

Negotiating Uncertainty and Earning Respect:  
A Qualitative, Longitudinal Study of Young  
People Ageing Out of State Care in Ireland

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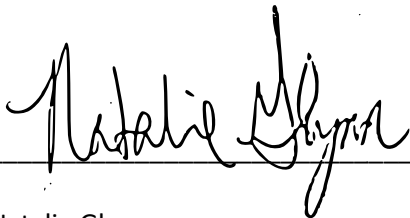
# DECLARATION

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# SUMMARY

This thesis is an exploration of the lived experience of the transition out of care at the age of 18 in Ireland. There is a plethora of research demonstrating the marginalisation and disadvantage experienced by care leavers internationally. Though Ireland's research base is limited, the hardships that care experienced young people face is considered broadly similar to that seen elsewhere. The point of leaving care has been identified as a potentially critical turning point at which services might moderate later outcomes. However, while there is growing evidence identifying social support and identity development as crucial elements, there remains a gap in our understanding of the care-leaving process from the perspective of young people.

Initiated in 2015, this research took place during a time of evolving policy and supports for care leavers in the Irish context. Legislation that was passed in 2015 and enacted in 2017 entitles all young people with a history of at least 12 months in care between the ages of 13 and 18 to an aftercare plan identifying their transition needs and available supports. Concurrently, the Child and Family Agency standardised a national policy on financial support for care leavers and initiated the establishment of Aftercare Steering Committees in each service area. These legislative and policy developments expanding and mandating provisions for care leavers form the contextual backdrop for this study.

The study utilised a qualitative longitudinal multi-case study methodology underpinned by a critical social constructionist epistemology. Sixteen care leavers from across Ireland, six young women and 10 young men who had aged out of care within the past year, were recruited for a year-long follow-up study. Data were collected at three points in time using in-depth interviewing techniques and supported by creative documentation during the interim period between meetings. The fieldwork was initiated by a community assessment process in which gatekeepers and other stakeholders were contacted. Recruitment was pursued through these contacts and included a variety of services, such as aftercare service providers, homelessness services, teen pregnancy and addiction services.

Utilising liminality theory, Recognition theory and the concept of precarity, the analysis revealed a number of insights into the interplay between structure and agency in the transition out of care. The analysis identified two processes in which the care leavers engaged to manage the transition out of care: striving for a 'normal' life and negotiating uncertainty. 'Normal' life adhered to a traditional image of standard adulthood that developed in the 1950s, including financial stability from employment, homeownership and family formation. Ageing out in a context of welfare retrenchment and youth policy that encourages individuals' reliance on family supports, young

people described uncertainty about the future and the meeting of their vital needs, such as housing and food. In the system of rationed supports, care leavers sought to create options for themselves and position themselves as deserving of state assistance.

Young people's narratives of their experiences with aftercare services and supports underscored the ways in which the concept of the deserving and undeserving poor continue to operate in the Irish child welfare system. Some young people, especially those who were not in education, employment or training, felt misrecognised by the system as undeserving of assistance. Young people contested what constituted deserving, identifying their care experience and their age as markers of deserving-ness, and asserted their moral identities through engagement with or aspiration to valued life activities, such as continuing in education.

Relationships proved central to the young people's experiences, both in developing skills to manage them and utilising them for support. As time passed, young people moved from aftercare arranged housing into situations of hidden homelessness, relying on their friends and families for safe housing. Many sought to form new relationships as they entered new social fields, such as higher education and employment. However, several mentioned concerns about how the stigma associated with care experience had the potential to spark pity or judgment in others. In these narratives, the ability to be vulnerable with others arose as a key skill in relationship development, though several noted that care stigma inhibited their ability to be vulnerable with new people.

Finally, the analysis highlights the importance of supporting both the material and psycho-social needs of young people as they age out of care. Drawing on these conclusions, the thesis concludes with implications for policy and practice, including the pairing of social investment and social inclusion policies to create a more holistic approach to aftercare policy.

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This dissertation is dedicated to the memory of Charles (pseudonym), a young man with much promise and ambition who generously shared his life with me throughout the year before his untimely death in 2018.

**For Whom the Bell Tolls**

*No man is an island, entire of itself.  
Every man is a piece of the continent,  
A part of the main.*

*If a clod be washed away by the sea,  
Europe is the less,  
As well as if a promontory were,  
As well as if a member of thy friends  
Or of thine own were.*

*Any man's death diminishes me,  
Because I am involved in mankind.  
And, therefore, never send to know for whom the bell tolls;  
It tolls for thee.*

— John Donne

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## LIST OF ABBREVIATIONS

<b>CAO</b>	Central Applications Office
<b>CAP</b>	Community Assessment Process
<b>CT</b>	Critical Theory
<b>DARE</b>	Disability Access Route to Education
<b>DSM</b>	Diagnostic and Statistical Manual of Mental Disorders
<b>EPIC</b>	Empowering People in Care
<b>(Foster)</b>	Final Placement was in Non-Kin Foster Care
<b>(Foster/Homelessness)</b>	Final Placement broke down into Homelessness
<b>HAP</b>	Housing Assistance Payment
<b>HEAR</b>	Higher Education Access Route
<b>HSE</b>	Health Service Executive
<b>ILP</b>	Independent Living Programme
<b>IPS</b>	Irish Prison Service
<b>ITs</b>	Institutes of Technology
<b>(Kinship)</b>	Final Placement was in Kinship Care
<b>NEET</b>	Not in Employment, Education or Training
<b>OECD</b>	Organisation for Economic Cooperation and Development
<b>P1</b>	Phase 1 interview
<b>P2</b>	Phase 2 interview
<b>P3</b>	Phase 3 interview
<b>PLC</b>	Post-Leaving Certificate course
<b>PTSD</b>	Post-Traumatic Stress Disorder
<b>QLR</b>	Qualitative Longitudinal Research
<b>(Residential)</b>	Final Placement was in Residential Care
<b>SUSI</b>	Student Universal Support Ireland
<b>TSS</b>	Transition Support Services
<b>UNCRC</b>	United Nations Convention on the Rights of the Child
<b>US</b>	United States

# Chapter One

## INTRODUCTION

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### INTRODUCTION

This study is about young people ageing out of state care in Ireland. Using a qualitative case study methodological approach underpinned by a social constructionist epistemology and critical theory, it investigates the lived experience of the transition out of care at the age of 18 in Ireland. The research was initiated in 2015 at a time when significant changes in policy and legislation regarding the provision of support for care leavers were taking place in Ireland. Most notably, the Child Care (Amendment) Act 2015, which was enacted on 1 September 2017, now guarantees that children in care for a minimum of 12 months between the ages of 13 and 18 have the right to an aftercare plan (Department of Children and Youth Affairs, 2017; Oireachtas, 2015).

The core aim of this study was to provide a detailed analysis of the transition experiences of young people as they exit the care system. Young people from all three care types—non-kin, kinship and residential care—and with diverse care histories were recruited to create a rich picture of the transition period. Data were collected longitudinally using in-depth interviews over a 19-month period starting in January 2017, shortly after Tusla, the Child and Family Agency, initiated the implementation of a new aftercare allowance policy and introduced standardised aftercare planning protocols (Tusla, 2015, 2017d). Taking place amidst a paucity of research on care leavers in Ireland, this research aimed to produce a contextualised understanding of the process of leaving care at 18 years of age.

This chapter provides an important contextual backdrop to the research. First, the nature of out-of-home care is described, including comparisons of the Irish context with peer countries. The specifics of the development of the Irish care system are then detailed, including the evolution of aftercare policy. Next, the state of the research on children in and leaving care in Ireland is reviewed. Notably, the dearth of research on care leavers is highlighted, which this thesis endeavours to address. Then, the rationale for the research is detailed. Finally, an outline of the remaining chapters is provided.

### STATE CARE IN IRELAND

Internationally, children are taken into care for a variety of reasons, including, *inter alia*, abandonment, neglect, maltreatment or parental inability to cope (Buckley, 2002; Courtney, Flynn, & Beaupré, 2013; Kelleher, Kelleher, & Corbett, 2000). States have provided out-of-home care in

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three primary forms: non-kin fostering, kinship<sup>1</sup> fostering and group care (Bass, Shields, & Behrman, 2004; Berrick, 1998; Horgan, 2002). Fostering children is a well-established tradition globally (Geen, 2004) and, in Ireland, dates ‘back to life under the ancient Brehon Laws when fosterage was used as a means of forging links between powerful families’ (Gilligan, 1991, p. 187; see also Horgan, 2002). Thus, it is important to consider the evolution of caring for children outside of their birth family as a socially situated phenomenon which varies according to context.

Table 1 presents statistics for the out-of-home children population in Ireland and a selection of other countries. As of December 2018, there were 6,029 children in care in Ireland, which represents an increase in the number of children in care over time as fewer than 2,500 children were in out-of-home care in 1989 (Carr, 2014; Daly, 2012b; Tusla, 2019b). However, the current rate of children taken into care (48 per 10,000 children) is broadly similar to the United Kingdom and the United States (US) (Carr, 2014; Stein & Munro, 2008). Observing Table 1, Ireland is notable for its low rate of out-of-home care yet a high rate of family foster care, which itself is distinguished by the high proportion of kinship placements (approximately 30% of all foster family placements) (Munro & Gilligan, 2013; Tusla, 2019b). In fact, Ireland has been lauded for its relatively rapid shift away from residential care toward family foster care, with del Valle and Bravo (2013) stating:

The case of Ireland merits highlighting because there had been a tradition of large religious institutions in Catholic countries until very recently and in a very short time there has been the implementation of an almost exclusive family foster care model in this country. (p.254)

TABLE 1: RATES OF OUT-OF-HOME CARE INTERNATIONALLY<sup>2</sup>

<i>Nation</i>	<b>Population<sup>a</sup></b>	<b>Out-of-Home Care Population</b>	<b>Rate of Out-of-Home Care</b>	<b>Family Foster Care<sup>3</sup></b>	<b>Residential Care</b>
<i>Ireland</i>	5,011,102	6,029	48/10,000 children <sup>b</sup>	92.2% <sup>4</sup>	6.1%
<i>United Kingdom</i>	65,648,100	92,000 (entire UK) <sup>c</sup>	59/10,000 children	80.4%	10.8%
<i>Sweden</i>	9,960,487	20,800 <sup>d</sup>	85/10,000 children	71.7%	28.3%

<sup>1</sup> While kinship care is a type of family foster care, it is distinguished from foster care in that the carers are relatives of or otherwise known to the family of the child being taken into care.

<sup>2</sup> This table was compiled from the following sources: <sup>a</sup> (United States Central Intelligence Agency (CIA), 2018), accessed on 21 July 2018. <sup>b</sup>(Central Statistics Office, 2017a; Tusla, 2019b). <sup>c</sup>(Parry & Weatherhead, 2014).

<sup>d</sup>(Höjer & Sjöblom, 2014). <sup>e</sup>(Harvey, McNamara, & Andrewartha, 2016). <sup>f</sup>(Moya, Sala-Roca, & Arpón, 2018).

<sup>g</sup>(Courtney et al., 2013), it should be noted that there are no national statistics for Canada, and the Canadian statistics presented are researcher estimates for 2007.

<sup>3</sup> Includes non-kin and kinship family placements, which are highly variable by country.

<sup>4</sup> Of the (92%) in foster care, 3,970 were in non-kin placements (71% of foster placements) and 1,586 kinship placements (29% of foster placements) (Tusla, 2019b).

<i>Australia (variable by state)</i>	23,232,413	40,000 <sup>e</sup>	81/10,000 children	91.0%	5.0%
<i>Spain</i>	48,958,159	42,867 <sup>f</sup>	41/10,000 children	60.4%	43.9%
<i>Canada</i>	35,623,680	67,000 <sup>g</sup>	92/10,000 children	unavailable	unavailable
<i>USA</i>	326,625,791	400,540 <sup>g</sup>	56/10,000 children	74%	15%

The shift towards family foster care is noteworthy because of Ireland's long history of relying on institutions, particularly religious, for the care of children who are taken into care (del Valle & Bravo, 2013). The roots of the care system in Ireland<sup>5</sup> can be traced back to The Poor Laws (1838) established under British rule (Gilligan, 1991; Horgan, 2002). In Ireland,<sup>6</sup> these laws required so-called 'dangerous classes' to engage in manual labour and often demeaning tasks in order to receive assistance (Gilligan, 1991, p. 195), a practice that stemmed from the notion of the poor fitting into one of two categories: *deserving* and *undeserving* (Gilligan, 1991; Kearney & Skehill, 2005a; Romano, 2018). Consequently, the Poor Laws were designed to cull those who were undeserving from the ranks of those receiving services and assistance. Significantly, children were a subset of the poor deemed deserving of assistance. As such, the conditions of the traditional work houses were judged unsuitable for impressionable children and young people (Kelleher et al., 2000). A new system of boarding-out houses, in which young children were placed with families, was developed in the mid-1800s to 'save' the child from 'unsavoury, unsanitary or unsafe social conditions' (Gilligan, 1991, p. 195; Horgan, 2002). Gilligan (1991), considering these boarding out houses to be the precursor to Ireland's modern fostering system, identified three purposes it served:

1. Punishing parents deemed unfit;
2. Warning others against similar unfitness; and
3. 'A means of transmitting new social and cultural values' (Gilligan, 1991, p. 195).

In the early- to mid-1900s, philanthropy and other social developments prompted the evolution of what scholars consider to be a genuine child protection system in Ireland (Kearney & Skehill, 2005b; Skehill, 2005). The (British) Children Act 1908 was established and remained the guiding legislation for how children were removed from home and looked after in the Irish care system until 1991 (Horgan, 2002; Kearney & Skehill, 2005b). Despite the existence of legislation, the majority of services during this early period were provided by voluntary philanthropic and religious

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<sup>5</sup> A full analysis of the Irish child welfare system and its history is not within the remit of this work, for more detailed reviews of the evolution of and influences on the development of the Irish care system to date, see: (Ferguson, 2004; Gilligan, 1991; Kearney & Skehill, 2005b; Skehill, O'Sullivan, & Buckley, 1999).

<sup>6</sup> It should be noted that these laws worked slightly differently in Ireland than in Britain, where they were more generous prior to the mid-1800s (Kearney & Skehill, 2005a).

## Chapter One

organisations (Devaney & McGregor, 2017; Skehill, 2003). The dominance of philanthropic and religious services was a by-product of child protection being a relatively minor concern for the government for much of the 20<sup>th</sup> century (Kelleher et al., 2000; Skehill, 2003). As noted, out-of-home care was, in contrast to present-day trends, provided primarily in the form of residential care until the mid-1990s (Buckley, 2002; Skehill, 2003). This shift towards family care was prompted by a combination of scandals that revealed deficits in the system—including significant abuses in residential care settings—and international trends in child welfare research and practice (Skehill, 2003).

### LEAVING CARE: THE POLICY LANDSCAPE

Despite efforts to support and reunify families, a proportion of young people will remain wards of the state until they reach the age of majority (Barth, 1990; Courtney, 1994; Rome & Raskin, 2017). According to Mendes and Moslehuddin (2006) "[l]eaving care is formally defined as the cessation of legal responsibility by the state for young people living in out-of-home care" (p.111). Every state legislates a specific age when responsibility for the individual ends if they are not reunified or removed from care to another form of permanency, typically at the age of 18 years (as is the case in Ireland) (Mendes & Snow, 2016). Nevertheless, evidence, which is reviewed in the next chapter, demonstrates that care leavers often struggle when they leave care and have poorer outcomes than their non-care peers—even peers from low-income backgrounds (Stewart, Kum, Barth, & Duncan, 2014). Thus, there is a growing international acceptance of the need for continued support for young people leaving care (Munro et al., 2011; SOS Children's Villages International, 2009). There are a variety of policies that states may choose to implement to support young people ageing out of care, one of which is extending the right to remain in care after the age of 18. Alternatively, the state may choose to extend other supports to young people after they have left the care system, termed aftercare, such as providing educational, housing and/or financial assistance (Mendes & Snow, 2016).

### PROVIDING SUPPORTS: SOCIAL INVESTMENT VERSUS SOCIAL INCLUSION

A preponderance of negative outcomes for this population, which are discussed in detail in Chapter Two, has led to a growing international consensus regarding government responsibility<sup>7</sup> toward children in and leaving care (Mendes & Snow, 2016; UN General Assembly, 2010). It is argued that removing children into out-of-home care places the burden of parenting them as a family would

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<sup>7</sup> In the UK, this debate spurred the development of the concept of the 'corporate parent', a term originating in the 1980s as part of the discourse on the responsibilities of the state and other non-governmental organisations (e.g. charities) to children taken into out-of-home care (Broad, 1999; Bullock, Courtney, Parker, Sinclair, & Thoburn, 2006; Mendes & Moslehuddin, 2006; Munro, Molholt, & Hollingworth, 2016). The concept of the corporate parent is not universal, though it has gained acceptance in other Anglophone countries such as Australia (Mendes & Moslehuddin, 2006).

onto the state (Bullock et al., 2006; Munro et al., 2016). Significant changes in social, demographic and role transitions for young people generally, also discussed in Chapter Two, have led researchers to assert that young people leaving care are expected to transition differently from their non-care peers, that is, at a younger age and more rapidly than others in the general population (Collins, 2001). Thus, as Mendes and Moslehuddin (2006) assert, ‘the state as corporate parent fails to provide the ongoing financial, social and emotional support and nurturing offered by most families of origin’ (p. 112). In fact, this ‘accelerated and compressed’ transition has been identified as a key factor in the difficulties that young people leaving care experience (Munro et al., 2016; Stein, 2014). Consequently, it has been argued that the state, as corporate parent, should adjust policies to account for the changes in social, demographic and role transitions that have taken place in the past three decades (Collins, 2001; Mendes & Moslehuddin, 2006; Munro et al., 2016). Yet, policies are often designed to reduce state dependence as rapidly as possible rather than to provide as normative a transition as possible for young people leaving care (Jackson & Cameron, 2012).

Interventions that have been developed for youth leaving care can be classified into six categories: housing, employment, education, mentorship, independent living and health (Courtney & Dworsky, 2006; Stein & Dixon, 2006; Woodgate, Morakinyo, & Martin, 2017). Based on their assumptions and underlying functions,<sup>8</sup> these interventions can be grouped into two models: social investment and social inclusion (Mendes, Pinkerton, & Munro, 2014). The social investment approach views young people, especially marginalised youth, as individuals that the state can—and should—invest in to ensure future economically productive citizens. Aftercare support in this context takes the form of direct assistance through support to complete education and training, monetary payments, housing and health care provision (Cook, 1994; Mendes et al., 2014; Quinn, Davidson, Milligan, Elsley, & Cantwell, 2014; Stein, 2006a). Social inclusion approaches, on the other hand, focus on how ‘the state needs to provide not only the care expected of a good parent, but also to actively compensate abused and neglected children for the disadvantages produced by their traumatic pre-care experiences’ (Mendes & Moslehuddin, 2006, p. 122). In practice, these policies focus on resilience-boosting measures such as fostering social support—a vital component of post-care success—by encouraging contact with families of origin, supporting mentorship development and creating post-care support groups (Mendes et al., 2014).

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<sup>8</sup> As with any classification, each type does not exist in a ‘pure’ form, rather they ‘co-exist in tension’ (Pinkerton & Van Breda, 2019, p. 94). For example, education aftercare policies straddle the social investment and social inclusion philosophies because they are investing in the individual’s human capital with the assumption that this will reduce welfare dependence *and* is attempting to include them in an area of society from which they have historically been excluded. Despite this, the distinction remains useful guidance for assessing the larger purpose of a given policy.

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At the point of leaving care, young people may have immediate physical and financial needs related to, for example, nutrition and basic needs such as clothing, housing, transportation and so on (Daly, 2012b). Consequently, many social investment policies focus on either providing direct assistance or creating independent living programmes (ILPs) that aim 'to prepare older adolescent foster youth for self-sufficiency upon exit from care' (Lemon, Hines, & Merdinger, 2005, p. 252). Termed leaving care services in the United Kingdom, much of the research into ILPs has been conducted in the US (Everson-Hock et al., 2011; Montgomery, Donkoh, & Underhill, 2006). While models and services are highly variable, they typically 'contain elements of informal and formal instruction in the basics of daily living (e.g. money management, housekeeping, healthy lifestyle) and preparation for self-sufficiency, such as concrete and motivational preparation for finding and maintaining employment and/or successfully completing further education' (Everson-Hock et al., 2011, p. 768). Some programmes also incorporate pre-leaving care training in supervised living spaces, support for completing education, vocational training and transitional housing (Everson-Hock et al., 2011; Lemon et al., 2005; Montgomery et al., 2006).

Available research evaluating transition support services (TSS), of which ILPs are a subset, indicates that they have some positive effects, albeit mixed depending on the outcome of interest (for example, the effect on employment is mixed but the effect on housing is largely favourable) (Everson-Hock et al., 2011). In their systematic review of the effectiveness of TSS, Everson-Hock and colleagues (2011) went so far as to say "[i]t is not possible to identify with any degree of confidence the characteristics of a successful, generic TSS or any successful component parts" (p.77). Emphasising the importance of relationships, reviews of skills-based programmes have found that 'having a *consistent ILP worker* who focused on emotional needs, as well as the acquisition of independent living skills, was more beneficial to ILP participants than a model of services that consisted only of an instructional skill-building element' (Lemon et al., 2005, p. 254, emphasis added). Though research on the preparation of care leavers in Ireland is limited, policy—in line with international trends—specifies that children in care, particularly those in residential placements, should receive training and support to learn life skills such as budgeting and cooking, though it appears this is not extended to any significant degree to children in foster care placements (Doyle, Mayock, & Burns, 2012; Tusla, 2017a).

Policies underpinned by social inclusion aim to address issues of exclusion, such as smaller social networks and low social capital. These are of particular interest because, despite the policy focus on the material needs of young people exiting the care system, healthy relationship ties are claimed to be one of the most strongly supported protective factors (Avery, 2010; Avery & Freundlich, 2009; Deignan, 2009; Goodkind, Schelbe, & Shook, 2011; Harden, 2004; Perry, 2006). Policies that push care leavers toward early independence, resulting in compressed and earlier transitions than their



non-care peers, exacerbate social exclusion (Everson-Hock et al., 2011; Munro et al., 2016; Wade & Dixon, 2006). Thus, the social inclusion approach focuses on normalising the transition out of care by providing supports that aim to extend the transition and strengthen the social ties of care leavers. Mendes, Pinkerton and Munro (2014) argue that this approach turns the problem from one of resourcing to inclusion in society, which means 'providing them [care leavers] with the same ongoing nurturing and support as typically experienced by their peers' (p.3). Unified by their focus on social support as essential to success post-care, these policies and programmes attempt to bolster core supports by encouraging contact with families of origin, mentorship programmes and post-care support groups (Mendes et al., 2014).

Table 2 details the extension of care and preparation policies in a selection of countries, including Ireland. There is a general acceptance that children in care should begin preparation for the transition out of care prior to leaving care, which Ireland currently recommends starting at the age of 16.<sup>9</sup>

TABLE 2: SELECTION OF LEAVING CARE POLICIES INTERNATIONALLY

<i>Nation</i>	<b>Age of Majority</b>	<b>Right to Extended Care</b>	<b>Preparation Age</b>
<i>Ireland</i>	18	No	16
<i>England</i>	18 <sup>10</sup>	up to 21 in some areas (must be in foster care and education)	16
<i>Scotland</i>	18	Up to 21 (including residential)	16
<i>Northern Ireland</i>	18	Up to 21 in some areas (foster care only)	16
<i>Sweden</i>	18	No	No legislation
<i>Australia</i> <sup>11</sup>	18	Up to 21 in some states	15
<i>Spain</i>	18	No	16
<i>USA</i> <sup>12</sup>	18	Up to 21 supported federally (only permitted in 22 of 50 states)	16

Some jurisdictions allow for the extension of care placements up to the age of 21, although it is more common internationally to provide aftercare support such as education and/or housing assistance than to grant rights to placement extension, which is also not typically granted to those in residential care (Gilligan, 2016; Mendes & Snow, 2016). Ireland, like most European countries, has a policy of aftercare supports rather than care extension (Gilligan, 2016; Tusla, 2017d).

<sup>9</sup> This trend follows the United Nations' (2010) recommendations for the development of policies to support children and young people leaving care.

<sup>10</sup> May leave care at 16 years of age.

<sup>11</sup> Laws are variable by state.

<sup>12</sup> Policies are variable by state, with some allowing care extension to the age of 21.

## IRISH AFTERCARE POLICY

At present, approximately 600 children age out of care in any given year in Ireland (Tusla, 2018, 2019b). As of December 2018, there were 2,496 young people in receipt of aftercare services in Ireland (Tusla, 2019b), representing a 32% increase since the start of data collection in 2017 (Tusla, 2016b). This increase is most likely related to the recently introduced mandate to provide aftercare planning. The following section reviews the evolution of aftercare policy in Ireland.

The development of aftercare supports for care leavers in Ireland was recommended as early as 1970 (Kennedy, 1970). However, there was no legislative basis for the development of these supports until the 1990s. Ushering in a new era in child protection in Ireland, The (British) Children Act 1908 was replaced by the Child Care Act 1991 (Buckley, 2002). Originally, the health boards were *permitted* to deliver aftercare support, meaning it was provided on a discretionary basis (Carr, 2014; Oireachtas, 1991). Despite the Kennedy Report (1970) calling for aftercare to ‘form an integral part of the Child Care system’ (p. 6), there was no guidance on when and how to provide leaving care services for more than a decade after the passing of the Child Care Act 1991. Since Ireland’s ratification of the United Nations Convention on the Rights of the Child (UNCRC) in 1992 and the full implementation of the Child Care Act in 1996, there have been several major developments in aftercare policy that have culminated in the current mandate to provide aftercare planning, see Table 3 below for an evolution of the policies and legislation related to aftercare in Ireland.

TABLE 3: AFTERCARE POLICY DEVELOPMENTS<sup>13</sup>

<b>Year</b>	<b>Act/Policy</b>	<b>Description</b>
1991	Child Care Act (1991)	The act that created the statutory power and rules for the management of foster and residential care. It also empowered the HSE to provide aftercare, if necessary.
2002	Youth Homelessness Strategy	A policy document that laid out the State's strategy for reducing or eliminating youth homelessness through preventive measures. This included a section on aftercare procedures for care leavers, noting that a strategic approach to aftercare was being developed by a working group.
2004	Policy on Leaving Care, ERHA	A foundational policy document in the development of aftercare services explaining the mandate for planning to leave care and providing aftercare services. It framed leaving care as part of a continuum of ‘through-care’ services.
2007	HSE Dublin Mid-Leinster Aftercare Policy	A policy that built on the previous Policy on Leaving Care, ERHA. This document was used to ‘clarify and ultimately enhance Aftercare Services within the Area’ [the HSE Dublin Mid-Leinster Area], which

<sup>13</sup> Compiled from the following sources: (Eastern Regional Health Authority, 2004; Health Service Executive, 2007; Oireachtas, 1991, 2015; South Eastern Health Board, 2002; Tusla, 2015).

		were provided for in partnership with the Smyly Trust Aftercare Services.
2015	Guidance Document for the Implementation of the Standardised Aftercare Allowance	Introduced as the first step in the development of consistent nation-wide aftercare services, it details the protocol for providing a €300/week allowance to entitled young persons.
2015	Child Care (Amendment) Act, 2015	The most recent legislation regarding aftercare in Ireland. It mandates the creation of aftercare plans for eligible children in care and eligible adults.

The Youth Homelessness Strategy (South Eastern Health Board, 2002), published in 2002, was the first government document to identify leaving care as a crucial time to provide supports to young people, particularly in order to prevent homelessness. In 2004, the Eastern Health Board established the first policy on leaving care, which became a model for other health boards (Eastern Regional Health Authority, 2004). The first national level guidance, however, was established in 2015—nearly five decades after the Kennedy Report (1970) and 24 years after the passing of the Child Care Act 1991—with the publishing of the *Guidance Document for the Implementation of the Standardised Aftercare Allowance* (Tusla, 2015).

Between 1991 and 2014, most child protection services were placed under the control of the Health Service Executive (HSE). However, two other agencies were also involved in the area of child protection and welfare, leading to patchy service provision and inconsistent and unreliable data and records on children in care (Buckley, 2002, p. 3; Health Information And Quality Authority, 2011; Kelleher et al., 2000). The need for an agency dedicated solely to planning and providing for child and family affairs was, therefore, clear. In an effort to consolidate child protection and family-support services, the Child Care Act 2013 mandated the creation of the Child and Family Agency (Oireachtas, 2013), which was established as an organisation under the aegis of the Department of Children and Youth Affairs in 2014 and named Tusla,<sup>14</sup> The Child and Family Agency (Department of Children and Youth Affairs, 2018b; Tusla, 2016a).

Establishing Tusla within the Department of Children and Youth Affairs shifted the issue of child protection—including responsibilities toward young people in and leaving care—from a neglected issue in the HSE to a primary responsibility of a large agency within the Irish government (Lynch & Burns, 2012). After years of lobbying that included data gathering on the part of advocates, the government established its commitment to formalised aftercare provision by passing legislation, the Child Care (Amendment) 2015, which came into effect in September 2017 (Department of Children and Youth Affairs, 2017, 2018a; Oireachtas, 2015). However, it is restrained in that it

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<sup>14</sup> The name comes from the combination of two Irish words ('tus' for beginning and 'la' for day) to create a new word that reflect 'a shared desire for a new beginning, forging a new identity' (Tusla, 2018a). Henceforth, throughout this work the agency is referred to as Tusla.

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entitles children in care and eligible young people<sup>15</sup> with care experience to *an aftercare plan*,<sup>16</sup> not services, and it also places restrictions on these provisions based on time in care<sup>17</sup> (Oireachtas, 2015). Thus, these welcome developments in the provision of aftercare are also notably conservative in their commitment to supporting care leavers.

Alongside this legislation, other measures to standardise aftercare support for care leavers were introduced. The *National Aftercare Policy for Alternative Care*, published in 2017, provides guidance for the initiation of aftercare services and the development of an aftercare plan (Tusla, 2017d). To facilitate the coordination of aftercare services, which predominantly rely on connecting care leavers to existing government programmes, Tusla also mandated the creation of aftercare steering committees that are to include representatives from, among others, the HSE, Tusla and the Department of Social Protection (Tusla, 2017f). In 2015, the financial policy was announced as a measure being introduced to ensure a national baseline of services for all young people leaving care (O'Brien, 2015), an important development considering the high level of variability in service provision noted earlier (Carr, 2014; Daly, 2012b). However, the financial policy includes eligibility requirements that restrict support based on education and employment criteria, which has been criticised for leaving a service gap for the most vulnerable of care leavers, namely those not engaged in education, employment or training (NEET) (Ní Raghallaigh & Thornton, 2017; O'Brien, 2015).

At present, care leavers in full-time education are entitled to a weekly aftercare payment of up to €300 to pay for living expenses. Additionally, all care leavers are entitled to the highest level of social welfare support for education, housing assistance and unemployment benefits, which are accessed through the general schemes: Student Universal Support Ireland (SUSI), Back-to-Education Allowance, Job Seeker's Allowance and the Housing Assistance Payment (HAP) (see Appendix B: Irish Welfare Benefits for a detailed description of each scheme). However, it is important to note that the entitlement to €300 of support per week may be a lump sum paid by Tusla or it may be an amalgamation of the support received by the state through these various schemes (Tusla, 2015). For example, a young person may receive €650 per month in HAP income for their housing, a SUSI fee grant of €3000 and weekly Back-to-Education payments of €198, all of

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<sup>15</sup> The eligibility criteria has changed once since implementation in order to loosen the criteria (i.e. changing the months needed to qualify from consecutive to cumulative). Currently, in order to be eligible for services a young person needs to have been in the care of the state for at least one year (cumulative) between the ages of 13 and 18 years old, including accommodation provided under Section V for the provision of shelter to homeless young people (Tusla, 2017).

<sup>16</sup> An aftercare plan should state the young person's needs in relation to, among others, financial support, housing, education and employment.

<sup>17</sup> The act states that in order to be eligible for a plan a child or young adult needs to have been in care for 12 months between the ages of 13 and 18 years.

which would count towards the threshold amount. Thus, even in an increasingly supportive policy environment there remains in practice a genuine difficulty obtaining the needed and nominally available aftercare support that many youth and their advocates seek (Carr, 2014; Holt & Kirwan, 2012). The source of this obstruction is as varied and numerous as the contexts from which young people leave care, but a common characteristic of many care systems internationally is that they are primarily reactionary and often chaotic (Hiles, Moss, Thorne, Wright, & Dallos, 2014), with Ireland claimed to be broadly similar in this regard (Buckley, 2002; Carr, 2014; McMahon & Curtin, 2013).

The Child Care Act 1991 ushered in significant reforms (Devaney & McGregor, 2017). Despite being drafted prior to the Republic's ratification of the UNCRC in 1992, the legislation centred the welfare and best interests of the child in decision-making (Buckley, 2002; Devaney & McGregor, 2017; Kilkelly, 2012). Since 1991 there have been significant developments in child welfare policy that have aimed to address institutional shortcomings and incorporate a rights-based framework into Irish child welfare policy (Lynch & Burns, 2012). These changes have seen the introduction of a right to aftercare planning for care leavers who meet certain eligibility criteria and the establishment of aftercare supports. These policies are predominantly social investment oriented, with supports focused on providing financial assistance and incentivising educational participation through the distribution of benefits.

## IRISH RESEARCH ON CARE AND LEAVING CARE

Care research in Ireland has focused primarily on the experiences of children in care, especially as it relates to foster and kinship care or educational participation (Carr & Mayock, 2019; Daly & Gilligan, 2005; Darmody, McMahon, & Banks, 2013; Deignan, 2009; Gilligan, 1997; Hogan, 2002; Hyde, Fullerton, McKeown, et al., 2017; McCarthy, 2016; Moran, McGregor, & Devaney, 2017; O'Brien, 1997; Williams, 2014). In addition, a number of inquiries into and government reports assessing child welfare provision have provided information on the in-care and post-care experiences of young people with a history of care (Eastern Health Board, 1999; Eastern Regional Health Authority, 2002; Kennedy, 1970; Northern Area Health Board, 2000; Ryan, Lowe, & Shanley, 2009; South Eastern Health Board, 2002). In contrast, research on care leavers and the experience of leaving care is scarce in the Irish context, although the past decade has seen increased research attention on this topic (Arnau-Sabates & Gilligan, 2015; Brady & Gilligan, 2019; Carr, 2014; Daly, 2012a, 2012b; Daly & Gilligan, 2010; Devaney & Rooney, 2018; Gilligan & Arnau-Sabatés, 2017; Hyde, Fullerton, Lohan, Dunne, & Macdonald, 2017; Kilkenny, 2012; McMahon, 2011; McMahon & Curtin, 2013; Ní Raghallaigh & Thornton, 2017). To date, only two studies have focused on assessing

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the outcomes and experiences of care leavers in Ireland, one of them national in scope and the other conducted in North Dublin (Daly, 2012a; Kelleher et al., 2000).

Prior to 1998 in Ireland, no research was conducted on care leavers, although evidence emerging from studies of homelessness and from a number of inquiry reports into child welfare services demonstrated that this population was disadvantaged in terms of housing, employment and mental health services (Doyle, 2001; Kelleher et al., 2000; Kennedy, 1970; O'Sullivan, 1996). Since about 2000, there has been a growing interest in researching this population in Ireland. The first—and only—national study<sup>18</sup> of young people leaving care<sup>19</sup> in Ireland was commissioned in 1998 by Focus Ireland, a charity focused on the prevention of homelessness (Daly, 2012a; Kelleher et al., 2000). Kelleher and colleagues (2000) used a mixed method design that was informed by similar work conducted in the United Kingdom (Biehal & Wade, 1996; Pinkerton & McCrea, 1996). The quantitative portion collected data on the care leavers from their workers, who filled out a form that included information on family relationships, housing, health care access, mental health status and substance use at the point of the young person leaving care, six months later and two years later.<sup>20</sup> Quantitative data were collected on 165 care leavers<sup>21</sup> (Kelleher et al., 2000). The qualitative portion of the research was cross-sectional and included 30 in-depth interviews with care leavers, 13 of whom were drawn from the quantitative sample. In both arms of the study, Kelleher and colleagues (2000) described significant barriers to identifying care leavers due to a lack of documentation, and tracking in the quantitative arm was difficult because of frequent staff turnover.

The researchers characterised the two-year outlook as 'bleak', stating:

Two years after leaving care, the lives of many care leavers in the study were characterised by despair, hopelessness and chronic social instability. Staff and social workers estimated that 59 per cent of the health board population, and 76 per cent of the special school population, needed additional services such as supported accommodation, addiction treatment, counselling and intensive probation supervision. (Kelleher et al., 2000, p. 14)

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<sup>18</sup> While this is considered a national study, the sample of care leavers was limited to three of the eight health board regions (Eastern, North-Eastern and North-Western) as they contained the majority of children in care at the time.

<sup>19</sup> Care was broadly defined to include not just children in the care of the health boards under care orders but to also include those leaving the care of detention centres and special schools. Additionally, at the recommendation of practitioners, the age of care leaver was lowered to 13 years of age as many children left placements due to breakdown years before a planned exit would have taken place (Kelleher et al., 2000).

<sup>20</sup> The population surveyed at six months was 148 and 135 at two years.

<sup>21</sup> This included those in the care of the Health Boards as well as those in 'Special Schools' and Probation and Welfare services, as this was a time when the care of children taken out of home was divided across three departments (Kelleher et al., 2000).

In the qualitative data, the stigma and shame experienced as a result of having a history of care was expressed by care leavers, some of whom adopted strategies to conceal their care identities. Similar to contemporaneous international research, this study found that care leavers had lower educational attainment than youth in the general population. Nearly 50% had no qualifications while 30% had a Junior Certificate and only 10% had taken the highest secondary qualification, the Leaving Certificate. Of the three young people who entered third-level, all came from long-term stable foster placements (Kelleher et al., 2000, p. 121).

Housing challenges were immediate and continued until the end of data collection, with half having experienced difficulties in securing housing at six months and a quarter at two years. By six months, a third had experienced homelessness. Notably, however, accommodation difficulties were more common at six months than at two years subsequent to leaving care. While 47% were experiencing housing insecurity at six months, this decreased to 27% two years after leaving care (Kelleher et al., 2000, p. 125). As has been noted internationally (Courtney & Heuring, 2005; Doyle et al., 2012; English, Kouidou-Giles, & Plocke, 1994; McCoy, McMillen, & Spitznagel, 2008; Samuels & Pryce, 2008), many young people returned to their family-of-origin homes upon exiting care, despite most young people having 'difficulties with their families' (Kelleher et al., 2000, p. 13). In many cases this was not viewed as 'the best place for them' but rather they had no appropriate alternatives (Kelleher et al., 2000, p. 113). Only 12% remained living with their foster carers, with many (27.5%) relying on the private-rented sector (Kelleher et al., 2000, p. 113). However, over the two-year period, 75% had contact with family members and most hoped for a 'family' environment and 'normal' relationships in the future. Nonetheless, professionals considered less than one-third of these relationships between care leavers and their families to be 'frequent and satisfactory' (Kelleher et al., 2000, p. 13).

The report's most significant criticisms of the system were the 'total absence' of both aftercare provision and 'a tracking mechanism for the follow-up of young people after they leave care' (Kelleher et al., 2000, p. xvi). Importantly, the authors identified the discretionary nature of aftercare provision as a key problem contributing to the lack of a systematic approach to leaving care. Acknowledging that there were no national standards and only a permissive policy environment, the researchers recommended that support and advice be provided to care leavers *until the age of 25*, emphasising that young people should have some control over the decision to end social work services rather than having them removed without consultation (Kelleher et al., 2000). Additionally, the researchers highlighted the issue of making explicit the foster carers' post-care role since the qualitative data revealed that many carers felt there was an implicit assumption the placement would continue, even when that was not desired by either the young person or the

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carer. In fact, the research found that many care leavers left care due to placement breakdown rather than having a planned exit from care (Kelleher et al., 2000).

The second study<sup>22</sup> published on care leavers in Ireland was commissioned by EPIC (Empowering People in Care) in May 2010 and released in 2012 (Daly, 2012a). At the time of the study, the HSE did not publish data on the number of young people leaving care each year and had only recently started to record the number of young people in receipt of aftercare services. Therefore, this study focused on care leavers in the North Dublin catchment area, which had an established aftercare service from 2006. This research, also mixed-methods, was similar in design to the Kelleher et al. (2000) study. It collected quantitative data from aftercare workers at two points in time eight months apart, with data gathered on 65 young people aged 17-18 years, amounting to approximately 54% of the 17-18 year olds in care in the catchment area in that year (Daly, 2012a). Additionally, qualitative data were collected in the form of 16 in-depth interviews, eight with aftercare workers and eight with young people from the quantitative sample. The sample primarily comprised young people born in Ireland (94%) who had 'fairly stable' care histories<sup>23</sup> (Daly, 2012b, p. 313).

Similar to the previous Irish study (Kelleher et al., 2000) and to research conducted internationally (Peters, Sherraden, & Kuchinski, 2016; Wade & Dixon, 2006), this study found high rates of unemployment and early parenthood, low rates of educational achievement, significant dependence on social welfare income and unstable accommodation trajectories. By the second round of data collection, 17% of young people had either had or were expecting a child (Daly, 2012b). Educational attainment, while still significantly lower than their non-care peers, was higher than in the Kelleher et al. (2000) study. Over one-third (39%) of young people had earned a Junior Certificate and a quarter (26%) had completed a Leaving Certificate. Notably, 20% were in further education, predominantly Post-Leaving Certificate courses (PLCs).<sup>24</sup> Unemployment increased over the eight months of data collection from 26% at Round 1 to 37% at Round 2. Corresponding with this increase in unemployment was an increase in the reliance on social welfare as the main source of income for the care leavers. At Round 1 and Round 2, respectively, 31% and 42% of care leavers reported social welfare as their main source of income (Daly, 2012b).

Similar to Kelleher and colleagues' (2000) findings, there was a tendency for young people to leave family environments (e.g. foster or birth families) and move to independent living arrangements

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<sup>22</sup> This statement excludes the work in master's theses and doctoral dissertations.

<sup>23</sup> Just 15% (n=8) had five or more placements during their time in care (Daly, 2012b, p. 313).

<sup>24</sup> Often referred to as 'college', PLCs are secondary level training in a field. See Appendix P: The Irish Education System for a description of the kinds of qualifications and continuing education available in the Irish education system.



(e.g. residential placements or private-rented accommodation). At Round 1, over half (54%) were continuing in their care placement, though this decreased to 34% by Round 2. There was a corresponding increase in the number of young people living independently, from 25% to 48% (Daly, 2012b, p. 313). Daly concluded that 'one of the immediate needs of many care-leavers was finding safe accommodation when they were not remaining in their last care placement' (Daly, 2012b, p. 314). All of the young people who did not experience any accommodation moves (n=23) were living in family settings, 78% (n=18) with their former foster carers and 22% (n=5) with extended family members. Nearly one third (31% or n=20) had experienced three or more moves, averaging one move every six months. Notably, there was a link between accommodation moves and unstable care placement histories. Having multiple care placements was strongly associated with having three or more accommodation moves after leaving care (Daly, 2012b, p. 315).

The qualitative data revealed that long waiting lists prevented the early allocation of workers, which in turn delayed the needs assessment and aftercare planning process (Daly, 2012b, p. 320). Additionally, most of the young people interviewed (six of eight) felt expected 'to become an adult almost overnight when they reached 18 years old' (Daly, 2012b, p. 320). In her discussion, Daly (2012b) emphasised the importance of social supports, especially non-professional relationships, and further stressed the need for professionals to provide 'guidance at regular intervals' to support the highly mobile group of care leavers and those young people needing to access social benefits (Daly, 2012b, p. 321). Ultimately, Daly identified the developing policy environment and increasingly available aftercare supports as an opportunity to improve services to care leavers and develop an 'Irish evidence base built on our own information and research' (Daly, 2012b, p. 322).

In addition to these two studies that focused on the care-leaving population, recent Irish research has provided insights into the lives of children in care and young adults with care experience. A number of studies have investigated a variety of life domains, such as criminal justice contact, relationship experiences and sexual health, though there is a focus on education (Arnau-Sabates & Gilligan, 2015; Brady & Gilligan, 2018, 2019; Brady, Gilligan, & Nic Fhlannchadha, 2019; Carr, 2014; Gilligan & Arnau-Sabatés, 2017; Hyde, Fullerton, Lohan, et al., 2017; Hyde, Fullerton, McKeown, et al., 2017; Ní Raghallaigh & Thornton, 2017). For example, Daly and Gilligan (2005, 2010) extended their national study of the education outcomes of young people with a history of long-term foster care to assess their experiences when aged 17-19 years. Using a structured questionnaire, they re-contacted the carers of 168 young people aged 17-19 years old to collect information on their educational histories and current economic status (Daly & Gilligan, 2010). Similar to other research, they found that care leavers had lower educational attainment than their non-care peers, with 67.6% of the sample having sat a Leaving Certificate compared to 86% nationally. Nevertheless, of those who had left secondary school, 43.6% were in further or third level education, which is

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comparable to a nationally representative sample where 41.6% of young school leavers were in further or third level education. Notably, however, unemployment in the sample was nearly three times higher than in the national youth population, with 16.5% of care leavers unemployed compared to 4.8% nationally (Daly & Gilligan, 2010).

To date, a significant barrier to researching care leavers has been the lack of systematic data collection at an administrative level and the inability to identify care leavers in order to recruit a sample. In response to the Report of the Commission to Inquire into Child Abuse (Ryan Report) (Ryan et al., 2009) recommendation that the HSE conduct a 10-year longitudinal study of care leavers, the Irish government has conducted a feasibility study assessing the type of national longitudinal study most suited to the Irish context (Devaney & Rooney, 2018). The feasibility study found that the use of administrative data would represent a barrier to conducting a longitudinal study of care leavers in Ireland requiring additional resources in the form of staff and external experts to compile and clean data because Tusla is still developing a database for children in care, which 'is currently being standardised [and] existing systems would not lend themselves to accurate sampling strategies' (Devaney & Rooney, 2018, p. 61). However, stakeholders in the child welfare policy arena indicated that 'there is a strong need to uncover whether policy is working for a variety of cases' (Devaney & Rooney, 2018, p. 50). The lack of reliable tracking and the challenges associated with developing quantitative samples has led to calls for qualitative research in the absence of the ability to conduct mixed methods or quantitative research (Buckley, 2002).

Research in Ireland has largely focused on care or post-care experiences rather than on the leaving care process itself (Arnau-Sabates & Gilligan, 2015; Carr, 2014; Gilligan & Arnau-Sabatés, 2017; McMahon & Curtin, 2013; Munro & Gilligan, 2013; Murphy & Jenkinson, 2012; O'Brien, 2013; Powell, Geoghegan, Scanlon, & Swirak, 2013). Available Irish research indicates that many care-leavers feel unprepared for independent living and the transition to adult life (Daly, 2012b; Doyle, 2001; Kelleher et al., 2000), revealing a picture that is broadly similar to the international literature. That is, young people with a history of care in Ireland have demonstrably lower educational and employment attainment and are over-represented in the offending and homeless populations (Carr, 2014; Carr & Mayock, 2019; Doyle et al., 2012; Gilligan & Arnau-Sabatés, 2017; Holt & Kirwan, 2012; McMahon & Curtin, 2013; Munro & Gilligan, 2013). However, a dearth in the research remains on the experience of young care leavers in Ireland, especially concerning their understandings of the transition out of care, including readiness for independence and involvement with aftercare services (Doyle et al., 2012). Therefore, this thesis seeks to redress this gap by *exploring how young people leaving care at the age of 18 in Ireland understand and negotiate the transition out of care.*

## RESEARCH RATIONALE

The young people in this study are individuals who were in the care of the state at the point of reaching the age of ‘adulthood’. Young people who ‘age out’ of, or are leaving, the care system are referred to in various ways in the literature and a range of terms—including ‘care leaver’, ‘foster care alumni’, ‘aging/ageing out’, ‘aged out’ or ‘emancipated<sup>25</sup> youth’—have been used to describe their situations or status (Woodgate et al., 2017). At this juncture, the state is no longer acting as their legal guardian, which usually means a transfer from child-oriented to adult services (Collins, 2001; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Jones, 2019; McCoy et al., 2008; Mech, 1994; Mendes & Moslehuddin, 2006; Rome & Raskin, 2017). The transition out of the parental home is a significant aspect of the transition to adulthood generally (Iacovou, 2002), and young people leaving state care are of particular interest since they ‘are typically not afforded the luxury of a gradual transition into adulthood or the safety net of family if they find themselves unprepared for the challenges of independent living’ (Geenen & Powers, 2007, p. 1087). Notably, the transition out of care—at 18 years old in most countries—is acknowledged as potentially ‘traumatic’ (Parry & Weatherhead, 2014, p. 9) and has been described as ‘a pivotal time in determining a youth’s longer-term trajectory’ (Rome & Raskin, 2017, p. 3). Thus, the point of leaving care as a transition is an opportunity to provide ‘support or intervention aimed at easing the move to independence and improving their short-, medium- and long-term outcomes’ (Everson-Hock et al., 2011).

Staying in care past the age of 18 has been consistently found to lead to better life outcomes on a variety of metrics, including economic participation, educational outcomes, maintaining accommodation and mental health (McCoy et al., 2008; Munson & McMillen, 2010; Stewart et al., 2014; Wade & Dixon, 2006); hence, the extension of care past the age of 18 has begun to gain policy support in some countries<sup>26</sup> (Berzin, Singer, & Hokanson, 2014; Gilligan, 2016; Peters, Dworsky, Courtney, & Pollack, 2009). Other countries implement policies that provide support for a defined period of time after a young person ages out of care, often collectively referred to as ‘aftercare’ (Beauchamp, 2016; Brown & Wilderson, 2010; Mendes & Moslehuddin, 2006). However, in practice, clear difficulties are apparent when it comes to youth obtaining the needed and ostensibly available aftercare supports that they and their advocates seek (Hiles et al., 2014), and young people are generally expected to begin utilising adult services at the point of leaving care. Thus,

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<sup>25</sup> Some terminology is specific to certain contexts, such as looked-after children/young people being more commonly used in British English and emancipation/emancipated youth in American English. Throughout this work, the more generic terms care leaver and/or young people/person (leaving care or ageing out) are used.

<sup>26</sup> With some variations in policy, all jurisdictions of the United Kingdom allow for extension of care to the age of 21, as do 22 states in the US and several states in Australia (Beauchamp, 2016; Children & Young People's Commissioner Scotland, 2019; Harvey et al., 2016; Heyes et al., 2018; Munro et al., 2016; Scottish Government, 2018).

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leaving care is considered ‘a major life event and process that involves transitioning from dependence on state accommodation and supports to so-called self-sufficiency’ (Mendes & Moslehuddin, 2006, p. 111).

Particularly in more recent years there have been several calls to extend the age of support for care leavers into the late twenties (Jones, 2014a; Stewart et al., 2014). For example, researchers in the US have critiqued the focus on extending care until the age of 21; instead, they assert that supports should be extended to the ages of 28 and 30 years old to be more consistent with youth trends nationally and to reflect care leavers’ continued need for ‘assistance well into adulthood’ (Jones, 2014a; Stewart et al., 2014, p. 229). The first European nation to extend the right to remain in a care placement—including residential care—up to the age of 21, Scotland also mandates ‘advice, guidance and assistance’ up to the age of 26 for young people leaving care (Children & Young People’s Commissioner Scotland, 2019; Gilligan, 2016). As noted, Ireland now requires aftercare planning; however, advocates in the Irish context contend that the state’s obligation to care leavers should be more substantial—through, for example, the right to services in addition to a plan—and should be more inclusive of the most vulnerable young people, particularly those not in education or employment (O’Brien, 2015). Gilligan (2016) has argued that the option of extending care to the age of 21 or later should be provided in addition to the provision of aftercare services.

As a state that has chosen to invest in aftercare supports rather than provide the right to extend care placements past the age of 18 (Gilligan, 2016; Tusla, 2017d), Ireland provides an ideal context for investigating the transition out of care at an early age into nominally available supports. Furthermore, the insecure housing market in Ireland (see Appendix A: Irish Housing Crisis Information) combined with a policy environment that urges young people to become self-sufficient soon after leaving care has the potential to illuminate how relationships of dependence are managed in such precarious conditions. Given the importance of this transition period, this study sought to *explore how young people leaving care at the age of 18 in Ireland understand and negotiate the transition out of care.*

## STRUCTURE OF THE THESIS

This chapter has briefly reviewed the historical and contemporary developments in child welfare in Ireland, with particular attention paid to developments in supporting young people ageing out of state care. It has also demonstrated the gaps in the literature in Ireland on the transition out of care. The remainder of this thesis attempts to fill this gap in the literature through a detailed examination of the lives of a group of care leavers from across Ireland.

Having introduced the research and briefly documented historical and contemporary developments in child welfare in Ireland, Chapter Two reviews the research literature on care leaving internationally, situating Irish policy and research within the broader knowledge base. This review highlights the large body of evidence documenting multiple negative outcomes for care leavers compared to their non-care peers and also draws attention to the critical role of interpersonal relationships in supporting positive outcomes for young people leaving care.

Chapter Three introduces the theoretical foundations of the research. It starts by reviewing the state of theorising in the leaving care literature, demonstrating gaps in the use of transition theory and in understanding the interplay between structure and agency in the care-leaving process. The chapter then turns to the structure and agency debate in youth studies, highlighting the importance of a life course perspective. The remainder of the chapter focuses on three theoretical and conceptual devices—liminality, Recognition theory and precarity—that can facilitate a nuanced investigation of structural and agentic aspects of the transition out of care.

Chapter Four details the study's methodological approach. First, an in-depth description of the research design is provided, including the epistemological underpinnings of the study. Here, the nature of multi-case study and qualitative longitudinal research are both explained in detail. A comprehensive description of the study design is then provided, alongside a thorough discussion of the ethical considerations that guided the conduct of the research. Next, the longitudinal research process is discussed, including the recruitment, sampling and tracking procedures for Phases 1, 2 and 3 and the conduct of the interviews. The closing of the research process, including reflections on my role in the research, precede the final discussion of the data analysis procedures utilised.

Chapter Five, the first of four findings chapters, introduces the young people who participated in the study. After providing demographic and care history information, the discussion turns to the care leavers' experiences of the labour market, which raises issues of shame and deservingness in relation to unemployment and reliance on social benefits. The second half of the chapter focuses on the educational experiences of the young people, including experiences of marginalisation and success, which highlights the ways in which misrecognition in the education and aftercare systems discourages care leavers.

Chapter Six is an examination of the care leavers' experiences in accommodation, including details of their housing circumstances throughout the year-long follow-up period and the meanings they attached to their experiences in housing. The chapter also explores how space and relationships in housing influenced young people's feelings of being respected or disrespected as young adults.

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Chapter Seven explores the two transitions that young people were navigating during this period, namely leaving care and becoming an 'adult'. First, it details how young people understood adulthood and a 'normal' life, identifying the similarities between their expectations and the model of 'standard adulthood' that emerged in the 1950s. Attention then turns to an exploration of care leavers' misrecognition as 'bad' due to tribal stigma associated with a care history, which they identify as a hindrance to developing new, positive relationships.

Chapter Eight examines how precarious conditions and a contingent support system interact in the lives of the care leavers to shape their feelings of being recognised or misrecognised. The chapter investigates the perception of 'deserving' and 'undeserving' in the young people's support systems, revealing how they contest these concepts in relation to their own actions and lives. Notably, young people rejected the preferential treatment provided for those in education and asserted their youth and care histories as markers of deservingness.

Chapter Nine, the final chapter, draws together the study's findings and considers its contribution to knowledge, with particular attention paid to the role of interpersonal recognition and relationship development in the transition out of care. Revisiting the structure and agency debate, the discussion explores how the amalgam of liminality, Recognition theory and precarity facilitates a nuanced understanding of the dynamics of structure and agency. The implications of the research findings for policy and practice are discussed, and the chapter concludes by outlining the study limitations and suggestions for future research.

# Chapter Two

## LEAVING CARE AS TRANSITION TO ADULTHOOD: A REVIEW OF THE LITERATURE

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### INTRODUCTION

While experiences vary according to care placement type—residential, foster, and kinship care—having a history of state care (hereafter referred to as ‘care’) is associated with numerous poor outcomes (Jones, 2019; Storø, 2017). People with a history of care are more likely, for example, to experience homelessness, mental and physical health problems, early parenthood, drugs and alcohol (mis)use, lower educational attainment, higher unemployment rates and dependence on public assistance as adults (Collins, 2001; Curry & Abrams, 2015; Everson-Hock et al., 2011; Havlicek, 2011; Holt & Kirwan, 2012; Mendes & Moslehuddin, 2006; Munro et al., 2011; Parry & Weatherhead, 2014; Salazar, Keller, Gowen, & Courtney, 2013; Samuels & Pryce, 2008; Stein, 2006a; Stein & Dixon, 2006; Woodgate et al., 2017). Thus, the needs of care-experienced people are increasingly acknowledged as significant and requiring further understanding. Notably, much of the literature examining the outcomes of care-experienced adults uses a broadly defined population of people with a history of care rather than the more specific group of people who have left care by reason of reaching the legal age of majority (Courtney & Heuring, 2005; Curry & Abrams, 2015), despite calls for the process and experience of ageing out of care to be studied ‘in its own right’ (Mech, 1994, p. 605). However, recent years have seen an increase in research identifying this subset of the care-experienced population as particularly disadvantaged (Courtney, Park, Harty, & Feng, 2019; Häggman-Laitila, Saloekkilä, & Karki, 2018; Yelick, 2017). Therefore, as outlined in the Introduction to this thesis, this study focuses on this subset of the care-experienced population in Ireland: young people who are ageing out of care.

This chapter provides a narrative review<sup>27</sup> of the research literature on leaving care. In the case of outcomes data discussed throughout this chapter, there are overlaps between care leavers and people with a history of care. While there is a growing body of literature on the nature of leaving care from the Global South and middle-income countries, such as South Africa, Ghana and Israel, this research focuses on the literature produced in Western Europe and Anglophone countries—the United Kingdom, Sweden, the US, Canada, Australia, and New Zealand—due to similarities in

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<sup>27</sup> While this is a narrative review, a systematic approach to the search was undertaken to ensure that the literature reviewed was appropriately representative of the research to-date. See Appendix D: Literature Review Search Strategy for information regarding the systematic approach taken to the literature review.

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social and economic developments and the nature of welfare state development in the Western industrialised world<sup>28</sup> in the past 60 years. First, the nature of youth transitions is discussed in relation to the changing context of early adulthood in the Western world. The life outcomes of care leavers are then examined, highlighting the disadvantage and marginalisation that this population experiences. Next, emerging critiques of the field are discussed, such as how research and policy has contributed to the development of a negative image of care leavers. The chapter concludes by discussing key learnings arising from the review and how they support the need for this research.

### TRANSITIONS IN TRANSFORMATION

Care leavers are first and foremost youth who are situated in a larger social structure in which all young people experience a variety of transitions on the way to attaining adult status in society (Storø, 2017). It is, therefore, important to consider how young people transition from adolescence to young adulthood in the Western world, a process that has become increasingly convoluted, as Kiernan (1991) explains:

No one single event marks the attainment of adult status, but it usually involves changes from economic dependence upon parents to economic independence and from participation in the family of origin to establishment of one's own family. Becoming an adult usually involves a number of key transitions: finishing full-time education; entry into the labour market; leaving home; establishment of an independent household; and entry into marriage and parenthood. (p. 95)

Over the past three decades, a large body of research has examined diverse aspects of youth transitions, including educational completion, labour force participation, household establishment, marriage and parenthood (Arnett, 1997, 2000, 2015; Cook & Furstenberg, 2002; Furstenberg, 2010; Gierveld, Liefbroer, & Beekink, 1991; Goldscheider & Davanzo, 1989; Iacovou, 2002; Kiernan, 1991; Woodman & Bennett, 2015). These are distinct yet interrelated phenomena that are referred to variously as 'social', 'demographic', or 'role' transitions (Arnett, 1997). Research has consistently demonstrated that these types of transitions are becoming more circuitous and less connected to one another than in previous generations (Arnett, 2000; Cook & Furstenberg, 2002; Furstenberg, 2010; Woodman & Bennett, 2015).

In the post-War period, the age at which young people left home was tightly linked to marriage and first employment (Blatterer, 2007; Furlong & Cartmel, 1997). However, during the 1960s and 70s, the age of leaving home began to diverge from these normative or expected social and role transitions (Arnett, 2000; Blatterer, 2007; Furlong & Cartmel, 1997; Gierveld et al., 1991;

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<sup>28</sup> Hereafter collectively referred to as either the Western world or Western countries.



Goldscheider & Davanzo, 1989). By the 1990s, 70% of young adults in the US experienced independent living prior to marriage, such as in dormitories or private residences (Goldscheider & Davanzo, 1989). In the European context, by the early 2000s, the age at which 50% of young people were living outside the parental home ranged from 20 years old in Finland to 30 in Italy (Iacovou, 2002), with it being consistently demonstrated that young women leave the family home earlier than young men (Gierveld et al., 1991; Goldscheider & Davanzo, 1989; Iacovou, 2002; Kiernan, 1991). There is, however, evidence that young adults frequently return home after a period of independent living for a variety of reasons, including the end of a romantic partnership and the conclusion of educational studies (Furstenberg, 2010; Gierveld et al., 1991; Goldscheider & Davanzo, 1989; Kiernan, 1991). Currently in the Organisation for Economic Co-Operation and Development (OECD) countries, 35% of young people between the ages of 20 and 34 years of age are living with at least one parent (OECD Social Policy Division, 2016). In Ireland, over half of the young people (20-34 years) not living with a partner (57.25%) continue to reside with at least one of their parents (28.18% of all 20-34 year olds) (OECD Social Policy Division, 2016).

The detachment of household establishment from family formation is seen in the simultaneous demonstration of prolonged and sporadic dependence on the family home for residence after brief periods of independent living and a shift in family formation patterns. During the 1990s and 2000s, marriage rates in almost all OECD countries declined<sup>29</sup> while the age at first marriage rose (Arnett, 2000; Gierveld et al., 1991; Goldscheider & Davanzo, 1989; OECD Social Policy Division, 2018c). Recent figures indicate that the average age of women's first marriage increased from 24.5 years in 1990 to 30 years in 2016 and that the average age of men's first marriage increased from 27 to 31 years over the same period (OECD Social Policy Division, 2018c). These trends in delayed marriage have been accompanied by declining birth rates and delayed childbirth, that is, the age at which young adults are starting families is also increasing. The OECD average for women giving birth is now 30+ years of age, and the highest average age of childbirth for women in the OECD is in Ireland<sup>30</sup> at 32 years of age (OECD Social Policy Division, 2018b). This high average age of childbirth in Ireland is paired with a slightly below OECD average rate for young people aged 20 to 34 living with a partner, 38% compared to the OECD average of 40% (OECD Social Policy Division, 2016).

In addition to delays in family formation and leaving the natal home, the transition from education to employment is changing (Furlong et al., 2018). This transition has shifted from one presumed to be linear to one that is more circuitous and potentially cyclical, with young people in employment

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<sup>29</sup> Notably, Ireland is one of 6 countries that has seen an increase in the rate of marriages since 1995, the others being Hungary, Latvia, Lithuania, the Slovak Republic and Sweden.

<sup>30</sup> Ireland has the highest average age of childbirth for women. It is closely followed by Italy, Korea, Spain and Switzerland with averages of nearly 32 years of age.

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sometimes returning to education or training while those in education are also engaging in non-standard work during their studies. Thus, young people are either postponing entering the labour market or combining part-time or seasonal work with education for extended periods of time (Furlong et al., 2018; Gontkovičová, Mihalčová, & Pružinský, 2015). Once young people do enter the labour market, they are also more likely to be engaged in non-standard work or on temporary contracts, which is an issue that has been increasing in the European Union over time (Gontkovičová et al., 2015). For example, the percentage of part-time employees as a total percentage of the youth employment in Ireland was around 20% in 2000, which more than doubled by 2013 to approximately 45% (Gontkovičová et al., 2015). A similar trend throughout Europe, including Ireland, has been observed in temporary contracts, which have risen in Ireland from about 10% of the employed youth contracts in 2000 to over 30% in 2013 (Gontkovičová et al., 2015). Notably, the difficult youth labour market has led young people to view advanced qualifications as the pathway to employment (Evans, 2002; Furlong et al., 2018; Thomson & Holland, 2002).

Thus, more young people are continuing in education beyond the compulsory age of participation, as an OECD report (OECD Social Policy Division, 2018a) explains:

In most countries there have been large increases in the proportion of the population with at least upper secondary level qualifications, particularly among women. On average across OECD countries 86.5% of women in the 25-34 year-old age group have attained at least upper secondary level. (p.2)

In addition to higher secondary education completion rates, tertiary education participation has increased significantly. Generally, young women are progressing to third-level education at higher rates than their male counterparts, but, even for young men, current rates of tertiary education are significantly higher than they were 20-30 years ago. This does, however, vary by socio-economic background, with young people who have at least one tertiary educated parent more likely to attend tertiary education than those with parents who have no higher-level education (OECD Social Policy Division, 2018a). Nonetheless, progressing to tertiary education is *becoming an expectation* for the masses rather than an 'elite experience' (Furlong et al., 2018, p. 65). This shift is related to a myriad of social, economic and political changes that include governments promoting 'educational participation on the grounds that a more educated population is believed to enhance economic competitiveness'; meanwhile, young people are aware that 'unqualified [school] leavers have poor employment prospects' and are thus taking 'shelter in education' (Furlong et al., 2018, p. 65).

Finally, alongside these shifting transition patterns there has been a scaling back of social welfare systems since the 1980s, commonly referred to as 'welfare state retrenchment' (Starke, 2006).

Happening in a variety of contexts and in diverse ways, retrenchment was spurred by a belief that the welfare state ‘had become a significant *source* of social and economic problems instead of a solution’ (Starke, 2006, p. 105, emphasis in original). Thus, there has been substantial ‘restructuring’ of welfare benefits to introduce eligibility criteria, requirements to pursue work, and other measures to encourage self-sufficiency and reduce welfare claimants. In terms of youth social policy, this led to what Furlong and colleagues (2018, p. 35) refer to as the ‘punitive turn’, which is characterised by ‘sanctions in the form of benefit withdrawal’ should one refuse to submit to coercive measures such as being required to accept a job placement. Thus, young people increasingly turn to their support systems rather than the state for assistance in times of need. In this way, welfare state retrenchment and a punitive turn in youth social policy has contributed to the externalising of youth support onto families and personal support systems (Furlong et al., 2018).

In summary, the past 30-40 years have seen numerous discernible shifts related to—and which impact upon—the transition to adulthood in Western countries. Major factors that have contributed to the changing nature of the transition to adulthood in the Western world include the expansion of higher education, growing difficulties in the youth labour market, increased cohabitation, later marriage and fewer children (Cook & Furstenberg, 2002; Furlong et al., 2018). Young people now experience protracted periods of dependence on their families for housing and financial assistance; educational participation has extended into the third decade of life for many more young people than previously; and young people are deferring marriage and parenthood (Arnett, 2000, 2015; Cook & Furstenberg, 2002; Furlong et al., 2018; Furstenberg, 2010; Gierveld et al., 1991; Goldscheider & Davanzo, 1989; Iacovou, 2002; Kiernan, 1991; OECD Social Policy Division, 2016, 2018a, 2018b, 2018c). Additionally, families and social networks are increasingly expected to support youth in these changing transitions as the state has reigned in welfare benefits, particularly for those under the age of 25 (Furlong et al., 2018). These changes, which create social expectations for the transition to adulthood generally, have implications for the policies and expectations placed on young people leaving care, which typically occurs between the ages of 18 and 21<sup>31</sup> (Häggman-Laitila et al., 2018). Namely, care leavers’ transitions are considered ‘compressed’ and ‘accelerated’ in comparison to their non-care peers and considered less supported by family and social networks (Geenen & Powers, 2007; Munro et al., 2016; Stein, 2014). The next section reviews the outcomes

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<sup>31</sup> The age at which young people leave care varies by jurisdiction, with some areas of the United Kingdom allowing young people to leave at the age of 16 years (Munro et al., 2016). Conversely, Scotland recently extended the right to care to the age of 21 years and the right to “advice, guidance and assistance” up to the age of 26 years (Children & Young People’s Commissioner Scotland, 2019). Typically, though, young people are expected to leave care between the ages of 18 and 21 years old (Häggman-Laitila et al., 2018).

across key life domains for care leavers internationally, revealing how their experiences differ from the current trends in youth transitions.

### ASSESSING THE LIFE OUTCOMES OF CARE LEAVERS

It is recognised that young people who leave out-of-home care at the age of 18 are uniquely disadvantaged compared to their non-care peers (Ahmann, 2017; Barth, 1990; Biehal & Wade, 1996; Broad, 1999; Cameron et al., 2018; Collins, 2016; Collins, 2001; Courtney & Heuring, 2005; Courtney et al., 2001; Doyle et al., 2012; Graham, Schellinger, & Vaughn, 2015; Höjer & Sjöblom, 2014; Lee, Courtney, & Tajima, 2014; McCoy et al., 2008; Mech, 1994; Mendes & Moslehuddin, 2006; Mendes & Snow, 2016; Morton, 2017; Pinkerton, 2000; Power & Raphael, 2017; Rome & Raskin, 2017; Stein, 2006a; Stein & Munro, 2008; Woodgate et al., 2017). Consequently, there is ongoing interest in understanding how these young people fare once they leave care. Research on the lives of people with a history of care began to emerge from the 1970s, but there was very limited research or policy attention paid to young people leaving care prior to the 1980s and 90s (Barth, 1990; Biehal, Clayden, Stein, & Wade, 1994; Biehal & Wade, 1996; Broad, 1999; Collins, 2004; Collins & Pinkerton, 2008; del Valle, Canali, Bravo, & Vecchiato, 2013; Gilligan, 1991; Harder, Zeller, López, Köngeter, & Knorth, 2013; Hayes, 2002; Mech, 1994; Mendes & Snow, 2016; Pinkerton & Stein, 1995; Wolf, 2008). Indeed, many states outside of North America and Western Europe—and some states within it such as Sweden—did not begin to address this issue until the 2000s (Höjer & Sjöblom, 2011; Stein, 2014). The growth in international interest in the life outcomes and trajectories of care leavers coincided, to some extent, with the ratification of the UNCRC but, more frequently, with national child welfare and protection scandals (Barth, 1990; Buckley, 2002; del Valle et al., 2013; Gilligan, 1991; Harder et al., 2013; Hayes, 2002; Munro et al., 2011; Wolf, 2008). The English-language research to date remains dominated by Anglophone countries and Scandinavia, with the US producing the majority of research internationally, estimated at between 75% and 90% of English-language publications<sup>32</sup> at any given time (Collins & Pinkerton, 2008; Everson-Hock et al., 2011; Jones et al., 2011; Wolf, 2008; Woodgate et al., 2017).

Early research focused on establishing knowledge on the life outcomes for young people with a history of care (Barth, 1990; Biehal & Wade, 1996; Broad, 1999; Collins, 2004; Mech, 1994). For instance, in the US, Barth's (1990) seminal research presented data on the employment, education, housing, social contact, independent living skills, health care access, criminal activity and financial outcomes of former foster youth. He observed that they 'had great difficulty obtaining and keeping

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<sup>32</sup> The restriction to English-language publications is an important limitation to consider because many researchers publish in their own language given their target audiences are often local policy-makers and practitioners.

housing' (Barth, 1990, p. 433), which was also associated with subsequent criminal activity. Similarly, another US-based study reviewed contemporary research on five key aspects (i.e. education, employment, housing, support network and use of public assistance) in the lives of care leavers and found deficits in all these areas existed in terms of both outcomes and research available (Mech, 1994). During these years, research in the United Kingdom also evidenced adversities faced by many care leavers, revealing patterns of early parenthood, special education needs, high rates of homelessness, low rates of employment and low levels of post-care support, both formal and informal (Biehal et al., 1994). These early studies, all quantitative in nature, indicated that research needed to better understand the struggles of care leavers, including the importance of prospective and comparative investigations and critical variables to measure (Mech, 1994).

### LEAVING CARE AS A PROCESS OF SOCIAL EXCLUSION

In Anglophone countries,<sup>33</sup> quantitative methods continue to predominate in the field of care outcomes research, attempting to document the challenges associated with ageing out of care, typically by comparing the life circumstances of care leavers to their non-care peers' conditions (Biehal et al., 1994; Cameron, 2007; Collins, 2001; Cook, 1994; Curry & Abrams, 2015; English et al., 1994; Stein, 2005, 2014; Stein & Dixon, 2006; Stein & Munro, 2008). As Curry (2015) notes, '[e]xisting literature has primarily focused on documenting and describing the numerous challenges associated with emancipation' (p.143). Consequently, much of the evidence on outcomes for care leavers highlights the social exclusion that young people leaving care experience. According to Stein (2006b) 'social exclusion has come to mean both material disadvantage and marginalisation' (p.423). Material disadvantage is generally associated with being cash-poor and living in relative poverty while marginalisation is a social process of excluding groups based on characteristics such as gender, race and/or age. The literature reveals that care leavers experience social exclusion in the form of both material deprivation and social marginalisation across nearly all areas of life, including: education, employment, housing, family formation, health care and well-being, and criminal justice (Department of Health, 2001; Eastern Regional Health Authority, 2002; Jackson & Cameron, 2012; Stein, 2006b). The following discussion provides an overview of the evidence documenting care leavers' experiences of social exclusion.

