"I'VE CHANGED SO MUCH WITHIN A YEAR":

CARE LEAVERS' PERSPECTIVES ON THE AFTERCARE PLANNING PROCESS

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DISCLOSURE STATEMENT

ABSTRACT

Since the United Nations Convention on the Rights of the Child's assertion that the child 'be heard' in matters affecting them, international best practice in child welfare has been to increase engagement and participation of children and young people in affairs related to their care. Research has demonstrated that children and young people benefit from being included in care related processes — yet this continues to be a struggle in social work practice. To date, research has focused primarily on children's engagement while in care; thus, very little is known about the experience of young people ageing out of care as it relates to their engagement in and experience of the planning-to-leave-care process.

This paper examines young people's experiences of the aftercare planning process in Ireland based on data drawn from the first phase of a qualitative longitudinal study of young people leaving care. Sixteen young people were recruited nationally and interviewed in depth. Baseline interviews were open-ended and encouraged young people to talk about their experiences of care, aftercare planning and their broader life circumstances (e.g. experiences of education, employment, housing, and their peer and family relationships). This investigation is timely since legislation mandating aftercare planning for young people ageing out of care was recently implemented in Ireland, creating a need to reflect on and develop practice knowledge in this area. The findings indicate considerable diversity in how young people 'make sense' of and attach meaning to the transition out of care. The accounts also reveal complexities surrounding youth participation in the leaving care planning process and uncover a number of distinct barriers and facilitators to participation. The paper concludes with learnings and suggestions for practice.

INTRODUCTION

International best practice acknowledges the importance of including children and young people in decision-making—to the greatest extent possible and in a developmentally appropriate way—on matters that affect their lives and futures (Bass *et al.*, 2004 ; Checkoway, 2011; Van Bijleveld *et al.*, 2015). Inclusion in discussions and decision-making increases young people's sense of control and power over their lives and vests them in their futures as active agents (Augsberger *et al.*, 2016; Bass *et al.*, 2004; Havlicek *et al.*, 2018). Recognition of the value of collaborating with young people on

decisions regarding their lives has encouraged increased investment in involving young people in the planning process related to their in-care and leaving care experiences (Avery, 2010; Cashmore, 2011; Havlicek *et al.*, 2018; LaLiberte & Snyder, 2009). The United Nation's Convention on the Rights of the Child (UNCRC), which asserts in Article 12 that "the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body" (UN General Assembly, 1989, p. 4), has prompted debate and research on child and youth participation, including among children who are in and ageing out of care (Augsberger *et al.*, 2016; Bessell, 2011; Cashmore, 2002; Cashmore, 2011; Checkoway, 2011; Havlicek *et al.*, 2018; Munro *et al.*, 2011). A growing body of research has highlighted the need for greater engagement with children and young people in conversations and decision-making in matters affecting their lives, both during their time in care and beyond the point of leaving (Augsberger *et al.*, 2016; Bell, 2002; Havlicek *et al.*, 2018; Munro *et al.*, 2011; Quinn *et al.*, 2014; Scannapieco *et al.*, 2007; Stein & Dixon, 2006).

The available research evidence illustrates the benefits—including increased engagement in programs, better communication in casework and improved relationships with professionals—that young people derive from engagement and participating in discussions and decisions about their care (Augsberger *et al.*, 2016; Crowe, 2007). Yet, despite far greater investment, particularly in more recent years, in including young people in planning associated with their care leaving, youth involvement is frequently limited or non-existent (Augsberger *et al.*, 2016; Bessell, 2011; Bradwell *et al.*, 2011; Freundlich *et al.*, 2007; Geenen & Powers, 2007; McCoy *et al.*, 2008; McLeod, 2007; Sanders & Mace, 2006; Törrönen & Vornanen, 2014). When young people are not included as active agents, they are more likely to report dissatisfaction with the system and reluctance to engage with services (Augsberger *et al.*, 2016; Bessell, 2011), including leaving care prematurely in some cases (McCoy *et al.*, 2008). Noting that social workers continue to struggle with children and young people's participation while in State care, it has been argued that tensions arising from competing social work concerns for children in care are a major factor hindering meaningful engagement and communication with children and young people (Augsberger *et al.*, 2016; Sanders & Mace, 2006; Van Bijleveld *et al.*, 2015). Working with children in care involves balancing the value of engagement and participation with the obligation to protect, and it is common that the value placed on protection overrides the right to participate (Augsberger *et al.*, 2016; Hart, 2010; Sanders & Mace, 2006). Moreover, the need to protect leads to increased bureaucracy owing to the need to demonstrate that risk is being properly avoided, which ultimately diminishes the time that a worker can devote to relationship-building (Adley & Jupp Kina, 2015; Freundlich *et al.*, 2007; McLeod, 2007; Vis *et al.*, 2011). This shift within social work practice toward managerialism has been critiqued for overlooking

the essential nature of emotions and relationships in social work practice (Adley & Jupp Kina, 2015; Ahmann, 2017; Bell, 2002; Trevithick, 2014), both of which are viewed as foundational aspects of participation (Bell, 2002; McLeod, 2007).

