



'MY VOICE HAS TO BE HEARD'

Research on outcomes for young people leaving care in North Dublin



empowering people in care

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EXECUTIVE SUMMARY

This research study aims to contribute to a better understanding of the issues facing young people when they leave care.

This report aims to answer three main research questions.

- What are the needs and circumstances of young people aged 17-18 who leave care in North Dublin?
- What factors are associated with more positive outcomes for young people?
- What are young people's experiences of receiving aftercare supports?

The main population for the study were young people aged 17-18 years who were receiving aftercare support in North Dublin. The design of the research involved a mixed methods approach. The study involved three forms of data collection:

- Surveys with Aftercare Workers about the circumstances of 65 young people carried out at two points in time: Round 1 in May/June 2010; and Round 2 in December 2010/January 2011;
- Interviews with eight young people (who were also included in the surveys above);
- Interviews with eight Aftercare Workers from the North Dublin area.

The survey data provided a comprehensive overview of young people's circumstances while the interviews gave a more in-depth insight into young people's experiences as well as issues of concern to Aftercare Workers. Therefore, both quantitative and qualitative data were collected for the study.

Data from the surveys

Profile of young people

- Out of the 65 young people, 49% were male and 51% were female.
- Most young people were born in Ireland (except for four who were born elsewhere).
- By Round 2, 17% had a child dependant or were currently expecting the birth of a child.
- Young people were almost twice as likely to have had their final placement in foster care compared to residential care – 51% and 28% respectively.
- During their time in care, 31% of young people had experience of placements in both foster care and residential care.
- Most young people experienced one or two placements while in care, 63%. However more than one in ten, 14%, had experienced five or more different placements while in care.

Summary of changes in young people's circumstances between Rounds 1 and 2

Accommodation

- More young people were living in semi-independent or private rented accommodation and fewer were living in a family environment in Round 2.
- Many young people moved frequently after leaving care - 3 out of 10 moved three times or more in the past 20 months. This put young people at a higher risk of experiencing homelessness, which stood at 20% in Round 2.

Education and current economic status

- 37% of young people had taken the Leaving Certificate exam. However, 39% of young people left school after taking the Junior Certificate, and 12% had no qualifications. Several had gaps in their education, 20%, and 25% had a diagnosed learning disability.
- In Round 2, 20% of young people were engaged in further education mostly taking Post Leaving Certificate courses, while three young people were studying for a Diploma.
- Between Rounds 1 and 2, fewer young people were studying or doing training courses while unemployment increased from 26% to 37%.

Financial support

- Between Rounds 1 and 2, the number of young people who relied on social welfare for their main source of income increased from 31% to 42%.

Informal sources of support

- Contact with birth family was stable over time with one half of young people seeing at least one family member at the time of Round 1 and Round 2, which tended to be a sibling or their birth mother.
- Most young people had a significant adult, 82%, and close friends, 71%.

Formal support from aftercare services

- Most young people linked in with their Aftercare Worker. However, those who disengaged from the service increased over time, from 8% to 19%.

Health and well-being

- Rates of smoking and alcohol consumption rose over time. The number taking illegal drugs fell slightly but stood at 35% in Round 2 (especially males).
- The rate of mental health needs increased from 31% to 39% with many young people deemed to need counselling but several refusing to engage.

Independent living skills

- The number who were deemed by Aftercare Workers to have adequate living skills increased over time. However, young people were deemed to need more help with budgeting in particular.

Factors associated with more positive outcomes

Stability in young people's care placement history was associated with more positive outcomes when leaving care. Where young people remained in the same placement, typically in foster care, this was more likely to lay the foundations for positive outcomes in their transition from care to adulthood: fewer accommodation moves; less likely to have been homeless; better education outcomes and more likely to be taking part in further education/training after leaving secondary school. Health indicators were also more favourable for those who enjoyed stability during their time in care as young people were more likely to have good general health and be less likely to have mental health needs.

Interviews with young people

Out of the eight young people interviewed, five were female and three were male. Five young people were aged 19 years old, two were aged 18 and one was 17. Most of the young people interviewed spoke positively about the aftercare service they had received. The role of other professionals in helping young people to develop independent living skills was also noted, for example Key Workers.

Several young people had concerns around particular aspects of aftercare supports including the lower level of support compared to being in care, inaccessibility of Aftercare Workers out of office hours, having enough time for aftercare planning and the need for more help with budgeting.

Many young people highlighted the various challenges that they faced such as multiple accommodation moves and mental health needs. Social support was identified by young people as the greatest need for care leavers and several spoke about receiving help from family, friends and former carers. Many of the young people interviewed did not feel ready to leave care at 18 and felt under pressure to become an adult almost overnight. Being able to make a more gradual transition from care through the availability of more step-down supported accommodation was deemed as one way in which this could be positively addressed in future.

Key messages for policy and practice

The report concludes with eight key messages for policy and practice based on the findings from the research.

Message 1:

Highlight the importance of comprehensive care planning, effective matching and adequate supports to maintain placements while young people are in care.

Message 2:

Acknowledge and encourage the development of social support for young care leavers.

Message 3:

Allow adequate time for aftercare planning and allocate Aftercare Workers in good time.

Message 4:

Address the gaps in the current provision of aftercare supports in North Dublin.

Message 5:

Increase the provision of supported accommodation with graduated levels of support.

Message 6:

Raise awareness of the financial challenges facing care leavers and provide more help with budgeting.

Message 7:

Compile administrative data on care leavers to inform aftercare service provision.

Message 8:

Listen to young people about their experiences of leaving care.



CHAPTER 1: INTRODUCTION

Moving from childhood to adulthood is a key stage in the life of any young person. Young people who are making this transition from care tend to face even greater challenges as a result of not growing up with their birth families. However, the lack of Irish research on the area means that very little is known about young care leavers' transition to adulthood. What is the experience like for young people who have been in care and how do they progress afterwards? This research study aims to contribute to a better understanding of the issues facing young people when they leave care.

Definition of 'leaving care'

Leaving care means the end of living in the care of the State, typically in a residential or foster care placement. In Ireland, the legal age for young people to leave care is 18 years old. In reality, some young people may leave care earlier especially if their placement has broken down. However, turning 18 marks the end of childhood and the start of becoming an adult. Where young people have been in foster care, they may often remain living with the foster family after the age of 18. However, young people who have been in residential care are likely to leave the house they were living in and move to an aftercare residential placement or onto independent living.

The period of time following leaving care is typically referred to as 'aftercare'. In certain areas of the country, young people can avail of aftercare supports usually from an Aftercare Worker. These supports can include information and guidance on financial issues e.g. social welfare entitlements, identifying appropriate educational courses, practical assistance in finding suitable accommodation as well as personal support and advice. Section 45 of the Child Care Act 1991 is the key piece of legislation which informs the provision of aftercare services in Ireland. It states that young

people leaving care may receive support if deemed to be necessary by the Health Service Executive (HSE) up to the age of 21 years (or up to the age of 23 if in full-time education). However, the provision of aftercare varies across the country. One of the areas where aftercare supports are available is North Dublin, which is the focus of this research study.

Research questions

This report aims to answer three main research questions.

- What are the needs and circumstances of young people aged 17-18 who leave care in North Dublin?
- What factors are associated with more positive outcomes for young people?
- What are young people's experiences of receiving aftercare supports?

The overall aim of this study is to develop a better understanding of what happens to young people when they leave care. In addition to considering their needs at this time of transition, an analysis is carried out to establish what factors may help them to achieve better outcomes. The third research question ensures that young people have a direct input into the study and explores their views on the kind of supports they have received.

The study involved the participation of Aftercare Workers and young people who have left care. Both quantitative and qualitative data were collected. A survey was done with Aftercare Workers to compile data on young people's circumstances, which was used to explore particular outcomes. Interviews were also conducted with young people and Aftercare Workers. Currently, there is no administrative data collected on care leavers' needs and circumstances. Since September 2011 the HSE have started to compile basic data on the

number of young people aged 18-21 years who receive aftercare, which is published in their monthly Performance Reports. However, there is no further published data about this group of young people. This research aims to contribute to this gap in knowledge.