#### *EXPERIENCING DISRUPTION AND NEED: EDUCATION, EMPLOYMENT AND PUBLIC ASSISTANCE*

This section reviews the evidence on care leavers' experiences of education, employment and social welfare utilisation. Educational attainment is foundational to many other life circumstances and

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<sup>33</sup> The work done in non-English speaking countries, apart from Sweden, tend to be more recent and is more likely to be small-scale qualitative research (often doctoral studies, as is the case in Germany) (Stein & Munro, 2008; Wolf, 2008).

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outcomes, such as employment status, income level and early parenthood. Several key findings related to education have emerged from the literature, and there is now strong evidence that people with a history of care experience disrupted education in care, have high rates of special education needs and have low tertiary educational participation (Berlin, Vinnerljung, & Hjern, 2011; Biehal et al., 1994; Cameron et al., 2018; Gypen, Vanderfaeillie, De Maeyer, Belenger, & Van Holen, 2017; Morton, 2017; Wade & Dixon, 2006). Importantly, being taken into care has been shown to lead to interrupted educational experiences, which can negatively affect educational attainment (Conger & Finkelstein, 2003). In a survey of children in care in Ireland, Daly and Gilligan (2005) found that the situation is broadly similar to the international findings, with over two-thirds of children changing school upon placement in foster care.<sup>34</sup> Notably, if a young person does not complete secondary education before leaving care, they are unlikely to complete it afterward (Ferrell, 2004), which has long-term consequences since inadequate primary and secondary education is a primary barrier to participation in third-level education (Cameron, 2007).

Consequently, in contrast to higher education trends, people with care experience are much less likely to continue into tertiary education. In a recent cross-country comparative study of care leaving in England, Finland and Germany, Cameron and colleagues (2018) examined the 'educational attainment, employment status, health and life satisfaction, family status, and whether claiming welfare benefits, of those who have *ever been in care* with those who have *never been in care*' (p.165, emphasis in original). This research found that in all participating countries those who had ever been in care were 'much more likely to have no qualifications and much less likely to have a higher level qualification' than their peers who had never been in care (p.167). Notably, this link appears related to their care histories given the likelihood of having 'severely disrupted' educational histories (Cameron, 2007; Ferrell, 2004; Jackson & Cameron, 2012). For instance, another multi-country study of leaving care and progression to higher education conducted in England, Sweden, Spain, Hungary and Denmark found that 'those in care do much less well than other children, even compared with those from very disadvantaged backgrounds' (Jackson & Cameron, 2012, p. 1110), noting that most care leavers had 'severely disrupted' education prior to third-level. It was acknowledged in all five countries by the study's practitioner participants that a division exists between social services and education that hinders collaboration and service provision (Jackson & Cameron, 2012). In Ireland, aftercare steering committees have been mandated to address such divisions between child welfare and other social services, including

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<sup>34</sup> There was a difference between non-kin and kinship foster placements leading to school change, with non-kin foster placement being significantly more likely to result in a change in school (74%) than a kinship placement (56%) (Daly & Gilligan, 2005). This is an important contextual note as Ireland has one of the highest rates of kinship care in the world with over a third of family placements being kinship care (Munro & Gilligan, 2013; Tusla, 2019b).

housing and education<sup>35</sup> (Tusla, 2017f). However, this is a recent development with no research or assessment to-date, though all but one of the 17 Tusla management areas have established an aftercare steering committee (Tusla, 2019b).

Once young people enter third-level, they may experience barriers to completion associated with challenges in securing accommodation and affordable childcare (Cameron, 2007). Additionally, research indicates that young people leaving care also encounter barriers of access to higher education and constrained employment pathways because support workers promote vocational and training opportunities that are designed for quick employment rather than higher wages in the long-term (e.g. building, hairdressing, and plumbing) (Harris, Jackson, O'Brien, & Pecora, 2009; Jackson & Cameron, 2012). Jackson and Cameron (2012) found in their five-country study that:

In all countries there was a strong tendency for young people in or leaving care to be steered into vocational in preference to academic pathways. This may have been appropriate in some cases but often it seemed motivated by a desire for them to become self-supporting at the earliest possible opportunity, far sooner than their family-based peers. (p.1112)

In addition to concerns about welfare dependency, the authors went on to critique this practice as partially related to class-based assumptions about abilities.

Even social educators or pedagogues in social democratic countries appear to operate within class-based systems which lead them to make assumptions about the type of education that is suitable for youth in care. There was a strong tendency to steer them down lower level vocational rather than academic pathways irrespective of their cognitive ability or school performance. (Jackson & Cameron, 2012, p. 1113)

Similarly, in the US, Harris and colleagues (2009) noted that young people often complete a general education development test (colloquially known as the GED) rather than finishing high school, which limits upward mobility and further educational and career pursuits (Mech, 1994).

In Ireland, the education experiences of children in care and care leavers are largely overlooked in research and policy, with a noted 'scarcity' of data on their educational experiences and their lack of status as a target group in the *National Access Plan for 2015-2019* (Brady et al., 2019; Darmody et al., 2013). However, Tusla have recently begun publishing the number of young people aged 18

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<sup>35</sup> Notably, the education liaison on these committees is from further education and training, not higher education (Tusla, 2017f). Anecdotal evidence during the community assessment process (see Chapter Four for more information) of this research indicated that the education liaison for many steering committees was the member most likely to be absent from meetings.

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to 22 in receipt of aftercare services who are in full-time education, which was 1,287 (64%) in December 2018 (Tusla, 2019b). Nevertheless, Brady, Gilligan and Nic Fhlannchadha (2019) explain that ‘there are no official data available to describe or track the educational attainment and progress of care-experienced young people’ (p. 52). Notably, their investigation of care-experienced young people’s application to a higher-education access route found that fewer care leavers (65%) received a course offer than their non-care peers<sup>36</sup> (84.5%) and again fewer care-experienced people (51%) accepted an offer to a higher education course than their non-care peers (84.3%) (Brady et al., 2019).

As noted, lower educational attainment has implications for the employment prospects and financial security of care leavers. Limited qualifications and other skills deficits (for example, in the areas of drafting applications and interviewing) leave young people ageing out of care more likely than their non-care peers to be unemployed, in lower wage jobs when they are employed or in receipt of public assistance/benefits (Broad, 1999; Cameron et al., 2018; Hook & Courtney, 2011; Pecora et al., 2006; Peters et al., 2016; Stewart et al., 2014; Wade & Dixon, 2006). Cameron and colleagues (2018) found that care leavers in their three-country comparative study were ‘over represented in economically inactive categories’ (p. 168), which were defined as unemployment and looking after the home or family. In a quantitative study of the employment outcomes of care leavers up to the age of 24 and 30 years old, Stewart and colleagues (2014) compared a group of young people from low-income families without a care background to care leavers in three US states (CA, MN, NC). While most care leavers worked between the ages of 18 and 24 years, they experienced lower than average rates of employment and earnings than either youth nationally or youth from low-income families. Additionally, the likelihood of working declined after the age of 19 for care leavers but not for non-care or low-income young people, a divergence that became ‘particularly pronounced by age 24’ and continued up to the age of 30 (Stewart et al., 2014, p. 226). This echoes findings from Broad’s (1999) review of leaving care services in the United Kingdom fifteen years earlier, which found care leavers were nearly two and a half times as likely to experience unemployment than their peers in the general population. Furthermore, Brännström and colleagues’ (2017) analysis of the 1953 Stockholm birth cohort found that, into midlife, people with a history of out-of-home care were twice as likely to experience persistent unemployment. In Ireland, there is very little data or research available on the employment experiences of children in care or care leavers. Notably, though, Arnau-Sabates and Gilligan’s (2015) qualitative investigation of care leavers with ‘substantial’ employment experience since leaving care in Catalonia and Ireland

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<sup>36</sup> Importantly, these non-care peers are considered ‘socio-economically disadvantaged’ (Higher Education Access Route, 2019b). See Appendix P: The Irish Education System for more details on this higher education access route (HEAR).



found that care leavers attributed their later employment success to early work experiences while in care, which was bolstered by supportive carers. However, in McMahon's (2011) doctoral research on the social networks of young people with long-term foster care experience in the west of Ireland, only two care leavers in a sample of 38 children in care and care leavers were in employment. Notably, there is no administrative data available in Ireland detailing the employment of care leavers.

Difficulties in securing employment and reliance on low-wage and unskilled work leads to a higher rate of dependence on government assistance (Brännström et al., 2017; Broad, 1999; Mech, 1994; Peters et al., 2016; Wade & Dixon, 2006). Care leavers often rely on a combination of general welfare benefits and specialised leaving care supports to meet basic needs (Peters et al., 2016). Findings from Courtney and Dworsky's (2006) tri-state longitudinal study of leaving care in the US revealed that among the 19-year olds in their study, nearly half (48.5%) of the young women and a quarter (24.5%) of the young men had received at least one government benefit since they were first interviewed at 17 years of age. Another US-based study found that care leavers were accessing public assistance at a five-fold higher rate than individuals in the general population (Pecora et al., 2006). Research in England and Finland also demonstrates that people with a history of care are far more likely to receive benefits by the age of 30, 65% and 87% in England and Finland respectively—rates approximately three times higher than the 'never-in-care' population of the study (Cameron et al., 2018). In Ireland, there is no data available to assess social benefits utilisation of care-experienced adults compared to non-care peers. However, one recent study of care leavers in north Dublin found that within 16 months 42% of care leavers depended on social welfare for their income<sup>37</sup> (Daly, 2012b).

#### *EXPERIENCING VULNERABILITY: HOUSING, FAMILY FORMATION, HEALTH AND CRIMINAL JUSTICE CONTACT*

This section turns to examine the housing, family formation, health and criminal justice system experiences of people with a history of care. Given the financial instabilities that many care leavers encounter, it is perhaps unsurprising that there is a strong connection between leaving care and homelessness (Barth, 1990; Biehal et al., 1994; Cameron et al., 2018; Collins, 2001; Courtney & Dworsky, 2006; Cunningham & Diversi, 2013; Wade & Dixon, 2006). Youth leaving care experience periods of homelessness at a higher rate than the general population, with samples commonly having at least one-third of individuals experiencing homelessness (Barth, 1990; Collins, 2001;

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<sup>37</sup> In terms of comparison to the general population, though, it should be noted that Ireland has the second highest market income inequality in Europe, which is offset by a heavily redistributive welfare system—claimed to be one of the most progressive in Europe—in which a large share of the population receives some form of social welfare transfer. For example, the bottom 40% of earners in Ireland receive nearly three-quarters of their income from state income transfers (Sweeney & Wilson, 2019).

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Kelleher et al., 2000; Wade & Dixon, 2006). Evidence reveals that young people often exit the care system into homelessness (Barth, 1990; Courtney & Dworsky, 2006) with between 10% and 30% of young people in US studies spending their first night out of care on the streets (Barth, 1990; Lindsey & Ahmed, 1999; Pecora et al., 2003; Rashid, 2004). Choca and colleagues (2004) found that 60% of foster care alumni report homelessness within six months of leaving care, while other research shows that the percentage of care leavers who indicate that they have experienced homelessness increases over time (Pecora et al., 2003). These findings are consistent with the only national study of leaving care in Ireland, which found that six months after leaving care 33% of young people experienced homelessness, which increased to 68% two years after leaving care (Kelleher et al., 2000). Simultaneously, studies of youth homelessness in several jurisdictions, including Ireland, have consistently highlighted that a disproportionately high percentage of homeless youth report a history of care experience (Biehal et al., 1994; Cameron et al., 2018; Doyle et al., 2012; Martijn & Sharpe, 2006; Mayock & Carr, 2008; Mayock, Corr, & O'Sullivan, 2008; Mayock, Parker, & Murphy, 2014).

Research has identified a number of key factors—including personal difficulties (e.g. mental health), social networks and government support—that strongly influence the housing trajectories of care leavers (Avery, 2010; Collins, 2004; Wade & Dixon, 2006). For example, smaller social networks are associated with having experienced homelessness (Avery, 2010; Reilly, 2003). Notably, housing is a strong predictor of positive outcomes across a number of significant domains, such as employment and mental well-being. Wade and Dixon (2006), for instance, found that housing was ‘the life area most closely associated with mental well-being, outstripping the contribution made by involvement in education and training’ (Wade & Dixon, 2006, p. 203), suggesting that the link between purposeful economic activity and mental well-being is mediated by housing. Furthermore, their findings revealed that housing instability was related to the young person's personal characteristics—such as mental health and emotional and behavioural difficulties—rather than to their in-care experiences. Therefore, Wade and Dixon (2006) argue that housing—a necessity—should be provided but paired with other supports to yield good outcomes for care leavers. Tusla have recently begun publishing data on the housing arrangements of young people in receipt of aftercare services. In December 2018, nearly half (47%) of young people aged 18 to 22 continued living with their carers; 10% returned to their families of origin; and a quarter (26%) moved into independent living (Tusla, 2019b). Tusla data do not, however, track the numbers of care leavers experiencing homelessness or their use of homelessness services (Tusla, 2019b), though Irish studies have indicated a strong relationship between a history of state care and experiencing homelessness (Mayock & Parker, 2017; Mayock, Sheridan, & Parker, 2015).

Health care is an aspect of leaving care that has received far less attention in the literature (Buehler, Orme, Post, & Patterson, 2000; Dixon, 2008; Everson-Hock et al., 2011). Jones (2014a) notes a general dearth in the research and information on 'health status, health care access, and utilization of former foster youth after discharge' (p.279), especially in a long-term follow-up capacity. Despite this lacuna, there is some evidence that care leavers have poorer physical and mental health, less access to health care and higher rates of substance (mis)use and early parenthood than their non-care peers (Buehler et al., 2000; Cameron et al., 2018; Dixon, 2008; Jones, 2014a; McMillen & Raghavan, 2009; Salazar et al., 2013; Villagrana, Guillen, Macedo, & Lee, 2018). Though there is a similar dearth in the area of health care research in the care literature from Ireland, recent research points to the need for more mental health support for children in care and those leaving care (Carr & Mayock, 2019; McElvaney & Tatlow-Golden, 2016; Ní Raghallaigh & Thornton, 2017; Tatlow-Golden & McElvaney, 2015). For example, an investigation into the perceptions of criminal justice system stakeholders' views of the relationship between care and criminal justice contact found that stakeholders believed children in care and young people leaving the care system often have high levels of need and that care leavers are not currently prioritised for essential services, such as mental health supports and specialist services (Carr & Mayock, 2019).

To date, health-focused research has concentrated primarily on mental health, including experiences of trauma, rates of mental illness and access to mental health care (Everson-Hock et al., 2011; Jones, 2014a). For example, there is evidence that care leavers experience much higher rates of post-traumatic stress disorder (PTSD) than the general population, with care leavers and transition-age youth in care having roughly twice the lifetime prevalence of PTSD than their non-care peers, including US war veterans (Avery, 2010; Okpych & Courtney, 2018; Salazar et al., 2013). This may be related to the high rates of trauma to which this population is exposed, with one study indicating that 80% of respondents experienced at least one Diagnostic and Statistical Manual (DSM) trauma and 62% experienced two or more (Salazar et al., 2013). Other research examining the relationship between foster care involvement and psychological health found that young people who enter or re-enter care in late adolescence have a higher risk of depression compared to those young people who entered care at a younger age (Okpych & Courtney, 2018). On the basis of their findings, they identified a 'late stayers' group of young people who entered care late and remained in care and who were at higher risk for depression, PTSD, and mania (Okpych & Courtney, 2018). Other research supports the association between care experience and higher rates of depression and other indicators of poor mental health (e.g. psychiatric diagnosis) (Cameron et al., 2018); meanwhile, care leavers access mental health care at lower rates than their non-care peers (Jones, 2014a). These findings have implications for transition-age youth for two reasons: first, young people who enter care late are more likely to age out of care and, second, the ongoing impact

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of trauma may be particularly problematic at the juncture when young people embark on a sudden transition ‘from intense system dependence to rugged independence’ (Jones, 2019; Salazar et al., 2013, p. 550). Recognising their histories and experiences prior to care as potentially traumatising, the Children’s Mental Health Coalition in Ireland has called for ‘a national framework for mental health assessment specifically for children in care’ (Daly, 2012b, p. 319). Unfortunately, the most recent survey of care leavers in north Dublin found that aftercare workers considered counselling to be the ‘health service that young people were most likely to need but were not currently receiving’ (Daly, 2012b, p. 319), which is consistent with previous Irish research (Kelleher et al., 2000).

A relatively small number of studies have examined the sexual health of young people with a history of care (Chase, Maxwell, Knight, & Aggleton, 2006; Hyde, Fullerton, McKeown, et al., 2017). However, in Ireland, there has been one recent investigation of relationship and sexual health education that investigated the needs of children in care (Hyde, Fullerton, Lohan, et al., 2017; Hyde, Fullerton, McKeown, et al., 2017). Through interviews with service providers and children in care, Hyde and colleagues (2017; 2017) found that children in care had complex emotional needs and developmental issues related to their care histories, such as placement breakdown, that required deliberate social and emotional skills development. Notably, they identified a distinct need to provide young people with ‘factual sexuality education’ (Hyde, Fullerton, McKeown, et al., 2017, p. 203) and that young people ‘tended to have conflicting and/or estranged relationships with birth family members and feelings of rejection or abandonment’ (Hyde, Fullerton, Lohan, et al., 2017, p. 250).

Notably, parenthood, which is related to physical and sexual health, is well-researched. Studies have found that between one-quarter and one-third of care leavers have at least one child by the age of 20 (Biehal et al., 1994; Cameron et al., 2018; Everson-Hock et al., 2011; Jones, 2014a; Wade, 2008), even as the median age of parenthood continues to rise—now averaging 30 years of age for women in the OECD countries (OECD Social Policy Division, 2018b). Comparing care leavers in Britain, Finland and Germany, Cameron and colleagues (2018) found that care leavers were more likely to have children than their non-care peers, especially before the age of 20. Additionally, Chase, Maxwell, Knight and Aggleton (2006) noted, in an in-depth study of parenthood among care leavers in England, that ‘there was a high degree of ambivalence towards the prevention of pregnancy’ (p. 442). This work corroborated many predisposing risk factors such as ‘disrupted family relationships and relationships with substitute carers, poor educational access and attainment, lack of information and support around sexual health and relationships, and a range of practical and psychological barriers to accessing contraceptive and sexual health services’ (Chase et al., 2006, p. 446). Wade (2008) argues that ‘a pattern of early family formation, whether planned

or unplanned, may be a feature of the accelerated transitions made by young people leaving care' (p. 49). Meanwhile, other researchers have suggested that the more significant factors in the early parenthood experience are those 'associated with rejection, abandonment and the need to form strong attachments and to "be loved"' (Chase et al., 2006, pp. 446-447). Importantly, early parenthood ought not to be necessarily viewed as a negative outcome since many young people find parenthood to be a positive experience (Cameron et al., 2018; Chase et al., 2006; Stein & Munro, 2008), though unskilled and/or unemployed individuals are more likely to wish they had delayed family formation until they were more stable in terms of housing and income (Chase et al., 2006).

Finally, care leavers' engagement with the criminal justice system has been the subject of some research attention. Youth ageing out of care have been shown to have a similar pattern of offending to those in the general population, specifically offending behaviour typically peaks in late adolescence and declines into adulthood (Cusick & Courtney, 2007; Darker, Ward, & Caulfield, 2008). While it has been found that the care population has an offending rate between three and six times higher than that of the general youth population (Darker et al., 2008; Zayed & Harker, 2015), there is a relative paucity of literature that has attempted to disentangle the connection between leaving care and youth offending (Carr & McAlister, 2016). This is a significant limitation as the risk factors for being taken into care overlap significantly with those associated with youth offending; namely, 'coming from a disadvantaged neighbourhood, having a low household income, poor housing, large family size and overcrowding, experiencing parental neglect, family conflict and disruption, low school achievement, truancy, aggression and conduct disorder' (Darker et al., 2008, p. 135).

Carr and McAlister (2016) explain that three main themes dominate the existing body of research on the relationship between leaving care and becoming involved in the criminal justice system: 1) having experienced a range of adversities places them at higher risk of offending; 2) care itself is 'criminogenic' (i.e. leads to increased offending); and 3) a shortened transition period increases 'vulnerability to a range of negative outcomes' (Carr & McAlister, 2016, p. 4). In England, children in care aged 10-17 years have been found to have a rate of conviction, final warning or reprimand six times that of the general population of children aged 10-17 years, which, however, obscures the fact that this remains a small fraction of the children in care (6%) as only 1% of the general population have a conviction, final warning or reprimand (Zayed & Harker, 2015). In a mixed-method examination of the relationship between being taken into care and the onset of youth offending, Darker, Ward and Caulfield (2008) found that children in care initiated their offending careers earlier (i.e. at a younger age) than the general population; however, they concluded that their study:

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shows no evidence that care itself promotes offending behaviour. However, it does suggest that the services provided in local authority care are not always sufficient to succeed in helping young people overcome deep-seated and long-standing difficulties which they have already begun to experience before entry. (p.146)

Notably, 70% of the study's sample of children in care had never offended, meaning that the majority of children in care never commit criminal offenses that arise to the level of conviction (Darker et al., 2008). This counters the notion that care itself is criminogenic and supports the claim that most children in care do not offend. Nevertheless, there is evidence that young people with residential care experience are at higher risk of offending than those in foster care (Carr & McAlister, 2016; Darker et al., 2008). To date, there is no published research investigating the link between care and criminal activity in Ireland; however, recent exploratory research on stakeholders' perceptions of the relationship between care and criminal justice in Ireland found that this link between residential care and offending is presumed to be present in Ireland (Carr & Mayock, 2019).

In sum, the literature on outcomes reveals that care-experienced young people's life circumstances differ, sometimes dramatically, from the general population—and even from other 'disadvantaged' populations in some cases. Contrary to international trends in youth transitions, care leavers are less likely to go onto higher education and, subsequently, to maintain employment than their non-care peers. Additionally, unlike the trend in extended dependence on the family home, care leavers are more likely to leave home early and experience homelessness. Finally, in contrast to the trends in delayed parenthood and family formation, young people with a history of care are more likely to experience early parenthood, especially by the age of 20, than their non-care peers. These findings have contributed to the conclusion that care leavers' transition to adulthood are more 'accelerated and compressed' than their non-care peers' transitions (Munro et al., 2016; Stein, 2014). The next section turns to explore the research available on protective factors that help contribute to positive outcomes for care leavers. It ends with a discussion of the problem of representation and stigma in care research, explaining the emerging critique of the focus on negative outcomes for this population.

## UNDERSTANDING THE LIVES OF CARE LEAVERS

The previous examination revealed numerous aspects of social deprivation and marginalisation that young people leaving care experience. With evidence demonstrating the social exclusion of care leavers mounting, there has been an increase in investigations attempting to identify protective factors. There is growing evidence that social support, already seen as an essential need, may in fact be the most important in terms of achieving future positive outcomes (Goodkind et al., 2011;

Harden, 2004; Lemon et al., 2005; Melkman & Benbenishty, 2018; Parry & Weatherhead, 2014; Pinkerton & Rooney, 2014; Quinn et al., 2014). Cross-national evidence consistently indicates that many care leavers either return to their family of origin after exiting care—including an average of 10% in Ireland—or continue to perceive them as sources of support, despite the widespread assumption that they will have little access to support from their families (Courtney & Huring, 2005; Doyle et al., 2012; English et al., 1994; McCoy et al., 2008; Samuels & Pryce, 2008; Tusla, 2019b). Attempting to explain the role of supportive relationships in the lives of care leavers, researchers postulate that these relationships provide an important mechanism for learning about and engaging with other needed resources and services (Mitchell, Jones, & Renema, 2015; Pinkerton & Rooney, 2014).

**INTERCONNECTED LIVES: THE IMPORTANCE OF RELATIONSHIPS AND SOCIAL CONNECTION**  
The importance of relationships has spurred investigations into two key aspects of care leavers' lives: their social networks and their social capital. In leaving care literature, social networks receive more research attention than social capital, though social networks are often cited as sources of social capital (Blakeslee, 2012; Hiles, Moss, Wright, & Dallos, 2013; McMahon & Curtin, 2013). Social networks are those relationships that allow 'for the exchange of information or the enforcement of norms' and social capital 'describes an interpersonal resource upon which individuals can draw to enhance their opportunities in life' (Avery, 2010, p. 401). Research has shown that care leavers have smaller social networks and less social capital than their non-care peers (Avery, 2010; Buehler et al., 2000, p. 622; Cameron, 2007). For example, they are less connected to their communities through activities like church attendance, volunteering, and sports than individuals in the general population (Buehler et al., 2000, p. 622), and young people frequently do not have reliable friends or family members to turn to for support (Cameron, 2007). Particularly in more recent years, efforts have been made both to better understand the social networks and capital of care leavers and to bolster those of young people leaving care (Hiles et al., 2013; McMahon & Curtin, 2013; Melkman & Benbenishty, 2018). For example, in a joint Irish and Catalan qualitative study, Gilligan and Arnau-Sabates (2017) demonstrated that care leavers' former carers can influence their work trajectories by sharing social capital, such as introducing them to part-time work. This is notable because work, along with education, is considered a 'pillar of social inclusion for young people on the margins' (Gilligan & Arnau-Sabatés, 2017, p. 2).

In addition to work, other forms of social connection have been shown to be critical in reducing negative experiences for care leavers, such as engaging with community activities and having a 'natural' mentor (Greeson, Usher, & Grinstein-Weiss, 2010; Harris et al., 2009; Jackson & Cameron, 2012). For example, care leavers who are able to participate in leisure (e.g. sports) and extracurricular activities (e.g. community service and summer camp participation) have more

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success in formal education and employment than those who do not (Harris et al., 2009; Jackson & Cameron, 2012). Additionally, Greeson and colleague's (2010) study of natural mentor relationships found that former foster youth with natural mentors were more likely to have good health, have more life satisfaction and be in employment and less likely to experience homelessness, be arrested, be stressed and be depressed. In their study of five European countries, Jackson and Cameron (2012) noted that those young people who were 'engaged in the largest number and greatest variety of leisure and cultural activities' (p.1112) experienced the most success in terms of formal education; moreover, recreational pursuits were frequently what drew school leavers back into education. Joint Irish and Catalanian research has also suggested that developing an identity outside of their care experience by working, for example, facilitates young people's social integration after leaving care (Arnau-Sabates & Gilligan, 2015).

Healthy relationships with families of origin, foster families, mentors (including a social worker relationship) and/or friendships have all been associated with improved life circumstances for young people leaving care (Goodkind et al., 2011; Graham et al., 2015; Harden, 2004; Lemon et al., 2005; Melkman & Benbenishty, 2018). However, there is evidence that some relationships, such as those with biological family members or natural mentors, provide more support than others such as structured programme mentors (Mitchell et al., 2015; Munson, Smalling, Spencer, Scott Jr, & Tracy, 2010; Osterling & Hines, 2006). Families of origin, especially mothers and siblings, have been found to be important sources of support and assistance post-care, bolstering the young person's sense of purpose in the form of familial duty to care for siblings (Cunningham & Diversi, 2013; Goodkind et al., 2011; Mitchell et al., 2015; Samuels & Pryce, 2008); even if, as the findings of some studies suggest, young people are giving as much (or more) support as they are receiving from their connections with their biological family (Cunningham & Diversi, 2013; Samuels & Pryce, 2008). National research with Irish care leavers indicates that young people had 'a strong desire to live in a "family" environment and to have their relationships with their family "normalised"' (Kelleher et al., 2000, p. 13). Notably, contact with family after leaving care was common, with 75% having contact within two years of leaving care; however, 'in less than one-third of all families was the relationship between the young person and the family perceived by social workers and care staff to be frequent and satisfactory' (Kelleher et al., 2000, p. 13). In order to better understand the connection between social support and improved life circumstances, Collins (2001) recommended more qualitative research on 'the mechanisms through which young people develop, maintain, and terminate social-support mechanisms' was needed to intervene 'in more age-appropriate and culturally appropriate ways' (p.286).

Since the early 2000s, there has been an increase in qualitative studies focused on the experiences of care leavers, despite the continued preference for quantitative research in the field (Häggman-



Laitila et al., 2018; Parry & Weatherhead, 2014). Two systematic qualitative reviews have analysed findings from the growing body of qualitative literature in this area (Häggman-Laitila et al., 2018; Parry & Weatherhead, 2014). In a review of studies published prior to 2012, Parry and Weatherhead (2014) reviewed nine qualitative articles focusing on young people's stories of their transitions from care to community. Prior to their work, no review had 'qualitatively examined the narratives told by the young people emerging from care and how these have been interpreted by the researchers who sought them' (p.264). Their synthesis identified three key issues for practitioners to consider: the importance of identity development during the transition out of care, the role of hope in the transition and the need to address loss and grief in the transition (Parry & Weatherhead, 2014). Throughout the research analysed, young people often felt overwhelmed by and unsupported in the transition and many were 'seeking roots' during this period (Parry & Weatherhead, 2014, p. 270). In a review of studies conducted between 2010 and 2017, Häggman-Laitila, Slokekkilä and Karki (2018) found more than twice as many high-quality qualitative studies to examine (n=21). They found two primary, yet competing, themes across the studies in how young people viewed the transition out of care: 1) as 'a possibility for a new beginning of life' and 2) as 'a negative change of life situation' (Häggman-Laitila et al., 2018, p. 137). Though some young people felt more capable than others, care leavers did have 'various fears concerning their independent living and shared a feeling of loneliness in the transition phase' (Häggman-Laitila et al., 2018, p. 142).

Thus, the distinct increase in qualitative research has led to a better understanding of how care leavers view the transition: alternately as an opportunity for a new beginning and as a lonely experience with little support during the changes. However, these two reviews also identified gaps in the research, particularly regarding young people's identity formation and struggle to accept interdependence in adulthood (Häggman-Laitila et al., 2018; Parry & Weatherhead, 2014). Häggman-Laitila and colleagues (2018) critique the literature as having a 'stronger research tradition concerning the disadvantages that LACYP<sup>38</sup> face in their childhood than on the problems LACYP face during their adult lives' (p. 142). They go on to call for more research on 'care leavers' personal well-being, self-sufficiency, sense of identity, and social and behavioral adjustment' (Häggman-Laitila et al., 2018, p. 142). Meanwhile, Parry and Weatherhead (2014) indicate that more research is needed to explore the relationship between attachment and young people's resistance to interdependence and help-seeking. Other recent work has highlighted the research need to better understand the lived experience of ageing out of care. For example, the negative outcomes discussed previously are evident both later and earlier in life; however, as Rome and Raskin (2017) suggest, 'we know little about how, when, and why these youth find themselves on

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<sup>38</sup> This is the acronym they use for the umbrella category looked-after children and young people (LACYP).

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a downward trajectory' (p. 529). The transition out of care has been posited as a significant turning point that affects later outcomes (Everson-Hock et al., 2011), though, as noted in the Introduction to this work, it is rarely investigated in its own right (Rome & Raskin, 2017).

### CONSTRUCTING THE NARRATIVE: A FOCUS ON NEGATIVE EXPERIENCES

In several jurisdictions, including Ireland, research to date on leaving care has highlighted the complex challenges faced by care leavers. Munro and colleagues (2016) note that international research in the past decade 'has sought to analyse causes of, and responses to, a consistent profile of disadvantage and poor outcomes' (p.199). However, in more recent years, research has focused on identifying and understanding the factors that support positive outcomes, including sources of resilience like interpersonal relationships (Courtney, Hook, & Lee, 2012; Okpych & Courtney, 2018; Shpiegel, 2016; Sinkkonen & Kyttälä, 2015; Thompson, Wojciak, & Cooley, 2018; Tyler, Thompson, Trout, Lambert, & Synhorst, 2017). This shift away from a 'risk-focused paradigm' (Boddy, Bakketeig, & Østergaard, 2019) has coincided with a clear growth in the use of qualitative research approaches that aim to provide detailed and nuanced accounts of the experiences of care leavers (Stein, 2014). Qualitative approaches permit care leavers to define what is important to them and to contextualise events within a broader life story, helping to ensure that they are not 'defined only by the bad things they did' (Sanders, Munford, Liebenberg, & Henaghan, 2014, p. 242). Correspondingly, a critique of dominant discourses that focus on risk as creating an overly negative image of children in and young people leaving care is emerging (Boddy, Bakketeig, et al., 2019; Bowen, Ball, Semanchin Jones, & Irish, 2018; Brännström et al., 2017; Buehler et al., 2000; Sanders et al., 2014; Shpiegel, 2016; Stein, 2014). For example, research in the area of health largely focuses on poor mental health (Collins, 2016; Melkman & Benbenishty, 2018), and there is an implicit assumption in the research that these young people are weighed down by their pasts (Fransson & Storø, 2011). Moreover, there is a well-documented stigma associated with having been in care that young people carry with them after they leave care (Parry & Weatherhead, 2014; Villagrana et al., 2018). Thus, some have raised the importance of acknowledging that research demonstrates an increased risk rather than a causal link between a history of care and negative life outcomes (Bowen et al., 2018; Brännström et al., 2017; Buehler et al., 2000; Collins, 2001; Shpiegel, 2016).

Consequently, an emerging discourse aims to highlight how care leavers' lives are not as negative as they are often portrayed. For example, Shpiegel's (2016) examination of the risk and protective factors that correlated with care leavers' outcomes found that the majority of young people in her sample demonstrated moderate or high resilience across at least four of the six domains measured (i.e. educational attainment, avoidance of teen pregnancy, homelessness, mental illness, substance use and criminal involvement). Furthermore, despite half of her participants having 'diagnosable mental disorders, more than two-thirds were able to function successfully in educational settings,

and over 80% avoided homelessness and teenage pregnancy' (Shpiegel, 2016, pp. 17). Brännström and colleagues (2017) found a similarly optimistic outlook for participants in their long-term follow-up study of Swedish adults aged 39 to 55 with a history of care, with half of those with a history of care found to have no disadvantages (defined as economic hardship, unemployment and mental health problems). Given these findings, they critiqued the focus on negative outcomes in research on the lives of care experienced people, noting that finding increased risk 'should nevertheless not cloud the fact that' most people with a history of care will not experience these disadvantages, rather most will 'do quite well as adults' (Brännström et al., 2017, p. 415). Finally, commenting on the finding that 70% of their sample of children in care had never offended, Darker and colleagues (2008) argued that 'care had little influence on offending for most of the young people studied' (p. 145). Ultimately, this is an argument for a more positive interpretation than is normally conveyed in the literature regarding risk and disadvantage in the care population. In reporting findings, highlighting how the majority of care-experienced people do not experience negative outcomes can counter the stigma that exists in which care experience is seen as deterministic of poor outcomes (Brännström et al., 2017; Darker et al., 2008; Shpiegel, 2016).

Thus, more recent research on the lives of care-experienced children and youth strongly suggests that understanding of the leaving care experience is far from complete, giving rise to the argument that current research contributes to a negative view of children in care and people with care experience. Indeed, calls have been made for researchers to develop research approaches that produce a contextualised account of care leavers' experiences and needs (Fransson & Storø, 2011; Martijn & Sharpe, 2006). Risk factor research and research that has focused on the prevalence of negative outcomes has produced clear evidence of the challenges that many care leavers may face. However, there is much to be explored in terms of young people's understandings and experiences of the transition out of care, including their stated versus ascribed needs. It has been asserted that we need more information regarding the activities young people engage in during the process, the temporal sequencing of the process and the stories from care leavers' themselves (Fransson & Storø, 2011; Martijn & Sharpe, 2006). In fact, it has been suggested that ageing out of state care needs to be de-problematised—reimagining it as a 'normal' transition in order to recognise the kinds of supports needed and for how long (Collins, 2001; Pinkerton & Rooney, 2014).

## CONCLUSION

In conclusion, it is known that youth transitions have changed, prolonging dependence on the family home, lengthening time in education, and delaying workforce entry and family formation. It has been demonstrated that care leavers are disadvantaged compared to their non-care peers in terms of social support and capital, experiencing 'accelerated and compressed' transitions. While

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evidence indicates that many care leavers will experience the transition out of care as a process that reinforces or extends social exclusion, the lived realities and concerns of care leavers themselves during this transition is less well known. Though it has been posited that the transition itself is of importance (Everson-Hock et al., 2011; Rome & Raskin, 2017), there is limited knowledge of the lived experience of the transition out of care. Currently, the majority of information is quantitative in orientation, and qualitative work often focuses either on a specific area of interest like educational continuation (Butterworth et al., 2017; Peters et al., 2016; Smith, 2017) or is more retrospective in nature (Bakketeig & Backe-Hansen, 2018; Freundlich & Avery, 2006; Refaeli, 2017), limiting the understandings of the transition itself that have been learned. Therefore, there exists a need to de-problematise the transition experiences of care leavers and understand their transition to adulthood as one among many. Thus, this research—which considers ageing out of care a significant transition point whereby later outcomes might be influenced—seeks to understand the lived experience of young people who recently left the care system in Ireland.

# Chapter Three

## DEVELOPING A THEORETICAL APPROACH TO THE TRANSITION OUT OF CARE

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### INTRODUCTION

Social theory can be considered ‘a map or a guide to the social sphere’ (Kincheloe & McLaren, 2011, p. 288) that helps researchers ‘devise questions and strategies for exploring it’ (Kincheloe & McLaren, 2011, p. 288). This chapter first reviews the theoretical literature regarding care leaving, including debates about the concept of resilience. Then, it sets out the theoretical orientation of the present research with an aim for highlighting how it has guided the forthcoming analysis. As the review of empirical literature presented in Chapter Two demonstrates, research into leaving care has been dominated by a focus on outcomes and the identification of risk and protective factors. Given this focus on identifying how care leavers measure up in terms of normative social achievements, such as employment, education, early parenthood and mental health, this body of research has been critiqued for being overly descriptive and lacking in theoretical development—particularly as it relates to the actions of care leavers as they journey out of care and structural factors influencing this journey (Collins, 2016; Collins, 2001; Pinkerton, 2011; Stein, 2006b; Storø, 2017; van Breda, 2015). With an aim to investigate the lived experience of leaving care in the Irish context, this study relies upon three under-utilised theoretical and conceptual frames: liminality, Recognition theory, and precarity. This chapter explains how these three theories and concepts contribute to a nuanced analysis of the influences of structure and agency in the care-leaving process.

### (UNDER)THEORISING LEAVING CARE

Critiques of leaving care research cluster into three broad areas: a focus on outcomes research, a lack of theoretically informed studies and an absence of theory building (Daining & Depanfilis, 2007; Lee & Berrick, 2014; Pinkerton, 2011; Smith, 2011; Stein, 2006b; Storø, 2017; van Breda, 2015). Stein’s (2006b) seminal article noting the lack of explicit theorising on the transition out of care and recommending theoretical options for researchers sparked increased efforts to incorporate the use of theory into research on care leavers (Blakeslee, 2012; Daining & Depanfilis, 2007; Dima & Skehill, 2011; Hung & Appleton, 2016; Jones, 2012; Lee & Berrick, 2014; Mulkerens & Owen, 2008; Paulsen & Thomas, 2018; Pinkerton, 2011; Singer & Berzin, 2015; Singer, Berzin, & Hokanson, 2013; Sulimani-Aidan, 2017b; van Breda, 2015, 2016; Ward, 2011). However, it is argued that theorising about the transition out of care remains at the periphery of the literature (Lee & Berrick, 2014;

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Storø, 2017; van Breda, 2015). Lee and Berrick (2014) criticise the field for relying on cross-sectional research at some stage after youths' exit from care and for not moving 'beyond descriptions of young people's functioning and adjustment' (p. 80). Van Breda (2015) asserts that a gap persists in the 'generation of care-leaving theory' (p. 323). Thus, it is argued, the empiricist approach that has 'focused on identifying pragmatic solutions' has left theory in the field of youth ageing out of care 'in early development' (Lee & Berrick, 2014, p. 79).

Following consistent criticism of the field as under-theorised, the past decade has seen increased efforts to incorporate theory into the analysis of leaving care and care leavers' lives post-care (Cameron, 2007; Dima & Skehill, 2011; Harris et al., 2009; Lee & Berrick, 2014; Morton, 2017; Parry & Weatherhead, 2014; Paulsen & Thomas, 2018; Pinkerton, 2011; Samuels & Pryce, 2008; Smith, 2011; van Breda, 2015). Much work has focused on the individual outcomes and actions of care leavers, especially as it relates to resilience and 'success'. For example, Stein (2008) and Courtney, Hook and Lee (2012) both published studies classifying care leavers according to their pathways out of care. Stein (2008) defined resilience as:

the quality that enables some young people to find fulfilment in their lives despite their disadvantaged backgrounds, the problems or adversity they may have undergone or the pressures they may experience. [...] overcoming the odds, coping and recovery. But it is only relative to different risk experiences. (p. 36)

In a review of the literature, he operationalised this definition of resilience by assessing care leavers against traditional markers of success such as educational attainment, employment and social benefits utilisation and suggested that young people could be grouped into three types of pathways out of care: 'moving on', 'survivors', and 'victims' (Stein, 2008). Using similar normative measures of resilience, Courtney, Hook and Lee (2012) analysed quantitative data in the US to identify four types of care leavers, which they called: 'accelerated adults' (36%), 'struggling parents' (25%), 'emerging adults' (21%), 'troubled and troubling' (18%) (p. 413). Though there was some variance in the groups identified, both studies classified care leavers using standard measures of success such as educational participation/attainment, employment status, living arrangements, criminal engagement and parenthood.

However, this individualistic outcomes approach has been critiqued as an operationalisation of resilience that favours normative measures of success, which may discount other forms of resilience and confound having experienced less risk with possessing protective factors (Cameron, 2007; Shpiegel, 2016). In short, resilience has been conceptualised to exclude young people who are not achieving standard markers of success, such as degree attainment and/or employment (Cameron, 2007). Moreover, it is argued that such an operationalisation of resilience potentially

mistakes reduced risk for resilience, thus failing to find evidence for protective factors (Shpiegel, 2016). Analysing care leavers' outcomes in relation to risk and protective factors, Shpiegel (2016) found that risk factors accounted for nearly one-fifth (17%) of the difference between individual outcomes whereas the amount of difference accounted for by protective factors was 'inconsequential (less than 1%)' (p.19). This is problematic because '[i]n most existing investigations, successful foster youth are automatically labelled "resilient", and variations in risk exposure are not measured directly' (Shpiegel, 2016, p. 19), creating a danger that young people that 'are simply those exposed to less adversity' are the ones being labelled 'resilient' rather than 'those possessing some form of protection' (Shpiegel, 2016, p. 19).

Nonetheless, resilience remains a dominant guiding theoretical framework for the study of care leaving (Gilligan, 2019; Pinkerton & Van Breda, 2019). Adrian van Breda, a South African researcher, has done extensive work recently to theorise leaving care using a resiliency framework (van Breda, 2013, 2015, 2016). Having considered the above critiques, his work aims to address them through reframing resiliency from an individual quality to a process that one engages in through connections with others. Informed by more recent resilience theory that addresses 'resilience as a process at the interface between individuals and their social environment' (van Breda, 2013, p. 58), van Breda's work focuses on the relationships in the microsystems of care-leavers (van Breda, 2013, 2015, 2016). The aim of his work has been to identify social processes in which young people engage during the transition to independent living, most recently revealing four key activities: striving for 'authentic belonging', networking people for goal attainment, contextualised responsiveness, and building hopeful and tenacious self-confidence (van Breda, 2015). Notably, however, van Breda's work addresses structural contexts in limited ways, focusing instead primarily on micro- and meso-level relationships.

Others have attempted to incorporate the individual's social world into understandings of leaving care as a process (see Pinkerton, 2011). Social exclusion, a major sociological concept referenced in the leaving care literature, 'has come to mean both material disadvantage and marginalization' (Stein, 2006a, p. 273), respectively, an individual kept on the periphery of society due to poverty *or* a lack of engagement with normative activities like education and employment. The literature reveals a pattern of social exclusion (detailed in Chapter Two) that is frequently referenced and investigated in research with care leavers. However, only recently has work been published using the lens of precarity, which is compatible with the concept of social exclusion, to interrogate the transition out of care (Boddy, Bakketeig, et al., 2019). Other works have focused on examining the role of social networks in the transition out of care, including individual outcomes and resilience (Blakeslee, 2012; Singer et al., 2013; Stein, 2006a). Singer and colleagues (2013) noted that the importance of social support is well documented, yet examinations of sources and forms of support

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are limited. Moreover, little is known about how social support functions in their lives and how young people tap into various members of their networks (Singer et al., 2013). Social capital, the interpersonal resource upon which individuals can draw to improve their circumstances, is often treated as an extension of social networks since it is inextricably tied to the individual's social network (Avery, 2010; Avery & Freundlich, 2009). A key finding emerging from the research in relation to social exclusion, networks and capital is that care leavers generally have much weaker networks on which to draw and thus less social capital (Avery, 2010; Avery & Freundlich, 2009; Collins & Pinkerton, 2008).

Finally, emerging research indicates that identity development of care leavers, especially concerning adult self-identity, is a key developmental task in which they must engage (Ahrens et al., 2011; Dima & Skehill, 2011; Duke, Farruggia, & Germa, 2017; Harwick, Lindstrom, & Unruh, 2017; Hiles et al., 2014; Lee & Berrick, 2014; Mulkerns & Owen, 2008; Munford & Sanders, 2015; Singer & Berzin, 2015; Ward, 2011). Notably, though, the field has been criticised for providing limited information from the youth perspective on these matters (Mulkerns & Owen, 2008). Transition theory, on the other hand, of which identity development can be seen as a subset (Hiles et al., 2014), has been utilised in more recent work. Transitioning is the act or process of moving from one stage to another, and there are several strains of transition theory (e.g. liminality theory or the Bridges model). The few instances of theoretical models or conceptions of care transitions in the literature all rely upon Bridges' (2009) model of transition, which describes three stages of transitions: letting go, managing changes, and making a new beginning<sup>39</sup> (Dima & Skehill, 2011; Nesmith, 2017; Storø, 2017; Van Ryzin, Mills, Kelban, Vars, & Chamberlain, 2011). Dima and Skehill (2011) adapted Bridges' model of transition to the process of leaving care, changing the 'neutral zone' to the 'in-between zone'—which is reminiscent of the language of liminality theory—to better reflect the dense, changing and disruptive character of the passage from the old life in care to the new life outside care' (p.252). They assert that leaving care is seen as a moment rather than a process by the Romanian professionals in their study, which leads to the 'in-between zone' being 'socially leaped over' while the care leavers 'lag behind' psychologically in the 'in-between zone' in an effort to shift from a 'care-identity' to a 'normal' identity (Dima & Skehill, 2011). Recently, Storø (2017) critiqued the use of the transition concept in care-leaving research as being in a 'pre-theorisation stage' (p. 778). He asserts that while there is 'an extensive body of research providing evidence of the experiences of leaving care and moving into adulthood' (p. 772), there is a lack of

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<sup>39</sup> Bridges (2009) argues that after letting go of the old position one must attend to a so-called neutral position in order to manage the changes that are taking place. He asserts that if insufficient time is allotted to the neutral zone, anxiety results, leaving people feeling frustrated rather than moving through the transition into the final stage of making a new beginning.



theoretical or conceptual development for understanding the transition, particularly as it relates to understanding care leavers as active agents in the process. He also notes that there is a ‘relative absence of societal and structural perspectives’ (Storø, 2017, p. 776) in the current treatment of transition in the leaving care literature.

The current state of theorising the process of leaving care is nascent (Lee & Berrick, 2014), described as pre-theoretical in the use of concepts such as transition (Storø, 2017). To date, the theoretical perspectives most commonly deployed—including resilience, social networks, and transitions—highlight the importance of both individual and structural/social factors in understanding care-leaving as a process (Dima & Skehill, 2011; Storø, 2017), although structural and social factors are not typically addressed in the nascent theorising (Storø, 2017). Having reviewed the state of theorising in relation to understanding care-leaving, the next section details the concepts that have informed the design and analysis of this study, with a focus on how the theoretical frames contribute to the analysis in terms of individual and structural/social factors influencing the experience of leaving care. First, the enduring debate between structure and agency is reviewed in relation to youth transitions. Then the chapter turns toward the theoretical underpinnings of this study.

## UNDERSTANDING THE ROLE OF STRUCTURE AND AGENCY IN YOUTH STUDIES

As the previous discussion indicates, the longstanding sociological debate on the influence of structure and agency in and on the lives of individuals is relevant to the current study (Heinz, 2009; Hung & Appleton, 2016; Knafo, 2010; Ratcliffe, 2009; Reed, 1997; Sewell, 1992; Stones, 2015; Ten Have, 2015; Wharton, 1991). First, it should be noted that the concept of the life course is essential to youth studies and the conception of agency. The life course perspective accepts that ‘development is lifelong and that no life stage can be understood in isolation from others’ (Johnson, Crosnoe, & Elder Jr., 2011, p. 273). Thus, it is the potential to influence one’s life course that arises as an integral part of agency in youth studies (Brady & Gilligan, 2018; Evans, 2002; Heinz, 2009; Johnson et al., 2011).

The structure/agency debate has been summed up as a dichotomy of determinism and voluntarism (Layder, 1985; Sewell, 1992), with actions being determined by the structures in which people live or, alternatively, are the result of free-thinking, free-willed rational beings making choices. As noted, within youth studies, the debate manifests as a question of the degree of control young people have in shaping their destinies (Evans, 2002). The youth transitions literature has historically been primarily influenced by determinism with a focus on understanding how the structures of society influence young people’s transitions into adulthood (Heinz, 2009). However, since the mid-

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1990s (owing to the influence of Giddens' (1991) structuration theory), there has been a theoretical shift away from a focus on 'social reproduction' (i.e. how economic and social forces influence outcomes) toward understanding 'biographical reproduction' (i.e. how individuals make decisions and plan for the future) (Evans, 2002; Heinz, 2009). The recognition that social structures are influential but not deterministic instigated this turn toward the investigation of agency in youth studies (Evans, 2002). As such, the individualization thesis (Beck, 1992), which asserts that the autonomy of choice is a defining feature of post-traditional society, has become a central line of inquiry in more recent youth transition studies (Heinz, 2009).

Within youth transition studies, agency has been defined in a variety of ways, though a key component across definitions is the extent to which young people engage with decision-making and planning (Evans, 2002; Heinz, 2009; Smith, 2017). In short, agency is considered the ability to choose different pathways for oneself, or 'planful competence' (Heinz, 2009, p. 397). This 'planful competence' is described as a social process that is concerned with both the present and the future yet informed by the past, which involves using past experiences, choosing between alternative actions and future planning (Heinz, 2009, p. 401). Importantly, these aspects of agency are considered dynamic and variable across time, meaning that 'one's orientation toward the past, future, and present can alter based on lived experience' (Smith, 2017, p. 158). However, this conception requires a structural environment in which choices are present, something that has been argued to be declining for young people—particularly as it relates to the labour market and education (Furlong et al., 2018); thus, '[t]he transition from school to work has become a turning point in the life course of young adults because whatever pathway they chose [sic] they are confronted with uncertain outcomes' (Heinz, 2009, p. 397). Subsequently, two kinds of 'life course agency' have been identified: 'exercising of action with long-term implications and the self-reflexive belief about one's capacity to achieve biographical goals' (Heinz, 2009, p. 398).

In this way, imagined futures (Hardgrove, Rootham, & McDowell, 2015; Smith, 2017) are considered an expression of individual agency because 'they represent possibilities for social mobility and are deeply interwoven with moral desires' (Smith, 2017, p. 173). In a case study of former foster youth in higher education, Smith (2017) found that young people believed that by reflecting critically 'on personal schemas' and engaging with 'future alternatives' they were in the process of redirecting their 'life trajectory' (p. 160). In fact, the influence of 'future orientation' on later life outcomes is as strong as having a sense of self-efficacy; thus, 'it is necessary to include future expectations in theoretical and empirical treatments of agency in order to fully understand the effects it has on the life course' (Smith, 2017, p. 162). Generally, it is posited that these imagined futures and 'possible selves' help 'motivate people in particular directions' (Hardgrove et al., 2015, p. 165). In this view, agency is 'an evolving, individual capacity for meaningful action both within micro-interactions and

across the life course' (Smith, 2017, p. 177). Researchers of imagined futures contend that they facilitate understanding two things about young people: 1) how they conceive of their present constraints in relation to their futures and 2) 'the internalized socio-cultural values' they hold (Hardgrove et al., 2015, p. 164). Importantly, the evidence thus far does not support a 'rupture' in values between current youth and previous generations but rather 'a good deal of coherence in social and cultural values carried to the present among young people today' (Hardgrove et al., 2015, p. 164).

While structuralist research is criticised for being overly deterministic, the turn toward investigations of the individualization thesis has been critiqued for neglecting 'the structural continuities of social inequality and the different opportunities for putting agency into practice' (see also, Furlong & Cartmel, 1997; Heinz, 2009, p. 397). It is argued that misleading conclusions about an individual's ability to overcome structural inequalities are drawn when youth transitions studies privilege agency and choice to the neglect of the ways in which life outcomes continue to be shaped by individuals' positions in society, such as class, gender and ethnicity (Furlong & Cartmel, 1997; Heinz, 2009). Thus, it is argued that agency should be related to 'changing transition contexts' in a meaningful way that does not obscure structural constraints nor over-privilege the individual's capacity for choice (Heinz, 2009). In response to this evolving tension between agency and structure, Evans (2002) created the concept of 'bounded' or 'constrained' agency (Heinz, 2009).

The notion of bounded agency acknowledges the constraints placed on individual choice and opportunities by his or her social position and societal structures (Evans, 2002). Evidence suggests that people select alternatives with an 'intuitive rationality' that is 'based on biographical experience and reasonable assumptions about likely outcomes' (Heinz, 2009, p. 399). Thus, an individual's accumulated experiences and understandings about the way the world works influences his or her decision-making, which is what constitutes 'bounded agency' (Evans, 2002; Heinz, 2009; Smith, 2017). Put another way:

Transitions are embedded in opportunity structures, social networks and institutions, but take their course through individual agency of constructing a meaningful connection between past experiences and future plans, a construction that is strongly influenced by the present living conditions. (Heinz, 2009, pp. 400-401)

Hence, 'bounded agency' is conceived of as a 'socially situated' process that acknowledges how actors are guided by their contexts, histories and imagined futures as well as 'the contingencies of the present moment' (Evans, 2002, p. 254). Moreover, their perceptions of the structures they negotiate in society are subjectively informed by their social biographies, which 'are linked to social structures and institutions and changing conditions' (Evans, 2002, p. 251).

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Youth studies research has been critiqued for having ‘a tendency either to over-emphasize the continuities of deep-seated structural influences or to over-emphasize the discontinuities and changes in young people’s lives’ (Evans, 2002, p. 246). The primary critique of structuralist approaches is that they posit ‘far too rigid causal determinism in social life’ (Sewell, 1992, p. 2). On the other hand, the critique of humanist approaches, as agent-focused theories have been called (Wheatley, 2019), is that they reduce social science to a mere description of the activities of daily life and discount the powerful influence of structural inequalities in the daily lives of individuals (Evans, 2002; Heinz, 2009; Knafo, 2010; Sewell, 1992; Wheatley, 2019). This debate has evolved from an either/or argument about which aspects of human experience are more salient for influencing the life course (i.e. a ‘knowledgeable, purposive social actor’ or social structures) into an interrogation of how these two competing factors interact in social life (Sewell, 1992; Stones, 2015; Wharton, 1991). As Stones (2015) explains, ‘[n]ow debates are carried out less in terms of structure versus agency and more with specific emphases on the precise ways in which these two major aspects of social life affect each other or are combined’ (p. 4869). Thus, the key outcome from this debate of relevance to the current study is the emerging consensus that explanations which emphasise either structure or agency to the neglect of the other are lacking; thus, any social inquiry should ‘attempt to incorporate both dimensions’ (Wharton, 1991, p. 373).

### A CRITICAL VIEW OF STRUCTURE AND AGENCY

As the preceding discussion reveals, an investigation of youth transitions must incorporate a nuanced understanding of structure and agency that enables the investigation of the interplay between these two influences on the life course. Evans (2002) asserts that youth studies ‘need to sharpen our awareness of the interplay of structural forces and individual’s attempts to control their lives’ (p. 265). Aware that young people leaving care exit into a system of benefits and supports as well as a society with rules and expectations for adult behaviour (i.e. structures that act to both support and constrain the individual), this interplay is apprehended in the present study through a critical understanding of structure and agency<sup>40</sup> that views them as mutually ontologically dependent, which is to say that the existence of each is dependent upon the other (Knafo, 2010; Sewell, 1992). Here, then, structures are both the material conditions that facilitate human agency and the reproductive outcome of human agents. Agency, in contrast, is the construction and production of human agents in a material world, which has the potential to both reproduce and transform structures (Knafo, 2010; Sewell, 1992). Thus, agency is understood as a process that individuals enact that is both bounded and strategic, which is to say that individuals make choices informed by their socio-cultural contexts and biographical histories in an effort to secure their

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<sup>40</sup> See Appendix E: A Critical Account of Structure and Agency for a more detailed account of the separate yet interdependent nature of structure and agency.

needs and desires (including future hopes, needs and desires). Structures, meanwhile, are simultaneously what enables or constrains an individual's choices and a product of intersubjective actions<sup>41</sup> (Evans, 2002; Knafo, 2010; Sewell, 1992). The following section outlines the three theoretical frames which inform this study with the intent to provide a nuanced analysis that incorporates both individual choice and contextual elements across time.

## THEORISING THE TRANSITION OUT OF CARE: LIMINALITY, RECOGNITION AND PRECARITY

A primary interest in the initial conception of this study was understanding the experiences of care leavers as socially situated. In other words, it was considered important to understand the process of leaving care as one that young people go through as individuals in relation with others. Three theoretical and conceptual strands were identified<sup>42</sup> as relevant or useful for the analysis: liminality, Recognition Theory and precarity. The following discussion describes these theoretical and conceptual frames and explains how each contributes to understanding the transition out of care in terms of the individual and social experiences of care leavers.

### CONCEPTUALISING YOUTH: A LIMINAL PERIOD

Research into the period of life called 'youth' has historically been classified into two streams: youth transitions and youth (sub)cultures (Furlong, 2017a, 2017b; Thomson, 2017; Woodman, 2017). At its heart, this is a youth transitions study. As noted in Chapter Two, the past three decades have ushered in significant changes in how young people transition from adolescence to adulthood. In response to these changes, researchers have made efforts to conceptualise and theorise these changing transitions. For example, Arnett (2000) developed the concept of emerging adulthood as a developmental period that is a critical stage in the life course. Thus, the observation noted in Chapter Two that the transition out of care contrasts sharply with normative transitions to adulthood combined with the interest in understanding leaving care as a process has led to the concept of transition becoming a dominant orientation in care-leaving research over the past two decades (Storø, 2017).

Arnett (2000) introduced the concept of 'emerging adulthood' to explain a new way of 'becoming'—characterised by delays in employment, marriage and parenthood and extensions of

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<sup>41</sup> The common example used to explain this dynamic is language. People are born into a group and must learn a language, which includes a grammar and way of understanding the world that bounds how an individual can use language. However, the structure of the language does not determine what people think or how they use it; rather, individuals use language to their own ends, which has the potential to shape how the language is used in the future (Knafo, 2010; Sewell, 1992; Wheatley, 2019). This interdependent and dialectal relationship is apparent in this conception of agency and structure.

<sup>42</sup> See Chapter Four for a description of the iterative analytical process employed throughout the conduct of this study.

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education—that has developed in the Western industrialised world over the past 30 to 40 years. This concept has since become an integral part of youth studies (Furlong, 2017b) and an important lens through which to examine the process of leaving care (Sulimani-Aidan & Melkman, 2018). However, there have been numerous responses to and critiques of emerging adulthood as a new stage of development. Chiefly, it is argued that emerging adulthood is not necessarily a new way of becoming an adult but rather a *privileged* way of becoming an adult for young people who have families that can afford to allow for exploration in youth (Goodkind et al., 2011; Tanner & Arnett, 2017). In response, Tanner and Arnett (2017) have suggested that further empirical research into the experiences of young people from different social strata is needed. Notably, research into leaving care transitions emphasises that it is ‘premature’, ‘accelerated’ and ‘compressed’ compared to emerging adulthood (Storø, 2017). Thus, Pinkerton and Rooney (2014) argue that research should be reframed away from a comparison of care leavers with their peers’ normative pathways towards an understanding of the characteristics of care-leaving as one pathway among many others.

While acknowledging that transitions to adulthood have changed significantly in the past three decades (perhaps more so for certain groups of young people), this study’s conception of the transition period of youth returns to a classic anthropological theory: liminality. Liminality theory is a core theory in youth studies that contributes an understanding of how young people transition from childhood to adulthood in society. The term was coined in Arnold Van Gennep’s (1909) work on rites of passage and further developed in the anthropological literature during the late 1960s and early 1970s through the work of Victor Turner (Furlong et al., 2018; Turner, 1991). It has since been applied in a variety of contexts to understand the experiences of individuals transitioning from one social position (or identity) to another (Beech, 2011; Blatterer, 2010; Ferguson, 2004; Hetherington, 1996; Ladge, Clair, & Greenberg, 2012; Murphy, Scheer, Murphy, & Mack, 1988). In liminality theory, transitions include three distinct phases: separation, margin/transition and incorporation/reaggregation (Furlong et al., 2018; Hetherington, 1996). In the first stage, an individual is ‘stripped of any previous status and identity’ (Hetherington, 1996, p. 36) and separated from society (Furlong et al., 2018; Hetherington, 1996), at which point, they exist in a ‘marginal state’ of uncertainty and ‘the normative structure of society is temporarily [sic] overturned’ (Hetherington, 1996, p. 36). In traditional rites of passage, it was common for people in this liminal phase to be ‘subjected to ordeals and forms of humiliation’ (Hetherington, 1996, pp. 36), with the ritual included in the transition phase being ‘an important “marker” of becoming’ (Furlong, 2018). The final phase is reintegration ‘back into society as a new person’ (Hetherington, 1996, p. 36) ‘into a new role or status’ (Furlong et al., 2018, p. 17). Turner (1991) extended liminality theory beyond this traditional rites of passage model to understand how some individuals are turned into

outsiders, calling them ‘marginals’ (Furlong et al., 2018). In this extension, marginals ‘are also betwixt and between, but unlike ritual liminars they have no cultural assurance of a final stable resolution of their ambiguity’ (Furlong et al., 2018, pp. 17-18). Given the changing nature of youth transitions, the notion of ‘marginals’ is an important theoretical development.

Leaving care is a period of transition from ‘child in care’ to ‘adult’ in society, which is to say that this transition leads to a change in social status upon ‘completion’. The ‘in-between’ state when an individual is ‘moving from one state to another’ (Ferguson, 2004, p. 188) that characterises liminality ‘tends to be a temporary stage which recedes once a sense of orientation to the new conditions and “order” has been achieved’ (Ferguson, 2004, p. 188). However, it is argued that youth transitions to adulthood are becoming ambiguous with no clear end (Blatterer, 2007); thus, in many ways, becoming an adult in the context of modernity ‘has become a “passage without rites”’ (Furlong et al., 2018, p. 17). Given the transformation of youth transitions over the past 30 to 40 years, ‘marginals’ is an informative concept in a modern context as young people commence a ‘passage without rites’ in which the final resolution is relatively ambiguous (Furlong et al., 2018; Turner, 1991). Therefore, in addressing how individuals in a society shift from one status to another, liminality provides a conceptual framework for understanding this period of time in the care leavers’ lives since it draws attention to the importance of a conclusion of the liminal period to help reincorporate the care leaver back into society with their new status (Dima & Skehill, 2011). The forthcoming discussion of Recognition Theory explains how integrating a theory of recognition with liminality contributes to understanding this issue of reincorporation and status recognition.

### RECOGNITION THEORY

The following is a discussion of Recognition Theory,<sup>43</sup> a strand of Critical Theory (CT). A brief explanation of the origins of CT precedes a more detailed explanation of Recognition Theory. In addition to describing the three types of recognition and misrecognition, this section reviews two related concepts: respect and shame. The section concludes with a discussion of the use of Recognition in the social work literature, including a review of the one instance of the use of Recognition to understand the leaving-care process.

CT has come to be used as an umbrella term for a variety of social theories that take a critical view on society, science, ideology and epistemology (Buchanan, 2010; Kincheloe & McLaren, 2011; Macey, 2001). However, there is also a specific philosophical and sociological tradition that originated in 1930s Germany at the University of Frankfurt, generally referred to as the ‘Frankfurt

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<sup>43</sup> To distinguish the theory from the action, recognition is capitalised in the context of the theoretical discussion when it is used as a short hand for the phrase Recognition Theory and lower case when it is referring to the act of recognising someone.

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School' in the social sciences, which introduced the notion of a 'critical theory' (Bronner, 2017; Buchanan, 2010; Houston, 2016; Kincheloe & McLaren, 2011; Macey, 2001). This school of CT has roots in Marxism and is influenced by psychoanalysis and the philosophies of Kant and Hegel. Principally, CT is concerned with the origins of social conflict and change, insisting that 'thought must respond to the new problems and the new possibilities for liberation that arise from changing historical circumstances' (Bronner, 2017, p. 1). There are two key aspects of a CT lens that are relevant for this research: 1) the empirical grounding of theoretical development and analysis and 2) the constructed nature of social worlds (Buchanan, 2010; Honneth, 1995; Houston, 2016; Kincheloe & McLaren, 2011; Macey, 2001). In this tradition, it is held that social worlds can only be understood by individuals in the context of their lives and worldview, thus the same event can be interpreted differently based on one's social position in the world (e.g. age, gender, class, or race). Moreover, societies must be understood as the products of specific historical and cultural developments; consequently, any theory of society must also be historically and culturally specific (Bronner, 2017; Kincheloe & McLaren, 2011). CT is concerned with 'the discourses and power relations of the social and historical contexts that produced them' (Kincheloe & McLaren, 2011, p. 287). Still deeply occupied with issues of power and oppression, CT has shifted from economic determinism to an understanding that economic factors cannot 'be separated from other axes of oppression' (Kincheloe & McLaren, 2011, p. 289). This interrogation of power relations between groups and individuals in society is concerned with 'identifying who gains and who loses in specific situations' (Kincheloe & McLaren, 2011, p. 288).

Recognition Theory is a critical theory that has roots in the philosophical work of Hegel, particularly his early Jena period (Fraser & Honneth, 2003; Honneth, 1995; Houston, 2016; Taylor, 1994; Thomas, 2012). The concept of recognition that Hegel proposed has since been elaborated into a more substantive Theory of Recognition to explain social change, primarily by Axel Honneth (1995), Charles Taylor (1994) and Nancy Fraser (1995) (Fraser & Honneth, 2003; Thomas, 2012). According to Houston and Dolan (2008), 'such theories maintain that identity formation hinges irrevocably on social relations that acknowledge and validate personal existence; and that respect and understanding should be at the forefront of our relationships with others' (p. 459). These three strands of Recognition are different, primarily because their respective authors seek to address different issues, namely: building a theory of social change and progress; identity recognition in multicultural societies; and status recognition in the form of fair resource distribution (Thomas, 2012). This study relies upon Honneth's (1995) expansion of Recognition as his strand has the most elaborated theoretical explanations of recognition that incorporates the complexities of both commonalities and differences, whereas Taylor (1994) and Fraser (1995) are more concerned with understanding how differences are managed (Thomas, 2012).



Axel Honneth, Jürgen Habermas's protégé, has developed and extended Hegel's early philosophical work on the origins of social conflict into a formal theory of recognition, with the aid of insights and empirical research from George Herbert Mead's social psychology and object relations theory (Honneth, 1995; Thomas, 2012). As Thomas (2012) explains, 'Honneth's theory of recognition is both a theory of individual development in a social context, and a theory of social change in a historical context' (p. 457). A key assumption of Recognition is that humans are inherently social beings living interdependent lives in social units; thus, in explaining the source of social conflict and change, socialisation and interdependence are considered preconditions of the human experience, which shifts the focus from the competition of self-interested individuals<sup>44</sup> onto the communicative relationships between social subjects (Honneth, 1995). In its simplest terms, the theory asserts that individuals in society desire and pursue recognition of their selves as distinct and valued members of a group from other members of that group (Honneth, 1995, 2001). As a theory of social change, it posits that 'struggles for recognition' between individuals lead to ethical progress in intersubjective relations whereby the individuals gain increasing patterns of recognition and acceptance for their identities (Honneth, 2001). The three patterns of recognition (outlined below) 'provide the formal conditions for interaction, within which human beings can be sure of their "dignity" and integrity' (Honneth, 2001, p. 50).

Recognition is a mutual act that occurs between two subjects in order to be understood as distinct entities unto themselves which have value (Honneth, 1995, 2001, 2012). In this act of recognising each other, the individuals are motivated to 'behave no longer egocentrically, but rather in accordance with the intentions, desires and needs of others' in order to respect their valued personhood (Honneth, 2012, p. 85). Honneth (1995, 2001) argues that this act of mutual recognition is essential to individual self-realisation, positive identity development and productive social group dynamics. Significantly, the act of recognising another individual confers a positive status onto them; therefore, intersubjective relations or communications that result in a negative connotation are considered denials of recognition, which are referred to as misrecognition or disrespect (Anderson, 1995, p. iix; Honneth, 2012). There are three types of recognition that occur, which Honneth (1995) describes as sequential in development but also interrelated: love (alternately called care or emotional), law (alternately legal, rights, or respect), and solidarity (alternately esteem or social) (Honneth, 1995; Paulsen & Thomas, 2018; Thomas, 2012). These

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<sup>44</sup> As Honneth (1995) explains, many of the philosophies of social conflict that developed from the work of scholars such as Hobbes and Machiavelli start from the assumption that humans are independent and autonomous individuals choosing to form social groups, which is then used to explain why social conflict arises in those groups as a result of competing individual self-interests and self-preservation. Honneth (1995) argues, compellingly, that this ignores the fact that no human has ever been born into the world absent a social group and then chose to form one, thus socialisation must be considered a precondition of the human experience rather than a phenomenon requiring explanation.

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three forms of recognition lead to different types of practical relations-to-self: basic self-confidence, self-respect and self-esteem, respectively (Honneth, 1995). Finally, each form of recognition has a corresponding misrecognition that causes an individual to feel devalued or disrespected: physical and sexual abuse/humiliation, denial of rights and/or exclusion, and denigration and/or insult (Honneth, 1995, 2001).

### *THE SOCIAL SIDE OF SELF: RECOGNITION AND MISRECOGNITION*

Love or emotional recognition is the foundational form of recognition that has a basis in early childhood development (Honneth, 1995, 2001; Paulsen & Thomas, 2018; Thomas, 2012). It draws on the concept of attachment in a recipient-caregiver relationship.<sup>45</sup> Through this primary relationship the child develops an understanding of itself as separate from, yet dependent, on its caregiver. In this bond of emotional recognition, the child learns to trust itself to express its needs and feelings through its interactions with others, namely its primary caregiver (Honneth, 1995, 2001). This is when and how the individual learns to 'achieve a balance between symbiosis and self-assertion' (Thomas, 2012, p. 456). In terms of self-realisation, Honneth (1995) considers the outcome of a successful pattern of recognition in early development to be 'basic self-confidence' (p. 129). More recent work has extended this concept to acknowledge the continued need and development of emotional recognition into adulthood. While the foundations are laid in early childhood, the process of emotional recognition remains consistently important for individual development and relationship maintenance throughout the life course (Paulsen & Thomas, 2018).

As this base form of recognition (i.e. love) stems from our physical dependence and interdependent nature as human beings, Honneth (1995) contends that the corresponding form of misrecognition is 'at the level of physical integrity' (p.132), which he asserts does not 'vary with the historical period or the cultural frame of reference' (p. 133). Therefore, the corresponding type of disrespect is physical abuse or humiliation, which undermines one's basic self-confidence that is normally learned through love. In this way, misrecognition of this kind leads to both a loss of self-confidence and trust in the world (Honneth, 1995). Houston (2016) identified relationship-based social work as a key method for implementing caring recognition in practice. Moreover, Warming (2015), in reconfiguring Recognition for social work practice, extended the kind of disrespect one can experience to 'include ignorance and deprivation of love' (p.251). Hereafter, this form of recognition is referred to as 'caring recognition', and, correspondingly, misrecognition is considered a rejection of care.

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<sup>45</sup> Honneth (1995) relies more on the empirical research of Winnicott from object-relations theory than Bowlby's Attachment Theory work, which is more commonly referred to in the care literature (Thomas, 2012).

Honneth (1995) describes legal recognition as the next stage in an individual achieving self-realisation and full moral personhood in a society. This type of recognition is considered historically situated as opposed to having 'natural' origins like love (Honneth, 1995; Thomas, 2012), which is to say that the modern era has made possible a distinction between social esteem and legal recognition.<sup>46</sup> Legal recognition takes place at a cognitive level when individuals 'reciprocally recognize each other with regard to their status as morally responsible' (Honneth, 1995, p. 110) and equally deserving of rights. In this way, one comes to know themselves as someone entitled to certain treatment and recognises others as similarly entitled persons. Importantly, however, this type of recognition is dependent on 'the ability to claim one's rights through a legal process' (Thomas, 2012, p. 456). In the present historical moment, a tripartite account of rights (i.e. civil, political and social rights) has been gradually increasing in terms of to whom it applies and what it constitutes. Thus, being historically situated, legal recognition is a form of recognition that can change over time, expanding (or contracting) to include (or exclude) individuals or groups as social norms evolve (Honneth, 1995; Thomas, 2012). This form of recognition enables the individual to develop self-respect as '[t]hey become able to consider themselves as sharing, with all the other members of their community, the attributes of a morally competent actor' (Honneth, 2001, p. 49).

