase.

The qualitative data drawing on interviews with nine young care leavers confirmed the relevance of various forms of social capital in influencing their experiences and outcomes. Because the interviewees had also completed the survey questionnaire, it was possible to compare both sets of data for each respondent, and it was found that the pattern of scoring on the quantitative measurement of social capital was consistent with the qualitative accounts that the young people gave of their situations relating to family (birth and/or foster), placements (care or foster), friendships and leisure activities and educational participation and attainment. The qualitative analysis confirmed the gaps in provision relating to leaving care and aftercare that emerged in the survey findings. It also confirmed the usefulness and relevance in the Irish context of typologies of leaving care experiences and transitions that have been developed elsewhere (e.g. Johnson et al. 2010; Munro et al. 2011, 2012; Stein 2008, 2012).

There was evidence in the qualitative findings to support Barker's (2012) view that there are three key components that must be present in order for the family to act as a source of social capital. It was found that in some cases, but not others, the foster family was able to fulfil the positive functions that would normally be expected of the birth family. On a related point, while the 'habitus of instability' that is often dominant in the lives of vulnerable young people (Barker 2016) was found to be widespread among the sample of interviewees, there was also evidence of how familial care in a foster setting can progress beyond the formal fostering arrangement, or overlap with it, to enable the young person to develop a habitus of stability. In this 'benign scenario' (Gilligan 2008: 91) the care system is genuinely doing what the word 'care' suggests it should.

In assessing these outcomes for young care leavers, it is very important to bear in mind that the respondents in this study are still in early adulthood, and that what is provided is therefore a 'snapshot' of their circumstances, experiences and perceptions at this stage, relatively soon after leaving care. As with any snapshot, the phenomenon being observed is likely to change considerably afterwards, influenced by a wide range of factors.

Interviews with social care professionals showed that from their point of view the main issues or problems are also those that also featured in the survey findings and interviews with care leavers, including housing, homelessness and mental health. The gaps in preparation for leaving care and aftercare provision that were evident in the responses from care leavers continue to exist despite commitment, concern and effort on the part of those who work with them. There is now a relatively well-established network of aftercare services throughout the country, but they tend to be concentrated in the major cities. This means that where they do exist they face a huge demand.

Resource constraints, capacity issues and multiple pressures on staff mean that the supports provided to care leavers tend to be confined to the initial phase of three-to-six months. They may not be 'left out on their own' as abruptly or completely as they were in the study by Kelleher, Kelleher and Corbett (2000), but aftercare services are able to do little more than 'get them on their feet'. In the words of one interviewee 'you can create dependency and you're not going to be there to meet that responsibility', so 'three months support and then that's it'. If this situation continues, care and aftercare provision has no hope of redressing the imbalance

between the opportunities available to young care leavers and other young people of the same age. As Barker puts it, what they need is 'durable exposure to reliable and stable support, both material and social' (2016: 680-681). Even if the National Policy and Procedures on Leaving and Aftercare (2012) were fully adhered to by all workers and all services there would still be a deficiency.

Shaw and Frost suggest that 'in many ways a young person's experience of leaving care is the "acid test" of the success or otherwise of being in care' (2013: 102). The passing of the Child Care (Amendment) Act 2015 and its commencement in September 2017 is undoubtedly an improvement on the situation that existed beforehand. However, more than a quarter of a century after the Child Care Act 1991, twenty years after Kelleher, Kelleher and Corbett collected the data for their study, and with thousands of young people having experienced inadequate leaving and aftercare services in the meantime, much more was required. It is hard to disagree with Gilligan's (2016) assessment: 'While of some value, this reform is very timid, and falls way short of what is happening in similar jurisdictions'. The 'acid test' has yet to be passed in Ireland.

10.2 Recommendations

Below are listed a number of recommendations for improvements in care, leaving and aftercare services, above and beyond the obvious one that the existing policy and procedures should be properly implemented. These recommendations do not address all the areas that might be improved, only those that arise most directly from this research.