Content of report

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The following chapter introduces the area of aftercare and considers policy developments in Ireland along with a discussion of some of the issues raised by Aftercare Workers during the research. Chapter 3 is a literature review and presents some of the key findings from other research that has been carried out on the topic of leaving care relevant to this study. Chapter 4 explains how the EPIC study was carried out and the methods of data collection used. The next two chapters present the main research findings: Chapter 5 explores the survey data results on outcomes for a group of 65 young care leavers in North Dublin; and Chapter 6 focuses on the interviews with young people. The final chapter considers some of the main themes from the research findings and concludes with a set of key messages for policy and practice.

CHAPTER 2: AFTERCARE – ISSUES CONCERNING POLICY AND PRACTICE

Introduction

In recent years, the topic of aftercare provision has received increasing attention. For example, the Report of the Commission to Inquire into Child Abuse (2009), more commonly known as the Ryan Report, made a specific recommendation that aftercare should be provided to all children who have been in State care. This chapter begins by defining the term ‘aftercare’ and then considers the main developments in Irish policy. The chapter then explores the views of eight Aftercare Workers in North Dublin. The aim of this chapter is to contribute to a better understanding of what constitutes aftercare and to highlight some of the issues that are relevant to both policy and practice.

What is ‘Aftercare’?

The term ‘aftercare’ is used to refer to the nature of support and services provided to young people when they leave care. Typically, young people leave care when they turn 18 years of age and are said to have ‘aged out’ of the care system. However, young people can leave care earlier, particularly in the case where their placement breaks down. The terms ‘aftercare’ and ‘leaving care’ are closely related and are often used to mean the same thing.

It is widely acknowledged that leaving care is a long term process. As Pinkerton and McCrea (1999) state ‘leaving care is a transition over time that starts before and continues after the point of discharge’ (Pinkerton and McCrea, 1999: 115). They argue that legislation in the UK now recognises this and it is important for developing appropriate services. Pinkerton and McCrea (1999) advocate that services should respond to young people at different stages in the transition from care: those who will be leaving care in the next two years; those due to leave; and

those who have been discharged in the last year. In the Republic of Ireland, the legislative basis for aftercare provision does not give young people leaving care a statutory right to aftercare services.

Policy context in Ireland – the development of Aftercare

This section considers key aspects of government policy on aftercare in Ireland. It looks at developments in policy and refers to relevant legislation, government reports and Health Service Executive (HSE) policy documents on the area.

Legal basis for aftercare supports

Section 45 of the Child Care Act (1991) is the main piece of legislation that sets out young people’s entitlement to aftercare services in Ireland. It states that aftercare services may be provided to young care leavers up to the age of 21 or when they finish their course of education. Aftercare services can comprise a wide range of supports to assist young people’s transition from care to independent living. These include meeting with a young person, helping them to find suitable accommodation, securing financial support and assisting them to find employment, training or to complete their education.

Section 45 of the Child Care Act (1991) represents the first key piece of Irish legislation on aftercare services. However, it falls short of placing a statutory obligation on the HSE to provide an aftercare service to all young people leaving care in Ireland. Instead, the provision of aftercare is at the discretion of the HSE. In response to recent questions in the Dáil, the Minister for Children and Youth Affairs has said that the current legislation “places a statutory duty on the HSE to form a view in relation to each person leaving care as to whether there is a ‘need

for assistance’ and if it forms such a view, to provide services in accordance with the legislation and subject to resources.”¹ Despite a campaign by several voluntary organisations and some professional individuals under the group ‘Action for Aftercare’² to change the wording in Section 45 from ‘may’ to ‘shall’ to give care leavers a statutory entitlement to aftercare supports, the recent Child Care (Amendment) Act 2011 did not adopt this recommendation.

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The absence of any legal entitlement to aftercare supports for care leavers has had important implications for the way in which aftercare services have developed. The current provision of aftercare supports have developed in an ad hoc way with the result being that the level of supports varies across the country, with some areas having no service available for young people. For instance, while some HSE areas have a written policy on the provision of aftercare supports for care leavers and employ Aftercare Workers such as in North Dublin, this is absent in other areas.

Legislation in Northern Ireland and the UK

In contrast to legislation in the Republic, the legal basis for leaving care services in Northern Ireland comprises a single piece of legislation in its own right. The Children (Leaving Care) Act (Northern Ireland) 2002 puts a responsibility on HSS Trusts (equivalent to the HSE in the Republic) to assess and meet the needs of 16 and 17 year olds still in care, or those who have left care. A personal adviser and pathway plan for each young person is required under the Northern Ireland legislation, similar to ‘aftercare workers’ and an ‘aftercare plan’ in the Republic. However, the legislation in Northern Ireland is more specific and detailed in terms of setting out the nature of appropriate leaving care

services. For example, it states that HSS Trusts are responsible for being the main income provider for care leavers rather than the social security system.

In the UK, legislation has been introduced to increase the responsibilities on local authorities for supporting young people when they leave care. The Children (Leaving Care) Act 2000 in England and Wales and the Regulation of Care (Scotland) Act 2001 were enacted to promote better outcomes for care leavers by having their needs assessed, being allocated a personal adviser and better planning to ensure they received the supports that they needed. Following these developments in legislation in the UK, Wade and Munro (2008) note that early research has shown that it has contributed to an expansion of leaving care services as well as ‘some improvements in the planning, consistency and equity of these services’ (Wade and Munro, 2008: 213). There is some evidence that changes in legislation which have enhanced the provision of aftercare are seen by aftercare practitioners as contributing to better outcomes for care leavers including greater involvement in further education by care leavers, better financial support by local authorities and an increase in the provision of supported accommodation (Stein, 2006). In addition, Harris and Broad (2005) found that since this legislation has been passed, economic outcomes for young people in three East Midlands local authority areas have improved with more going into further education/training and a decline in the number who were unemployed.

In addition to the policy debates on aftercare that have been taking place, several Irish government reports have been published in recent years which have highlighted the importance of aftercare supports for young people leaving care.

¹ Frances Fitzgerald Dáil Debates 8070/12 14 February 2012, available at <http://www.kildarestreet.com/wrans/?id=2012-02-14.500.0>

² This group involves a range of practitioners, academics, legal professionals and voluntary organisations including EPIC, Barnardos and Focus Ireland.

National Standards for Children's Residential Centres, 2001 and Foster Care, 2003

The National Standards for Children's Residential Centres (2001) and the National Standards for Foster Care (2003) provide some guidance on young people's preparation for leaving care. Both documents state that planning for leaving care should start when a young person reaches 16 years of age and that a written plan should be in place to identify the nature of supports that a young person needs to make a successful transition from care to adulthood. Both documents also state that young people should be involved in the aftercare planning process.

Youth Homeless Strategy, 2001

The Youth Homeless Strategy (2001) set out to identify measures to prevent youth homelessness and to inform the development of services to meet young people's needs.³ The Strategy contains twelve objectives which it argues have to be met to achieve the overall goal of preventing youth homelessness. One of these objectives was to improve the provision of aftercare services, stating that adequate preparation for leaving care could help to prevent homelessness amongst young people leaving foster and residential care. Some key recommendations were made in the report: firstly, that an aftercare support plan be in place for each young person; and secondly, that each HSE area should develop its own written policy on the nature of supports and entitlements that are available for young care leavers on a local basis. The HSE Area of North Dublin developed such a written policy in 2006.

Model for the Delivery of Leaving Care and Aftercare Services in HSE North Dublin, 2006

The HSE North Dublin region developed a model for providing leaving care and aftercare services in the

local health office areas of North West Dublin, North Central Dublin and North Dublin. The purpose of the policy was to "improve the life chances of young people who are looked after by the HSE as they make their transition to independent living" (HSE, 2006: 9). One of the key aspects of the policy was to improve the assessment, preparation and planning for leaving care, stating that preparation should start when a young person turns 16 years old. Young people are eligible for the aftercare service if they have been in care for at least six months. The policy provided a checklist of items to be included in the formulation of leaving care and aftercare plans, as well as identifying the practitioners who should be involved at each stage. There were three main stages to the model.