In terms of misrecognition, this is considered an historically situated form that is subject to transformation through time. According to Honneth (1995), the kind of denigration that affects a person's moral self-respect is the denial of rights or exclusion from legal protection because 'human beings suffer in their dignity through not being granted the moral rights and responsibilities of a full legal person within their own community' (Honneth, 2001, p. 49). The 'social shame' experienced by African Americans that incited the Civil Rights Movement in the United States provides evidence for how the denial of rights denigrates one's self-respect (Honneth, 1995; Thomas, 2012). This kind of legal disrespect results in a 'social death' for the individual (Cacho, 2012; Honneth, 1995; Houston, 2016), in which 'the law punishes but does not protect, disciplines but does not defend' (Cacho, 2012, p. 8). This kind of disrespect is measured in two ways: 1) the degree of universalisation (i.e. to whom they apply) and 2) the substantive scope (i.e. the types of established rights). Being historically situated, both the universalisation and scope of legal rights have been expanding in the modern era (Honneth, 1995). Thomas (2012) and Warming (2015) both critique Honneth's (1995) acceptance of the generational order and, thus, the exclusion of children from full legal personhood, arguing that children (especially those in care) require and deserve legal respect as well (Thomas, 2012; Warming, 2015). Additionally, Paulsen and Thomas (2018), in their

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<sup>46</sup> Put simply, 'in pre-modern societies legal recognition was tied to social norms and roles based on individuals' allotted place in society' (Thomas, 2012, p. 456) rather than having a contestable code of laws that recognised all humans as equal in moral personhood, regardless of their social status.

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application of Recognition to leaving care, assert that in practice legal recognition is more than formal rights, arguing that legal recognition should include the active support young people receive and the realisation of those rights through interpersonal communication and respect. Here, this broader interpretation of legal recognition is used and referred to as 'respect', and misrecognition is considered a denial of respect.

The final and, according to Honneth (1995), the highest form of recognition is solidarity. Solidarity, alternatively called social recognition, is in some sense a combination of love and legal recognition. In this kind of recognition, one acknowledges an individual's value in their particularity through a respect for their autonomy and rights (Honneth, 2001). Being recognised in this way enables an individual to develop self-esteem, in which one feels appreciated for their specific qualities and can 'identify itself wholly with its specific attributes and achievements' (Honneth, 2001, p. 50). Here, Honneth (1995) distinguishes respect from esteem. Respect is applicable to *all* individuals, *regardless* of their personal characteristics, due to having the status of a moral person, whereas esteem is something conferred on *the individual* for their *unique characteristics* which have been defined socially as worthy or valuable (Honneth, 1995; Thomas, 2012). Thus, it is an act of solidarity between autonomous subjects to accept 'an individual's abilities and way of life' as equally valid and valuable (Honneth, 2001, p. 49). Similar to legal recognition, solidarity is socially and historically situated and subject to 'the process of detraditionalization' and is becoming more generalised as 'the principle of egalitarian difference' develops more fully (Honneth, 2001, p. 50). Importantly, Honneth (1995) argues that solidarity is only made possible by members of the community having a 'shared conception of the good life that determines the valuableness of individual tasks' (p. 89). In this way, social recognition is *both* a recognition of *an individual* as valuable and a recognition of *their lifeway* as valuable.

The corresponding form of disrespect in this case is one of social devaluation of different forms of self-realisation, called denigration or insult. Honneth (2001) says that '[s]uch a pattern of devaluing particular achievements or forms of life has the result of not allowing the subjects concerned to relate to abilities acquired in the course of their lives, along the lines of social esteem' (p.49). Experiencing this kind of disrespect can lead to negative emotions 'such as being ashamed or enraged, feeling hurt or indignant' (Honneth, 1995, p. 136). In this way, affective sensations 'are, in principle, capable of revealing to individuals the fact that certain forms of recognition are being withheld from them' (Honneth, 1995, p. 136). Therefore, Honneth (2001) argues that denial of solidarity is a major source of ongoing cultural conflict:

In modern societies, relations of social esteem are subject to a permanent struggle, in which different groups attempt, by means of symbolic force and with reference to general goals, to raise the value of the abilities associated with their way of life. (p. 127)

Though his original treatise focuses on intersubjective forms of recognition (Honneth, 1995), Honneth (2012) acknowledges that recognition can also be conveyed through social institutions (i.e. structures). In this way, institutions can be understood ‘as embodiments of’ or ‘crystallizations of patterns of recognition’ (Honneth, 2012, p. 84). Therefore, the social distribution of material goods can be ‘seen as the institutional expression of a sociocultural dispositive that determines in what esteem particular activities are held at a specific point in time’ (Honneth, 2001, p. 54). Thus, conflicts and protests surrounding the distribution of resources ‘are always symbolic struggles over the legitimacy of the sociocultural dispositive that determines the value of activities, attributes and contributions’ (Honneth, 2001, p. 54), that is, they are struggles for social recognition. This is rooted in the fact that recognition is not merely symbolic; rather, recognition ‘must be accompanied by actions that confirm [...] the actual value articulated in the original act’ (Honneth, 2012, p. 92). In institutional forms of recognition, this means there must be accompanying changes in policy, practices, law and/or material distribution to reflect the value implied in an act of recognition (Honneth, 2012). Thus, Honneth (2012) asserts that institutional patterns of recognition ‘that lack any prospect of yielding material change’ are ‘ideological forms of recognition’ (p. 94) that serve as the means for social domination rather than enabling increased autonomy. For example, the coupling of aftercare support to educational progression discussed in the Introduction may be seen as an ideological form of recognition that serves to coerce care leavers into a particular lifeway rather than a means of supporting care leavers toward increased autonomy. Therefore, the final form of recognition is referred to as social recognition throughout as an acknowledgement of the social valuation implied in this form of recognition. Misrecognition or denial of social valuation is considered social denigration.

Referring back to liminality and the importance of status recognition and reincorporation into society, Recognition Theory indicates that all three forms of recognition must be felt in order for one to feel fully incorporated into society. If any of these forms are denied, i.e. one is misrecognised in either care, respect or social, then the individual feels a sense of disrespect. The following discussion reveals how emotions contribute to the experience of recognition, and thus the analysis of the leaving care experience using a Recognition lens.

#### *FEELING (MIS)RECOGNITION: RESPECT AND SHAME*

As noted, emotions are the primary way in which individuals realise how they are being recognised by others (Honneth, 1995). Humans feel a plethora of emotions (such as the ‘basic’ emotions of

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anger, disgust, joy and sadness (Tracy & Robins, 2004, p. 104)); however, there is a subset of emotions that psychologists consider particularly relevant to human socialisation, referred to as self-conscious emotions (e.g. shame, guilt and pride) (Gerdes, 2011; Lewis, 1971; Scheff, 2000; Tangney & Dearing, 2002; Tangney & Fischer, 1995; Tracy & Robins, 2004). A key characteristic of self-conscious emotions is that they require self-awareness and self-representations, which 'make it possible for self-evaluations' (Tracy & Robins, 2004, p. 105). Scheff (2000) explains that there are three 'self-monitoring' steps associated with self-conscious emotions: our imagined-self appearance to others, the imagined judgment of our appearance by the other, and a self-feeling in relation to these juxtaposed imaginings (p. 88). Self-conscious emotions, being stimulated by the individual reflecting on their self-image, are believed to regulate human behaviour as it relates to 'social interactions and intimate relationships' (Tracy & Robins, 2004, p. 103). As such, they are considered socially and culturally situated, having less universal recognition in terms of facial expressions and/or triggers than basic emotions (Tracy & Robins, 2004). Moreover, self-conscious emotions are related to other aspects of behaviour such as empathy and altruism or depression and anger (Tangney & Dearing, 2002). The following is an account of two significant emotions involved in intersubjective action as it relates to the transition out of care: respect and shame.

Respect is the admiration felt or shown (through politeness, honour or care) to a person for attributes perceived to be good (dictionary.cambridge.org, 2019). It is acknowledged that children in care need recognition and respect, particularly as it relates to decisions about their care (Cashmore, 2011). Respect, in this sense, is conveyed to children and young people when their views and opinions are 'taken seriously' (Cashmore, 2011, p. 520). As Cashmore (2011) explains, the extent to which young people feel cared for and respected by adults matters more than having actual control over the outcome. This has been formulated as an 'ethic of respect' in which young people expect to have 'their views taken into account and acknowledged' by individuals with whom they are interdependent and have relationships (Cashmore, 2011, p. 516). Receiving respect in this way enables young people to feel heard, supported and capable of self-determination (Powers et al., 2018). However, research in the care field finds that children in and young people leaving care frequently do not feel respected in this sense (Häggman-Laitila et al., 2018; Paulsen & Thomas, 2018). Therefore, there is a need to be attentive to respect, particularly as it relates to 'feeling heard' in the transition out of care.

While respect is an emotion that signifies to the individual that they are being recognised in a positive way, there are also feelings associated with misrecognition (i.e. when one is conferred a negative status). According to Honneth (1995, 2001), shame is how disrespect is felt or experienced

by individuals.<sup>47</sup> Shame is considered a 'self-conscious' emotion that is inherently social (Lewis, 1971; Scheff, 2000; Tangney & Dearing, 2002; Tracy & Robins, 2004). Lewis (1971) contends that shame involves self-evaluations that are considered essential to navigating the complex social structures which characterise human social groups. Therefore, she describes the experience of shame as having an intersubjective quality in which the individual may feel shame for how they believe another to be perceiving them, or shame for being associated with someone, or shame for another person entirely. Thus, while shame is internalised, its source can be said to be 'originating in the "other"' (Lewis, 1971, p. 32). Tracy and Robins (2004) define shame as feeling negatively about one's 'stable, global self' (p. 115), which is to say their whole person rather than a specific action or behaviour, which would evoke feelings of guilt rather than shame (Scheff, 2000). Additionally, Tangney and Dearing (2002) claim that 'shame and guilt are inextricably linked to the self in relationship with others' (p.2), developing from our earliest interpersonal experiences. Notably, they found that individuals who were prone to feeling shame were 'relatively more likely to blame others (as well as themselves) for negative events, more inclined towards seething, bitter, resentful kind of anger and hostility, and less able to empathize with others in general' (Tangney & Dearing, 2002, p. 3).

Seminal works within sociology and psychoanalysis reveal that shame is a deeply social experience that 'arises when there is a threat to the social bond' (Scheff, 2000, p. 95), which is something that Scheff (2000) argues people are 'constantly anticipating' (p. 97). In this way, shame is believed to play a central role in social control, especially in relation to social-economic dependence (Scheff, 2000). Additionally, shame is an emotion that can create a 'feeling trap' (Scheff, 2000, p. 95) that can lead to feelings of shame extending over long periods of time, rather than being a brief punctuated emotion. This extended shame experience is supported by an emotional loop in which the individual feels shame and then a corresponding emotion, which ultimately triggers shame again; for example, a shame/anger loop (Houston, 2016; Lewis, 1971; Scheff, 2000). In the context of care leaving, the supports that care leavers receive are an institutional form of recognition (or misrecognition, as the case may be); thus, negative experiences with aftercare supports have the potential to elicit shame due to social misrecognition. Considering the possibility of emotional loops, shame also has the potential to reveal sources of other negative emotions, including anger,

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<sup>47</sup> Houston (2016) provides an extensive interrogation of Honneth's (1995) use of shame as the impetus of social change. Using theoretical developments in the shame literature, Houston identifies shortcomings in Honneth's conception of shame as an absolute motivator for struggles for recognition, noting, instead, that shame often leads to suppressed emotions rather than productive communicative action. Houston goes on to provide a model for integrating shame and recognition in social work practice. Accepting such critiques, this work considers shame an emotion that may lead to suppression of shame and subsequent emotions, which require caring and respectful relationship development to stimulate communication and address feelings of misrecognition.

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that may be felt in the transition. In this way, being sensitised to shame enables the study to examine how interactions with other individuals and social institutions influence personal feelings of value. Finally, the institutional nature of social recognition allows for a shame-sensitive analysis to elucidate issues of policy and practice that may contribute to misrecognition or the interrogation of misrecognition and restoration of relationships of recognition (for a practice model integrating shame and recognition, see Houston, 2016).

### **The Deserving and Undeserving Poor**

In the framework of Recognition and shame, stigma emerges as a key concept. Goffman (1963) calls stigma 'the situation of the individual who is disqualified from full social acceptance' (p. 9), noting that stigma indicates to members of society something 'bad about the moral status' of the recipient (p.11). He goes on to explain that this stems from how humans use social categories to make quick judgments about new people, particularly strangers, using appearances to identify the person's 'social identity', which he argues is a more appropriate term than social status because it carries with it information about 'personal attributes such as "honesty"' and 'structural ones, like "occupation"' (p. 12). This process of 'imputing' a social identity onto the person reduces them 'from a whole and usual person to a tainted, discounted one' (p.12). Importantly, Goffman (1963) explains that stigma refers to attributes that are 'deeply discrediting'; however, it must be conceptualised in a relational rather than attributional sense as something that is stigmatising for one social identity might not be so for another. Goffman (1963) identifies three types of stigma: physical deformities, individual character blemishes, and 'tribal stigma', which is 'transmitted through lineages and equally contaminate[s] all members of a family' (p. 14). The notion of 'tribal stigma' is important for this study in understanding how care leavers experience the stigma of a care identity (Ibrahim & Howe, 2011; Patrício, Lopes, Garrido, & Calheiros, 2019; Villagrana et al., 2018).

'Tribal stigma' is also relevant for understanding the treatment of individuals receiving welfare assistance generally. It is asserted that institutions designed to aid those in need operate on a moral dichotomy of deserving/undeserving poor in which some are considered 'worthy' of assistance and others are considered '*responsible* for their own poverty' (Romano, 2018, p. 1). The concept of the deserving and undeserving poor is a deep one, being more unconscious than conscious as 'taken-for-granted mental assumptions or modes of procedure' (Sewell, 1992, p. 22). Deep structures are ones that tend to be more durable over time even as the surface level enactment of cultural schemas changes (Sewell, 1992), which is to say that the transformation from a philanthropic and charitable model to a social welfare model of poverty alleviation does not necessarily eliminate the previously engrained categories of deserving/undeserving (Romano, 2018). The undeserving poor are constructed as being morally deficient and in some way responsible for their own plight, and



thus less deserving of assistance (Giles, 1992; Romano, 2018). This construction of the recipient of state aid as in some way responsible for their own circumstances appears in the discourses of poverty alleviation in a variety of contexts, including the US, the United Kingdom, Ireland and Italy (Cacho, 2012; Kearney & Skehill, 2005b; Romano, 2018; Skehill, 2003).

The durability of the deserving/undeserving poor mindset means that it continues to underpin both policy and practice in the modern welfare state, including care and aftercare systems, through structural features related, for example, to access and support criteria and methods of control and coercion in poverty and unemployment alleviation programmes (Furlong et al., 2018; Romano, 2018). Thus, given the foundational nature of the concept of the deserving/undeserving poor in Ireland's child welfare system, this dichotomy is a deep cultural schema that is integrated into the psyches of individuals despite revolutions in and/or changes to the external structure of the system (Cox, 2017; Sewell, 1992). Cacho (2012) argues that this kind of framing transforms people in undeserving categories into 'nonbeings' that are denied 'legal personhood' (p.8). Though children have long been incorporated into the 'deserving poor' (Gilligan, 1991; Skehill, 2005), children in care are often presumed to be in care either for their own or their parents' moral failings (Egelund & Böcker Jakobsen, 2009; Warming, 2015). Warming (2015, p. 257) asserts that a discourse of blame positions 'children in care as less moral [sic] sane than other children' (Warming, 2015, p. 257). In this way, their status as child-in-care confers on them an 'undeserving poor' stigma, which creates the potential for misrecognition of children in care and care leavers as 'undeserving' of ongoing support. For example, the prerequisite of being engaged in education or training in order to receive support in the Irish aftercare system may be seen as an institutional marker of deservingness, meaning that those not engaging in education are not just unsupported but also stigmatised as undeserving. In this way, the notion of being deserving of assistance relates to Recognition through the concepts of respect and shame previously discussed by revealing how young people frame their own worthiness in relation to how others view them.

#### *APPLICATIONS OF RECOGNITION IN LEAVING CARE*

Recognition is a burgeoning topic in the child welfare and leaving care literatures (Houston & Dolan, 2008; Paulsen & Thomas, 2018; Ridley et al., 2016; Thomas, 2012; Warming, 2015, pp. 259-260). Houston and Dolan (2008) argue that Honneth's (1995) theory is a fruitful base from which to begin theorising and interrogating social work practice, particularly family support programmes. They note that it provides an understanding of interdependence as 'the basis for human interaction' and contests the notion of 'individual self-sufficiency' (Houston & Dolan, 2008, p. 463). In an English context, Ridley (2016) asserts that Recognition 'provides a useful approach to conceptualizing some of the different processes through which quality relationships can develop between practitioners and the children and young people they work with' (p. 62). Thomas (2012) expands the application

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of Recognition to children as morally responsible persons and rights bearers, proposing that the theory has the potential to be used in the analysis of children's participation from a rights-based perspective. Finally, Warming (2015) highlights how Recognition provides a theoretical framework that enables the interrogation of both interpersonal and structural forces so as to go 'beyond individualized explanation towards power relations, professional practices and governmental strategies' (p. 259). Convincingly, however, she problematises Honneth's (1995) omission of children from legal recognition and acceptance of the 'generational order'; instead, she argues that legal recognition should be extended to children as a matter of social justice (Warming, 2015, p. 251). On the whole, these analyses have revealed how children in care experience recognition and misrecognition in their work with professionals and other adults in their lives.

In terms of the leaving care literature, Paulsen and Thomas's (2018) qualitative study of Norwegian care leavers demonstrates the potential for Recognition Theory to explain some of the struggles that young people experience in the transition out of care. They take the theory as a starting point for understanding the experiences and needs of young people as they transition out of care. The study identified three main issues in the transition, which broadly correspond with the three types of recognition: having good relationships to caring adults, being listened to and able to influence their own lives and receiving support and encouragement (Paulsen & Thomas, 2018).

Similar to other studies (Goodkind et al., 2011; Graham et al., 2015; Harden, 2004; Lemon et al., 2005; Melkman & Benbenishty, 2018), Paulsen & Thomas (2018) found that good relationships were central to young people's experiences of the transition, which they interpret as a reflection of the foundational importance of caring recognition. Ultimately, the young people wanted to feel 'cared for' even within their formal relationships with workers. Importantly, the ending of formal relationships that often accompanies the transition out of care was perceived as 'an absence of care' by the young people. Also in line with previous findings (Goodkind et al., 2011), Paulsen and Thomas (2018) found that young people were frustrated by 'the lack of information, participation, and collaboration' from their workers during the transition out of care, which they argue reflects the importance of legal recognition and is a sign that their rights were not being respected in the process. Finally, social recognition in the transition was identified in terms of the young people's desire for a variety of social supports, including 'affirmational guidance' and encouragement to build 'faith in themselves' (Paulsen & Thomas, 2018, p. 5). Significantly, young people noted a 'focus on the negative' in their casework, and Paulsen and Thomas (2018) suggest this relative 'absence of "achievement recognition"' that promotes 'uncertainty about one's own worth' (p. 6) was experienced as misrecognition by the care leavers. Thus, the negative experiences of young people leaving care are framed as examples of misrecognition. Based on their analysis, Paulsen and Thomas (2018) assert the potential for Recognition in the development of better support programmes and

aftercare planning and participation to reveal the conditions that are enabling or, alternatively, disabling during the transition out of care.

#### RECOGNITION IN SOCIETY: EXPERIENCING PRECARIOUSNESS

Having established the relevance of Recognition to an analysis of leaving care, the discussion turns to the final concept in this theoretical framework: precarity. Understanding how people's lives are influenced by their lack of power and access to resources has been a longstanding concern in social research (Burrige & Gill, 2017; Coram, 1997; Mann, 2010; Mannerström, Muotka, & Salmela-Aro, 2019; Manolchev & Teigen, 2019; Precarias a la Deriva, 2005; Schwartz, 2019; Standing, 2011). Precarity is a concept used to understand how structural constraints operate in the lives of vulnerable populations (see Butler, Gambetti, & Sabsay, 2016; Precarias a la Deriva, 2004; Standing, 2011). At its core, precarity is used to describe relations or situations of dependence (Berlant, 2011). By definition, precarious means being 'dependent on chance circumstances, unknown conditions, or uncertain developments' or 'characterized by a lack of security or stability that threatens with danger' (Merriam-Webster.com, 2019). Thus, precariousness facilitates the examination of various aspects of life, such as housing or employment, in the lives of vulnerable populations in order to identify dependencies and conditions of uncertainty that relate to stability in their lives.

Butler (2016) explains that vulnerability and precarity are related, yet distinct, concepts. As she defines it, vulnerability is an embodied characteristic of humans that reflects our 'dependency on other bodies and networks of support' for survival, highlighting the interconnected nature of human lives (Butler et al., 2016, p. 16). Therefore, Butler (2016) asserts that vulnerability must be understood within a 'conception of social and material relations' (p. 16). Rema Hamami (2016) distinguishes this embodied vulnerability from conditions of precarity, suggesting that '[p]recarity refers to the political conditions that follow when these needs of survival are not addressed' (p. 171). In formulating vulnerability as inherently relational (to other individuals and the material world), Butler (2016) aims to 'foreground the ways in which we are vulnerable to decimated or disappearing infrastructures, economic supports, and predictable and well-compensated labor' (p. 21) in the context of mature capitalism, changing welfare states and neoliberalism. This is an interdisciplinary discourse engaged in reinterpreting vulnerability in the context of political resistance to demonstrate how vulnerability can be mobilised and used as 'a way of being exposed and agentic at the same time' (Butler et al., 2016, p. 24). In Butler's view, vulnerability is 'an existential condition' that has the potential to facilitate acts of solidarity across social strata as, increasingly, different groups are made aware of their mutual vulnerability by being drawn into precarious living conditions (Butler et al., 2016, p. 25). Conversely, being subject to precarious conditions may also be seen as a denial of solidarity and social insult from society writ-large by those members who are subjected to them (Fraser & Honneth, 2003; Honneth, 2001, 2012).

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With precariousness spreading beyond those who are impoverished to other classes such as the 'petty bourgeoisie' due to the changing nature of capitalism and the welfare state (Berlant, 2011; Standing, 2011; Talburt & Lesko, 2015), Berlant (2011) explains that the 'promise of the good life no longer masks the living precarity' (p. 196) in which people now find themselves, situations she coins the 'enduring present' (p. 196). Cacho (2012) argues that precarious lives, which are socially imposed by the structures we create, such as legal systems, policies and benefit systems, are experienced as 'social death' due to the denial of full personhood because they are constructed as undeserving, illegitimate or immoral by the state—in Recognition theory terms, they experience misrecognition in the form of social denigration. Talburt and Lesko (2015) assert that the 'impasse created by changing material and affective conditions' provides an opportunity for youth studies to examine 'this moment of precarity' to investigate 'other imaginaries of youth, sociality, politics, accomplishments, successes, and resistances' (p.174-175). Importantly, this historical moment of austerity, which has seen the rise of new social movements to resist the precarity that is pervading lives across the social spectrum, has laid the groundwork for 'the first step to solidarity' (Talburt & Lesko, 2015, p. 181) amongst those who recognise their mutual dependence and vulnerability (Butler et al., 2016; Hammami, 2016).

In the literature, discussions of precarity tend to focus on labour market conditions and employment (Boddy, Lausten, Backe-Hansen, & Gundersen, 2019; Bone, 2019; Locke & te Lintelo, 2012; Manolchev & Teigen, 2019; Precarias a la Deriva, 2004, 2005; Standing, 2011). For example, Guy Standing's (2011) recent work on the changing nature of work highlights how more people across different social groups are being affected by precarious labour conditions—leading to a new class of people he calls 'the precariat'. Standing (2011) argues that precarious conditions lead to a mindset of 'short-termism' that affects an individual's ability to plan in the long term, leading to stress (p. 21-22). This kind of present-focused mindset in which the individual has 'no expectations beyond the present' has been identified in young adults, particularly as it relates to the uncertainty permeating the transition to adulthood (Blatterer, 2010, p. 69). Standing (2011) asserts that individuals in these circumstances experience the 'four A's' of precarity: anger at life's unmet promises, anomie toward a purposeless existence, anxiety due to 'chronic insecurity', and alienation from self-determination (p.22-24). Rejecting an overly deterministic definition of precarity, the feminist collective Precarias a la Deriva (2005) explains that precariousness is best thought of as a tendency rather than a state of being, defining it as 'the set of material and symbolic conditions that determine a vital uncertainty with respect to the sustained access to the essential resources for the full development of the life of a subject' (p.1). In short, 'the precariousness of life near the bottom' is characterised by 'actual ruin and the risk of ruin' (Coram, 1997, p. 77).

Youth studies research asserts that this 'risk of ruin' has increased for young people in the past 40 years as capitalism has evolved in a context of welfare state retrenchment (Boddy, Lausten, et al., 2019; Furlong et al., 2018; Talburt & Lesko, 2015). In her study of young academics, Bone (2019) contributes to developing a temporal perspective on precarity. Similar to Standing (2011), she found that precarious employment was a barrier to 'self-determinacy, independence, and feelings of stability' (p.9). In fact, some felt that it was either irresponsible or pointless to invest in activities that were viewed as having a long-term nature, such as relationships, community involvement and homeowning. In order to feel 'a sense of agency over the direction of their lives' (Bone, 2019, p. 9), participants sought to create 'options' for themselves. In terms of transition, Bone (2019) theorises this state of suspended lifestyles and deferred futures as living in a 'continuous present' (p. 15). Blatterer (2010) has dubbed the current state of young adulthood a 'liminality without limits' (p. 69), while Bone (2019) calls this a state of 'always *becoming*' (p. 16) in which insecurity and lack of control led young workers to feel infantilised by having to defer all of the activities they associate with adulthood, like buying a home, starting a family and 'settling into' a community. Importantly, analyses such as these highlight how precarity begins to permeate other aspects of one's life (Bone, 2019).

In their study of young men's transitions into the workforce in the United Kingdom, Hardgrove, Rootham and McDowell (2015) found that 'pervasive' instability characterised the experiences of young men in precarious employment. This precarity extended beyond their work life into family life, with both familial and housing situations being marked by uncertainty and upheaval (Hardgrove et al., 2015). In terms of care leavers, research highlights housing, employment and income as life circumstances that are precarious for many transitioning out of care at the age of 18 (Boddy, Lausten, et al., 2019; Natalier & Johnson, 2012; Peters et al., 2016; Power & Raphael, 2017; Rome & Raskin, 2017; Sala-Roca, Villalba Biarnes, Jariot Garcia, & Arnau Sabates, 2012; Shah et al., 2016; Smith, 2011). Linking social inequality and health outcomes in care leavers, Power and Raphael (2017) assert that circumstances such as precarious housing and employment as well as limited social support (with an emphasis on familial support) leads to poor health outcomes. They highlight that the retrenchment of the welfare state in the United Kingdom is particularly problematic for care leavers, who are typically highly dependent upon the state to meet their vital needs; thus, the scaling back of social welfare programmes has led to an increase in the precariousness of care leaving across multiple domains of life (e.g. health, housing and education) (Power & Raphael, 2017). Judith Butler (2016) explains that these kinds of policies and 'management of "vulnerable populations"' can lead to 'unequal distribution of vulnerability', which she argues is key to understanding 'the condition of contemporary precarity' (p. 5)

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As the review in Chapter Two documented, young people leaving care can be said to be at ‘risk of ruin’ due to their lack of social and cultural capital, their limited access to resources, and dependence on the state for basic needs, which increases their risk of negative outcomes such as housing insecurity, poverty, lower educational attainment and unemployment (Barth, 1990; Biehal & Wade, 1996; Cameron et al., 2018; Collins, 2016; Collins, 2001; Courtney & Huring, 2005; Doyle et al., 2012; Höjer & Sjöblom, 2014; Mendes & Snow, 2016; Morton, 2017; Power & Raphael, 2017; Rome & Raskin, 2017; Stein, 2006a; Woodgate et al., 2017). In this study, the concept of precarity is understood as a social condition that increases the possibility that one’s ability to meet ‘vital needs’ such as food, shelter, and safety will be undermined (Precarias a la Deriva, 2004, 2005). Viewing precarity as a tendency rather than a state of being is essential to avoiding a deterministic approach to structural influences; it also allows the analysis to recognise when precariousness is and *is not* present and, in so doing, to reveal the mediating force of social structures in the relations between active agents in the process of leaving care. Moreover, the institutional misrecognition described previously is compatible with the understanding of precarity as a socially and politically induced set of conditions which signify to the individual living in precarious circumstances the social value placed on their lifeway.

## CONCLUSION

Having reviewed the existing theorising within the leaving care research literature, this chapter has made a case for using three different, yet compatible, lenses to capture the interplay between structure and agency in the lives of care leavers through time. Relying upon a critical understanding of agency and structure as mutually dependent, this study acknowledges that structures are products of human action and that human actions are informed by existing structures. The three theoretical and conceptual frames presented—liminality, Recognition, and precarity—provide analytical leverage to a longitudinal investigation of the role of structure and agency in the transition out of care. Liminality contributes to an understanding of the temporality of the transition and the social structures relating to transition to adulthood. Recognition contributes a ‘delicate interplay between “human agency” and wider cultural forces’ (Houston & Dolan, 2008, p. 462) that permits the identification of interpersonal and structural analyses of the young people’s experiences, both with family and friends and workers and support systems. Finally, precarity contributes an understanding of the macrosystems that affect the daily lives of care leavers as they attempt to satisfy their vital needs, including the labour market, education system and aftercare policies.

Thus, precarity and Recognition provide a framework for investigating the relationship between agency and structure in young people’s lives during this liminal life stage. Precarity contributes to

the understanding of how structures can create a tendency for certain individuals to be at a greater risk of negative outcomes while Recognition provides concepts to appreciate how individuals interpret these structures and their interactions with others in relation to their own self-image and desired 'good life'. Therefore, combining precarity and Recognition provides a window into how precarious conditions may be interpreted by individuals as societal valuation of their personhood, which has implications for how they internalise structures *and* respond to them. Their responses in turn have the potential to reinforce or change how structures work in their lives. Finally, liminality facilitates understanding of how these young people transition over time from being 'betwixt and between' into a new social status as young adult.





# Chapter Four

## METHODOLOGY

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### INTRODUCTION

Having presented the context for this research, detailed the international research literature and outlined the theoretical framing of the study, this chapter describes the methodological underpinnings of the research. Methodology, which encompasses both the epistemological orientation and the design of the research (Carter & Little, 2007; Flyvbjerg, 2006; Iphofen, 2011; Peirce, 1995), is the foundation or justification for the methods chosen (Carter & Little, 2007; Peirce, 1995). This chapter presents the methodological approach employed in this study, including its underlying epistemology, ethical foundations, research methods and fieldwork undertaken.

Carter and Little (2007) call methodologies ‘logics-in-use’, which they acknowledge are ‘rarely “pure”’ (p.1324) and may be combined or modified in meaningful ways in accordance with the unfolding nature of the research endeavour. This research aimed *to explore how young people leaving care at the age of 18 in Ireland understand and negotiate the transition out of care* by asking four questions:

- What experiences are most salient for young people during this transition?
- What do young people consider a ‘successful’ transition to be?
- What do young people identify as barriers and facilitators to a ‘successful’ transition?
- How do young people experience the transition as a social process?

The study’s overarching research aim suggests an investigation of care leavers’ own understandings of their lives and circumstances and how these may change; thus, the logic of this project is one in which the youth’s perspectives and contexts are placed at the core of the inquiry, with time considered integral to the phenomenon under study. Accordingly, a qualitative longitudinal multi-case study design was deemed most appropriate for investigating the lived experience of care leavers’ transitions upon reaching 18 years of age. This project combined two complementary methodological orientations in order to fully investigate the research question: case study methodology and qualitative longitudinal research. Through a series of in-depth qualitative interviews, ‘the internal logic and contextualised meanings of participants’ life experiences and social worlds’ (Shirani & Henwood, 2011, p. 19) were investigated as they unfolded through time (Miller, Nelson, & Moore, 1998; Shirani & Henwood, 2011). This in-depth approach facilitated the development of rich descriptions for the investigation of the young people’s lives, experiences and understandings.

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The chapter starts with an account of the epistemological and methodological underpinnings of the research. Next, the ethical principles that guided the research are reviewed. The discussion then turns to a detailed explanation of the methods chosen and the fieldwork undertaken. The chapter concludes with explanations of the analytical process—including longitudinal and iterative elements—and considerations of trustworthiness and rigour throughout the research process. Reflexive considerations are also identified and discussed throughout the chapter as needed.

# DESIGNING THE RESEARCH

## EPISTEMOLOGY

As suggested above, the lens through which the researcher views the world and research shapes the nature of the investigation (Carter & Little, 2007; Flyvbjerg, 2006; Guta, Nixon, Gahagan, & Fielden, 2012; Hemmings, 2006; Peirce, 1995; Swartz, 2011). Having been trained as an anthropologist, I have long held an appreciation for the social construction of knowledge. My work in under-served communities as both a teacher and a researcher contributed to my interest in a critical analysis of the social world. Thus, prior to initiating this project, I was attuned to issues of (mis)communication and justice as they relate to people's engagements with services designed to address their needs. Therefore, this study is underpinned by an epistemological stance that is both social constructionist and critical (Crotty, 1998; Kincheloe & McLaren, 2011; Peirce, 1995).

Constructivism and constructionism are often used interchangeably; however, Crotty (1998) distinguishes between constructivism and constructionism as, respectively, the difference between an individual's construction of personal knowledge and meaning and the 'collective generation [and transmission] of meaning' between individuals (p. 58). Throughout this work, I focus on constructionism as a stance in which meaning about the world and interactions within it are understood to be constructed by and between social actors (Bryman, 2016; Carter & Little, 2007; Charmaz, 2014; Crotty, 1998; Pfohl, 2008). Crotty (1998) argues that a collective versus an individual focus gives constructionism a 'critical spirit' (p. 58), which is in part related to the nature of critical inquiry. Critical theory is distinct in its focus on issues of power and justice, including how social institutions and 'cultural dynamics interact to construct a social system' (Kincheloe & McLaren, 2011, p. 288). According to Peirce (1995), '[c]ritical researchers are interested in the way individuals make sense of their own experience' (p. 571) and 'in locating their research within a historical context' (p. 572). For this study, pairing social construction and critical analysis allows for a nuanced investigation of agency and structure as it implies there are factors both within (i.e. meanings and understandings) and outside of (i.e. structures, contexts and the environment) individuals that must be considered (Hung & Appleton, 2016).

### QUALITATIVE LONGITUDINAL MULTI-CASE STUDY

Given the aim and epistemological orientation of the research, a methodology that elucidates rich individual experiences against a complex contextual backdrop was necessary. Furthermore, since studying *transition* implies an interest in temporality, the methodological approach needed to have the ability to capture change in experiences and contexts through time. These two aspects necessitated the design of a qualitative longitudinal multi-case study (Stake, 2006; Yin, 2018). The following discusses the contributions of the qualitative multi-case study design and the qualitative longitudinal research approach, including how Grounded Theory techniques were incorporated to address limitations and/or challenges that accompany these methodologies.

#### QUALITATIVE MULTI-CASE STUDY

At the core of the design for this project is qualitative case study methodology, which has been usefully employed in the study of young people in care (McCarthy, 2016), the transition out of care (Kelly et al., 2016), and the analysis of leaving care policy (Collins & Pinkerton, 2008). Qualitative case study is an interpretive methodology in which the researcher intends to understand a specific ‘case’<sup>48</sup> in depth (Flyvbjerg, 2006; Stake, 2006; Thomas, 2011; Yin, 2018). Central to the approach is the development of rich, context-dependent descriptions of specific cases that enable the researcher to ‘learn something’ about the phenomenon in question (Flyvbjerg, 2006) and to create ‘analyses that are sensitive to contextual and causal circumstances’ (Parr, 2013, p. 196). The defining feature of case study methodology is its focus on a phenomenon (i.e. the case), which provides the researcher with the mindset necessary to appropriately hone the research question(s) (Gerring, 2007 1440; Stake, 1995, 2006; Thomas, 2011; Yin, 2018). In this study, which aims *to understand how young people leaving care at the age of 18 in Ireland understand and negotiate the transition out of care*, the phenomenon in question is the transition out of care in Ireland, which is being studied through the experiences of participating care leavers. The focus on the transition through the experiences of care leavers shifts this from a single case study to a multi-case study design (Stake, 2006). Like a case study, a multi-case study facilitates the development of a rich picture of experiences and contexts that influence the phenomenon of interest. However, a multi-case study design is more appropriate than a single case when the phenomenon in question is a ‘function’, such as ‘training or ‘giving birth’, since researching a process necessitates identifying individual cases that can lead to understanding of the process in diverse settings (Stake, 2006, pp. 1-2). In this study, the phenomenon of interest is the transition out of care, which is best understood as a ‘function’ like training or giving birth. Thus, a multi-case study design was chosen

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<sup>48</sup> Case study research is defined by its use of the ‘case’, which is an entity that is relatively bounded such as an individual, group, organisation or event, as a focal point for the research question (Gerring, 2007; Stake, 2006).

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in which individual cases (i.e. care leavers) were selected to illuminate the process of leaving care across a range of contexts<sup>49</sup> (Stake, 2006). A qualitative multi-case study, therefore, has the potential to reveal something about the leaving care experience through a 'deep study' of individual cases (Carter & Little, 2007; Stake, 2006).

Despite the alignment between the research question and the interpretive epistemology of qualitative case study methodology, there are key criticisms of the methodology that merit comment. First, it has been criticised as 'nothing more than a method of producing anecdotes' (Flyvbjerg, 2006, p. 224). Flyvbjerg (2006) rebuts the anecdotal aspersion as a fundamental misunderstanding of how knowledge is created and used by individuals, asserting that it is 'intimate knowledge' of 'context-dependent' cases that produces expert knowledge, which is the essence of case study research (Flyvbjerg, 2006, p. 222). This is similar to the assertions made by Windelband (1848-1915) and Rickert (1863-1936) that social science, in contrast to natural science, is concerned with the idiosyncrasies of individual cases and the understanding produced through the use of an 'individualising method' rather than finding 'laws' through generalising methods (Crotty, 1998, pp. 67-68). Put simply, interpretive social science aims to produce understanding (*Verstehen*) of human actions and experiences through nuanced accounts of phenomenon in context (Bryman, 2016; Crotty, 1998). Thus, rather than a weakness, it is this nuanced view of reality that is the strength of case study methodology since it generates concrete knowledge by relating learning to its context (Flyvbjerg, 2006; Gerring, 2007; Stake, 1995, 2006). Furthermore, this in-depth approach allows case study methodology to identify 'black swans',<sup>50</sup> making it an essential component of critical reflexivity in social science through its ability to falsify claims (Flyvbjerg, 2006).

Second, qualitative case study research has been described as being in 'methodological limbo', with discussions focusing on the epistemology and generalisability of the methodology as opposed to methods used in the field (Gerring, 2007; Thomas, 2011, p. 511). However, proponents of case study research argue that it indicates *what* is to be studied, i.e. the case, not necessarily *how* it is to be studied, which is to say that it focuses the aim of the project by indicating to the researcher what is in question rather than how, specifically, it is to be investigated (Stake, 1995, 2006; Thomas, 2011). As Thomas (2011) explains, 'it would not be a case study—or at least not the kind of case study that would be of interest to social scientists—unless it could be said to be a case *of* something'

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<sup>49</sup> Another way of framing this is Thomas's (2011) distinction between the subject and the object of the case study, which are, respectively, the 'practical and historical unity' (in this case the individual) and the 'analytical or theoretical frame' (in this case the youth transition). The subject is selected 'because it is an interesting or unusual or revealing example through which the object may be examined (Thomas, 2011, p. 514).

<sup>50</sup> 'Black swans' are cases that negate specific theoretical assertions through their very existence (i.e. all swans are white, yet one need find only one black swan to negate this claim). The selection of a 'critical' case is generally used as a way to capitalise on the 'black swan' phenomenon, see Flyvbjerg (2006) pages 224-228 for a more detailed account of this aspect of case study methodology.

(p. 512, emphasis in original). The aim, then, is to ‘open up’ cases through ‘thick description’ and ‘many-sided, complex’ narratives of real situations in order to create an opportunity for learning and developing deep understanding rather than a prescriptive approach to methods employed (Carter & Little, 2007; Flyvbjerg, 2006; Stake, 2006; Thomas, 2011). This is achieved through what Thomas (2011) calls ‘analytical eclecticism’ (p. 512), which he considers a key component of case study research whereby the design intentionally employs a diverse range of methods and theories to collect and analyse the data. Given Carter and Little’s (2007) recommendation to combine methodologies in meaningful ways, I chose to address this ‘methodological limbo’ by combining processual and analytical techniques from constructivist Grounded Theory with longitudinal analysis, discussed in detail at the end of the chapter. I incorporated analytical elements such as an inductive iterative process of concurrent data collection and analysis, reflective memo writing, constant comparison, initial and conceptual coding, and concept mapping (Birks & Mills, 2015; Charmaz, 2014; Clarke, 2005). However, it is important to note that this is not a Grounded Theory study,<sup>51</sup> per se, rather it draws on some of the core tenets of Grounded Theory, particularly in relation to concurrent data collection and analysis.

#### *QUALITATIVE LONGITUDINAL RESEARCH*

As outlined earlier, the study’s focus on transition, which is a process rather than a single event (Avery, 2010; Biehal & Wade, 1996), necessitated an approach that could capture the elements and essence of time and change, precisely the purpose of qualitative longitudinal research<sup>52</sup> (QLR). Similar to qualitative case study methodology, QLR is an interpretivist methodology with origins in the Chicago School of Sociology and symbolic interactionism (Hermanowicz, 2013; Neale & Flowerdew, 2003). Part of a ‘cultural turn’ in sociological research, QLR aims to explore ‘the subjective meanings and active crafting of social relationships, cultural practices and personal identities and pathways’ (Neale & Flowerdew, 2003, p. 192). As such, it is a bottom-up approach to research that seeks to understand individuals’ agency and ‘the sensibilities and moral reasoning that underpin them and the local cultures (social space, locality, artefacts, symbolic representations and so on) through which they are given substance’ (Neale & Flowerdew, 2003, p. 192).

Notably, qualitative longitudinal case study research has proven fruitful in the study of young people leaving care and how they ascribe meaning to their lives (Anghel, 2011; Rome & Raskin,

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<sup>51</sup> A Grounded Theory study requires a more comprehensive suite of methods employed throughout the research cycle, such as theoretical sampling (for more details, see Birks & Mills, 2015; Charmaz, 2014; Clarke, 2005).

<sup>52</sup> Qualitative longitudinal research has been alternately referred to as longitudinal qualitative and qualitative longitudinal research, with common abbreviations being QLR, LQ, LQR, QL and QLL (Hermanowicz, 2013; Neale & Flowerdew, 2003; Shirani & Henwood, 2011). Throughout this work it is referred to as qualitative longitudinal research or QLR.

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2017), including a study of residential care in Romania that revealed the importance of using transition theory to understand the care leaving process (Anghel, 2011). While retrospective studies provide information on how people imbue their life course with meaning, simply 'reading backwards' from one's position in adulthood removes the 'immediacy' of subjective experiences (Neale & Flowerdew, 2003, p. 196). In this way, retrospective studies of the transition capture something different, through the benefit of hindsight, compared to prospective studies of the transition. QLR that follows young people through the transition has the potential to reveal how they make sense of the transition process and the negotiations this project entails for them (Rome & Raskin, 2017). Thus, a longitudinal approach creates the potential to capture 'the *subject in process*' (Thomson, 2011, p. 15) and to understand 'what constitutes major challenges or transitions' for young people and 'their capacity for navigating these changes' (Neale & Flowerdew, 2003, p. 196).

Longitudinal research is associated primarily with quantitative methods (Hermanowicz, 2013; Neale & Flowerdew, 2003), which have tended to emphasise 'discrete differences between "then" and "now"' (Shirani & Henwood, 2011, p. 18), using a before-and-after approach to data collection and analysis. In contrast, QLR is concerned with revealing 'the process of change and detailing the complexities of the journey' (Shirani & Henwood, 2011, p. 18), illustrating 'change through time' rather than 'change over time' (Saldaña, 2003; Shirani & Henwood, 2011). QLR, as opposed to a quantitative method, also allows for transitions other than those defined by the researcher to be uncovered (Neale & Flowerdew, 2003). Neale and Flowerdew (2003) explain the importance of this, asserting that:

We currently know relatively little about how young people define their own development and age and generational grading. Ageing is a complex interlinking of biological and socio-cultural processes that is bound up with the passage of time. We know that different social expectations are built in at each milestone, particularly so for young people. (p. 196)

Moreover, investigating phenomena in more than one temporal moment has the potential to reveal how individuals may react differently or understand their positions differently throughout the life course (Bone, 2019; Shirani & Henwood, 2011), exposing elements of social control and agency and facilitating theorising of transformations (Hermanowicz, 2013). For example, Shirani and Henwood's (2011) qualitative longitudinal study of fatherhood enabled them 'to consider men's relationship to the cultural discourse of involved fatherhood and how this changes in relation to their lived experiences' (p. 18). Similarly, qualitative longitudinal research on leaving care creates an opportunity to investigate discourses on adulthood and 'growing up' and how they influence young people as they exit the care system (Anghel, 2011).

Both a benefit and a challenge of QLR is that it allows for *emergence* in the conduct of the study, which means that the focus of the research may shift as new questions evolve alongside development or change in the experiences of study participants (Bone, 2019; Hermanowicz, 2013). The emergent nature of QLR poses a difficulty in prospectively designing a project as longitudinal since people change over time and previously unanticipated research questions, ideas or themes may become pertinent. Therefore, QLR requires flexibility and a willingness to adapt to new areas of interest (Hermanowicz, 2013; Neale, Henwood, & Holland, 2012; Thomson, 2011). Subsequent interviews may be tailored to previous responses, allowing for follow-up and investigation of developing concepts or personal narratives. This reflexivity in the data collection process provides ‘a more holistic understanding of why people act as they do’ (Shirani & Henwood, 2011, p. 18). In this way, the previously discussed incorporation of Grounded Theory techniques (i.e. concurrent data collection and analysis, reflective memo writing, constant comparison, and conceptual mapping) allowed me to recognise needed adjustments and to accommodate changes and increasing complexity as the project unfolded.

#### STUDY DESIGN: CHOOSING THE METHODS

Fundamentally, there are two approaches to designing a longitudinal project: prospective designs that track the *same individuals* through time and repeated cross-sectional designs that collect data from *different individuals* on the *same topic* through time (a common quantitative design) (Neale et al., 2012). In prospective designs, each wave of data collection may be used to inform the next one, and timeframes may vary from short-term, capturing ‘micro-biographical time or critical historical moments’ (Neale et al., 2012, p. 5), to long-term, covering a fuller picture of the life course through time. In revisiting the same individuals, QLR allows for the investigation and identification of ‘the meaning of temporal change to people, while also exploring how people interpret and respond to such change’ (Hermanowicz, 2013, p. 194). Designing a qualitative longitudinal study also requires consideration of the number and frequency of interviews, the interview schedule design, the incorporation of non-interview methods, the mode of analysis, and participant retention (Hermanowicz, 2013; Neale et al., 2012; Thomson, 2011). The following section details the design choices made at the outset of the research project, including the ethical principles and considerations that guided those decisions. Then, a detailed account of the implementation of the study is provided, including the adjustments made as fieldwork progressed.

#### *IN-DEPTH LONGITUDINAL INTERVIEWING*

In-depth interviewing, which creates a rich picture through the use of open-ended questions to elicit deep information on respondents’ feelings, perspectives, and experiences (Charmaz, 2014; Fransson & Storø, 2011; Gilligan & Arnau-Sabatés, 2017; Gomez, Ryan, Norton, Jones, & Galán-Cisneros, 2015; Quest, Fullerton, Geenen, & Powers, 2012; Saldaña, 2003), was the core method of

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data collection. As discussed previously, longitudinal research collects data at more than one point in time and the analysis incorporates time as an element of consideration (Neale et al., 2012; Saldaña, 2003). In-depth longitudinal interviewing enables the researcher to study development by revealing the 'actor's point of view' on opportunities and alternatives, providing 'a fine-grained view' of the social and cultural conditions that shape an individual's life, and allowing the subject to arrange their past in a meaningful sequence (Hermanowicz, 2013, p. 192). Thus, longitudinal interviews provide a window into the on-going sense-making in which individuals engage throughout their lives and in transitions (Bone, 2019; Shirani & Henwood, 2011), making it particularly appropriate for multi-case study methodology (Flyvbjerg, 2006; Gerring, 2007; Stake). There is no standard expectation for the period of time that constitutes longitudinal work or how frequently data should be collected; however, it has been suggested that the length of the time between interviews depends on the question(s) being asked and should be sufficient for 'change' to unfold (Hermanowicz, 2013; Saldaña, 2003; Yin, 2018).

In this multi-case study, the young people's negotiations and decisions as they initially left care were of particular interest, thus a shorter time-horizon was deemed appropriate (Anghel, 2011; Rome & Raskin, 2017). At the outset, this study was designed as a year-long follow-up study with three interviews planned: initial, interim and final. The literature review revealed that young people's circumstances and experiences can change significantly over the course of one year (Anghel, 2011; Rome & Raskin, 2017; Schelbe, 2013), making this time span appropriate for a 'micro-biographical' study (Neale et al., 2012). This coupled with the interest in the initial transition out of care led to a year-long follow-up being deemed appropriate to identify changes in their experiences (Bone, 2019; Rome & Raskin, 2017). Additionally, the constraints of a PhD timeline, which affect the practical element of study design (i.e. issues of feasibility, such as time, access or funding (Carter & Little, 2007)), allowed for a year of follow-up to be feasible. Finally, the six-month follow-up interview was included to capture the young people's experiences 'in-process' (Thomson, 2011); thus, its inclusion reduced the likelihood of the interviews becoming more retrospective as time passed (Bone, 2019; Neale & Flowerdew, 2003; Rome & Raskin, 2017).

A strength of initially designing a longitudinal project is the opportunity to determine which questions should be the same at each interval, though identical questions are not the only way to assess change over time (Bone, 2019; Hermanowicz, 2013). Therefore, Hermanowicz (2013, p. 190) suggests that the researcher may choose to pose 'different questions on selected same and newly emergent themes' (Hermanowicz, 2013, p. 198). From the initial design, I planned to use repeated questions/topics (for example: How would you describe life for you right now?) and to incorporate emergent theme questions (for example, the topic of security arose in Phase 2 and was investigated further in Phase 3). In this way, the conditions and social settings that the young people described



as most relevant to their experiences of leaving care were pursued, raising new concepts and ideas that were not anticipated at the outset of the research (Bone, 2019; Hermanowicz, 2013; Neale & Flowerdew, 2003). Importantly, it is the 'characterizations of people and their situations' that are the 'baseline' rather than the specific questions asked (Hermanowicz, 2013, p. 198). As noted, I planned for simultaneous data collection and analysis, through which conceptual categories, themes and processes were identified for exploration at subsequent interviews (Birks & Mills, 2015; Charmaz, 2014; Clarke, 2005; Hermanowicz, 2013).

*SUPPORTING CREATIVITY: JOURNALING, PHOTOGRAPHY OR ART*

Considering the constructionist approach and use of critical theory, the project was designed to increase young people's participation and engagement with the research process in order to allow them to shape evolving narratives and the data collection process (Carlson, Engebretson, & Chamberlain, 2006; Day, Riebschleger, Dworsky, Damashek, & Fogarty, 2012; Mertens & Ginsberg, 2008). Therefore, in addition to conducting interviews, young people were invited to choose between another 'creative' method of documentation: journaling, photography, or art (Neale & Flowerdew, 2003; Quest et al., 2012).

In their study of care leavers with an educational disability, Quest and colleagues (2012) accommodated different literacy levels while giving the young people a sense of involvement in the research process and the shaping of their narratives through providing the opportunity to document their lives in journals, photographs, or art. Additionally, research involving the use of journaling with young people in care has been found to be a valuable tool with therapeutic benefits for participants (Mosavel, Ahmed, Daniels, & Simon, 2011; Renold, Holland, Ross, & Hillman, 2008). Young people were invited to record their experiences of and thoughts about the transition to independence through journaling, including what helped and/or hindered the process. Alternatively, participants had the opportunity to engage in PhotoVoice, which utilises visual data and participant explanations (Wang, Cash, & Powers, 2000), to document the resources they were using, challenges they faced, and elements of support they felt they had along the path to independence. This technique has been found to be both empowering and therapeutic for youth and individuals from marginalised groups, including care leavers (Boddy, Bakketeig, et al., 2019; Darbyshire, Macdougall, & Schiller, 2005). Additionally, making art was another creative outlet that has precedent with care leavers and young people in participatory action research (Kelly & Doherty, 2016; Quest et al., 2012). Similar to journaling and photography, this offered a different kind of processing, engaging the young person with a perceived strength (Kelly & Doherty, 2016), potentially gaining knowledge unique from the interview setting (Quest et al., 2012). Young people could opt into the creative documentation at either Phase 1 or Phase 2 interviews, and the materials were discussed during the next interview.

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### *ETHICAL PRINCIPLES AND CONSIDERATIONS*

Iphofen (2011) asserts that '[b]ehaving ethically when conducting research requires the researcher to plan a route through a moral maze', constantly making 'choices within a range of options' (p. 7). As such, good research incorporates sound ethical principles throughout the entire research process, from design to implementation to analysis (Cannella & Lincoln, 2017; Iphofen, 2011; Trinity College Dublin, 2014). In the autumn of 2016, prior to initiating fieldwork, ethical approval for this study was sought and received from the Research Ethics Committees of the School of Social Work and Social Policy, Trinity College Dublin and Tusla, the Child and Family Agency. While formal ethical approval is important, Neale, Henwood and Holland (2012) rightly assert that qualitative longitudinal research requires a 'situated and processual ethics rather than a contractual ethics' since research of this nature necessitates 'a sensitive appraisal of local circumstances and sensibilities' (p. 10). Similarly, I consider ethics part of an ongoing process that enables me, as the researcher, to make informed choices about and during the research rather than a momentary or transactional element (Iphofen, 2011; Kuntz, 2015; Neale et al., 2012). Therefore, I considered ethical issues as they arose throughout the research cycle, including the research design, fieldwork and analysis stages. With guidance from my reading and training to date, I relied upon three basic principles of ethical research throughout the conduct of this study: respect, beneficence, and justice (Ensign, 2003; Hemmings, 2006; Trinity College Dublin, 2014). The following explains how these ethical principles were incorporated at the outset of the research. Issues that required ethical consideration during the conduct of fieldwork and after exiting the field are discussed later in this chapter.

#### **Power and Vulnerability: Using Respect, Beneficence and Justice as a Guide**

The issue of power is a central consideration in any critical research endeavour (Cannella & Lincoln, 2017). It is well documented that the research relationship may be inherently unequal since the researcher may be perceived as having more power or influence than participants from marginalised backgrounds (Mertens & Ginsberg, 2008; Swartz, 2011). In research, there are groups that are considered 'vulnerable' due to their status as having some combination of 'diminished autonomy and increased risk to adverse social outcomes' (Parr, 2013, p. 197). Vulnerability is a characteristic that is generally treated as either intrinsic (i.e. children and people with mental or developmental disabilities are considered inherently vulnerable by virtue of their embodied state) or situational (i.e. people accessing benefits or service users of shelters) (Ensign, 2003; van den Hoonaard, 2018). Generally, young people leaving care are considered a 'hard-to-reach' and 'vulnerable' group in social research by virtue of their situation as former wards of the state who are often highly dependent on government support (Drapeau, Saint-Jacques, Lepine, Begin, & Bernard, 2007; Ensign, 2003; Mitchell et al., 2015; Munro & Gilligan, 2013; Ward & Henderson,

2003). However, this does not mean that the participant(s) are powerless as they have the knowledge and experiences that are sought after in the research context (Mertens & Ginsberg, 2008). Importantly, the concept of vulnerability has come under increased scrutiny in recent years, having been criticised as being a 'bio-medically driven' concept (van den Hoonaard, 2018, p. 305) and an essentialising individual or group condition rather than a mutable circumstance (Butler et al., 2016; Ensign, 2003). According to Ron Iphofen, instead of asking 'Are these subjects vulnerable?', researchers should ask themselves 'Are these subjects made more vulnerable than they might ordinarily be in their daily lives as a result of their participation in this research?' (as cited in van den Hoonaard, 2018, p. 307). I, therefore, chose to use vulnerability as a sensitising concept to remind me of the 'inherently unequal' relationship present in research so that I might recognise issues of power and respect as they arose (Ensign, 2003, p. 46). I also wanted to avoid having 'vulnerability' become a patronising or denigrating personal characteristic of the participants. Thus, I adopted van den Hoonaard's (2018) notion of vulnerability as a relational concept, striving to dispel the imaginary 'vulnerable' participant before an interview and instead viewing the participant as a fully capable and competent person. In this way, vulnerability was not reduced to a transactional element of the consent process (though care was taken to design the consent materials to be as accessible as possible for prospective participants) but rather as an element of the 'ongoing, negotiated, and collaborative relationship' between myself and the young person (van den Hoonaard, 2018, p. 321).

Keeping the relational nature of qualitative research paramount embodied, for me, the principle of respect, including respect for autonomy and personhood (Carpenter, 2018). Throughout the data collection process, I respected the young people's decisions and their capacity to make decisions, that is, their right to self-determination and autonomy (Mertens & Ginsberg, 2008). Moreover, I respected them as individuals through a caring disposition and regard for their circumstances. This included, as Iphofen (2011) describes it, an 'ethical purpose of seeking not to take away the power of our subjects, to preserve their autonomy and to behave as democratically as possible in the conduct of the research' (p. 40). This was done in three key ways: clear communication, obtaining consent and respecting boundaries. At the outset, I communicated the voluntary nature of participation early in the recruitment process and consistently throughout the longitudinal work so that young people were free to choose participation and non-participation based on full knowledge of the research endeavour (Hemmings, 2006). Information sheets were written in plain English and provided to prospective participants before discussing potential participation. All informed consent documents were designed to ensure that they were accessible and were approved by two ethics committees (see Appendix G: Information and Consent Forms). These were discussed with and signed by participants prior to the conduct of the interview during all three phases of the data

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collection process. In terms of interview and follow-up, I respected the circumstances and needs of individuals who could not continue<sup>53</sup> or chose not to participate,<sup>54</sup> and the participants were consistently reminded of their power to pause and/or end an interview at any time through both written and oral communication. Finally, young people were allowed to guide the interview conversation and had the power to decline to answer any question they were not comfortable discussing at the time.

I considered the principle of beneficence to be twofold: non-maleficence and beneficence.<sup>55</sup> I was sensitive in the drafting of my interview schedules to consider the potential for harm to participants from questions that could remind them of upsetting or traumatic events (Perry, 2006; Ward & Henderson, 2003). I hoped to avoid, to the extent possible, 'generating situations of high emotional impact on the research participant' by respecting 'the interview participant to convey what is meaningful in his or her life' through the use of emergent questioning in the interview (van den Hoonaard, 2018, p. 320). For example, the initial interview schedule started with an explanation of their current circumstances rather than a description of their life leading up to leaving care, and, to reduce the possibility of harm from this line of questioning, young people could be as detailed or as cursory as they preferred in describing their personal histories prior to leaving care. Confidentiality, an issue connected to minimising harm (Carpenter, 2018), was handled in three ways: anonymisation, secure storage and timely destruction of materials. For anonymisation, I created pseudonyms for each participant, developed a participant identification numbering scheme to be used in all research documentation,<sup>56</sup> and de-identified transcripts by altering or removing people and place names. I held all consent documents and data generated (i.e. transcripts and consent documents, audio files and questionnaires) in a locked drawer in a secure office in Trinity College Dublin for the duration of the research.<sup>57</sup>

In terms of beneficence, I acknowledged from the outset that there was unlikely to be personal benefit for individual young people arising from their participation in the research (van den Hoonaard, 2018). However, I hoped that by approaching each interview with an open and caring

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<sup>53</sup> Two young men at Phase 2 and four young men at Phase 3 were unavailable for interview, which was respected.

<sup>54</sup> One young man who initially expressed interest in participating ultimately decided not to take part in the study, which was accepted without question.

<sup>55</sup> Non-maleficence is the intention to do no harm or to at least minimise harm, and beneficence is the intention to, hopefully, do some good (Carpenter, 2018; Iphofen, 2011).

<sup>56</sup> Participant identification labels contained the gender and recruitment number of the participant, attached to a study identifier. The study identifier was CLT, short for Care Leavers' Transitions. CLT-F-04 is an example ID, which indicates the participant was the fourth female interviewed. This identifier remained the same for all phases of the study. Throughout this work, participants are referred to by pseudonyms rather than their identification label.

<sup>57</sup> The recordings are to be destroyed after my degree is conferred, and the transcripts will be destroyed five years post-examination.

disposition they might benefit from the therapeutic nature of storytelling documented by other qualitative researchers (Ensign, 2003; Sanders et al., 2014; van den Hoonaard, 2018). With this in mind, I demonstrated active listening and appreciation for their opinions and the contributions made by them to the interview process, striving to ensure they felt heard and valued. Additionally, I recognised the potential for the research to be an opportunity to inform young people about resources and services available. Therefore, two different information sheets about support services were provided, including resources specific to care leavers and another with general services information (e.g. housing, education and violence prevention, see Appendix J: Service Information Sheets for copies) (van den Hoonaard, 2018). Furthermore, in keeping with van den Hoonaard's (2018) suggestion that more than simply 'giving voice' should be done, I planned research dissemination activities to occur during and after the project that would have the potential to inform practitioners of the developing findings in such a way that aftercare practice and leaving care supports might be improved for current and future recipients. For example, I provided research briefs to participating aftercare teams and the aftercare professional network as each phase of data collection was completed (see Appendix K: Sample Brief for an example), and I presented emergent findings at three Irish professional aftercare meetings and conferences. Finally, a peer-reviewed journal article detailing young people's experiences of participation in aftercare planning was published in a special issue of *Child Care in Practice* (Glynn & Mayock, 2019).

Lastly, the principle of justice emphasises the need for fair and equitable treatment in the research process as well as the distribution of benefits (Carpenter, 2018; Trinity College Dublin, 2014). First, I discussed standards of fieldwork with my supervisor both prior to entering the field and upon encountering dilemmas as they arose in the field. I planned open and honest communication with participants before each interview, allowing space for questions or concerns to be raised at all stages of participation. Moreover, I considered how to handle personal inquiries from participants. Similar to Parr (2013) and Swartz (2011), I felt respect dictated a willingness to engage in 'small talk and humour' (Parr, 2013, p. 199) and to provide 'an element of self-disclosure' if participants asked about my life. However, young people rarely asked such questions; hence, at the end of data collection, I concluded each interview by offering for the participant to ask me anything they would like, which I felt was a small way 'to give something back' (Conolly, 2008; Parr, 2013; Swartz, 2011). Finally, I chose to provide participants with a €20 gift card to a local supermarket at the end of each interview. The use of monetary reimbursement is not without concern because of the potentially coercive nature of financial incentives (Hermanowicz, 2013; Swartz, 2011). However, the gift card was, for me, a token of appreciation and a mark of respect and fair compensation for their time and willingness to open their lives to me (Ensign, 2003; Ward & Henderson, 2003), which was no small

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feat in most cases.<sup>58</sup> To avoid the potential for the monetary reimbursement to become coercive, this aspect of participation was not include on any written information sheets nor discussed in advance of meeting. In line with others, I chose a relatively modest amount (€20) as a supermarket gift card over cash both for research accounting purposes and the utility for young people to be able to purchase items for themselves such as food or phone credit (Berzin et al., 2014; Ensign, 2003; Ward & Henderson, 2003).

## FIELDWORK

Having documented the methodological and ethical foundations of the study, the following is a detailed account of the fieldwork, which took place over a 22-month period between November 2016 and August 2018.

### FIELD ENTRÉE

As a newcomer to Ireland and the field of social work and aftercare, an important first step was familiarising myself with the Irish aftercare system. This was initially done through document review, including peer-reviewed research and grey literature (e.g. masters theses and doctoral dissertations), and policy documents (Baxter & Jack, 2008; Creswell & Poth, 2018; Stake). The next step was to become familiar with the social milieu of aftercare in Ireland. I adopted a 'community assessment process' (CAP) that has been used previously in longitudinal studies of homelessness in Ireland (Mayock & O'Sullivan, 2007; Sheridan, 2017). The CAP lasted for approximately four months prior to the start of recruitment and served three important purposes: 1) it facilitated my learning more about the Irish care and leaving care systems; 2) it introduced the study's purpose and procedures to potential gatekeepers; and 3) it sensitised me to potential issues relevant to the leaving care process for young people in Ireland.

I initiated the CAP in the autumn of 2016 by attending conferences hosted by relevant organisations such as the Irish Foster Care Association, the Irish Aftercare Network, and EPIC.<sup>59</sup> At these conferences I learned about the latest developments in the fields of fostering and aftercare in Ireland and met people who were in a position to facilitate access and recruitment. The first few months of attending were used to develop relationships, build rapport, and promote the study by providing information to professionals working directly with care leavers. The next step in field entrée focused on activating relationships that could facilitate more direct engagement and observation of the aftercare landscape. With the relevant permissions, I initiated site visits to

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<sup>58</sup> Most interviews lasted for at least one hour and some lasted for up to two and a half hours. Moreover, many participants explained that they had not shared some of these details with anyone else in their lives.

<sup>59</sup> EPIC, which is an acronym for Empowering People in Care, is an advocacy organisation for children in care and people with a history of care in Ireland. They provide advocacy services for individual case work and conduct advocacy campaigns nationally.

residential aftercare units and services, such as a daily drop-in centre, and I requested informal discussions with professionals. As part of this, three aftercare workers generously allowed me to shadow them for a few hours each while they worked. Through these observations, I learned about their regular duties such as attending court, completing necessary paper work, and the importance of relationship development and family mediation for young people in aftercare. Field notes were made during and after all conferences, site visits and shadowing opportunities (Birks & Mills, 2015; Charmaz, 2014).

### SAMPLING AND RECRUITMENT

Designing a sampling strategy is a necessary component of social research that enables the researcher to make informed choices during fieldwork (Bryman, 2016). In qualitative research, selection is oriented toward choosing participants who, by virtue of their personal characteristics and/or experiences, may provide insights for the investigation (Bryman, 2016; Patton, 2015). Therefore, the cases in qualitative case studies should be chosen strategically to enhance the learning that can be gleaned from each case (Flyvbjerg, 2006; Stake, 2006). For these reasons, qualitative sampling often seeks to recruit diverse samples in order to explore variation in a phenomenon (Bryman, 2016; Patton, 2015). Importantly, there is no ‘magic number’ for determining an appropriate sample size; however, case study research focuses on one or very few cases so that each may be reviewed with an appropriate level of thoroughness (Flyvbjerg, 2006; Gerring, 2007; Stake). Moreover, many caution against enlisting too many cases, even for multi-case research (Gerring, 2007; Stake, 2006), suggesting that it is more appropriate to study fewer cases intensively (Flyvbjerg, 2006; Gerring, 2007). To meet the core research aim of an in-depth examination of the transition out of care, I deemed a sampling strategy that endeavoured to achieve diversity in terms of the type and duration of the care experience most appropriate. For this reason, I sought to recruit young people with experience of at least one of three types of care—non-kin, kinship, and residential care—to ensure sufficient (but not too many) cases. At the outset of the recruitment process, I planned to recruit between five and seven individuals per care type.

Purposive sampling (Barbour, 2001; Bryman, 2016; Patton, 2015) was used to ensure that both young men and women with different types of care experience and varied amounts of time spent in care were included in the baseline sample. To be eligible for participation in the research, a young person could identify with any gender and had to:

- Have been in state care (i.e. non-kin foster care, kinship care, and/or residential care) for a minimum of 12 months prior to the interview;
- Be 18 years old at the time of interview (allowed up to their 19<sup>th</sup> birthday); and
- Have left care at the point of turning 18 years old.

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Unlike some recent studies (Arnau-Sabates & Gilligan, 2015; Boddy, Bakketeig, et al., 2019; Harwick et al., 2017), I did not sample for ‘successful’ young people because I did not want to limit the inquiry to normative markers of ‘success’, nor did I want to focus only on barriers. Therefore, I aimed to recruit a diverse sample that included young people across a range of ‘transition types’ in the hope that this would reveal both commonalities and differences in terms of transition characteristics, including facilitators and barriers to ‘successful’ transitions. The recruitment of the baseline sample extended from the end of January 2017 to mid-July 2017 during which time I secured the participation of young people whose final placement was residential care (n=6), non-kin foster care<sup>60</sup> (n=6), and kinship care<sup>61</sup> (n=4).

### *POWER AND GATEKEEPING*

Given the importance of considering power in the relationship between the researcher and the participant, the issue of ‘gatekeeping’<sup>62</sup> in access and recruitment was a substantial consideration (van den Hoonaard, 2018; Ward & Henderson, 2003). As noted, a field entry period of several months facilitated a better understanding of the aftercare landscape in Ireland and the development of rapport with potential gatekeepers (Mayock et al., 2008; Sheridan, 2017). However, accessing participants through gatekeepers that provide services to participants creates the possibility for the researcher to be perceived as affiliated with service providers (Bogolub & Thomas, 2005; Dickson-Swift, James, Kippen, & Liamputtong, 2007). For this reason, I made clear in initial conversations with young people that I was an independent researcher with no power to influence their access to any services and/or social welfare benefits. Ethically, I deliberated on questions such as ‘Do I feel that this person is agreeing to this meeting to please a worker?’ and planned to discuss and reiterate the voluntary and independent nature of the research if I felt that to be the case. In the end, it was clear that young people felt comfortable turning down the research opportunity (as one did) and prioritising their own schedules, which I took as evidence that they did not feel pressured or obligated to participate.

Initially, I recruited participants both through connections established during the CAP and other relevant gatekeepers. To identify additional gatekeepers, I compiled a list of germane services (e.g.

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<sup>60</sup> One young woman’s non-kin foster placement broke down approximately one month before she turned 18. Though she was still in the care of the state, she was in a situation of hidden homelessness as she couch-surfed (FEANTSA, 2017) between her grandmother’s and her boyfriend’s homes, which was facilitated by her aftercare worker’s intervention. Throughout the rest of this work she is identified as having exited care into homelessness.

<sup>61</sup> I determined that four young people in kinship care was sufficient given the limitations of fieldwork, timing and feedback from professionals saying many young people in kinship care were reluctant to identify as having been in care and thus potentially less interested in participating in the study.

<sup>62</sup> Gatekeepers are those services and professionals who have access to a population of interest that might otherwise be difficult to identify or recruit. Thus, they have power to enable or inhibit contact with the target group (van den Hoonaard, 2018), in this case care leavers.



homeless youth hostels, early parenthood services, drug counselling services and care advocacy organisations) from where I hoped a more diverse group of non-aftercare engaged care leavers might be recruited. I also developed contacts nationally in an attempt to recruit young people from each of the four Tusla Local Area Offices<sup>63</sup> (i.e. Dublin North East, Dublin Mid Leinster, South, and West). Prior to their agreeing to facilitate the research, I provided gatekeepers with study information sheets (see Appendix G: Information and Consent Forms) and answered any questions they had about the research. Once they were fully informed and willing to facilitate the research, gatekeepers were asked to assist with recruitment by doing the following:

1. Provide eligible young people with information sheets about the project (see Appendix G: Information and Consent Forms);
2. Ask the young person(s) if their contact details could be passed to me so that I could contact them directly by phone or email to discuss the research in more detail;
3. Contact me via phone or email to indicate if any young person(s) was/were willing to participate.

Gatekeepers discussed the possibility of participating in the research with eligible young people and provided them with the information sheet. If a young person was interested in participating, s/he then consented to have his or her contact details passed to me.<sup>64</sup> I then contacted the young person to explain the project verbally and in detail, including what participation entailed. The young person was given the opportunity to ask questions before agreeing to participate, and it was made explicit that agreeing to participate at the initial interview did not mean that they were under any obligation to participate in a future interview (Hermanowicz, 2013). If s/he chose to participate, an initial interview was scheduled for a time and place that s/he identified as sufficiently private and convenient.

Despite nine months of contact with various germane services previously mentioned, the requirement that young people be currently 18 years old proved exceptionally difficult for many gatekeepers. As documented elsewhere (McCoy et al., 2008; Rome & Raskin, 2017), this is a period when young people may disengage from services, making recruitment of this age group particularly challenging. Many of the services contacted were working with young people between the ages of 20 and 23 who had left care at the age of 18 rather than 18-year-olds who had recently aged out of care. Similar to Rome and Raskin (2017), the first year was considered fundamental to the research aim of understanding the transition out of care, and, as previously outlined, the interest in capturing the 'subject in process' meant that focusing on 18-year-olds was essential. The final sample of 16

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<sup>63</sup> The country is divided into four regions, which are called Local Areas (see Appendix F: Tusla Local Area Map for map). Variation in services provided has been documented nationally (Carr, 2014; Doyle et al., 2012).

<sup>64</sup> One young person contacted me independently through the contact details provided on the study information handout. Ultimately, this person chose not to participate due to a hectic university schedule.

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participants, which included 10 males and six females,<sup>65</sup> was generated exclusively via contact with aftercare workers. At least one young person was successfully recruited from each of the four Local Area Offices, which ensured the participation of young people from both rural and urban settings.

### DATA COLLECTION

#### *TRACKING THE RESEARCH PARTICIPANTS*

As stated earlier, I aimed to track participants over a 12-month period in their lives, interviewing them three times. Due to the extended nature of the baseline recruitment phase, which covered a period of six months, the entire data collection period comprised 19 months, including ‘tracking’ and re-interviewing. While many young people with care experience in Ireland remain in their placement after the age of 18—estimated at 45% (Focus Ireland, 2018)—care leavers often experience a great deal of mobility upon ageing out (Ward & Henderson, 2003). For this reason, Ward and Henderson (2003) suggest that ‘ample time needs to be given to the time consuming and often frustrating task of tracking highly mobile young people’ (p. 256). Thus, patience, perseverance and persistence were required during the recontact and follow-up phases (Ward & Henderson, 2003). Accordingly, within the constraints of a year-long follow-up period, I allowed one month for re-contacting a young person before considering them lost to follow-up.