1. Aftercare should be made available, on a statutory basis, to all young people leaving care.
2. Greater attention should be paid to the negative impact of placement instability (in the form of multiple placement settings) on the social capital of young people, while acknowledging the importance of the young person's own voice in determining whether any one placement should be continued.
3. Relative foster care should be the first option when a child is taken into the care of the state.
4. Care placements should be prolonged on a voluntary basis until the age of 21, enabling smoother and more successful transitions to adulthood.
5. Semi-independent care or supported lodgings should be an option for young people in residential care from the age of 17 to 21.
6. Care, leaving care and aftercare services should place a greater focus on developing young people's social capital as well as their individual life skills and personal development.
7. EPIC (Empowering People in Care) should be supported to extend its remit to include the development of a national peer-to-peer support and mentoring network for children in care and care leavers.
8. Systematic data collection is urgently required on young people in care and leaving care and their outcomes on a range of measures including education, employment and health.
9. A multi-stranded national research programme should be put in place to investigate young people's experiences in care, leaving care and aftercare, to include longitudinal studies with both a quantitative and qualitative

dimension but also ethnographic studies of family, care and service settings.

10.3 Strengths and limitations of the thesis

The present study has sought to build on the work of Kelleher et al. (2000) by examining the outcomes experienced by care leavers in Ireland. In doing so the researcher has made extensive efforts to not only describe these outcomes but also to critically engage with the data by applying the theoretical lens of social capital to shed light on the social processes that contributed to the care leavers' outcomes. The study has also examined the role of social policy and legislation in shaping the care leavers' in-care and post-care experiences.

The study's strengths include: its direct engagement with the experiences and perceptions of young care leavers themselves, its combination of qualitative and quantitative methods of data collection and analysis, its inclusion of the perspectives of professional stakeholders, its national scope and its relevance for policy. A further strength is its integration of contemporary social theory. This study is the first one in Ireland that utilises the concept of social capital as a means of uncovering the structural, policy, individual and social processes that combine to shape the young person's progress through care and out of care.

The main limitations of the study are the lack of a longitudinal dimension (meaning that, as acknowledged elsewhere, it provides a 'snapshot' of outcomes for care leavers relatively soon after leaving care) and the fact that the comparative dimension (the use of a sample of Maynooth University students) could be more robust. The study would also have benefited from the inclusion of young care

leavers who had experienced incarceration and other serious interaction with the criminal justice system. While the researcher attempted to include such a dimension, as explained in Chapter 5 it did not prove possible.

10.4 Further research

Following on from the points made above, the link between a care history and the likelihood of interaction with the criminal justice system has been well established and therefore the experience of Irish care leavers' interactions with the Irish criminal justice system would be a valuable area for future research, given that this topic has not previously been explored in this country.

More broadly, a multi-stranded national research programme should be put in place to investigate young people's experiences in care, leaving care and aftercare, to include longitudinal studies with both a quantitative and qualitative dimension but also ethnographic studies of family, care and service settings. Specific attention should be paid to the relevance of gender in shaping young people's experiences of care and leaving care (a topic touched on in this research but still under-researched) and the significance of other types of social inequality including culture, ethnicity and sexuality.

10.5 Impact of research on the author

In addition to the academic and professional development that took place through the completion of the PhD (in common with all doctoral research), on a personal level this study was experienced as an emotional journey. As a social care practitioner with years of experience of working with children in care I could not

help but get emotionally invested in the personal stories of the young people. These stories often bore the hallmarks of 'the child in care', punctuated with the dual challenges of neglect and abuse that resonated through their time in care and continued to linger beyond their care experience. Even though my direct interaction with them was for a relatively short time, during the data analysis stage I spent months transcribing, reading and rereading their experiences, and I revisited them many times while writing up the thesis. This process of reliving every interaction again and again has left me with an abiding concern for their welfare and the welfare of other young adults who have left care. It has enriched my own professional practice as a social care practitioner and deepened my understanding of the impact of the social and policy context on the lived experience of young people in care and leaving care. It will continue to inform all the work that I do in future, both as a practitioner and as a researcher.

Appendices

Appendix A. Information Sheets and Consent Forms (samples)

INFORMATION SHEET (Care Leaver Survey)

This research is entitled “Outcomes for Young People Leaving Care in Ireland”.

- It will attempt to answer the question: ‘What are the outcomes for young people leaving care in Ireland today and how do these compare with those described in the only national study on this topic to date (2000)?’
- It will also ask: ‘What challenges face the Irish aftercare system today and how might these be responded to?’

As a recent care leaver you will be asked to participate in this research by filling in a survey questionnaire soon after leaving care and the second survey questionnaire 12-15 months after leaving care.

The survey will ask questions about your care history, preparation for leaving care, how you got on after leaving care and about the successes and challenges you experienced.