In addition to those competing concerns that can hinder participation, there is a lack of consensus among professionals on the purpose of involving children and young people in planning and decision-making processes (Bell, 2002; Van Bijleveld *et al.*, 2015). While participation, according to the UNCRC, should be viewed as a human right (Collins & Pinkerton, 2008; Munro *et al.*, 2011; UN General Assembly, 1989), there is a more utilitarian stance that sees participation in planning as a means of facilitating compliance or gaining the information required to make appropriate decisions (Van Bijleveld *et al.*, 2015). Although debates about the concept of participation are ongoing and likely to continue for some time (Augsberger *et al.*, 2016; Checkoway, 2011), care leavers are widely recognised as multiply disadvantaged and at a higher risk of adverse life experiences and outcomes, including homelessness, early parenthood, lower educational attainment, unemployment and higher rates of poor mental health (Baidawi *et al.*, 2014 ; Butterworth *et al.*, 2016; Courtney & Dworsky, 2006; Everson-Hock *et al.*, 2011; Geenen & Powers, 2007; Höjer & Sjöblom, 2014; Stein, 2006). Recognition of these risks and the need to mitigate negative outcomes has led to greater investment in the provision of supports to care leavers—most commonly collectively referred to as *aftercare*—in many jurisdictions, including Ireland, in the form of housing, educational and welfare assistance (Backe-Hansen *et al.*, 2013; Brown & Wilderson, 2010; Doyle *et al.*, 2012; Everson-Hock *et al.*, 2011; Guada *et al.*, 2012; Höjer & Sjöblom, 2014; Tusla, 2017a). This duty to support young people leaving the care system is also recognised in the UNCRC *Guidelines for the Alternative Care of Children*, which recommend that the State provide aftercare supports (Munro *et al.*, 2011; UN General Assembly, 2010).

Planning is acknowledged to be a key component of aftercare provision (Biehal *et al.*, 1994; Scannapieco *et al.*, 2007; Stein, 2006; Stein & Dixon, 2006; Tyler *et al.*, 2017). To date, however, research on care leavers has focused primarily on investigating outcomes and, to a lesser extent, on the experiences of young people leaving the care system (Cameron *et al.*, 2018; Cashmore & Paxman, 2006; Courtney & Dworsky, 2006; Curry & Abrams, 2015; Dinisman *et al.*, 2013; Geenen & Powers, 2007; Goodkind *et al.*, 2011; Höjer & Sjöblom, 2014; Ibrahim & Howe, 2011; Morton, 2017; Pinkerton & Rooney, 2014; Samuels & Pryce, 2008; Stein & Dumaret, 2011). This focus on outcomes and experience (Adley & Jupp Kina, 2015) has contributed to a far more nuanced understanding of care leavers' support needs, but there is a distinct paucity of research on aftercare provision (Tyler *et al.*, 2017). While a recent US-based study has examined the life goals and personal planning of pre-

emancipated youth in foster care, highlighting their need for support in "developing concrete steps" to achieve their goals (Lemus *et al.*, 2017, p. 53), young people's views and perspectives on the leaving care planning process remain hitherto largely unexplored.

This paper examines young people's experience of aftercare based on selected findings from the baseline phase of a qualitative longitudinal study that aims to 'track' young people following their official exit from the care system in Ireland at the age of 18 years. Perhaps importantly, the study was initiated at a time when significant changes were taking place in relation to legislative provision for aftercare (see later section), thereby presenting a unique opportunity to examine young people's experiences of aftercare planning at a critical juncture in terms of aftercare service development and implementation in the Irish context. The growing consensus across many jurisdictions, including the US, UK and Australia, that aftercare provision is a critical facilitator to successful and positive transitions out of care underscores a need for research that attempts to better understand the care leaving process from the perspective of young people. As the findings presented in this paper demonstrate, considerable diversity emerged in relation to young people's experiences of aftercare planning, their expectations, perceived needs and the manner in which participation was viewed, valued and interpreted by young people.

THE IRISH CONTEXT

In Ireland, aftercare planning was recently legislated as a mandatory component of the leaving care process with the *Child Care (Amendment) Act 2015* being enacted from 1 September 2017 (Department Of Children And Youth Affairs, 2017). Now at age 16[1] or older[2], young people who have been in the care of the State for a minimum of 12 months between their 13th and 18th birthdays[3] should be referred to the aftercare service and must have an aftercare plan developed based on an assessment of their needs and support requirements at the point of leaving care (Tusla, 2017a). As part of this process, a young person may be allocated an aftercare worker to facilitate the delivery of needed services[4]. The legislation recommends that young people be involved in the development of

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[1] If they enter care after the age of 16 with the expectation of remaining in care for 12 months, they should be allotted an aftercare worker as soon as possible.

[2] Eligible adults may be allotted an aftercare worker up to the age of 21 years through self-referral or a referral made by others.

[3] These 12 months are cumulative between the ages of 13 and 18 years. The stipulation that their time in care needed to be 12 consecutive months if they came into care after the age of 16 was removed from the latest guidance document.

[4] The current Aftercare Policy indicates that these criteria may make someone eligible for services, but the needs assessment is what ultimately determines services prescribed and the allocation of an aftercare worker.

these plans. However, if, for whatever reason, a young person is not available for consultation, the agency may draft an aftercare plan in their absence (Oireachtas, 2015).