The first stage involves an assessment of young people's needs. The written policy contains two templates for conducting a needs assessment, one to be completed by the young person and another to be filled in by a relevant professional or carer, e.g. key worker, foster carer etc. The needs assessment template covers issues concerning the young person's health, emotional well-being, accommodation and education/training. This information then feeds into the second stage of the model which results in the compilation of a preparation for leaving care plan. This sets out the actions necessary to assist the young person to leave care, e.g. considering accommodation options appropriate to their needs and identifying the nature of financial supports. The third stage is the formulation of an aftercare plan which identifies the services and supports deemed to be necessary for young people when they have left care. The aftercare plan covers various aspects including young people's family and social relationships, health, independent living skills and support from other agencies. It is a plan to guide young people's

³ At the time of writing this report, the Department of Children and Youth Affairs were reviewing the implementation of the Youth Homeless Strategy to establish the progress made and identify gaps in service provision.

transition from care and according to the policy, should be monitored at least once a year after a young person has left care.

Report of the Commission to Inquire into Child Abuse, 2009 (Ryan Report) and Implementation Plan, 2009

The Commission to Inquire into Child Abuse was established in the year 2000. It was set up to examine the abuse of children in institutions in Ireland since the 1940's (or earlier). The Commission published its report in 2009, which became known as the Ryan Report after the Commission's Chairman Mr Justice Ryan. Some of the recommendations were specifically related to the provision of aftercare. In particular, young people who had been in the care of the State were deemed to be entitled to access support services after they had left care. In addition, the report stated that care leavers should be consulted to give their views on their care experience. The Commission also recommended that a database on children in care should be compiled to include information on what happens to care leavers which would help to inform the development of services and policy.

Following the Ryan Report, an Implementation Plan was published in 2009 by the former Department of Health and Children which outlined a timeframe for implementing the report's recommendations. Improving aftercare supports to young people leaving care was one of the areas addressed (see Actions 64 to 69). The report acknowledged the inconsistent provision of aftercare services to young people across the country as well as the need for it to be an integral part of care. Amongst the specific recommendations made in the Implementation Plan was that the HSE should provide aftercare services to all young people leaving care where deemed necessary and for the HSE to carry out a longitudinal study of young care leavers over a ten year period. In response to the first of these recommendations, the HSE has recently developed a National Policy on Aftercare Services (2011).

It has appointed an Aftercare Implementation Group comprising representatives from statutory and voluntary agencies to oversee putting the policy into practice.

HSE National Policy and Procedure Document on Leaving and Aftercare Services, 2011

The formulation of a national policy on aftercare by the HSE is a welcome development. Given the inconsistent nature of aftercare provision across the country, a national policy provides the potential for developing a standardised good quality aftercare service to all young people leaving care. The policy document notes that the lack of such a national policy has caused problems in developing aftercare services. It emphasises that aftercare planning and preparation should help young people to make a gradual transition from care to adulthood. The policy adopts the same model as the policy for leaving and aftercare services in North Dublin (2006) discussed above, comprising the same three main stages of preparation for leaving care, leaving care and aftercare. The document also highlights the importance of young people's involvement in the aftercare planning process. Its overall objective is to enhance outcomes for young care leavers.

These government documents highlight many of the important aspects of an adequate aftercare service. However, in practice many young people are not able to access any formal supports after leaving care because of the geographical disparity in aftercare provision, which has resulted from the absence of statutory responsibility in the relevant legislation. The HSE National Policy and Procedure Document for Aftercare Provision may be the key development in Irish policy which means a greater equality to accessing appropriate aftercare supports for all care leavers. A strong commitment to implementing the policy and allocating adequate resources to fund it will be critically important to improve the provision of aftercare services to all young people leaving care.

Gilligan (2008) argues that there are three obstacles to the development of aftercare services in Ireland: firstly, the absence of any statutory obligation to provide aftercare services under the current legislation; secondly, no national framework for the provision of adequate aftercare services to care leavers, which it is argued contributes to unplanned transitions from care; and thirdly, the lack of official data or evidence on outcomes for care leavers. While the second obstacle identified by Gilligan (2008) has now been addressed by the HSE National Policy document, the first and third obstacles still remain.

Issues concerning practice – Views of Aftercare Workers in North Dublin

As part of the EPIC research study, interviews were carried out with eight Aftercare Workers based in the North Dublin area. Six of these Aftercare Workers were from the Health Service Executive (HSE) and worked in three local health office areas in the HSE Dublin North East. The remaining two Aftercare Workers were from voluntary organisations which provided aftercare supports to young people leaving care. This section presents some of the main issues raised by Aftercare Workers from their experience of working with care leavers in North Dublin. It aims to contribute to a better understanding of what aftercare supports consist of. Aftercare Workers also highlighted certain groups of care leavers who had particular needs. The chapter finishes with some issues that Aftercare Workers identified which should be addressed in the future development of aftercare supports in North Dublin. These comments are timely considering the recent development of the HSE National Policy on Aftercare Services.

Nature of aftercare supports provided

One of the first tasks carried out by Aftercare Workers with care leavers was a needs assessment which informed the content of the young person's aftercare plan. All the workers stated that it was important that young people agreed to the content of the aftercare plan. However, young people's needs were constantly changing and some workers said that the needs assessment could go out of date very quickly. This highlights the importance of reviewing young people's needs on a regular basis to ensure that they receive the appropriate supports.

A variety of different supports were provided to young people by their Aftercare Workers. These could vary over time. Initially, young people needed help in particular with finding suitable accommodation and accessing information on social welfare entitlements. Linking young people with available training and education courses was another task undertaken by Aftercare Workers. Finding out information on behalf of the young person and being a link to other services was also a part of the Aftercare Worker's role. The nature of supports tended to be fairly practical at first but as young people got to know their Aftercare Worker they could become an important source of emotional support.

"Initially, it's practical information, then it's practical support over a long period of time and the emotional support comes then as the relationship builds..... The longer they know you, the more comfortable they are and they can actually say, 'Look, I just need to see you for a cup of tea and I need to talk to you about this, that or the other.'" (ACW3)⁴

Appropriate preparation for independent living was highlighted by many Aftercare Workers as being critical to helping young people to make the transition from care to adulthood. Being adequately

⁴ Codes have been used after each quote to ensure that the Aftercare Workers who were interviewed are anonymous and to protect confidentiality.

prepared to live independently gave young people the confidence in their abilities to do these tasks, a point made by two Aftercare Workers. One Aftercare Worker talked about the programme used in the service and the range of skills that young people needed to learn.

"We tailor the independent living programme to each of them. We go from education to financial, budgeting, shopping, how to cook, everything regards opening a bank account and reading your statement, reading your utility bill. So we show them absolutely everything, even down to basic home repairs. Simple things like that they need to know. We add to it all the time. If something comes up, something new, we add it. We go through sexual health matters, relationships, everything." (ACW6)

One recommendation of a practical support that was needed by young people was to ensure that they left their last placement with some form of photo identification before leaving care. This was highlighted by one Aftercare Worker who said it was important when applying for social welfare entitlements and also for going on a local authority's housing list. Having photo ID meant that there was no delay in making these applications which could be an issue.

Young people's engagement in aftercare services

Aftercare Workers reported that most young people who were offered aftercare supports accepted the service. Some Aftercare Workers stated that a small number of young people had not wished to receive support initially but then came back later to take it up. It can take time for some young people to engage in the service and to realise that having an Aftercare Worker is not the same thing as having a social worker.

"It takes them a while to realise about aftercare 'cos when they turn 18 they look at us as social workers. When they turn 18 they think that they're never gonna get away from it. And then they decide,

'oh wait now, an aftercare worker might be good' or they start talking to each other and they do see us as being separate. But it can take a while to get them on board, some of them." (ACW7)

The level of engagement with Aftercare Workers varied. One issue that arose here was that some young people were reluctant to link in with services addressing particular needs, two examples being services addressing substance misuse and general counselling. In some cases, this was because young people themselves had a different perception of their needs than those held by Aftercare Workers. It was also important that young people be fully informed about the nature of services available and that they had some time to consider if they might be useful.

In response to a low level of engagement amongst a few young people, some workers developed creative ways of working with them that involved another adult. For example, one worker maintained contact with a young person's foster carer to ensure that he received the information and guidance that he needed. Where young people did not engage with services their case could be closed. However, several Aftercare Workers spoke about the importance of having an 'open door' policy where young people could change their mind and avail of the service. As it can take time for some young people to agree to receive aftercare supports, this would be an important aspect of the service.