In all reports publications and presentations participants will be given a false name to ensure that you can't be identified.

As a participant you have the right not to answer questions and withdraw at any time.

The information gathered will be used in the researcher's PhD dissertation, but also in presentations, journal articles and in the preparation of other publications.

To safeguard your privacy all personal information will be stored in a locked cabinet accessible only by the researcher. At the end of the research project all identifying information will be destroyed.

The survey information with no personal information will be kept and stored with the Irish Qualitative Data Archive or the Irish Social Science Data Archive so that other researchers can use it.

In certain circumstances confidentiality and anonymity can't be maintained. Any disclosure that a person is planning to hurt themselves or another person must be reported to the authorities. Additionally you should be mindful not to make any comments that could negatively affect your legal or residency status in the case of non-nationals.

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If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the National University of Ireland Maynooth Ethics Committee at research.ethics@nuim.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner.

Care Leavers' Survey Consent Form

I declare that I am willing to take part in research for the project entitled *Outcomes for Young People Leaving Care in Ireland* and I give my consent for the researcher (Philip) to use the survey information in his PhD dissertation and in presentations, journal articles and in other publications. I also give consent for the survey information with no personal information to be kept and stored with the Irish Qualitative Data Archive or the Irish Social Science Data Archive so that other researchers can use it.

- I have been fully informed about this study and my role in it and I have been given the opportunity to ask questions.
- I understand how the information will be used.
- I fully understand that there is no obligation on me to take part in this study.
- I fully understand that I am free to leave this study at any time without giving an explanation or a reason.
- I am also entitled to full privacy in relation my personal details.

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the National University of Ireland Maynooth Ethics Committee at research.ethics@nuim.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner.

Signature of participant

Date

Appendix B. Care leavers survey questionnaire

I am very grateful that you have agreed to take part in this research.

If you have any questions or would like me to fill in the survey with you over the phone please text the word HELP to me at [Number] and I will call you back.

Most of the questions in this survey are answered by ticking a box; this is to help you to fill it in quickly.

Please fill in every question, if a question is unclear please text the word HELP to me at 086 068 6627 and I will call you back.

When you have completed the survey please put it in the stamped and addressed envelope provided and post it back to me.

Date _____

Survey No _____

01 Personal information

A. Are you female or male ? (Please tick one).

B. How old are you (in years)? _____

C. What city or town is closest to where you live now? _____

D. Ethnicity (please tick one box)

- | | | |
|-----------|--------------------------|---|
| White | <input type="checkbox"/> | (Irish, or any other white background) |
| Traveller | <input type="checkbox"/> | (Irish Traveller) |
| Black | <input type="checkbox"/> | (African or any other black background) |
| Asian | <input type="checkbox"/> | (Chinese or any other Asian background) |
| Other | <input type="checkbox"/> | (Including mixed background) |

If other, please specify. _____

E. Were you born in Ireland?

Yes ___ No ___

F. If you were not born in Ireland where were you born? _____

G. Do you have any children?

Yes ___ No ___ If yes how many? _____ And what are their ages?

H. Are you or your partner currently pregnant or expecting a child?

Yes ___ No ___

2.0 Accommodation History

A. Have you lived in foster or residential state care? Yes ___ No ___

If you answered yes to question (A) above please skip the rest of section 2 and complete section 3 below. As you are a care leaver you are also requested to complete sections 15 and 16 at the end of the form.

B. How many times did you or your family move accommodation before you turned 18? ___

C. How long was your longest accommodation? Years ___ Months ___

D. How long was your shortest accommodation? Years ___ Months ___

E. How long were you or your family in your final accommodation? Years ___ Months ___

3 Education

A. How many different primary/national schools did you attend? _____

B. How many different secondary schools did you attend? _____

C. Did you have difficulties in school that interfered with your education? (Please tick one answer for primary and one for secondary)

i. During primary/national school:

Never ___ Some of the time ___ Most of the time ___ All of the time ___

ii. During secondary school.

Never ___ Some of the time ___ Most of the time ___ All of the time ___

D. How often did you miss, or not attend, school? (Please tick one answer for primary and one for secondary)

i. During Primary School.

Never ___ Some of the time ___ Most of the time ___ All of the time ___

ii. During Secondary School.