The National Aftercare Policy for Alternative Care, the most recent guidance document issued by Tusla, the Child and Family Agency[5], on the implementation of aftercare explicitly states that "[t]he aftercare service is mainly an adult service which is dependent on the cooperation, and participation of the young person/young adult" (Tusla, 2017a). This and other references made throughout the policy and its supporting documents suggest that aftercare planning is considered to be contingent upon a young person's willingness to engage with the service. According to policy, the needs assessment conducted upon referral to aftercare should cover issues including finances and budgeting, education, training and employment, health and personal development, accommodation and family support (Tusla, 2017a). Once the young person's needs are identified, it is recommended that the designated professional works with the young person to ensure that they have access to all of the supports deemed relevant to enabling a successful transition out of care. There is, at present, no guidance available on the conduct of periodic aftercare review meetings[6], though the current policy indicates that regular reviews of a young person's needs should take place (Tusla, 2017a). In summary, this research is being conducted in a context of service consolidation and practice development in Ireland.

METHODOLOGY

As stated earlier, this paper presents selected findings from the first phase of a qualitative longitudinal study of young people ageing out of care in Ireland. The longitudinal research project from which the findings are drawn is currently ongoing and aims to examine the experiences of young people from the point of leaving State care and, in particular, to gain their perspectives on the leaving care process. This commitment to understanding the *process* of transitioning out of care meant that the adoption of a longitudinal qualitative approach would enable a detailed examination of change (and/or consistency) in experience *through time* from the perspective of young people (Saldaña, 2003; Taylor, 2009). Ethical approval for the conduct of this study was granted by the Research Ethics

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[5] Tusla, the Child and Family Agency, is "the dedicated State agency responsible for improving wellbeing and outcomes for children" (Tusla, 2016, p.10) in Ireland, including the alternative care of children. It was established in 2014 when services from The Health Service Executive Children and Family Services, The Family Support Agency, The National Educational Welfare Board and some services pertaining to Domestic, Sexual and Gender-based Violence and psychology were consolidated under the remit of a single agency, Tusla.

[6] While direction on the conduct of regular reviews of an aftercare plan is not included in Tusla's aftercare policy, guidance is provided on the process for requesting a review of an aftercare plan.

Committee of the School of Social Work and Social Policy, Trinity College Dublin and Tusla's Research Ethics Committee. At the time of writing, all baseline interviews, and approximately three-quarters of first wave follow-up interviews, had been conducted.

Purposive sampling (Patton, 2015) was used to ensure that both young men and women with different types of care experience (i.e. both non-kin and kinship foster care and residential care) were included in the baseline sample as these points of diversity were considered relevant to the experience of the transition from care. To be included in the study, the young person could identify with any gender and had to:

- Have been in State care (i.e. kinship care, foster family 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 19th birthday); and
- Have left care at the point of turning 18 years old.

Recruitment was pursued via a range of gatekeepers, including aftercare workers, relevant support organisations (e.g. aftercare drop-in services), homelessness and drug counselling services, and voluntary advocacy organisations providing support to young people with care experience. Contacts were sought nationally with social work services in an attempt to recruit young people from each of the four Tusla Local Area Offices (i.e. Dublin North East, Dublin Mid Leinster, South, and West). The final sample of 16 participants[7] was generated exclusively via contact with aftercare workers[8] and 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.

The research was designed to collect detailed information over a period of one year and involves three data collection points, conducted six months apart. In-depth interviewing was selected as the primary data collection method[9] because of its ability to yield a rich picture by eliciting deep information on respondents' feelings, perspectives, and experiences (Charmaz, 2014; Fransson &

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[7] The final sample included 10 male and six female participants. See the Findings for a more detailed sample profile.

[8] While the researcher had months of contact with other types of services and aftercare affiliated groups, the requirement that young people be currently 18 years old proved to be exceptionally difficult for many gatekeepers. As documented in other studies, this is a period when young people may disengage from services, making recruitment of this age group particularly difficult.

[9] Participatory methods were incorporated into the longitudinal design of the project by inviting participants at the baseline interview to document their experiences through a choice of other activities, including journaling, taking photographs, producing art (e.g. a drawing or painting) or by bringing an item of personal importance to future meetings. These additional methods of documentation, which were optional, were included to allow young people to have better recall of important 'moments' or life events (Quest et al., 2012).

Storø, 2011; Gilligan & Arnau-Sabatés, 2016; Gomez *et al.*, 2015; Quest *et al.*, 2012; Saldaña, 2003). Baseline interviews were conducted between February and July 2017. During baseline interviews, young people were encouraged to discuss their care history and the matter of aftercare planning as well as their broader experiences of education, employment, housing and their peer and family relationships. Participating young people were encouraged to express their perspectives on their past and current life circumstances and experiences as well as on their aspirations for the future. As part of the interview process, young people were also asked to suggest topics for future meetings related to the research process so as to empower them to shape or guide the focus of conversations during subsequent follow-up interviews (Darbyshire *et al.*, 2005; Powers & Tiffany, 2006; Saldaña, 2003; Wang *et al.*, 2000). All interviews were conducted and audio recorded by the lead author in a private location and were subsequently transcribed verbatim.

The findings for this paper are based on a thematic analysis (Bryman & Burgess, 1994) of the study's baseline interviews, with a distinct focus on young people's accounts of aftercare planning and engagement, their perspectives on participation and the meanings they attached to aftercare participation. The qualitative data analysis software Atlas.ti (*ATLAS.ti*, 2017) was used to facilitate the analysis. The baseline data were initially reviewed for narratives relating to aftercare planning and/or the aftercare package the young person received (Bryman & Burgess, 1994). Based on a thorough review of these passages, a conceptually based coding scheme was then developed and applied to the data. Figure 1 below briefly outlines the analytic process.