Groups of care leavers with greater needs

Certain groups of young people were identified by Aftercare Workers as having more significant needs and requiring additional supports when they leave care.

Young mothers

Young mothers were seen as having particular needs for support by some Aftercare Workers. One worker had several young mothers on her caseload and felt that it could be difficult for them to cope on their own. Similarly, another worker tried to link them into family support services, teen parenting and other community based services. The responsibilities of first time parenthood in addition to dealing with the various challenges of becoming an adult themselves can prove difficult and stressful, especially for those with few social supports available to them. Some young mothers could be at risk of having their own children being placed in care. One Aftercare Worker felt that care leavers who were parents were subject to 'a lot more scrutiny' by social services.

One worker felt that there had been some improvement in the supports available to young mothers in recent years. However, it was acknowledged that there was inadequate supported accommodation available to young mothers and that many had no option but to live in private rented accommodation, typically with few supports around them.

Young people with disabilities

Young people with disabilities were another group who were deemed to have greater support needs. Some Aftercare Workers talked about the difficulties they experienced in referring young people with quite severe disabilities to adult services and felt that they did not receive the appropriate level of support.

Young people who experience placement breakdown before leaving care

Young people who experienced a breakdown in their placement before leaving care were seen as needing more support in aftercare. One worker spoke about a young person who was having difficulties and refused to receive support from their former foster family.

"For instance this young person was in a really good foster placement. His foster carers were really tuned in. But he's done things, like he was found selling hash to people on the streets. He thinks he's burnt his bridges but he hasn't. His family have said 'this is your home and we are your family'. But he has chosen to completely disengage from them. He said to me, 'I want to see you, but I don't want to see other people. I can't face them now.' (ACW1)

There were also stories of young people returning to their birth families after their last care placement and leaving soon after things did not work out.

Young people in emergency accommodation

One Aftercare Worker felt that young people in emergency accommodation could have multiple needs. Their lifestyles could be very chaotic. This group could also be difficult to engage in the aftercare service.

Views on the future development of aftercare services in North Dublin

While many Aftercare Workers acknowledged the wide range of supports available to young people leaving care, they identified several issues that they felt should be addressed in relation to the future development of aftercare services in North Dublin.

Structure of aftercare support service in North Dublin

Three workers felt strongly that the service needed a Co-ordinator to manage it and to ensure that a standard service was delivered in all areas in North Dublin. Furthermore, aftercare should be a service in its own right, which would involve establishing a team of Aftercare Workers rather than workers being based within local social work teams as is currently the case. This would help Aftercare Workers to develop good practice, share ideas and provide peer support. The point was also made that removing the service from social work might mean that young people were more likely to accept the service.

"If we're going to give an aftercare service we need to do it in a way that's co-ordinated in all the areas. Somebody that can deliver the service. There should be somebody co-ordinating aftercare. It needs somebody at a high enough level to get things done. The resources just aren't there for it to be an effective service. It needs its own authority." (ACW8)

In terms of developing the service, several Aftercare Workers spoke of the need for a single database of care leavers so that the future demand for the service could be established and information on young people's needs might be more easily available.

Flexibility on age criteria for aftercare supports

Young people are currently entitled to receive aftercare supports from the age of 18 to 21 (or up to 23 if participating in education). However, in some cases young people were not ready to accept the service until they were 19 or 20. In these instances, Aftercare Workers felt that young people should still get the service for three years if they needed it rather than being penalised for not being emotionally ready to accept that they needed the support at 18.

Allocate Aftercare Workers before young people turn 18 years of age

Young people tended to be aged between 17 and a half and 18 years old when first allocated an Aftercare Worker. One worker said that even if referrals were made earlier, most young people had turned 18 by the time he started work with them because there was a waiting list for the service. In the past, there has been an issue where many young people did not have an allocated social worker when turning 18 which could cause a delay in linking them in with aftercare services. For example, one worker said that two years previously

70% of young people on her caseload did not have an allocated social worker. However, this had improved over time.

Address waiting lists and large caseloads

There were waiting lists for aftercare supports in two of the three local health office areas in North Dublin. One of the waiting lists consisted of 28 young people at the time of the second round of data collection (i.e. January 2011). One of the Aftercare Workers interviewed for the purpose of this research identified that being on a waiting list could be a source of anxiety for young people.

"That can be very traumatic for the young person to know that they're on a waiting list where it could be six months or whatever. You just can't depend on that." (ACW1)

In addition to the current waiting lists, several Aftercare Workers felt that their individual caseloads were too large. Caseloads varied between 14 and 30 young people in the three local health office areas. A large caseload meant that it was very difficult to provide an adequate level of support to all young people, with some requiring more in-depth work.⁵ In these circumstances, the service becomes one of crisis response or as one worker described it, 'fire fighting'. Therefore there was no time for early intervention and prevention work. One Aftercare Worker said they would have liked to do more work with young people aged 16/17 before they left residential care but this was not possible due to the large caseload.

Greater provision of semi-independent accommodation

Several workers spoke about the importance of semi-independent accommodation as bridging the gap between residential care and private

⁵ Harris and Broad (2005) argue that a caseload of 15 young people is an 'optimum number' to help professionals working with care leavers to build good relationships with them.

rented accommodation. While acknowledging that some young people do not want to live in this accommodation because of staff being on site, it was felt that many young people needed the supports that were available to make the transition to independent living. Moving young care leavers straight into private rented accommodation was deemed by some workers as ‘delaying homelessness’. Two obvious groups that needed this accommodation option were females in general,⁶ and young mothers in particular.

In addition to providing more semi-independent accommodation for care leavers, some workers stated that different levels of supports should be available. One of the voluntary organisations involved in the research provided graduated supports in its houses. However, two Aftercare Workers felt that there should be more semi-independent accommodation where staff did not live on site but were available if needed, including after hours. One of the workers referred to this as ‘supported independent living arrangements’. It would comprise a step-down accommodation option after living in a fully supported semi-independent accommodation placement before young people moved to private rented accommodation.

Clear referral procedure to adult services

Difficulties were identified by some Aftercare Workers in relation to referring care leavers to adult health services, in particular disability services. If young people were not already linked in before turning 18, there was a long waiting list and issues around who would pay for the service. One Aftercare Worker felt that there was a real need to develop a clear referral procedure for young care leavers with disabilities to adult services. This would specify the nature of the service needed, who was

responsible for managing the young person’s care and who would pay for it. This was particularly important for young people who had moderate to severe disabilities and would require long term care in the future.

Need for creative thinking to engage young people: building a relationship with young people

Some of the challenges involved in working with young care leavers were discussed by Aftercare Workers. Several workers acknowledged that creative ways of thinking were needed to properly engage young people with aftercare services, and in particular to link them into mental health services such as counselling. The importance of building a relationship with young people was seen as key to helping them to develop trusting relationships with other adults which could be potential supports for them in the long term.

“The main thing that young people need is to know that they can make choices. That there is the ability for them to build trusting relationships. That we are here to support them rather than tell them what to do. I would say that the emotional stuff is the key to everything nearly, the relationship and the emotional pieces. If you can get that right, and you can get a young person to start looking at it even, you’ve opened the door.” (ACW8)

Obtaining the views of Aftercare Workers contributes to a greater awareness of what aftercare supports consist of and helps to identify particular aspects of the service that may need to be considered in the future. The knowledge gained from other research on aftercare has an important role in developing a better understanding of the issues facing care leavers and providing much needed evidence on how they get on after leaving care.

⁶ One of the two main voluntary providers of supported accommodation for care leavers in North Dublin does not take referrals for females.



CHAPTER 3: LITERATURE REVIEW – OUTCOMES FOR CARE LEAVERS

Introduction

This chapter provides an overview of some of the main literature on the topic of leaving care. It is not a fully comprehensive review but it does consider the question of what happens to young people when they leave care. The small number of Irish research studies that have been carried out on this area will be supplemented by studies from the UK, Europe and the United States. This chapter presents some of the key issues from the literature which are relevant to the research findings discussed in the following chapters in this report. In addition, insights from research about young people's experience of leaving care will also be considered. The chapter will finish with an exploration of what factors are deemed to contribute to more positive outcomes for care leavers.