To assist with ‘tracking’ participants, young people completed a contact information form at Phases 1 and 2 interviews, which included several potential means to contact them in the future (see Appendix I: Questionnaire and Contact Information Form). When asking for contact details, I made it clear that participation in subsequent interviews was a choice s/he would make at the future point of contact and that, by providing information of this kind, s/he was in no way obligated to conduct a future interview (Hermanowicz, 2013). Knowing that changing mobile numbers and lack of credit might be an issue (Ward & Henderson, 2003), other means of contact, including social media accounts and a reliable person they were comfortable with me contacting, were solicited. All available means of contact were exhausted before reaching out to the gatekeeper again, which I anticipated might be less fruitful given their busy schedules and often high turnover in staff (Ward & Henderson, 2003).

In each follow-up phase, I began the ‘tracking’ process five and a half months after the previous interview. I initiated contact two weeks before the six-month mark so there would be ample time to arrange a meeting or pursue other avenues to reach the young person if his or her details had changed (Ward & Henderson, 2003). Contact was initiated via a phone call to the young person directly (or their appointed contact for those without phones). If contact was not made via the first call, a follow-up text message was sent. This contact procedure was repeated every week for a

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<sup>65</sup> See Chapter Five for a more detailed description of the study’s participants.

period of approximately one month. If it was not possible to re-establish contact during this time, the young person was considered lost to follow-up for the re-interview period.<sup>66</sup> If at any point during recontact a young person indicated they no longer wanted to participate, I terminated these activities immediately.<sup>67</sup> Upon recontact, young people were asked if they would like to continue participating and again gave their written consent to participate in the project at the beginning of each follow-up interview.

#### *RETENTION*

Retention is an important consideration when designing a QLR project and one that also highlights the importance of minimising any possibility of participants feeling compelled or coerced to participate (Hermanowicz, 2013; Miller, 2015). Rapport building practices are considered essential for maintaining contact with participants and fostering continued interest in the project (Hermanowicz, 2013; Neale et al., 2012). I included common techniques such as sending cards for birthdays and major holidays (e.g. Christmas), sending messages of encouragement around exam time, and sending messages of congratulation on celebratory occasions such as the birth of a child (Hermanowicz, 2013; Neale et al., 2012; Ward & Henderson, 2003). According to Hermanowicz (2013), these practices foster warmth and openness between the researcher and the participants, which enables the collection of more detailed and meaningful data at follow-up, thus enhancing ‘the validity in representations and explanations of the social world’ (2013, p. 202). However, the extended nature and need to facilitate continued participation can heighten the issue of power in the relationship between researchers and participants (Hermanowicz, 2013; Ward & Henderson, 2003). Hermanowicz (2013) suggests that the recurrent nature of longitudinal research requires the researcher to be more vigilant in the strategies used to recruit and retain individuals, particularly cautioning against binding or coercive monetary incentives.<sup>68</sup> The researcher should be confident that the participant has voluntarily chosen to continue in the study, which should be supported by the consistent and clear communication of ‘their right to withdraw at any time without prejudice’ (Hermanowicz, 2013, p. 202).

Ward and Henderson (2003) note that simply agreeing to an interview should not be the only criteria on which a researcher bases their decision to interview or re-interview an individual, arguing instead that participants who are ‘considered too vulnerable to participate in a detailed interview should not be considered for follow-up’ (p. 258). They consider it important to balance

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<sup>66</sup> Contact information collected at Phase 1 was used to make contact at Phase 3 with those participants who were not re-interviewed at Phase 2 (n=2).

<sup>67</sup> This was the case for one young man who was interviewed at Phase 1 but not Phases 2 or 3.

<sup>68</sup> As noted, the payment was not included in written or oral communication prior to the young person conducting an interview. Moreover, €20 was deemed sufficiently low so as not to be a coercive amount (Sheridan, 2017; Ward & Henderson, 2003).

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ethical responsibility and the need to gather data that avoids exploitation. With this in mind, I took detailed notes after each interview, recording the participant's disposition and perceived mental health so that I might make the decision as to whether or not follow-up was appropriate. While a decision not to seek to re-establish contact was not deemed necessary following any of the interviews, there was one young man with whom I attempted to make contact at Phases 2 and 3 but, ultimately, did not re-interview. Through contact with his aftercare worker I learned that he was struggling with his health at that time and seeking admittance to hospital, which was supported by his lack of answering my calls or returning my messages (see Table 4 below for more information on participant retention at each phase). Another young man had been placed in the custody of the Irish Prison Service between Phase 1 and Phase 2 of the study. This participant's aftercare worker informed me that he was interested in continued participation in the study, which led me to contact the Irish Prison Service (IPS) to determine the process for gaining access. Since this young man enlisted in the study prior to entering custody and the study was not focused on offending or incarceration, the Director of the IPS deemed it not 'prison-based' research, indicating that I should use the standard professional visit protocol of the IPS. At Phases 2 and 3, I scheduled professional visits with him in accordance with Irish prison policy, and he, as has been noted elsewhere (van den Hoonaard, 2018), was happy to have a break from the monotony of prison life. Permission to audio-record these interviews was not granted by the IPS and, instead, I took detailed notes and recorded my thoughts immediately following the interviews.

### *THE INTERVIEWING PROCESS*

As outlined earlier, the research was designed to collect detailed information over a period of one year, including three data collection phases conducted at six-month intervals. Interview times and locations were nominated and agreed with the young person and ranged in duration from approximately 30 minutes to two and a half hours, with most lasting for about an hour. I attempted to secure a private location for the conduct of each interview, preferably their home or an office (mine or in the case of non-Dublin-based participants a familiar worker's office) (Borbasi, Chapman, Gassner, Dunn, & Read, 2002). A small number of young people opted to meet at a local café. In these cases, I arrived early and sought a quiet corner as far away from others as possible to maintain some privacy (Quest et al., 2012). All interviews were audio recorded and subsequently transcribed verbatim.<sup>69</sup> A total of 42 interviews with 16 young people were conducted during the 19 months of data collection, amounting to 41.5 hours of audio and 955 pages of transcripts. Table 4, below, provides an overview of the participant retention at follow-up phases. The retention for Phase 2

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<sup>69</sup> A transcriptionist was contracted to transcribe four of the 42 interviews. The transcriptionist signed a confidentiality agreement, and no identifying information was included with the audio file, which was labelled with the participant's study ID.

was 88% (14/16) and 75% (12/16) for Phase 3, which is comparable to previous work in Ireland and similar studies in other jurisdictions<sup>70</sup> (Kelleher et al., 2000; Rome & Raskin, 2017).

TABLE 4: PARTICIPANT RETENTION OVERVIEW

Phase	Data Collection Period	No. of Participants	Retention Rate
1	February 2017 to July 2017	16	
2	August 2017 to January 2018	14	88%
3	February 2018 to August 2018	12	75%

In-depth interviewing permitted me to guide the discussion towards questions, topics and issues that were relevant to the research aims while also allowing young people to ‘expand on questions, raise new topics and, in part, determine where the interview went’ (Parr, 2013, p. 198). Interviews covered a range of topics, which overlapped yet varied at each data collection phase, including young people’s care experiences, their experiences of education, employment, housing and their peer and family relationships. Questioning during follow-up interviews was both retrospective and prospective, aiming to capture key life events from the months since the previous interview as well as young people’s current circumstances and future expectations (Bone, 2019, p. 7). Through prospective questioning about their plans and hopes for the future, ‘imaginary futures’ were collected at each interview to facilitate an analysis of ‘the changing aspirations of individuals, and how and why their life chances are forged, enabled or constrained over time’ (Neale et al., 2012, p. 5). The longitudinal design allowed for subsequent interviews to be tailored to participants’ previous responses, thereby ‘gaining rich data as participants reflect[ed] back on their earlier thoughts’ (Shirani & Henwood, 2011, p. 18). In accordance with the emergent capacity of longitudinal research, responses and developing concepts were incorporated into subsequent interviews. For example, the concept of security was incorporated from Phase 2 onward as it arose as a key concept in relation to their understanding of a successful transition out of care.

All interviews began with the young person describing his/her current life circumstances, which facilitated the identification of changes and continuities through time. Additionally, I expressed interest in hearing their perspectives on their past and current life circumstances and experiences, including their experiences of education, employment, housing, and their peer and family relationships. I also queried their feelings of preparedness for leaving care and experiences since leaving care, including any services utilised and/or supports they relied upon. Each interview concluded by asking participants about their aspirations for the future in the short and long term. There was space in the middle of each follow-up interview for young people to discuss any creative

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<sup>70</sup> A previous Irish longitudinal mixed-methods study of care leavers had 87% and 79% retention over six months and two years, respectively (this was accomplished through social workers completing case files rather than direct contact with care leavers) (Kelleher et al., 2000). Additionally, a recent year-long qualitative follow-up study of care leavers in the US that had 19 participants initially had a final retention of 79% (15/19) (Rome & Raskin, 2017).

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documentation they completed. Furthermore, I added another, more accessible 'empowerment' element: asking at the end of each interview if they had any topics and/or questions to suggest for future interviews, either for themselves or for everyone in the study. Most participants suggested topics to ask themselves at future interviews (e.g. time management or course engagement), and one young man suggested during Phase 3 to ask remaining participants (n=9) about the three most important things that happened to them this year. Throughout all the interviews, I was attentive to the potential for 'emergent vulnerabilities' and planned to respond to 'undue stress' during the interview process with a break or turn in topic to a benign alternative (van den Hoonaard, 2018, p. 317). There were no interviews in which young people became unduly distressed or upset, though I did turn the discussion away from one young man's struggles in his relationship with his absent father, which seemed to be causing some stress.

During Phase 1 interviews, young people were invited, once a rapport had developed, to provide a retrospective life history account (Neale et al., 2012), including their care history and the matter of aftercare planning. At the end of Phase 1 interviews, participants completed a brief questionnaire covering key demographics (i.e. age, gender, type of care experience, duration of care experience, educational qualifications and employment/training) to aid in the development of a sample profile. At Phases 2 and 3, the retrospective life history questioning was omitted, instead, focusing on the time since the previous interview. Sensitive to the fact that unexpected and even unpleasant events may have occurred since our previous meeting (Ward & Henderson, 2003), I waited until rapport was re-established to ask them to reflect on the preceding six months. During this portion of the conversation, they provided rich descriptions of their social life, engagement with employment or education, contact with their aftercare worker, and feelings about how things had been going for them. As relationships have been frequently highlighted as important (Courtney & Heuring, 2005; Doyle et al., 2012; McCoy et al., 2008; Samuels & Pryce, 2008), I queried if they felt they had anyone who was 'an important source of support' during this time. Phase 3 interviews captured information in two respects: changes since the previous interview and reflections on the entire year since the first interview. In the hopes of better understanding change through time and as per Saldaña's (2003) suggestion, I asked explicitly if they felt they had changed at all in the past year. Finally, they were asked to reflect on the research process and provide any feedback on the conduct of the study and their participation in it.

### **Young People's Responses to Creative Documentation**

At the end of Phase 1 and 2 interviews, participants were offered the chance to creatively document their experiences over the year. These optional methods of documentation were included to allow young people to have better recall of important 'moments' or life events (Quest et al., 2012). They had the choice of engaging in one of three options outlined earlier (i.e. journaling, photography, or

artistic documentation) and were given the necessary supplies (i.e. journals or art supplies) for whichever part, if any, they chose to participate. If they chose PhotoVoice, they were asked to use their mobile phones to send pictures with a caption. All documentation would be discussed during follow-up interviews so that the young people could explain their meaning and significance.

At Phase 1, just over half of the young people (n=9) expressed interest in doing some type of creative documentation. Three were interested in doing art; one planned to take photographs; and five intended to journal. However, none of the young people had completed any of these activities by Phase 2, though an additional two participants decided to take journals until the final interview. Again, at the final interview, no young people brought any creative documentation. At the end of the final interview, I asked about the lack of participation generally, and there was a consensus that young people would be likely to agree with the best of intentions and then not complete anything, with several likening it to homework. For example, Derina explained at Phase 3, 'I know with me, like... nothing really big happened. And I don't really get—like I'm too busy with work to be taking photos and sending them.'

Importantly, challenges, which may be exacerbated in a longitudinal study such as this, have been noted in the use of creative methods with children and youth in particular (Darbyshire et al., 2005; Wang, 2006). For example, Wang and colleagues (2006) reviewed the literature for youth participation with PhotoVoice and found that young people sometimes required 'significant encouragement' to complete the project activities (p. 157). However, as an activity included to empower and provide a sense of ownership to participants (Powers & Tiffany, 2006; Saldaña, 2003; Wang et al., 2000), this was not something I felt comfortable pressing the young people into doing. Moreover, their explanations at each interview revealed that their transience and busy lives impeded on their ability to complete and retain creative documentation, as noted in Derina's explanation above and by Anna, who had taken a journal at Phase 1 that was lost by Phase 2 in a second home move. However, Boddy and colleagues (2019) recently outlined the successful incorporation of PhotoVoice and music into a longitudinal study of care leavers. Notably, though, this component was completed within approximately one week of the first interview. Thus, it was likely overly optimistic to expect young people to return with items after several months given their busy lives and frequent moves.

*CLOSING THE RESEARCH PROCESS: RAPPORT, REFLECTIONS AND RELATIONSHIPS UPON EXITING THE FIELD*  
From a social constructionist perspective, participants are understood as 'meaning-makers' who are co-constructing their accounts with the researcher in in-depth qualitative interviews (Finlay, 2002; Shirani & Henwood, 2011). With meaning understood as an ongoing act of construction between individuals through communicative action (Bryman, 2016; Crotty, 1998; Shirani &

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Henwood, 2011), the constructionist paradigm encourages the development of rapport, allowing for the unexpected to arise and to be explored (Carter & Little, 2007). As fieldwork progressed, I perceived two important dynamics that influenced rapport-building with participants: first, I am a young woman of seemingly close age to the participants, and, second, as an American, I am an outsider to Irish society. I felt these two identities facilitated relationship development and open dialogue with participants. While I cannot know how the young people would have responded to an Irish person or someone of a different age or gender, it was clear that many enjoyed having the opportunity to 'teach me' about different aspects of the Irish system, which created a more egalitarian feel to the conversations and bolstered their status as knowledgeable within the research relationship (Parr, 2013). Several participants alluded to my having the potential to understand their position and/or concern because they perceived me as similarly situated in society in terms of age and orientation to the labour and housing markets. Furthermore, I observed the young people becoming more open and willing to reveal personal details and uncertainties upon our second and third meetings. Finlay (2002) explains that 'participants might be engaged in an exercise in presenting themselves to the interviewer' in a specific light (p. 534). In this case, I did identify this phenomenon as data collection progressed into Phases 2 and 3, particularly during the final analysis stage when I was directly comparing initial and later interview transcripts. Nevertheless, I have considered that this may have been related to young people's changing perspectives and recognition of what constitutes 'adulthood'.<sup>71</sup>

### Ending Relationships

Given the extended nature of the fieldwork and the relationships I established with the young people over time, I was acutely aware of the need to sensitively exit the field (Hammersley & Atkinson, 2007). For participants, I made it clear at the initial interview that participation entailed three interviews, which they could decline to do at any point. At Phase 2, I reminded each participant that I would contact them for one final interview, and, upon making contact for the final interview, I reiterated that I was requesting a meeting for the last interview of the study. Despite repeated reminders, some participants expressed surprise and/or disappointment that their contact with me was ending, which, in the case of a few, was related to the fact that I had been their most consistent contact throughout the previous year (Quest et al., 2012; Rome & Raskin, 2017; Sanders et al., 2014). I indicated that while the study was ending, they were welcome to keep in touch should they wish to do so. I sent everyone a final Christmas and birthday message.

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<sup>71</sup> I have considered the possibility that as young people's conception of adulthood became more nuanced and accepting of interdependence the 'presentation' of adulthood that they felt was important became similarly nuanced and willing to acknowledge their interdependent nature.



Throughout the course of the study, I strove to develop rapport with all my participants, which was, in essence, a demonstration of respect; however, it would be remiss of me not to acknowledge that I had a closer connection with some than with others. For these young people, I allowed the relationships to taper off more gradually as they chose to continue engaging with me through text messages or email. In this way, I allowed for what Iphofen (2011) calls “‘closure” time’ so that the young person would have time ‘to come to terms with’ the conclusion of the research relationship (p. 53). I plan to provide each participant with an electronic copy of this dissertation as I feel strongly that they should have access to my representations of their lives and experiences.

### **Researcher Impact**

An aspect of qualitative research that is increasingly considered, though still understudied, is the vulnerability of the researcher in the research process (van den Hoonaard, 2018). The rapport building process that is necessary for this type of qualitative longitudinal work with ‘vulnerable’ populations creates a relationship between the researcher and the researched that increases the likelihood of becoming ‘emotionally drained and overwhelmed by the difficult lives and circumstances in which many research participants are found’ (Ensign, 2003, p. 48). Neale, Henwood and Holland (2012) describe this extended contact and maintenance of longer-term relationships in the research process as “‘walking alongside” people as their lives unfold’, explaining that researchers must consider from the outset and acknowledge how this journey ‘inevitably touches’ all of our lives (p. 8). Prior to entering the field, I was unaware of the similarities that would become apparent between my own upbringing and that of some of the participants. As a foreigner, I expected some mild culture shocks associated with learning Irish culture and society during the data collection (Hammersley & Atkinson, 2007). In some ways, though, this proved useful in the field as many young people enjoyed ‘teaching’ me about things like what constitutes ‘a good cuppa’<sup>72</sup> or how the Irish education system works (or does not, as the case may be). Teachable moments like these acted as empowering opportunities for the young people who were able to demonstrate their expert knowledge while explaining perceived injustices in Irish society to a ‘novice’ (Parr, 2013).

The more surprising shock for myself was the affinity I began to feel with the young people’s family circumstances. In my ‘Everyday Memos’, I kept a continuous record of my thoughts and reactions as the research progressed, and there were several entries where I reflected on the unexpected kinship I felt with the young people and the family lives they had, for example:

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<sup>72</sup> This is more varied than you (or I) might expect, and I managed to horrify at least one participant with my preference for milky tea.

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Upon coding CLT-M-03's interview, I realized that perhaps one of my inspirations for undertaking this type of research was my own past with my mother.<sup>73</sup> The young man's story of never having a family like his friends had, wanting to have "parents like that" is something that I could really relate to. (Researcher field notes, 10 September 2017)

These entries provided a reflexive space that helped me to understand my relationship to this research in a new light (see footnote 73). This practice also became an important aspect of self-care whereby I was able to 'debrief' about particularly moving stories or interviews; though, I found that I was affected not just by the stories and life circumstances of the young people in my study but also by my inability to help them (Sanders et al., 2014). Finally, I, like other researchers of vulnerable youths (Ensign, 2003), learned of the passing of one of my participants shortly after the completion of data collection, which was especially difficult to hear as I had been one of this young man's most consistent professional contacts in the year before his death. I chose to send a condolence card to his family, omitting specific details about my relationship with him to protect his confidentiality as a study participant.

### DATA ANALYSIS

Organising and managing the large amounts of data generated from a qualitative longitudinal study are significant considerations for both successful project management and data analysis (Neale et al., 2012, p. 7). As data were collected, I transcribed and engaged in an ongoing process of analysis, which included constant comparison and memoing. Through this iterative process of collecting data and reflecting on the data, conceptual categories were abstracted from the data, revealing key themes and processes (Birks & Mills, 2015; Charmaz, 2014; Hermanowicz, 2013). Seeking to respect the young people's stories, I aimed to produce 'rich' and 'thick' descriptions that were not 'othering' or 'voyeuristic' but rather compassionate and responsible (Ensign, 2003; Fine, Weis, Weseen, & Wong, 2000; van den Hoonaard, 2018). In this way, I aimed to avoid enhancing 'a potential "vulnerability"' (van den Hoonaard, 2018, p. 320) of a group that is often stigmatised (Warming, 2015).

#### *A GROUNDED LONGITUDINAL ANALYSIS*

In order to identify important concepts and relevant social theories as the project unfolded, I incorporated techniques from constructivist Grounded Theory, including situational analysis, throughout the data collection and analysis phases (Charmaz, 2014; Clarke, 2005). Relying on

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<sup>73</sup> My mother was diagnosed with bi-polar disorder shortly after I was born. For a little more than the first year of my life, I lived with my grandmother while my mother was hospitalised and my father cared for my two older siblings. My parents divorced when I was four years old, and I spent every other weekend until I was 18 years old at my grandparents' home visiting my mother. These were not experiences that I related to kinship care at the time; however, in retrospect throughout the research process, similarities between my own upbringing and those of some of my participants became obvious to me.

Atlas.ti (Version 8.1.30.0, 2017) for data management, data analysis involved a combination of qualitative and longitudinal analysis techniques, including: case files, conceptual memoing, and diagramming. The following explains how I sought detailed engagement with the young people's narratives to interpret their meanings and understandings of leaving care at 18 years old.

In a QLR study, data may be analysed two ways: synchronically or diachronically (Gerring, 2007; Neale et al., 2012; Shirani & Henwood, 2011). In synchronic analysis, all of the cases in a 'pool' of time (i.e. Phase 1) are analysed in comparison to each other, and in diachronic analysis, each individual case is analysed longitudinally across all of the data collection points (Gerring, 2007, p. 21; Neale et al., 2012; Saldaña, 2003; Shirani & Henwood, 2011). Neale and Flowerdew (2003) suggest that synchronic analysis gives insights into 'wider social patterns and processes' (p. 191) through a multi-case comparison while diachronic analysis gives insights into potential causal relationships through the connection between the past and future behaviour of an individual. Finding ways for these two analyses to 'work together' is one of the unique challenges of longitudinal analysis (Shirani & Henwood, 2011). Shirani and Henwood (2011) assert that rather than 'taking a linear, before-and-after approach' it is important to follow 'participants as they journey through time' in order to get 'a more dynamic sense of their changing identifications and the emergence of new influences on their thoughts and actions' (p. 19). They suggest that utilising case studies and 'placing cases into productive conversation with one another' is a fruitful way to achieve this aim (Shirani & Henwood, 2011, p. 19). The analysis included both synchronic and diachronic comparisons that were supported by participant case files (i.e. participant-specific memos), which included a summary of each interview and ongoing reflections on the changes and continuities through time. These memos also included notes on emerging concepts and categories.

I relied on two strategies for data management: participant-specific memos and a running research memo<sup>74</sup> entitled 'Everyday Memos'. These two strategies allowed me to keep track of emerging concepts and capture temporality (Cobb & Whitenack, 1996; Saldaña, 2003). In this process, I was guided by Saldaña's (2003) conceptual and thematic questions for longitudinal analysis.<sup>75</sup> Throughout the data collection process, I transcribed interviews as soon as possible after each interview, memoing and noting emerging concepts. If I was unable to complete transcription before a new interview was scheduled, I listened to the audio of the interviews awaiting transcription

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<sup>74</sup> Though some people have found separating out theoretical memos and field notes useful, I quickly found that this was an artificial separation that was not helpful for me; therefore, I consolidated my field and analytic notes into one continuous 'Everyday Memos' document, as per Kathy Charmaz's (2014) suggestion.

<sup>75</sup> These included framing questions (i.e. When do changes occur through time? What is different from one pool of data to the next?), descriptive questions (i.e. What increases or emerges through time? What is cumulative? What is constant? What decreases?), and analytic/interpretive questions (i.e. Which changes interrelate through time? What is the through-line of the study?) (Saldaña, 2003, pp. 63-65).

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(Saldaña, 2016), making note of any themes or emerging concepts to investigate in the upcoming interview. The 'Everyday Memos' document contained notes on the emerging concepts and analysis generally. Additionally, it contained a record of all contacts made with practitioners, including social workers and aftercare workers, throughout the data collection period, which provided valuable insight into both young people's lives and the nature of their work with them. The iterative process of data collection and analysis permitted me to be 'alert' to themes and concepts arising in subsequent interviews, as well as to those that deviated from previous interviews (van Breda, 2015), which facilitated improvisation as needed and the incorporation of new lines of questioning (Worth et al., 2009).

The increasingly complex analysis was aided by conceptual mapping (Clarke, 2005; Johnson, 2018). I utilised conceptual mapping and diagramming to begin the process of abstracting higher-level concepts and processes from the data and to develop a conceptual coding scheme (see Appendix L: Analysis Mapping Examples for examples of each type of mapping described here). Midway through Phase 2, I incorporated situational analysis (Clarke, 2005), an extension of constructivist Grounded Theory, to identify relevant social and institutional structures and other actors who were involved in the lives of care leavers as they transitioned out of care. After completing Phase 3, I created a collation process to check and consolidate my understanding of the developing concepts as they evolved through to the final point in time by drafting temporal maps for four individuals.<sup>76</sup> I identified the most salient codes occurring for each individual at each phase and mapped the developments occurring at each point in time, which facilitated the finalisation of the longitudinal analysis. To convey both their care history and time in the presentation of the findings, narrative excerpts are marked with young people's study pseudonym, their final care placement and the phase at which the interview took place, for example: Jennifer (Residential), P1.<sup>77</sup>

### *THE CO-CONSTRUCTION OF MEANING*

Analysis is an act of interpretation that requires 'making sense of what has been observed in a way that communicates understanding' (Kincheloe & McLaren, 2011, p. 293), which Kincheloe (2011) argues is the crucial juncture at which 'the critical dynamic of critical theory-informed research appears' (p. 293). This point is when having thick descriptions of the contexts and 'the intentions of

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<sup>76</sup> These cases were selected for their 'emblematic' potential (Thomson, 2011), which were two young men from non-kin care, a young woman from kinship care, and a young woman from residential care. The selection of a subset was a practical consideration that was in line with Charmaz's (2014) recommendation to periodically check the emerging analysis against a selection of narratives.

<sup>77</sup> A List of Abbreviations is provided in the front matter, which includes the notations used in the quotation identifiers. Note that one young woman is listed as (Foster/Homelessness) because her final foster care placement broke down approximately one month before turning 18 years old and her aftercare worker arranged for her to couch-surf between relatives' and friends' homes, a situation of hidden homelessness (FEANTSA, 2017).

their producers, and the meanings mobilized in the processes of their construction' enables the researcher to move the reader to 'new levels of understanding' and appreciations (Kincheloe & McLaren, 2011, p. 294). In terms of the social constructionist orientation, the analysis phase brought to the fore my involvement in the co-construction of meaning in that it involved my judgment, subjectivities and predispositions (Kincheloe & McLaren, 2011; Parr, 2013; Saldaña, 2016; van Breda, 2015). Yet, in the interpretive act of analysis, the goal is not to 'shed all worldly affiliations' but rather to make them known and understand how they affect the ways in which you approach the research (Kincheloe & McLaren, 2011, p. 297). Similar to van Breda (2015), I wanted to understand the young people as 'youths-in-environment' by examining 'their interactions with and the sense they make of their social environment' (p. 325). Moreover, I understood young people's accounts of 'reality' to be 'situated in and relative to the context within which they are produced' (Parr, 2013, p. 204). Throughout the analysis, I cycled between the concrete (i.e. the interview transcripts) and the abstract (i.e. the emerging concepts, themes and relevant theories) in order to construct interpretations that tied 'larger social forces (the general) to the everyday lives of individuals (the particular)' (Kincheloe & McLaren, 2011, p. 295) and vice versa. This was manifested in the final analysis stage wherein rather than accepting their accounts as 'straightforward "evidence"' I 'reconstituted' them through the sociological conceptualisations and theorising I identified as relevant (Parr, 2013, p. 204). According to Bryman (2016), 'the relevance of a set of data for a theory may become apparent *after* the data have been collected' (p.22, emphasis in original). In keeping with the original design of a qualitative multi-case study that incorporates Grounded Theory principles, I delayed identifying relevant theories and sociological concepts until after data collection was initiated. Through the iterative process of data collection, reflection and analysis described above, I identified three relevant conceptual and theoretical lenses that informed the analysis: liminality, Recognition Theory, and precarity.

#### TRUSTWORTHINESS AND RIGOUR

In qualitative research, rigour and quality are framed as trustworthiness, in both the research process and the findings (Iphofen, 2011; Lincoln & Guba, 2013; Morse, 2017). Lincoln and Guba (2013) explain that trustworthiness indicates 'whether the findings and interpretations made are an outcome of a systematic process, and whether the findings and interpretations can be trusted' (Lincoln & Guba, 2013, p. 103). There are four facets of trustworthiness: credibility, transferability, dependability and confirmability (Lincoln & Guba, 2013). These were devised to correspond with traditional quantitative indicators of rigorous and valid research, yet they were adapted to fit the epistemological differences and purpose of qualitative research. These four indicators of trustworthiness and rigour are established through a combination of prolonged engagement in fieldwork, rich description of data and the contexts from which the data are drawn, transparency

## Chapter Four

in the inquiry process and reflexive practices (Lincoln & Guba, 2013). Though rigour has often been associated with the analytic stage and the final product of research, it must be established from the start of a project, at the design and data collection phases, and carried through to the end of the research endeavour (Iphofen, 2011; Morse, 2017). Furthermore, Iphofen (2011) asserts that a clear research protocol 'is the first indicator of rigorous research' (p. 50). As the preceding discussion demonstrates, the design process was carefully considered to ensure alignment between the epistemology, the research questions and the methods. Moreover, I considered ethical and methodological implications throughout the fieldwork, making adjustments that were in line with the epistemological orientation and research aim (i.e. incorporating another empowerment element when the planned activities seemed less successful). Finally, the continuous and concurrent data collection and analysis enabled me to collect data 'to better support the integrity, focus, and explanatory power of [the] continuing analysis and, thus, the final product' (Carter & Little, 2007, p. 1325). Through this process, I was able to identify three sociological theories and concepts that were relevant for the data being collected. Therefore, rigour was established through careful planning and consideration at each stage of the study so that relevant data was collected and adjustments were made with intention and due regard for the implications on the final product (Iphofen, 2011; Lincoln & Guba, 2013).

## CONCLUSION

This chapter has provided a detailed account of the methodological foundations of this research which was guided by a social constructionist epistemology and a critical orientation. The research design and fieldwork were guided by ethical principles of respect, beneficence and justice, in which vulnerability was treated as a sensitising concept rather than an essential characteristic of participants. Fieldwork was initiated through a community assessment process that introduced me to the nature of aftercare in Ireland and made stakeholders, including professionals working with care leavers, aware of the study. Young people were recruited through gatekeepers, who, in the end, were all aftercare workers. The sampling strategy sought diversity in terms of care placement history and duration of time in care. Participants were interviewed in-depth three times at six-month intervals over a year-long period. There was an ongoing, iterative data collection and analysis process that combined Grounded Theory and longitudinal analysis techniques to produce a nuanced account of the care leavers' experiences of the transition out of care at the age of 18. Finally, throughout the chapter I have attempted to make explicit my positionality as the researcher and demonstrate how reflexivity was an active practice throughout the design, implementation and analysis of this study.

# Chapter Five

## BEING RECOGNISED IN EMPLOYMENT AND EDUCATION

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### INTRODUCTION

This chapter introduces the young people who took part in the study. The analysis draws from participant interviews, the literature review, field notes and observations made during the community assessment process (CAP).<sup>78</sup> First, a broad overview of the young people is presented, including information related to their age, gender and ethnic and cultural background. Here, the relationship between unresolved immigration status and leaving care is discussed, including how structural factors such as social benefit and immigration policies created precarious aftercare conditions for youth with a migrant background. This section concludes with a description of the young people's care histories and final placements. The second half of the chapter focuses on the young people's lives after care in terms of their experiences of employment and education. This sets the scene for understanding the issues of liminality, Recognition and precarity present in their daily lives and efforts to secure social status and economic stability (Beech, 2011; Blatterer, 2007, 2010; Bone, 2019; Honneth, 1995; Standing, 2011; Turner, 1972, 1991). With limited employment experience and low educational attainment, few of the care leavers succeeded in gaining employment and most preferred to stay in education (Furlong et al., 2018). Thus, the chapter concludes with an exploration of their experiences in education, including barriers to continuing education and others' experiences of educational success.

### INTRODUCING THE YOUNG PEOPLE

Following a life course perspective (Brady & Gilligan, 2018), this section provides background information on the participants, with a strong focus on their in-care and end-of-care experiences.

#### AGE, GENDER AND LOCATION

Fifteen young people aged 18 and one aged 19 were interviewed at Phase 1. Most participants (10 of the 16 interviewed) turned 18 years of age within six months of their first interview. Of these, two were interviewed within two weeks of their 18<sup>th</sup> birthday. Six young people had turned 18 between seven and 12 months prior to their first interview, including one who was interviewed five days after his 19<sup>th</sup> birthday. Contact was successfully re-established with all 16 young people at each follow-up phase of the study. However, 14 and 12 young people were interviewed at Phases 2 and

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<sup>78</sup> See Chapter Four for more information regarding this process.

## Chapter Five

3, respectively. As shown in Table 5, one third of the participants recruited at Phase 1 were young women and two-thirds were young men.<sup>79</sup> While all of the young women were retained at each phase of the study, two young men were not interviewed at Phase 2, and four young men were not available for interview at Phase 3.<sup>80</sup>

TABLE 5: GENDER OF PARTICIPANTS

Gender	Phase		
	1	2	3
Male	10	8	6
Female	6	6	6

Diversity was sought according to location (i.e. rural and urban settings), and at least one young person from each of Tusla’s four local area offices<sup>81</sup> (Tusla, 2019a) was interviewed, with the two Dublin regions constituting the largest proportion of participants (14 of 16). Two young people were recruited from the other two local areas, one each from the South and West offices.<sup>82</sup> Figure 1: Locations of Participants at Interviews shows the geographical distribution of interviewees, including changes through time. Five participants lived in rural localities throughout the three phases, and eleven lived in urban locations, although this included a number who moved from rural to urban locations or vice versa. The participant from the South area office was only interviewed at Phase 1, and the participant from the West area office was not interviewed at Phase 3. Given the young people’s willingness to maintain contact—indicating an interest in continued participation—any information that was available about their circumstances was included in the following chapters even if they were not able to participate in an interview during the follow-up phases of the research.

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<sup>79</sup> There is no data to enumerate how many young men and women are currently in receipt of aftercare; therefore, it is not possible to know if this unequal distribution is related to the numbers of young men and women engaging in aftercare or if young men were more inclined to participate in the study. Though this was a study of leaving care, not aftercare services, all the young people who chose to take part were recruited via connections with aftercare workers.

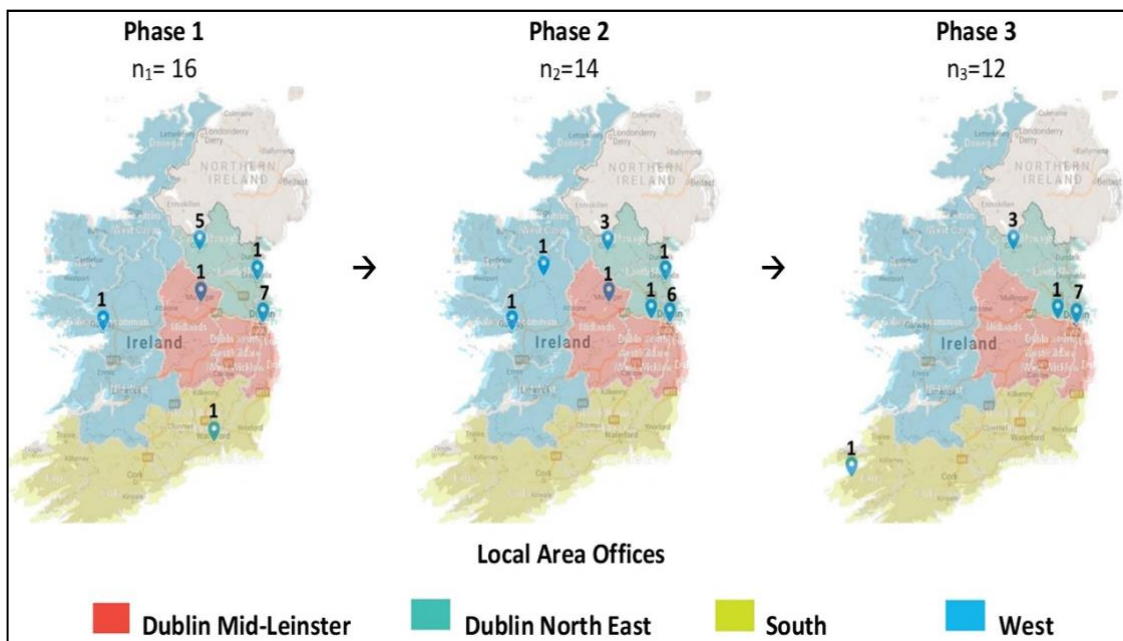
<sup>80</sup> Only one of these young men was the same between Phase 2 and Phase 3, meaning he was interviewed at only Phase 1. All other young men participated in two interviews, either Phase 1 and Phase 2 or Phase 1 and Phase 3, see Appendix M: Participant Retention Table for a detailed table of participant retention at each phase.

<sup>81</sup> Tusla’s services are divided into four local area offices: Dublin North East, Dublin Mid Leinster, South, and West, see Appendix F: Tusla Local Area Map for a map.

<sup>82</sup> The Phase 3 map shows an interviewee in the South Area office; however, he had recently moved to this town and his aftercare was still provided by the Dublin Mid-Leinster region where he had aged out of care, as is typical. Aftercare services are rarely transferred to a new area when young people move, even significant distances.



FIGURE 1: LOCATIONS OF PARTICIPANTS AT INTERVIEWS



### ETHNICITY, MIGRATION AND PRECARIOUS SUPPORT

A majority of the participants (12 of 16) were ethnically Irish, one of whom identified as being part of the Traveller Community.<sup>83</sup> Three young people relocated to Ireland from Africa, and one young person was a white Eastern European migrant (a European Union member state). Differences in the leaving care experiences described by native Irish and migrant care leavers were primarily procedural, such as seeking leave to remain in Ireland and/or applying for citizenship, with none discussing issues of discrimination based on ethnic or cultural background in relation to other aspects of their lives. However, these procedural issues introduced a feeling of precarity into their lives due to the contingent nature of their access to benefits and the possibility of being forced to leave Ireland (Butler et al., 2016; Precarias a la Deriva).

TABLE 6: SELF-REPORTED ETHNIC OR CULTURAL BACKGROUND

Ethnic or Cultural Background	Phase		
	1	2	3
<b>Irish</b>	11	10	8
<b>Irish Traveller</b>	1	-	1
<b>African</b>	3	3	3
<b>Eastern European</b>	1	1	-
<b>Total</b>	16	14	12

Table 6 shows the distribution of self-reported ethnic or cultural background for participants. All four of the young people with an immigrant background had been in Ireland since before the age

<sup>83</sup> Travellers are a recognised indigenous minority ethnic group in Ireland. They have historically been semi-nomadic. As of the 2016 census, there were just under 31,000 Travellers in Ireland or 0.7% of the Irish population. Travellers experience discrimination and marginalisation in Irish society. Notably, they have higher rates of child birth and early school leaving than the general population. They also have a lower life expectancy and higher rates of unemployment than the general population (Central Statistics Office, 2017b).

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of 10.<sup>84</sup> Upon reaching the age of 18, they were eligible to apply for citizenship on the basis of their previous years of residence (Department of Justice and Equality, 2019a). Thus, they all dealt with the process of applying for Irish citizenship at some stage during the data collection period.

Gaining Irish citizenship was something that all four non-Irish young people wanted, often because they 'felt' Irish, as Abby described at her second interview.

Now it's like I consider myself first, like I don't consider myself first as Irish, but I think I'm more Irish than anything else. I don't know what it is. Yeah, 'cause it's like... Eh, I dress Irish and the only thing is I'm black... – Abby (Residential), P2, African immigrant

However, citizenship also granted them benefits that affected their post-care circumstances. First, the three young people of African descent were vulnerable to deportation if their citizenship and residency statuses were not resolved. This was something that greatly concerned Abby throughout the course of the study. In contrast, Jennifer only became aware of this threat to her remaining in Ireland by Phase 3, when she indicated that she was angry with her mother for not having 'sorted this' earlier. Isaac, the third participant of African descent, never expressed concern about this process and believed his aftercare worker would have the process completed quickly, noting at his last interview that, 'They're [the aftercare team are] aiming for six months, y'know, so hopefully I'll know by 6 months' time'. However, Isaac also highlighted the insecurity of the process and while agreeing that he had a good chance of getting citizenship, also expressed some anxiety: 'But fingers crossed, you never know. Something might happen, but hopefully not.' Significantly, all were acutely aware that the outcome of the application process is never guaranteed, which introduced an element of uncertainty and feeling of vulnerability to an unknown future during this process.

This crucial process occurs at a time when care leavers are switching from a social worker to an aftercare worker. During the CAP fieldwork, the issue of immigration was raised at several meetings as an area in need of standardisation and training as professionals in different Tusla areas dealt with the issue in various ways. Some social workers continued to support the young person through the citizenship application while others transferred this responsibility to the aftercare worker. For example, Marius and Isaac were two young men who felt confident in the support provided by their aftercare workers. Marius, an Eastern European immigrant, said his aftercare worker is 'gonna get me the Irish citizen, she's gonna try to help me get an Irish passport'. In contrast, Abby, an African immigrant, was thankful that her social worker agreed to continue working with her until her

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<sup>84</sup> Not having been born in Ireland nor having naturalised Irish citizen parents meant that as children none were eligible to apply for Irish citizenship while in care. See Appendix O: Immigration Information for a general explanation of the issues relating to citizenship and residence when leaving care in Ireland.

citizenship application was completed, though she was disappointed at the prospect of their professional relationship coming to a close after this.

My social worker told me that she was leaving me. Like this [citizenship application] was kinda the last work that—well she should've really left last year [laughs], but 'cause I'm 19 in December, she stayed longer than she had to, but that's 'cause we started this [application], I was still moving around, and we started this work trying to get my citizen application in, so she said she'd stay for that because she started it. So... yeah, it was our last piece of work, so she's leaving soon. – Abby (Residential), P2, African immigrant

The importance of timing during the immigration processes was a matter that sometimes carried difficult lessons for young people since applications need to be made within a set time frame after turning 18 years old, must be completed on time and sometimes have long waiting periods. This aspect of planning ahead was sometimes challenging for or completely overlooked by the young person, which had the potential for significant consequences such as deportation or ineligibility to enter the labour market. For some, their aftercare worker played an important role in reminding them to check deadlines and teaching them about marking important dates in their calendars, which Jennifer discussed at her final interview. Having inadvertently allowed her residency registration to expire, she blamed this, in part, on the residential care staff not having advised her to be aware of such things.

I didn't know a lot of things what to do, like, the—even my GNIB [registration] went expired, and they [the residential care staff] didn't like [say] 'Oh, you should have something to keep your documents in' or like, 'So you can know when things are doing this, you should have these in check'. – Jennifer (Residential), P3

However, she appreciated her aftercare worker's advice, such as:

Take photocopies of *all* my documents [...] [and] start writing the expiry dates of stuff and try and put them somewhere so I remember. Like, consequences! 'Cause if you know the consequences, you'll be a lot more afraid and like do things really early on. – Jennifer (Residential), P3

These consequences for not maintaining immigration registration or securing citizenship were an aspect of structural precarity that all the migrant youth found worrisome.

Citizenship, residency and benefits highlight how participants with immigrant backgrounds were particularly vulnerable to structural factors such as immigration policy and social benefit rules at the point of leaving care, a juncture characterised by a reduction in support and an assumption that young people will pursue their needs more independently (Tusla, 2017d). However, these stories

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demonstrate that young people may not realise that their citizenship or residency has not been secured until it becomes a problem for them. The opaque nature of the aftercare support system also prevented some young people from understanding how their immigration status affected their ability to receive needed assistance. Consequently, care leavers who were uncertain about how to proceed were very dependent on the support of their workers in pursuing citizenship or legal residency in a timely manner. These were, in other words, relationships of dependence that embody precarity (Berlant, 2011; Butler et al., 2016; Hammami, 2016).

### THE YOUNG PEOPLE'S CARE HISTORIES

As outlined in Chapter Four, when recruiting young people to the study, diversity was sought on key aspects of their time in care, such as type, duration and number of care placements. Some young people had more consistent care histories than others who had experienced interruptions and/or significant movement while in care. Many of the young people described a consistent pattern of early social work involvement with their family, sometimes extending for years, prior to being taken into care. For example, Jennifer and Darragh had very different care experiences, with Jennifer living primarily in residential care and Darragh entering family foster care at 16; however, in both cases social workers were involved for several years prior to their being taken into care.

I got my first social worker when I was 12, and I had, well my grandmother initially asked for me to be placed in foster care because she thought it was the best option because my parents weren't fit to take care of me, but that just couldn't happen. They [the workers] didn't think it was—I had family that could have taken care of me. And it [being taken into care] was just a bit late coming. – Darragh (Foster), P1

The social workers were involved since we were really really young, like maybe around 8 or above. And my mom like she has four, like girls were the oldest, and then she remarried, 'cause she left my dad, and she had four more kids for her husband, and social workers were always involved. – Jennifer (Residential), P1

Below, Table 7 provides a summary of the participants' care histories, including number of placements, time in care, their final placement in care and number of residences after leaving care.<sup>85</sup>

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<sup>85</sup> More tables relating the care and aftercare experiences of the participants may be found in Appendix N: Tables Relating Care and Aftercare Experiences.

TABLE 7: CARE HISTORIES

Name	No. of Placements	Years in Care	Final Placement	No. of Residences Post-Care
Marius	1	2	Non-kin foster	2
Isaac	1	7	Non-kin foster	2
Donald	1	10	Non-kin foster	1
Derina	1	17	Kinship	2
Anna	1	17	Kinship	4
Bryan	1	17	Non-kin foster	1
Luke	1	18	Kinship	1
Ethan	2	2	Residential	4
Rebecca	2	5	Non-kin foster <sup>86</sup>	3
Darragh	3	1.5	Non-kin foster	3
Kevin	3	2	Kinship	2
Jennifer	3	5	Residential	3
Charles	4	2	Residential	3 <sup>87</sup>
Elspeth	5+	7	Residential	3
Brad	5+	16	Residential	4
Abby	5+	10	Residential	1

The time spent in care ranged from only a year and a half to 18 years, with young people clustering at either end of the spectrum. Placement stability also varied significantly.<sup>88</sup> Many (7 of 16) had only one placement during their time in care; about one-third of the sample (6 of 16) had between two and four placements, and only one-fifth (3 of 16) had more than five placements while in care. Those with residential care experience were more likely to have more than three placements. Those who had spent five or fewer years in care (n=7) were more likely to experience two or more residential moves (n=5) over the data collection period and were most likely to be relying on friends and family for housing by Phase 3 (n=4). Conversely, those who had spent more than ten years in care (n=7) were least likely to be relying on friends and family for housing (n=1) and most likely to maintain a single residence (n=4), including remaining in their foster placement for the duration of the study (n=2).<sup>89</sup> Young people's experiences of housing are discussed in more detail in Chapter Six.

<sup>86</sup> This young woman was kicked out of her non-kin foster placement about a month before she turned 18; however, she was still in the care of the state for this month, during which time her worker arranged couch-surfing stays at the young woman's relative's home. Throughout the dissertation her final placement reference is noted as from foster care to homelessness, written as (Foster/Homelessness).

<sup>87</sup> This young man spent time in custody during the study. The number of residences includes two moves while in custody.

<sup>88</sup> Two young people found it difficult to enumerate exactly the number of placements they had experienced, with one young person estimating 13 placements and another being able to say definitively that she had experienced six placements. Therefore, a count of 5+ was given for these cases in line with placement enumeration in other studies (Daly, 2012a).

<sup>89</sup> See Appendix N: Tables Relating Care and Aftercare Experiences for tables showing these relationships.

TABLE 8: TYPE OF FINAL PLACEMENT IN CARE

Final Placement	Phase		
	1	2	3
Non-kin <sup>90</sup>	6	6	3
Kinship	4	3	3
Residential	6	5	6
<b>Total</b>	16	14	12

Table 8 shows the number of care leavers interviewed at each phase by their final placement in care. As mentioned in Chapter Four, diversity of placement type at the point of leaving care was sought because the final placement in care was presumed to be of importance to the ageing out experience. As expected, young people, primarily from residential care, described some differences in the transition out of care that varied according to the type of care they had experienced. This issue is addressed, where relevant, in each findings chapter.

## FOUNDATIONS FOR A GOOD LIFE: CARE LEAVERS' LIVES AFTER CARE

The next half of this chapter addresses two major activities that young people may engage in during the transition out of care: employment and/or education. Learning to support oneself in daily life through the management of finances and employment is essential to this transition period (Daly, 2012a; Peters et al., 2016). First, then, young people's engagement with the labour market and how they made sense of the difficulties of engaging with paid employment with relatively few skills and/or limited work experience is detailed. Notably, young people framed themselves as deserving of continued assistance in aftercare by describing themselves as *wanting* to work even when they were not able to find employment (Alcock, Daly, & Griggs, 2008; Romano, 2018). The second half of the discussion turns to education, which is now routinely extended into the third decade of life (Furlong et al., 2018). Most of the young people wanted to continue in education, although many struggled to navigate the educational system with limited qualifications. For several, education served as a hopeful narrative to persevere through hard times (Smith, 2017); however, it was also something with which they found it difficult to fully engage. This section concludes by presenting the narratives of those young people who experienced educational success, which were characterised by family security, engagement with extracurricular activities and having time to adjust to their newfound status as care leavers.

<sup>90</sup> Rebecca, recorded as having 'ended' her time in care in a non-kin foster placement, was kicked out of her placement about one month before turning 18. However, she was still in the care of the state for that month while she couch-surfed between friends' and relatives' homes, which was facilitated by her aftercare worker.

## BEING DESERVING THROUGH WORK? LOW WAGES, LOW SKILL AND LACK OF OPPORTUNITIES

Most of the young people were unemployed throughout the three phases of the study, ranging from 10 to 12 young people at any given point in time, as shown in Table 9. Most therefore relied on social welfare assistance or family support for income during this period which, as discussed later, had implications for feelings of dependency and value as a member of society (Alcock et al., 2008; Honneth, 1995; Romano, 2018).

TABLE 9: EMPLOYMENT STATUS

Status	Phase		
	1	2	3
Employed, not in education	2	2	3
Employed, in education	2	4	1
Unemployed	12	10	12
<b>Total</b>	<b>16</b>	<b>16</b>	<b>16</b>

About one third of the participants were actively seeking employment at each phase of data collection, as detailed in Table 10. Of these, around half were hoping for long-term permanent employment while the remaining young people wanted to gain temporary employment for income and experience. Jennifer, who worked part-time between Phases 1 and 2 before leaving to focus on her studies, explained during her final interview: 'I'm currently looking for work for after my exams, like full-time work for the summer. In summer I just want to work and study.' Only two other unemployed young people, Elspeth and Ethan, gained employment after Phase 1. However, Elspeth also left her employment between Phases 2 and 3 due to a combination of unpaid wages and a home move stimulated by accommodation insecurity. The other care leavers who were seeking work remained unemployed for the duration of the study.

TABLE 10: NUMBER OF PARTICIPANTS SEEKING WORK

Seeking Work	Phase		
	1	2	3
No	7	3	3
Yes	5	6	6
Not Applicable (already working)	4	6	4
Unknown <sup>91</sup>	0	1	3
<b>Total</b>	<b>16</b>	<b>16</b>	<b>16</b>

At Phase 1, four young people were employed, two of whom were young men with a migration background. As discussed previously, young people with a migration background did not discuss experiences of discrimination or prejudice in areas of their lives other than applying for status or

<sup>91</sup> The contact with some young people was limited and did not facilitate knowing their employment seeking status without having the opportunity to interview.

## Chapter Five

accessing benefits. Notably, three of the four non-Irish young people worked at some point during the data collection period, indicating that they were more likely than their non-migrant peers to engage successfully with the labour market.

At Phase 1, Brad was the only participant in full-time employment, which he used to support himself because his aftercare financial assistance had ceased when he left education earlier that year.<sup>92</sup> An additional three young people were employed part-time. Marius was waiting for a training programme to start and was in receipt of Job Seeker's Benefit; however, he was also working 'under-the-table'<sup>93</sup> part-time as a truck driver with a relative to earn extra income. The other two young people, Isaac and Derina, worked as part-time floor staff in the food-service industry. As both were in education at Phase 1, they received aftercare payments in addition to their wages and considered part-time employment to be a way of earning extra income and an opportunity to gain financial management experience.

In addition to work experience and income, young people sought work to fill their time and structure their days, which were suddenly devoid of activities after they completed secondary education. Derina highlighted this as her primary motivation for seeking employment, saying, 'I felt like I needed to get a job because I didn't want to be spending summer sitting on me arse at home all day looking at four walls'. Similarly, Isaac linked securing employment with his decision to defer his offer to attend a university course.

I wasn't going to go there [the local IT access programme] to waste a year. So I said look it, I'm going to play [sport] for a year, I'm gonna work for a year, save money for university, and yeah, see would I like the course. – Isaac (Foster), P2

This need for routine and 'something to do' was a common thread throughout all the young people's narratives. For those with troubled educational histories and a preference for vocational work, the inability to find employment was particularly disheartening. Similar to those working, unemployed care leavers stressed the need for routine and structure in their lives to help them feel a sense of purpose and to stay out of 'trouble'. For example, Luke was looking for part-time work at the time of his first interview, explaining, '[sighs] It'd [a job would] just be something to get me out and have a routine so I'm not just lying down and slouched about all day like. I want to be out doing something.' In this way, young people who were not in education, employment or training

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<sup>92</sup> His aftercare support constituted an apartment and an aftercare worker who provided emotional and logistical support. Aftercare housing rents are calculated in the same way social housing payments are calculated in Ireland. Brad and others in aftercare housing paid €30 per week in rent.

<sup>93</sup> This is a phrase used to denote work that is not reported to the Irish government for tax or social benefits purposes by either the worker or the employer. Both Marius and Ethan engaged in this type of employment during the study.



(NEET) positioned themselves in opposition to the narrative of the ‘scumbag’ or the ‘scrounger’,<sup>94</sup> asserting their interest in work, education and supporting themselves ‘independently’ without relying on ‘the dole’.<sup>95</sup> For example, Charles stressed during his first interview that he was actively seeking work in construction, particularly for the value this would bring in terms of having ‘a routine’ and ‘achieving something’.

I need to have a routine. I need to be able to wake up in the morning and look forward to going and doing something. Like waking up in the morning and say going to work all week and on a Friday getting my pay check and knowing that I’m after achieving something. Knowing that I’m after working. Because I hate going down to the post office on a Monday and collecting, collecting my dole. I feel like such a scumbag. I should be working. – Charles (Residential), P1

Here, Charles captured NEET participants’ rejection of the idea that they ‘wanted’ to be on the dole; rather, the dole led to feelings of shame and was something to be avoided.

Participants invariably sought to frame themselves as actively interested in working and as rejecting dependency on government assistance. During her first interview, Rebecca insisted that she never wanted to go on the dole but had no other option.

I’m on the dole at the minute. I’m not, I didn’t want to go on it, but I had to go on that, so it’s hard, like when I’m on the dole and [my boyfriend is on] the dole, managing the house. – Rebecca (Foster/Homelessness), P1

Later in the interview, referring to her family’s ongoing reliance on the dole, she sought to distance herself from that stigma: ‘I’m not being like the rest of my family. No jobs like. The only jobs they have is the ones they get through the dole.’ Similarly, Brad, who went from working full-time to being unemployed and living in homeless accommodation, reiterated this issue of deservingness throughout his final interview in statements such as:

I’m homeless and 18—19 years of age, homeless. That’s not a good thing. Especially when I’m not on drugs. It’s not good. Walking around the streets every day having nothing to do. I’ve been looking for jobs. – Brad (Residential), P3

Highlighting that they did not use drugs and describing an interest in working both to support themselves and as an intrinsically worthwhile endeavour was key to young people positioning

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<sup>94</sup> These are terms used in Ireland to denote people assumed to be *choosing* to live off welfare payments rather than working to earn an income, similar to the ‘underclass’, ‘chavs’ or ‘spongers’ in the United Kingdom (Furlong et al., 2018).

<sup>95</sup> This is a colloquial term for social welfare benefits.

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themselves as ‘deserving’ and thus being worthy of assistance and demonstrating their worth as a member of society. An issue of social recognition, these participants were appealing to prevailing social norms that value full employment and having a ‘work ethic’ (Furlong et al., 2018; Romano, 2018).

The care leavers often preferred to return to education rather than seek employment, often because they felt discouraged by their poor job prospects, both in terms of getting a job and the wage they could expect to earn. For example, Abby and Anna both highlighted their lack of experience as well as the low-paid jobs that one could expect to earn with limited qualifications.

I didn’t know if I wanted to do college straight away, but I felt like it was better to do something than sit around and not work or not really, ‘cause I couldn’t really get a job with no experience. – Anna (Kinship), P1

Like say when you’re in education you can’t work, so you need support, but then when you’re 18 sure what job can you get that you can support yourself? Waitress? [laughing] Where you’re on, like, the minimum salary. – Abby (Residential), P1

Even when working full-time at Phase 1, Brad acknowledged that to earn enough to finance his needs he had to work significantly more than 40 hours per week, often working 10- and 12-hour days more than five days a week. The lack of work-life balance and difficulty maintaining his home with so little time off motivated him to look for another position; however, having only a Junior Certificate qualification, he aspired to work that had no educational requirements: ‘I’m gonna look for a better job... Ehm, see, if I work at a night club, I get paid 12 something an hour. Where I work [now] I get paid €9.40.’

As the data presented demonstrates, care leavers wanted to work not just for income and experience but also because employment brought with it a daily routine and sense of purpose and/or accomplishment, issues connected to the value of social recognition (Blatterer, 2007; Honneth, 1995, 2001, 2012). However, employment was elusive for most participants, and low-wage, low-skilled work was all that was available for those who did find it. Additionally, employment was something that many of the care leavers chose not to pursue because of their lack of previous work experience and the fact that their employment options were restricted to low-paid or minimum wage work. With aftercare policy rewarding continuing in education through greater financial benefits, most of the care leavers favoured re-entering education.

### THE PURSUIT OF EDUCATION: A GATEWAY TO SUCCESS?

This section starts by presenting participants’ educational qualifications at baseline through to the end of the data collection period. The discussion then explores the meaning and value of education

in the lives of the care leavers, including their reasons for disengagement from education. The extent to which some experienced marginalisation in the education system, related to disrupted education experiences in care, having special needs and being in rural locations, comes to the fore. The chapter concludes by discussing participants' experiences with educational success.

For a group of same-age peers, participants' previous educational experiences were quite varied. Table 11 and Table 12 detail the educational qualifications and statuses of the participants at each phase of the research. Five young people had a Junior Certificate qualification and one young man had no educational qualifications. Three young people who were in secondary school at Phase 1 had earned their Leaving Certificate qualification by Phase 2. No other young people acquired a higher educational qualification during the follow-up period. At Phase 1, half of the young people were engaged in education and the other half were not. By Phase 3, 10 of the 16 participants were out of education.

TABLE 11: EDUCATIONAL QUALIFICATIONS AT EACH PHASE

Qualification	Phase		
	1	2	3
Leaving Certificate	7	10	10
Junior Certificate	8 <sup>96</sup>	5	5
No Educational Qualification	1	1	1
<b>Total</b>	<b>16</b>	<b>16</b>	<b>16</b>

TABLE 12: EDUCATION STATUS

	Phase		
	1	2	3
Not in Education	8	8	10
Secondary School (6th year)	3	0	0
Further Education and Training (PLC)	2	4	3
University/IT	3	4	3
<b>Total</b>	<b>16</b>	<b>16</b>	<b>16</b>

For those unfamiliar with the Irish education system, there are some particularities regarding routes into third-level education that can make transferring from secondary school into higher education difficult for individuals with disrupted education histories.<sup>97</sup> To be admitted to a third-level

<sup>96</sup> Three young people were in secondary education waiting to sit their Leaving Certificate in the summer. These were the only three young people in the sample who increased their qualifications during the year-long study. The five young people who had left secondary education with only a Junior Certificate struggled to maintain engagement in educational courses for the duration of the study.

<sup>97</sup> Refer to Appendix P: The Irish Education System for a detailed explanation of the different levels of education and the pathways into third-level education and other further education opportunities available to care leavers in Ireland.

institution, one must earn points through the Leaving Certificate examinations.<sup>98</sup> Further education and training is also available through Post-Leaving Certificate courses (PLCs), which are primarily vocational in orientation and are equivalent to secondary-level training in a field (National Qualifications Authority of Ireland, 2009), though all participants referred to PLCs as ‘college’. PLCs generally qualify individuals for lower income occupations, such as construction or cosmetology. Finally, the Junior Certificate, a secondary-level qualification below the Leaving Certificate, has decreased in value since most positions require a higher qualification. Education, regardless of these limitations, is considered a facilitator to better outcomes for care leavers; thus, policy prioritises young people being in education to receive financial support in aftercare (Tusla, 2015).

Derina’s Educational Pathway<sup>99</sup> is ‘emblematic’ (Holland & Thomson, 2009) of the issues many other care leavers confronted when seeking to continue in education.

**Case Study 1: Derina’s Educational Pathway**

*Derina was placed in kinship care as a small child. She did not have any diagnosed learning disabilities and, by all accounts, was an average student in education with no particular successes or struggles. She earned her Leaving Certificate and received several offers on her CAO application. She chose to defer a university place to attend a local IT as part of an access route that provided extra preparation before entering the university in which she had earned a place. She made this decision because she was ‘not ready to move away from home, it’s too far’.*

*At the local IT she experienced registration issues related to delays in her SUSI payment that affected her ability to receive assignments and be marked for the first three months of classes. She found this disheartening and frustrating, but she continued to attend classes regularly and do the work without receiving credit. However, as she continued with coursework she discovered that she was dissatisfied with the course she had chosen, saying, ‘I like it, but at the same time, I don’t like [...] the way it’s not very much to do with [specialisation], which it should be because it’s a [specialisation] course’. The course was not what she expected and she wondered what alternative options might be available to her.*

*Derina took up paid employment during her studies and began working more than 20 hours per week. She struggled with time management and independent study, failed her end-of-year exams and had to re-sit them. She continued working throughout the summer. Ultimately, she did not pass her resits, admitting that ‘I didn’t try my best [...] I wish I’d just studied a lot harder’.*

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<sup>98</sup> The Leaving Certificate is the formal completion of secondary education in Ireland. There are only two access routes and one non-traditional route into third-level education (entering at the age of 23 or older) if one has low marks in the Leaving Certificate or never earns the qualification, respectively (refer to Appendix P: The Irish Education System for more information).

<sup>99</sup> Similar to Brady and Gilligan’s (2018) ‘composite-worked case’ technique, vignettes presented throughout these findings chapters are compiled from several participants’ experiences to create representative narratives in order to protect participant anonymity, which is a concern for this small population that was recruited through gatekeepers.

*She remained interested in pursuing education but wanted to change courses and would have to start in first year again. Unfortunately, policy<sup>100</sup> restricts funding repeat years or courses at the same level, which meant that securing a loan was her 'only option if I have to go back to college', which she felt she needed to do since her employment income was not sufficient to cover her full living expenses without aftercare payments. With the assistance of her aftercare worker, she obtained a loan. At the time of her final interview, Derina was still in education, had chosen to stop working and admitted that she still struggled with time management and independent study.*

This vignette captures the challenges presented by experiences of delayed funding, inability to fund repeat years or changes in course and struggles with time management and independent study, which were often difficult for those who continued in education. Moreover, most young people felt compelled to continue in education to maintain the aftercare payments upon which they relied to cover their everyday living expenses.

For those in education, most courses were arranged by their aftercare workers, and, as has been documented elsewhere (Jackson & Cameron, 2012), there appeared to be a preference for vocational training rather than higher education.<sup>101</sup> Jennifer, who enrolled in a university course after leaving residential care, explained that 'I think in care they prepare you more for not being in college than being in college because the odds are really not in your favour'. Except for two who were attending university, participants explained that their workers helped them find their courses. Attendance at meetings and discussions with workers during the CAP fieldwork revealed that one motivation for enrolling young people in courses was the requirement that care leavers be engaged in education or training in order to receive an aftercare allowance. Bryan, for example, was planning at Phase 1 to complete a one-year PLC and begin working. However, at Phase 2, he indicated his interest in continuing onto another course: 'After [this PLC course] I would feel if I didn't go and look for another college [referring to PLC courses], I'd just be doing nothing and I wouldn't be motivated at all. Like just sitting at home doing nothing.' Later in the interview he linked this preference to not wanting to pay rent, saying, 'My mum did say if I'm getting out of education and getting a job, I'd have to pay for rent and all that, and I don't want to do that.' He, like other participants, accepted that 'sitting at home doing nothing' would make him undeserving of

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<sup>100</sup> Care leavers' educational stipends are funded by the SUSI grant, which stipulates that funding is only provided to those who are progressing in education, i.e. entering a course of study that will provide a higher-level qualification than the individual already has (Student Universal Support Ireland (SUSI), 2019b). This also means that if a student fails a year they will not receive the grant to support a repeat year.

<sup>101</sup> Young women were enrolled almost exclusively in social care or cosmetology training, and all but one young man were enrolled in training for construction or mechanics.

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continued assistance and make working to pay his way essential, which is why he chose to attend additional PLCs instead.

At each phase of the data collection, half of the NEET participants were waiting for a course of study to commence during the coming weeks. They talked about their future studies with hope and optimism. Kevin discussed an upcoming course during his first interview.

I'm looking forward to starting it. See what it's like. And it's a one-year course, and if you want to do college after you can. So I'm thinking I'm gonna do that. Something to look forward to. – Kevin (Kinship), P1

By Phase 3, all the NEET participants remained generally hopeful of pursuing a course despite never having successfully maintained attendance in education or training to date. Many struggled with motivation generally, such as Rebecca, who was 'starting a course' at every interview and remained hopeful that this would be the one she would 'stick with'.

Yeah, I didn't—I was supposed to go to that [course], and I never went to the meeting. And to be honest, they gave me a few meetings, and then I never went to them because I was—I just didn't care at that time. I was thinking, 'No, I don't need anything'. I wanted to go, but then I just missed all the appointments, so I didn't go. — Rebecca (Foster/Homelessness), P2

Yeah, when I get into this course now I'll be definitely doing things different. – Rebecca (Foster/Homelessness), P3

Rebecca struggled with depression and motivation for the entire year, which she attributed to her efforts to quit using drugs and the subsequent elimination of her social circle. Ten of the participants reported that they experienced depression and/or anxiety throughout the year, of which seven felt it impacted their ability to engage with education. Thus, education was an unfulfilled promise for many of the participants that continued to provide hope for the possibility of change in their circumstances despite remaining consistently out of their reach and capacity throughout the data collection period.

Having issues with the course which led to subsequent drop out was commonly reported. For example, Kevin quit shortly after starting his course because he 'found the work a bit too easy for me, and I just didn't want to actually do it, if you get me'. Brad, on the other hand, explained that he withdrew from a PLC because of its strong focus on 'theory'.

Dropped out of college within 3 months. [*I: Why is that?*] It's just... I like my course, but I thought it was more hands-on, and the fact that I was living here and rent went up and all.

But, the, when I was doing the course I thought it was more practical than theory. It was more theory than practical. – Brad (Residential), P1

This phrase ‘more theory than practical’ was used by several young men to describe training courses in which they had enrolled. During his first interview, Kevin said he left a PLC because ‘there was too much theory than practical’, and he ‘couldn’t do the theory part of it [...], so I just dropped out’. Coursework was often considered more difficult than anticipated; however, exceedingly simple courses also resulted in disengagement from education as young people felt they were being treated as unworthy of more advanced training.

I left my old college because it was a waste of time and I wasn’t really benefiting much from it. [...] It was a [subject] PLC, it’s like a post leaving cert course, so when you’re finished the leaving cert it’s the equivalent of a leaving cert. It’s really basic kind of [subject] knowledge, and I thought it was a waste of time. It’s all the stuff I knew. – Darragh (Foster), P1

Hence, despite having a strong interest in education, many failed to engage with planned courses or to see them through to completion.

Notably, the three young people who had been in secondary school at Phase 1 all went on to and remained in further education: Abby in a university access programme and Bryan and Donald in PLCs. Moreover, of the five participants who were in a PLC or university/IT at baseline, only Derina and Elspeth left education after Phase 1, which they both attributed to dissatisfaction with their courses and not wanting to ‘waste a year when I could work full-time and get more money’. Thus, except for two who were dissatisfied with course content, being in education at Phase 1 meant that a young person was likely to continue in education. However, as the preceding discussion demonstrates, most participants struggled to engage with either training or education despite many holding both in high esteem. NEET participants were consistently interested in starting a course; however, these young people either failed to initiate their course due to personal difficulties, most often related to poor mental health, or dropped out between interviews due to dissatisfaction with the course. Although dropping out was often attributed to dissatisfaction with the course content or difficulty-level, some of the challenges with engaging in education were related to negative past schooling experiences and/or to specific learning difficulties.

#### *EDUCATIONAL EXCLUSION AND MARGINALISATION*

A strong connection was apparent between young people’s in-care educational experiences and their subsequent difficulties engaging with education after care. Most participants (n=10) had troubled educational histories that included disrupted schooling, suspensions/expulsions, and/or exam failures. Six participants reported a diagnosed special education need such as ADHD, dyslexia or dyspraxia. In the main, those with disrupted education histories struggled to enter and remain

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in education. Brad, for instance, described over 13 school moves during primary and secondary school, which were primarily related to being in care, as well as two expulsions that eventually prevented him from completing secondary school. He attributed these difficulties to his special educational and anger management needs, saying, 'I was getting in trouble a lot in school. 'Cause like y'know I have ADHD and ADD and I have a very short temper. And like I can snap [snaps fingers] like that.'

Many of these experiences of exclusion and marginalisation in education prior to leaving care affected the care leavers' post-care educational experiences. At Phase 1, Ethan had no formal qualifications and five other young people not attending secondary school had only a Junior Certificate qualification, which precluded them from pursuing third-level education.<sup>102</sup> Ethan and three of the five participants with only a Junior Certificate qualification remained out of education for the duration of the study. This lack of engagement with education was in part due to negative associations with schooling and a general disinterest in returning to the education system. Ethan, having no qualifications, felt rejected by the system when he was prevented from sitting his Junior Certificate examination at age 14.

[impersonating school official] 'Have you not been told? You're not allowed to sit this exam.' And I goes 'Why?'. ' 'Cause attendance and, eh, failure to grasp, what was it? Failure to grasp [pauses] educational methods in class', or something like that it was. It was basically saying because I wasn't doing it their way, they weren't having it. So... after that I kinda said fuck it, to school a bit. – Ethan (Residential), P1

For Ethan, this amounted to an institutional rejection of him as a person deserving of respect for two reasons: first, he was not told in advance and, second, he felt the reason was invalid and a denigration of his way of learning.

There were two additional issues that inhibited engagement with education: 1) limited availability of courses in rural locations, including transportation barriers for those living outside of urban centres; and 2) rigid entry requirements. Luke, who remained out of education for the duration of the study, complained about the lack of vocational training in his area, saying 'I could go on a course, but there's just not much around here, [...] I have no way of transport'. Transportation and limited course availability in rural areas proved to be a consistent barrier to education for these young people. Notably, several young men who scored poorly in or failed examinations rejected the

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<sup>102</sup> Young people with a Junior Certificate would be eligible to attend PLC courses, a selection of which may lead to third-level admittance upon completion, see Appendix P: The Irish Education System for more details on alternative paths to higher education in Ireland. Alternatively, they could wait until after the age of 23 to take a non-traditional route into university, by which time they would no longer be eligible for aftercare supports.



primacy of testing in the Irish education system, particularly in the Leaving Certificate. They asserted that exams did not reflect intelligence, rejecting the implication of poor intellectual skills that failure or low points on the exam suggest. For example, Darragh, who had recently negotiated a cost-sharing agreement with his aftercare support to attend a private PLC, rejected both the Junior and Leaving Certificates as ‘rubbish’.

First there’s 6th year, you do first year, second year, third year and then you do your junior cert exam, which is a load a rubbish. There’s no need for it. [laughs] It does not reflect on your intellect whatsoever. [...] And then the leaving cert, which is another rubbish exam [laughs], which does not reflect on intellect. – Darragh (Foster), P1

Luke similarly rejected the rigid system of entry to third-level education, stating during his first interview, ‘When you’re 23 you can go to college and study any course you want really, so really the Leaving Cert means nothing like’. In this way, care leavers with limited educational prospects rejected what they perceived as an institutional devaluation of their educational histories (Honneth, 2012). An issue of social recognition, young people wanted to be respected and valued as they were. The educational policy of withdrawing support for repeat years significantly curtailed young people’s efforts to increase their qualifications and was viewed as institutional rejection of them as ‘deserving’ of assistance (Honneth, 2012; Romano, 2018). Thus, the educational and aftercare systems both reinforced the feeling that they were not deserving of recognition because of their past educational failures.

#### *EXPERIENCES OF SUCCESS*

As noted, six young people were able to maintain engagement with education for the duration of the study and experienced educational success in the form of degree continuation, satisfaction with their course and having an interest in pursuing higher degrees. Several factors facilitated continuing in education, including having had access to supports while in care, having supportive families and engaging with extracurricular activities. Isaac’s Educational Pathway details the shared features of educational success for these care leavers.