Figure 1: Diagram of the Thematic Analysis
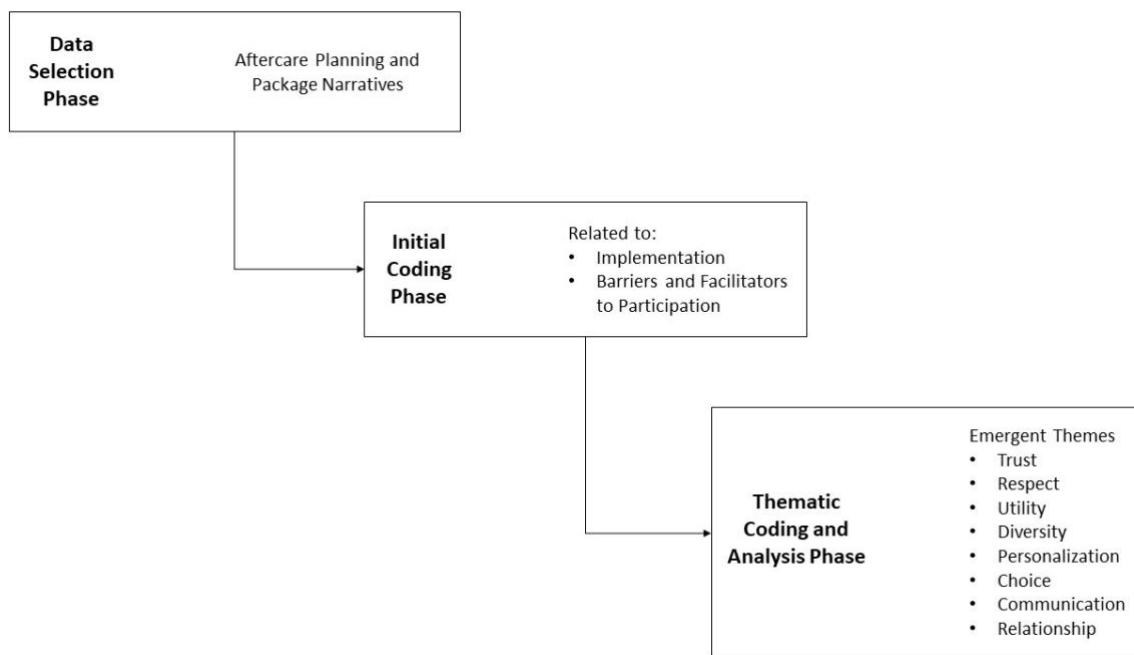
In summary, the data analysis process sought detailed engagement with the young people's narratives with the aim of producing a nuanced account of their perspectives on their experiences of, and engagement in, aftercare planning and participation.

FINDINGS AND DISCUSSION

Sixteen young people (including six females and 10 males) were interviewed at baseline. Table 1 presents a sample profile, documenting the number of care placements, the duration of time spent in care, last placement and current housing situation for each of the study's participants.

<u>Table 1:</u>   Sample Profile

Participant	Number of Placements[10]	Duration of Care (years)[11]	Last Placement	Current Housing
Jennifer	3	5	Residential	Aftercare Residential
Abby	6	10	Residential	Supported Lodgings
Elspeth[12]	5+	6 to 7	Residential	Aftercare apartment
Charles	4	2	Residential	Grandparents
Brad [6]	5+	16	Residential	Aftercare Residential
Ethan	2	2	Residential	Aftercare Residential
Brian	1	17	Non-kin foster	Foster family
Donald	1	10	Non-kin foster	Foster family
Isaac	1	7	Non-kin foster	Foster family
Darragh	3	1.5	Non-kin foster	Private rented
Marius	1	2	Non-kin foster	Aftercare Residential
Anna	1	17	Kinship	Private rented
Derina	1	17	Kinship	Foster family

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[10] Does not include respite care.

[11] Consecutive or non-consecutive years.

[12] Elspeth and Brad could not remember the exact number of care placements they had experienced but they both described more than five distinct placements.

Luke	1	18	Kinship	Private rented
Kevin	3	2	Kinship	Supported lodging
Rebecca	2	5	Homelessness[13]	Couch Surfing

As noted previously, young people were recruited through contact with aftercare workers across all four of Tusla's Local Area Offices. All participants, therefore, had an allocated aftercare worker with whom they were engaged at some level. Six of the 16 had exited care from a residential care home, with five of these young people living in aftercare designated housing and one with his grandparents at the time of interview. Five of the 16 aged out of care in non-kin foster families, with three of them remaining in their foster homes after the age of 18, while two were assisted in securing accommodation by their foster family and/or aftercare worker. Four young people aged out of kinship foster families and only one remained with her foster family after the age of 18; two were assisted in finding accommodation by their aftercare worker and one young woman secured private rented accommodation independently. Finally, one young woman was homeless at the time of interview following the breakdown of her non-kin foster family placement just one month before she turned 18. Subsequently, her aftercare worker negotiated a living arrangement for her with relatives but this living situation also broke down. At the time of interview, she was moving between the homes of her boyfriend and grandmother, which is insecure accommodation that constitutes a type of 'hidden' homelessness (FEANTSA, 2017)[14].