Outcomes for young people leaving care

Over the last 20 years, there has been an increasing amount of international research carried out on the topic of young people leaving care (Stein, 2006). Stein (2006) goes on to say that various different studies have identified that young care leavers have relatively poor life chances compared to their peers. However, when considering research findings on care leavers' outcomes it is important to remember that young people have had different individual experiences before coming into care and whilst being in care (Stein et al, 2000). A comparison of outcomes for young people leaving care in England, Northern Ireland and the Republic of Ireland shows that many young people faced similar challenges. Stein et al (2000) considered evidence from studies carried out in the 1990's and highlighted the difficulties that many young people had experienced: several accommodation moves,

especially in the early stages after leaving care; greater risk of homelessness; poorer educational attainment; and more young people unemployed than employed.

"In summary, many young people leaving care in these three jurisdictions have to cope with the challenges and responsibilities of major changes in their lives..... at a far younger age than other young people." (Stein et al, 2000: 243)

In recent years, there has been increasing international evidence showing that young people leaving care can experience similar difficulties despite differences in child protection systems and national legislation and policy. For example, Lerch and Stein (2010) explored the circumstances under which young people leave care in 13 countries across Europe and Central Asia. Their conclusions were that several common themes emerged across many countries including inadequate preparation for leaving care, poor access to housing and experiences of isolation and loneliness amongst young care leavers. In addition, case studies of 16 countries in Europe, the Middle East, North America and Australia identified common research findings on outcomes for care leavers and shared similar recommendations for policy and practice in terms of improving outcomes (Stein and Munro, 2008). Where similar messages of young people's support needs when leaving care are evident, this adds more weight to the case for making particular changes in policy and practice.

In Ireland, there has been one national study carried out on young people leaving care, 'Left out on their own' by Kelleher et al (2000). The aim of the study was to compile baseline data on young people leaving care in Ireland. The young people included in the study were surveyed at two points in time: six months after leaving care; and again two years later.

Three groups of young people were included in the study: 103 young people who had left special school (i.e. young people who had been through the criminal justice system); 56 young people in mainstream care across three former health board areas (East, North East and North West); and six young people who left two probation hostels in Dublin. Data was collected from social workers and interviews were held with young people. From an Irish research perspective, it is disappointing that more than ten years on, this has remained the only national study of young care leavers in the country.

In the literature, there has also been some discussion on appropriate outcome measures when making comparisons between care leavers and the general population. Frost and Stein (2009) argue that these outcomes should be seen as progress measures (i.e. what is happening for young people at different points in time) rather than normative measures which do not take account of the different starting points for young people when placed in care. In addition, it is important to collect baseline data on young people's circumstances in order to assess if certain supports have had an impact on outcomes. Compiling information on standard indicators such as income, employment and health means that data can be compared across different individuals to gain an understanding of how the group are faring overall.

It is also important to acknowledge that many outcomes are related to each other. For example, the University of York study on outcomes for care leavers in England found that young people who had mental health or emotional or behavioural difficulties were also found to be particularly at risk of experiencing instability after leaving care including homelessness (Dixon, 2008).

The remaining part of this section considers what is known about key outcomes for young people leaving care. It covers five particular areas that were also included in the EPIC research: accommodation and living circumstances; education; economic

status; health and well-being; and independent living skills. It aims to introduce some of the issues that will be explored in the discussion of research findings from the EPIC study on care leavers' outcomes in North Dublin.

Accommodation and living circumstances

When young people leave care, one of the first practical issues that need to be addressed is where they will live. In some cases, young people may remain living with their former foster family. However, for those who leave their foster family or a residential centre, they need to find suitable accommodation. The research conducted by Kelleher et al (2000) found that one third of young people leaving health board care returned to live with family or relatives and just over one quarter moved to private rented accommodation.

There is some evidence to suggest that the type of last care placement may have some bearing on the accommodation that young people move to soon after leaving care. Dixon and Stein (2003) found that young people who left residential care placements were more likely to be living in hostels or have returned to live with their birth parents, whereas those who had left foster care placements tended to be in supported lodgings or private rented accommodation. Although by round two of the study, which was six months later, there was a large increase in the number of those who left residential care living in private rented accommodation, from 6% to 29%.

Dixon and Stein (2005) define good housing outcomes as including supported accommodation, a permanent tenancy, staying with family/relatives through choice or appropriate transitional accommodation. In contrast, poor outcomes included homelessness and less secure types of accommodation, e.g. bed and breakfast or having to stay with family/friends. Research by Dixon et al (2006) found that good housing outcomes were associated with having good life skills, being

economically active and not experiencing difficulties (e.g. criminality, substance misuse). There is also some indication that good accommodation outcomes are more likely after some time has passed since leaving care. For example, in the Dixon et al (2006) study, most young people were deemed to have 'good' or 'fair' housing outcomes at the follow up stage (9/10 months after the first stage of data collection for the study). The number of accommodation moves since leaving care can be used to show how young people are coping with their transition to independent living.

Accommodation moves

Various research studies have shown that young people tend to move accommodation several times within the first few years of leaving care. Kelleher et al (2000) reported that one half of young people who had left health board care had moved between two and five times during the two years after leaving, while 30% had moved more than five times, which means moving at least every five months. Similarly, research on a group of care leavers from three local authorities in Scotland found that 26% of young people in the follow up study had moved twice or more within a period of just six months (Dixon and Stein, 2003).

Outside of Europe, the Midwest longitudinal study of young people leaving care in three American states (Illinois, Iowa and Wisconsin) found that one in three 21 years olds had moved three times or more since leaving care (Courtney et al, 2007). Many care leavers are likely to experience instability in their living circumstances in the period after leaving care, which can then contribute to instability in other areas of their lives (e.g. access to family/friends, participation in education/training etc). It can also lead to a greater risk of homelessness.

Experience of homelessness

There is some evidence of a link between leaving care and risk of homelessness. Some Irish studies

have identified being in care, especially in residential care, as one potential pathway into homelessness, e.g. Mayock and O'Sullivan (2007), Mayock and Vekic (2006), Perris (1999) and Keane and Crowley (1990). The risk of becoming homeless can increase over time. The Kelleher et al (2000) study found that the number of mainstream care leavers who had experienced homelessness had doubled by the second round of data collection carried out two years after leaving care, rising from 33% to 68%. Similarly in the US Midwest study, 14% of 19 year olds (second phase) had experienced homelessness at some stage since leaving (Courtney and Dworsky, 2005). This figure rose to 18% in the third phase of the Midwest study when young people had turned 21 (Courtney et al 2007). So, it is important to consider that young people can be at risk of homelessness at the time of leaving care and increasingly so during the first few years after being discharged from care.

Education

Early school leaving and low educational attainment

One of the most consistent findings in research on young care leavers' outcomes is their poorer educational progress compared to their peers. Kelleher et al (2000) found that just 10% of young people who had left health board care had taken the Leaving Certificate exam (compared to 82% in the general student population). Of the health board population, 60% had left school at age 15 or younger, with almost 50% having no qualifications on leaving care. Similarly, in their study of care leavers in Northern Ireland, Pinkerton and McCrea (1999) found that nearly one half of young people had left care with no educational qualifications. Research from other countries has added further support to these findings. In the study by Dixon and Stein (2005), 52% of young people were rated as having poor educational outcomes as they did not have any standard GCSE grades. Research from

the States also shows that care leavers have poorer outcomes than the national population. In the third phase of the Midwest study, 23% of 21 year olds had no formal educational qualifications compared to just 11% in the national population (Courtney et al, 2007). Why do care leavers fare less well than their peers? One of the reasons concerns their care placement history.

Young people in care can face disruption in their schooling when they experience a change of placement. In Dixon and Stein's (2003) survey of 107 care leavers from three local authorities in Scotland, there was a high level of disruption to education and associated low educational attainment. Change of school during care placement was an issue for many of the young people in the Midwest study in the US. In the first phase of the study involving 736 17/18 year olds, one third had changed school five times or more (Courtney, Terao and Bost, 2004). Stability in care placement was identified as an important factor to educational progress by young people with care experience along with having carers who encouraged them to do well and having adequate financial support (Jackson and Cameron, 2011). The significance of stability for promoting educational success is clearly borne out in research by Daly and Gilligan (2010) which found that just 7% of young adults in long term foster care left school with no formal educational qualifications, which is relatively low compared to other research on educational outcomes for young people in care.