#### ***Case Study 2: Isaac’s Educational Pathway***

*Isaac was placed in a non-kin foster home at the age of 9 with a large family with several biological children and several fostered children. This was his only care placement, and he remained in this placement after turning 18 years old. He considered them to be his family, saying at his first interview, ‘They’re everything. They are my family at this stage.’*

*He was a diligent student who received average marks in secondary school and in his Leaving Certificate examinations. He was given his first offer on the CAO to attend a university STEM course. He deferred this placement to complete a year in his local IT, which would allow him to earn a certificate in computer science*

*before going on to university. He continued to live with his foster family, started a part-time job and began playing a competitive sport at county level. He finished his year with moderate success in his course, earning the certificate he had wanted. He described this as an opportunity that ‘opens your eyes’ and which showed him ‘a lot of learning you do outside of college’.*

*At Phase 2, he had moved out to attend the previously deferred university STEM course in another town about an hour away. Finding the course difficult, he attended all the supplemental workshops provided, which he appreciated. He continued to play his sport at university and made many new friends through this extracurricular activity. He considered university both interesting and stimulating. Reflecting on the value of deferring, he attributed his success to having had the time to adjust: ‘I genuinely believe if I was just came straight from second level, I’d be like, “Nah, I can’t do this” [smacks table]. I’d be like, “I can’t do it”.’*

*At Phase 3, he was a student representative for his class and was still playing for the university team, two activities in which he took great pride. He continued to visit his foster family regularly. He felt his first year at university was a success that had improved him as a person, saying, ‘I feel like I’m growing. I feel like I’m expanding, like, broadening my horizons and I’m learning. I’m being challenged.’ Although he found the course difficult, he felt confident he would pass.*

*Isaac did pass his exams and matriculated to the second year of his program. He was already considering continuing into a master’s degree after graduation.*

Isaac’s story encompasses many of the positive experiences of others which helped to bolster young people who had success in their educational endeavours: a supportive family, extracurricular activities, engagement with educational supports and pride in their achievements. Additionally, some care leavers acknowledged that while in care they had access to special services and assistance, such as ‘grinds’<sup>103</sup> for the Leaving Certificate, that they would not have had in their families of origin.

I would have never gotten grinds or as much support with school than I did in care if I was home with my mom, so I was very grateful for that. I probably wouldn’t have gotten the course I did get if I was—if I wasn’t in care because I had a lot of support. And that’s probably, like I asked for grinds, and they were very ok and willing to give that to me. If you ask for something, you will get it like. – Jennifer (Residential), P1

Additional supports both in and post-care were essential to these young people’s continued engagement with and success in education.

Care leavers who were succeeding in education found pride in having made the ‘right’ choices, as Abby explained at her final interview: ‘I’m glad I went for it [the access programme]. [...] I’m not

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<sup>103</sup> This is a colloquial term for tutoring.

just saying this, I actually do feel like a different person a bit. [...] I just think I'm more, I don't know, mature.' Additionally, education provided structure and routine that was valued by those who had it and craved by those who did not, as Luke and Charles both noted at their first interviews.

I know I'd like to have a routine of getting up and doing something every day other than just sitting down and doing nothing. Like I don't like – I do like doing it, but it's just not a life to have just sitting down doing nothing. – Luke (Kinship), P1

Yeah, but since I've come home it's still, I can see myself just, like if I don't get out of my granny's and start like doing something with myself, getting on a course, or doing something to keep myself occupied, I'm just gonna go back downhill. – Charles (Residential), Phase 1

Thus, regardless of their current participation in education, care leavers valued education for its contribution to their daily lives, in addition to considering it a source of social advancement, financial security and future employment. Finally, being in education gave meaning to their lives in other ways, such as 'expanding' their worldviews and giving them a sense of purpose, which led to feelings of personal change and improvement.

To summarize, participants who experienced educational success had reassurances in the form of supportive families, extracurricular activities that facilitated social engagement and access to formal assistance while in education, such as tutors and support centres. Additionally, being given the opportunity to experiment and defer courses created a safe space for the young people to adjust and grow confident in their abilities. Finally, care leavers who progressed to third-level education felt like they had the opportunity to 'broaden their horizons' and learn beyond their subject area. They were meeting new people and making new friends, which taught them how to manage healthy relationships. These positive experiences and having success in their courses contributed to the development of positive self-images that were independent of their identities as being 'from care' (Smith, 2017). In this way, education served as a liminal space that permitted growth and change arising from the relative comfort of being supported by the aftercare system, both financially and otherwise.

## CONCLUSION

This chapter has presented the care histories and current employment and education circumstances of the study's participating care leavers. Young people had diverse in care experiences, including single family placements and disrupted care histories with numerous placements. Their leaving care situations were split broadly into three groups in terms of remaining in a foster care placement, leaving a foster placement shortly after turning 18 and leaving

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residential care at 18. Throughout the year-long, follow-up period most participants remained unemployed and out of education. Despite many seeking employment, they found the labour market difficult to penetrate due to high competition for low-wage work and their inadequate qualifications and prior work experience (Harris et al., 2009; Hook & Courtney, 2011; McDowell, 2019). Participants' educational experiences were more varied with a number having experienced successes pursuing higher education. However, many had disrupted schooling histories that precluded them from entering third-level education at this time (Cameron et al., 2018 ; Citizens Information, 2018g, 2019a). A significant number of young people described experiences of disrespect in the education system related to condescendingly simplistic course content or experiences of failure in examinations. These young people felt misrecognised as unintelligent and, thus, unvalued by the aftercare and education systems. Those young people who experienced educational successes in the forms of degree continuation and course satisfaction were typically bolstered by engagement in extracurricular activities, having supportive families and taking advantage of educational supports (Gilligan, 1999, 2007).

Precarity pervaded all aspects of the young people's lives, including immigration and the labour market (Butler, 2004; Standing, 2011). Recognition was also present in their experiences of support and education (Honneth, 1995, 2001, 2012). Accessing benefits had strong implications for feelings of misrecognition and wanting to discard the shame of social benefits (Goffman, 1963; Romano, 2018), and the primacy of testing in the education system and education in the aftercare system led to young people feeling rejected or misrecognised as undeserving of much needed assistance (Honneth, 2001; Romano, 2018). Finally, young people consistently described a need for routine and time to adjust to their changing social status, which speaks to their desire for a liminal space to learn and acquire the new skills of adulthood (Furlong et al., 2018).

# Chapter Six

## EXPERIENCING PRECARITY AND RESPECT THROUGH HOUSING

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### INTRODUCTION

Having explored participants' employment and education experiences in Chapter Five, this chapter turns to the issue of housing, examining how participants understood housing stability in the context of a housing crisis<sup>104</sup> and conditional support. This provides an exploration of both agency and structure as it relates to the vital need of accommodation (Cunningham & Diversi, 2013; Daly, 2012b; Precarias a la Deriva, 2005), which, as documented in Chapter Two, is foundational to post-care success. This chapter, therefore, starts by presenting the types of lodging in which care leavers initially lived post-care. The discussion then turns to examine how young people experienced care, respect and precariousness through their housing circumstances. First, the meanings attributed to stability and security are explored through the experiences of young people who remained in their placements or lived in supported lodgings. Then, how young people responded to and understood the precarious housing conditions of a housing market in crisis are reviewed, including the pervasive fear of homelessness and strategies of couch-surfing to avoid rough sleeping or accessing homelessness services. Finally, how young people understood their relationship to personal space, including privacy and arranging social engagements, is outlined.

### ACCOMMODATION AFTER CARE: HOMES, APARTMENTS AND COUCHES

Young people were housed in a variety of ways upon exiting the care system, including remaining in their foster placements, living in supported lodgings, being placed in residential aftercare facilities, securing private-rented accommodation or living with friends and/or family.<sup>105</sup> There were two relationships evident between young people's last care placement and type of housing they secured post-care:<sup>106</sup> first, young people leaving residential care were most likely to be placed in residential aftercare housing (four of six) and, second, those in non-kin foster homes were more

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<sup>104</sup> Ireland is experiencing a housing crisis that is characterised by a severe shortage of affordable housing and a state that is retreating from the provision of social housing. Record numbers of people are experiencing homelessness, especially young people and single mothers. See Appendix A: Irish Housing Crisis Information for more information.

<sup>105</sup> See Appendix Q: Types of Aftercare Housing Arrangements for a general description of the nature of the different kinds of housing arrangements that may be made for a young person upon leaving care.

<sup>106</sup> See Appendix N: Tables Relating Care and Aftercare Experiences for a series of tables showing these relationships between care type and housing arrangements in aftercare.

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likely to remain in their placement after the age of 18 (three of four). Throughout the year-long follow-up period, most of the young people experienced residential mobility (n=11), in some cases high levels of upheaval, with six care leavers reporting three or more moves. ‘Family’ living arrangements were associated with more stability; that is, all of those who remained in their placement or were in a supported lodging had no more than two places of residence for the duration of the study. Those in private-rented accommodation and residential aftercare housing were more likely to experience three or more moves during the data collection period, and those in aftercare housing were most likely to rely on insecure housing arrangements or homeless accommodation by Phase 3.

Most care leavers experienced some level of residential mobility during the year-long, follow-up period, which is presented in Table 13. Generally, as time passed, there was a decline in the number of young people remaining in their placement homes and aftercare designated housing and an increase in the number of young people relying on friends and family or the private-rented sector for housing, which is in line with previous Irish research (Daly, 2012a, 2012b; Kelleher et al., 2000). It is important to note that the young people’s reliance on friends and family constituted situations of hidden homelessness as they were relying on temporary arrangements that conferred no legal tenancy rights (FEANTSA, 2017), in most cases these involved sleeping on couches and floors for a few weeks at a time.

TABLE 13: EVOLUTION OF HOUSING RESIDENCES

Residence	Phase		
	1	2	3
Remained in Placement	4	2	2
Supported Lodging	2	1	1
Private-Rented	3	6	5
Residential Aftercare	5	2	-
Family / Friends	2	4	6
Homeless Accommodation	-	-	1
Prison	-	1	1
<b>Total</b>	<b>16</b>	<b>16</b>	<b>16</b>

At Phase 1, six young people were living in ‘family’ arrangements: remaining in their foster placement or living in a supported lodging.<sup>107</sup> By Phase 3, three young people were still living in these ‘family’ arrangements. Four of the nine young people who aged out of care in a foster home placement remained in that placement after the age of 18. Two of these were young men who

<sup>107</sup> Supported lodgings are a type of family placement that some local authorities facilitate. In its most general sense, young people rent a room in a family home and may have meals provided, see Appendix Q: Types of Aftercare Housing Arrangements for more details.

continued to live in these placements for the duration of the study. The other two young people moved out shortly before their Phase 2 interviews, Isaac to a private-rented apartment in a town an hour away where he was attending university and Derina to a private-rented apartment close to her foster family. Both were in these apartments at Phase 3, though both were considering moving into house-shares with friends. The three young men had been in non-kin placements, and Derina had been in a kinship placement. At Phase 1, two young people were living in supported lodgings. A young woman, Abby, remained in this placement for the duration of the study, and a young man, Kevin, left his supported lodging between Phases 1 and 2 to live in a private-rented apartment in the same town.

Typically, more ‘independent’ forms of housing are arranged for care leavers, including aftercare designated housing<sup>108</sup> and private-rented accommodation. Initially, five young people were living in aftercare designated housing, which declined to two at Phase 2. By Phase 3, no young people were living in aftercare designated housing. Their departure from these living situations was typically related to one of the following: 1) being evicted due to conflict; 2) being evicted due to a time-limit; and 3) finding other accommodation they considered ‘more stable’. In terms of accessing private-rented accommodation, the current context is one of a housing crisis in Ireland (Harris, 2018; O’Connell & Finnerty, 2018).<sup>109</sup> The key issues to understand are that rents are among the highest in Europe and the state increasingly relies upon the private market to provide social housing. Thus, care leavers whose end-of-care assessment identifies housing as a concern are registered simultaneously to their local authority housing list<sup>110</sup> and for the Housing Assistance Payment (HAP) scheme<sup>111</sup> upon exiting care. At Phase 1, three young people were living in private-rented accommodation and, by Phase 3, two of them had moved into situations of hidden homelessness, relying on friends and family for housing. However, an additional four young people had entered private-rented accommodation at the last point of follow-up.

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<sup>108</sup> Some accommodation, called aftercare housing, is reserved for care leavers. It is provided for by Tusla, local authorities and contracted providers (e.g. Focus Ireland), and it is typically time-limited to ensure availability for new care leavers. See Appendix Q: Types of Aftercare Housing Arrangements for a detailed description of each type of housing arrangement that can be made for care leavers in Ireland.

<sup>109</sup> See Appendix A: Irish Housing Crisis Information for more information on the housing crisis.

<sup>110</sup> These lists are notoriously long with waits of more than five years in most cases, hence the need to also sign them up for the HAP scheme and source housing elsewhere initially.

<sup>111</sup> Individuals source housing on the private-rented market. Then the landlord is approved by the local authority for a HAP tenancy, receiving payments directly from the government. The HAP tenant pays the local authority a weekly contribution that is calculated based on income and ability to pay (similar to the current social housing rent calculation); however, if the tenant misses a payment, the local authority stops paying the landlord. These features of HAP have led to claims that there is significant discrimination against people trying to acquire accommodation with HAP. Care leavers are entitled to the highest rate of HAP, which varies by location and household type (i.e. single, couple, or couple with children).

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When the housing options presented above were not available to a young person, which became increasingly common throughout the duration of the study, they turned to their social networks to source accommodation. These arrangements were characterised by overcrowding, an absence of tenancy rights and instability, which is why they are classified as 'hidden homelessness' (FEANTSA, 2017). At Phase 1, two young people, Rebecca and Charles, relied on their families and friends for housing following their exits from non-kin foster and residential care, respectively. Their accommodation situations remained insecure for the duration of the study, with Charles spending several months in the custody of the Irish Prison Service. At Phase 2, an additional three young men reported similar situations of hidden homelessness and, by Phase 3, a further three young people were relying on such informal arrangements in their social networks for housing. While some young people had personal difficulties such as drug use or criminal engagement that were related to these moves, others, such as Elspeth and Anna, moved to hidden homelessness due to a highly competitive housing market and an inability to find affordable accommodation. By Phase 3, six young people were living in hidden homelessness, frequently moving between the homes of friends and family to avoid sleeping rough or accessing homeless accommodation.

Though young people preferred to tap into their social networks and rely on hidden homeless accommodation, two young people decided to register as homeless with their local authority by Phase 3. Brad chose to leave hidden homelessness in a rural county to enter into homelessness accommodation in an urban area in the hope of finding more employment opportunities and, in time, an avenue to securing his own housing through the private-rented market. Shortly before her Phase 3 interview, Elspeth disclosed her housing situation as a significant source of stress during a routine maternity appointment. She was referred to the unit's social worker, who initiated the process of registering her for family homelessness services.

## HOUSING EXPERIENCES

This section examines those housing experiences that contributed to stability and instability for the young people over the course of the study. Having secure and stable housing was an essential part of all the care leavers' lives and also a major avenue through which precarity emerged in their narratives. Without access to safe and secure housing, young people felt limited in their ability to engage with future planning or situations beyond their immediate concerns about the matter of safe and secure accommodation. The following discussion demonstrates how a combination of time-limits on aftercare designated housing and the housing crisis functioned to add further stress and uncertainty to their daily lives.



### STABLE HOUSING AS CARING RECOGNITION

Participants living in their foster placements and supported lodgings were the most likely to describe their housing as stable and to express satisfaction with their living situations. At Phase 1, two of the four young people who continued to reside in their placements planned to move out in the near future, in both cases to attend university. By Phase 3, the other two were still living in their foster placement homes. Bryan, who had been in his placement for nearly eighteen years, considered his foster family to be his ‘real family’. In contrast, Donald, who was comfortable with his foster carer of eight years, continued to see his family of origin regularly, still identifying them as his family. These two young men were happy to continue living ‘at home’, with no immediate plans to move out, as Bryan explained during each interview, saying, ‘Well, I don’t have any plans of moving out’.

Between Phases 1 and 2, the other two young people who remained in their placements after the age of 18 moved out, Isaac to study at a university an hour away and Derina to a private-rented apartment in the same town as her foster family. She said the move improved their relationship by reducing disagreements between her and her (foster) mother.<sup>112</sup> Both Isaac and Derina were on good terms and maintaining contact with their former foster families, considering them to be their ‘real’ families, which highlights how these moves were not in any way connected to relationship breakdown. Indeed, they both stated that being allowed to stay was not just valuable in terms of security and allowing time to adjust to new responsibilities but also evidence of their strong connection to their carers. For example, Isaac stressed in his first interview that his experience of being cared for ‘like one of their own’ and remaining in his foster home was unusual.

There’s not many people in aftercare that have what I have. People that actually care about—a foster family that actually care about you. And without that you don’t really know where you end up, y’know. – Isaac (Foster), P1

Derina noted something similar at her first interview, saying, ‘They [my carers] could have kicked me out when I was 18 and told me to get my own apartment, even though they wouldn’t have, but they could have’. Statements like these reveal the importance of caring recognition—as demonstrated by their families wanting them to stay in their homes after the age of 18 years—for these young people (Paulsen & Thomas, 2018).

Remaining in their placements gave these young people time and material support to adjust to the increased responsibilities and new educational experiences they embarked upon at the point of ageing out of care. For Isaac and Derina, who later chose to move out, their foster families

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<sup>112</sup> Derina had lived with her kinship carers since she was an infant, and she referred to them as her parents, using the terms mum and dad and sibling terms for their biological children.

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continued to provide valuable emotional and financial support. For example, Derina told of how her parents stocked her pantry during her first week in her new apartment, which solidified, for her, the reliability of their support.

If I have a problem I know they're [foster parents are] always there to go to. That's basically it really. Like when I first moved in, when I was stuck for money when I had to give mam money, mam and dad came in that evening with bags full of shopping for me. Like, they weren't gonna leave me stuck. D'y'know, it's the little things really that they help me out with. – Derina (Kinship), P2

During his final interview, Isaac also highlighted the security provided by having a 'home' and 'family' to return to from university.

It's nice to have good people there for you. It's nice to come back home every so often and know there's a roof over your head and see your brothers and sister. I see them. It's nice having a family, y'know. [pauses] Which is yeah—it's nice to go home. It's nice to have a home. – Isaac (Foster), P3

In addition to continued psychosocial and material support, being allowed to stay provided valuable time to 'mature'. As noted in Chapter Five, Isaac credited his ability to persevere at university with being allowed to remain at home for almost a year before moving away to college.

Supported lodgings provided a similar kind of 'safe base' from which to acquire skills for independent living with less pressure. For example, Abby and Kevin both noted that having a single payment that covered all their bills made supported lodgings feel more 'stable' and like 'less stress' than managing 'independent living'. Across foster home and supported lodgings placements, the unifying features of stable housing were added support in the form of trusted adults who could give advice or 'notice when something's off' and not having to 'worry about bills and such', as Abby described in her first interview.

It's [living in supported lodgings is] just more practical. Like say if I'm in school, like here I'm given a budget, 150 a week, and I think, now it [living in an aftercare apartment] sounds doable, but it just sounds like there's more worry, especially in college [...] like whether you have enough money and blah-di-blah. When here [in supported lodging], I still get a budget and I have my pocket money, and it's just more like, it's still independent and but it's just I feel like I don't have to do, what's the word? Ehm, it's more secure than moving with the aftercare people. Like, it's just more security being in supported lodgings than aftercare [housing], if I'm being honest with you. – Abby (Residential), P1

Supported lodgings was valuable for Abby because she knew someone was ‘still responsible for me’ while also having ‘way more independence’ and choice regarding her schedule and activities. This kind of accountability on the part of lodgers<sup>113</sup> to still ‘look out for’ her provided a sense of security related to feeling cared for. In this way, remaining in their foster placement or having supported lodgings created a liminal space for the young people, freeing them from the financial worries and the task of managing daily household responsibilities. This allowed these care leavers to focus on other aspects of their lives such as education and training or relationship development, predominantly with new peers.

The care leavers in supported lodgings also highlighted other positive aspects such as receiving help in daily chores like washing, grocery shopping and cooking and the potential for a lodgings provider to become a source of emotional and psychological support.

Well I could go in and chat to them and have a cup o’tea, but I haven’t done that since. But I’ve been talking to them a little bit, yeah. I’d always knock in and could I do a bit o’washing ‘cause there’s no washing machine in the flat. [...] If you put it [laundry] on and all, she’ll have it all dried for you, [...] which is nice of her actually. She’s been doing that for a few days now. So I do forget now, the washing and stuff, so I’d be putting on the washing and then it’d go straight out o’me mind and then I’d be getting a knock on the door, and then she’ll have the whole washing in the basket and all. – Kevin (Kinship), P1

In these arrangements, it was the option to seek out support that was particularly valued. Neither Abby nor Kevin felt obligated to engage with available supports in a specific way; rather they valued that they were there for them if and when they needed them.

If I didn’t want to cook or anything, I could give the woman thirty euro and she could cook me dinner for a week. Now I never done that there ‘cause I think I can manage cooking for me because I haven’t got poisoned yet, thank god [smile in voice]. – Kevin (Kinship), P1

When I went into the care [of the supported lodgings] I wanted independence, but for me saying that I wanted independence obviously I’m still 18, so I was—well, I was 18, y’know. So I needed support especially with college and d’y’know sometimes you have your ups and downs and also just life struggles. – Abby (Residential), P3

Having the option to engage with supports on their own terms was considered a mark of care and respect: care for their needs and respect for their autonomy.

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<sup>113</sup> Supported lodgings providers are referred to as lodgers throughout this work.

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### FEARING HOMELESSNESS

Persistent media coverage and personal experience of the housing market meant all participants were acutely aware of the housing crisis and the risk of homelessness. These precarious conditions contributed to concerns on the part of young people about becoming homeless, which was consistently raised as the worst possible outcome of leaving care. Anna explained during her second interview that her biggest concern while in aftercare was housing, saying:

I just want to know that there's, like I don't want to end up homeless when I'm finished college. You know, that kind of way, like 'cause this [housing and living expenses] is all only like funded while I'm in college. – Anna (Kinship), P2

Thus, participation in education or training acted as a buffer in delaying housing insecurity but did not eliminate the possibility for future homelessness.

Throughout the study, young people sought stable and secure living arrangements. However, these same efforts frequently led to multiple moves, in part related to the housing crisis. These critical moments of mobility had the tendency to introduce insecurity into their housing pathways. Darragh's Housing Pathway reveals how seemingly mundane events, like the transition to college, had the potential to lead to a vicious cycle of housing exclusion.

#### **Case Study 3: Darragh's Housing Pathway**

*Darragh was a young man who was taken into care at age 16, although his family had social work involvement since before the age of 10. He was placed in three non-kin foster homes, moves which he noted were related to suitability of the placement and the difficulties the carers had with other foster children, rather than his own behaviour. His third and final non-kin foster placement was stable and loving. Importantly, he felt 'at home' there.*

*He was told that he would not be able to remain in this placement once he reached the age of 18 and his foster carers connected him with a friend of theirs who was looking for a flatmate. He moved in approximately one month after turning 18. He paid the bills on time and had a good relationship with his flatmate, also his landlord. This was his living arrangement for most of the time between his Phase 1 and Phase 2 interviews.*

*At the end of the summer, Darragh moved to another town several hours away to attend a PLC. He sought accommodation in advance of arriving but was unable to find accommodation within his aftercare rental allowance (€660/month for a room in shared accommodation). Luckily, he had some family with whom he was able to live while attending his course but this housing was an hour commute on public transport one way, which became very costly. He began to fall behind in his studies, often missing the earliest morning classes and admitted that he did not feel 'able' for the coursework.*

*Ultimately, he chose to leave the course and return to his hometown after about three months. Regrettably, the apartment where he resided previously was let to another person and, without any social network*

*assistance, he was unable to secure decent housing within his budget. At Phase 2, he was living with his mother in her apartment, which he considered a positive development that might reconcile their relationship, which had been fraught at times.*

*At Phase 3, he explained that he and his mother had had a series of disagreements that eventually led to him being 'kicked out'. He couch-surfed for several weeks and slept rough some nights when he felt he had overstayed his welcome at friends' homes. At the time of the interview, he was accessing emergency homeless accommodation, which he found extremely difficult. He had to leave this hostel before nine in the morning and was not allowed to check back in until after five in the afternoon. He had to do this every day and in the event of not securing a bed in time, he would not have a place to sleep. On those nights, he would be given a sleeping bag and slept rough in areas of town with which he was familiar.*

Darragh's Housing Pathway highlights several aspects of precarity that emerged from the narratives of many other young people. The housing crisis created a market characterised by high rents, high demand and scarcity of accommodation in urban areas. Like Darragh, many resorted to their social networks for housing and, in many cases, tensions arose due to inadequate space and overcrowding. Once young people—two in total over the course of the study—had exhausted all other options, they accessed homelessness services where they were normally provided with a one-night only hostel bed or a sleeping bag.

As time passed, participants', particularly from residential care, conceptions of what constituted homelessness evolved. Moving into aftercare accommodation made Jennifer feel acutely aware of the extent to which she depended on housing being provided for her, explaining during her first interview, 'And when you get kicked out [of aftercare housing], you don't realise it, but you're going to be homeless. You will have nowhere.' Through her experiences with aftercare accommodation and unsatisfactory university housing, Jennifer's concept of homelessness shifted between Phases 1 and 3. Although housed at each Phase (in aftercare housing at Phases 1 and 2 and university housing at Phase 3), she came to understand herself as homeless, calling the aftercare residential unit 'short-term emergency-like accommodation'. Anna, a young woman from kinship care, also came to understand herself as homeless through a series of moves in the private-rented sector, which ended in her couch-surfing between her grandmother's and her boyfriend's parents' homes at Phase 3.

It's just a nightmare living between houses. I feel like I'm couch hopping even though I'm not sleeping on the couch. So I'd actually like, I feel bad for the homeless. It just makes me feel more bad for the homeless. I feel like I am homeless. I am! Technically, I am. Tusla don't like me to say that though! [laughs] – Anna (Kinship), P3

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Securely housed individuals were not immune to the spectre of homelessness as they recognised their dependence on the assistance of either aftercare support or their foster families. For example, Isaac was in receipt of aftercare support to pay for his private-rented accommodation at university, which he considered necessary to remain housed.

For me it's like they [the aftercare agency] put money aside for aftercare payments or something and they sort of take it out of that and then pay rent, y'know. [...] Yeah, that's a lifesaver. That's like critical, y'know. Honestly if they didn't, like where would I stay, y'know what I mean? – Isaac (Foster), P2

Statements like these reveal the extent to which young people were aware of the precarity and contingency of their everyday situations. The challenges associated with accessing and maintaining safe and secure housing preoccupied the thoughts of a large number over the course of the study.

### TIME LIMITS AND UNSTABLE MARKETS: PRECARITY AND (DIS)RESPECT IN HOUSING

Particularly as time progressed, young people identified housing as a key indicator of 'success' in the transition out of care. Maintaining secure housing symbolised having planned well and having been prepared to leave care. This was most evident in the narratives of participants who had experienced a greater number of moves and among those who were living in time-limited accommodation. For participants with several residences over the duration of the research, mobility tended to enter their lives shortly after leaving care. Both Marius and Darragh were taken into care late (at 16 years of age) and placed in stable family foster homes, and they reported strong positive relationships with their carers. However, they were required to leave these placements at the age of 18, not as a result of placement breakdown but because the placement was 'not allowed' to continue past 18.<sup>114</sup>

Yeah, like moving from the whole family, really, they're really warm and welcoming from the first day I moved in. And just, it's a bit emotional leaving all that behind and just going into my own place, y'know [awkward laugh]. [...] [*I: Was there any possibility that you could stay there?*] Uh, yeah, but they also have to take on new foster children. It wouldn't really work out... Money and all that. It's really complicated. — Darragh (Foster), P1

Well, there was discussion about the new [aftercare] house and all that. About this [aftercare] house, that's all the discussions we had when I was turning 18. D'y'get me?

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<sup>114</sup> Children in care who are placed in a family home at ages 16 or 17 may be placed in what is considered a supported lodging rather than a foster home, though they may be unaware of the distinction. Thus, Marius and Darragh's placements may have been considered, unbeknownst to them, time-limited supported lodgings rather than a foster care placement. See Appendix Q: Types of Aftercare Housing Arrangements for further detail on this practice.

‘Cause there wasn’t really much to talk about ‘cause as soon as you turn 18 you have to move into aftercare unit, d’y’get me. That’s just stupid though... — Marius (Foster), P1

These young men were in different accommodation at each interview phase, moving from aftercare arranged housing and private-rented accommodation to situations of hidden homelessness. By Phase 3, both had returned to live with their mothers; Marius with misgivings and concerns about their relationship and Darragh optimistic about the possibility of the move home improving their relationship.

The previously stated time-limits on aftercare placements were a constant source of concern for the participants and also an issue about which they expressed (sometimes strong) criticism. For example, Abby, who appreciated the sense of independence and support provided by her accommodation, was constantly stressed by the time-limit on her stay in supported lodging. She reiterated during each interview that it would be preferable to know she could stay in one place for the duration of her education rather than having to move periodically, explaining that in aftercare ‘the pattern is to move’. She acknowledged that this type of arrangement is considered ‘training’ for independent living yet insisted that staying in the same place for an extended period of time would be more practical and secure.

I would have definitely rathered to stay there [in the supported lodging] for the four years instead of moving ‘cause see, in the summer I’m moving to an aftercare flat in [town] actually. The sad thing is that I can only stay there [the aftercare apartment] for a year and a half. — Abby (Residential), P1

Similarly, Elspeth, who was nearing the end of a year-long placement in an aftercare apartment at the time of her first interview, explained that the deadline loomed large in her mind: ‘I’m outta here in February, February, March the latest... but February—it’s January and I don’t know if I’m homeless, I don’t know...’. Her search for new accommodation became increasingly urgent at subsequent interviews, and she consistently depicted the limited support provided by the aftercare service as ineffectual. During her second interview, she highlighted the lack of care underpinning the available supports, saying, ‘Aftercare, yeah. They don’t care though. They’re just like, “Ah yeah, we’ve been looking as well. There’s nothing there.”’ By the time of her final interview, Elspeth was pregnant and relying on informal housing arrangements, the stress of which she communicated to a social worker at a routine maternity appointment, who then went on to initiate the process of registering her as homeless. She felt strongly that the aftercare service should have been able to help her secure permanent housing.

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I just wished they'd helped me find somewhere, like, especially knowing that I was pregnant and all. Like, they gave me an extra what? Two or three months there? But what did that do? D'y'kno'what I mean? Like, that just made me worry even more for two or three months. – Elspeth (Residential), P3

Elspeth also criticised time-limited accommodation as providing a false sense of security: 'Once you think your life is actually goin' kinda good, you kinda think, "Yeah, till next month you're homeless", d'y'know what I mean?'. In this case, the support provided was seen as a violation of the care it was meant to imply because it was abruptly removed without suitable alternatives or security provided (Honneth, 2012).

Meanwhile, Jennifer, who still had two years left in her aftercare apartment, chose to move into university housing shortly after her second interview. While she regretted moving into university accommodation, which she found overcrowded and noisy, she defended the decision to leave as necessary because of the 'emergency-like' nature of the aftercare accommodation.

Even the place I used to stay [in aftercare], a lot of girls have been given notices to leave, and they've been there for like 3 years. It's a short-term place for girls and then you move on, but they've been there for 3, 4 years, and they literally just moved into there and they didn't have a plan afterwards. Their plan was to stay in this short-term emergency-like accommodation forever, but you can't. — Jennifer (Residential), P3

Jennifer explained that she realised she was 'actually homeless' while living in aftercare designated housing and felt that being in a third accommodation during her first 16 months out of care was evidence that she had not properly prepared for the transition: 'I didn't even plan enough. [...] I'm moving to my third place now. If I was prepared enough, I know that I'd only need to move once if I asked the right people the right questions.' She also felt that the residential care staff were not prepared to help her with these kinds of tasks, particularly in relation to finding stable housing: 'The [residential care] staff were useless; they couldn't have helped me'.

These narratives reveal how policies can act to mobilise young people and embed mobility, and thus precarity, into the lives of young people leaving care. Participants highlighted the limited stay period in aftercare housing as particularly problematic because it left most young people frantically seeking suitable and affordable accommodation in a context of housing market conditions that essentially locked them out of the private-rented sector. Thus, time-limited aftercare housing, with these contingencies and boundaries, was not generally viewed as stable housing by young people. It also frequently served to push young people towards housing situations that were precarious in terms of security of tenure and/or of questionable quality.



*PRECARIOUS MARKETS*

With the importance of safe housing becoming increasingly apparent to young people with the passing of time, securing private-rented accommodation was something that many aspired to but that few attained in a market that they described as both expensive and highly competitive. Anna, for example, secured a room in a shared house for €1000 per month, the cost of which she split with her boyfriend who lived in the room with her. She emphasised that ‘the rent is *really* high here’ and that, without her partner, she would be living in substandard accommodation: ‘If I didn’t have my partner like, I’d be, Jesus, living in a kip I’d say’. However, even paying high rent did not guarantee quality as Anna’s landlord continued to rent out rooms to AirBnB without notice and withheld information on the bills before charging them several hundred Euros. Such practices ultimately led Anna to leave her housing, resorting to situations of hidden homelessness as she couch-surfed between her grandmother’s and her boyfriend’s parents’ homes for a month before her Phase 3 interview.

High rents and the competitive nature of the rental market meant that care leavers searching for private sector accommodation could be doing so for months, as was the case for Elspeth and Brad, both of whom experienced homelessness for extended periods of time during their searches. As Brad was nearing the time-limit on his aftercare apartment between Phases 1 and 2, he chose to accept his uncle’s offer of work and lodgings in a different county. However, this arrangement fell through shortly after moving. By Phase 3, Brad had been accessing an emergency homeless hostel for six months despite continuously searching for accommodation *and* having access to rental assistance: ‘Me and me cousin are looking for places. He’s looking for work as well. The two of us are... but... [pauses, sighs heavily] it doesn’t seem to be working at all...’. He emphasised throughout his final interview that *his age* and former *care status* should have provided him with supports aimed at ensuring that he would not have to sleep rough: ‘I shouldn’t be on any of these streets’. He and other participants regularly referred to their care status and age as markers of deservingness (Romano, 2018), often suggesting that one or both should be reason enough for them to be recognised as worthy of the kind of assistance that would, at a minimum, prevent them from becoming homeless.

The HAP scheme, for Brad and others, offered little long-term value, which he explained during his last interview: ‘I’m on HAP, but I don’t see it beneficial. It only lasts for 4 years.<sup>115</sup> And then you’re fucked back into the same thing again... That’s just a load of bollocks.’ Brad viewed the conditional HAP scheme as similar to the time-limited aftercare accommodation he had left; a withdrawal of care and support from the state and a sign of disrespect as a person deserving of assistance.

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<sup>115</sup> Contrary to several assertions by care leavers, HAP is not time-limited. Rather, it is means tested, and a change in tenancy would require one to reapply and requalify for the benefit.

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Additionally, HAP was generally not viewed as sufficient to pay for accommodation of reasonable quality. Thus, some care leavers planned to supplement the HAP payment with other income, which was often limited. For instance, Elspeth, who was also struggling to find housing after being evicted from aftercare housing, set her sights on the home of a family friend who was moving due to a rent increase. Having experienced several months of rejection, she was hopeful that the landlord would accept her as a HAP tenant because she was aware that the previous tenant had also used rent supplement payments.

[My family friend] used to live in the house, but she was only paying 900 for it and it was a two-bedroom house, so... Yeah, so she had to move out of there, so it's a grand 500 now. So we're going for it. [*I: Yeah, you're gonna have to put in a little of your own...*] Yeah, a hundred and 50 of our own, plus the actual 30 a euro week rent,<sup>116</sup> and then the gas and electricity and things like that. But it's worth it. 'Cause I've been in the house thousands of times and everything. – Elspeth (Residential), P3

Shortly after this interview, Elspeth contacted me to say she was not selected and was likely to be placed in homeless family accommodation<sup>117</sup> while she continued to search for housing. Similarly, Anna, who was couch-surfing at Phase 3, insisted that she would not use HAP in order to avoid being removed from the social housing waiting list, which she viewed as a source of long-term stable housing. In contrast, she stressed that 'it's very hard to find a place on the HAP'. She hoped to secure a long-term housing solution before turning 21 years old because she believed it was significantly more difficult to achieve this without *financial* aftercare assistance.

I just kind of want long-term solution for a situation that I know is gonna come. 'Cause I've seen people who have turned 21, and, you know, the financial support stops but the other support doesn't. And like, you can take the support, but it's nothing without the financial, you know. If you've no money to put down on a place, or if you only have the HAP, it's very hard to find a place on the HAP, you know. So I want kind of a long-term plan for when I finish college. – Anna (Kinship), P3

Therefore, few viewed the private-rented market as a reliable source of secure, safe housing despite feeling reliant on it. Many did consider the local authority housing list to be a long-term

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<sup>116</sup> HAP tenants pay the council a weekly 'rent', which is calculated in the same manner as social housing rents. This rent must be paid for the council to continue to pay the landlord. In this case, Elspeth was planning to pay both the weekly council fee and the difference between the HAP payment and the rent (in this case, an additional €150 per month to cover the excess rent).

<sup>117</sup> Elspeth was approximately six months pregnant at her last interview. She and her partner were eligible for family services from the local authority because a maternity ward social worker at her most recent check-up appointment registered them as a homeless couple upon learning of the distress she was experiencing from their lack of accommodation.

solution, but all recognised that this was not something they could expect a return on in the near-term. Thus, securing long-term housing featured as an essential need that remained unfulfilled for several young people—who felt at the mercy of a housing market in crisis—throughout the duration of the study.

While participants acknowledged that their workers had little control over housing market conditions, all wished that their workers had more power—and invested time to a greater extent—in helping them to secure stable accommodation. Darragh, who had moved away from his first apartment in his hometown to attend a private PLC two hours away, felt that his unsupported search for accommodation in a town several hours from his home was ‘absolutely brutal’.

So, I was being plagued to get accommodation up in [town], by myself, which was an absolute joke. And I actually, [taps table] I’m actually really disappointed with that. That I didn’t have any help. And I was just left on my own in [town]. That was absolutely brutal. I’m very pissed off about that. – Darragh (Foster), P2

Darragh ultimately left his course due to the stresses associated with accommodation and financing his everyday needs. He admitted he was probably not equipped to deal with the demands of the coursework but felt strongly that the additional stress of housing insecurity and the burden of financing his travel costs contributed to his early departure from the course. Ultimately, he felt betrayed by the lack of support he received from the formal aftercare system.

So I just felt a bit abandoned when I was up there, which, y’know, it wasn’t great after leaving care where, y’know, you just have that whole, y’know, [pauses] I don’t know. I don’t know how to put it. Like, I was just generally disappointed. – Darragh (Foster), P2

Darragh depicted his sense of ‘abandonment’ from the lack of concrete, practical assistance as disrespect on the part of his aftercare worker and by the care system more generally. In this sense, under-resourced services combined with a precarious housing market pushed care leavers into homelessness, overcrowded shared accommodation and into situations of hidden homelessness.

#### *RISING TENSIONS: RESPECT AND CARE IN HOUSING*

Tensions *in* housing arose for the young people in various circumstances, including after returning to live with biological family members and/or with friends and in ‘independent’ living arrangements. These accounts frequently described clashes over the issues of autonomy and respect and/or not feeling cared for. Aftercare workers routinely acted as mediators for young people in these circumstances. The following compilation vignette captures the common issues that arose for care leavers, eight in total, who lived with their families of origin over the course of the study. Over the

course of the study, two young people left their families of origin, which they attributed to the stress experienced in these arrangements, to begin accessing homelessness services.

**Case Study 4: Charles's Return Home**

*Charles had been in residential care for three years before returning to live with his grandparents at the age of 18 years. He explained that his grandfather 'didn't never [want to] take me back into the house' but that the clear improvement in Charles's demeanour and activities encouraged his grandfather to agree that, 'You can stay here, no problem'. Charles was still hesitant about moving in with his grandparents because 'we don't catch eye-to-eye' and 'we'll be killing each other because we're just on top of each other all the time'. Nonetheless, Charles admitted that there was nowhere else to live, explaining that 'not one landlord wants a young person after coming out from care because they've all such a bad reputation'.*

*Charles was told that his history of drug use precluded him from being provided with aftercare housing<sup>118</sup> such as supported lodgings or a designated apartment. Tensions began to escalate quickly after he returned to his grandparents' home, with Charles insisting that 'I need to get my own house' so that he would not experience a drugs relapse due to the stress and boredom of living in their rural home.*

*If I don't get out of my granny's and start like doing something with myself, getting on a course, or doing something to keep myself occupied, I'm just gonna go back downhill.*

*The stress of living in crowded accommodation prevented him from pursuing goals such as seeking work or training. Charles insisted that he needed support to get employment and housing, which he needed before he could worry about other aspects of his life or relationships.*

*Just need support in getting a job and getting accommodation is my main thing at the minute. Because that is—once I know I have a home and once I know I have a job, then I can start thinking about everybody, everything else. But at the minute that is my main concern because I'm at that age where I need it. And homelessness is such a big thing in Ireland.*

*Another reason that living with his grandparents was stressful was because several other relatives were also living there, with each family taking a room. He explained that 'it's just crazy in that house' with so many people. He tried to navigate and deal with these realities by occasionally spending time at his girlfriend's family home but found that living 'sort of between the two' homes 'is more stressful'.*

*By Phase 3, Charles was experiencing what he termed 'homelessness depression', which he treated with cannabis because of his lack of access to mental health care intervention. He was considering re-locating to a larger municipality in order to access homelessness services while looking for work.*

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<sup>118</sup> Young people with histories of drug use and/or violence and victimisation were commonly told that their worker could not secure aftercare supported accommodation, which is in conflict with a housing-led approach to homelessness that the Irish government has committed to (Cross Department Team on Homelessness, 2017; Department of Environment Community and Local Government, 2014).

Charles's story features several aspects of returning home that proved difficult for those care leavers who embarked on that journey. This transition sometimes ignited old grievances or tensions; they lived with overcrowding and relied on multiple sources for housing, particularly at junctures when they lost opportunities for employment or were required to leave time-limited accommodation. The 'homelessness depression' Charles described was present in the narratives of others, such as Elspeth, Rebecca and Brad, who experienced ongoing, long-term housing insecurity.

We were down in [rural town] for a while, and I *hated* it down there. It was just so bad. Like, I hated it. I couldn't deal with it. I was just getting so depressed in myself being down there. And I knew it was bad for the baby, so we were just looking for anywhere. – Elspeth (Residential), P3

Depression's after kicking in *very, very* hard, d'y'know what I mean. That's how bad it is. No one understands that. No one. It's like—[stumbles over words] that mental depression, then there's homeless depression, which is even lower 'cause the people looking down on you like you're a piece of dirt. – Brad (Residential), P3

I'm just gone very quiet. I used to be really chatty and bubbly and all that. I'm not like that anymore... [...] I would—I woulda liked to been at something. And to have friends. – Rebecca (Foster/Homelessness), P3

Notably, Charles broached the topic of care stigma during his first interview. He, like others, referred to social expectations about children in and leaving care that marked them out as inherently 'bad'. These same expectations and experiences were interpreted as disrespect and misrecognition: unconnected to any specific personal behaviour, they represented a 'tribal stigma' associated with care leavers (Goffman, 1963).

At Phase 1, only two young people lived with members of their family of origin. Charles was living with his grandparents and Rebecca lived between her grandmother's and her boyfriend's homes, swapping between the two at points when conflicts arose. Neither considered their living arrangement to be secure or stable and, instead, felt that it was the only option available if they were to avoid sleeping 'on the streets' or in homeless hostels. The number of young people who relied on friends and family members for housing increased at each consecutive phase of the study. By Phase 3, six of the 16 young people were living in situations of hidden homelessness with friends and/or family members. Living in close quarters with relatives or friends often led to interpersonal conflict and stress that needed to be managed. Rising tensions or continual disagreements were very often related to overcrowding. During her last interview, Anna described her reliance on her boyfriend's parents' extremely crowded home:

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We're sleeping on an air mattress in [boyfriend's] old room, which is his little brother's room as well. So there's three, well there's four of them in there. Three brothers and [boyfriend's] niece, which is his older sister's child, and she's just had a new baby as well, so there's like a new-born. Yeah, and we're on the mattress on the floor. – Anna (Kinship), P3

For Anna, this living situation was the only available option while she tried to source housing in the private-rented market, and she also found it very difficult to keep abreast of the demands of college while living in such conditions. Often, participants turned either to their worker for help with mediation or opted to alternate their housing situations (by, for example, moving in with a friend for a short period) in order to alleviate tensions, particularly at points of more acute stress that could potentially jeopardise these same (undesirable) housing situations.

Young people who lived in aftercare arranged housing during the study period also described experiences of conflict and stress associated with their living arrangements. For example, Abby became increasingly disappointed with her supported lodgings, which she had hoped would be more akin to a foster family. She had been fostered in several family placements before ending her final year and a half in a residential care placement. Generally, she referred to her time in care as being 'fostered'. However, she discovered quite quickly that her lodgers were not obliged to 'do the things' that foster parents do, such as including her in family outings or meals.

This [living in supported lodgings] is different [than foster care] because, it's like we don't really have family occasions. Like say sometimes they'd go out for dinner or they'd go out to the daughter, and it's the first time in my life they don't invite me [laughing awkwardly]. Because it's supported, so in some ways I get a little hurt 'cause the way I've been used to being in a foster family [laughing]. – Abby (Residential), P1

After a year of eating alone and hoping to be invited to family meals, Abby approached her aftercare worker for mediation on the issue, which was resolved through an agreement to have Sunday meals with her lodging family. However, she expressed sadness that they had not taken initiatives to include her to a greater extent in everyday routines and rituals: 'It's only the thing that I brought up. That's the only thing that is fixed now.' She attributed her experience to them feeling more obligated to their regulatory agreement with the agency than to her as a person in need of care: 'It's more so guidelines because the social workers were there, blah di dee blah'. At Phase 3, her reflections strongly suggest that what she wanted and needed most was to feel cared for.

I think my problem is I kind of want them to do it by themselves because they want to do it [short laugh]. I'm desperate for somebody in my life that just wants to be there because

they're there. Not because it's guidelines, 'cause they have to do it, and y'know... Just after being fostered, I guess, it's kinda like you need... Just to make me feel... what's it? [awkward laugh] Lovable? [laughs] I don't know. They want to do something because they want to do it for you, not because you're tell—you have to tell... — Abby (Residential), P3

While Abby stressed that she wanted to continue living in her supported lodgings because this accommodation helped her to feel 'settled for once', she became increasingly disillusioned by the isolation she experienced from *being in, but not part of*, a family. What she perceived as a lack of care on the part of her lodgers led to challenging emotions, sometimes related to a sense of resentment and anger.

Unstable and insecure housing arrangements conveyed disrespect and lack of care to the care leavers living in them. Moreover, being disconnected or excluded from the social functions of the family, such as eating dinner, conveyed a lack of care and disrespect to care leavers who were left out of family activities. Arrangements such as these had the potential to strain care leavers' interpersonal relationships, both for those living in overcrowded accommodation provided by their social networks and those in aftercare arranged housing. Learning to respond to these pressures in measured ways was a key task as many navigated the transition out of care, and young people responded in a variety of ways, such as moving frequently between informal arrangements and soliciting mediation from their workers. Thus, while young people sought ways to mitigate these stressors, precarious living conditions, lack of care and disrespect in this liminal phase led to feelings of misrecognition and contributed to poor mental health.

#### PRIVACY AND CONTROL AS RESPECT

Living arrangements and the relationships associated with those living arrangements held symbolic meaning for young people, particularly in terms of how they perceived themselves as respected as 'young adults'. Participants considered the transition out of care to be a time when they should experience a greater sense of privacy in their personal matters and control over the 'spaces' they occupied. Several young people perceived the *lack of privacy* that unfolded as disrespect for their personal space and position as maturing adults. Kevin, for example, chose to leave his supported lodging placement for an independent apartment between Phases 1 and 2 of the study, in part because of the lack of privacy. During his second interview, he highlighted how his supported lodgings had been a self-contained unit in a family home but that he did not have a key to this unit that was only available to him. He found the ability of the lodgers to come and go as they pleased and to hear his activities problematic.

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I'm feeling better now that I have my own little privacy and all. Because when I lived in the old [supported lodgings] house, I didn't really have much privacy because it was actually connected to the owner's house, and there was a door going from my little apartment into their house. So, but the locks were all on their side. [...] But I never really had privacy because they could actually hear everything we [he and his girlfriend] were saying. They could walk in whenever they wanted to 'cause they had all the locks and everything on their side. All they had to do was open the door and come in, and they were in the house a few times when I wasn't there. I didn't really like it. – Kevin (Kinship), P2

This lack of control over his personal space made Kevin uncomfortable because he felt his newly acquired status of 'young adult' made him more deserving of privacy and personal space.

Young people's ability to manage their personal space and social lives shaped their feelings of satisfaction in housing. The level of control they could exert over their living situations varied considerably between the housing types, with young people who remained in their placements having much less control and privacy than those living in private-rented accommodation. Young people in aftercare designated housing reported more mixed experiences of privacy because professionals from the organisation that provided the housing had the right to visit their homes on short notice and demand changes be made to the spaces, which reinforced, for some care leavers, the reality that the accommodation was not *their* 'home'. Elspeth noted during her first interview that 'if I say anything to them, they're just like, "It's our house—this is our place".' However, the length of time between these visits could be substantial, allowing for extended periods of privacy with brief interruptions.

I had the shoe rail real neat at the top of the stairs if people came up, whatever, shoes just had to go somewhere they were there, and they were all neat and all. They told me it couldn't be in the landing, in case of a fire or emergency or whatever. They made me move it. Then the washing basket was there. They made me move that. Ah, they're just so— [speaking faster] it's not even their house! There was nothing wrong with it. They literally came in for a meeting one day, and they were like [pointing] 'That needs to go. That needs to go. That can't be there.' [...] I was like 'Oh my god like, what can I do with this house?' — Elspeth (Residential), P2

Elspeth's experience highlights how young people had a strong desire for control and autonomy in their personal space. At Phase 3, Jennifer noted similar issues in her move to university housing, which she considered to be 'terrible', saying 'I just can't wait to leave'. She felt restricted by overcrowding—six people shared a kitchen and one bathroom—and house rules that prevented her from personalising her space: 'You can't even have posters, or you get fined'. In addition to



formal restrictions, she found her housemates to be disrespectful of other people's needs in relation to space and noise-levels: 'I can't even buy food at a certain point because they've taken up all the space in the fridge, so there would be nowhere for me to keep my stuff'. For Jennifer, this was disrespect for her as a student, which she thought her flatmates, as fellow students, should recognise. These issues affecting her use of the living space prevented the university housing from feeling like a home for Jennifer: 'Now when I'm at home, I feel like I'm in [residence hall name], I don't feel like I'm at home, which is—it kind of sounds the same, but I don't feel like I live there'.

Controlling one's space was also related to controlling one's social interactions. At her first interview, Jennifer explained that what she appreciated about her new aftercare apartment was her ability to 'control who's there and who's not 'cause I guess that's something I never really had, so having it kind of is good'. This sense of control was also something young people who remained in their placement homes desired, but they experienced more direct control of their daily activities and use of the home. For example, Derina chose to move out of her foster home shortly before her Phase 2 interview because tensions had arisen with her parents over outings and curfews.

Obviously there's gonna be rules, there's gonna be curfews, whatever, but it was to the point where when I go out on a night out, I'd have to be home by half two and it was a struggle to get a taxi and be home exactly at half two. If I wasn't home by half two I was getting given out to. I had to ask to go places, or I'd have to be like—mam would have to be available for me to go places because I live so far out of the town she'd have to drop me or I'd have to get a taxi. – Derina (Kinship), P2

In order to eliminate stress that would in all likelihood place a strain on her relationship with her foster parents, Derina chose to leave her family home and secured a private-rented apartment nearby. She emphasised the importance of including her parents in this decision and alleviating their concerns so that it might serve the intended purpose, improving their relationship, which was Derina's way of enacting her care for her parents. Ultimately, she felt that the increased autonomy this move afforded her brought them 'closer', calling moving out 'the best decision I've made'.

I just felt that moving out would give us that space that we need and to be honest it's brought us closer. If anything, it's brought us closer. I have my own freedom, I'm so close to everything and it's brilliant and she [foster mother] knows I'm safe. She comes in whenever she wants, I go over to her when I want. It's not like it's completely shut out of my life, but I think it was the best decision I've made. – Derina (Kinship), P2

Derina stressed that care was still present in their relationship and that her move out of her foster home was not a sign of a rejection of care but rather a desire to maintain it. Narratives such as

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these revealed the importance autonomy and self-determination over physical space had for young people and its impact on their sense of feeling cared for and respected as young adults. In this way, space had the potential to facilitate caring relationships by enabling young people to alleviate tensions.

## CONCLUSION

This chapter has presented the participants' experiences of housing after care. For those who remained stably housed in their care placements and those who had interim arrangements such as supported lodgings, having a 'home' provided a liminal space where young people felt safe to gradually mature (Avery & Freundlich, 2009; Daly, 2012b; Häggman-Laitila et al., 2018; Turner, 1972, 1991). These accounts exposed how having a 'home' engendered a sense of being cared for and respected (Honneth, 1995; Paulsen & Thomas, 2018). However, part of the reason they felt cared for and respected through the provision of safe housing was that they were acutely aware of the precarious accommodation alternatives available to many care leavers. The narratives of the care leavers who left their care placements shortly after turning 18 revealed how the housing crisis in combination with a punitive aftercare system (Furlong et al., 2018) worked to embed precarity into their accommodation pathways and contributed to housing exclusion over time.

The contingent nature of aftercare support and the time-limit imposed on most aftercare housing led many participants to be preoccupied with securing housing, sometimes to the detriment of other aspects of life such as education. Young people were acutely aware of their dependency on assistance from the state and others for necessities such as housing, a relationship of dependence that signifies precarious conditions (Berlant, 2011; Hammami, 2016). This dependence combined with a private-rented market in crisis resulted in numerous moves for several young people and high levels of stress. Care leavers used their age and care status to make appeals to be seen as 'deserving' of assistance (Alcock et al., 2008; Romano, 2018).

Young people understood this time as a period when they should be experiencing increasing control over their personal space, including gaining privacy and arranging social engagements. Exploring the role of physical space in experiences of care and respect, participants narratives showed how mental health was influenced by having control and autonomy in their personal space. In situations of overcrowding, young people frequently turned to their aftercare workers for assistance in mediating conflict and tension (Hiles et al., 2013). Ultimately, they felt a desire to feel cared for and respected through the ability to manage their space and social interactions as they desired. In this way, physical space influenced care leavers' feelings of being recognised as young adults deserving of respect and care (Blatterer, 2007; Honneth, 1995).

In summary, this chapter revealed how policy and context in Ireland combined to create precarious housing conditions for participants, which in turn had implications for their feelings of recognition as care leavers. Young people felt abandoned by the state to a fickle market with few long-term solutions to housing insecurity, which pushed many care leavers into overcrowded accommodation and situations of hidden homelessness whereby they were couch-surfing with friends and/or family.



# Chapter Seven

## LEAVING CHILDHOOD AND LEAVING CARE

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### INTRODUCTION

Having detailed young people's experiences of employment, education and housing post-care in Chapter Five and Chapter Six, this chapter examines how participants conceptualised adulthood and a 'normal' life. By definition, a transition implies a 'destination' (Blatterer, 2007). The young people ageing out of care had two 'destinations'—adulthood and out-of-care—since they were leaving behind both their status as a child and as a *child in care*. The nature of these two destinations is, therefore, considered in this chapter with the aim of unravelling how young people understood and experienced these transitions.

The chapter starts by exploring how the young people envisioned adulthood, including how they experienced the transition to this status. Being seen as an adult implies a process of social recognition (Blatterer, 2007); thus, this exploration addresses young people's perceptions of respect and disrespect in relation to their changing status, particularly in relation to the aftercare experience. Here, the roles and tasks that accompanied the transition to adulthood and how young people engaged with this process are examined, as is the manner in which workers, in some cases, functioned to provide scaffolding and support young people who struggled. The remainder of the chapter examines young people's aspirations post-care, focusing in particular on their understanding of a 'normal' life. Investigating care leavers' notions of 'normal' reveals their perceptions of social stigma pertaining to the care experience (Goffman, 1963; Honneth, 1995; Warming, 2015), including the ways in which they felt stigma appeared to limit their willingness to initiate new peer and/or adult relationships.

### DEFINING ADULTHOOD: RESPONSIBILITIES, INDEPENDENCE AND GROWTH

The idea that life is lived in 'chapters' or 'stages' emerged strongly from the narratives. For example, Bryan was pleased at the time of his second interview that he had finished secondary school and moved on to a PLC, saying, 'I got through school. That's...yeah, I made it to the next chapter in my life'. Moreover, several identified the time after secondary schooling years as distinct from later periods when a person would be 'really matured or grown', as Jennifer put it during her final interview. Abby made a similar distinction between being 18 years old and reaching the age or stage when one would seek a 'real job' or start a family. Considering an educational career that required

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a master's degree for future employment, she questioned the cessation of aftercare support at 23 years old—even if one can be expected to be 'big enough to pay' their own way.

I know that you'll be big enough to pay for your own master's, but it's like, 'cause if I do something like arts, I need that two-year [degree] in order to be able to work to teach. Without that, I can do nothing really. – Abby (Residential), P2

With no family in Ireland and dependent on the state for housing and income, Abby found the prospect of losing aftercare support before completing her degree cycle to be daunting. In this way, young people discussed age gradients in terms of accepting a greater level of responsibility while also contesting the notion that these responsibilities should be taken on wholesale without scaffolding from external sources, such as aftercare (Boddy, Bakketeig, et al., 2019).

At Phase 3, Isaac specifically characterised the intermediate period between dependency and full independence as being a 'young adult', distinguishing it from later adulthood with reference to the centrality of learning to the care-leaving transition (Berzin et al., 2014).

It's ok not to have everything figured out yet 'cause you're not gonna. I mean like, you're still a young adult, y'know. It's just... it's still just learning. You're still just a baby learning in life, y'know. – Isaac (Foster), P3

Therefore, enacting adulthood meant being willing to take on more responsibilities, such as managing finances or housing during a period when assistance was withdrawn over time—*not absent*. For example, Derina explained during her final interview that to have a good future she needed a job so that she was 'not having to rely on everybody else'. She felt she had 'made it' because she was renting a house and was employed full-time. Thus, paying her 'own way' exemplified how adulthood and independence were defined by 'not having to rely on' other people for basic security like housing and food. Anna, who moved out of her kinship placement shortly after turning 18, described these expectations as becoming more pressing with the passing of time.

I know I need to start taking life seriously. I'm turning 20, and I feel old now, and I feel like I need to start saving for my mortgage, though, 'cause [boyfriend's] four sisters are all—well, his three sisters are all saving for mortgages. So I feel like it's—not like expected of us, but y'know what I'm saying—It's the way to go these days. I feel like everybody's taking out mortgages. – Anna (Kinship), P3

Isaac, who remained in his foster home for nearly a year before moving to take up a course at university, also described feeling a responsibility to engage more independently with 'serious' aspects of life as time passed. Having highlighted his strong relationships with his foster parents

during his first interview, he reiterated during subsequent interviews that ageing out was a ‘project’ that *he* had to undertake and achieve successfully, illustrated in the vignette below.

**Case Study 5: Isaac Becoming ‘Independent’**

*At Phase 1, Isaac was still living with his first and only foster family. At this meeting, he stressed how lucky he was to have been placed with a family that ‘included you’.*

*I’m very fortunate to have them. Like I realise that, yeah. ‘Cause, I don’t know... they’re great. They’re everything. They are my family at this stage, y’know it’s—I think you just get lucky. Because they’re great people.*

*He had deferred his university placement to attend a local IT access programme that would give him a certification upon completion while reserving his university spot. He connected this decision to conversations he had with his parents<sup>119</sup> about college being ‘a big step’ and his concern that it is when ‘you more or less finished your childhood’. They suggested he consider the deferral to have time to ‘just mature a bit more’. He looked back on the decision favourably, saying ‘it paid off’ to stay because ‘there’s a lot of learning you do outside of college’. He described this learning as teaching him a ‘bit of cop on’ that would enable him to handle new relationships and moving away from home.*

*At Phase 2, Isaac had completed his IT year and moved to university. He was living in private-rented accommodation that he had sought and secured himself, although it was funded by his aftercare package and he had consulted with his aftercare worker about the rental agreement and deposit. He attributed his reduced reliance on his family and worker to his need to become and feel more independent:*

*I mean [my aftercare worker] did help get me going, like, explaining stuff to me. Look it, this is what you are going to need, and this is what we can help you with. But like, I’m at the stage where I still have to do a good bit of it myself, y’know. I mean... even getting the accommodation, I done that myself. If I needed help it was there, but like... [pauses] did I need it? [laughs] No, I don’t think so. Well, I honestly don’t know if I needed it or not. Like, I think I’m alright.*

*Reflecting on his recent experiences, Isaac described his time in the local IT as ‘learning of how to be independent more so than anything’. He admitted that he ‘was still relatively safe’, living at home, working part-time and taking a one-year degree. He felt that his move to university would have been very different without that ‘year of learning’. Even with this, he found the initial weeks at university overwhelming, thinking ‘I’m actually not doing this!’*

*At Phase 3, Isaac was nearing the end of his first year at university, which he felt had gone well. He was very engaged in campus life, participating in sports and attending supplemental instruction support centres. He framed this year at university as a time for becoming independent and maturing, saying:*

<sup>119</sup> Isaac referred to his foster carers as mum and dad and his parents; therefore, his framing of these relationships will be respected throughout these findings by using similar terminology.

*It's nearly foreign when I go home, y'know. So, it's... I'm used to being independent. If I want to go somewhere, I go somewhere. I don't have to ask someone if I can go somewhere... You just get used to being independent, and it's different when you go home. You're just back to being a kid again I suppose—Not being a kid, but like dependent on other people. I'm not sure if I like that. No, I don't think I like that ok.*

*Upon reflection, he felt he had asked for very little help with anything and had 'done most of the work myself'. He said, 'They were there when I needed them, but the rest is really up to you'. He explained how you must put yourself in a position to be deserving of assistance/support by trying 'to better yourself'.*

*They [aftercare] don't have unlimited resources, too, so they can't keep chasing you. Like, you're at the age they're not gonna chase you. Y'know, they're not gonna chase you to go to college. That's something you're gonna have to want to do.*

*He admitted to having no 'great planning' so much as he 'seen what worked and just went with it'. However, he attributed his year at the IT with preventing him from becoming homesick when he left for university, which had a 'knock-on effect that makes things better' over the rest of the year.*

Thus, even for those care leavers who had ostensibly strong ties to and felt supported by their foster families, adulthood was characterised as being alone or 'on your own' and contrasted with childhood, which was routinely associated with being dependent on other people for necessities such as shelter, food and transportation. Isaac understood this period as a time to learn to 'handle freedom' because of the significant increase in the freedom to choose and do as one wishes, explaining that 'handling freedom' is a process of 'getting used to adulthood'. Isaac's story highlights how time in the safe space of the family home and a less demanding education programme allowed him to develop skills in terms of relationship management and personal planning that contributed to his confidence and ability to manage the increasing responsibilities when he moved away.

At Phase 1, only four of the 10 young people whose last care placement was a foster home were still living with their foster families. Notably, these young people described experiences that were similar to those outlined by Isaac, including a sense of needing to 'do (more) for yourself' as time passed; yet having the benefit of a more gradual acquisition of responsibilities than care leavers who left their placements. In contrast, those who left shortly after turning 18 years old used phrases like 'suddenly' being an adult or having to 'immediately' grow up (Paulsen & Thomas, 2018; Stein, 2006a, 2006b; Sulimani-Aidan, 2017a). For example, Abby, who left residential care at 18 to live in supported lodgings, said that she wished she had the ability to worry about the 'normal things' that a college 'kid' does rather than the 'serious' business of long-term housing and employment. She felt that she 'should be just focusing on my first year in college than worrying about things like that'.



She wanted to have some time ‘to be young’ and ‘settle in college’ rather than worrying about subsistence issues such as rental payments.

I don’t know, once just time to be young [laughing] and be a kid. Just maybe one year, just to settle in college, and d’y’know, just, it’s been tough, tough, and now like... What if I can’t pay the rent? What if... d’y’know? – Abby (Residential), P2

Narratives such as these reveal participants’ understanding of adulthood as a time of stress about finances and bills, contrasting with the notion of childhood or being ‘a kid’, which carried fewer anxieties, particularly in relation to taking responsibility for daily necessities such as housing and food.

Related in part to increased concerns about basic necessities and mundane tasks, young people associated adulthood with making better decisions and taking the time to think decisions through. For example, Ethan ended his first interview by explaining that he felt he did not experience real consequences before turning 18 because he always had the option of asking his mother for help in difficult situations. He now felt that he had to consider and take the consequences of his actions far more seriously.

I guess you kinda grow up. Like you realise... [pauses] you can’t go around doing shit forever and expect to sail through life all nice and dandy. Like you do need to put work in. You do have to do stuff you don’t like, but it’s all for the better in the end, so... Like I did have a realisation in a sense, but not directly linked to that. Like I kinda had the whole ‘Ah, I’m 18, I need to cop on a bit’. – Ethan (Residential), P1

Similarly, Brad, who also left residential care, explained that he began acting ‘more like an adult’ once he transitioned to independent living. Admitting that he ‘used to cause mayhem’ when he first started living in his new apartment, he associated moving out with ‘learning to do everything’ and realising that he had to do things for himself. Disclosing that he felt his options were fast becoming ‘prison or a wooden box (death)’, his considerations of ‘the long-term’ consequences of his behaviour spurred him to act (more) like an adult. Brad’s realisation of the long-term consequences of his behaviour is an example of the ways in which young people began to consider the future and associate foresight with the concepts of maturity and adulthood as time passed.

Finally, young people, particularly those from family placements, framed adulthood as a gradual separation from one’s family towards the formation of new relationships, a process they felt became more pressing with age. Discussing how instrumental the support he received from his [foster] parents had been, Bryan explained at his second interview that he would ‘be on my own [without their support], and I think the next stage of my life is kinda me being on my own ‘cause

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I'm that age. I'm 20 in a year, but that's kinda scary, to be honest.' He accepted, if with a sense of anxiety, that getting older meant that he needed to become less dependent on his parents' support. Additionally, Rebecca, a young woman who transitioned from foster care to homelessness and had a troubled relationship with her biological family, felt conflicted about staying with her boyfriend 'to have our first Christmas' together—which he wanted—because her mother was unhappy with the prospect of her missing the family occasion. Rebecca explained this break with tradition, saying, 'I am getting older now. I'm not going to be there for you every Christmas or every birthday'. In this way, for many young people, ageing out of care signalled a perceived need to begin to form other social connections and to create or allow a level of distance from parents/carers that would enable the development of new relationships.

### AFTERCARE AS RESPECT

Upon ageing out, the aftercare service emerged as a source of many participants' feelings of respect—or disrespect—as an adult. For many, care had been a time when they were 'wrapped in cotton-wool', as several put it; sheltered from both choices and consequences. Although more pronounced among residential care leavers, young people from all care types explained that their first encounter with being treated 'like an adult' was their introduction to the aftercare concept, which typically happened at an end-of-care review meeting or when they were introduced to their aftercare worker. Anna, from long-term kinship care, explained that she had never attended any of her review meetings before the final one when her case was transferred to the aftercare service. She admitted that she attended this meeting at the insistence of her workers.

I went to my review meeting, so you know they set out like *everything* that was gonna happen for me and what I was entitled to and what [aftercare worker] was gonna be doing for me. And just what I thought about like how, well, like I never went to my review meetings as a kid. Like I filled out the yearly review form, and then they sent that off, and then they brought that to the review meeting, and then they spoke about me when I wasn't there, like y'know. But I never went to actually give feedback until I turned 18. Like until [aftercare worker] and my current social worker were like 'I think it would be really good for you'. So I was like 'Yeah, I'll go to this review. You want me to go to this review so much, I'll do it like.' – Anna (Kinship), P1

Framing this new engagement with aftercare services as a transition to ownership and adulthood, Anna felt this was an important feature that distinguished aftercare from being in care. She said that aftercare was distinctly different, commenting that, 'I don't feel like I'm in care' now, which she considered a good thing because she had the power to choose her level of engagement and the

supports she needed: 'Now you're given the choice, and I enjoy that, y'know. Like I enjoy being able to use the services I need, or, y'know, consulting them.'

Choice and opportunities to express themselves engendered a sense of power among several during the transition to aftercare services. At his second interview, Darragh stressed the importance of the space that aftercare provided: 'If she [aftercare worker] kept up with me every two bloody weeks, it'd be like, I'd be getting annoyed. I'd just be like this is my life. Leave me alone'. Similarly, Ethan stressed the power of choice at the end his first interview.

I'll never forget the first time I was asked what way I wanted to handle the situation. [...] I was shocked at the fact that I got to make a choice. But when you get to make them choices, it feels like you're a part of building your own life then. You're not having someone else build it for you. – Ethan (Residential), P1

The opportunity to 'build his own life' was made clear at his first aftercare meeting, which surprised him in a positive sense in that it marked a change 'for the better'.

But when I walked in and sat down [in the aftercare meeting], straight away all eyes went to me, and they were like 'So, what do you want to do?' I was kinda, I was taken back a bit. I was like 'Well, I hadn't really thought about this.' Like—[I] were being so used to it being laid out for me so. Like it's changed, but it's changed for the better. You just have to do it. – Ethan (Residential), P1

Thus, the independence and opportunity to make decisions for oneself in aftercare was framed as a sign of respect by the care leavers and was associated with growing autonomy and adulthood. However, they also wanted support to make these decisions in a safe environment. During her final interview, Abby explained that the transition out of care to aftercare was daunting given that turning one year older did not mean you were 'really matured or grown or anything'.

I do know that I still have to practice my independence because unlike most kids they have their parents and they can live there as long as they want. I know that I have to move out at some stage, so maybe [smacks table a couple times] it could be put in place that I know that you have to probably start making your own food and looking after yourself and your washing, but I think it's something that should start off slowly [...] It's just going straight into it. You're just dropped into and that's just it now for the rest, d'y'know, until you move out of this house and then just eating by yourself *all* the time. – Abby (Residential), P3

Elsbeth, who left residential care for aftercare housing at the age of 18, was consistently adamant during each interview that aftercare was not a supportive environment, instead framing it as insecure and unhelpful, particularly as it related to the stress of becoming homeless.

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I'm telling you if anyone was ever going into aftercare, I'd say, 'No, get your social workers to find you somewhere and stay in that'. At least you're guaranteed that roof over your head until you get somewhere else. I'd never recommend it, ever. It's the shittiest thing ever. Like I'd never recommend it. — Elspeth (Residential), P2

Thus, the aftercare system, for many, was not perceived as a safe environment where mistakes could be made, highlighting their relationship to support as precarious (Boddy, Bakketeig, et al., 2019).

A key feature of ownership and 'feeling adult' was the experience of frank and direct communication from adults in their lives, particularly aftercare workers, about issues such as bank accounts, housing, and educational or training programmes. Many participants, particularly those from residential care, found this kind of treatment refreshing and appealing. For example, Jennifer explained at her first interview that she appreciated being asked by the aftercare staff in her new residential aftercare facility how much contact she wanted to have with staff and how she would like to make them aware if something was wrong or she needed support. She called this encounter 'a real adult meeting', which she contrasted with her experiences of being treated like a child while in residential care. However, others found the sudden introduction of communications with such gravity overwhelming, as Bryan described during his first interview.

It was just before I turned 18 [...], she [my aftercare worker] was telling me what's gonna happen, what're we gonna be doing. She was setting up bank accounts for me. She was like, 'cause I'm older, that step older, she didn't want to treat me as a child. [*I: Yeah. How'd that go?*] Ehm, it was interesting. Because it was all at once, like, we're gonna make you a bank account. We're gonna do colleges and all that. It just kind of sprung at me at once. I didn't know what to do at first, but then, me and my mum<sup>120</sup> talked about it. And we broke it down into steps, and now I'm slowly going into each step with more, like I'm happier. Instead of all at once, I'm not frustrated. — Bryan (Foster), P1

Ultimately, Bryan kept these frustrations to himself, saying, 'I just kind of dealt with it 'cause I'm growing up now, I just kind of have to do that', though, as he noted, his (foster) mother was attuned to his frustration and talked him through the process. Notably, then, even those who felt overwhelmed by the abrupt initiation of serious discussions with long-term implications considered this time to be a period when they were *supposed* to be dealing with this kind of stress.

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<sup>120</sup> Similar to some other young people from long-term care placements, Bryan referred to his foster carers as 'mum' and 'dad' and 'my parents'.

A significant concern expressed by young people during the transition out of care was the absence of a safety net in the event of making a poor decision(s). During her first interview, Jennifer was critical of the manner in which boundaries changed between care and aftercare, explaining that residential care had been a place of control. She described the change from care to aftercare as shifting from flimsy boundaries with few or no consequences in the event of breaching rules to no boundaries with harsh consequences for contravention. She argued that the nature of boundaries is what made leaving care ‘a change, not a transition’, saying, ‘Boundaries, you’ve been babied up to such a point and then bam [smacks hand on table]’. She described the curfews and other restrictions set while she was in care as easily broken without consequences. Once she was in ‘the real world’ of aftercare, however, no limits were set other than those connected to criminality or social expectations for behaviour related, for example, to cordial interactions with staff and peers.

You always see how much you can get away with [in care]. And then you figure out you can get away with everything, up until you’re 18. Then you’re—like it changes so quick like. No one’s gonna be prepared for when they’re 18, you can’t do shit like. You can’t do anything you were doing, you will get arrested! Like, everything is so different. – Jennifer (Residential), P1

In this way, the new boundaries were less obvious but carried, potentially significant, consequences. Reflecting at the end of her third interview, Jennifer noted that in a very short period of time—one year—‘you can really ruin your life or make your life a lot better’.

This potential to ‘ruin your life’ was related to the increased control that comes with turning 18 years old. In addition to taking responsibility for mundane tasks like cooking and cleaning, young people experienced a far lower level of everyday surveillance of their activities. Bryan, who remained living with his foster family for the entire year, explained that this contrast was connected to social transitions more so than personal changes.