AFTERCARE PLANNING: YOUNG PEOPLE'S MEANINGS

Young people typically depicted aftercare planning as a single event or meeting rather than an ongoing process, even if they had regular communication with their aftercare worker. Despite seeking advice and making decisions along the way, most did not use the term 'planning' when questioned directly about the experience. Indeed, more commonly, young people stated that little or no planning had occurred, even if they later described instances of liaising with their aftercare worker on issues concerning their lives. All of the young people seemed to have been at least aware of, albeit not necessarily have attended, their end-of-care review meeting, which marked the point when their case

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[13] Rebecca had been in non-kin foster care but this placement broke down one month before her 18th birthday.

14 FEANTSA is the European Federation of National Organisations Working with the Homeless. In the mid-2000s, FEANTSA researchers developed ETHOS (the European Typology of Homelessness and Housing Exclusion). Underpinned by the idea of a continuum of homelessness—ranging from people 'at risk' of homelessness to people who are temporarily or episodically without shelter, to individuals who are persistently homelessness—ETHOS is widely accepted as a useful framework for defining homelessness and housing instability (Busch-Geertsema, 2010). Importantly, the typology includes individuals living in insecure housing and in situations of 'hidden' homelessness (that is, staying temporarily with family members or friends).

was formally transferred from a social work department to an aftercare unit or service. This meeting was in fact the event to which young people usually referred when asked about aftercare planning. As stated earlier, it is the responsibility of the assigned professional to devise a leaving care plan for discussion at the end-of-care review meeting. However, none of the young people discussed either the development of that plan or having access to the planning document itself.

COMMUNICATION: RESPECT, TRUST, AND VALUE

Communication was an issue raised repeatedly by young people, and the manner in which aftercare workers communicated with them was perceived as a marker of either respect or disrespect. If young people felt that they were not fully informed about their entitlements and/or not communicated with respectfully, it was interpreted as signalling the worker's failure or inability to communicate with them *as adults*. This experience invariably resulted in feelings of distrust, which sometimes led to service disengagement or avoidance. In the following account, Anna, a young woman who had left her kinship care placement of 17 years, explained that she felt disrespected by an aftercare manager who told her that she ought to "feel lucky" that she had received her rental assistance so quickly. Meanwhile, Anna felt that her aftercare manager/worker did not fully appreciate the challenges she was experiencing as she attempted to establish herself in independent living.

> "Y'know, she [*aftercare manager*] was making it out as if it [*rental assistance*] was there, snap, the next day when it wasn't. And I just felt like, I was like, 'Is she [*aftercare worker*] for real?' I was like, I went mad at [*aftercare worker*] … I was like, 'I don't ever want to speak to her again over this like'." — Anna, left kinship care

In contrast, young people who felt that their situations were understood and their perspectives respected, expressed satisfaction with the process and participated in planning through meeting attendance and discussions with their aftercare workers. Some, like Luke, a young man who had left his kinship placement of 17 years the day he turned 18 years old, described a sense of personal achievement arising from the experience of participation.

> "All they [*aftercare staff*] said is, if I keep showing up to meetings, that I'll go where I want to go because you catch me a year ago I wouldn't have done this with you like [*referring to participation in the research*]. Like I wouldn't have done anything, like I wouldn't have lifted a finger for anybody else like. And just even everyone else was saying I've changed so much within a year like. [...] Yeah, I'm delighted with myself. I changed my life. I didn't picture myself making that change in a million years like." — Luke, left kinship care

Another key communication issue in the planning process, particularly for those young people leaving residential care settings, related to the *type* of information conveyed to them during the leaving care process. All of the young people leaving residential care described some level of life skills training that involved, for example, cooking lessons, money management and/or safety information but, almost universally, these lessons were considered to be superficial and insufficient to meet the demands of living independently. Preparation of this kind was often depicted as rudimentary and as failing to provide detailed, practical information that would enable them to cope with the challenge of moving from care to independence. Disappointments of this nature sometimes led to young people opting out of training courses of this kind.

> "And then they [*residential care staff*] were just really annoyed with the fact that I wasn't taking it [*life skills training*] seriously. 'Cause I didn't think it was like [pauses] good. If they were like—they were like, 'Oh, save'. If they went into more detail about like saving and banks and credit unions, I would have really appreciated that, but just like simple crap. And I was just like, what?! Like, no." — Jennifer, left residential care

Communication was important to young people and the perceived quality of communication hinged on both what was communicated and how it was communicated. In general, young people expected to be fully appraised of their aftercare entitlements and to receive practical information and advice that would enable them to transition successfully to an independent living situation. They also valued being treated "like an adult", an experience strongly linked to their perceptions of *how* they were spoken to and *what* was communicated to them.

OPTIONS: CHOICE AND (DIS)EMPOWERMENT

Young people frequently equated opportunities to have their opinions heard with feeling a greater sense of control and ownership of the planning process. When given options and choice, young people typically expressed a sense of satisfaction with the service.