Educational attainment is a key factor in determining one's life chances, in particular economic status and employment opportunities.

Economic status

One of the common themes that emerge from research on young care leavers' current economic status is their relatively low participation in further education and higher risk of unemployment. For

example, Dixon and Stein (2003) found that two thirds of their sample in the follow up survey were not employed or participating in education or training.

Participation in further education

The rate of participation in further education amongst young people with a care background is deemed to be five times lower than the national population in five countries: Denmark; England; Sweden; Spain; and Hungary (Jackson and Cameron, 2011). The authors argue that this is likely to be due to early school leaving and low educational attainment at second level. Therefore, it is not surprising to find that many care leavers are at risk of unemployment.

Risk of unemployment

In the study of Irish care leavers by Kelleher et al (2000), 39% of the health board population were unemployed six months after leaving care, which fell to 24% two years later.⁷ Similarly, in their study of care leavers in Northern Ireland, Pinkerton and McCrea (1999) found that one quarter of young people were unemployed. In the UK, 44% of young care leavers were found to be unemployed at the follow up stage of the study by Dixon et al (2006). Being unemployed for a long period of time can contribute to economic marginalisation and social exclusion

Early parenthood

Research has shown that care leavers are more likely to become young parents than their peers (e.g. Courtney, Terao and Bost, 2004; Dixon and Stein, 2003; Kelleher et al, 2000; Corlyon and McGuire, 1997). For example, in Dixon and Stein's (2003) survey of 107 care leavers from three local authorities in Scotland, 9% of all young men were parents and 16% of young women were either

⁷ The authors attribute this fall to the general improving economic prospects which were being experienced at this time.

mothers or pregnant by the time they turned 17 years old. The rate of early parenthood amongst the females in the survey was more than twice as high as the national figure for Scottish women who were 16-19 years of age. In the third phase of the Midwest study, when young people had turned 21, almost one half of the young women and one third of the young men had one child (Courtney et al, 2007). Kelleher et al (2000) found that 23% of young people leaving health board care had a child in the two years after leaving care. Whether or not a young person is directly caring for their child themselves, early parenthood can contribute to greater support needs amongst this group of care leavers.

The previous sections have shown that young care leavers can experience multiple accommodation moves, and for some possibly being homeless at some stage, along with low educational attainment and a dependence on social welfare for their income. Where young people experience some or all of these circumstances, there is likely to be a negative impact on their health.

Health and well-being

This section considers the research findings on young care leavers' health and well-being, taking account of both their physical and mental health.

Physical and mental health

In terms of Irish research, the study by Kelleher et al (2000) found that 39% of young people leaving health board care had a special need.⁸ The authors suggest that this is largely due to the emotional trauma experienced before coming into care. Other research has shown that young people's health can worsen over time. In a study of care leavers from seven local authorities in England, one in ten young people were said to have mental health difficulties (including depression, self-harming, eating disorders, anxiety attacks and episodes of

paranoia). After a period of 9/10 months, this figure had more than doubled to 24% of young people with stress and depression being particularly high. Commenting on this finding, Dixon (2008) argues that this could be associated with young people's experience of their transition from care to independent living and the changes in lifestyle that this has brought, e.g. housing instability, homelessness, unemployment and other difficulties.

Addiction problems

In addition to the health concerns already raised in some of the research, addiction problems were also identified in some of the findings. Kelleher et al (2000) found that 30% of the health board population had addiction problems two years after leaving care. The type of substances included methadone, cannabis, alcohol and prescribed medication, with young people typically being addicted to more than one substance. Similarly, in their study of care leavers in Scotland, Dixon and Stein (2005) found that 20% of young people said that they had problems with alcohol, drugs or solvents since leaving care. Research on care leavers in France has found that alcohol and drug abuse issues are more common in the immediate years after leaving care (Bauer et al, 1993; Coppel and Dumaret, 1995). Drugs and alcohol can sometimes be used by young people as a way of dealing with the emotional pain of what has happened to them (Kelleher et al, 2000).

Good physical and mental health can contribute to young people's coping abilities in making the transition from care to independent living. The development of adequate independent living skills is also important to helping them to make this transition.

⁸ The authors defined this as having a physical disability, learning disability or mental health difficulty e.g. depression, eating disorder, suicidal tendencies and self-harming (Kelleher et al, 2000).

Independent living skills

Independent living skills refer to the abilities that are needed for young people to live independently. Where young people receive aftercare support, one of the common aspects of this support is practical training in various life skills such as cooking, shopping, managing their money and paying bills. In relation to young people in residential care, such support is usually provided by their Key Worker or another Social Care Worker during the time leading up to their leaving the residential centre.

Adequate preparation for leaving care

Some research studies have found that many young care leavers felt they had been adequately prepared for independent living. For example, in their study of Scottish care leavers, Dixon and Stein (2005) found that just over one half of young people said they were happy with the preparation they had received for adult life. The same number felt they were coping well with adult responsibilities approximately a year after leaving care. Comparable results were reported in the University of York study on care leavers in England (Dixon et al, 2006). Dixon and Stein (2005) also report a strong link between adequate preparation and ability to cope. One fifth of young people had poor life skill outcomes and these were cases that reported receiving inadequate support whilst preparing to leave care, e.g. having no planned programme of preparation or reporting a lack of information. The authors also argue that experiencing certain difficulties at the time could restrict young people's ability to develop life skills, e.g. criminality, substance misuse.

Two issues have emerged in other research in relation to preparation for independent living in terms of its content and how it was carried out.

Need for more help with budgeting skills

Some studies have identified a need for greater support in relation to budgeting given the number of young people who reported having difficulties

managing their money. Many of the young people in the research by Harris and Broad (2005) said that they had problems with budgeting. Similarly, in the follow up study of Dixon and Stein's (2003) survey of care leavers from three local authorities in Scotland, half of those whose last placement was in residential care felt that more information on budgeting skills would have been helpful.

Putting training into practice

The second issue was the artificial environment in which training on independent living skills tended to take place. In the University of York study of care leavers in England, some of them said that while the training on independent living skills was helpful, it could be a challenge putting what they had learned into practice in a real life situation (Dixon et al, 2006). In the Midwest study in the US, Courtney et al (2001) found that some young people felt that they could not use the real life skills they had learnt. Therefore, young people may need further support as they start to put their skills training into practice.

Summary of research on outcomes

Based on an international review of the research on outcomes for young care leavers, Stein (2006) developed a classification of three groups of care leavers: young people 'moving on'; 'survivors' and 'strugglers'. As the names of the groups suggest each one has a particular set of outcomes. The 'moving on' group were deemed to have the best outcomes when leaving care as well as having a positive care experience, which helped them to achieve a 'normal' identity after leaving care. Characteristics of this advantaged group included greater stability and continuity in their lives such as a secure attachment, some educational success, receiving gradual preparation for leaving care in a planned way and being engaged in some sort of activity such as working, studying or parenting. The middle group, the 'survivors', were seen to be just coping with being adults, which was made possible by the formal and informal supports they

had received. In contrast, the 'strugglers' were the most disadvantaged group, not just in relation to their outcomes when leaving care but also in terms of their pre-care history and care experiences (Stein, 2004).

Stein's classification provides a useful way of summarising what is known about young people's outcomes when they leave care. It can also be used as a conceptual framework that recognises the potential changes in young people's circumstances over time. Even if a young person should leave care as a 'struggler', the hope would be that with the help of appropriate support they would move to become a 'survivor' and then finally, to be deemed to be 'moving on' with their lives.

After considering some of the literature around leaving care, two key themes emerge. Firstly, the challenges facing young people leaving care are very similar even across countries where there may be differences in child protection systems and legislation/policy. Findings are also fairly consistent in both small qualitative studies and larger quantitative pieces of research (2008). Following on from this, the second theme is that young care leavers are seen to fare less well than their peers. The transition to adulthood can be a difficult time for any young person but Stein (2004) argues that research since the 1990's has found that some young care leavers are at a particular disadvantage: having to be independent when they are younger; with lower educational attainment and less likely to be involved in further education; more likely to be unemployed and dependant on social welfare; being young parents; and experiencing higher levels of mental health problems.