My maturity level, it’s the same. I don’t feel a difference. I don’t think you’re meant to feel a difference when you grow older, it doesn’t... but I can vote now, I can legally drive, I can legally go for a pint in the pub... It feels good. It feels like I wouldn’t associate me as an adult, but it’s kind of scary in a way. Yeah, I’m growing up too fast [knocks on table]. – Bryan (Foster), P1

Though daunting in its implication, Bryan described the social recognition of adulthood conveyed by the increase in socially approved activities as positive (Blatterer, 2007). While all participants expressed a greater sense of power over their social lives, such as the ability to go out without permission or to begin engaging in activities previously prohibited by law, those who left their care

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placements experienced more contrast between the freedom of independent living and the controlled environment of care, as Darragh explained during his second interview.

It's just, it's my decision. So... yeah, 'cause nobody—none of these people get to decide what I get to do anymore, so yeah, they're, she's [his aftercare worker], not in a bad way, she's not a social worker, but like social workers, y'know, you do what you're told [laughing]. – Darragh (Foster), P2

In contrast, young people who remained living in their placements experienced a more gradual introduction to 'adult-like' responsibilities, such as making decisions for themselves without prior approval. For example, Bryan felt more responsible at the time of his second interview because he was 'allowed to stay out for longer' without getting permission from his mother. This was significant because his (foster) parents had held a meeting with him shortly after he turned 18 about socialising with 'the wrong crowd of people'. They insisted that he leave this social circle and improve his behaviour or, if not, *leave the house*, which shocked but also inspired him to 'cop on'. At Phase 2, he had been engaging with education, which had helped to repair his relationship with his parents. He cited having independently attended a festival as an example of being given more responsibility and his parents having respect for his ability to make good choices, saying, 'I went to the festival for three days on my own with my friends, and I don't know, I just kinda feel more responsible'. Allowing him to attend a festival was an act of trust that signalled his parents' belief that he had matured.

### BEING 'RESPONSIBLE ON YOUR OWN': PRIORITISING AND MANAGING THE OVERWHELMINGLY MUNDANE

Care leavers routinely presented adulthood and the care system as opposing forces wherein 'adulthood requires a break from' the child welfare system and childhood is being dependent on the system (Berzin et al., 2014, p. 631). This period of transition was characterised by a sharp increase in responsibilities and tasks related to ageing out of care. Participants explained that this required learning to be 'responsible on your own', which is similar to the concept of self-reliance described in the literature (Cameron, 2007; Samuels & Pryce, 2008). However, these narratives were not simply examples of self-organisation. Instead, the young people also emphasised the importance of learning to take into account the long-term consequences of ones' actions as an important aspect of self-development (Cameron, 2007). During her first interview, Jennifer described leaving care as 'overwhelming' because of the immediacy with which she gained significant control over her life.

It [leaving care] was very overwhelming 'cause like yesterday, fuck, yesterday I was being woken up by someone and today it's like I have to pay rent, and I actually seen stuff. And

it's like 'Oh god!', you just feel like everything moved so quick. So quick, and now you have like no freaking harness. – Jennifer (Residential), P1

For others like Jennifer, the financial responsibilities associated with independent living, such as paying bills and grocery shopping, coupled with the task of having to 'manage a home', which included cleaning, cooking and negotiating with landlords, contributed to a sense of feeling overwhelmed.

Managing finances was one of the most daunting tasks for young people, who often felt an onus to learn to save when ageing out of care, though most were hindered by low income and limited previous experience with budgeting. Brad, for instance, explained at his first interview that 'I'm terrible with money', which he noted dated back to his time in a training programme he attended while in care.

I used to blow it [money] when I was in FÁS.<sup>121</sup> I used to get paid maybe 180, when I turned 18 I got paid 188. I always blew it. Always, in about two or three days it'd be gone. – Brad (Residential), P1

Brad, however, learned in aftercare that if he 'blew' all his money he would not have food to eat, which made him aware that 'I need to start saving, *a lot*'. Half of the participants came to the realisation that budgeting and the ability to manage money was important after having gone without food for some period of time. Jennifer explained during her second interview that 'I had no money one week, but I could make food for two weeks because of like scraps in my cupboard'. Others had to turn to their social networks for support during these times, such as Kevin, who asked his biological mother to prepare food for him on several occasions. Kevin also described struggles with paying bills: 'It is sometimes hard when you get these bills in the door and stuff and you're looking like, "Wow, that's a hundred euro, like, wow that's 200 there", y'know what I mean, it is hard'. Accounts such as these highlight how care leavers' lack of prior exposure to the cost of fundamental amenities like electricity and internet challenged a considerable number in their efforts to begin engaging with such responsibilities, underscoring how important it is 'to equip care-leavers with the social skills to survive and even thrive in such environments' (van Breda, 2015, p. 333).

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<sup>121</sup> FÁS (an acronym for the Irish: An Foras Áiseanna Saothair), since dissolved and restructured into several other services such as SOLAS, was a government-run training scheme that paid unemployed people to participate in trainings. Several participants had experience with services that they called FÁS, though it was dissolved before they were of age to participate in it (2013).

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### *'COPPING ONTO LIFE': BECOMING DISILLUSIONED WITH FREEDOM*

Young people frequently referred to a need to 'cop onto life',<sup>122</sup> explaining that their behaviour as under-18s was not going to 'cut it' now that they were 'adults'. Remarks such as these signalled a process of learning to take responsibility for matters that were previously handled by adults in their lives, such as social workers or carers. For participants from residential care, in particular, this change was sudden and overwhelming, akin to the 'instant adulthood' referenced in the literature (Paulsen & Thomas, 2018; Stein, 2006a, 2006b; Sulimani-Aidan, 2017a). For residential care leavers, the age of 18 was a juncture at which relationships (with social workers or counsellors, for example) and basic necessities (such as housing) were, or could potentially be, lost. A major change for Jennifer during this period was learning that you must do '*everything* for yourself'.

It's just really drastically different how independent it [aftercare] is. And the thing is, when you're in care, it's like you have so much support. Like, a lot more support than like someone in a family would. Then when—that's just cut off really quick, so it's like [pause] ... It's just weird at first. And then I just got used to it. – Jennifer (Residential), P1

Jennifer admitted that she did not anticipate that life would be so different, saying that her mind was 'blown' during the period subsequent to leaving care (Geenen & Powers, 2007).

Meanwhile, Abby's account illustrates the loss of social connection many felt during the out-of-care transition. Feeling consistently excluded by the family providing her supported lodgings, at each interview she discussed the fundamental differences between being in care and living in aftercare housing. Having lost both of her parents, Abby struggled with depression, sometimes neglecting to prepare food and eat. She had hoped that her lodgers would help her to cook when she was sick, saying, 'I know that I'll have to do it one day alone, but the thing is I'm not alone *now*'. Though partially addressed through mediation, she was disappointed that they 'only do the things they're told to do'. Admitting that what she really wanted was for them to want to do it of their own accord so that she felt 'lovable', Abby struggled with this denial of caring recognition for the entire year.

I think my problem is I kind of want them to do it by themselves because they want to do it [short laugh]. I kind of, I'm desperate for somebody in my life that just wants to be there because they're there, not because it's guidelines... 'cause they have to do it. [...] Just to make me feel... What's it? [awkward laugh] Lovable? [laughs] I don't know. – Abby (Residential), P3

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<sup>122</sup> This is a quintessentially Irish phrase that means to learn from experience, i.e. to 'cop on' is to recognise that what one is doing is inappropriate.



Abby's belief that 'you haven't really matured or grown' contrast with statements from other residential care leavers, who felt at their initial interviews that they were 'independent' and self-sufficient before leaving care (Geenen & Powers, 2007). For example, Ethan, who entered residential care during his late teens, felt 'I was an adult and that I knew what I was doing and so on, so forth' only to discover over the course of the year after leaving care that 'I hadn't got a fucking clue'. Ethan accepted that you 'have to live it and figure out what happens' in order to learn, a common reaction from participants upon realising they were not as 'adult' as they originally thought (Geenen & Powers, 2007).

During Phase 1, very few young people drew attention to any difficulties they experienced in dealing with daily chores. However, by Phases 2 and 3, mundane tasks featured strongly in narratives of what made 'growing up' difficult. For example, Anna contrasted her experience of college with that of her non-care peers.

They're [my classmates are] all kinda living with their mas and all like, so I have to wash, cook, clean, you know, things that they wouldn't have to do. It's like a second load, when you come home? It's like two jobs and all. — Anna (Kinship), P2

Similarly, Derina explained during her final interview that moving out of home had made her happier because she no longer had 'to please everyone else'; yet she now had to deal with numerous routine tasks in addition to working full-time. Thus, doing 'everything' was overwhelming and exhausting for many, especially for those who had left their placements shortly after turning 18. Many struggled to keep abreast of everyday chores and other duties, such as the demands of school or work.

Thus, the transition out of care represented a double-edged sword for many participants. While leaving care brought newfound and welcomed freedoms, it was common for young people to express concern about the accompanying responsibilities.

You can do whatever you want, but that's a blessing and a curse at the same time because you could just do nothing and that has no ram—well, it has ramifications, but like you just like—you just done nothing. — Isaac (Foster), P2

For Isaac, having 'that year to adjust' while he was living at home allowed him to learn 'it's all down to you' and become 'more aware of' the consequences of his choices. Importantly, a number of participants noted that the consequences of poor decisions may go unnoticed initially; in other words, they may carry no *short-term* consequences but have severe *longer-term* ramifications related, for example to job security and/or housing. Delayed consequences were felt most by those who found it difficult to cope with the demands of living in independent accommodation. All but

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one of the six young people in independent accommodation described struggling with the demands of household chores, cooking, grocery shopping and paying bills in a timely fashion. Kevin explained that he found this time particularly daunting because 'you have to all your bills paid for, your rent, you have to have the food and all'. In most situations such as these, workers functioned to provide scaffolding and support in the form of automating payments or scheduling cleaning activities. In Kevin's case, his aftercare worker warned him 'that it isn't easy going out living on your own or [...] basically responsible on your own'. Additionally, his aftercare worker signed him up for automatic payments on his rent and bills after he missed several payments.

It's [HAP direct debit is] a brilliant thing. And she [aftercare worker] helped me get on it. And she brought me to the meetings and she brought me to the people that I had to go to get it and helped me fill out me forms because I can't fill out forms, so any type of forms I get I always ring up [aftercare worker] and ask her can she help me fill them out or what I have to do. And you know yourself, and she helps me out then with them. So she's brilliant for that now, so she is. – Kevin (Kinship), P2

Similarly, while Jennifer wished she had known the 'consequences' of not doing 'basic stuff', she felt her aftercare worker helped significantly by simply checking in with her about timelines, expiry dates and paperwork.

I think that I have nothing to do, but she's like, 'You have everything to do!' [chuckles] And I, then I'd just call and be like, 'Ah, it's chill', and she goes 'No. This and this and this and this is happening.' And I'm like oh my god, worrying. She's like, 'You shouldn't worry, but you kind of should, like... Kind of like, be an adult. Don't be a child.' Don't like... indirectly, but directly, if that makes any sense. – Jennifer (Residential), P3

In these ways, workers either bypassed young people's personal difficulties or taught missing skills in their efforts to protect care leavers from significant consequences, such as eviction, deportation or utilities being cut off.

Although more pronounced among residential care leavers, several participants from all care types explained that in some ways they had to 'be hit with it all' to really understand the level of responsibility that accompanied leaving care. During her first interview, Rebecca, who transitioned from non-kin foster care to a situation of hidden homelessness, described her misconceptions about turning 18, which she thought would be 'deadly' because she would no longer be told what to do.

I thought that when I was 18 that it would be deadly [great] because I was always being told my whole life what to do. Care or no care, I was always told. So I said the first person

tells me what to do, I'm end 'em 'cause I'm 18. Drink, I could buy it. I could buy, eh, fags. Basically all the stupid things why I wanted to be 18. I never actually sat there and thought 'Well, I'm gonna have to pay this and I'm gonna have to do this'. I never thought about any of that until... I had to. Basically, it was thrown at me. I had to do it then. – Rebecca (Foster/Homelessness), P1

As was the case for many, having everything 'thrown at her' led Rebecca to become disillusioned with adulthood.

I never knew what it was like to live out on your own. Like, it's very hard living out on your own. It's very very hard. I thought it was going to be so easy, get away from everyone that's, [changes voice to nagging tone] 'You're not allowed to do this, you have to be home for this time, you have to do this, you have to do that'. I thought it'd be lovely out on your own, in your own house. I'd rather have somebody tell me you have to do this and you have to do that. I would. I really *really* would. – Rebecca (Foster/Homelessness), P2

Several others, such as Luke, admitted that they were 'told' a lot about how things would be: 'Everyone told me, but I don't really listen to 'em like. Because I hear from everyone so it just goes in one ear and out the other'. Most young people agreed that being told was helpful but did not fully prepare them; rather, they had to come to terms with the transition, to some extent, through *experience*. Consequently, they went from anticipating freedom to do as they wished to wanting help to handle this 'freedom' because they had not realised the level of newfound responsibilities with which they would be confronted.

Adulthood—which was characterised by having the responsibility to make decisions and to own the consequences—meant that developing priorities and committing to them were essential skills that required attention and learning during this time. Young people highlighted three priorities that were of crucial importance: housing, food and utilities. Housing was articulated as a priority because of its foundational relationship to security; what is more, all of the young people feared becoming homeless. Care leavers coming from family foster homes also found the task of prioritising difficult, although many seemed to cope more successfully than residential care leavers. Ultimately, 'copping onto life' was a process of disillusionment that revealed the 'downsides' to adulthood. As time passed, young people described mundane activities as increasingly overwhelming and difficult to maintain. At Phase 1, most young people felt that they were 'ready' to leave care in anticipation of the freedom of being an adult. However, by Phases 2 and 3, many acknowledged that they had overestimated their experiences of responsibility prior to leaving care and, consequently, underestimated the number of matters for which they would have to assume responsibility.

## DOING LIFE ‘PROPERLY’: SEEKING ‘NORMAL’

Young people’s narratives of the aim of this transition revealed that they were striving for a ‘normal’ life, which mirrored the image of ‘standard adulthood’ that arose in the post-War boom years of the 1950s (Blatterer, 2007). This conceptualisation of ‘normal’ is quite conventional and largely heteronormative (Thomson & Holland, 2002), with the care leavers describing three dominant features of what some referred to as the ‘average person’s life’: having a home, having a job and having a family and/or good relationships.<sup>123</sup> Within this general framework, financial stability and the ability to afford ‘extras’ such as holidays and extracurricular activities also featured strongly in the narratives, although extracurriculars were considered evidence that one was living an enjoyable life rather than a necessity. During his first interview, Ethan framed his aspirations as constituting ‘the dream life’, also commenting they ‘probably ain’t gonna happen’.

Well, see obviously I want the fucking, the quote unquote dream life. I have the job, the car, the family, the house, the whole lot. But, I’ve, I came to grips a while ago that chances are that probably ain’t gonna happen. ‘Cause the world ain’t... it ain’t the way it’s cracked up to be. — Ethan (Residential), P1

More than anything, Ethan wanted to be happy: ‘The only one thing, really, I want to do with me future is be happy. Like I couldn’t care where I am or what I’m doing as long as I’m happy’. However, he felt that material resources—not currently available to him—would be required to secure his future happiness, highlighting care leavers’ inherently precarious relationship to supports that contributed to a good quality of life (Butler et al., 2016; Precarias a la Deriva, 2004, 2005). At his final interview, Ethan’s understanding of a ‘normal’ life was more or less the same: ‘A partner, kids if you’re old enough, your own house, a job, car, whatever’. However, he now emphasised the importance of hard work—‘You have to *earn* that. You have to do certain things to get to that position’. This shift in mindset, which might be viewed as an acceptance of the prevailing narrative about the importance of work and production (Blatterer, 2007; Honneth, 1995, 2001), re-frames the notion of a ‘normal’ life into a choice contingent on personal action rather than something outside his control.

The concept of a ‘normal’ life was consistent across the narratives and through time, though some young people were confident that they would have a ‘normal’ life while others were less optimistic. Several participants felt ‘normal’ life was something that would transpire in the future, even if all aspired to it. When seeking to explain during her first interview what bothered her about aftercare planning, Jennifer commented: ‘If something does go wrong, I would—I don’t know. I always think

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<sup>123</sup> Though all the young men aspired to a family that one day included children, there were two young women who did not want children.

I have, I'm gonna have a very like *normal* life'. However, after struggling in her first year of university, she explained that it would be 'unrealistic' for her to expect a 'normal' life right now.

I don't feel like—that would be very unrealistic for me to want that [a normal life] at the moment because it doesn't seem like it's achievable, but *eventually*, eventually yes. I can get my, y'know, everything in a row, like, my ducks in a row... — Jennifer (Residential), P3

Participants commonly contrasted the lives of 'normal' or 'average' people with those of care-experienced people. For example, Jennifer felt that she needed to start doing some things differently if she was going to succeed at having 'a very normal life'.

[pauses] I have to educate myself a lot more. In like, just *everyday* things. Normal things. Like, I have to change a lot of things that I do. Maybe, like, behave like the average person so I can like have the average person's life. — Jennifer (Residential), P3

Jennifer also described needing to learn to develop 'priorities' in a way that other (normal) people did because this would enable her to focus and make better decisions.

As time passed, more young people highlighted the importance of 'the company you keep' and how this could influence life in the longer term. A number of young people indicated that they wanted to leave behind old peer groups in order to change their behaviour (and, by extension, their future prospects). For example, Rebecca struggled with her drug use between Phases 1 and 2 of the study, which she attributed, in part, to her social circle.

But it's hard too, being off—you can't get off the stuff when you're on it for so long [tapping for emphasis] and *everybody* that you talk to is obviously going to smoke it [cannabis]. [...] So, if I'm trying to get off it, it's not going to work being around them. But I can't come up here [to town] and start hanging around with people and then not hang around with the other people that I used to hang around with, do you know what I mean? [...] It's hard. I don't know. That's why I don't go out. I just sit in the house. — Rebecca (Foster/Homelessness), P2

Similarly, Ethan explained that he had learned 'who to trust' over time. Having made distinct efforts to extricate himself from illicit activities, he felt 'confident now who I have around me are... like, a good crowd'. Luke, who also previously had an extensive social network of gang-involved friends, believed that having more conventional peers was key to his current success, saying, 'If I was hanging around with the old batch of friends, I guarantee I would be in jail right now as well. Definitely.' However, he also felt that engaging in these kinds of illicit activities in youth was, to some extent, expected of young men in Ireland.

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Like everyone back in the day, like, you grow up in Ireland, if you're a fella, you're going to go through a scumbag act of your teenage life. Like you're gonna go rob people. You're gonna go rob shops. Break windows. Whatever you're gonna do. Like you're gonna do that, and you're gonna do drugs. – Luke (Kinship), P1

Highlighting the importance of reforming their behaviour to achieve a 'normal' life, many participants sought out friendships that would bolster their sense of self-worth, as Jennifer described during her first interview.

I just really trust her [best friend]. She's really cool, and she's very like, she has her head screwed on really right. She's—I hate people who have no ambition. I don't hate people, I just don't like being around people who have no ambition 'cause then they're—like your ambition is like you don't want to do anything ever. It's kind of weird. — Jennifer (Residential), P1

Young people, therefore, considered social circles to be fundamental to engaging in behaviour that would advance their future prospects and help them to achieve their personal goals, that is, to have the 'average person's life'.

### BEING 'NORMAL' THROUGH CARING RELATIONSHIPS

There was significant variation in the young people's relational lives. Some care leavers, exclusively from family foster care, described having large circles of friends and relatives with whom they regularly interacted. A few, particularly those from residential care, described relying more on friends and peers than adults or relatives for emotional and material support. A number of young people who were attempting to extricate themselves from 'bad groups' described becoming increasingly isolated and alone over the course of the study, which was accompanied by periods of low mood and unhappiness.

Relating a 'normal' life to the quality of their relationships, young people felt that some of their difficult relationships could prevent them from having the normalcy and stability they desired. All of the young people felt that it was important to have people to turn to, including family and friends. This was important so that they could, as several young people put it, 'help each other through things'. Anna, who left a kinship placement shortly after turning 18, explained that she would struggle to have a 'normal' life unless her family came to terms with and addressed their problems. She believed counselling had the potential to greatly improve her mother's relationship with her siblings, which she felt was essential for their lives moving forward.

So like he [her brother] needs to learn how to deal with them [emotions] and like how to express them towards me ma and all like 'cause, as I said, he has a lot of anger towards me

ma and I don't know why that is and like he definitely needs—we definitely need to go family counselling like. — Anna (Kinship), P1

I think maybe my ma might have to do counselling with me, my older brother and me little brother, just purely for my younger brother to understand. — Anna (Kinship), P2

Others from residential care, such as Abby and Jennifer, felt they were 'wearing a mask' or 'putting up a front' when making friends after leaving care. Jennifer identified her problem with forming new relationships as an inability to be 'vulnerable in front of other people'.

And I have to be very, like, [questioning tone] strong? ... And more vulnerable with people. 'Cause I was talking to my friend and then... He was talking about me, and then he was like I've never really seen you cry about stuff. He goes, 'You're strong'. I'm like, 'I'm not strong, I'm just afraid to be vulnerable in front of other people, like, I'm afraid to show any weakness'. If anything, that's worse than crying [short laugh] in front of people. I don't know. Sometimes I feel like I have to put up a front. — Jennifer (Residential), P3

This idea of learning to be open and to engage with emotions that may make one uncomfortable—vulnerability—emerged over time as critical to relationship development and maintenance. In terms of becoming 'normal', part of the reason this signified 'normal' was because forming close, personal and lasting relationships requires one to be vulnerable enough with people to build them, which was stressed by several young people at later interviews as important to 'being normal'. Participants wanted a 'normal life', but for some this required a level of vulnerability they were not yet able to permit, as exemplified in Abby's story below.

#### **Case Study 6: Abby Learning to be Vulnerable**

*Abby came to Ireland from an African country as a young child. She was taken into care and placed in a non-kin foster home before the age of 10. She moved placements five times before her final placement in a residential care facility at around the age of 16 years. She associated her current difficulty with forming relationships with having been in residential care. She noted that she 'keeps people at a distance' because she does not want to explain her care history to them.*

*I guess I'm always worried for like questions for like, 'How did you come to Ireland? What happened?' So to make it easier, I just, I guess it's more so protection-wise, um, I just don't give too much detail, but it kind of—So relationship-wise, it makes it harder for me to form relationships.*

*She felt her reluctance to be vulnerable with new people and tell them about herself prevented her from forming deep friendships, thereby 'digging a hole' for herself in terms of relationships.*

*Oh, I still have that [keeping people at a distance]. No one knows anything about me [laughing]. [I: And how do you feel or think about that?] Ugh, I just feel, ugh, in life I'm always digging a hole for myself I think. I just copped it on.*

*Recently, she had gone to meet a boy's parents, but instead of telling them about her care history, she told them she lived with her aunt because she felt compelled to have an easy answer to the simple question, 'Where are you from?'*

*I'm just afraid of judgment and y'know. The minute you say you're fostered, I'm black African, my parents weren't from here, they're gonna want to know how on earth did you get to Ireland? Do you know, they're gonna ask so many questions that I'm just not... prepared to answer and get into.*

*Over the year, she decided this was something she needed to change about herself, saying:*

*But long-term worry is, I don't know, I just wish that one day, something magical can just happen where I learn to be, to accept who I am with my past and everything that has went on, and I can just be like, d'y'know what this is my life story, this is me, take it or leave it [claps hands],*

*She hoped that by being 'less protective and open', this would 'help me better form friendships later in life'. She had come to the realisation that 'this one-way street doesn't really work for some people where I know everything to know about them, and they barely know...y'know, they just know my first, my name [laughing] they can't pronounce the rest!'. Having experienced six moves during her time in care, she needed 'one person that also wants me just for me' in order to feel normal 'one day'.*

*Between Phases 1 and 3, Abby felt she had improved at making friends, yet they 'know nothing about me', which she believed would have a long-term effect on her relationships.*

*I don't know. I find my past life is affecting my future. It's affecting me. And it never did before when I was younger, but I guess when I'm older it's like I just want to be accept—[snorts] accepted...*

*Abby hoped to one day 'accept' her past and who she is in order to form better relationships.*

*I just wish that one day, something magical can just happen where I learn to be, to accept who I am with my past and everything that has went on, and I can just be like, d'y'know what this is my life story, this is me, take it or leave it [claps hands].*

*She considered this self-acceptance important because she had no family in Ireland. While she had some significant adult relationship, such as a woman from her home country, she understood these relationships as inherently limited: 'She didn't bring me to this world, so I can't just show up on her doorstep'. Thus, she needed to strengthen her relationships with her peers and adult mentor through mutual vulnerability.*

As Abby's story demonstrates, young people—particularly those from residential care—felt that to have 'normal' relationships, they needed to reveal information about themselves that may cause



their hoped-for friends to view them in a new (and negative) light as ‘someone from care’ rather than ‘normal’ (Goffman, 1963). Significantly, Abby developed her few supportive relationships during her time in care, which she attributed to not having had to explain her story. Dreading telling new people about her care past, she chose to ‘build a wall’ instead. All but six care leavers—four of whom had been in family care—described dreading this act of revelation in one way or another. Jennifer related secrecy to not wanting to talk about care anymore and also to the assumptions she had experienced people making.

I just feel like I don’t want to be treated differently because of my circumstances. [...] Some people like find it weird and awkward to be around people who are like, were in foster care because they always have assumptions. That I’m like, oh, a murderer or crazy or I’m on drugs. I’m like, no... — Jennifer (Residential), P2

Thus, a large number of the young people feared being *misrecognised* as either ‘bad’ or as someone to pity, rather being recognised as ‘normal’ (Gerdes, 2011; Goffman, 1963; Honneth, 1995). In this way, stigma associated with a care identity and a reluctance to display vulnerability, particularly in the context of meeting new people, inhibited relationship development. These barriers to communication had the potential to ‘build walls’ that denied participants the caring recognition that they needed and desired.

Young people described the stigma as stemming from the notion that children in care may be in care for one of two reasons: the behaviour of adults in their lives or their own behaviour. During his first interview, Darragh distinguished between these two ‘types of foster kids’ when explaining why he moved placements: ‘There’s different types of foster kids. There’s foster kids who go in because they’re neglected, and there’s foster kids who go in because they neglect their parents and they just cause havoc.’ At his final interview, Ethan explained the ‘biased opinions’ that people have toward ‘children in care homes’, which he attributed to assumptions people make about the child’s nature.

There’s a lot of biased opinion when it comes to children in care homes. Like I kinda think... y’know, parents didn’t want them. Parents couldn’t control them, whatever—they’re left to their own devices. They’re scumbags. They’ll do this. They’ll do that—And, y’know, some, obviously, some might—y’know, there’s bad people everywhere, but a lot of them are just looking for their voice. They’re looking for a way to express themselves, and they’re not getting it. — Ethan (Residential), P3

Ethan also asserted that the acts that others might perceive as negative most likely stem from a lack of voice and ability to express themselves in a healthy way. Thus, there were two ways in which

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the child in care might be identified as the problem: being the cause of their own placement in care or for negative behaviours while in care. Participants explained that identifying the child as the reason for being in care marked him or her out as 'bad' or 'the problem' by virtue of being in care, what Goffman (1963) refers to as a 'tribal stigma'.

Those young people in situations they considered 'good' or 'happy' articulated an awareness or belief that 'other people' have it 'worse' or may not be similarly cared for, which led both Isaac and Derina to indicate they were particularly appreciative of their foster parents treating them 'like one of their own'. For example, Isaac noted at his first interview that he did not have any worries, but he 'can imagine things turning out worse', explaining that 'I can see how it can go from a downward spiral like. I'm aware of that. I'm aware that could happen.' The 'worse' that he imagined was being kicked out of his foster home at the age of 18 and left unsupported.

There's not many people like in aftercare that have what I have. People that actually care about—a foster family that actually care about you. And like, without that, you don't, you don't really know where you end up, y'know. Having, like I imagine sometimes when they leave aftercare like, "Aw, enough fostering. I'm going, live on me own." But then they're isolated. They're by themselves then. They're proper, you're by yourself. You're an adult at 18. That's, that's very young to be trying to make money and look after yourself and clothe yourself and feed yourself, y'know. And I know aftercare do, they do their best, but at the end of the day, if you're just 18 living on your own, it's hard. — Isaac (Foster), P1

Thus, care leavers believed that 'normal' life involved developing positive relationships and *not* being stressed by the demands of subsistence activities (such as paying bills and buying groceries). Having these aspects of a 'normal life' created a space for young people to have good (mental) health. Brad, who had experienced over six months of homelessness between Phases 1 and 3 of the study, insisted that having a job and safe housing would enable him to develop healthier habits in the form of quitting smoking and alleviating his depression, which he referred to as 'homelessness depression'. Abby noted that good mental health was also a feature of a 'normal life', saying that it was important to 'know who I am' and no longer have to play 'so many roles'. In this way, the desire for a 'normal life', which included normative achievements such as work and family and being recognised and valued by others is reminiscent of the notion of finding 'authentic belonging' as a 'foundational' aspect of the care-leaving process (van Breda, 2015, p. 327).

## CONCLUSION

This chapter has interrogated two significant transitions that young people embarked upon: leaving childhood and leaving care. In detailing these transitions, participants' conceptions of adulthood

and 'normal' life were examined in some detail. This study's care leavers perceived adulthood as a time when they were tasked with taking on new responsibilities and simultaneously experienced fewer restrictions on their personal choices. However, they drew a sharp distinction between 'young adulthood' and being a 'real adult' (Arnett, 2000), believing that responsibilities should be taken on incrementally and acquired through time and experience rather than wholesale at the point of turning 18 (Boddy, Bakketeig, et al., 2019). Importantly, they considered their choices to be more consequential in the long-term than their choices in 'childhood' had been.

In their transition out of care, participants aspired to a 'normal' life. Similar to Thomson's (2002) examination of working-class young people's understanding of adulthood, these care leavers had traditional, heteronormative conceptualisations of 'normal' that included work, secure housing and relationship formation. However, many of the narratives revealed precarious access to supports that could help to secure their aspirations for a 'normal' life (Butler et al., 2016; Precarias a la Deriva, 2004, 2005). The young people identified struggles during this transition, which included a shift towards 'overwhelming control' and responsibility for numerous mundane tasks related to daily life. In response, they described a process of 'copping onto life' that involved coming to terms with and adjusting to these newfound responsibilities. Additionally, participants identified the importance of personal vulnerability in relationship development, which they considered essential to being 'normal'. However, their perceptions of social shame and pity associated with having care experience reveal how tribal stigma contributed to feelings of misrecognition in their attempts to forge new relationships (Goffman, 1963; Honneth, 1995; Warming, 2015). Ultimately, their hoped-for future—a 'normal' life—included positive relationships and stability, which is akin to the 'authentic belonging' that van Breda (2015, p. 327) described as foundational to the process of leaving residential care.



# Chapter Eight

## DESIRING LIMINALITY AND INSTITUTIONAL RECOGNITION

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### INTRODUCTION

Having examined the care leavers' conceptions of adulthood and 'normal' life, this chapter connects the transition out of care to social recognition and the structural communication of deservingness (Honneth, 2001, 2012; Romano, 2018). It first explores participants' perspectives on what this transitional time might ideally 'look like' for them, demonstrating their desire for a liminal space in which to 'figure things out' (Arnett, 2000; Furlong et al., 2018). Here, the ways in which young people navigated the aftercare system are explored, including the strategies they employed to create an intermediate phase not provided by the system of benefits available to them. By examining narratives that focused on a desire for stability and security, the influence of precarious support on care leavers' transitional options is exposed and also revealed as connected to short-term thinking and the 'precaritized mind' (Standing, 2011).

Having established the ways in which young people wanted to be supported, attention turns to the ways in which their experiences of support communicated feelings of recognition and misrecognition in terms of care, respect and social value (Honneth, 2001; Paulsen & Thomas, 2018). Their perceptions of managerialism and rationed support are first presented, revealing how these systems communicate 'deserving'-ness and 'undeserving'-ness, particularly as it relates to how control and scrutiny are experienced by the 'undeserving' within the aftercare system (Honneth, 2012; Romano, 2018). These contingent supports are examined with consideration for relationships of precarity, demonstrating that they instilled a sense of uncertainty about the future (Precarias a la Deriva, 2005). The chapter concludes by examining the reciprocal communication of care and respect and deserving and undeserving statuses between the young people and the adults in their lives. The actions and communications that did (or did not) convey care and respect are detailed, and the discussion concludes on how their perceptions of care and respect taught young people what made one deserving or undeserving, including how they worked to position themselves as deserving of support.

### A LIMINAL TIME: NEEDING SUPPORT TO 'FIGURE THINGS OUT'

A recurring theme in the young people's narratives through time was their desire to inhabit a space between child-like dependence and rugged-individualistic independence (Samuels & Pryce, 2008).

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Participants regularly described feeling unsure about what they wanted to do and needing time to 'figure things out', such as what they should study or the kind of work they might aim to do in the future. For some, this meant delaying education until they had a clearer idea of what they wanted in order to avoid 'wasting time' in the pursuit of a goal that they would later discover was incongruent with their interests. Derina, who had quit two different courses over the one-year period of the study, explained that waiting to re-enter education would allow her to discover what programme would suit her longer-term career interests.

I don't want to rush back to college because I don't think it's worth it. I did finish the first course, but didn't go on to [the university access programme], and then dropped out of the second one, so I don't want to be like wasting my time again. I want to wait. Probably next year or the year after. Loads of time... – Derina (Kinship), P3

Ethan, whose options for further education were limited by having no educational qualifications, described a similar need to 'figure out what's what' at the time of his second interview.

Yeah, no, there's a couple of options open, it's just figuring out what's what and what I want to do. But as soon as I get down [to new location] it'll be kind of, FÁS'll be the main thing just to get certificates behind me so I have some sort of qualifications to put forward. – Ethan (Residential), P2

Those who chose to remain out of education engaged in paid work to support themselves, full-time in the case of Derina and Darragh while Ethan took up part-time work.

In contrast, others found ways to extend their educational opportunities since doing so meant that they would continue to be supported financially by aftercare. Bryan, for example, maintained a strategy of delaying work and independent living through educational participation for the entire year. At the time of his last interview, he hoped 'to stay in education as long as possible' to avoid having to 'feel like a proper adult yet', which he contrasted to being a 'kid' when 'you can still go out and have a good time'. For him, working signified entry to 'the big bad world', a transition that he preferred to delay. Similarly, Isaac admitted at his second interview that he did not 'want to grow up now', but that he had to 'just plough on, just go ahead and things'll sort out itself'. Living on his own and attending university by Phase 3, he felt that growing up is 'still overwhelming', but that 'things have to be done, y'know. It's less scarier now. It's just—because it's your reality and plus, like, lookit, I got this far'. These narratives juxtaposing the world of education and 'real adulthood' demonstrated how education provided care leavers with the time and space to grow before stepping into the world of 'a proper adult'.

Extending education to create a liminal space was also achieved through the deferral of education offers in order to pursue access programmes. Similar to taking multiple PLCs, delaying university provided the security of continued funding while allowing time to adjust to life changes, such as increased responsibility for daily chores or finances and, for several, the rigours of living in independent accommodation. At her first interview, Abby planned to attend an access programme because it would afford her the benefit of a 'gap year' without incurring the loss of financial support.

It sounds like it's [the university access programme is] interesting and it just gives you time to figure yourself out and see—me being in care I can't actually have a gap year, so I think you'd still have to do a lot of work in it, but it just sounds more like it gives you skills and it just sounds more like, d'y'know... [pauses] [*! It gives you a gap without a gap.*] It gives you a gap without a gap, and I think that's what I need, a gap without a gap, just to clear my head and sort myself out. And then the year after it, then do something. – Abby (Residential), P1

By the time of her second interview, it was clear that this programme had created a safety net for Abby while also creating the opportunity for her to enter a more prestigious programme than the one she deferred, provided that she excelled. Similarly, Isaac attributed much of his later success at university to the time he spent at his local IT, saying, 'I'm more capable, competent'. While several care leavers expressed a desire to have more time to make decisions and to feel confident about what course to pursue, those who continuously engaged in education felt that having the opportunity to defer and/or engage in access programmes gave them time to reflect and be sure of their choices.

Many of the narratives revealed the perceived importance of being able to make mistakes during this period without feeling that their futures were jeopardised or that they would suffer significant consequences, such as homelessness. Devastated by failing the first year of university, Jennifer explained that she had previously considered an alternative route that she now regretted not having pursued.

Like, part of me, before I started college, I wanted to defer my course and do something else for a year. I wish I did that 'cause it would have been the same but, except I would have had the year of college paid for [laughs]. It's like, I feel like I've wasted a year. An absolute wasted time is—it's devastating really. – Jennifer (Residential), P2

Though she had considered deferring her university placement in order to work and save money, she now had to take out a loan to pay for a repeat year. However, by the time of her third interview, Jennifer had reinterpreted this failure in a more positive light, saying, 'If I didn't fail, I would be

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slacking so much in second year I'd fail second year!' She also felt that 'what people did in one year, I probably needed two years to do'. Thus, she stressed the value of making mistakes while remaining supported as providing a space in which to develop and learn.

You *will* be out on the streets if you don't look out for yourself, like... The easiest thing is to go to college [laughing] [...] You can still mature in college. There's not a lot of pressure. There is some from you, but like, most of it is learning. — Jennifer (Residential), P3

Isaac and Abby also explained that their participation in access programmes allowed them to 'mature' and feel 'more capable' at the point of taking up their university courses. Reflecting on his year since turning 18, Isaac considered deferring university 'one of the better decisions I've made... [pauses] like, you do a lot of growing between the space of a year as a teenager'. He went on to explain that living at home during that year had given him the security to make some regrettable decisions—particularly financial—without significant consequences, which made learning possible.

At the end of the year, I'm like do I need this [random item]? Put it down, go. [...] That's the difference between taking your year in [hometown] and not. Because if you're in a different, say a different county, and you have a load of money in your hand, it's just not gonna go as far, y'know. — Isaac (Kinship), P1

Similarly, Abby, who had deferred a university placement to enter an access programme that facilitated entry into a number of programmes nationally, was very pleased at her final interview.

I'm actually so happy with the way life is at the moment, like, the direction that I took as well. I feel like I've actually—with this few months I actually feel that I've grown and matured as a person, so I'm actually glad I didn't go for my [offered] course. [...] I'm so glad I went with the [generic access programme] choice as well because now looking back I'm working hard but I'm not under pressure. — Abby (Residential), P3

Having the space in terms of time and resources to experiment and learn from mistakes enabled several young people to gain confidence in their abilities and to adapt to the increased responsibilities associated with turning 18 years old and entering higher education.

### LONG-TERM UNCERTAINTY: LIVING WITH PRECARIETY

The reasons underpinning young people wanting to delay 'growing up' were partly associated with the feeling that the future was uncertain, which most felt prevented long-term planning. For example, Ethan rejected the idea of planning or 'looking at what's next' because 'if I plan stuff, it doesn't go to plan'. He coped with unpredictability by 'taking each day as it comes', accepting that 'I might wake up tomorrow, and say oh, I'm sick of this shit'. Similarly, during her final interview, Jennifer noted that she has 'to really live in the now 'cause things have been pretty chill, so I feel



like they're gonna get a *lot* worse soon'. She felt that she had to appreciate the calm periods in her life 'when things are too good to be true' because if she waits 'until next month or something' everything could be different. She emphasised that one can only be so prepared because of the unpredictable nature of the resources and help one receives.

A *lot* of it [getting resources like housing] is luck. Like, luck...sometimes it'll just be like that. Some shit just happens, but no. A lot of it is just luck. Luck and your aftercare worker mixed together. — Jennifer (Residential), P3

Here, Jennifer uses luck to describe the role that unplanned, uncontrollable and unforeseen circumstances can have on the outcome of one's life. Though a few of the care leavers had ostensibly 'better' lives than others (such as having foster families who considered them family even after turning 18), which they attributed to luck, it was more likely that the young people described as lucky situations which they did not feel to be particularly 'good' but were better than the alternatives (such as couch surfing being preferable to rough sleeping). In this way, most of the young people used luck to describe bad circumstances as 'better than they could have been' rather than to describe circumstances that were actually 'good' (Manolchev & Teigen, 2019, p. 291).

Bryan also referred to a strategy of dealing with uncertainty as 'living in the moment', explaining that this approach helped him to 'relax'.

I used to look to the future a lot, and plan ahead quite a lot. But now I'm just kind of like, what's the point like? Just kind o' relax. Just go with the moment. Live in the moment. — Bryan (Foster), P1

Avoiding thinking about the longer-term allowed some young people to reduce the stress associated with the changes during the transition and the pressure of growing up. Thus, young people often described avoiding future-planning and committing to decisions with longer-term implications, a form of avoidance of long-term thinking that is reminiscent of the assertion that the 'precaritized mind' is focused on the present (Standing, 2011).

Young people sought a sense of security during this time, wanting to feel that their basic needs, in terms of housing, food and safety, would be met. Security was derived from a variety of sources, including social networks and aftercare support, but a key element was stability. As described in Chapter Six, Isaac's foster family provided a sense of security by giving him 'a home', explaining at his final interview: 'It's nice to come back home every so often and know there's a roof over your head and like see your brothers and sister'. However, not all young people had Isaac's sense of 'home'. Participants who left their placements or had experienced significant movement over the

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year described a 'craving' for stability through place and home, which they hoped aftercare support would provide.

When I get into the course that I want, so at least I can have something stab...just one thing stable in my life, d'y'know, that I know that I'm here four years 'cause this is it. And then again I will, my living arrangements will be according to my place of studies and hopefully that will make my life more stable because now I'm craving just stability [smacks leg]. — Abby (Residential), P3

For all young people, housing security was viewed as a prerequisite to feeling safe and able to engage more meaningfully with other aspects of their lives, such as education. However, for a large number, the lack of affordable housing instilled a deep sense of uncertainty and instability. To a large extent, 'security' was elusive for a majority, even if young people conceptualised it in similar ways: being housed and able to afford food and other necessities. Care leavers who expressed feeling secure had either continued to live in their care placement after 18 years old or were supported to enter the private-rented sector. While others hoped that this would be provided for through aftercare supports, the next section demonstrates that many found the contingent nature of support problematic and felt it contributed to feelings of insecurity.

### RATIONING SUPPORT AS INSTITUTIONAL MISRECOGNITION

As noted in the Introduction, young people have access to a variety of aftercare supports, including direct financial assistance from Tusla (if in education or training), housing support and advice and guidance. However, nearly half of the participants expressed concern that workers acted as gatekeepers managing use of services rather than enablers ensuring access to needed supports and resources (Munro, 2011). For example, Darragh explained that 'foster carers need the money', yet what they are given 'doesn't cover what we need on a weekly basis'. He was critical of a system that did not deliver an adequate level of financial support.

If you went to a social worker and you were a foster carer and you asked for money for say, you needed extra money for say the hospital bills, they won't hand it out to you, even though they're a part of the HSE. They love keeping the HSE in pocket. It's like they're handing it out of their own wallet into your hands, and it's not. That's the one thing that gets me. — Darragh (Foster), P1

Care leavers also described having services adjusted based on what they perceived to be their level of deservingness in the aftercare system. For example, Rebecca noted during her first interview that her drug use was an obstacle to receiving stable housing, saying, 'I was looking for me own place, but because I was involved in drugs and stuff, I'm not allowed yet, until I'm sober properly'.

She understood that her aftercare worker was reluctant to allocate limited aftercare accommodation to someone who may ‘burn bridges’ with a reliable landlord through erratic or irresponsible behaviour. Thus, it was her aftercare worker’s honesty in telling her, ‘I’m not getting a house [...] I had no choice in it’, that led to Rebecca accepting this decision. This acceptance was, in part, also related to her own characterisation of her drug use as problematic. Despite small successes in reducing her drug consumption and eliminating the use of certain drugs, she admitted that she was not able to ‘get clean’ to the degree required to receive needed support in the form of stable housing. By Phase 3, she continued to cycle between insecure couch-surfing situations that strained her relationships and contributed to her feelings of increasing isolation.

Housing and financial assistance were two areas where control manifested in the aftercare setting. There were a number of aspects of the young people’s identities that impacted the service supports made available to them, including a history of drug use or anti-social behaviour, which were treated by the aftercare system as evidence of them lacking ‘responsibility’. For example, Anna experienced several unexplained changes and limitations to her aftercare supports, which she attributed to having been suspended twice in secondary school for smoking cannabis. Her story highlights the ways in which young people with a history of drug use are particularly subjected to surveillance and management by the aftercare system.

#### **Case Study 7: Anna’s Drug Use and Service Provision**

*Anna had been in a kinship placement since she was an infant because of her parents’ problematic drug use. She left her placement shortly after turning 18 years old due to escalating tensions with her carer, which started before she turned 18.*

*The year leading up to when I was 18, me [carer] was real driving me insane to get outta there. She didn’t want me there **at all**. And she was making herself clear like. You know, she was doing spiteful things, throwing out my clothes and everything like that.*

*Upon transitioning to the aftercare system, Anna and her carer had a disagreement over the division of the payments. A key issue for Anna was that she was paying rent but being treated like she was still ‘just a kid living there’. This culminated in a ‘blow-out’ fight just after she turned 18, which led her move to private-rented accommodation.*

*She highlighted lack of communication and misunderstandings between herself and the aftercare service as factors that contributed to the placement breakdown. She felt that the aftercare manager decided individually what benefits people received based on what she considered appropriate, saying, ‘I think [the aftercare manager] thinks that I get enough money or something [sighs]’. Moreover, she had been told that her carer was ‘being nice’ by letting her keep more of the aftercare payment than what other carers allowed. She noted this was the antithesis of what she had been told at her end-of-care review meeting about the aftercare payments, which incited anger and distrust.*

*I actually don't care about money at all. I'm not the type of one that cares about money, but when someone tells me that I'm entitled to money [at the review meeting], and then tells me [later] that me [carer] is getting it, and I'm getting half [laughs]. Obviously I'm gonna go mad like.*

*She noted that even after moving out her aftercare payments were handled differently from other young people she knew in that they were split into a small weekly payment and a larger end-of-the-month payment to cover rent when normally individuals received equal weekly payments with the expectation that they budget for rent accordingly. She criticised this as not teaching her how to manage money and linked it to her history of smoking cannabis.*

*They obviously just think I'm [laughing uncomfortably] irresponsible or something. [...] I'll tell you now it's 'cause I used to smoke weed. I'm telling you now. Like [aftercare manager] just knows I used to smoke it, and she thinks I'm gonna blow all my money on it when clearly not. So I felt like she was discriminating me over that.*

*Though she suspected discrimination based on her history of drug use, she dismissed the label of irresponsible as unreasonable given that she had found private-rented accommodation independently and been living comfortably on her own for seven months.*

*Anna continued in education for the remainder of the year, receiving distinctions in her coursework and entering another PLC for business. Despite these successes, her aftercare payments continued to be dispersed differently than other care leavers she knew. At Phase 3, she raised this as something she needed to change so that she could learn to be more financially responsible given the impending end of her aftercare payments.<sup>124</sup>*

*I'm not gonna be getting my [aftercare] money for long now, so I need to make the most of it while I'm getting it. [...] I need to get [my aftercare worker] to switch my money [to normal payments]. I get my money 150, 150, and 150. And that was all fun and games, but I need to actually get it put back into 300, 300, 300 so then it teaches me to put my money away for rent and all. I should have been doing this when I was 18 and... it was [the aftercare manager's] fault that I wasn't, [...] It was her decision to pay me like that. [...] That's what aftercare is for. It's to teach you. Once that money's gone you're not getting it again even if it means you're homeless. You're homeless.*

*Now that the aftercare manager had moved to another post, Anna was hopeful that she could have a conversation with her worker and have her payments restructured so that she might use this as an opportunity to learn how to budget her income.*

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<sup>124</sup> Anna expected her payments to stop at 21 years old because she was taking a one-year PLC course that was the last level before needing to enter university for higher qualification levels. Only entitled to extended payments up to the age of 23 if she continued on to a higher degree, she could not do so because she was ineligible to enter university before the age of 23 without a Leaving Certificate qualification. Thus, she would have to self-fund any further studies while also losing financial aftercare support at 21.

Anna's rejection of her previous drug use as a basis for making changes to the distribution of her payments was based on her claim that she was currently demonstrating responsibility through her continued engagement with education and success in maintaining private-rented sector housing. Thus, she wanted to be recognised as a responsible young adult through equal treatment in her aftercare service.

Differential treatment was also experienced in more mundane aspects of the transition to aftercare such as having the option of taking a 'summer holiday'. Marius, whose aftercare payments were terminated when he stopped attending a PLC during the summer months, felt he was being treated differently than other 18-year-olds by being expected to attend summer training rather than maintaining support until entering an autumn programme.

[I] didn't want to be in education during the summer when everyone's out enjoying themselves, having a good time. Me sitting with, doing education, on my holidays, y'get me. Where everyone else, they're finished. Happy days. Don't have to get up early in the morning and go and do that and waste half of your summer doing something stupid. That you don't even want to do. So then I just got sick of it and left. And I enjoyed me summer.  
– Marius (Foster), P2

Although Marius met regularly with his aftercare worker, he felt that these meetings were just a way for her to reprimand him about 'the same thing over and over', especially non-attendance at his course. He felt singled out, saying, 'There's others in the gaffe [aftercare housing] that don't even go to anywhere, like d'y'get me, and just—they still get their [aftercare] payments'. In this way, participants with lower educational engagement had benefits reduced or even eliminated while peers attending university remained entitled to payments throughout the summer. Additionally, all participants believed that their non-care peers received support from family during the summer period. Thus, the aftercare system signalled to care leavers—through the benefits system—that those who were not participating in (higher) education were undeserving of assistance. This social denigration of non-education-oriented lifeways constituted a form of institutional disrespect (Honneth, 2001).

Social denigration was experienced in other aspects of the aftercare system, such as in the treatment of individuals with a history of criminal justice contact, addictions or mental health needs and those enduring homelessness. Though most of the young people (n=10) never had contact with the criminal justice system, six<sup>125</sup> care leavers had acquired charges while in care, of whom three had been in residential care, two in kinship care, and one in non-kin care. Additionally, eight young

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<sup>125</sup> Five of the six young people with criminal justice contact were young men and one was a young woman.

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people reported that they had used an illicit drug at some time, although not all were current drug users. Four young people described exclusive use of cannabis and alcohol from their early- or mid-teens, all of whom continued to smoke cannabis and drink alcohol. Four others used a variety of drugs, including cannabis, cocaine and street-sourced prescription medication, usually benzodiazepines, as well as alcohol, from their early teen years. Each of these young people described their attempts to reduce or eliminate the use of some drugs, with varying degrees of success, throughout the data collection period. Two additional young women disclosed having accidentally overdosed on street-sourced prescription medication, but they were not users of illicit drugs. In total, six young people disclosed having experienced an overdose while in care, four of whom were regular current users of cannabis (with two also being users of other substances). Finally, most of the young people (n=13) had experienced counselling during their time in care. However, only six had diagnosed mental health conditions, such as bipolar disorder, anxiety, and depression.

These young people's narratives revealed discrepancies—primarily related to the provision of housing or financial assistance—between their stated services and the policies outlined in Tusla documentation and discussed by professionals during the CAP fieldwork. Ethan, who left residential care and experienced hidden homelessness for most of the year, blamed 'the ones above' the workers he knew for creating a system that removes support from people who need it most (Boddy, Bakketeig, et al., 2019), saying during his final interview, 'When you find somebody that takes or is involved in drugs in an aftercare house, the eye is thrown on them seriously, and if anything happens, it's usually the police that are around.' He felt that the removal of care and support from people who struggled with addiction issues compounded the problem, stressing that many penalised activities were actually evidence of mental health needs requiring care rather than punishment. Furthermore, Brad, who had left aftercare housing into homelessness, found it difficult to secure employment while accessing homelessness services because he was required to check in every day to secure his bed. Unfortunately, hostel check-in was around the same time he would normally start the shift work he sought. He could not bypass this check-in system until he had a work schedule to provide the hostel. He considered this to be a paradoxical situation since he could not receive support (in the form of a secure bed) until he had a job; yet, the support he had (an insecure hostel placement) acted to significantly constrain his search for a job.

### COMMUNICATING CARE AND RESPECT?

Young people's narratives revealed two ways in which respect was communicated to them during the transition out of care: through the actions of workers and from the language used by adults. The actions of individual workers had the potential to convey respect or disrespect. Participants regularly identified workers as either 'good' or 'bad' and their assessments were strongly linked to

the perceived level of *care* demonstrated by the worker in their work and interactions (as mentioned in Chapter Six). For example, Elspeth connected failing her Leaving Certificate while in care to having been moved to a new town, after which time she did not have a school placement for six months. She attributed this disruption to her schooling as a *lack of care* on the part of her social worker.

They [social workers] left it [getting into new secondary school] too late or something... They were trying apparently but... that's what I mean like, if you have good social workers they will, but if you have bad social workers... They don't care and this one didn't care... – Elspeth (Residential), P1

Responding to a question about the assistance provided by her aftercare service to find housing, Elspeth stressed that 'they [her aftercare service] don't care though'. In her case, the worker's lack of practical assistance and concern was perceived as a *lack of care*.

This focus on care in the working relationship was also apparent among those young people who felt *cared for*. Ethan described an instance where a worker went out at night in poor weather conditions to find him at a time when his mental health had deteriorated and he was struggling to cope.

I still remember one night where, I don't know what was going through me head, and eh left here [the residential aftercare home] at about three in the morning, and walking around, next of all someone walked up to me, pulled the umbrella down, the hood down, and it was one of the staff from the house that were after being out looking for me. Didn't need to. Coulda gone back to bed, but came out, found me, brought me up to the shop, bought me a box smokes, brought me back here and made me a cuppa tea and let me have a cigarette, the whole lot. So I—it's them little things. [...] He coulda typed up the little report and gone back into bed, but that's what I'm saying, they do genuinely care. – Ethan (Residential), P1

This act of 'genuine care' was a meaningful moment for Ethan, one he felt created a bond that led to fewer conflicts than he had experienced in his previous residences. Finally, Rebecca explained at her first interview that her worker was the only person she listened to because she approached her differently, combining humour and forthrightness: 'She just, she calms you down an awful lot. She doesn't just rush you, push you into things'. She had ignored her previous workers because they constantly just told her 'what to do' (Geenen & Powers, 2007).

Participants also highlighted the importance of communication during the transition out of care, with many stressing the need to have a voice and feel heard by adults in their lives. Darragh, who

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was placed in foster care at age 16 after prolonged social work involvement with his family, told how he felt 'heard' in aftercare. For him, the respect conveyed through listening and trust helped him to develop good judgment and a sense of independence.

From the start they've been, y'know, I've been given adult-like independence if you want. If you can say that. They, I've just had trust from, as soon as I went in, they just trusted me. And that felt great 'cause I'd never been trusted before. And all this new independence and trust, I think it just shaped me into who I am today. — Darragh (Foster), P1

In contrast, Anna explained at her final interview that the transition to aftercare was difficult because she 'felt like I was a big adult!'; yet people, including relatives and workers, were not talking to her or treating her like an adult, which led to several arguments. Other young people, such as Jessica, explained that workers' tone and content of communication indicated whether the worker considered the young person mature enough to be treated as an adult (Juul, 2009).

The [residential] staff treat the girls like kids, but there was some of the staff, like probably three or four that would really treat you like an adult. That would say 'This is literally your life. You can live it the way you want. This is just how you're gonna end up, and I'm gonna just tell you the truth.' Because not a lot of people will tell you the truth. Like, they sugar coat a lot of things. — Jennifer (Residential), P1

Several care leavers, especially young men who had contact with the police, highlighted that the way in which they were spoken to instigated feelings of anger and disrespect. For example, Brad described feeling disrespected by a police officer who detained him for questioning, during which the officer referenced his care experience and assumed that he had no 'role models'. He expressed frustration with how authority figures, especially police, 'talk down' to children and young people, going on to explain that being respectful to young people is more likely to lead to stressful situations being resolved amicably.

When you're dealing with young people, you have to deal with them in a nice way and earn their trust. Like if you're dealing with them like being an asshole, you're not gonna get anywhere. — Brad (Residential), P1

Miscommunication and disrespect had the potential to lead to conflict, both physical and emotional. For example, Ethan and Charles described responding violently to instances of feeling disrespected in their communications with police officers and social workers. Connecting his aftercare workers' judgments of his previous acts of violence while in residential care to their interactions with him after a recent court appearance, Charles felt disrespected, saying, 'When I get out [of] court, like that day or the next day or whatever, like the two social workers were there



and they were literally talking to me like I was a dog in a kennel'. Thus, young people inferred from the tone and content of communications how others perceived them (Juul, 2009). In these ways, communication between care leavers and adults in their lives had the potential to convey respect or disrespect for them as people, especially as maturing adults (Blatterer, 2007; Honneth, 1995).

### BECOMING DESERVING: CONTESTING THE 'VALUED LIFE'

Because Irish aftercare policy links financial support to participation in education and training, education is often a deciding factor in the level of support made available to care leavers. However, participation in education is highly contingent and, in the case of university placements, the result of a competitive allocation system with limited availability that contributes to uncertainty. For example, Isaac explained during his first interview that the Leaving Certificate system only allows a person to 'loosely plan' because 'it depends on how you do on them, say two weeks [of exams], because you can go anywhere'. At the same time that these structures created a sense of uncertainty regarding the future young people were also compelled to make decisions that might affect their futures, and many felt these decisions needed to be made rapidly with little opportunity to reflect (Olson, Scherer, & Cohen, 2017). While participants who remained in their foster placements felt more at ease about their futures, including their educational pursuits, some admitted to having concerns about exams and their eligibility for continued support. For instance, Isaac explained at his final interview that if he failed first year he would be unlikely to continue in education, despite having a supportive foster family.

I don't think there is any other... like, y'know, if I fail this year, I think that's it for college. 'Cause I don't have enough money to say redo first year. Oh god, no. Probably... unless I took, like, two, three years out and started working somewhere and then save enough money for first year again, but... Because the way the grants work, it's like you get the grant for the year and if you fail or you want to redo it or redo it in a different course, you don't get support of that year. — Isaac (Foster), P3

Participants who were expected to leave their placements at 18<sup>126</sup> found the link between education and aftercare support even more stressful. Abby, a care leaver with no family in Ireland, found the prospect of losing all support before having secured gainful employment frightening, which gave her anxiety about choosing a degree. She asserted, as many others did, that making aftercare support contingent on educational participation placed undue stress on care leavers,

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<sup>126</sup> Care cannot be extended beyond the age of 18 in Ireland, which means that young people in residential care are not allowed to remain in their placements after the age of 18. They must move into either private-rented accommodation or, commonly, residential aftercare housing. Other placements, kinship and non-kin, are encouraged, not obliged, to continue past the age of 18, with approximately 45% of young people remaining in their placement after turning 18 years old (Tusla, 2019b).

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leading to financial stress and forcing them into choices and pursuits for which they might be unprepared.

The one thing where to be honest I hate, like it doesn't really make sense about aftercare because it's like when you're 17, you're a minor and they take care of you and as soon as you turn 18, they still take care of you, but it's like when you're not in education, then it's like they don't. You have to look after yourself. And to be honest, I think that that's still a bit too young. Now they kind of take care of you 'til 21, 23, but not unless you're in education, and it's kinda hard also looking at other people. People in care kinda has been through a lot, now I'm not making excuses or anything. So maybe they might not be in school by the time they're 18 and because they're not in school like there's no, d'y'know, there's no support for them. — Abby (Residential), P1

Abby reiterated her objections to the aftercare eligibility requirements at each interview, despite having succeeded in her Leaving Certificate and the access programme she chose. As noted in Chapter Five, most participants struggled to engage with education and training for a variety of reasons. Thus, the link between education and support presented significant challenges, particularly for those who struggled to engage with further education or training.

Young people responded to the sense of precarity surrounding the supports available to them in two ways: situating themselves as deserving of assistance and contesting the image of a 'valued life', namely through a rejection of the primacy of education. The need to situate themselves as deserving of assistance was a common narrative that revealed a diversity of ways in which young people articulated their deservingness. Young people identified three personal characteristics that had the potential to render them undeserving: having an addiction, having a poor work ethic and being 'greedy'. For example, Abby felt her worker considered her 'entitled' and 'greedy' when she inquired about financial supports, which is why her worker 'shut down' any discussions about monetary assistance. Abby felt these rejections of financial support were *unprofessional* and implied that she was 'undeserving' of financial assistance. Consequently, despite feeling that her worker provided extensive planning and emotional support, she felt disrespected by her worker in relation to financial support.

Though most accepted that there was no right, per se, to assistance in the form of housing or financial support, the narratives of several young people revealed a variety of ways in which they sought to frame themselves as 'deserving' of support. Some appealed to the notion of redemption and 'bettering' oneself while others asserted personal attributes, such as their care experience or age, as markers of deservingness. For instance, Marius, who smoked cannabis from the age of 13, wanted to join the army which, in order to gain entry, required a drug test. While using drugs

disqualified him for the armed services, he crafted a redemption narrative around his interest in self-improvement. Reframing his drug use, he planned to argue ‘it’s [drugs are] the reason I want to go into the army is just to get off the streets’. Most, however, asserted their youthful age and/or former care status as attributes that marked them as deserving of assistance (noted also in Chapter Six). During her final interview, Anna highlighted the importance of workers recognising that ‘they [care leavers] are still kids’, which, for her, meant taking the time to develop a relationship and allow time for care leavers to adjust to changes. For example, she explained that the requirement to go to college to get financial support was challenging for some people because they are thinking, ‘I’m only finished school’. Anna noted that this pressure to conform to certain lifeways, such as continuing in education, had the potential to raise doubts and mistrust in professional relationships.

I think the biggest—the hardest part is trusting them [the aftercare workers]. ‘Cause, y’know... it’s, I don’t know. I know they all have the best—the best interest for you and all, but some of them don’t. — Anna (Kinship), P3

Using her experience to explain how it can take time to build trust and accept a worker’s advice, Anna emphasised that having her worker remove the pressure to attend a PLC, making it seem optional, helped to build trust and sparked her interest in college. Similarly, many, including Brad and Abby as mentioned previously, described their care histories as reasons for continued support and patience for those struggling during the transition out of care.

Others responded to uncertainty by rejecting the primacy of education, which was, in part, a questioning of what constitutes a ‘valued life’. As noted by Jennifer above, several care leavers came to the realisation that college was not the only path to success in life. Attempting to make sense of their transitional experiences, these participants redefined what was ‘important’ in life based on recent failures and/or tragedies, both inside and outside of education, that led them to the conclusion that education is an important—but not the only—way to a better future. While they felt that education had the potential to be beneficial, several had learned that it was only useful if one was doing the ‘right’ thing or for the ‘right’ reasons. Isaac, who was succeeding in his university course, said at his final interview: ‘I know the importance of college, but there’s plenty of other ways [to succeed in life]. [...] It’s just how you use your time.’ He felt that this change in perspective stemmed from seeing so many of his peers become overly stressed by college, saying, ‘God forbid I fail my college or something bad happens. Like, that’s not the end of the world. Like, you just, you don’t explode, you don’t.’ Thus, by minimising the long-term importance of singular events, like exam failure, he felt better able to manage the uncertainty presented by his university performance. Darragh, who left a PLC between Phases 1 and 2, said he planned to ‘look again’ for other courses, also noting that he wanted to ‘take a year out’ and not think about education for a

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time: 'I'm not focused on academics at the minute. It's not the be all and end all of life.' These care leavers were rejecting the messages imparted by the aftercare system which, by prioritising support for those in education, reinforced the notion that education was the only path to a 'valued life' and future (Blatterer, 2007; Honneth, 1995).

## CONCLUSION

This chapter has examined the relationship between the aftercare benefit system and care leavers' desire to be recognised and acknowledged as deserving of support. Wanting a 'liminal' period to 'figure things out', care leavers attempted to create a space, not provided by the aftercare support system, in which to respond to the constraints they faced through strategies of delaying or extending education (Arnett, 2000; Furlong et al., 2018). If they delayed education, young people typically had to seek out paid work. Others maintained financial support and security through the extension of education by deferring or engaging with multiple courses. In this way, education functioned as a safe space to 'mature' (Turner, 1972; Wood et al., 2018). However, those who struggled to engage in education and employment confronted long-term uncertainty in relation to their 'vital needs' (Precarias a la Deriva, 2004, 2005). This led several to 'live in the moment' or to purposefully and strategically avoid thinking in the long-term—a response referred to by Standing (2011) as the 'precaritized mind'.

Thus, many care leavers were critical of a system that, in their experience, conferred benefits based on ideas about 'deservingness' (Romano, 2018), a concept which they strongly contested. Young people understood that certain personal characteristics, such as drug use and/or 'greediness', marked one as undeserving of assistance, especially financial. Moreover, those young people who found themselves 'categorised' and treated as undeserving felt that their benefits were used as a coercive device aimed at pushing them toward conformity rather than supporting them to build a healthy, stable life (Honneth, 2012; Romano, 2018). In this way, aftercare supports conveyed recognition or misrecognition to participants, especially as it related to the social valuation of their lifeway (Honneth, 1995, 2012). Thus, young people who were perceived as mature or responsible were considered deserving of assistance; conversely, those who struggled with issues of criminality, substance use and diminished or poor mental health experienced rejection and marginalisation in the aftercare system.

In contesting this social valuation, young people rejected the primacy of education in the benefits system, asserting that it was 'not the be all and end all' of life, thereby questioning the imposition of values and norms that did not necessarily accord with their personal aspirations and life goals or take account of the challenges they experienced, both in care and in the transition out of care.

Therefore, they asserted their youth and care histories as evidence of their being deserving of assistance despite what might be perceived as social deviance.



# Chapter Nine

## DISCUSSION AND CONCLUSION

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### INTRODUCTION

This thesis set out to explore the lived experience of the transition out of state care at the age of 18 in Ireland. As highlighted in Chapter Two, a large body of research has documented the range of disadvantages that care leavers confront, sparking interest in how young people navigate the transition out of care. However, much of the literature has focused on specific transitional issues and challenges, related for example to education or housing, and been based primarily on cross-sectional or retrospective research designs. While this body of scholarship has made many valuable contributions to the knowledge base on care-leaving, understanding of the *experience* of leaving care—and how young people interpret and position themselves within that transition—remains weak. Using a longitudinal qualitative case study methodological approach, this study explicitly sought to explore *how young people leaving care at the age of 18 in Ireland understand and negotiate the transition out of care*. The research privileged young people’s ‘stories’ and their reflections on their lives through time, placing their experiences centre-stage and giving ‘voice’ to their interpretations of their lives and their thoughts and aspirations for the future.

This final chapter brings together the key findings presented in Chapters Five, Six, Seven and Eight and discusses these in relation to the theoretical and conceptual lenses of liminality, Recognition theory and precarity. The policy and practice implications arising from the study’s findings are discussed, as are the limitations of the study and suggestions for future research on young people leaving care. As a starting point, however, it is important to reflect on the study’s methodological approach.

### UNDERSTANDING THE TRANSITION FROM CARE AS A PROCESS IN TIME

A central tenet of this thesis is that the point of leaving care represents a critical transition period that has potential long-term implications, making it a focal point for understanding the lives and experiences of young people with care experience (Rome & Raskin, 2017; Ward, 2011). With the explicit aim of understanding how care leavers navigate the transition out of care using a qualitative longitudinal design, the research was not concerned with recruiting a representative sample nor with examining ‘successful’ transitions (Arnau-Sabates & Gilligan, 2015; Boddy, Bakketeig, et al., 2019; Harwick et al., 2017). Rather, it used purposive sampling to enlist a diverse sample of young people in terms of gender, prior care experience, young people’s final care placement and their

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post-care circumstances (Bryman, 2016; Patton, 2015). It, therefore, sought to include a sufficiently varied sample of cases to provide insight into a variety of transition types and contexts. In this way, a 'rich picture' was developed of the process of transitioning out of care in Ireland (Carter & Little, 2007; Flyvbjerg, 2006; Stake, 2006).

By privileging the subjective experiences of young people as they transitioned out of the Irish care system at the age of 18 years, this work provides strong insight into the ongoing meaning-making and negotiations with which young people were engaged during this process. Investigating their unfolding experiences using a qualitative longitudinal approach permitted a detailed examination of their lived experiences, including aspects of continuity and change over time (Neale & Flowerdew, 2003). Collecting data at more than one point in time revealed that the young people's circumstances can change, sometimes quite dramatically, even within a period of 12 months, thus demonstrating that the 'outcomes' of interest in much of the literature are not 'endpoints' but rather snapshots in time (Boddy, Bakketeig, et al., 2019). Cross-sectional research can truncate these outcomes, potentially leading to a partial or skewed account of care leavers' outcomes and experiences. A qualitative *longitudinal* approach, which 'provides a privileged insight into the ways in which lives are storied over time' (Thomson, 2011, p. 155), can, by contrast, expose the changing nature of young people's circumstances and their perspectives on the lived experience as it unfolds. Qualitative longitudinal research also foregrounds complexity, 'drawing attention to the importance of narrative coherence, timing and consequentiality' (Thomson, 2011, p. 178). These attributes create 'enormous potential for the generation of useful and policy/practice-relevant knowledge' (Thomson, 2011, p. 178).

The study's qualitative longitudinal approach permitted an exploration of the young people's narratives of adulthood and 'growing up' (Anghel, 2011). Notably, young people's notions of adulthood remained relatively stable over the course of the study, largely conforming to the image of 'standard adulthood' that emerged during the post-War period (Blatterer, 2007; Côté, 2000). The study's care leavers expected to transition to stable employment, enter an enduring relationship and become stably housed, preferably through homeownership. These notions remained consistent throughout the data collection period, highlighting young people's commitment to the achievement of ideals that are becoming more difficult to attain, even for their non-care peers (Berlant, 2011; Butler, 2016; Precarias a la Deriva, 2004; Standing, 2011). Thus, rather than representing a break from previous generations, the longitudinal findings presented in this thesis demonstrate that this study's care leavers' notions of adulthood conformed to those of contemporary youth populations, irrespective of the educational and economic opportunity structures in which they are situated (Hardgrove et al., 2015; Thomson & Holland, 2002).



## MOVING BEYOND A PROBLEM-FOCUSED ACCOUNT OF LEAVING CARE

Perhaps understandably—given the range of adversities that young people with care experience may confront—research on care-experienced youth has been dominated by a focus on outcomes. As documented in Chapter Two of this work, care leavers are more likely to have negative experiences across a range of life outcomes, including, for example, homelessness, health issues, drugs and alcohol (mis)use, lower educational attainment, higher unemployment rates and dependence on public assistance (Collins, 2001; Curry & Abrams, 2015; Everson-Hock et al., 2011; Havlicek, 2011; Parry & Weatherhead, 2014; Salazar et al., 2013; Stein, 2006a; Woodgate et al., 2017). In an effort to understand how to support care leavers, research to date has also focused on the notion of resilience, emphasising that relationships—including the resources they bring—are an essential part of positive experiences post-care. However, the literature has placed less emphasis on understanding resilience from an experiential point of view, particularly in terms of understanding how young people perceive their circumstances, goals and strategies for achieving their desired or ‘imagined’ futures.

This research supports and reinforces findings documented in studies from other jurisdictions in that it highlights the challenges that care leavers confront in education, often related to unmet special needs; the foundational nature of safe housing to a good transition; how care leavers envision the transition as an endeavour in which they must achieve ‘independence’; and their reliance on state support to meet basic needs (Brännström et al., 2017; Cameron, 2007; Cameron et al., 2018; Gypen et al., 2017; Jackson & Cameron, 2012; Samuels & Pryce, 2008; Wade & Dixon, 2006). The young people in this study also discussed a focus on vocational training and careers that they hoped would lead to early employment in, for example, the construction or services sectors (Jackson & Cameron, 2012). Importantly, many of this study’s participants had special educational needs and also described negative educational experiences that affected their interest and willingness to participate in education after care. Similar to previous Irish and international research, the care leavers in this study were almost entirely reliant on aftercare financial assistance to meet basic needs (Brännström et al., 2017; Broad, 1999; Kelleher et al., 2000; Mech, 1994; Peters et al., 2016; Wade & Dixon, 2006). However, this study’s explicit focus on young people’s experiences over time draws attention to the ways in which they responded to and managed the challenges they confronted, highlighting their role as active agents during the care-leaving process.

Aware of recent critiques of deficit-focused narratives on young people in care—and the risk of them producing overly negative representations of care leavers’ lives—this dissertation placed the study’s young people centre-stage, providing the space for them to discuss diverse aspects of their

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experiences and producing a fuller picture of the complex process of leaving care. Using the lenses of liminality, Recognition and precarity, the findings reported reveal that this transition period presented young people with two major tasks: first, the task of identity management, which involved the negotiation of two different identities (one associated with care experience and the other with becoming an adult); second was the task of learning to cope with uncertainty. These two tasks were accomplished through two distinct, yet interrelated, processes that unfolded during the transition period, namely 'Striving for Normal' and 'Negotiating Uncertainty'. Striving for 'normal' describes the process by which young people came to terms with their care histories and what that meant for them now and in the future. Negotiating uncertainty describes how young people developed coping mechanisms to deal with the sudden introduction of a series of unknowns related to basic needs—housing, sustenance and health care—both currently and in the future. The following discussion explores each of these transitional tasks in greater detail.