> "When I was younger, I used to feel like they were ringing me every week. And I'd be like, 'Aww, d'y'know what, I don't need this every week. Like every second week is grand'. Like now [*in aftercare*] you're given the choice. And I enjoy that, y'know. Like, I enjoy being able to use like the services I need, or y'know consulting them [*the aftercare service*]." – Anna, left kinship care

However, more than one third (six of the 16 young people interviewed) did not feel that their views featured strongly, if at all, in decision-making regarding their futures. Those who indicated that they lacked choice in the planning process were more likely to avoid meetings or other planning-related

activities (such as life-skills training and key-working sessions). It was suggested by a number that their aftercare worker ought to have identified their disengagement as a sign of dissatisfaction and adjusted their approach to increase their participation. Abby, a young woman with a lengthy care history who had lived in non-kin foster and residential settings, felt that her disengagement had been attributed by her aftercare worker to her being "a teenager" but was clear that there was "something (more) to it".

> "So it was a—yeah, so it was like, at the time, the excuse was probably, 'Ah she's a teenager' [laughing], but really deep down, there was something wrong. D'y'know, there's something to it." – Abby, left residential care

However, when disinterest in participating in the aftercare planning process was expressed by young people, it was not always associated with a perceived lack of choice and/or voice in the process. Some (four of the 16 young people interviewed) indicated that they were satisfied with their interactions with their aftercare workers, anticipated few or no problems and, for this reason, did not feel that attending meetings was important. Perhaps significantly, this form of disengagement was apparent only among those young people who continued to live with their non-kin or kinship foster families. This could be related to the sense of security of 'place' and the continuity of their relationships with their carers.

> "I think you have, you have to meet aftercare, like passing from foster care to aftercare. [...] And there's care meetings every so often, but I don't go to them. I just don't. [...] I never went, but I just, we just never had any problems, to be honest. Like, there's never anything I needed or needed to say. Everything was looked after right. We were good. Everything was happy." – Isaac, stayed in foster care

Finally, four of the young people who were living in insecure housing at the time of interview explicitly stated that they could not realistically plan for the future while they were dealing with the uncertainty of seeking accommodation or with the prospect of having to do so in the not too distant future[15]. These young people were living in either time-limited aftercare accommodation or couch-surfing,

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[15] While four of the young people living in these circumstances made explicit statements linking their housing and (in)ability to plan, a total of eight were residing in what would be deemed insecure housing (i.e. time-limited or temporary arrangements) based on the ETHOS typology (see footnote 10).

meaning that they were moving between the homes of friends and relatives at the time of interview[16].

> "You can't really think ahead in the future though. If you don't really have—d'y'know? Like if I knew I was going somewhere after this [*her aftercare apartment*], if I was, d'y'know, had a roof over my head after this, then I could plan. But there's no point in planning if I'm going to be stuck in a hostel out in town. D'y'know what I mean? It's just something you can't do like. So…" – Elspeth, left residential care

Having access to safe and secure housing was central to young people feeling that they had control over their lives and situations. Often, those young people who lacked this sense of security and certainty did not appear to believe that their aftercare worker could help them to access housing.

> "Y'know, they wanted you to feel like you had some supports, but I don't know, like any time I went to reach out to get one of them services, I felt like they weren't there anymore, d'y'know? […] So I was like asking about like rent allowance, and I was like—they were like, 'No, you can't get rent allowance 'cause you're in college'." – Anna, left kinship care

Consequently, planning related to other matters—such as education, counselling support, and employment or training—was postponed or delayed, often because young people were preoccupied by their housing needs, as noted by Elspeth above. This suggests that young people may find it difficult to engage with workers during periods of acute or prolonged stress related to their accommodation needs.

DIVERSITY: EXPERIENCE OF AFTERCARE PLANNING AND IMPLEMENTATION

Young people's accounts indicated considerable diversity in the implementation of aftercare planning. For example, during interviews several young people noted discrepancies and inconsistencies, often based on their conversations with other care leavers. Anna, for example, had a male relative just one year older than her who had also left a kinship placement in the same aftercare catchment area. She referenced a number of discrepancies in how their respective aftercare planning and packages were managed, including differences in the supports provided and variation in how particular entitlements were presented and handled.

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[16] All aftercare residential facilities are time-limited, typically providing accommodation for between 1.5 and 3 years. Supported lodgings are another type of aftercare housing provision that is less clearly defined in practice. For example, Abby could only expect to live in her supported lodgings for a period of one year while Kevin had not been given an end date for his stay in the same type of accommodation and, therefore, felt no pressure to leave.

"Like 'cause my [*relative*] has shown me all his, like what he's getting, and like y'know, he has applied for a clothing allowance, but he hasn't received confirmation that he's getting it, but he has applied like. Y'know, and I was told like I can't even apply like. Y'know, I was like, that's a bit…" – Anna, left kinship care

These unexplained differences were viewed suspiciously by Anna and also impacted the focus and nature of her interactions with her aftercare worker.

"Y'know, I was listening to me [*relative*] then, and I was like, 'Oh what do I do? Do I say something to them?' And so I said something then. Y'know, I was like to [*aftercare worker*], 'Well I don't really know if I believe you 'cause I don't really know you. I only know you like four months now, and I know me [*relative*] my whole life, so I'd be more inclined to believe him.'" –Anna, left kinship care

While Anna did question her aftercare worker about these discrepancies, which in fact helped to improve their relationship, there were others who chose not to address or confront issues that concerned or upset them, often because of perceived unequal power dynamics. For example, when Elspeth, a young woman living in an aftercare designated local authority house, was asked to explain her reluctance to voice her concerns about the management of her housing, she responded by explaining that she felt constrained in her negotiations and discussions with her aftercare worker.