Never ___ Some of the time ___ Most of the time ___ All of the time ___

E. What is the highest level of education you have completed? (Please tick one answer)

None completed ___ Primary ___ Junior Certificate ___ Leaving Certificate ___

Leaving Certificate Applied ___

Technical or Vocational Qualification (e.g. apprenticeship) ___

Further Education/FETAC Certificate or Diploma ___ Third Level Diploma or Degree ___

F. Are you currently studying or in training for a qualification? Yes ___ No ___

If yes, what are you studying or training for, and where?

G. If no, what age were you when you completed your formal education or training? ___

H. Do you have a learning disability? (Dyslexia etc.) Yes ___ No ___ I don't know ___

4 Employment

A. What is your main employment status now? (Please tick the one that *most* applies)

Education/Training ___ Unemployed ___ Part time employment ___ Full time
employment ___ Unable to work due to illness/disability ___

5 Housing

A. When you turned 18 who did you live with? (Please tick the one that *most* applies)

On my own ___ With friends ___ With foster carers ___ With birth family ___ With my
boy/girlfriend ___

B. What kind of housing do you live in now? (Please tick the one that *most* applies)

Apartment ___ House ___ B&B ___ Foster family home ___

Direct Provision Hostel ___ Homeless hostel ___ College halls of residence ___

C. Have you ever been homeless since turning 18? (slept on a friend's sofa, stayed in
hostel or slept rough) Yes ___ No ___

D. How many times have you moved accommodation since turning 18? _____

6 Health

A. In general would you say your health is: Excellent __ Very good __ Good __ Fair __
Poor __

B. Have you ever been diagnosed as having a serious illness or disability?
Yes __ No __ I don't know __

C. If yes please specify _____

D. How many times would you say you have visited a GP/doctor/hospital in the last 12 months?

None __ 1-5 __ 6-10 __ 11-15 __ More than 15 __

7 Money worries

A. How often would you say you have been worried about money since turning 18?
(Please tick one answer)

Almost all the time __ Quite often __ Only sometimes __ Never __

B. Do you expect your financial situation to...(please tick one)

Stay the same __ Get better __ Get worse __

8 Social Connections

A. Do you have close relatives who live nearby?
Yes __ No __

B. Do you have any close relatives whom you speak to or see regularly?
Yes __ No __

C. If yes how often?
On most days __ Once or twice a week __ Once or twice a month __ Less than once a month __

D. Do you have friends who live nearby?
Yes __ No __

E. Do you have any close friends whom you speak to or see regularly?
Yes ___ No ___

F. If yes how often?

On most days ___ Once or twice a week ___ Once or twice a month ___ Less than once a month ___

G. How often do you go out socially with friends or family, for example to a pub, restaurant, cinema or somewhere else?

Several times a week ___ At least once a week ___ At least once a fortnight ___

At least once a month ___ Less than once a month ___ Never ___

9 Support networks

9.1 Professional Supports

Since you have turned 18 how often did a Social Worker or Community Welfare Officer help you in the following ways?

A. Provide money?

Never ___ Rarely ___ Sometimes ___ Often ___ All the time ___

B. Provide somewhere to live?

Never ___ Rarely ___ Sometimes ___ Often ___ All the time ___

C. Provide food or clothes?

Never ___ Rarely ___ Sometimes ___ Often ___ All the time ___

D. Help you find a job or study?

Never ___ Rarely ___ Sometimes ___ Often ___ All the time ___

E. Provide emotional support?

Never ___ Rarely ___ Sometimes ___ Often ___ All the time ___

9.2 Family Network

Since you have turned 18 how often did **a family member** help you in the following ways?

F. Provide money?

Never ___ Rarely ___ Sometimes ___ Often ___ All the time ___

G. Provide somewhere to live?

Never ___ Rarely ___ Sometimes ___ Often ___ All the time ___

H. Provide food or clothes?

Never ___ Rarely ___ Sometimes ___ Often ___ All the time ___

I. Help you find a job or study?

Never ___ Rarely ___ Sometimes ___ Often ___ All the time ___

J. Provide emotional support?

Never ___ Rarely ___ Sometimes ___ Often ___ All the time ___

K. Help you to organise your life?

Never ___ Rarely ___ Sometimes ___ Often ___ All the time ___

9.3 Friends Network

Since you have turned 18 how often did **a friend** help you in the following ways?