### STRIVING FOR NORMAL: BEING RECOGNISED AS RESPECTABLE AND DESERVING

[R]ules of distribution [...] are [...] the institutional expression of a sociocultural dispositive that determines in what esteem particular activities are held at a specific point in time. Conflicts over distribution [...] are always symbolic struggles over the legitimacy of the sociocultural dispositive that determines the value of activities, attributes and contributions. [...] In short, it is a struggle over the cultural definition of what it is that renders an activity socially necessary and valuable. (Honneth, 2001, p. 54)

Material support—in the form of, for example, scaffolded supports provided by aftercare services or assistance from members of their social network—communicated respect and care to young people. Correspondingly, its absence was perceived as misrecognition and disrespect, as several young people described in Chapter Eight. For those young people who were NEET, the nature of the social benefits system felt like rejection because they received fewer supports, particularly in relation to financial support needs. Additionally, the competitive nature of entry into third-level education via the Leaving Certificate and CAO system combined with an aftercare structure that ties essential post-care supports to being in education led many to experience heightened anxiety. The experiences of a number of young people whose needs were not supported in the transfer to adult services demonstrate the failure of aftercare supports for some of the most vulnerable care leavers—with those, for example, who experienced homelessness or housing exclusion describing how the challenge of securing housing negatively impacted their mental health, which was largely unsupported in the aftercare support system. By reinforcing or even creating precarious experiences, these structural constraints and the rules and regulations surrounding aftercare entitlements communicated deservingness to the care leavers and revealed those characteristics

that young people came to understand as undeserving in the eyes of the state: being perceived as 'greedy', taking drugs, socialising with the 'wrong' people and having a poor work ethic.

These notions of deservingness and respectability also communicated social recognition to the care leavers, who identified having a 'normal' life as the 'good life' for which they strove (Honneth, 1995). For the care leavers, pursuits such as forming new relationships, whether platonic or romantic, and pursuing further education and gaining employment constituted their vision of 'normal'. This imagined 'good life', which was to a large extent 'anchored in heteronormative notions of "settling down"' (Thomson & Holland, 2002, p. 348), conformed strongly to the image of standard adulthood established in the era of full employment and expanding welfare supports that emerged in the 1950s (Blatterer, 2007; Côté, 2000; Hardgrove et al., 2015; Thomson & Holland, 2002). Thus, for most, living a 'normal' life meant not having to worry or stress about survival. In many ways, this normal life also involved being recognised by others as 'normal', which is to say a 'respectable' person who they envisioned was unencumbered by his or her past. It was not that young people wanted to erase their care history; rather, they did not want to be *defined* by it.

#### *STIGMA AND SHAME: CARE HISTORY*

The care leavers' narratives revealed two ways in which their care histories impacted on the present: being judged or being pitied. Both involved an element of recognition because they imply how people see them as individuals (Goffman, 1963; Honneth, 1995). Many of the study's young people felt that their care histories affected how others might view them, which in turn impacted how they interacted with people when trying to form new relationships. This was particularly problematic for those young people who had been placed in care later in life or placed in residential care. This was because participants identified these two circumstances as ones in which *the child is judged* to be responsible for being placed in care, as discussed in Chapter Seven. In contrast, care leavers explained that children who were fostered are more likely to be seen as victims of their parents' abuse, which they felt carried its own stigma, namely *pity*.

Thus, care experience conferred a 'tribal stigma' and was a *discreditable* identity, which is not to say that it was immediately available to new acquaintances but, when known, conferred a negative status (Goffman, 1963). Goffman (1963) argued that people cope with discreditable identities by 'managing' this information and deciding 'to whom, how, when, and where' to disclose it (p. 57). Similarly, young people in this study considered whether 'to tell or not to tell' new people about their care histories. Some—like Ethan—wanted to leave their care identity in the past and make new identities for the future (Dima & Skehill, 2011), while others—like Abby—sought to 'accept it' as a part of their lives and to carry the care experience into their futures as an aspect of themselves that did not inspire either pity or shame (Fransson & Storø, 2011). In both instances, the care leavers

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were highly conscious of people *judging* or *pitying* them because they had been in care, which was something all wanted to avoid. Thus, many of the young people were ‘wrestling with’ their care identities and what a history of care would mean for them in the longer term (Dima & Skehill, 2011; Fransson & Storø, 2011).

### *THE GOOD LIFE: MORAL ASSERTION AND CONTESTATION*

Grappling with the issues of how other people would ‘see’ them and with how they would ‘see’ themselves, young people sought to discard or distance themselves from these ‘discounted’ or ‘stigmatized’ identities by striving for ‘normal’ (Goffman, 1963). Those young people engaging in extracurricular activities or experiencing success in education exhibited positive self-esteem related to personal and/or educational accomplishments, which often improved their outlook in other areas of life. Juxtaposing their interest in positive social endeavours with the negative stereotypes of children from care and care leavers, these young people asserted their moral identities through engagement with activities they defined as of value or by associating themselves with socially accepted activities (Smith, 2017), such as an interest in work or having an established daily routine. All of the young people understood that education was a socially acceptable form of liminality that provided a space to grow and mature while maintaining supports from aftercare (Honneth, 2001). In this way, their interest in ‘bettering’ themselves was an assertion of their self-worth and the valued place they felt they should have in society (Smith, 2017).

Others contested the notion of deservingness in their quest to attain a ‘good life’. Despite a general acceptance that further and higher education qualifications were necessary to gain entry to a competitive labour market (Evans, 2002; Furlong et al., 2018), many young people rejected the primacy of education in the path toward ‘respectable’ adulthood, asserting instead that education ‘is not the be all and end all of life’. With several feeling misrecognised as undeserving, they asserted two reasons why they should be considered deserving of assistance: the first related to their youth and the second to their care experience. As noted in the Introduction, children have been and continue to be considered part of the ‘deserving’ category of those in need of state assistance (Romano, 2018). Thus, the care leavers regularly appealed to both their youth and their former care status as characteristics that should entitle them to more care from the state. Age made one deserving because of youth’s inherent vulnerability; it also reduced culpability for ‘mistakes’ that, if to be addressed with the potential for learning, require support rather than punishment. Having been in care, on the other hand, made them deserving because out-of-home youth have few(er) supports and higher levels of need. Importantly, difficult behaviour was framed as evidence of need for support rather than as evidence of the need for censure. However, mental health and interpersonal relationship development were not supported to the same extent as material needs within an ‘investment’-oriented aftercare policy environment, leading many—as described in

Chapter Eight—to contest the notion of what constitutes a ‘valued life’ (Blatterer, 2007; Honneth, 1995, 2012).

*RECOGNITION, VULNERABILITY AND AUTHENTIC BELONGING: RELATIONSHIPS AFTER CARE*

The transition out of care can be an opportunity for ‘healing’ and for care leavers to ‘liberate’ themselves from the stigma of having been in care (Cameron, 2007; Parry & Weatherhead, 2014; Smith, 2017). For many participants, the transition out of care represented an opportunity to redefine or ‘find’ themselves, which was closely connected to striving for a ‘normal’ life. The central role of relationships in creating the opportunity to have a ‘normal’ life emerged strongly from the narratives. Young people sought new ways to relate with others in their efforts to develop or maintain healthy and productive relationships. They acknowledged that engaging in social circles where others were involved in illicit or anti-social behaviour stymied the aim of living ‘normally’. Thus, separating themselves from ‘bad groups’ was a strategy mobilised by several as they anticipated and planned for their longer-term futures. Additionally, a few young people, particularly those from residential care or who had numerous care placements, expressed the need to ‘feel lovable’ (Chase et al., 2006, p. 447). These findings reveal the intersubjective nature of caring and respectful recognition as foundational to relationship development and a core component of ‘normalcy’ post-care.

van Breda (2015, p. 327) identified the achievement of ‘authentic belonging’, defined as ‘a genuine experience of being loved and of fitting into a social system such as a family’, as *the* foundational element of the leaving care process for residential care leavers. Belonging has also been identified as integral to identity development and mental well-being in the transition out of care (Ward, 2011). The care leavers in the current study sought this sense of belonging in a variety of relationship types, including romantic ties, friendships and/or family relationships. However, there was significant variation in the young people’s experiences of these relationships, with many struggling to form or maintain them while a few—particularly those from long-term non-kin and kinship foster care—had strong and healthy relationships with a number of people. Notably, van Breda (2015) identified ‘a fear of closeness’ as an element of the process of attaining authentic belonging. Similarly, as documented in Chapter Seven, vulnerability emerged as an essential component of relationship development in the current study. Recognising this, several young people discussed how their ability—or, more often, inability—to be vulnerable with others affected the development of new, hopefully lasting, relationships. Some felt they were succeeding at this while others acknowledged that they continued to keep people at a distance (Fransson & Storø, 2011). Noting that ‘you are the company you keep’, a number felt they would need to make changes in their relationships and the people around them in order to ‘succeed’. However, as discussed earlier, they also discussed at length how shame hampered their ability to be vulnerable with new people.

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These findings support van Breda's (2015) concept of 'authentic belonging' as a key process in the transition out of care and also reveal its connection to interpersonal recognition. Other researchers have found that young people exiting the care system may experience feelings of loneliness compounded by a sense of 'not belonging' or an 'ambiguous loss of home' (Lee & Berrick, 2014; Mulkerns & Owen, 2008; Samuels, 2009). In this sample, young people from long-term stable placements in foster and kinship care may have struggled to a lesser extent with this aspect of leaving care due to having experienced more 'authentic belonging' in the form of stable and caring relationships prior to ageing out. However, they were distinctly aware of their 'otherness' as children transitioning from care, even if a few felt 'a part of' their foster families. This need for 'authentic belonging' corresponds to the importance of recognition as an intersubjective act. People strive to be 'seen' by others as full members of society who receive due respect and have the ability to live life with dignity (Honneth, 1995). Thus, this study's findings demonstrate the importance of recognition to the feeling of having achieved 'authentic belonging'.

### THE PRECARIETY OF FREEDOM: NEGOTIATING UNCERTAINTY

[T]hey are faced with the task of making choices under conditions of indeterminacy [...]

Released from the relative certainties of a bygone era (including, for some, the certainty of poverty, sickness, untimely death, and social immobility), the freedom from ascription and a physically precarious existence becomes the precarious freedom to choose. (Blatterer, 2007, p. 32)

As young people were striving for a 'normal' life, they were simultaneously learning to live with freedom and uncertainty. Their narratives revealed two influential aspects of the transitional period: first, the freedom to choose to do as they wished grew significantly; and second, this freedom was accompanied by uncertainty, particularly in terms of their ability to secure basic needs such as housing (Blatterer, 2007; Boddy, Bakketeig, et al., 2019; Bone, 2019; Mannerström et al., 2019). These two features of the transitional period interacted to significantly amplify stress as young people embarked on the 'journey' out of care. In addition to issues such as education, which they had always considered, they 'suddenly' had to attend to financial matters related, for example, to setting up a bank account or applying for education grants or other social benefits, alongside other pressing considerations and tasks. Thus, freedom was characterised by the possibility—or one might view it as the *opportunity*—to make mistakes. However, these mistakes often carried more severe consequences than those they may have made before turning 18 years old since legal adulthood confers greater decision-making responsibilities, which all young people—not just care leavers—experience (Blatterer, 2007).

Narratives of consequences revealed structural constraints and simultaneously emphasised exposure to insecurity and the *possibility* of having unmet basic needs as a salient experience for young people during this transition. Thus, security emerged as a key concept. In comparing themselves to their non-care peers, young people understood themselves to be disproportionately exposed to suffering and the potential to suffer (Butler, 2016). While they assumed that their non-care peers had fewer worries and a greater level of family support, they understood themselves to have limited access to essential needs, such as shelter, food and medical care. As discussed in Chapter Six, homelessness emerged as the ultimate threat to a secure future. Even for those who did not experience it, homelessness represented a possible future that was feared and needed to be avoided at all costs. Moreover, the aftercare system, especially with its conditionality and eligibility criteria, fuelled a sense among many that their future security was ‘in someone else’s hands’ (Berlant, 2011, p. 192).

It is important to acknowledge that uncertainty is a more universal phenomenon than in previous generations, making ‘normal’ adulthood an increasingly challenging task for a growing portion of the youth population (Berlant, 2011; Butler, 2016; Hardgrove et al., 2015; Precarias a la Deriva, 2004; Standing, 2011; Thomson & Holland, 2002). Chapter Two discussed the changing nature of youth transitions, associated with a host of economic, political and demographic shifts that have intersected in a variety of ways over the past four decades. These trends have led to structural uncertainty and precarious conditions that are more pervasive than in the past (Berlant, 2011; Butler, 2016; Precarias a la Deriva, 2004; Standing, 2011). Indeed, precarity has become a ‘generalized tendency’, making it ‘difficult to draw a rigid or precise line between the “precarious” and the “guaranteed” parts of the population’ (Precarias a la Deriva, 2004, p. 158). Thus, when confronted with a hostile labour market, young people ‘take shelter’ in education (Furlong et al., 2018), and delayed earnings and rising costs of housing combine to make intergenerational housing support necessary (Bone, 2019; Furlong et al., 2018). Importantly, young people with care experience are leaving care amidst these changing times and in a policy environment that favours social investment and individualism, which can lead to a ‘precarity of freedom’ in that they are free to choose different paths yet are unsupported in their diverse choices (Blatterer, 2007; Furlong & Cartmel, 1997).

Even those young people who had relative security, such as those who remained living in their care placements after the age of 18, felt that uncertainty permeated their lives during this period. They were not sure, for example, if they would secure a place in education, maintain their aftercare support, get a job or have a safe place to live in the future. While many felt uniquely disadvantaged and insecure, they also aspired to the achievement of goals (such as permanent employment and homeownership) that are increasingly difficult to achieve, even for advantaged youth (Berlant,

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2011; Bone, 2019; Butler et al., 2016; Precarias a la Deriva, 2004; Standing, 2011). During the transition period, care leavers felt they were expected to make rapid decisions with far reaching implications, which they perceived as 'life and death' kinds of choices (Olson et al., 2017). The findings presented in earlier chapters demonstrate how these aspects of uncertainty combined to engender concern and doubt in young people. Many coped with uncertainty and the inability to plan long-term by becoming 'fluid' and 'flexible' (Bone, 2019, p. 3; Standing, 2011). As part of this strategy, some avoided future planning while others chose to 'live in the moment' and appreciate what they had. They wanted to be able to 'figure things out' through experience and learn from mistakes without having to worry that their future would be jeopardised or 'ruined'.

### *AFTERCARE AS SCAFFOLDING*

Many of the study's care leavers sought assistance and most had some 'potential supporters' during the transition out of care (Melkman & Benbenishty, 2018, pp. 183-184). However, these potential supporters often had limited resources from which to draw and there were sometimes practical gaps, such as not having someone to turn to for information and guidance when seeking housing (Melkman & Benbenishty, 2018). Additionally, interpersonal relationships had the potential to influence young people's sense of security and affect both service engagement and help seeking more generally. Education and a family home, particularly among those whose foster placement continued after the age of 18, provided a 'safe base' from which to learn. The narratives of these young people revealed how the security of having a 'home' facilitated growth and bolstered their sense of autonomy through time. Thus, for several, the supports derived from their social networks acted as a buffer to the uncertainty that the future and adulthood represented.

In other cases, young people turned to formal supports for assistance with matters they considered to be beyond the capacities of their social networks. Findings presented in Chapters Five, Six and Seven, for example, highlighted the assistance that professionals provided in terms of helping young people with practical matters such as completing paperwork, setting up bank accounts and ensuring that bills were paid on time. Having a space and time to make mistakes that did not 'ruin' the rest of their lives was experienced as care because it gave young people time to experiment and 'figure things out'. However, for young people who struggled to engage with education and/or needed more time to adjust to post-care responsibilities, aftercare provision did not offer financial assistance, which made educational decisions particularly stressful. These findings underscore the role aftercare policy and provision play in supplying the 'scaffolding' young people need to achieve a secure life post-care or, alternatively, in introducing another element of insecurity (Boddy, Bakketeig, et al., 2019).



This study's young people were negotiating a system that essentially rationed support and, as a consequence, many tried to position themselves as deserving of that support. While further education functioned as a socially approved liminal space for care leavers, the transition to the next phase of employment was not guaranteed and many who did not have educational qualifications struggled to make the transition to work (Evans, 2002; Furlong et al., 2018; Thomson & Holland, 2002). In line with investment-oriented policy, aftercare supports for the transition to adulthood privileged continuation in education and training, with limited support for non-college-bound youth and those transitioning to employment (Bowen et al., 2018). Young people who did not have the luxury of a structured transition with incremental increases in responsibility often wanted a supported transition or felt they should have one by virtue of their status as young people since, as they pointed out, youth carries vulnerabilities. These narratives reveal that supports that function to 'scaffold' young people into newfound freedoms were not only necessary for good transitions (Boddy, Bakketeig, et al., 2019), but were also perceived as care from the supporter, whether a personal or professional contact, and respect from the state (Honneth, 1995, 2001, 2012).

## THEORISING LEAVING CARE: INTEGRATING AGENCY AND STRUCTURE

Emergent theorising in the care-leaving literature has been split between a focus on the social environments of care leavers and the experiences of care leavers while leaving care (Boddy, Bakketeig, et al., 2019; Fransson & Storø, 2011; Storø, 2017; van Breda, 2015). Issues of structure or personal agency lack integration in our understanding of the process of ageing out of care. The contribution of this work is an analysis that provides insights into the intersection of the actions of young people *and* broader social structures to better understand their combined influence on the leaving care process. The theoretical and conceptual lenses of liminality, Recognition and precarity were combined with concepts from youth studies, such as the notion of 'imagined futures' (Hardgrove et al., 2015; Smith, 2017), to investigate the intersection of structure and agency during this transition period.

Drawing on an amalgam of theoretical and conceptual frames, this study highlights the value of understanding care leavers as *youth in society* when examining how care experience interacts with other aspects of life to influence their trajectories post-care (Boddy, Bakketeig, et al., 2019). First, this work reinforces the relevance of transition theory to understanding the experiences of young people as they exit the care system (Dima & Skehill, 2011; Storø, 2017). Second, pairing Recognition with precarity highlights the value of combining these two lenses in a study conducted during times of spreading precarity (Berlant, 2011; Butler et al., 2016; Standing, 2011). Liminality theory, which posits the transitional period as one of learning and identity development, indicates that transitions are experienced more positively when the individual's changing social status is unambiguously

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resolved. Precarity, which contributes an understanding of modern economic and social conditions, demonstrates how and why a clear resolution is becoming less accessible in an era of individualization and expanding insecurity. Recognition theory, which provides a tripartite account of how an individual reaches a state of self-actualisation through their relations with others, reveals how care leavers' sense of identity and belonging to a larger community are shaped by the experience of being 'betwixt and between' in a context of spreading uncertainty and insecurity. Liminality, Recognition and precarity, therefore, come together to interrogate those conditions that create 'good' transitions and to provide an understanding of *why* unclear or unsupported transitions are experienced negatively.

Precariousness is 'a juncture of material and symbolic conditions which determine an uncertainty with respect to the sustained access to the resources essential to the full development of one's life' (Precarias a la Deriva, 2004, p. 158). This definition pairs well with the concepts of self-actualisation present in Recognition theory and marginals from liminality theory. Living in conditions that predispose a person to precarity impairs an individual's ability to be recognised as a full person with equal rights to love, respect and solidarity since these conditions signify to the individual that other members of society do not value them equally. Therefore, they exist as marginals with no reassurance from society that they will be reincorporated into a stable position. In this way, precarious conditions can lead to individuals feeling misrecognised as unworthy of care, respect or esteem. Using the sensitising concept of precarity, this investigation has revealed a number of ways in which uncertainty and tenuous or constrained ability to have their basic needs met pervaded the lives of many of the study's care leavers. It also reveals how precarity is produced and reproduced in their lives, sometimes, through the very systems designed to support them, such as aftercare.

## POLICY AND PRACTICE RECOMMENDATIONS

There is a growing interest in qualitative longitudinal research in youth studies, a shift associated with an increased awareness of 'the changing character of young adulthood over a generation and shifts in government policy towards increasingly integrated and individualised forms of government in the European context' (Holland & Thomson, 2009, p. 452). Governments are increasingly interested in qualitative research as a means of answering the how and why questions of social problems and challenges (Neale et al., 2012), and policy makers have begun to recognise its value in building an evidence-base for policy development and change. This section discusses a number of key policy and practice implications arising from the research findings.

## THE POTENTIAL SYNERGIES OF SOCIAL INVESTMENT AND INCLUSION POLICIES

Assuming financial and social independence at the age of 18 is increasingly recognised as ‘developmentally inappropriate for most youth’ leaving care (Mulkerns & Owen, 2008, p. 428). As discussed in the Introduction, states have implemented a variety of policies and programmes to provide support for continued development among care leavers, such as providing aftercare supports or, less commonly, extending access to care placements beyond the age of 18. Scaffolding is not only necessary for positive transitions; it is also perceived by care leavers as care and respect from professionals and the state. As highlighted earlier in this chapter, scaffolding that provides care leavers with space and time to make mistakes, without jeopardising their futures, is experienced as care because it allows them time to experience and experiment. Thus, in keeping with the findings of other recent studies (Boddy, Bakketeig, et al., 2019; Jones, 2014b, 2019), the shortcomings of time-bounded and inflexible aftercare entitlements are exposed. Consideration of the limitations of time-limited and conditional support is important since it is increasingly clear that such policies are inadequate in the age of de-standardisation and individualization of the life course. As highlighted in Chapter Five, care leavers desire structure, routine and purpose. A conditional aftercare support system combined with precarious conditions in housing and employment worked to create unstructured transition sequences for the study’s care leavers, ‘with no clear pathways to visible destinations’ (Heinz, 2009, p. 397). The absence or lack of distinct pathways and destinations has been shown to encourage short-term life course planning (Bone, 2019; Heinz, 2009), which was evidenced in this work in terms of young people adopting a strategy of being ‘fluid’ and ‘flexible’. Thus, aftercare policy must acknowledge that young people’s orientation toward life course planning is influenced by the kinds of transitions that are fostered by the society in which they live (Heinz, 2009). If young people foresee options, they can be ‘strategic’ and make choices between those options; unstructured pathways, on the other hand, promote short-term life course planning and foster a ‘wait-and-see’ style of planning in young people (Heinz, 2009, p. 398).

By documenting the experience of ageing out of care in a policy environment that has embraced a social investment orientation (Mendes et al., 2014; Tusla, 2015, 2017d), this study’s findings demonstrate positive aspects of such investments, for example, in terms of providing access to education and housing. Several young people emphasised the value of being offered support—including financial, logistical and developmental—to continue in education. Continued educational engagement ensured that these young people had access to secure housing and financial assistance to support their everyday needs. However, care leavers who struggled to gain a foothold in the education system found themselves navigating a marginal position within housing and social protection systems. Additionally, they felt constrained and devalued by an aftercare system that rewarded very specific achievements without broader consideration for their diversity of

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experiences and needs. This work, therefore, highlights the need to pair investment with inclusion-oriented policies that aim to support the social integration of care leavers by providing them with 'ongoing nurturing and support' (Mendes et al., 2014, p. 3). For example, the findings presented in Chapters Seven and Eight strongly suggest that at a time when young people are attempting to secure basic needs like accommodation and food they are simultaneously seeking out recognition from adults and peers as they try to establish a valued identity as young adults.

Finally, reflection in professional practice and policy design is critically important given that professionals are 'embedded' in 'historical and institutional contexts', which means that workers 'operate with a limited [...] view which determines how they carry out their jobs' (Juul, 2009, p. 409). The deserving and undeserving poor concept continues to influence the development of policy and practice in the Irish care system, despite the fact that it has shifted towards a rights-based system (Cox, 2017; Department of Children and Youth Affairs, 2014; Tusla, 2017d). Thus, these deep structures and histories of contemporary policies are influential in the experience of the Irish transitional support system (Cox, 2017; Sewell, 1992). The Irish care system reached a juncture when it ratified the UNCRC and began developing a rights-based child welfare system. However, the findings of this study demonstrate that 'history (still) matters' and the generational order continues to influence the development of a rights-based paradigm in practice (Ebbinghaus, 2005). While many young people appreciated the freedom afforded to them in the aftercare system, others highlighted the issues of deservingness and the expectation that they would adhere to narratives of acceptable behaviour in order to be deemed 'deserving' of ostensibly available supports, such as safe housing. Honneth (2001) explains that institutional structures convey social recognition in terms of what they encourage and discourage through their provision of support. In the case of Irish aftercare, the social investment model of aftercare policy, which aims to produce good outcomes by investing in individuals' future productive potential, arguably reinforces old dichotomies of 'good' and 'bad' or the 'deserving' and 'undeserving' poor. By obscuring those elements that may make engaging with these activities difficult and blaming the individual for their inability to perform in a socially approved way, such as staying in education or work when they are struggling with their mental health, the paternalistic roots of the modern child welfare system continue to operate in the interactions between young people and professionals. This tension between rights and deservingness is situated amidst long-term trends in social policy and welfare that have seen the introduction of increasingly conditional support, particularly in relation to youth welfare benefits that have become progressively more residual and supplementary to family support (Furlong et al., 2018).

## STUDY LIMITATIONS AND SUGGESTIONS FOR FUTURE RESEARCH

As an exploratory investigation into the leaving care experiences of young people in Ireland, this work—like other research of this kind—has limitations that merit comment. Qualitative inquiry has the power to examine a phenomenon in-depth, which adds nuance to our understanding of how that phenomenon operates and what it means to people in their daily lives. However, while these insights can contribute to the ‘collective process of knowledge accumulation’ (Flyvbjerg, 2006, p. 227), they are not generalisable in the traditional sense. For example, the findings arising from a study such as this one cannot speak to *prevalence*, such as the extent to which care leavers in general engage with education after the age of 18 or participate in employment. While some studies indicate that outcomes for Irish care leavers are broadly similar to those documented internationally (Daly, 2012a; Kelleher et al., 2000), the conduct of larger-scale quantitative research would yield important data on the scale of certain issues, such as the rate of remaining in and leaving placements at the age of 18 years, the rate of homelessness among care leavers and the number of young people who struggle with addiction and mental health issues. While the current study has shed light on how such experiences can influence the transition out of care, it makes no claims about how common any of these experiences are among the broader population of care leavers. At present, there are very few studies of care leavers in the Irish context and, to date, no study has ‘tracked’ the experiences of care leavers using a prospective longitudinal approach. However, in the Irish context, there is a clear need for large-scale quantitative research that explicitly aims to examine long-term outcomes of care leavers (Devaney & Rooney, 2018).

The longitudinal design is a strength of the current study, demonstrating that a year-long follow-up is ‘a sufficient amount of time’ for change and continuity to be tracked (Hermanowicz, 2013; Quest et al., 2012; Rome & Raskin, 2017). The contribution of qualitative longitudinal research to understanding the nature of the transition out of care is demonstrated in the depth and nuance uncovered by the young people’s narratives *through time*. However, it should be noted that the stories of this study’s participants remain ‘unfinished’, highlighting the need for research that endeavours to follow care leavers over a lengthier period. There would also be value in the development of prospective follow-up research that could capture how care leavers enter and exit education and move on to employment during the years subsequent to their exit from care. Other life transitions, such as those associated with intimate relationships and household establishment, should also be considered in the development of longitudinal designs in order to bolster understanding of the dynamics of change in the lives of care leavers.

Finally, this study’s sample and sampling strategy has both strengths and limitations. Including 16 care leavers from residential, non-kin and kinship care has provided insight into similarities and

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differences in how these three groups experience the transition out of care. However, the nature of longitudinal work with a highly mobile and hard-to-track population did impact retention (Ward & Henderson, 2003). The tracking process was persistent and methodical and also respectful of the young people's circumstances such that, at times, interviews were cancelled or postponed to a later interview phase. This led to sample attrition, with 14 young people participating at Phase 2 of the study and 12 at Phase 3. This decline in participation meant that the ongoing stories of a number of the study's participants were not heard. In terms of the baseline sampling strategy, while participants were sought via a variety of gatekeepers, the entire sample was collected through contact with aftercare workers. This means that the study included young people who were engaged, at some level, with aftercare services. Consequently, those who may have declined or disengaged from services—and who may arguably have very different experiences—are not represented in this study. Future research could build in additional time and resources to enable the recruitment of a more diverse sample of care leavers, including young people who reject or, alternatively, choose not to connect with services post-care.

Innovative methodological approaches to investigating the experiences of care leavers have the potential to move research beyond studies of risk and outcomes. Longitudinal designs have the power to explore leaving care as a process, incorporating temporality into our understanding of the experience. While qualitative longitudinal research is time-consuming and resource-intensive, it can provide significant insights into the processes shaping outcomes that are relevant to policy-makers and critical to the design and implementation of more effective responses to youth populations identified as 'at risk' or vulnerable.

## CONCLUDING REMARKS

Care leavers are widely recognised as disproportionately disadvantaged as they transition to adulthood by virtue of having weak financial, social and emotional supports. This contributes to compressed and accelerated transitions in comparison to their non-care peers, especially given the punitive turn in youth social policy that has led to youth support being increasingly provided by families and social networks rather than the state. Interrogating both the agency of care leavers *and* the structural conditions that enabled or, alternatively, constrained their agency during this transition, the conduct of this research, which coincided with the introduction of new legislation and policies aimed at extending aftercare provision for young people leaving care in Ireland, is timely.

The findings presented in this dissertation provide a detailed and nuanced understanding of young people's lives as they transitioned out of care and attempted to carve a route to a secure future. The care leavers were navigating a route to 'adulthood' in a context of spreading precarity, with

conditions within the housing and youth labour markets posing particular challenges, and many struggled to secure basic needs and to feel a sense of recognition as worthy of support. Importantly, however, the findings also reveal how care leavers actively and strategically responded to these structural constraints as they simultaneously engaged with other life projects, including attending to their interpersonal relationships and identity work. Irish aftercare policy, which is primarily oriented toward a social investment philosophy and uses conditional benefits to encourage participation in education and training, does not explicitly attend to these psychosocial needs, conflicting with the dual material and developmental needs of care leavers. Therefore, in an era of welfare state retrenchment and a shift towards externalising youth welfare provision onto families, care leavers need supports that recognise their value as members of society with entitlements to care, respect and esteem.

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# APPENDICES

## Appendix A: IRISH HOUSING CRISIS INFORMATION

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Healy and Goldrick-Kelly (2018) state that '[l]ack of access to affordable homes of acceptable quality constitutes a significant crisis for all parts of Irish society' (p.34). While '[t]he Irish state has traditionally played a central role in the delivery of social housing for both rent and ownership' (Hearne & Murphy, 2018, p. 10), the existing policy to address the housing crisis relies on and encourages the private market to provide homes and apartments for purchase or rent (Healy & Goldrick-Kelly, 2018; Hearne & Murphy, 2018; Lima, 2018). At the start of data collection in 2017, Ireland's homelessness population had more than doubled in the previous three years, and there had been a steady increase in the number of young people aged 18 to 24 years experiencing homelessness, nearly doubling from 486 young people in 2015 to 868 young people in 2018. Between January and May of 2017 (the recruitment window), nearly 800 young people were experiencing homelessness at any given point (range of 789-780) (Focus Ireland, 2018). In 2017, Tusla reported on the living arrangements of care leavers, stating that 45% were remaining in their placement, 26% were in 'Independent Living', 10% had 'Returned Home', 5% had received a 'Residential Placement', 2% were in 'Supported Lodgings', and 11% were in 'Other' accommodation, which may include those accessing homelessness services as the category is undefined and they are otherwise unaccounted for in the statistics.

In 2017, rents rose nationally in Ireland by 11.8% and the average rent nationwide was €1,159 per month (Daft.ie, 2017). Rents rose fastest in the Dublin region, which accounts for almost one-third (32%) of the children in care in Ireland (Tusla, 2017e), where they ranged from a low of €1,426 to a high of €1,902 per month. In the Dublin region, HAP payments range from €430 per month for a single person in shared accommodation to €1250 per month for a couple with one child, yet these rates pale in comparison to the rents being demanded in Dublin, €518 average per month to rent a single bed in shared accommodation and €1488 average per month for a two-bed house (Citizens Information, 2018d). These figures highlight the financial hurdles to safe housing faced by care leavers hoping to access accommodation through the private-rented market, especially notable given the predominance of care leavers in the greater Dublin region (Tusla, 2017e).



## Appendix B: IRISH WELFARE BENEFITS

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As explained in the Introduction, young people in Ireland are now entitled to an aftercare plan that states their needs in relation to, among others, financial support, housing, education, and employment. The current interdepartmental agreement ensures that all care leavers are entitled to the highest level of social welfare support for education, housing assistance and unemployment benefits. They access these benefits through the general schemes, outlined below: Student Universal Support Ireland (SUSI) grant, Back-to-Education Allowance, Job Seeker's Allowance, and the Housing Assistance Payment (HAP). They may also be in receipt of other forms of assistance such as a medical card, which entitles the user to low-cost medications, fee-waivers for examinations, a clothing allowance, and medical care. However, care leavers are not automatically entitled to these supplementary benefits and must qualify for them based on the qualifying criteria, such as an income threshold.

### Job Seeker's Allowance

Job Seeker's Allowance is a labour activation policy that supports individuals who are currently unemployed and not in education, capable of working, and 'genuinely' seeking work. It is means tested and available to individuals between the ages of 18 and 66 years. Care leavers are entitled to the highest rate of €198 per week (Citizens Information, 2019b).

### Back to Education Allowance

Back-to-Education is a social welfare scheme that is designed to encourage upskilling in the labour market for individuals over the age of 21 by returning to second- or third-level education courses. Care leavers who are between the ages of 18 and 20 and have been out of education for two years are entitled to claim this allowance (Citizens Information, 2018a).

There is a progression rule that stipulates that the recipient must be pursuing a degree at a higher level than their current qualification, that is, if they have a secondary level qualification of Level 5, they must be pursuing a Level 6 or higher qualification to receive the allowance. There are limited exceptions to this rule at the Level 5 and 6 range. For postgraduate studies, the allowance is only provided to individuals pursuing a Higher Diploma or a Professional Masters in Education, with limited exceptions (Citizens Information, 2018a).

### Housing Assistance Payment (HAP)

HAP is a housing subsidy scheme that relies on the private market to supply housing for low-income individuals (Citizens Information, 2018d; Healy & Goldrick-Kelly, 2018; Hearne & Murphy, 2018; Lima, 2018). This was first made available in Dublin, and it has since been rolled out to the entire country and replaces the old rent supplement scheme. The rates for the subsidy vary by location

Appendix B:

and housing type required (e.g. room in shared housing, apartment, or house) (Citizens Information, 2018d). Care leavers are entitled to the highest rate of HAP as they are automatically designated homeless.

This scheme requires the individual to source housing on the private market for themselves. The tenancy is then inspected and approved by the approving local authority. The landlord receives rent directly from the local authority. Individuals pay the local authority a contribution that is calculated as though they were living in local authority provided housing. Should the individual miss payments, the payments to the landlords are ceased as well. Individuals are expected to enter and remain in a tenancy for a minimum of two years, limited exceptions are made for individuals needing to transfer their HAP payments from one tenancy to another in less than two years (Citizens Information, 2018d). If a tenant leaves a HAP tenancy without having been given a notice to quit, they are ineligible for HAP for a year and their place on the social housing list is suspended.

## **Student Universal Support Ireland (SUSI) grant**

'SUSI is Ireland's single national awarding authority for all higher and further education grants' (Student Universal Support Ireland (SUSI), 2019b, p. 4). It provides funding to students in full-time third-level education. Grants consist of fee and maintenance components. Depending on the course of study, an individual may qualify for only one of these components or both. Individuals pursuing a Post-Leaving Certificate (PLC) course are only entitled to the maintenance grant (Student Universal Support Ireland (SUSI), 2019a, 2019b). Care leavers are entitled to the highest rate of both the fees and the maintenance grants for the course of study they pursue.

## **Medical Card**

The medical card is a means tested social welfare benefit in Ireland (Citizens Information, 2018i). Medical card holders receive several low or no cost health care services, and it entitles the holder to waive fees for a variety of other public services, such as tuition at public colleges and universities. Children in care are entitled to automatically receive a medical card (Citizens Information, 2018i); however, care leavers are not automatically entitled to receive one. Medical cards are valid for varying lengths of time, and each one is issued with a 'VALID TO' date printed on it. During this valid period, the person may be contacted to assess continued eligibility (e.g. means testing) (Health Service Executive, 2014). Thus, care leavers may continue to use the medical card they received while in care until it expires, at which point they would be means tested to renew it.

# Appendix C: TABLE OF IRISH CHILD CARE LEGISLATION AND POLICY

TABLE 14: THE EVOLUTION OF CHILD CARE LEGISLATION AND POLICIES IN THE REPUBLIC OF IRELAND

Year	Act/Policy	Description
1908	The (British) Children Act 1908	The first legislation to regulate the care and removal of children to out-of-home care in Ireland.
1991	Child Care Act (1991)	The act that created the statutory power and rules for the management of foster and residential care. It also empowered the Health Service Executive (HSE) to provide aftercare, if deemed necessary.
1995	Child Care (Placement of Children in Residential Care) Regulations 1995	The act that established regulations for the placement of children into residential care.
1995	Child Care (Placement of Children in Foster Care) Regulations 1995	The act that established regulations for the placement of children into foster care.
1995	Child Care (Placement of Children with Relatives) Regulations 1995	The act that established regulations for the placement of children with relative caregivers.
2001	Children Act, 2001	This act amended and extended the Child Care Act, 1991, and replaced the (British) Children Act 1908 and other enactments dealing with juvenile offenders.
2001	National Standards for Children's Residential Centres <sup>1</sup>	A policy document developed for the Social Services Inspectorate to use for inspections of children's residential centres, including statutory and non-statutory centres.
2002	Youth Homelessness Strategy <sup>2</sup>	A policy document that laid out the State's strategy for reducing or eliminating youth homelessness through preventive measures. This included a section on aftercare procedures for care leavers, noting that a strategic approach to aftercare was being developed by a working group.
2003	National Standards for Foster Care <sup>3</sup>	A policy document developed for the Social Services Inspectorate to use for inspections of foster care placements, including statutory and non-statutory providers.
2004	Policy on Leaving Care, ERHA <sup>4</sup>	A foundational policy document in the development of aftercare services explaining the mandate for planning to leave care and providing aftercare services. It framed leaving care as part of a continuum of 'through-care' services.
2007	Child Care (Amendment) Act 2007	This act further clarified regulations for the placement of children with relative caregivers.
2007	HSE Dublin Mid-Leinster Aftercare Policy <sup>5</sup>	A policy that built on the previous Policy on Leaving Care, ERHA. This document was used to 'clarify and ultimately enhance Aftercare Services within the Area' [the HSE Dublin Mid-Leinster Area], which were being provided for in partnership with the Smyly Trust Aftercare Services.
2010	Draft National Quality Standards for Residential and Foster Care	A standards document for the Health Information and Quality Authority to conduct independent assessments of residential and foster care services.

Appendix C:

	Services for Children and Young People <sup>6</sup>	
<b>2011</b>	Child Care (Amendment) Act 2011	Amends and clarifies both criteria and procedures for applying and executing special care orders.
<b>2013</b>	Child and Family Agency Act, 2013	The Act that provided for the establishment of Tusla, The Child and Family Agency, which consolidated responsibilities relating to children in care from various State agencies such as the Family Support Agency, the HSE and the National Educational Welfare Board into one agency.
<b>2015</b>	Guidance Document for the Implementation of the Standardised Aftercare Allowance <sup>7</sup>	Billed as the first step in the development of consistent aftercare services, this plan details steps necessary for providing the entitled young person with a €300 weekly allowance post-care.
<b>2015</b>	Children First Act, 2015	An act designed to improve care and protection of children through safeguarding measures and mandatory reporting by providers of certain services.
<b>2015</b>	Child Care (Amendment) Act, 2015	The most recent legislation regarding aftercare in Ireland. It mandated the creation of aftercare plans for eligible children in care and eligible adults.
<b>Sources</b>	1 (Department of Health And Children, 2001), 2 (South Eastern Health Board, 2002), 3 (Department of Health And Children, 2003), 4 (Eastern Regional Health Authority, 2004), 5 (Health Service Executive, 2007), 6 (Health Information And Quality Authority, 2010), 7 (Tusla, 2015)	

## Appendix D: LITERATURE REVIEW SEARCH STRATEGY

The bulk of the literature search was conducted in October and November of 2015 using the search terms and phrases outlined in Table 15: Literature Search Terms. Thereafter, an alert system was set up via Google Scholar to send emails of new citations that matched the following criteria: (youth OR "young person" OR "young adult") AND ("age out" OR transition) AND ("State care" OR "foster care" OR "out-of-home care").

The search strategy was designed to collect articles, books and book chapters that focused on care leavers during the transition out of care or the longer-term outcomes for people with a history of care. The search was restricted to English-language publications. The search exclusion criteria were focused on characteristics of populations that also receive residential care: the elderly and people with disabilities. After reviewing abstracts and for practical reasons, documents focusing on children in care and independent living programme evaluations were excluded, with the exception of systematic reviews of these research areas.

Three databases were searched: JSTOR, EBSCOhost, and CINAHL. To operationalise the search, the following key terms and phrases were used:

TABLE 15: LITERATURE SEARCH TERMS

Research Focus	Key Terms and Phrases
Care leavers	(You*) AND (state care) OR (foster care) OR (kinship care) OR (residential care) OR (out of home placement) OR (out of home care) OR (oohc) OR (child protection) OR (child welfare) OR (public welfare)
Transitioning Out of Care	(Leav* care) OR (ag*ing out) OR (age out) OR (transition) AND (Independen* living) OR (adulthood)
Outcomes/Related Phenomenon	(Resources) OR (support) OR (challeng*) OR (problem*) OR (obstac*) OR (difficult*)
Exclusions	(disabilit*) AND (elder*)

A total of 1143 articles were retrieved from the three databases using these search criteria and exclusions. After reviewing titles and then abstracts for suitability (i.e. the population focus was people who had aged out of care or care-experienced adults and the topic focus was on transition experiences or long-term outcomes), 114 articles were saved.

From this point forward, the Google Scholar alert was relied upon to keep up-to-date on the literature, which resulted in the addition of 150+ articles, books and book chapters over the next three years. A number of additional articles were collected from reference lists and recommendations.

## Appendix E: A CRITICAL ACCOUNT OF STRUCTURE AND AGENCY

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Sewell (1992) argues that the difficulty in resolving the tension between agency and structure derives from the fact that structures have been ill-defined in the social sciences. Knafo (2010), agreeing that structures are ill-defined, explains that determinism continues to creep into dialectal theories of structure and agency. Consequently, structures are discussed in the literature 'as if people were forced to relate in a specific way to the constraints they experience' (p.504). However, he argues that though 'structures do create imperatives' (Knafo, 2010, p. 504), there is no pre-determined response to these imperatives, which is to say that responses are the domain of agency as humans *respond creatively* to their environments. In an effort to refine the concept of social structures, Sewell (1992) defined structures as being composed of a dual set<sup>127</sup> of cultural schemas and human/nonhuman resources (i.e. virtual and material resources) which 'mutually imply and sustain each other over time' (Sewell, 1992, p. 13). In this view, resources 'are read like texts, to recover the cultural schemas they instantiate' (Sewell, 1992, p. 13). All members of a society learn cultural schemas and possess both types of resources, human and nonhuman,<sup>128</sup> though these are unevenly distributed in societies and across individuals resulting in power differentials (Sewell, 1992). Sewell (1992) asserts that the 'material existence' of nonhuman resources is not reducible to human perceptions of them, yet the power they have to shape human lives is derived from human schemas that are created through social interactions and recursive practices.

Keeping the ontological separation of structure and agency (Knafo, 2010; Layder, 1985; Sewell, 1992) yet bringing them into dialectal relation with each other, Sewell (1992) argues that agency is both a property that all humans possess in a general sense as well as a process in which individuals engage to utilise social structures. Sewell (1992) writes that 'part of what it means to conceive of human beings as agents is to conceive of them as empowered by access to resources of one kind or another' (p.9-10). Consequently, agency as a property is 'the actor's capacity to reinterpret and mobilize an array of' resources and cultural schemas (Sewell, 1992, p. 19). Whereas, agency as a process is how the individual creatively implements or utilises structures (i.e. cultural schemas and/or resources) in daily life and interactions. Thus, all individuals have the ability to act creatively

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<sup>127</sup> Sewell (1992) situates his theorising as a materialist perspective that incorporates Giddens' (1984) theory of structuration and Bourdieu's (1977) habitus.

<sup>128</sup> Sewell (1992) explains that '[n]onhuman resources are objects, animate or inanimate, naturally occurring or manufactured, that can be used to enhance or maintain power; human resources are physical strength, dexterity, knowledge, and emotional commitments that can be used to enhance or maintain power, including knowledge of the means of gaining, retaining, controlling, and propagating either human or nonhuman resources' (p.9-10).

using the schemas and resources available to them, which is to say that ‘all members of society exercise some measure of agency in the conduct of their daily lives’ (Sewell, 1992, p. 20). Finally, Sewell (1992) describes an intersubjective definition of agency that acknowledges the ‘profoundly social or collective’ nature of enacting the process of agency. In this view, enacting agency always results in

acts of communication [...] to coordinate one's actions with others and against others, to form collective projects, to persuade, to coerce, and to monitor the simultaneous effects of one's own and others' activities. Personal agency is, therefore, laden with collectively produced differences of power and implicated in collective struggles and resistances. (Sewell, 1992, p. 21)

This is a dynamic view of structure as ‘the continually evolving outcome and matrix of a process of social interaction’ (Sewell, 1992, p. 27), i.e. enactments of agency. Knafo (2010) argues that to invoke this concept of structure sets the focus on ‘*what is being achieved* through these structures, rather than simply on the product that results from these actions’ (p. 505, emphasis in original). Put another way, ‘we examine the process of social construction, rather than limiting ourselves to its outcome’ (Knafo, 2010, p. 505). This conception acknowledges that there are limits placed on the actions that people can take; however, it contests the notion that structures *determine* the actions that will be taken (Knafo, 2010). Thus, actions are not seen as ‘given’ by the social structures or ‘normal’ manifestations of structural constraints but rather acts of agency that respond to constraints or utilise social structures to a specific end (Knafo, 2010). This conception of the structure-agency dialectic views structures as enabling agents to creatively respond as knowledgeable actors to their environments, which are dynamic and historically situated. In this way, agents are able to exert power through innovative uses of the existing cultural schemas and resources that constitute structures (Knafo, 2010; Sewell, 1992). Knafo (2010) explains that freeing the analysis to view the social relation between agents as mediated by structures rather than defined by them reveals that ‘structural constraints do not materialize as imperatives for one agent if there is no other agent who threatens to act upon these constraints’ (Knafo, 2010, p. 504).

# Appendix F: TUSLA LOCAL AREA MAP



## Area Management Structures, Contacts and Addresses



-  Dublin Mid Leinster
-  Dublin North East
-  South
-  West

(Tusla, 2019a)



# Appendix G: INFORMATION AND CONSENT FORMS

## Participant Information Sheet



*A Qualitative Longitudinal Study of Leaving State Care in Ireland:  
Young People's Perspectives*

## INFORMATION SHEET

I would like to invite you to take part in a research study on young people leaving care. Before you decide whether or not to participate, you need to understand the research purpose and what it would involve.

Please consider the following and ask questions if anything is not clear or if you want more information.

### ➤ Who is the researcher and what is this study about?

I am a researcher in the School of Social Work & Social Policy at Trinity College Dublin, and I want to find out what it is like for young people when they age out of State care in Ireland. There have been recent policy changes regarding leaving care, but there is not a lot of research on leaving care in Ireland. Therefore, I would like to work directly with young people leaving care to better understand their experiences, including what resources and services they use as well as any obstacles they may face during the transition.

### ➤ Why are you interested in talking to me?

I would like you to participate because you recently left State care in Ireland. Given your expert knowledge in this area, I would like to invite you to take part in this research. I am working with organizations that provide aftercare services in order to identify and connect with young people who have recently left care (e.g. Tusla, Care Leavers Ireland, EPIC, and Peter McVerry Trust), which is how I came to contact you.

You will have the opportunity to share your story with me. You will also have the chance to write, photograph, or make art about meaningful experiences in your own life. If you have ever wanted to share your story, this could be a good time because it is my hope to use findings to inform future work with young people leaving care.

### ➤ What does taking part involve?

**Taking part in this study is entirely your choice.** It will in no way affect your receipt of services or relationships with the person and/or organization from whom I received your contact information.

This study is designed to take place over one year from the initial interview, but even if you would like to participate in the initial interview it does not mean that you agree to participate in any of the other parts. **You can opt out at any point during the study.** There are three different aspects in which you are welcome, not required, to participate:

1. **An initial interview**, which will allow us to become familiar with each other;
2. **An interim meeting**, where you can share any creative documentation of your experiences;
3. **And a final interview**, where you can explain how you felt about the year after leaving care.

The initial interview will give you an opportunity to share your experiences planning to leave care, your experiences first leaving care, and your expectations for the future. At the initial interview, you will also have the opportunity to choose between receiving a journal, a reusable camera, or a small art set. These will be yours to keep and document your experiences of life after care. If you want to continue participating after this interview, we will have a shorter meeting (~30 minutes) once about six months later to discuss how things are going and share any of the journaling, pictures, or art you have created so far. If you make any, these pieces will be yours to keep, but I will ask to document them by taking a

photo of the portions that you would like to share with me. You will also be able to explain their significance and why you chose to share these pieces. The final interview will take place one year after the initial interview and will be an opportunity to share your story from the year.

If you are willing to participate in the study, I will meet you for an initial interview at a time and place that best suits you. You will decide at a later date whether you want to participate in the other parts of the research. Both the initial and final interviews should take around 60 minutes. All interviews will be audio recorded so that they can be typed up for analysis. Recordings and what I type up from the interview will be stored safely on a password protected computer and will be destroyed after I receive my degree and five years after my work is examined, respectively.

#### ➤ What kinds of things will be talked about in the interviews?

- What, if any, plans you made prior to leaving care.
- Your feelings of preparedness for living independently.
- Your experiences since you left care.
- Any services you've been in contact with and what your experience was with them.
- Your expectations for the future.
- Your reflections on the year since you left care.

You do not have to answer questions on any topic that you would prefer not to talk about. Your privacy and choices will be respected at all times. At each of the interviews, you will also be asked to complete a questionnaire about your current living arrangements, services you use, any school, training or employment you are in, and contact information.

#### ➤ Can I change my mind about taking part?

Yes. You can change your mind at any time (even during or after each interview). If there are questions that you would rather not answer, you don't have to answer them and I will not ask why. You also have the right to stop the interview at any time without giving a reason. If you choose to stop participating after the initial interview, any supplies you have received for the documentation portion are yours to keep as a token of appreciation for your participation in the initial interview.

#### ➤ Is what I say private?

Yes. What you say during the interview is completely confidential and will not be told to any other adult or young person, unless you tell me there is a risk of harm to you or another person. If this was the case, I would talk to you about it before telling anyone else, but your permission is not required for me to tell the proper authorities as I am required to report risk of harm to you or another person, and according to the Children First Guidelines I must report any reasonable concerns of abuse or neglect.

With your permission, I will tape the interview to help keep track of what we both say. I will turn off the recorder if there is any part of the interview that you don't want to be recorded. While consent forms and audio recordings are not anonymous, they will be kept on a password protected hard drive in a secure location. What I type up from the interview will be stored safely on a password protected computer and the recording will be destroyed after my dissertation has been examined. I will do my best to make sure that people are not able to tell who you are in the study: you will have a "made up" name and I will remove all names of any people and places that you talk about during the interview when I type it up. Should you change your mind about participating, you may either cancel our meeting or contact me within two weeks of completing the interview to have me remove your data.

#### ➤ More than one interview?

If you are interested, I will contact you again to ask to meet up for an informal discussion and once more if you want to do a final interview. This is something I would like you to know right now, but you are not being asked to give your permission to be interviewed more than once. When I contact you again, you will have time to think about meeting and doing another interview and you have the right to



say 'no' if you don't want to do it. If you think that you would like to be interviewed again, I will ask you to give some contact details at the end of the interview.

#### ➤ Why is hearing my story important?

By telling me about your experiences, you get the chance to tell your story and have your opinions heard. I believe that **your views and opinions are important** and will help people to have a better understanding of what life is like for young people leaving care. I hope that this information will help to improve the lives of young people in the future.

#### ➤ Are there any risks or benefits to participating?

My goal is to communicate this information to service providers, policy makers, and other researchers in this area, but I cannot guarantee that there will be any changes made as a result of this communication. However, **participants in similar studies have expressed enjoyment at having the opportunity to share their thoughts and experiences.**

While I do not anticipate any negative outcomes from participation, it is possible that we could cover topics that spark unwelcome memories or thoughts. If this does occur, **you can choose to change the topic or stop the interview altogether.** I will also have a list of resources that you are welcome to use should you experience any distress as a result of our conversations. Finally, while I will take all measures possible to safeguard your participation, it is possible that someone could find out that you took part in the study.

#### ➤ What happens to the information I give me?

The information will be written up into a doctoral dissertation. It may also be written up in a report and/or other publications, presented at academic conferences, or presented to relevant organizations working in areas such as foster care or aftercare.

**Real names and any information that might identify you or any other person known to you will not be used in any of these reports or presentations.** In other words, I will do my best to make sure that nobody will know that you took part in the study. If you would like, I will give you a copy of the dissertation when the study is finished.

### **Thank you for considering participation**

#### **Contact the researcher**

You can contact the researcher **Ms. Natalie Glynn** on: (083) 848 9685 OR [glynna@tcd.ie](mailto:glynna@tcd.ie)  
My supervisor, **Dr. Paula Mayock**, can be reached at: (01) 896 2636 OR [pmayock@tcd.ie](mailto:pmayock@tcd.ie)

Participant Consent Form



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**CONSENT TO PARTICIPATE IN RESEARCH**

I, ....., voluntarily agree to participate in this research study.

Please write **X** (for no) or **✓** (for yes) in EACH box:

I understand that I **can withdraw at any time or refuse to answer any question without explanation.**

I understand that I **can withdraw permission to use data from my interview within two weeks** after the interview, in which case the material will be deleted.

I have **had the purpose and nature of the study explained to me in writing** and I have **had the opportunity to ask questions** about the study.

I understand that **participation involves at least one interview**, the opportunity to document my thoughts and experiences over the next year, and a final interview if I am interested.

I **understand that I will not benefit directly from participating** in this research.

I **agree to my interview being audio-recorded.**

I understand that **all information I provide for this study will be treated confidentially.**

I understand that the **information I give will not be told to any other person unless what I say indicates that I or another person is at risk of harm or there is a reasonable concern of child abuse/neglect**, as per the Children First Guidelines.

I understand that in any product from this research **my identity will remain anonymous by changing my name and disguising any details which may reveal my identity or the identity of people I speak about.**

I understand that disguised extracts from **my interview may be quoted** in the doctoral dissertation, any presentations, and/or published papers or reports that may be generated from the research findings.

I understand that **signed consent forms and original audio recordings will be retained** in a locked filing cabinet until the researcher's doctoral degree is conferred.

I understand that **a transcript of my interview in which all identifying information has been removed will be retained for five years** after the examination of the researcher's dissertation.

I understand that **under freedom of information legalisation I am entitled to access the information I have provided at any time** while it is in storage as specified above.

I understand that **I can contact any people involved in this research** to seek clarification and information.

\_\_\_\_\_  
*Name of Participant (Print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

I believe the participant is giving informed consent to participate in this study.

\_\_\_\_\_  
*Name of Researcher (Print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

## Gatekeeper Information Sheet



*A Qualitative Longitudinal Study of Leaving State Care in Ireland:  
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## INFORMATION SHEET FOR SERVICE PROVIDERS

I would like to invite you to assist me in conducting a research study on young people leaving care in Ireland. Before you decide whether or not to assist, you need to understand why the research is being done and what it would involve for you and for the participants.

Please take time to consider the following information. Ask questions if anything you read is not clear or if you would like more information so that you can decide whether or not to facilitate this research.

### ➤ Summary

**Who I am** – a doctoral candidate from Trinity College Dublin

**What this study is about** – a qualitative study of young people leaving care in Ireland

**What I need from you** – assistance identifying and connecting with young people who have left or are about to leave state care

**What participants will do** – with their informed consent they will complete at least one interview, document their experiences over the next year, and potentially complete a final interview

**What happens to the data** – participation will be confidential and data will be kept secure for 5 years after the completion of the dissertation before being destroyed

**What happens to the results** – findings will be written into a doctoral dissertation and shared at conferences, in reports or articles, and possibly presented to relevant organizations (including yours)

**See below for a detailed explanation.**

### Contact the researcher

You can contact the researcher **Ms. Natalie Glynn** on: (083) 848 9685 OR [glynnna@tcd.ie](mailto:glynnna@tcd.ie)  
My supervisor, **Dr. Paula Mayock**, can be reached at: (01) 896 2636 OR [pmayock@tcd.ie](mailto:pmayock@tcd.ie)





*A Qualitative Longitudinal Study of Leaving State Care in Ireland:  
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➤ **Who am I and what is this study about?**

I am a doctoral candidate researching in the School of Social Work & Social Policy at Trinity College Dublin, and I am interested in learning about the transition out of state care for young people. I would like to work directly with young people leaving care to better understand their experiences, including what resources and services they use as well as any obstacles they may face. Data collection will cover an 18-month period starting in February 2017.

➤ **Background to the Research**

Having passed in December 2015, the Child Care (Amendment) Act 2015 established a statutory obligation to create an aftercare plan for young people leaving care at age 18 or eligible adults who have recently left care. There is some evidence in Ireland and much research internationally demonstrating that care leavers generally have poorer outcomes than their non-care peers (e.g. homelessness, unemployment, or criminal justice system involvement). Moreover, research indicates that extending services beyond the point of aging out of care reduces the likelihood of many negative outcomes. However, there are significant gaps in knowledge and understanding of the experiences of youth leaving care in Ireland. Given that care leavers do not commonly have the opportunity to tell their own stories, research focusing on their personal experiences has the potential to yield valuable information on the transition out of care, including what types of supports are used and valued by care leavers and the kinds of barriers to success they face.

➤ **Research Aims**

This is a longitudinal qualitative research project that aims to explore the experiences of a sample of care leavers in Ireland, including their experience of the aftercare system, to illuminate their perspectives on life after care and how they understand and deal with the transition out of care. In order to better understand this transition, this study asks the following questions:

- What resources do young people utilize when leaving care?
- What relationships do young people rely upon during the transition out of care?
- What, if any role, does aftercare play in the transition out of care?
- How do care leavers navigate post-care decision-making?
- What events and experiences shape the young people's transitions over time?

Approximately 20 young people (male or female, age 18 years or older, who have lived in either foster or residential care during the previous 6 months) will be recruited and 'tracked' over 12 months. The sample will be diverse in terms of care duration, type of care, and level of aftercare support.

➤ **Why Contact Your Service?**

You provide services or have contact with young people who have recently left state care in Ireland. I need to be able to identify and connect with young people who have recently left care in order to communicate the study information to them. Given your special position with my target population, I would like to invite you to assist by:

- Distributing information sheets (example provided) to eligible young people;
- Collecting contact information from young people;
- Sending contact information to the researcher;
- And allowing the researcher to attend your facility at least once to make contact directly.

You will not be asked to assist with data collection, and should you receive questions regarding the research project, you will only need to give the young person my contact information. **I would be**

grateful for any guidance or assistance you might be able to offer, particularly in terms of helping to establish contact with young people who have left or are leaving care.

### ➤ What does taking part involve for participants?

Participation in this study will be entirely voluntary and will in no way affect the young person's receipt of services from or relationships with your organization. **Taking part is their choice.**

This study is designed to unfold over one year from the initial interview. There are three different aspects in which participants are welcome, not required, to engage in:

1. An initial interview;
2. A creative documentation of their experience over the next year;
3. And a final interview.

The initial interview will allow us to become familiar with each other and give them an opportunity to share their experiences planning to leave care, their experiences first leaving care, and their expectations for the future. At the initial interview, they will have the opportunity to choose between receiving a journal, a reusable camera, or a small art set. These will be theirs to keep and document their experiences of life after care. Whichever they choose, we will meet up once informally for about 30 minutes approximately six months later to discuss how things are going and to share any of the journaling, pictures, or art they have created so far. These pieces will be theirs to keep, but I will ask to document them by taking a photo of the portions that they choose to share with me. They will also explain the significance of shared items and why they chose to share them. The final interview will take place one year after the initial interview. It will be an opportunity to share what they have encountered over the year since leaving care, including housing changes, educational or employment changes, and their expectations for the future.

If they are willing to participate in the study, I will meet them for an initial interview at a time and place that best suits them. Both the initial and final interviews will take around 60 minutes and will be audio recorded so that they can be transcribed for analysis. The recordings will be destroyed after degree conferral, and transcripts will be destroyed five years post-examination.

I will re-contact participants for one meeting and a final interview. This will be communicated in advance, but consent will be re-sought during follow-up. They will have time to consider doing another interview and **have the right to say 'no' if they don't want to do it.**

**They can change their mind at any time** (even during or after each interview). If there are certain questions they would rather not answer, they don't have to answer them and I will not ask them why. They have the right to stop the interview at any time without giving a reason. If they choose to stop participating after the initial interview, any supplies they receive for the creative documentation portion are theirs to keep as a token of appreciation for their participation in the initial interview.

### ➤ What kinds of things will be talked about in the interviews?

During the interview(s) the researcher will ask about the following:

- What, if any, plans were made prior to leaving care.
- Their feelings of preparedness for living independently.
- Their experiences since leaving care.
- Any services they've been in contact with and what their experience was with them.
- Reflections on the year since leaving care.
- Their expectations for the future.

They do not have to answer questions on any topic that they would prefer not to talk about. Their privacy and choices will be respected at all times.



➤ **How will the data be handled?**

What they say during the interview is completely confidential and will not be told to any other adult or young person, unless they tell me there is a risk of harm to themselves or another person. If this was the case, I would talk to them about it before telling anyone else, but their permission is not needed to report the risk of harm to self or others.

With their permission, I will tape the interview for documentation purposes. I will turn off the recorder if there is any part of the interview that they don't want to be recorded. **While consent forms and audio recordings are not anonymous, they will be kept on a password protected hard drive in a secure location.** Recordings and transcripts from the interview will be stored safely on a password protected computer and will be destroyed after degree conferral and five years post-examination, respectively. I will do my best to make sure that people are not able to tell who participated in the study: participants will have pseudonyms and all names of any people and places that they talk about during the interview will be removed during transcription.

➤ **Are there any risks or benefits to participating?**

My goal is to communicate this information to service providers, policy makers, and other researchers in this area, but I cannot guarantee that there will be any changes made as a result of this communication. However, **participants in similar studies have expressed enjoyment at having the opportunity to share their thoughts and experiences.**

While I do not anticipate any negative outcomes from participation, it is possible that we could cover topics that spark unwelcome memories or thoughts. If this does occur, **they can choose to change the topic or stop the interview altogether.** I will also have a list of resources for participants to utilize should they experience any psychological distress as a result of our conversations. Finally, while I will take all measures possible to safeguard their confidentiality, it is possible that someone could find out that they took part in the study.

➤ **What happens to the information gathered?**

The information will be written up into a doctoral dissertation. It may also be written up in a report and/or other publications, presented at academic conferences, or presented to relevant organizations working in areas such as foster care or aftercare (including yours if desired).

Real names and any information that might identify participants or any other person known to them will not be used in any of these reports or presentations. If you would like, a copy of the dissertation will be made available to you when the study is finished.

Ethical approval for this study was granted by:

Research Ethics Committee, School of Social Work and Social Policy, Trinity College Dublin  
Tusla Research Ethics Group

**Contact the researcher**

You can contact the researcher **Ms. Natalie Glynn** on: (083) 848 9685 OR [glynna@tcd.ie](mailto:glynna@tcd.ie)  
My supervisor, **Dr. Paula Mayoock**, can be reached at: (01) 896 2636 OR [pmayoock@tcd.ie](mailto:pmayoock@tcd.ie)

**Thank you for your time and consideration!**



Gatekeeper Consent Form

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## AGENCY CONSENT FORM

I, ....., having been informed of the study's purpose and design,  
(individual's name)

confirm that ..... voluntarily agrees to help facilitate this research study.  
(organization's name)

Please write **X** (for no) or **✓** (for yes) in EACH box:

I understand that even if I agree now, **my organization can withdraw at any time without consequences.**

I have **had the purpose and nature of the study explained to me in writing, and I have had the opportunity to ask questions** about the study.

I understand that I will **inform my staff of the opportunity to participate in a focus group discussion** on the practice of aftercare provision.

I understand that **all data collected in this study is treated confidentially and is anonymous in all reports produced.**

I understand that **I am free to contact any of the people involved in the research to seek further clarification and information.**

\_\_\_\_\_  
*Signature of the Gate Keeper*

\_\_\_\_\_  
*Date*

I believe this gate keeper is giving informed consent to facilitate this study.

\_\_\_\_\_  
*Signature of the Researcher*

\_\_\_\_\_  
*Date*

### Contacting the researcher

You can contact the researcher **Ms. Natalie Glynn** on: (083) 848 9685 OR [glynnna@tcd.ie](mailto:glynnna@tcd.ie)  
My supervisor, **Dr. Paula Mayock**, can be reached at: (01) 896 2636 OR [pmayock@tcd.ie](mailto:pmayock@tcd.ie)

# Appendix H: INTERVIEW SCHEDULES

## Phase 1



*A Qualitative Longitudinal Study of Leaving State Care in Ireland:  
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## INITIAL INTERVIEW GUIDE

### **Instructions**

#### **Main Topic**

- To read to participant
  - Potential Follow-Ups and/or Probes

*[Instructions for interviewer]*

### **Introduction**

*[Begin recording]*

- Hi, I'm Natalie. You may remember that I'm a PhD researcher at Trinity working on a study of young people leaving care. During this meeting I'm very interested in learning more about your time in care and planning to leave care, what it's been like for you now that you've left, what sort of things and people you've relied upon, and any expectations you have for the future. I'll ask you guiding questions, but I would really like to hear your thoughts, opinions, and experiences so feel free to elaborate or bring things up as you feel is necessary.
- You may choose not to answer any questions or ask me to stop recording at any point throughout the interview. Are you still interested in continuing?

*[Wait for their response]*

### **Past and Care Experience**

- Perhaps let's start with a brief overview of your time in care. Take a moment to think about your care experience, how would you describe it?
  - When did you enter care?
  - Why did you enter care?
  - How many placements did you have?
  - What types of placements did you have?
  - How would you describe your placements? (stable, happy, short, etc.)
  - How did you feel about your life in care?

### **Planning to Leave Care**

- As your 18<sup>th</sup> birthday approached, did you make any plans for leaving care?
  - What did those plans entail?
  - Who did you plan with?
  - When did you start planning?

## Exiting Care

- When did you leave care?
- What did leaving look like for you?
  - Did you move out on your own?
  - Were there any services you relied upon?
- Did you feel prepared to leave?
- Did the things you planned for happen?
  - If so, what?
  - If not, why not?

## Current Circumstances

- Where are you living now?
- What is your daily routine?
  - Do you go to school? Work? Training?
- How do you support yourself?
  - Income? Family or friends? Social payments?
- How do you feel about your current situation?
- Is there anything you wish you'd known or had before now?

## Relationships

- Who would you consider to be an important source of support?
  - Anyone else? (e.g. family, friends, mentors, social worker)
- What makes them important to you?
  - How do they support you?
- Do you feel you have someone that you can rely upon if things become difficult?
  - *[If YES]* Who can you rely upon? What would they do for you?
  - *[If NO]* Have you ever felt you had someone to rely upon? When did that change? Who would you have wanted to rely upon but can't?

## Future Orientation/Aspirations

- So we all think about what things will be like and have ideas for the future. What ideas do you have for your future? What would you like to happen?
- Do you have any worries about the future?
- What might help you have a good future?

## Final Thoughts

- So given everything we've covered, is there anything else you'd like to say that we didn't talk about but you think is important to understanding what it's like to leave care?
- Is there anything any question or topic that you would like me to ask you at our next meeting?
  
- Thank you for your time and willingness to tell me about your life. I really appreciate it!

## Phase 2



*A Qualitative Longitudinal Study of Leaving State Care in Ireland:  
Young People's Perspectives*

# INTERIM MEETING GUIDE

## Introduction

*[Begin recording]*

- So it's been about six months since last we met, and I'm looking forward to hearing how things have been going for you so far. This is going to be a fairly quick meeting to touch base and find out what you've been up to and see any of the *[journaling, photography, or art]* you've been doing. I have this questionnaire that you can fill out and then I'll ask you a few questions, and if you have any *[journaling, photography, art, or an object]* to share, then I'll ask you to explain why you wanted to share it and what it means to you.
- You may choose not to answer any questions or ask me to stop recording at any point throughout the meeting. Are you still interested in continuing?

*[Wait for their response]*

## Events Since Initial Interview

- Last we spoke you were *[briefly describe their previous circumstances]*, how would you describe your current situation?
  - Where are you living now? What are your current living arrangements?
  - How are your plans for college going?
  - What is your daily routine? (e.g. school, work, training, commuting)
  - What are your finances like right now? (i.e. sources of income, allowance, savings, support from family or friends, or receipt of social payments)
  - How do you feel about your current situation?
- How do you feel about how things have been going?
  - Summer activities, friends and hobbies, job?
  - Was there anything you were particularly pleased with?
  - Was there anything you wish had gone differently?
  - Was there anything you think would have made things better for you?
- Last we spoke you said *[briefly describe what their aftercare planning had been like]*, how have things been going in relation to that?
  - What was contact with your aftercare worker like since last we met? (i.e. meetings, communication)
  - How do you feel about the plans you made?
  - How do you feel about the services you've received so far?
  - Is there anything you wish you had known or had before now?
  - Is there anything you think you can do now to change things for the better?

- Thinking back on life since *[initial interview]*, how would you say things have gone for you?
  - Has anything changed? Have you?

## Relationships

- Who would you consider to be an important source of support?
  - Anyone else? (e.g. family, friends, mentors, social worker)
- What makes them important to you?
  - How do they support you?
- Do you feel you have someone that you can rely upon if things become difficult?
  - *[If YES]* Who can you rely upon? What would they do for you?
  - *[If NO]* Have you ever felt you had someone to rely upon? When did that change? Who would you have wanted to rely upon but can't?

## Creative Documentation Description

- So do you have any *[journaling, photos, or art]* you'd like to share with me?

*[Wait for them to answer and to bring it out]*

- Do you mind if I take a picture?
- So why this?
  - What does it mean to you?
  - How does it relate to your leaving care?

*[Repeat if they have more than one item to share]*

- Thank you so much for sharing those! That was really interesting. Do you think you'll continue doing *[journaling, photography, or art]* until our final interview?

## Final Thoughts

- Thinking back on life since February, how would you say things have gone for you?
  - Has anything changed? You?
- So is there anything else you'd like to say that we didn't talk about but you think is important to understanding what it's like to leave care?
- Is there anything any question or topic that you would like me to ask you at our next meeting?
- Thank you for your time and willingness to meet and let me know how things are going for you. I really appreciate it!



## Phase 3



*A Qualitative Longitudinal Study of Leaving State Care in Ireland:  
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# FINAL INTERVIEW GUIDE

## Introduction

*[Begin recording]*

- So it's been about a year since we first met, and I'm looking forward to hearing how things have been going for you. During this meeting I'm interested in learning more about your time since you've left care, what sort of things and people you've relied upon, reflections on what it has been like for you, and any expectations you have for the future. I'll ask you guiding questions, but I would really like to hear your thoughts, opinions, and experiences so feel free to elaborate or bring things up as you feel is necessary.
- You may choose not to answer any questions or ask me to stop recording at any point throughout the interview. Are you still interested in continuing?

*[Wait for their response]*

## Time Since Care

- Last we spoke you were *[briefly describe their previous circumstances]*, how would you describe your current situation?
  - Where are you living now?
  - What is your daily routine? (e.g. school, work, training)
  - How do you support yourself? (i.e. sources of income, support from family or friends, or receipt of social payments)
  - How do you feel about your current situation?
- Thinking back on life since *[initial interview]*, how would you say things have gone for you?
  - Has anything changed? Have you?
  - Was there anything you were particularly pleased with?
  - Was there anything you wish had gone differently?
  - Was there anything you think would have made things better for you?
- Do you feel like you've changed since *[month last met]*?
  - How?
  - Why? Why not?

## Thoughts on Leaving Care

- What are the three most significant things that have happened to you—
  - In the past 6 months?
  - This year?
- Last we spoke you said [*briefly describe what their aftercare planning had been like*]. Looking back on it, how do you feel about that planning?
  - Why do you say that?
  - Given your year, is there anything you would have done differently when planning to leave care?
  - Is there anything you wish you had known or had before now?
  - Is there anything you wish had been done differently by others during the planning for leaving care?
- What do you think is the most important thing for people to do or think about when leaving care at 18 years old?
  - Young people? Workers? Researchers?
- What do you think is the most important thing to think about when leaving care?

## Relationships

- How would you describe your social life?
  - How does it compare to earlier this year?
- Who would you consider to be an important source of support?
  - Anyone else? (e.g. family, friends, mentors, social worker)
- What makes them important to you?
  - How do they support you?
- Do you feel you have someone that you can rely upon if things become difficult?
  - [*If YES*] Who can you rely upon? What would they do for you?
  - [*IF NO*] Have you ever felt you had someone to rely upon? When did that change? Who would you have wanted to rely upon but can't?

## Creative Documentation Description

- So do you have any [*journaling, photos, or art*] you'd like to share with me?

[*Wait for them to answer and to bring it out*]

- Do you mind if I take a picture?
- So why this?
  - What does it mean to you?
  - How does it relate to your leaving care?

[*Repeat if they have more than one item to share*]

- Thank you so much for sharing those! That was really interesting.

## Future Orientation/Aspirations

- So given where you are now, what ideas do you have for your future? What would you like to happen?
- Do you have any worries about the future?
- What might help you have a good future?