"No, cause if you talk to them [*aftercare staff*], aaahhh, if you talk to them they just really get on your nerves like … they [*aftercare staff*] just kinda like 'Yeah, well it's our house'. And, like yeah, I go like 'I'm paying the full rent like' […] If I say anything to them, they're just like 'It's our house – this is our place', do y'know what I mean?" – Elspeth, left residential care

Perhaps unsurprisingly, young people were more likely to participate and feel engaged in the planning process when they felt that their aftercare worker recognised and responded to their unique personal needs. Open communication about options, expectations and process bolstered the development of more personal and collaborative working relationships. These young people reported more consistent contact with their aftercare workers and also described greater levels of satisfaction with the planning and decision-making processes. The experiences of Rebecca, a young woman who was living in a situation of 'hidden' homelessness with her boyfriend and grandmother, had been transformed by the "easy and gentle" manner of her aftercare worker.

"That's what I'm saying, [*aftercare worker*] is the only one I'll actually listen to. The rest of them, no. But [*social worker*] I fought with plenty of times. He tried to get me into everything, and I'd do nothing for him. It was 'cause the way I was, I wasn't having none of it because I

was sick of everyone telling me what to do. So I wasn't taking it off nobody. But then [*aftercare worker*] came into me life and started—and I don't know? She's really easy and gentle when she talks. It's so different. I don't know what it is. You can mess [*have fun*] with her too like. She's not all serious. That's what I like about her, too." – Rebecca, left foster care

Significantly, there was no single or distinct narrative of participation; rather, expressed desire for direct involvement in the planning process varied, and this diversity accounted for much of the variability apparent in the levels of participation reported by young people. Some readily admitted, for example, that they wanted or needed more time to adjust to the idea of "growing up", which in turn impacted their views on participation. While some expressed a desire for more involvement in decision-making, others felt intimidated by the range of issues and decisions with which they were expected to engage. For instance, Brian had been in the care of a non-kin foster family for 17 years and was assigned an aftercare worker at the age of 17. When he talked about aftercare planning, he noted that his worker referred directly to not wanting to treat him like a child while also informing him "all at once" of the range of issues that required attention prior to his 18th birthday. Although others would undoubtedly have appreciated this level of attention to detail, Brian found the experience overwhelming.

> "Ehm, it [*aftercare planning*] was interesting. Because it was all at once, it 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 [foster] mum 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." – Brian, stayed in foster care

Brian's desire to have moderated participation alongside the involvement of his foster mother[17], with information conveyed incrementally, contrasted with accounts of others who wanted to feel fully informed and act as primary decision-maker in their aftercare planning. Darragh, a young man who had entered non-kin foster care at the age of 16, is an example of a young person who wanted and appreciated very involved and ongoing participation.

> "Um, well, like it's always important to have the young person to speak. I didn't have that from the start, and I made that a clear point that I would be at every meeting, and I would be

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[17] Many of the young people who had been in long-term foster care referred to their carers using kinship terminology. This language has been retained in the discussion in order to acknowledge and respect their framing of these relationships.

saying something. Because I, I was never listened to before, so I thought it was extremely important that my voice was heard." – Darragh, left foster care

Here, Darragh refers explicitly to past negative experiences, which motivated him to set out his expectations in relation to participation with his aftercare service. There were others, however, for whom past negative experiences discouraged or prevented active participation. There were also young people whose satisfaction with their current circumstances, associated, it appears, with the sense of security they derived from continuing to live with their foster families, meant that they did not feel a need for constant engagement with an aftercare worker. Thus, even among a relatively small number of young people navigating the leaving care process, there is evidence of considerable diversity in young people's experiences of, and perspectives on, participation in aftercare planning. Young people's perspectives and experiences also appear to be shaped by a number of factors, including their care histories, their relationships with their carers and, very importantly, by the sense of safety and security associated with their current living situations.

CONCLUSIONS

As highlighted earlier in this paper, young people's participation is increasingly recognised as essential to successful aftercare planning and provision (Biehal *et al.*, 1994; Crowe, 2007; Scannapieco *et al.*, 2007; Stein, 2006; Stein & Dixon, 2006; Tyler *et al.*, 2017), even if there is a lack of consensus on what precisely participation means and how it ought to be practiced (Augsberger *et al.*, 2016; Checkoway, 2011; Van Bijleveld *et al.*, 2015). While the goal of increasing young people's participation in care and leaving care discussions and decision-making remains somewhat elusive (Augsberger *et al.*, 2016; Butterworth *et al.*, 2016; Geenen & Powers, 2007; McCoy *et al.*, 2008; McLeod, 2007; Sanders & Mace, 2006), there is the additional problem of having only limited understanding of the lived experiences of young people as they navigate the process of aftercare planning. This paper has attempted to redress this gap in knowledge by focusing explicitly on the accounts of young people who had very recently reached the age of adulthood and officially exited the care system.

The findings presented provide valuable insights into the complexities surrounding youth participation in the leaving care planning process. Reported levels of engagement in aftercare planning varied and were shaped by a number of factors, including young people's perceived needs at the point of leaving care, their past care experiences and their expectations for the aftercare service. The perceived quality of young people's interactions with their aftercare workers also appeared to play a role, as did the value they placed on information imparted to them and the relevance of the training they received ahead of the transition out of care. Participation in aftercare planning provided some with a

sense of pride and ownership of the leaving care process (Augsberger *et al.*, 2016; Bass *et al.*, 2004; Crowe, 2007) and taught others the valuable skill of self-advocacy (Crowe, 2007; Leeson, 2007). In general, however, aftercare planning was framed by young people as an event rather than a process, with the end-of-care review meeting perceived as an important 'turning point' but not necessarily one that marked their increased participation in professional planning.