L. Provide money?

Never ___ Rarely ___ Sometimes ___ Often ___ All the time ___

M. Provide somewhere to live?

Never ___ Rarely ___ Sometimes ___ Often ___ All the time ___

N. Provide food or clothes?

Never ___ Rarely ___ Sometimes ___ Often ___ All the time ___

O. Help you find a job or study?

Never ___ Rarely ___ Sometimes ___ Often ___ All the time ___

P. Provide emotional support?

Never __ Rarely __ Sometimes __ Often __ All the time __

Q. Help you to organise your life?

Never __ Rarely __ Sometimes __ Often __ All the time __

10 Community Involvements

A. Were you involved in any community or voluntary organisation or group before you were 18 (e.g. local youth club or project, sports club, charitable organisation)?

Yes __ No __

B. If yes, please say briefly what you were involved in, and for how long.

C. Have you been involved in any community or voluntary organisation or group since you turned 18? Yes __ No __

D. If yes, please say briefly what you have been involved in, and for how long?

Below is a statement. You are asked to choose how strongly you agree or disagree with this statement (please tick one response).

E. There have been times since I turned 18 that I have felt isolated or cut off from society.

Strongly agree __ Agree __ Neither agree nor disagree __ Disagree __ Strongly disagree __

11 Personal Satisfaction

A. How satisfied are you with your life as a whole at this time? (Please tick one)

Very satisfied. __ Satisfied. __ Neither satisfied or dissatisfied. __ Dissatisfied. __

Very dissatisfied. __ I Don't know. __

B. And do you expect your satisfaction with your life to...

Stay the same __ Get better __ Get worse __

12 Support During a Crisis

- A. At the time you turned 18 who did you mainly rely on for emotional support?
(Tick any of the following that apply)

Boyfriend/girlfriend ___
Friends ___
Parents ___
Foster carers ___
Brother/Sister ___
Other family members..... ___
Clergy/minister/rabbi/priest..... ___
Counsellor ___
Social worker/Aftercare worker..... ___
Someone else ___

- B. How many people do you feel you could turn to for help and comfort in a time of crisis?

None 1-2 3-4 5-6 More than 6

Below are three statements. You are asked to choose how strongly you agree or disagree with these statements.

- C. There are people among my family or friends who can be relied on no matter what happens.

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

- D. There are people among my family or friends who give me support and encouragement.

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

- E I am satisfied with the amount of control I have over decisions that affect my life.

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

13 Alcohol and drug use

- A. Do you drink alcohol? Yes No
i. If yes would you call yourself: a light drinker? a moderate drinker? or a heavy drinker?

- B. Do you use recreational drugs? Yes No

i. If **yes** would you call yourself : a light user? ___ a moderate user? ___ or a heavy user? ___

C. Do you have a drug or alcohol addiction? Yes ___ No ___

D. Have you attended drug or alcohol addiction services in the past 12 months?

Yes ___ No ___

14 Involvements with the Guards

A. Have you been involved with the Guards since turning 18?

Yes ___ No ___

If **yes** please indicate the type of involvement you had by ticking it, and give the number of times.

B. Have been questioned? ___ How many times? ___

C. Charged with an offence? ___ How many times? ___

D. Have been convicted? ___ How many times? ___

E. Spent time in detention? ___ How many times? ___

How Long? Years ___ Months ___ Weeks ___

Sections 15 & 16 are to be completed only if you have lived in care.

15.0 Care History

F. How old were you when you came into care? _____

G. How many placements did you have? (Please write the number of each type of placement you lived in beside those listed below)

Relative foster care ___ Foster care ___ Residential ___ Supported lodgings ___ Homeless hostel ___ B&B ___

H. How long was your longest placement? Years _____ Months _____

I. How long was your shortest placement? Years _____ Months _____

J. What type of placement was your final placement before turning 18?

(Please tick one)

Relative foster care Foster Residential Supported lodgings Homeless hostel
 B&B

K. How long were you in your final placement? Years _____ Months _____

15.1 Preparation for leaving care

A. Were you assigned an aftercare worker before you turned 18? Yes No I don't know

(If you had an aftercare worker before you turned 18 please answer the rest of the questions in this section, if not please move on to the section 2.2)

Below is a statement. You are asked to choose how strongly you agree or disagree with this statement.