## Research Participation

- Now that you've been part of this project for a year, what did you think of the experience?
  - Would you describe this as a positive or negative experience? Why?
- Is there anything you think should have been done differently?
  - Additional topics, the engagement/documentation opportunities, etc.
- Ideally, what would you like to see done with the information collected?
- Would you take part in a research study again? Why/why not?
- If you could tell a researcher looking at leaving care one thing, what would it be?

## Final Thoughts

- Thinking back on life since [*last we met*], how would you say things have gone for you?
  - Has anything changed? You?
- If you could tell another person leaving care one thing, what would it be?
- So given everything we've covered, is there anything else you'd like to say that we didn't talk about but you think is important to understanding what it's like to leave care?
  
- Thank you for your time and willingness to tell me about your life. I really appreciate it!



# Appendix I: QUESTIONNAIRE AND CONTACT INFORMATION FORM

---

INTERVIEW CODE: \_\_\_\_\_



*A Qualitative Longitudinal Study of Leaving State Care in Ireland:  
Young People's Perspectives*

## INITIAL QUESTIONNAIRE

### Basic Information

1. Date of birth: \_\_\_\_\_ (age? \_\_\_\_\_)
2. Ethnic origin (e.g. Irish, traveller, African, Chinese, Indian, UK etc.) \_\_\_\_\_
3. Where are you from originally? (City/Town): \_\_\_\_\_
4. Where are you living now? (City/Town): \_\_\_\_\_
5. Number of siblings: \_\_\_\_\_
6. Source(s) of income:
  - Employment \_\_\_\_\_
  - Social welfare \_\_\_\_\_
  - Family \_\_\_\_\_
  - Friends \_\_\_\_\_
  - Inheritance \_\_\_\_\_
  - Savings \_\_\_\_\_
  - Street Tapping \_\_\_\_\_
  - Other: \_\_\_\_\_

### HOUSING

7. Current Living Situation:

	<b>Name of Accommodation:</b>
<input type="checkbox"/> Aftercare Housing	_____
<input type="checkbox"/> B&B	_____
<input type="checkbox"/> Transitional accommodation	_____
<input type="checkbox"/> Long term accommodation	_____
<input type="checkbox"/> Friends	_____
<input type="checkbox"/> Family member/relative	_____
<input type="checkbox"/> Emergency Accommodation	_____
<input type="checkbox"/> Rough Sleeping	_____
Other: _____	

INTERVIEW CODE: \_\_\_\_\_

### SUPPORTS UTILIZED

8. Are you currently accessing any services?

Yes  No

➤ **IF YES:**

a) Which services?

Satisfaction Level

- |                                                                      |                                        |                                            |                                         |
|----------------------------------------------------------------------|----------------------------------------|--------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Cheid Cheim                                 | <input type="checkbox"/> Not Satisfied | <input type="checkbox"/> Some Satisfaction | <input type="checkbox"/> Very Satisfied |
| <input type="checkbox"/> Aftercare Residential Service, south Dublin | <input type="checkbox"/> Not Satisfied | <input type="checkbox"/> Some Satisfaction | <input type="checkbox"/> Very Satisfied |
| <input type="checkbox"/> Wellsprings                                 | <input type="checkbox"/> Not Satisfied | <input type="checkbox"/> Some Satisfaction | <input type="checkbox"/> Very Satisfied |
| <input type="checkbox"/> Care Leavers Ireland                        | <input type="checkbox"/> Not Satisfied | <input type="checkbox"/> Some Satisfaction | <input type="checkbox"/> Very Satisfied |
| <input type="checkbox"/> EPIC                                        | <input type="checkbox"/> Not Satisfied | <input type="checkbox"/> Some Satisfaction | <input type="checkbox"/> Very Satisfied |
| <input type="checkbox"/> Cross Care                                  | <input type="checkbox"/> Not Satisfied | <input type="checkbox"/> Some Satisfaction | <input type="checkbox"/> Very Satisfied |
| <input type="checkbox"/> Don Bosco                                   | <input type="checkbox"/> Not Satisfied | <input type="checkbox"/> Some Satisfaction | <input type="checkbox"/> Very Satisfied |
| <input type="checkbox"/> Peter McVerry Trust                         | <input type="checkbox"/> Not Satisfied | <input type="checkbox"/> Some Satisfaction | <input type="checkbox"/> Very Satisfied |
| <input type="checkbox"/> Simon Community                             | <input type="checkbox"/> Not Satisfied | <input type="checkbox"/> Some Satisfaction | <input type="checkbox"/> Very Satisfied |
| <input type="checkbox"/> Salvation Army                              | <input type="checkbox"/> Not Satisfied | <input type="checkbox"/> Some Satisfaction | <input type="checkbox"/> Very Satisfied |
| <input type="checkbox"/> Other: _____                                | <input type="checkbox"/> Not Satisfied | <input type="checkbox"/> Some Satisfaction | <input type="checkbox"/> Very Satisfied |

➤ **IF NO:**

a) Have you considered approaching services?

Yes  No

b) Have you previously accessed services but stopped before today?

- If so, why? \_\_\_\_\_

### SCHOOL/TRAINING

9. Are you in school at the moment?

Yes  No

➤ **IF YES:**

a) Which school are you attending? \_\_\_\_\_

b) What year are you in? \_\_\_\_\_

c) How long have you been attending this school? \_\_\_\_\_

➤ **IF NO:** How long has it been since you attended school? \_\_\_\_\_

10. Educational Qualifications:

- No formal qualifications
- Junior Certificate
- Leaving Certificate

Details: \_\_\_\_\_

INTERVIEW CODE: \_\_\_\_\_

11. Have you ever attended a training programme? Yes  No

➤ **If YES:**

- a) *In what year did you attend?* \_\_\_\_\_
- b) *Where was the programme located?* \_\_\_\_\_
- c) *What was the name of the programme?* \_\_\_\_\_
- d) *How long have were you attending?* \_\_\_\_\_

**EMPLOYMENT**

12. Are you working at the moment? Yes  No

➤ **IF YES:**

- a) *Where are you working?* \_\_\_\_\_
- b) *What are you working as? (Job title)* \_\_\_\_\_
- c) *How long have you been working there?* \_\_\_\_\_

➤ **IF NO:**

*Are you looking for a job at the moment?* Yes  No

**CONTACT INFORMATION**

13. If you would be interested in future participation, please provide the following:

- Phone number: \_\_\_\_\_
- Address: \_\_\_\_\_
- Email: \_\_\_\_\_
- Aftercare/Social Worker: \_\_\_\_\_
- Friend/Relative: \_\_\_\_\_
- Social Media Contact:
  - Facebook: \_\_\_\_\_
  - Twitter: \_\_\_\_\_
  - Other: \_\_\_\_\_

# Appendix J: SERVICE INFORMATION SHEETS

## LIST OF SUPPORT SERVICES IN DUBLIN

Below is a list of services, websites and organisations that you might find useful. They can give you information, help and/or advice on the different areas listed.

### EDUCATION, TRAINING AND EMPLOYMENT SERVICES

Name of service	About	Address	Contact details
CDVEC Foundation Project	Provides programmes and advice on community education and access to education guidance services.	Parnell Adult Learning Centre, 1 Parnell Square, D1	Tel: 01-873 6012 // 01-878 6658 Web: <a href="http://www.cdvec.ie">http://www.cdvec.ie</a>
Dublin Adult Learning Centre	Offers basic education for adults who cannot read or write and for those who want to improve their skills.	3 Mountjoy Square, D1	Tel: 01-874 3251 Email: <a href="mailto:info@dalc.ie">info@dalc.ie</a> Web: <a href="http://www.dalc.ie">http://www.dalc.ie</a>
FÁS Access Service	Helps people experiencing homelessness to access FÁS training and employment programmes.	57-60 Jervis Street, D1	Tel: 01-804 4600 Web: <a href="http://www.fas.ie">http://www.fas.ie</a>
Ready for Work (RFW) Programme	Provides training and work placements for people affected by homelessness.	Business in the Community Ireland 32 Lower O'Connell Street, D1	Tel: 01-872 3814 Email: <a href="mailto:readyforwork@bitc.ie">readyforwork@bitc.ie</a> Web: <a href="http://www.bitc.ie">http://www.bitc.ie</a>
Studentfinance.ie	Website that offers great info about student grants and funds that can help you continue your education.		Web: <a href="http://studentfinance.ie">http://studentfinance.ie</a>
Preparation for Education, Training and Employment (PETE)	Provides part-time courses to adults staying in emergency or supported temporary accommodation.	131-133 Francis St, D8	Tel: 01-871 6469 Email: <a href="mailto:pete@focusireland.ie">pete@focusireland.ie</a>
Youthreach	Offers programmes for unemployed young early school leavers aged 15-20.	20 North Great Georges Street, D1	Tel: 01-8744311 Email: <a href="mailto:info@yrnggs.cdvec.ie">info@yrnggs.cdvec.ie</a> Web: <a href="http://www.youthreach.ie">http://www.youthreach.ie</a>
Useful job listing websites	<a href="http://www.monster.ie">http://www.monster.ie</a>	<a href="http://jobs.ie">http://jobs.ie</a>	<a href="http://irishjobs.ie">http://irishjobs.ie</a>

### HEALTH, MENTAL HEALTH AND SEXUAL HEALTH SERVICES

Name of service	About	Address	Contact details
Aware	Provides support and info for people with depression or suicidal thoughts		Tel: 1890 30 33 02 (helpline) Email: <a href="mailto:wecanhelp@aware.ie">wecanhelp@aware.ie</a> Web: <a href="http://www.aware.ie">www.aware.ie</a>
CARI	Offers support to people affected by sexual abuse.		Tel: 1890924567 (helpline) Email: <a href="mailto:helpline@cari.ie">helpline@cari.ie</a> Web: <a href="http://cari.ie">http://cari.ie</a>
Cedar House Health Centre	Provides a nursing service to homeless people aged 18+, seven days a week.	Marlborough Place, D1	Tel: 01-8731241 Web: <a href="mailto:cedar.house@salvationarmy.ie">cedar.house@salvationarmy.ie</a>
Childline - Helpline	Confidential 24 hour listening service for all children up to the age of 18.		Tel: 1800 66 66 66 Web: <a href="https://www.childline.ie/">https://www.childline.ie/</a>
Childline – Online Chat Service	Confidential online chat/support service for children up to 18.	Every day from 10am – 10pm	Web: <a href="https://www.childline.ie/">https://www.childline.ie/</a>
Cornmarket Dental Clinic (HSE)	Dental care service for people registered as homeless and entitled to a medical card.	10 Cornmarket, D8	Tel: 01-6777671 (Switchboard) 01-645 5424 (Clinic) 01-645 5425 (Direct)
Dental Service for People who are Homeless	Provides consultations and dental treatment for registered homeless people with a medical card.	Michael Lavin Dental Clinic 37 North Strand Road, D3	Tel: 01 874 6660
Dublin Samaritans	Provides confidential emotional support 24 hours a day for people experiencing feelings of distress, depression and/or anxiety.	112 Marlborough Street, D1	Tel: 1850 60 90 90 Email: <a href="mailto:jo@samaritans.org">jo@samaritans.org</a> Web: <a href="http://beta.dublinsamaritans.ie">http://beta.dublinsamaritans.ie</a>
Dublin Rape Crisis Centre	Offers help and support in relation to sexual violence of any kind.	70 Lower Leeson Street, D2	Tel: 1800 77 88 88 Email: <a href="mailto:rcc@indigo.ie">rcc@indigo.ie</a> Web: <a href="http://www.drcc.ie/">http://www.drcc.ie/</a>
Grow	Offers support to people who have suffered, or are suffering, from mental health issues.	167a Capel Street, D1	Tel: 1890 474 474 (Infoline) 01-8734029 (Dublin Office) Email: <a href="mailto:easternregion@grow.ie">easternregion@grow.ie</a> Web: <a href="http://grow.ie">http://grow.ie</a>
Granby Centre (Salvation Army)	Primary health care, STI screenings, female health and counselling.	9 – 10 Granby Row, D10	Tel: 01-872 5500 Web: <a href="http://www.salvationarmy.ie">http://www.salvationarmy.ie</a>
HIV/Drugs Helpline	Helpline offering support, information and referrals related to substance use, HIV or sexual health.		Tel: 1800 459 459
Mental Health Information Centre	Free drop-in mental health information centre.	St Pat's, James street, D8	Tel: 01-2493469 Email: <a href="mailto:info@stpatmail.com">info@stpatmail.com</a> Web: <a href="http://www.stpatrickshosp.ie">http://www.stpatrickshosp.ie</a>
Mobile Health Clinic	Free health care and harm reduction services for homeless people and female sex workers.	For clinic times and locations, ring one of the numbers on the right.	Tel: 01-8720185 (Dublin Simon)  Tel: 086-2198853 (Chrysalis Community Drug Project)
Merchant's Quay - Open Access Primary Health Care Unit	Provides a full time nursing service and sessional GP, counselling, chiropody and dentistry services to homeless people aged 18+.	4 Merchants Quay, D8	Tel: 01 524 0927 Email: <a href="mailto:info@mqi.ie">info@mqi.ie</a> Web: <a href="http://www.mqi.ie">http://www.mqi.ie</a>

### ADVICE, INFORMATION, RESETTLEMENT AND HOUSING SERVICES

Name of Service	About	Address	Contact Details
Citizens Information Service (CIS)	Information, advice and advocacy on a broad range of public and social services.	George's Quay House 43 Townsend St, D2	Tel: 0761 07 9000 Email: <a href="mailto:info@ciboard.ie">info@ciboard.ie</a> <a href="http://www.citizensinformationboard.ie">http://www.citizensinformationboard.ie</a>
Dublin City Council – Resettlement Service	Provides pre and post settlement support to homeless people aged 18+.	Parkgate Hall 6-9 Conyngham Road, D8	Tel: 01-703 6100 Web: <a href="http://www.dublincity.ie">http://www.dublincity.ie</a>
Dublin Simon – Resettlement Services	Provides support to people moving into independent accommodation - pre and post settlement plans.		Tel: 01 872 0519 Email: <a href="mailto:inforequest@dubsimon.ie">inforequest@dubsimon.ie</a>

<b>Money Advice and Budgeting Service (MABS)</b>	Free and confidential money and budgeting advice service.		Tel: 0761 07 2000 (helpline) Email: <a href="mailto:helpline@mabs.ie">helpline@mabs.ie</a> Web: <a href="http://www.mabs.ie">http://www.mabs.ie</a>
<b>Homeless Helpline (freephone)</b>	Information and referral service for people who are homeless.		Tel: 1800 724 724 (24 hour helpline)
<b>Support to Live Independently (SLI)</b>	For people moving from homelessness to independent living.	All referrals are through the local county councils	Please contact your local county council for a referral.
<b>The Central Placement Service (CPS)</b>	Provides an assessment; placement and allocation service for homeless people.	160 Capel Street, D1	Tel: 1800 707 707 (24 hour helpline)
<b>Threshold</b>	Housing information, advice and an advocacy service.	21 Stoneybatter, D7	Tel: 01 678 6096 Email: <a href="mailto:advice@threshold.ie">advice@threshold.ie</a> Web: <a href="http://www.threshold.ie">http://www.threshold.ie</a>

#### DRUG AND ALCOHOL SUPPORT SERVICES

Name of service	About	Address	Contact details
<b>Ana Liffey Project</b>	Offers support for drug users and their families in the Dublin area.	48 Middle Abbey Street, D1	Tel: 01-8786899 Email: <a href="mailto:info@alp.ie">info@alp.ie</a> Web: <a href="http://www.alp.ie">http://www.alp.ie</a>
<b>Chrysalis Community Drug Project</b>	Offers support services for people affected by drugs.	27 Benurb Street, D7	Tel: 01-670 5544 Email: <a href="mailto:chrysalisdrugproject@eircom.net">chrysalisdrugproject@eircom.net</a>
<b>Coolmine Therapeutic Community</b>	Offers drug and alcohol addiction support for people aged 17+.	c/o Ashleigh House Damastown, D15 (head office)	Tel: 01-6404087 (general enquires) Email: <a href="mailto:info@coolmine.ie">info@coolmine.ie</a> Web: <a href="http://www.coolmine.ie">http://www.coolmine.ie</a>
<b>Drugs and alcohol Helpline (HSE)</b>	Freephone helpline offering support, info and referrals related to substance use.	Operating hours: Mon – Fri 10am – 5pm	Tel: 1800 459 459
<b>Drugs.ie online 'Live Help' chat service</b>	Free, secure and confidential online chat service - your identity is not made known to the staff member.	Operating hours: Mon – Fri 10am – 1pm	Web: <a href="http://www.drugs.ie/">http://www.drugs.ie/</a>
<b>Merchants Quay – Open Access Drugs Services</b>	Drugs health promotion and support service for drug users and for those getting treatment. Also operates a needle exchange service.	Riverbank Building, 8 Merchants Quay, D8	Tel: 01-524 0927 (open access services) Email: <a href="mailto:openaccessadmin@mqi.ie">openaccessadmin@mqi.ie</a> <a href="mailto:info@mqi.ie">info@mqi.ie</a> (general contact) Web: <a href="http://www.mqi.ie">http://www.mqi.ie</a>
<b>RADE</b>	Engages drug users with the arts and therapeutic supports and provide a platform for their artistic expression.	OLV Building Cathedral View Court, D8	Tel: 01-4548733 Email: <a href="mailto:info@rade.ie">info@rade.ie</a> Web: <a href="http://www.rade.ie">http://www.rade.ie</a>
<b>Soilse (HSE)</b>	Provides an addiction rehabilitation service to help people move towards a drug-free lifestyle.	1-2 Henrietta Place, D1	Tel: 01-872 4922 // 1850 24 1850 Email: <a href="mailto:soilsehp@hse.ie">soilsehp@hse.ie</a> Web: <a href="http://www.soilse.ie/">http://www.soilse.ie/</a>
<b>The Stanhope Centre</b>	Provides info, counselling, relapse prevention and treatment programmes for people aged 18+ with alcohol problems.	Stanhope Centre Lower Grangegorm Rd, D7	Tel: 01-677 3965 / 01-677 9447 Email: <a href="mailto:stanhope_centre@hse.ie">stanhope_centre@hse.ie</a> Web: <a href="http://www.stanhopeservice.com">http://www.stanhopeservice.com</a>
<b>The Hanly Centre</b>	Provides programmes, counselling and workshops for people with alcohol-related problems.	The Mews Eblana Avenue Dunlaoghaire	Tel: 01-2809795 or 01-2807269 Email: <a href="mailto:info@thehanlycentre.com">info@thehanlycentre.com</a> Web: <a href="http://www.thehanlycentre.com">http://www.thehanlycentre.com</a>

#### DAY/DROP-IN SERVICES AND FOOD CENTRES

Name of Service	About	Address	Contact Details
<b>Capuchin Day Centre (Brother Luke's)</b>	Drop in food centre. Also provides clothing and day care facilities	29 Bow Street, D7	Tel: 01-872 0770
<b>Cedar House Day Services (Salvation Army)</b>	Day centre for homeless people aged 18+. Offers clothing, showers, advice & info and IT facilities.	Marlborough Place, D1	Tel: 01-8731241 Web: <a href="mailto:cedar.house@salvationarmy.ie">cedar.house@salvationarmy.ie</a>
<b>Coffee Shop (Focus Ireland)</b>	Drop-in centre with low cost food for homeless people aged 18+. Also provides support, advocacy, keyworking and referral services.	15 Eustace Street Temple Bar, D2	Tel: 01-671 2555 Email: <a href="mailto:coffeehop@focusireland.ie">coffeehop@focusireland.ie</a>
<b>Extension Day Service (Focus Ireland)</b>	Drop-in service for homeless people aged 16-25. Provides food, showers, laundry and storage facilities.	George's Hill, Halston St, D 7	Tel: 01-677 0691 Email: <a href="mailto:extension@focusireland.ie">extension@focusireland.ie</a>
<b>Food Centre (Crosscare)</b>	Food centre providing a three-course meal on weekdays. Charge of €2.	Longford Lane, D8	Tel: 01-475 5299
<b>Mendicity Institution Trust</b>	Food centre providing free meals on a daily basis.	9 Island Street, D8	Tel: 01-677 3308 Email: <a href="mailto:info@mendicity.org">info@mendicity.org</a> Web: <a href="http://www.mendicity.org/">http://www.mendicity.org/</a>

#### SERVICES FOR OFFENDERS AND EX-OFFENDERS

Name of Service	About	Address	Contact Details
<b>Merchant's Quay – Open access Homeless Service</b>	Offers drop in, meals, crisis support, referral, health and advice services	Riverbank Building, 13 Merchants Quay, D8	Tel: 01-524-0927 Email: <a href="mailto:kevinking@mqi.ie">kevinking@mqi.ie</a> or <a href="mailto:info@mqi.ie">info@mqi.ie</a> Web: <a href="http://www.mqi.ie">http://www.mqi.ie</a>
<b>Care After Prison (CAP)</b>	Offers an information, referral and support service for people who have left prison and their families.	56 Aungier Street, D2	Tel: 01- 472 0973 Email: <a href="mailto:careafterprison@gmail.com">careafterprison@gmail.com</a> Web: <a href="http://careafterprison.ie/">http://careafterprison.ie/</a>
<b>PACE (for offenders and ex-offenders)</b>	Provides training, education and social development for adult male offenders and ex-offenders.	Block 3 Grove court, Grove Road, D15	Tel: 01-660 2870 Email: <a href="mailto:headoffice@paceorganisation.ie">headoffice@paceorganisation.ie</a> Web: <a href="http://www.paceorganisation.ie">http://www.paceorganisation.ie</a>

#### SERVICES FOR PEOPLE WITH EXPERIENCES IN CARE

Name of service	About	Address	Contact details
<b>EPIC – Empowering People in care</b>	Offers support to children and young people either currently living in care or who have had experiences in care.	7 redcow Lane, Smithfield, D7	Tel: 01-8727661 Email: <a href="mailto:info@epiconline.ie">info@epiconline.ie</a> Web: <a href="http://www.epiconline.ie">http://www.epiconline.ie</a>
<b>Youth Aftercare Support Service (YASS) (Crosscare)</b>	Offers long term support, advocacy and educational programmes to young people who have resided in residential units & foster care.	26 Upper Wellington Street, D7	Tel: 01-8301188 Email: <a href="mailto:yass@crosscare.ie">yass@crosscare.ie</a> Web: <a href="http://www.crosscare.ie">http://www.crosscare.ie</a>

## LIST OF AFTERCARE SERVICES

Name of Service	Target group	Address	Phone/email	Additional Info
<b>Aftercare Residential Service (North Dublin, Cheid Cheim)</b>	Young people (18 – 21 years) who have been in the care of the state within the Dublin North West, North Central, and North Dublin catchment area.	494, North Circular Road	01 8942724 <a href="mailto:ndar@focusireland.ie">ndar@focusireland.ie</a> (residential) <a href="mailto:ndass@focusireland.ie">ndass@focusireland.ie</a> (support and settlement)	Partnership with HSE, provides short-term accommodation to young people who have been in state care. Also provides support and settlement service.
<b>Aftercare Residential Service (South Dublin)</b>	Young people aged 16- 21. Young person must be from Dublin City Centre areas 3, 4, 5 & 9 (South Dublin, Kildare and West Wicklow)	510 Main Street Tallaght, D24	01 623 6774 <a href="mailto:sdar@focusireland.ie">sdar@focusireland.ie</a> (residential) 01-494 0224 <a href="mailto:sdass@focusireland.ie">sdass@focusireland.ie</a> (support and settlement)	Partnership with HSE, provides short-term accommodation to young people who have been in state care. Also provides a housing support and advice service and a Homeless Support Drop-In service.
<b>Wellsprings (Cork)</b>	Medium – long term accommodation for young women aged 16-23 years.	1 Wandesford Quay, Cork	021-4318953	
<b>Care Leavers Ireland</b>	Young people aged 16+ who have left care recently or have left care distantly but are returning to education	Care Leavers Ireland, Block C, Apex Business Centre, Sandyford, D18	<a href="mailto:info@careleaversireland.ie">info@careleaversireland.ie</a> 086 416 2643	Provides one-time grants to care leavers. Entirely voluntary organization.
<b>EPIC</b>	Young people in or after care	7 Red Cow Lane Smithfield, D7	01-8727661	Provides information to care leavers but not direct services.
<b>Irish Aftercare Network</b>	Aftercare service providers and social workers		<a href="http://www.irishaftercare.com/contact-us/">http://www.irishaftercare.com/contact-us/</a>	Has an annual meeting of aftercare workers.
<b>Cross Care</b>	Provide a range of services, including aftercare, to youth and communities.	Holy Cross College Clonliffe Road, D3	01 836 0011 <a href="mailto:info@crosscare.ie">info@crosscare.ie</a>	Catholic non-profit
<b>Don Bosco</b>	Provide a range of services to young people in and leaving care, including aftercare services.	12 Clontarf Road, D3	131258 <a href="mailto:info@donboscocare.ie">info@donboscocare.ie</a>	Provide residential care, residential aftercare, and aftercare services.
<b>Peter McVerry Trust</b>	Primarily a housing and homelessness service.	29 Mountjoy Square, D1	+353 (0)1 823 0776 <a href="mailto:info@pmvtrust.ie">info@pmvtrust.ie</a>	Provides aftercare housing.
<b>Simon Community</b>	Homeless individuals	4th Floor, Callaghan House, 13-16 Dame St, D2	01 635 4800 <a href="mailto:dsjobs@dubsimon.ie">dsjobs@dubsimon.ie</a>	Provides some aftercare housing.
<b>Salvation Army Ireland</b>	Homeless individuals	Eden Quay, D1	<a href="mailto:info@salvationarmy.ie">info@salvationarmy.ie</a> (00 353-1) 874 3795	Provides some aftercare housing.



# Appendix K: SAMPLE BRIEF



## A QUALITATIVE LONGITUDINAL STUDY OF LEAVING STATE CARE IN IRELAND

### STUDY BRIEF: PHASE 1 INTERVIEWS

This is a summary of the sample recruited to the study and some initial interpretations of the data gathered. Young people were interviewed between February and July 2017. Interviews lasted between 30 minutes and 2.5 hours. Young people were recruited through contacts with aftercare workers and affiliated service providers. All young people have an allocated aftercare worker and will be contacted 2 more times for follow-up interviews over the next year.

#### SAMPLE PROFILE

- 16 young people, 10 males and 6 females, were interviewed.
  - 12 Irish, 3 African, 1 Eastern European descent.
- 15 young people were 18 years old at the time of the interview (n=10 ≤6 months from birthday and n=5 >6 months from birthday), and 1 young person was 19 years old the week before the interview.

Care Types	
Non-kin Foster	9
Kinship	6
Emergency	3
Residential	6
Respite	3

# of Placements	
1	7
2-4	6
5+	3

Duration	
1.5-2 years	5
3-7 years	4
8-15 years	2
16-18 years	5

Last Placement	
Non-kin Foster	5
Kinship	4
Residential	6
Homelessness	1

- Young people had experience with all types of care.
  - 9 of 16 had experience in non-kin foster homes, 4 of which were in single long-term placements.
  - 6 of 16 had experience in kinship foster homes, 3 of which were in single long-term placements.
  - 6 of 16 had experience in residential care homes, all of whom had more than one placement in their care histories.
  - The one young person who ended their time in care homeless was kicked out of their placement one month before turning 18. Their aftercare worker arranged for them to live with other relatives/friends to avoid rough-sleeping.
- Many (7 of 16) young people had only one placement for their entire time in care.

Tusla Area Offices	
Dublin North East	7
Dublin Mid Leinster	7
South	1
West	1

Education Status	
Not in School	8
Secondary School (6th year)	3
Training Course (FAS/SONAS/PLC)	2
College/University /IT	3

Employment Status	
Full-time	1
Part-time, in education	2
Part-time, not in education	1
Unemployed, in education	6
Unemployed, not in education	6

Current Housing	
Aftercare Housing	5
Supported Lodgings	2
Private rented	3
With friend/family	2
Foster family	4

- Young people were recruited from all 4 area offices of Tusla. Unfortunately, no young people from Cork were interviewed.

## Appendix K:

- Half of the young people (n=8) were not in education at the time of the interview, but over half of these (n=5) were waiting for a training course to start in the next few weeks/months.
  - Most young people (n=10) had troubled educational histories that included increased school mobility, special education needs, suspensions/expulsions, and/or exam failures.
- Most of the young people (n=12) were unemployed and not seeking employment (n=7).
  - They often preferred getting into education instead of seeking employment, particularly because of poor job prospects in terms of both getting a job and the wage they could expect to earn.
- Most young people were living on their own (n=10) in either housing arranged as a part of aftercare (n=8) or private rented accommodation that they secured independently (n=2).
  - Of the 9 young people who ended their time in care in a foster home (kin=4; non-kin=5), only 4 were able to remain living in their foster homes (kin=1; non-kin=3).

### KEY POINTS

- Variation in aftercare planning and aftercare worker allocation.
  - Workers were allocated between 2 years before and 3 months after turning 18.
  - Some young people were very engaged with and aware of their aftercare planning.
  - Other young people were very unclear about any plan for once they turned 18, which was more likely (though not exclusively) to be the case if the young person was remaining in their placement.
- Over half (5 out of 9) of the young people from foster care (kin=3 and non-kin=2) were expected to leave at 18.
  - Young people who remained in their placements were generally less stressed and had fewer worries related to living arrangements and finances.
- Requirement for being in education to receive aftercare financial support was stressful for many young people unable to remain in their placements.
  - These young people often had troubled educational histories and an extended time before a decision could be secured (i.e. the leaving cert/CAO results were posted in August and training programs could take weeks or months to start).
  - Finances and housing were the primary concerns of young people leaving their placements.
- Supports most frequently cited as helpful were financial and emotional.

### CURRENT PRACTICE REFLECTIONS

- Having options for housing is key.
  - Supported lodgings
  - Aftercare reserved council housing
  - Aftercare residential facilities
  - Assistance entering the private rented market (including searching and rental assistance)
- Having a plan for searching for new accommodation is often lacking.
  - Need for housing-focused skills training?
    - How to use Daft.ie or Rent.ie. and/or preparing necessary documents like references.
    - Pamphlet on resources like the RTB and what constitutes quality vs substandard housing.
- Push towards education is not always suitable for young people due to their current emotional/psychological state and/or their lack of fit with available courses given their lack of educational attainment to date.
  - Finding an alternative way of supporting those not ready for education/employment is critical for future policy.

### IDEAS FOR FUTURE INTERVIEWS

- Consider key supports being provided and by whom.
- Examine changing relationships throughout the year.
- Understand barriers and facilitators to stability.

### CONTRIBUTE TO THE RESEARCH

A key aim of this research is to maximise findings through knowledge transfer and foster collaboration to both disseminate and operationalise findings. As stakeholders in the research, I encourage input from workers in the aftercare field (e.g. aftercare workers, social workers, policy makers and advocates) to improve future data collection and analysis.

If you have any thoughts or suggestions regarding this brief or future data collection, please contact me with questions and/or comments via email or phone.

### CONTACT THE RESEARCHER

You can contact the researcher, Ms. Natalie Glynn, on: (083) 848 9685 OR [glynna@tcd.ie](mailto:glynna@tcd.ie).

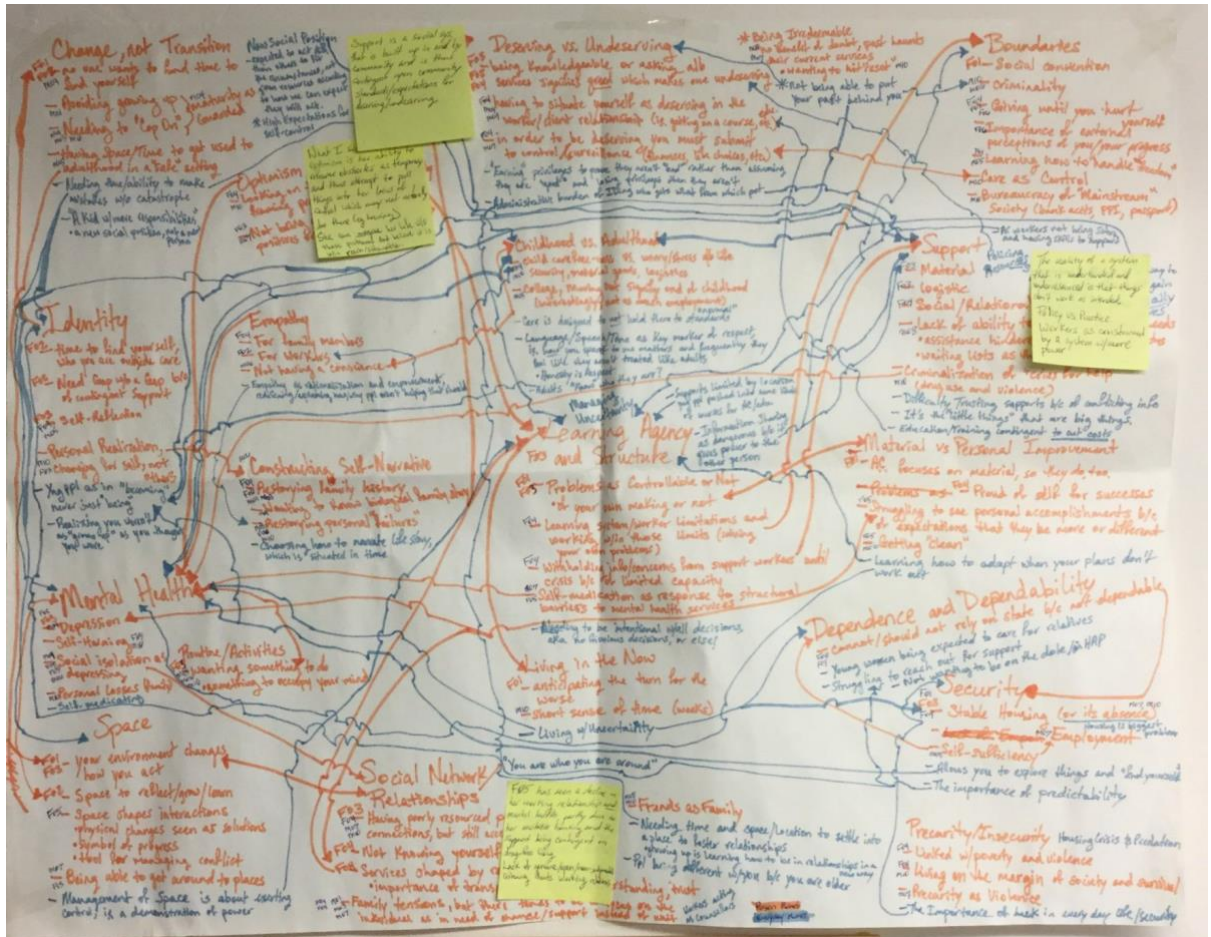
My supervisor, Dr. Paula Mayock, can be reached at: (01) 896 2636 OR [pmayock@tcd.ie](mailto:pmayock@tcd.ie).



# Appendix L: ANALYSIS MAPPING EXAMPLES

## Phase 1 Mapping

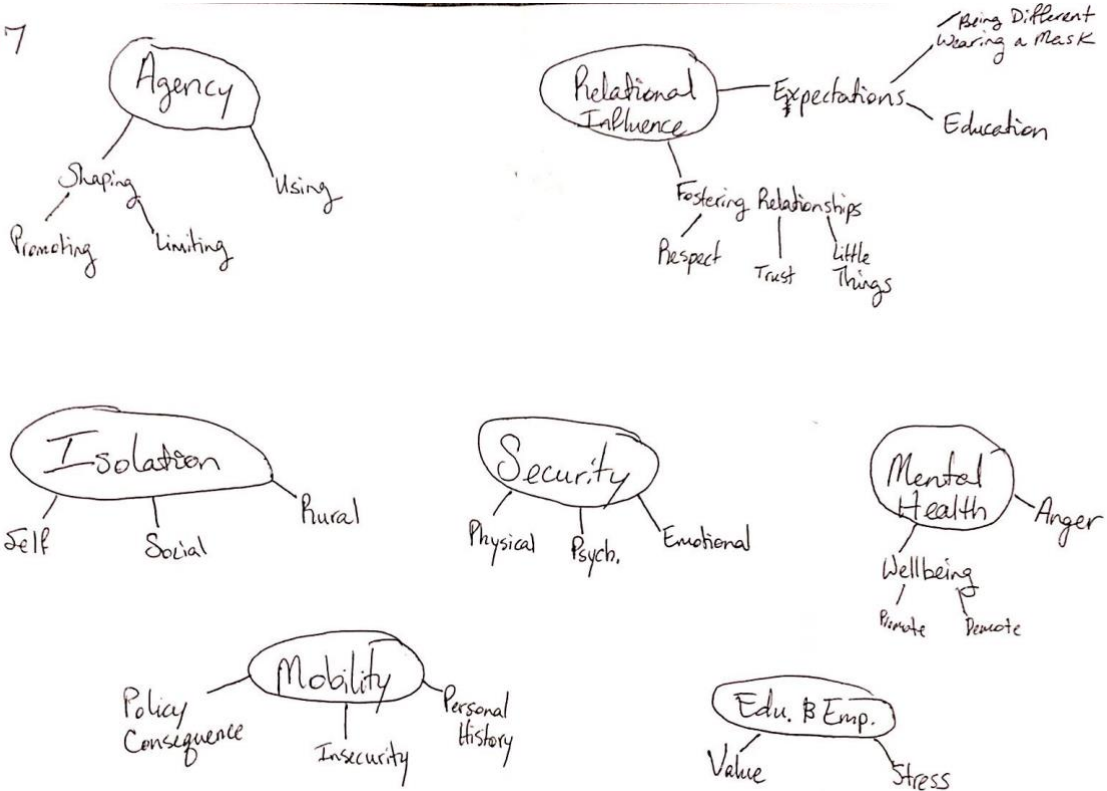
### First Concept Map



PHASE 2 MAPPING

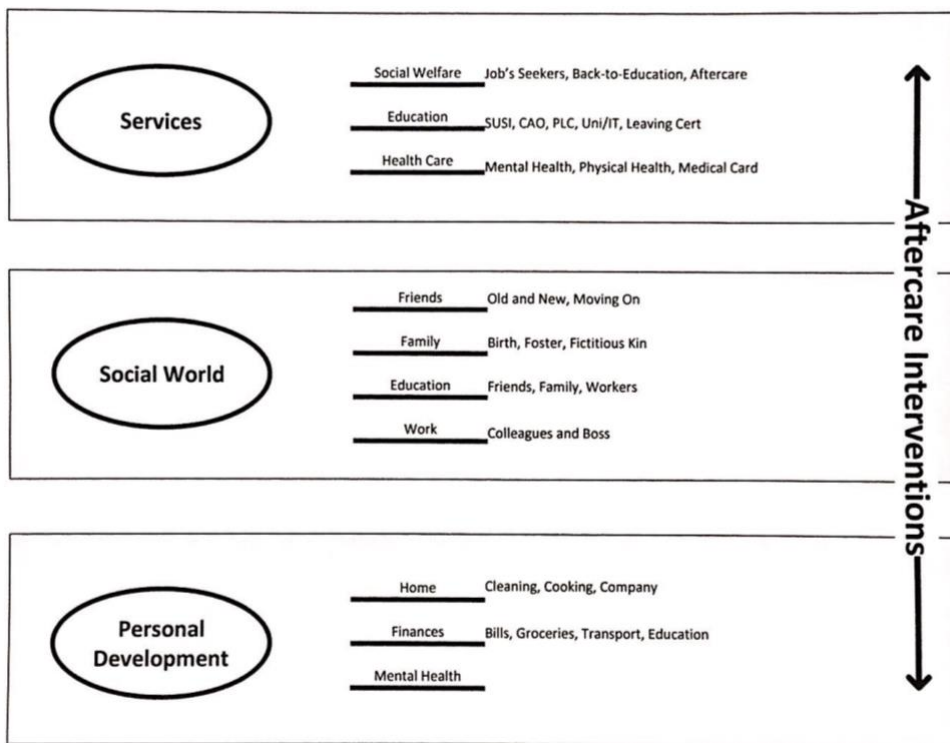
EMERGING CONCEPTS MAP

8/30/17



Leaving Care Transition Map

Care Leaver's Transition



SITUATIONAL ANALYSIS MAP

Who & what are in situation?  
 Who & what matters  
 What elements "make a difference" in this situation?

- People
- Care Leaver
  - Aftercare Worker(s)
  - Social Worker(s)
  - Aftercare manager(s)
  - Biological Family
  - Foster Family
  - Residential Friends/Family  
Residential Staff
  - Friends
  - Counselor(s)
  - Key worker(s)
  - Employer/Boss
  - Strangers/Predators

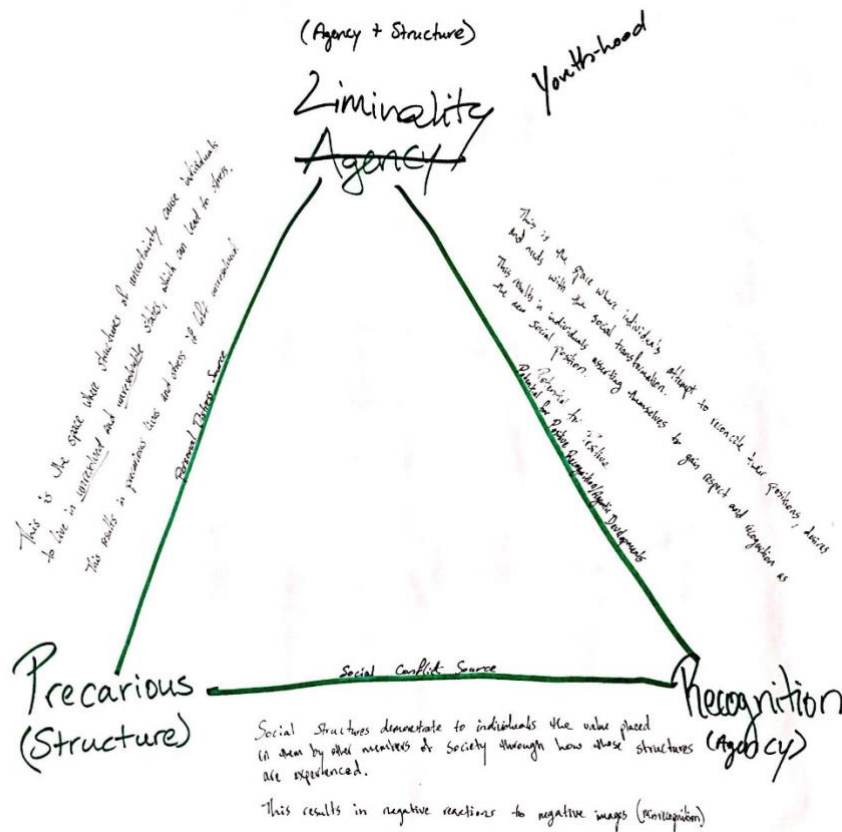
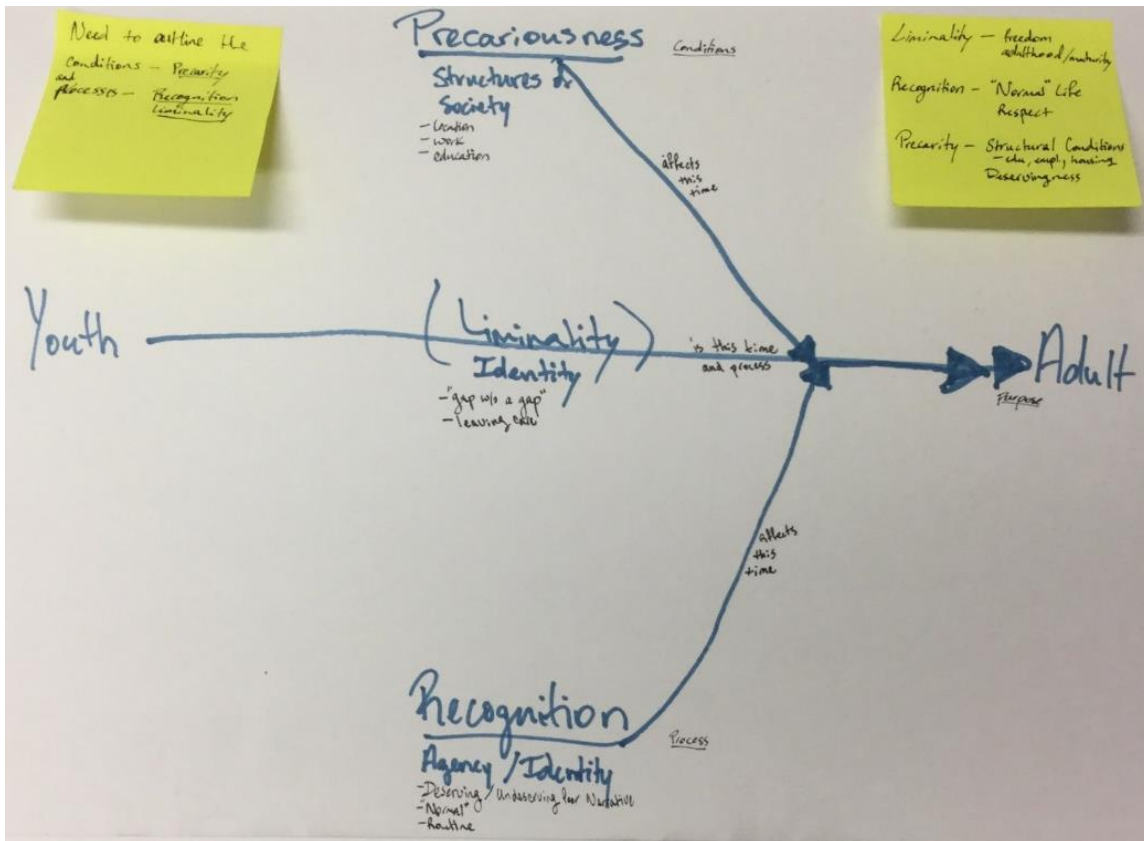
- Things
- Physical Location  
~~Transportation~~
  - Rural vs. Urban  
Housing
  - Work
  - School
  - AC Meetings
  - Finances/Budget
  - National ID
  - Aftercare Plan
  - Aftercare Legislation
  - Labor Market
  - Housing Crisis
  - Aftercare Booklet
  - Aftercare Planning

- Rural vs Urban
- Location of services
- ? Personal space?
- Systems
- Education
- Tusla/AC
- Social Housing  
• HAP
- Social Welfare  
• Jobseekers  
• Back to Education
- Mental Health
- Banking
- Health Care
- Transportation
- Aftercare Agencies
- Homelessness Services
- Days Rehabilitation
- Criminal Justice System
- Prisons

- 10/17/17  
 Respect 10/18/17  
 Privacy Trust
- Ideas
- "Living/Sponging <sup>off the</sup> Dole"
  - Independence
  - "Being a Typical Kid from Care"
  - "Someone who 'really' cares"
  - Corporate Parent
  - "Someone who's just doing a job"

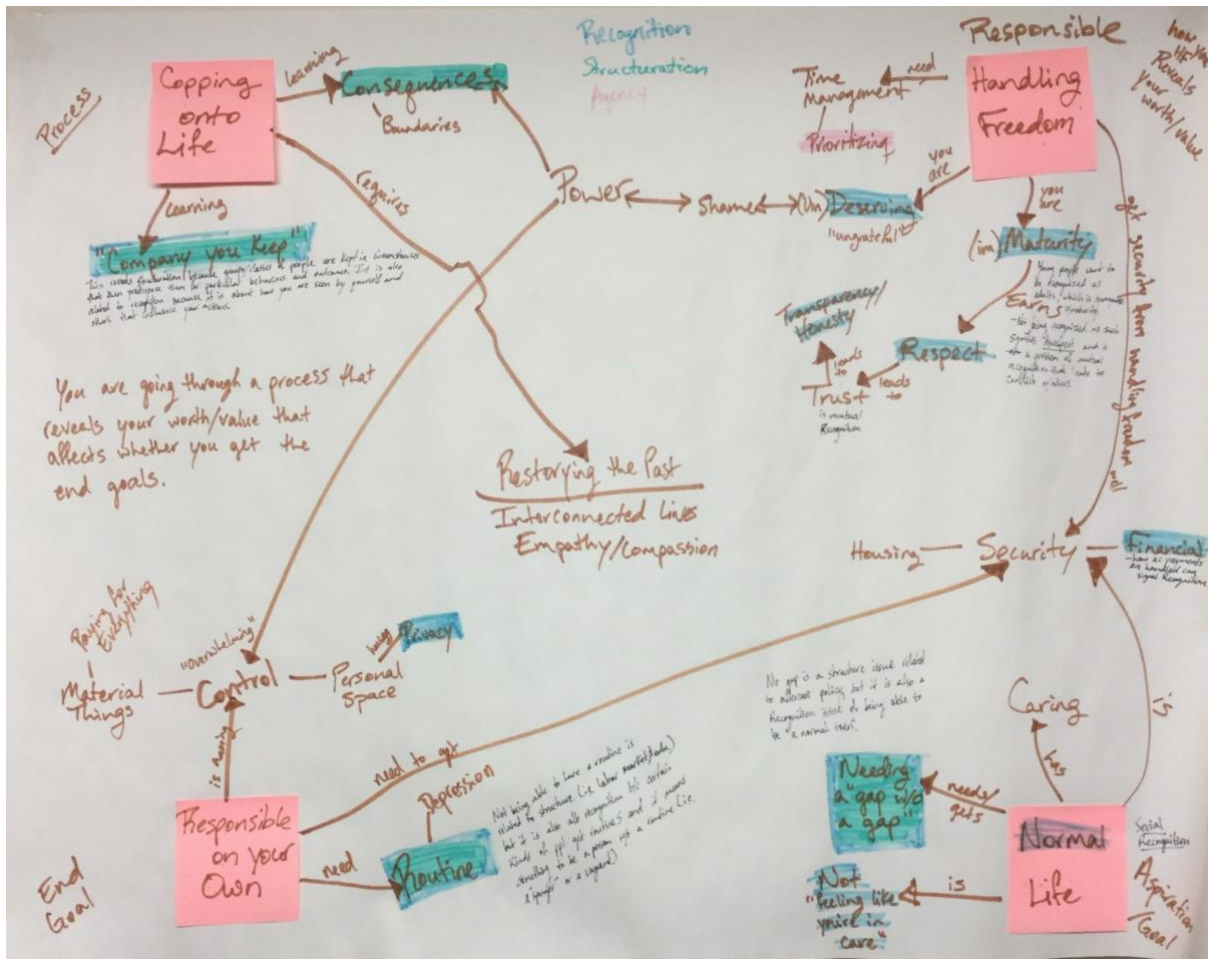
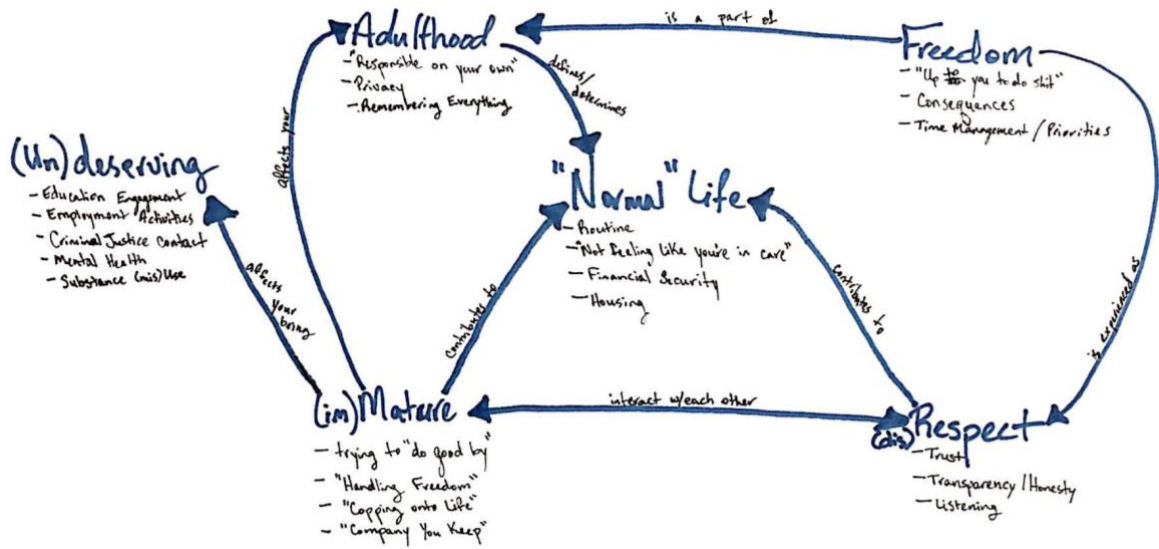
# Phase 3 Mapping

## Theoretical-Conceptual Maps

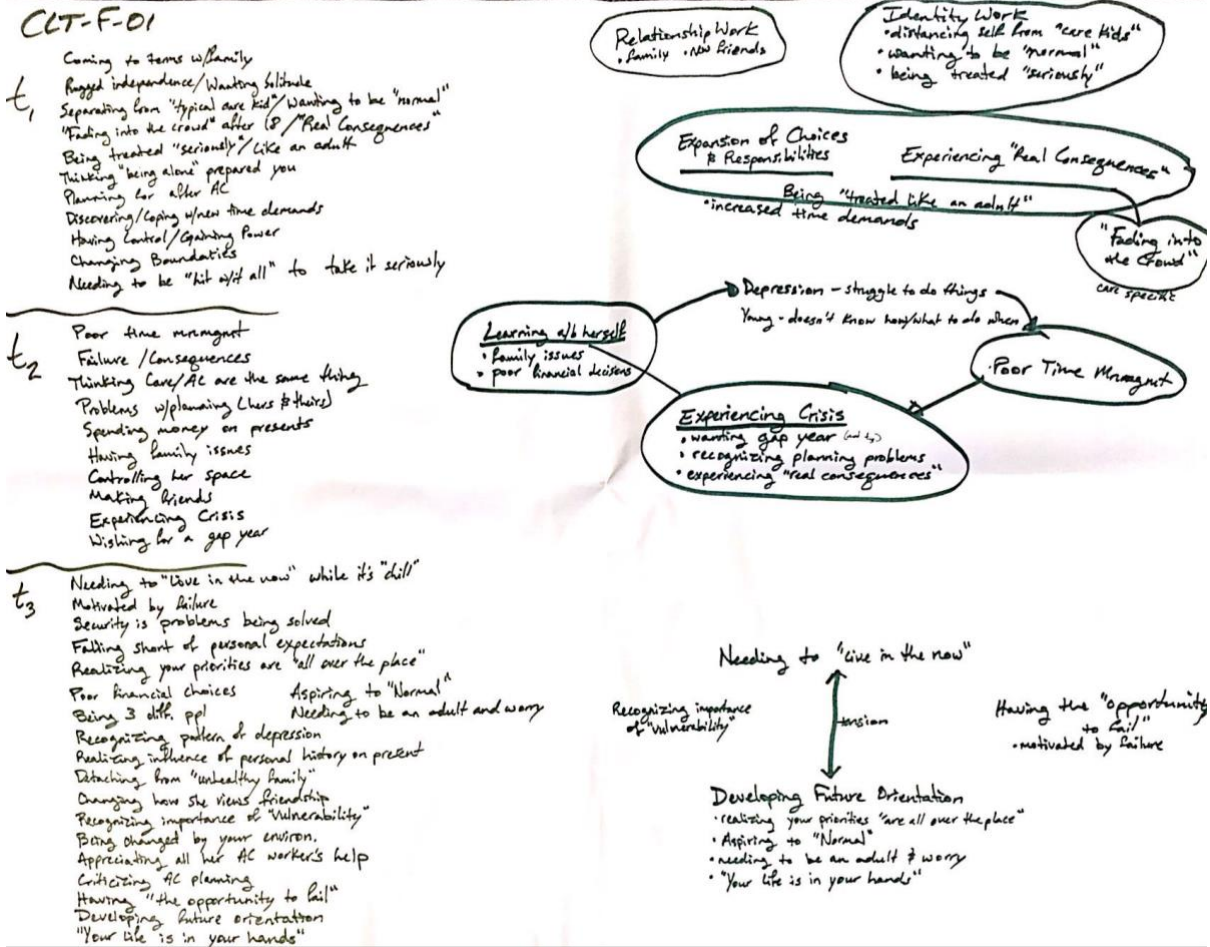




FINDINGS MAPS



SAMPLE TEMPORAL MAP



# Appendix M: PARTICIPANT RETENTION TABLE

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TABLE 16: PARTICIPATION IN INTERVIEWS BY PHASE OF STUDY

	Phase 1	Phase 2	Phase 3
<b>Jennifer</b>	X	X	X
<b>Abby</b>	X	X	X
<b>Elsbeth</b>	X	X	X
<b>Anna</b>	X	X	X
<b>Derina</b>	X	X	X
<b>Rebecca</b>	X	X	X
<b>Charles</b>	X	X	X
<b>Brad</b>	X	-	X
<b>Ethan</b>	X	X	X
<b>Brian</b>	X	X	X
<b>Donald</b>	X	X	-
<b>Isaac</b>	X	X	X
<b>Darragh</b>	X	X	-
<b>Marius</b>	X	X	-
<b>Luke</b>	X	-	-
<b>Kevin</b>	X	X	X

X An interview took place.

- An interview did not take place.

## Appendix N: TABLES RELATING CARE AND AFTERCARE EXPERIENCES

TABLE 17: NUMBER OF RESIDENCES BY TIME IN CARE

Time in Years	Number of Residences			
	1	2	3	4
1.5-2	1	2	1	1
3-7		2	2	
8-15	2			
16-18	2	1		2
<b>Total</b>	5	5	3	3

TABLE 18: RESIDENCE TYPES BY TIME IN CARE

Time in Years	Residences <sup>129</sup>					
	Friends/ Family	Remained in Placement	Private- Rented	Residential Aftercare	Supported Lodging	Homeless Accommodation
1.5-2	6		3	3		
3-7	4	1	4	3		
8-15		3			3	
16-18	2	4	7	1		1
<b>Total</b>	12	8	14	7	3	1

TABLE 19: FIRST RESIDENCE BY FINAL PLACEMENT TYPE

Final Placement	First Residence				
	Remained in Placement	Supported Lodging	Aftercare Housing	Private- Rented	Friends/ Family
Kinship	1	1		2	
Non-kin foster	3		1	1	
Residential		1	4		1
Homelessness <sup>130</sup>					1
<b>Total</b>	4	2	5	3	2

<sup>129</sup> These are the number of residences in each category for all three phases of the study. This means that each person is counted three times, i.e. a participant who was living in supported lodging at all three phases would be a count of three for supported lodging.

<sup>130</sup> The one young person who ended her time in care homeless was kicked out of her non-kin foster placement not quite one month before turning 18. However, she was still in the care of the state for that month while she couch surfed between friends' and relatives' homes, which was facilitated by her aftercare worker.



TABLE 20: FINAL RESIDENCE BY FINAL PLACEMENT TYPE

Final Placement	Final Residence				
	Remained in Placement	Supported Lodging	Homeless Accommodation	Private-Rented	Friends/Family
Kinship				3	1
Non-kin foster	2			1	2
Residential		1	1	1	3
Homelessness					1
<b>Total</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>5</b>	<b>7</b>

TABLE 21: RESIDENTIAL MOBILITY BY FIRST RESIDENCE TYPE

First Residence	Number of Residences			
	1	2	3	4
Friends/ Family	1 <sup>131</sup>	-	1	-
Remained in Placement	2	2	-	-
Private-Rented	1	-	1	1
Aftercare Housing	-	2	1	2
Supported Lodging	1	1	-	-
<b>Total</b>	<b>5</b>	<b>5</b>	<b>3</b>	<b>3</b>

TABLE 22: CRIMINAL JUSTICE SYSTEM ENGAGEMENT

Name	Final Placement	Phase 1	Phase 2	Phase 3
Derina	Kinship	n	n	n
Anna	Kinship	n	n	n
Marius	Non-kin foster	n	n	n
Bryan	Non-kin foster	n	n	n
Donald	Non-kin foster	n	n	n
Isaac	Non-kin foster	n	n	n
Darragh	Non-kin foster	n	n	n
Elsbeth	Residential	n	n	n
Jennifer	Residential	n	n	n
Abby	Residential	n	n	n
Rebecca	Homelessness	y	y	n
Luke	Kinship	y	-	-
Kevin	Kinship	y	y	y
Brad	Residential	y	y	y
Ethan	Residential	y	y	y
Charles	Residential	y	y	y

<sup>131</sup> This young person was placed in custody and moved three times while in custody. However, before and after custody he returned to the same home; therefore, he was counted as having only one residence.

## Appendix O: IMMIGRATION INFORMATION

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Securing a residency stamp and/or applying for either leave-to-remain or citizenship are issues of ongoing concern in the Irish aftercare community (Irish Aftercare Network, 2019; Ní Raghallaigh, 2013; Ní Raghallaigh & Thornton, 2017). This topic was discussed at several professional meetings during the field observations, and information regarding the process and Tusla's engagement with other departments to improve the situation were communicated via email on other occasions. This is of significant concern as it poses two key challenges: 1) affecting eligibility for needed benefits and 2) introducing the threat of deportation. The process of obtaining permission to reside in Ireland, referred to as a stamp,<sup>132</sup> cannot be pursued independently for a child until they are 16 years of age (Immigrant Council of Ireland, 2019), and unless their parents have already become naturalised citizens, a child cannot apply for citizenship in Ireland until they are 18 years of age (Department of Justice and Equality, 2019a). This means that typically children in care of immigrant origins must wait to apply for citizenship until they reach the age of majority and leave care.

Field observations revealed that children in care who are unaccompanied asylum-seeking minors are in somewhat of a legal limbo. Children are typically given the same stamp as their parents. According to a presentation by the Immigrant Council of Ireland, the 'parent' of unaccompanied minors seeking asylum is the state of Ireland; however, there is no legislative means to afford them status to remain. It has been successfully argued for individuals, and at present it must be argued on a case-by-case basis rather than having a policy in place.

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<sup>132</sup> A 'stamp' is the term for the immigration permission that a person receives when they pursue legal residency in Ireland. There are nine different types of stamps that a person can avail of, which vary according to length of stay, ability to work, ability to access publicly funded services, and ability of stamp time to be used in reckoning time in Ireland on an application for citizenship (Department of Justice and Equality, 2019b).

## Appendix P: THE IRISH EDUCATION SYSTEM

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The Irish education system has several different kinds of certificates and qualifications that can be earned in post-primary education, including the Junior Certificate and the Leaving Certificate (Quality and Qualifications Ireland, 2019). Two types of Leaving Certificates (see below for explanation) qualify an individual to enter third-level education directly. If an individual does not earn an Established Leaving Certificate (commonly referred to as the 'Leaving Cert') or the Leaving Certificate Vocational Programme, there are different access routes that still enable one to enter third-level education. The following sections provide a brief explanation of the different certifications, routes to higher education, and the process for applying to university.

### Junior Cycle and Certificate

Junior Cycle is what the first half of secondary school is called in Ireland (Citizens Information, 2018f). Once one completes the Junior Cycle coursework, they sit the Junior Certificate examination (commonly called the 'Junior Cert') (Citizens Information, 2018e, 2018f). The Junior Certificate is one of the first types of qualifications that children in Irish schools can attain and is typically earned between the ages of 14 and 15 (Citizens Information, 2018e). It is a foundational qualification, though its value is declining as further education is becoming essential for the labour market. It is considered a Level 3 certificate in the European Qualifications Framework (Quality and Qualifications Ireland, 2019).

It is generally expected that individuals will continue past the Junior Certificate to other qualifications in order to secure employment. Those who do not either continue onto Senior Cycle or who fail to attain the Leaving Certificate qualification upon completion of Senior Cycle must pursue education outside the traditional higher education and training system (i.e. universities and institutes of technology) in Ireland through further education and training courses, which are provided by private and public institutions. The most common type of programme is called a Post-Leaving Certificate (PLC) course, though most are qualifications at the same level as the Leaving Certificate (National Qualifications Authority of Ireland, 2009). See Further Education and Training (FET) section below for more details on this system of education in Ireland.

### Senior Cycle and Leaving Certificates

Senior Cycle is what the second half of secondary school is called in Ireland (Citizens Information, 2014). At the start of Senior Cycle, one decides what course to take: Established Leaving Certificate, Leaving Certificate Vocational Programme, or Leaving Certificate Applied. Each course has compulsory subjects. The primary differences between the three are related to the ability to access third-level education, use of applied learning, and marks received for coursework versus

## Appendix P:

examination. In all cases, the Leaving Certificate examination is the qualification that marks the completion of secondary education in Ireland. It is normally completed between the ages of 17 and 18 years, though one can apply to sit the exam in later years (Citizens Information, 2014, 2018c, 2018g, 2018h; State Examinations Commission, 2019). Given the nature of the learning and the three types, the Leaving Certificate has been generally classified as encompassing Levels 4 and 5 certificates in the European Qualifications Framework (Quality and Qualifications Ireland, 2019).

### Established Leaving Certificate

The Leaving Certificate, known colloquially as the 'Leaving Cert', is the most common course of study that students pursue in Ireland. Upon completion and successful examination, it enables the student to enter directly into third-level education at universities and institutes of technology (ITs) (Citizens Information, 2018c). When students sit this examination, they earn points for each subject, which are then used in an allocation system to offer a young person with a series of third-level course-of-study options, see Central Applications Office (CAO) explanation below for more details. The student must decide what subjects to take at the start of Senior Cycle (i.e. ages 14 or 15), and these subjects determine what courses they can apply to in third-level, i.e. individual universities stipulate which Leaving Certificate subjects and the level of points that are required to be admitted to various courses (Citizens Information, 2018c).

### Leaving Certificate Vocational Programme

The Leaving Certificate Vocational Programme includes a 'vocational' component in which the individual completes a portfolio of coursework. The primary difference between the Leaving Certificate and the Leaving Certificate Vocational is that this portfolio of coursework is included in the points assessment in addition to the examinations at the end of the final year. The portfolio is 60% of the marks and the examination is 40% of the marks. It also enables the student to enter directly into third-level education at universities and ITs through the same CAO application process (Citizens Information, 2018h).

### Leaving Certificate Applied

The Leaving Certificate Applied is distinct from the other two courses because it does not enable an individual to enter directly into third-level education. The structure of the course work is different and primarily vocational in orientation. It relies on continuous assessment throughout the two years, with an examination at the end of final year. In order to progress to third-level education, an individual taking the Leaving Certificate Applied must first complete a PLC course at Level 5 or Level 6, though entry into third-level courses is not guaranteed and is dependent on the PLC taken as not all PLCs allow entry into a university or IT (Citizens Information, 2018g).

## Further Education and Training (FET)

The further education and training (FET) system ‘occurs outside the general education and higher education and training systems’ in Ireland (National Qualifications Authority of Ireland, 2009, p. 24). This system focuses on vocational training and operates on a modular credit accumulation system. FET ‘programmes are offered by a wide range of public and private providers’ (National Qualifications Authority of Ireland, 2009, p. 24). The Back-to-Education scheme funds early school-leavers to return to education through FET programmes, which offer qualifications that range from Level 1 to Level 6 on the European Qualifications Framework (National Qualifications Authority of Ireland, 2009).

## Post-Leaving Certificate (PLC) Courses

PLC courses are FET courses that are vocationally oriented that award certifications at Level 5 or Level 6 on the European Qualifications Framework. They are not considered part of the higher education system in Ireland (National Qualifications Authority of Ireland, 2009). Individuals who complete these programmes typically go on to employment or self-employment, though some programmes do entitle the individual to pursue higher education at a university or IT (Citizens Information, 2013). Using a Level 6 PLC that has an arrangement to enter third-level education afterward is the only other alternative route into third-level education for someone under the age of 23 in Ireland, aside from the two access schemes detailed in the next section.

## Central Applications Office (CAO)

The CAO processes all applications to third-level institutions in Ireland. Individuals submit a ranking of programmes they are interested in pursuing at any and all of the universities or ITs in Ireland. The scores one earns on the Leaving Certificate are then used to allocate a space in one of the ranked programmes (Citizens Information, 2019a). A non-traditional route to higher education, which can bypass the CAO process, is available only once one reaches the age of 23 (the upper age limit for eligibility for aftercare supports in Ireland).

Courses are allocated a baseline point value that is calculated using the ‘difficulty’ level of the course and the number of applications it receives, i.e. courses in STEM areas generally have higher point values and courses with more applications receive higher point allocations. Ranking matters as you are placed in the programme you rank most highly based on the points earned and the points required for the programme. For example, if one earns 550 points on the Leaving Certificate and has ranked as number one a programme that only requires 450 points, the individual will be placed in his/her first choice. If one ranks a programme that requires 575 points first yet earns only 550 points, the placement would be for whichever course requires 550 points or fewer, in the order ranked. The community assessment phase of data collection revealed that some students rank

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courses based on the points they think they might earn on the Leaving Certificate rather than their interest in the course; however, students are advised to rank their first choice based on genuine interest rather than ranking them based on anticipated points, which can result in being placed in a course the individual does not actually want.

### **DARE Scheme**

DARE stands for Disability Access Route to Education. It is an alternative admissions scheme that enables individuals with disabilities to enter third-level education through the general CAO process. It operates by reducing the number of points an individual must earn to access a course of study (Disability Access Route to Education, 2019). If the course normally requires 550 points on the Leaving Certificate, it may only require 450 points through the DARE scheme. One must have been assessed by a licensed psychologist and been registered with the DARE scheme before making their CAO application to benefit from this scheme.

### **HEAR Scheme**

HEAR stands for Higher Education Access Route. It is an alternative admissions scheme that enables individuals from 'socio-economically disadvantaged backgrounds' to enter third-level education through the general CAO process (Higher Education Access Route, 2019b). Similar to the DARE scheme, HEAR operates on a points reduction system in the general CAO application process. One qualifies for this through financial, social and cultural criteria, of which an individual must be below a set income and meet a combination of two other criteria listed (i.e. medical card, means-tested social welfare, socio-economic group, school and/or area). Children in care and care leavers must submit a letter from Tusla in order to access this scheme. The HEAR and CAO applications are completed at the same time (Higher Education Access Route, 2019a). Individuals are also offered supports throughout their college studies (Higher Education Access Route, 2019b).

## Appendix Q: TYPES OF AFTERCARE HOUSING ARRANGEMENTS

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### Remaining in Placement

In the event that a care leaver remains living in their foster placement home, the aftercare worker is supposed to liaise with the young person and the carer regarding how the aftercare payments should be handled, i.e. split between the two parties or paid to a single party (though the policy does suggest that the payment go in full to the carers if the young person remains in placement (Tusla, 2015)). It is generally expected that some portion of the payment will be sent to the carers as payment for continued room and board. However, it should be noted that the aftercare payment of €300 per week is less than the standard foster care payment of €352<sup>133</sup> per week (Tusla, 2017b). Thus, receiving the full payment results in a loss of income for carers, which was raised as a source of tension at several professional meetings, and splitting the payment between the young person and the carer increases the loss of income.

### Supported Lodgings

Tusla (2017c) describes supported lodgings as a placement suitable for those 'who cannot live at home but are not yet ready to live independently or who are in transition from care and in need of accommodation and support in a family setting' (p. 51). In the case of those over 18 years of age, the young person is renting a room from a family with whom they may or may not take meals. The specifics of the arrangements (i.e. level of interaction and support and training provided) are typically negotiated between the family, the young person, and the aftercare worker. Ordinarily, these are time-limited placements so that the room becomes periodically available for new care leavers.

According to field work observations and the policy statement, young people aged 16-18 are often considered to be being placed in a 'supported lodging' rather than a foster home. In these cases, care leavers are typically moved at the age of 18 from an otherwise stable placement to aftercare housing to keep the supported lodging available for other older children entering care.

### Aftercare Designated Housing

Some accommodation provided for by local authorities and contracted providers (e.g. Focus Ireland or Don Bosco) is reserved for care leavers. It takes many forms, ranging from supported communal

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<sup>133</sup> This is the basic maintenance payment rate for children in care over the age of 12 years. The rate is €325 per week for children under the age of 12 years (Citizens Information, 2017). Until the child in care reaches 18 years, the carers may also receive the child benefit at a rate of €140 per month for one child in addition to the basic maintenance payment (Citizens Information, 2018b).

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housing with high levels of support (staffed 24 hours a day, 7 days a week) to independent apartments with low levels of support (remote staff who occasionally check in with tenants). High levels of support are commonly referred to as 'residential aftercare', which is distinguished from the low-support aftercare designated apartments. Similar to supported lodgings, aftercare housing is also time-limited, commonly arranged for between a year and a half to three years.

Supported communal housing consists of two types: 1) self-contained apartments with some common areas (e.g. hallways or sitting rooms) or 2) individual rooms with shared kitchen, living, and toilet facilities. Independent apartments also consisted of two types: 1) shared flats with at least one flat-mate or 2) whole apartments for a single occupant. In both types of housing, sharing space was the more common experience, which was a source of tension for many of the young people.

### **Private-Rented Accommodation**

Private-rented accommodation is secured on the open market by the young person through a variety of sources, most commonly online through sites such as Daft.ie and Rent.ie. In terms of accessing private-rented accommodation, the current context is one of an historic housing crisis in Ireland (Harris, 2018; O'Connell & Finnerty, 2018), see Appendix A: Irish Housing Crisis Information for more details.

Notably for care leavers, the state is increasingly relying upon the private market to provide social housing. Young people leaving care are expected to access the HAP scheme when seeking private-rented accommodation. Care leavers are entitled to the highest rate of HAP, which varies by location and household type (i.e. single, couple, or couple with children).

Using HAP, the individual is expected to source housing themselves on the private-rented market. The landlord is then approved by the local authority for a HAP tenancy, receiving payments directly from the government. The HAP recipient pays the local authority a weekly contribution that is calculated based on income and ability to pay; however, if the tenant misses a payment, the local authority stops paying the landlord. These features of HAP have led to claims that there is significant discrimination against people trying to acquire accommodation with HAP.