The young people's narratives of engagement were diverse and reveal a number of key facilitators and barriers to participation. While previous research has noted the importance of relationships in facilitating participation and the obstacles created by overly bureaucratic approaches (Adley & Jupp Kina, 2015; Bell, 2002; Freundlich *et al.*, 2007; McLeod, 2007; Van Bijleveld *et al.*, 2015; Vis *et al.*, 2011), the findings presented in this paper bring an added dimension of nuance and highlight additional experiences that served to either hinder or support participation. For this study's young people, common barriers to participation included distrust, past negative experiences, housing insecurity and the perceived value of participation, particularly in terms of whether it could impart practical information and skills. It is important to note the critical role of trust and transparency in the development of productive working relationships between young people and their aftercare workers given the consistency with which relationships have been emphasised as central to participation and engagement (Adley & Jupp Kina, 2015; Bell, 2002; Butterworth *et al.*, 2016; McLeod, 2007; Van Bijleveld *et al.*, 2015; Vis *et al.*, 2011). Notably, the issue of distrust was, for some young people, related to a perceived lack of transparency which, in turn, left them feeling disrespected. Similar to findings documented by McCoy *et al.* (2008), who examined young people's exits from care, participants who were less engaged in the planning process reported lower levels of satisfaction and were more likely to limit or even avoid participation.

The young people's accounts also highlight the significance of housing insecurity and its impact on their ability to make plans and to engage meaningfully in a planning process (Morton, 2017). Consequently, engaging young people who are experiencing acute or prolonged stress related to housing insecurity may pose challenges since their ability to deal with issues other than accommodation may be limited. Facilitators or supports to participation also emerged strongly from the narratives and included trust, a sense of security of place and a personal ability and willingness to self-advocate (Augsberger *et al.*, 2016; Cashmore & Paxman, 2006). Relational aspects of participation were noted by young people and when aftercare workers 'connected' with them in a personal way, this appeared to enhance and encourage participation (Butterworth *et al.*, 2016; Van Bijleveld *et al.*, 2015).

This study is clearly small-scale in nature, and it is important to note some limitations. The participating young people all had an aftercare worker and had therefore experienced some form of planning and participation. While a majority (84%) of 18-year-old care leavers in Ireland have an allocated aftercare worker (Tusla, 2017b), this research does not capture the experiences of young people who do not, a group that may be more likely to have had negative experiences of the leaving care process by virtue of not having a dedicated professional who is providing planning assistance. Additionally, while the findings bring to the fore the notion of security, highlighting in particular the importance of housing stability, the baseline phase of the research did not directly address the meanings that young people attach to security. Data from future phases of the study will help to uncover these meanings, including broader aspects of felt security, which have been reported as important factors in aftercare outcomes (Bessell, 2011; Cashmore & Paxman, 2006).

IMPLICATIONS FOR PRACTICE

The findings presented in this paper point to a number of implications for aftercare practice, particularly as it relates to incorporating the UNCRC *Guidelines for the Alternative Care of Children* recommendation that young people participate in the development of plans to leave care (UN General Assembly, 2010). Mutually agreed and positive communication between worker and young person certainly appeared to enhance young people's participation and engagement with the aftercare process and to also lead to higher levels of satisfaction with aftercare planning. Additionally, transparency and trust emerged as interdependent in the sense that young people's ability to trust the aftercare process hinged to a considerable extent on their perceptions of what was communicated to them and how. Young people who felt fully informed and perceived that they were given choices tended to articulate a greater sense of autonomy and control, which in turn enhanced their ability to engage with the planning process. Notably, some young people's ability to engage meaningfully with their workers was affected by a lack of access to basic needs such as housing. In terms of social work practice, the interdependence of transparency and trust is a key finding that highlights relationship building as fundamental to engaging young people in the planning process. Finally, and importantly, young people clearly had diverse needs at the point of leaving care and they also differed in terms of their desired position and role within the aftercare planning process. While some were ready to fully embrace planning and participation, others were rather more reticent and/or did not feel that they could question the process at key junctures. These findings highlight a need to consult with young people early, not simply about planning, *per se*, but also about their preferred role in the planning process. Young people are themselves in transition as they leave care

and their perspectives on aftercare can be expected to change over time, pointing to a need to review and revise the planning process itself in consultation with young people and at regular intervals.

KEY MESSAGES FOR PRACTITIONERS:

- These findings suggest that creating and maintaining relationships is critical to engaging young people. A key point is that open and honest communication is essential for maintaining positive working relationships.

- The findings presented in this paper suggest that some young people may find the sudden demands of engaging with leaving care services to be daunting. Services could, therefore, develop approaches that focus on the incremental introduction of the concept of aftercare and the role of the aftercare worker, utilising existing positive relationships where possible.

- Finally, there is a clear need to conduct periodic reviews of aftercare services and of young people's engagement with those services. In developing a policy for periodic reviews, it is important to consider the frequency of reviews, the question of who should attend and, in consultation with the young person, the range of issues that might be discussed.

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