Young people's experience of leaving care

Several of the research studies mentioned so far have involved consulting with young people as well as compiling administrative data from practitioners.

A common issue that young people raise is the expectation on them to become adults much earlier than their peers. As Stein (2006: 274) puts it, young people's transition to adulthood is both 'accelerated' and 'compressed'. In the third phase of the Midwest study, two out of every three young people (aged 21) thought that they had taken on adult responsibilities sooner than their peers (Courtney et al, 2007). Young people's readiness to leave care and live independently at 18 was also raised by several young people who took part in a consultation by the Health Service Executive Aftercare Implementation Group in the North Dublin area, which involved 15 young people aged 18-25 (HSE, nd). Five young people spoke about having to move to an aftercare residential placement after breaking their tenancy agreements, typically because they were not able to manage their bills and pay the rent. After initially looking forward to the freedom of living independently, the reality of taking on adult responsibilities soon sank in. One of the main concerns expressed by the young people in this consultation was the isolation and loneliness experienced after leaving care, which was a theme that came up in other research.

Social isolation and loneliness

In their follow up study of mainstream care leavers, Kelleher et al (2000) argue that leaving care can often result in isolation and loneliness. In particular, where young people leave residential care, they can miss the structure and routines that are part of daily life, such as meal times, as well as having someone in the house at all times. The authors state that ensuring young people receive adequate aftercare supports can help to address this. In addition, if they have had a poor care experience and have time to dwell on this, it can have a detrimental impact on their health. Dixon (2008) gives the example of a young woman whose health was initially rated as being quite high when she left care but was taking anti-depressants and having counselling approximately one year later due to her worsening

circumstances (unemployment, poor quality accommodation and few social supports).

The key issues that were important to young people are perhaps most clearly seen in Dixon and Stein's (2005) study of Scottish care leavers, who were asked to consider what advice they would give to other care leavers. It was clear that accessing appropriate support was ranked highly by young people, regardless of whether this support came from family, friends or professionals. The importance of educational qualifications and training was also highlighted, not just for employment but also as an achievement in itself. Several young people also spoke about the importance of adequate planning and preparation for leaving care with the accompanying advice 'don't leave too soon'. Finally, young people felt it was important to 'be positive and make something of your life' (Dixon and Stein, 2005:159).

Factors that contribute to more positive outcomes

The final section in this literature review considers what factors have been found to promote positive outcomes for young people leaving care. The factors identified in research studies can be divided into two main groups: firstly, what happens during a young person's time in care, in particular the stability in their care placement history; and secondly, aspects of life aftercare, for example what kind of formal/informal supports were available? This discussion provides some insight into what can help care leavers to achieve better outcomes, which is also one of the research questions of the EPIC study and will be explored in the research findings chapters later in this report.

In care factors

Two factors which relate to young people's experience of being in care will be discussed here: firstly, stability in care placement history; and secondly, educational attainment. Where young

people have had more positive experiences in both respects, they are deemed to contribute to better outcomes when they leave care.

Stability in care

Stability in care means that young people do not change placement many times during their time in care. Stability is important in two ways: firstly, it provides potential for developing a good relationship with a carer and a potentially secure attachment to compensate for the lack of such an attachment in the past; and secondly, it promotes continuity of care which may contribute to security and in turn to positive educational/career outcomes (Dixon and Stein, 2005). In some studies, stability in care has been demonstrated to be a significant predictor of how well young people were doing four to five years after leaving care (Cashmore and Paxman, 2006). A long term placement was more likely to meet young people's needs by helping them to build trusting relationships, feel secure and develop appropriate social skills while receiving the support that they needed. In contrast, placement breakdown means that young people experience all the upheaval that goes with moving placement including getting to know a new foster family or residential staff and residents, living in a different area, changing school and making new friends.

It is important to acknowledge that placement breakdown can occur because of emotional and behavioural difficulties experienced by the young person. Young people who have the most difficulties are more likely to experience instability in care as their placement may not meet their needs. Therefore, while placement stability is identified as the factor which contributes to better outcomes for care leavers, it is also important to consider that indirect factors, such as emotional and behavioural problems, can have an impact on stability in care.

There is evidence that young people in foster care are more likely than those in residential care to experience stability in their care placements.

For example, a study on outcomes for young people leaving care in England found that where young people's last placement was in residential care, they were more likely to have multiple placements than those in foster care (Dixon et al, 2006). Also, the same study found that where young people first came into care as teenagers, they were less likely to experience stability in their placements.

Stability is not only important during a young person's time in care but also when the time comes for them to leave care. In Irish research, 55% of young people leaving health board care had experienced placement breakdown just before leaving care (Kelleher et al, 2000). Therefore, leaving care was a 'crisis driven' event for these cases. Research has found that young people who leave care in a planned way are more likely to experience better outcomes rather than having an unplanned discharge from care (Stein et al, 2000). One of these better outcomes is doing well at school and achieving a good standard of education.

Educational attainment

One of the key factors seen as contributing to educational attainment at school is stability in care placement, typically in a long term foster care placement. Irish research has shown that young people who remain in their foster care placement at age 17/18 are significantly more likely to continue their education after second level schooling than those who move out of the foster care home (Daly and Gilligan, 2010). Similarly, the study on care leavers in England by Dixon et al (2006) found better educational outcomes for young people who had been in a long term settled placement which they found was more likely to be a with a foster carer who valued education.

In addition to factors related to a young person's experience of being in care, what happens when a young person leaves care is also important to how they will fare during the early years of adulthood.

Aspects of life aftercare

Aftercare support and planning

The importance of having adequate aftercare support has been identified as one of the key ways in which young care leavers can get the help they need to make a successful transition from care. Having access to 'reliable accessible support' was deemed to be a 'mediating factor between poor starting points and good outcomes' (Dixon and Stein, 2003: 15). In particular, formal aftercare support was seen as having a positive impact on young people's social development outcomes including self-esteem, friendships and developing healthy relationships although it was less significant for enhancing educational and career outcomes (Stein et al, 2000). Based on young people's views of leaving care, the support received before leaving is just as important as that received when living independently (Harris and Broad, 2005). Good preparation before leaving care has been linked to young people's ability to cope after they leave (Dixon and Stein, 2005).

The level of contact that young people had with practitioners providing aftercare support has been found to decrease over time. For example, Dixon and Stein (2003) found that young people's contact with leaving care workers and social workers fell between the first and second survey (6 months later). However, as Dixon and Stein highlighted in their research, it is important that young people can return to services in times of need. Planning for leaving care has been identified as a critically important aspect of aftercare support. Where adequate planning has taken place, young people are more likely to have had a comprehensive assessment of their needs (Dixon et al, 2006). When young people's needs have been adequately assessed, the aftercare supports identified are more likely to be appropriate to meeting their needs. In relation to this, Pinkerton and McCrea (1999) recommend that care planning for young people

leaving care should be referred to as '*continuing care plans*' (author's emphasis) as leaving care takes some time. Steps should also be taken to ensure that young people are involved in their aftercare planning.

Young people's involvement in formal decision making

In looking at factors that may promote positive outcomes for young people leaving care, Harris and Broad (2005) found that aftercare planning was a good way of focusing direct work with young people. It could also be used by young people to increase their sense of control over the process, while at the same time helping them to see what progress they have made since leaving care. This is in contrast to many young people's experiences of planning while in care where they can feel that they have little say in the decisions that are made. However, Harris and Broad (2005) warn that if it is just a bureaucratic exercise that it will have very limited benefits. One of the characteristics of successful leaving care schemes in England was their ability to engage and involve young people in decision making (Stein et al, 2000).

In addition to receiving formal aftercare support from practitioners, young care leavers are likely to get help from informal sources including birth/extended family, former carers and friends. These supports can also assist young people in their transition to adulthood.