B. I found that my aftercare worker was very helpful before I turned 18.

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

C. How long before turning 18 was the aftercare worker assigned?

Years Months Weeks

D. After being assigned an aftercare worker how often have you had contact with them? (Please tick one answer)

Once a week Once in two weeks Once a month

Less than once a month Less than once in six months Never

E. Did you have a needs assessment before you turned 18?

Yes No I don't know

15.2 Independent living preparations

A. Did you receive training in independent living skills from your carers or aftercare worker before turning 18?

Yes No

If yes, did you receive training in the following areas?

B. Budgeting?

Yes ___ No ___

If yes how helpful was it? (Very helpful ___ a bit helpful ___ not helpful ___).

C. Cooking?

Yes ___ No ___

If yes how helpful was it? (Very helpful ___ a bit helpful ___ not helpful ___).

D. Housing, rights and responsibilities? Yes ___ No ___

If yes how helpful was it? (Very helpful ___ a bit helpful ___ not helpful ___).

E. Employment?

Yes ___ No ___

If yes how helpful was it? (Very helpful ___ a bit helpful ___ not helpful ___).

F. Further Education?

Yes ___ No ___

If yes how helpful was it? (Very helpful ___ a bit helpful ___ not helpful ___).

G. Health?

Yes ___ No ___

If yes how helpful was it? (Very helpful ___ a bit helpful ___ not helpful ___).

H. Emotional/Mental health?

Yes ___ No ___

If yes how helpful was it? (Very helpful ___ a bit helpful ___ not helpful ___).

I. Effective communication?

Yes ___ No ___

If yes how helpful was it? (Very helpful ___ a bit helpful ___ not helpful ___).

J. Getting help in a crisis?

Yes ___ No ___

If yes how helpful was it? (Very helpful ___ a bit helpful ___ not helpful ___).

K. Social welfare entitlements?

Yes ___ No ___

If yes how helpful was it? (Very helpful ___ a bit helpful ___ not helpful ___).

16 Aftercare

A. Were you offered an Aftercare service?

Yes ___ No ___ I don't know ___

B. Do you have a social worker now?

Yes ___ No ___ I don't know ___

C. Do you have an aftercare worker now?

Yes ___ No ___ I don't know ___

D. Do you have an aftercare plan?

Yes ___ No ___ I don't know ___

Below is a statement. If you had an aftercare worker after you turned 18 you are asked to choose how strongly you agree or disagree with this statement.

F. I found that my aftercare worker was very helpful after I turned 18.

Strongly agree ___ Agree ___ Neither agree nor disagree ___ Disagree ___ Strongly disagree ___

Thank you very much!

If any of the issues discussed in this survey have been distressing for you and you feel you need someone to talk to please contact me and I will send you information on local support services.

Ph: 086 068 6627

E-mail: philip.mullan.2013@nuim.ie

If you feel that there is any other information that you would like to include, please write it below.

Appendix C. MAX QDA Frequency of codes; initial thematic analysis

MAX QDA Frequency of Codes

Code-ID	Position	Code	All coded segments
7	1	Historical	7
8	2	Recommendation	23
9	3	Model of Care	64
11	4	Type of Clients	22
5	5	Managing the system	54
6	6	Challenges face by care leavers	98
4	7	The work of aftercare	53
3	8	Implementing aftercare policy	56
10	9	Policy Development.	21
2	10	Interactions with care leavers	82
1	11	Services offered to care leavers	96
12	12	Process	0
13	13	Transition	8
14	14	Transitional process	3
15	15	Transitioning out of services	1
16	16	Personal	0
17	17	Lessons learned	5
18	18	Drugs and Alcohol	6
19	19	Aspirations	2
20	20	Employment	1
21	21	Future plans	2
22	22	Employment experience	5
23	23	Employment status	2
24	24	Training for employment	6
25	25	Health	3
26	26	Physical health	7
27	27	Medication	1
28	28	Mental Health	12
29	29	History	0
30	30	Education	4
31	31	Educational plans	3
32	32	Educational culture	3
33	33	Plc Third Level Education	4
34	34	Primary and secondary education	16
35	35	Struggling in education	12
36	36	Reasons for entering care	8
37	37	Childhood and care history	14
38	38	Moves in childhood	4
39	39	Childhood trauma	12
40	40	Inter-generational trauma	2
41	41	Disability	5
42	42	Challenging Behaviours	1
43	43	Formal	0
44	44	Control Vs Care	3
45	45	Housing	1
46	46	Housing Instability	1
47	47	Housing stability	4
48	48	Homelessness	4
49	49	Safe Housing	1
50	50	Post 18 Housing	1
51	51	Affordable Housing	2
52	52	Budgeting	9
53	53	Debt	7
54	54	Financial support post 18	11

55	55	Financial mismanagement	4
56	56	Independent living skills	12
57	57	Access to service	5
58	58	Lack of support accessing services	2
59	59	Support accessing services	4
60	60	Aftercare	8
61	61	Aftercare supports	3
62	62	Preparation for leaving care	2
63	63	No aftercare	3
64	64	Social	0
65	65	Emotional Support	0
66	66	Community involvement	2
67	67	Social Isolation	8
68	68	Com Involvement Post 18	5
69	69	Com Involvement Pre 18	8
70	70	Relationships	1
71	71	Personal relationships	2
72	72	Formal	2
73	73	Friends	11
74	74	Carers	8
75	75	Birth Family	23
76	76	Support Networks	2
77	77	Pastoral support	1
78	78	Crisis supports	7
79	79	Friend supports	19
80	80	Carers supports	8
81	81	Family supports	25
82	82	Formal Supports	19
83	83	Family makeup	7
84	84	Mental health	1
85	85	Impact of care on social capital	3
87	87	Social Capital	9
88	88	Investing in Social Capital	22
89	89	Product of social capital	48
90	90	Negative impact on social capital	10
91	91	Social stability in care	6
92	92	Social Disruption in care	4
93	93	Birth family as Social Capital	53
94	94	Bonding Bridging Linking social capital	55
95	95	Carers as Social Capital	30
96	96	Crisis	25
97	97	Forming Social capital	38
98	98	Forming Social Capital	1
99	99	Intergenerational transmission	14
100	100	Lines of communication	39
101	101	Trust and reciprocity	26
102	102	Norms and sanctions	24
103	103	trust and reciprocity	10
104	104	Reintegration	18
105	105	Initial independence	29
106	106	Interaction with services	44
107	107	Transition	29
108		Pre leaving care	14
Total Number of Codes.	108	Total Coded Segments	1526

Qualitative analysis – themes emerging

Preliminary themes identified from the care leavers' data

1. Process\transition
2. Personal
3. Personal\employment
4. Personal\health
5. History
6. History/education
7. History\reasons for entering care
8. Formal supports
9. Formal supports\housing
10. Formal supports\budgeting
11. Formal supports\financial support post 18
12. Formal supports\access to service
13. Formal supports\aftercare
14. Social
15. Social\community involvement
16. Social\relationships
17. Social\support networks
18. Social capital
19. Social capital\forming social capital
20. Social capital\trust and reciprocity
21. Initial independence

Revised themes

1. Pre-leaving care
2. Transition
3. Initial independence
4. Interacting with services
5. Reintegration
6. Crisis
7. The birth family as social capital
8. Forming social capital
9. Formal social capital

Preliminary themes identified from the aftercare worker's data

1. Historical
2. Recommendation
3. Model of care
4. Type of clients
5. Managing the system
6. Challenges face by care leavers
7. The work of aftercare
8. Implementing aftercare policy
9. Policy development
10. Interactions with care leavers
11. Services offered to care leavers

Revised themes

1. The service offered to care leavers
2. Interactions with care leavers
3. Implementing aftercare policy
4. The work of aftercare
5. Managing the system
6. Challenges faced by care leavers

Appendix D. Additional tables from the quantitative analysis

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
The sum of social contact	.192	227	.000	.825	227	.000
Sum of support networks	.106	227	.000	.956	227	.000
Sum total of community involvement	.097	227	.000	.956	227	.000
Sum Transition Support	.104	227	.000	.930	227	.000
Sum of all Social Capital Indicators	.126	227	.000	.913	227	.000

a. Lilliefors Significance Correction

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Sum of all Social Capital Indicators	.098	85	.044	.957	85	.006

a. Lilliefors Significance Correction

D1. Total social capital – tests of normality

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Total number of placements	.239	85	.000	.805	85	.000

a. Lilliefors Significance Correction

D2: Total number of placements - tests of normality

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Highest level of education started	.196	85	.000	.859	85	.000

a. Lilliefors Significance Correction

D3: Highest level of education started - tests of normality

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Were you ever homeless	.398	85	.000	.618	85	.000

a. Lilliefors Significance Correction

D4: Homelessness – tests

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