Informal support: Significant adult

Support received from informal sources such as family, former carers and friends can help young people in many practical ways, e.g. finding accommodation or work, giving financial support, as well as providing emotional support, particularly at times of stress or difficulty. Having supportive relationships with family members and former carers is deemed to have a positive impact on social development outcomes (Stein et al, 2000). In a study of young people's outcomes when leaving

foster care, Sinclair et al (2005) argue that one of the key factors which contributed to better outcomes was a good attachment with a family member, partner, partner's family or foster carer. Having one 'significant adult' who can be trusted and relied on in their lives can make a huge difference to young people's progress after care. Birth family members may be a potentially important source of support to many young care leavers.

Contact with birth family

Several research studies have shown that many young people maintain contact with at least some family members after they leave care. In Irish research, 73% of young people who left health board care reported having some contact with their birth families two years after leaving care (Kelleher et al, 2000). American research found that 88% of young care leavers aged 21 said they had weekly contact with at least one birth family member, typically siblings (Courtney et al, 2007). However, it is important to look beyond the frequency of contact to consider the quality of such relationships (Dixon et al, 2006).

Family contact cannot be assumed to be a good source of social support for care leavers. There may also be unresolved issues from the time that young people were in care - some may have experienced irregular family contact and the actions of immediate family members may have resulted in the young person being taken into care in the first place. Most of the literature in the area agrees that where care leavers maintain family links which are deemed to be positive, that these relationships should be encouraged and strengthened by professionals. While there is no definition as to what is defined as 'positive', perhaps one benchmark might be that the young person is happy with such contact themselves and freely chooses to maintain it.

In relation to care leavers, maintaining family links can potentially benefit young people by being a source of practical and emotional support when

needed. In the study by Dixon et al (2006), siblings and birth mothers were most likely to be identified as the closest family member by care leavers.

Dixon and Stein (2005) argue that regardless of who provides support, whether they are family, friends or professionals, having access to reliable and effective support was deemed to be important for making good progress when leaving care in terms of developing appropriate life skills, achieving good accommodation outcomes and being free of difficulties. The authors suggest that an assessment of young people's sources of support that are available to them – both formal and informal – should be done at the aftercare planning stage.

And finally

Young people leaving care have been found to be at particular risk of social exclusion compared to their peers in relation to aspects of their economic status, health and well-being. Stein and Munro (2008) identify three factors that contribute to young care leavers' outcomes: firstly, the quality of care they receive; secondly, the nature of transitions from care; and thirdly, the support they receive after care. For this reason, they argue that there is international consensus for increasing the cut off age for aftercare supports from 21 to 25 years old. If young people can access good quality aftercare supports over a longer period of time, this may increase their chances of making a successful transition to adulthood. In their conclusions, Dixon et al (2006) argue that while young people's progress after care is linked to their care experience, there is still great potential for good quality interventions to improve outcomes for young care leavers.

After exploring some of the key issues identified in literature on outcomes for care leavers, the next chapter explains how the EPIC study on young people leaving care in North Dublin was carried out.



CHAPTER 4: METHODOLOGY

This chapter explains how the EPIC study was carried out. It considers who took part in the research and discusses the methods of data collection that were used, as well as identifying some of the strengths and limitations of the methods chosen.

Study population

The main population for the study were young people aged 17-18 years who were receiving aftercare support in North Dublin.⁹ A total of 65 young people made up the study population: 50 were receiving aftercare support from the Health Service Executive (HSE); and 15 were engaged with two voluntary aftercare service providers.

Estimate of total population of young people aged 17-18 years in the care of the HSE, North Dublin

An attempt was made to establish the number of young people who would be eligible to receive aftercare support from the HSE in the North Dublin area. That is the number of young people aged 17-18 who were in the care of the three HSE local health office areas at the time of the study.¹⁰ This would provide some indication of how representative the EPIC study population was compared to the total population of young people leaving care in the North Dublin area.

At the start of the study, information was requested from Principal Social Workers in each of the three HSE local health office areas in North Dublin about the number of young people currently in care who were aged 17-18 years old. Each area provided data

which included young people's gender, date of birth and in some cases, current placement.

Table 1: Number of young people aged 17-18 years in each local health office area

HSE area	Male	Female	Total
North Dublin	10	12	22
North West Dublin	35	20	55
North Central Dublin	24	20	44
Total	69	52	121

Source: HSE local health office areas (2010)

Table 1 shows that a total of 121 young people aged 17-18 years were reported to be in the care of the HSE North Dublin area in 2010. Therefore, the number of young people in this study (N=65) represents 54% of this total. This is only a basic estimate as it is not known when the figures in Table 1 were last updated. Nevertheless, it gives some indication of how many young people aged 17-18 in care in the North Dublin area are included in the EPIC study. One reason for the difference between the number of young people in the EPIC study (study population) and the number of young people aged 17-18 years in care in North Dublin (total population) is that not all young people leaving care agree to receive aftercare supports. However, the actual number was not available.

⁹ Young people who were born between the dates of 20th May 1991 and 19th May 1993 were included in the study. These dates were given to Aftercare Workers to ensure that young people met the age criteria of 17-18 years of age for the study.

¹⁰ These areas were HSE North Central Dublin, North West Dublin and North Dublin.

Research design

The design of the research involved a mixed methods approach. Two main methods of data collection were used: surveys and interviews. These methods were deemed to be the best ways to collect the information that was being sought in the study. Surveys were chosen to collect as much information on the circumstances of as many young people as possible in a relatively short period of time. A structured survey instrument was used where many of the questions were the same between Rounds 1 and 2, thus this facilitated the comparison of data over time. The majority of questions were ‘closed’ in that they involved choosing the most appropriate answer in a predefined list of possible answers.

One of the main aims of the research was to obtain young people’s views about their experiences of leaving care and receiving aftercare supports. Therefore, it was important to carry out some interviews with young people to explore their experiences in more detail, which is one of the strengths of the qualitative interview.

“The qualitative research interview attempts to understand the world from the subjects’ point of view, to unfold the meaning of their experiences.” (Kvale and Brinkman, 2009: 1).

In terms of social research, surveys and interviews produce different kinds of information. Surveys provide quantitative or ‘hard’ data compared to the more qualitative in depth information that is possible to collect through face to face interviews.

Data collection

The study involved three forms of data collection:

- Surveys with Aftercare Workers about the circumstances of 65 young people;
- Interviews with eight young people (who were also included in the surveys above);
- Interviews with eight Aftercare Workers from the North Dublin area.

Surveys with Aftercare Workers

The survey collected information about the circumstances of young people aged 17-18 years who were receiving aftercare supports. After obtaining approval for the study by management in the HSE Dublin North East, the EPIC Research Officer met with eight Aftercare Workers in North Dublin. During these meetings the EPIC Research Officer went through the survey with each Aftercare Worker and filled in one survey for each young person on the Aftercare Worker’s caseload who met the age criteria. The aim of the survey was to gather data on various aspects of young people’s circumstances, e.g. accommodation, education, health, as well as their care placement history.

The survey data was collected at two points in time: May/June 2010 (Round 1) and again in December 2010/January 2011 (Round 2). In Round 2, information was gathered on all 65 young people.¹¹ A similar questionnaire was used in both rounds.¹² Therefore, survey data was collected on the same group of young people which could be compared over time (approximately eight months apart). Hence, the survey adopted a longitudinal study design.

¹¹ A small number of young people had their cases closed by the Aftercare Worker in the time between Rounds 1 and 2 (n=6). However, Aftercare Workers were asked to give as much up to date information as possible about these young people’s circumstances.

¹² A copy of the survey template used in both rounds of data collection is included in the Appendix.

Ethical considerations: anonymity and confidentiality

The identity of the young people who were the focus of the survey was not disclosed by Aftercare Workers when they were being completed. Instead, an ID number was allocated for each young person who met the study criteria. Aftercare Workers were asked to keep a record of the ID numbers and the corresponding name of the young person for their information only. This procedure helped to ensure that young people's anonymity was protected in the research. It also made it easier for the Aftercare Workers to complete the second round of surveys by having their own record of who had been involved in round one of data collection.

Aftercare Workers were the key informant for the survey rather than young people themselves. Surveying young people directly would have involved a complex and lengthy process of gaining consent. It would have been necessary to obtain consent from several key individuals including the young person themselves, as well as their Social Worker or Aftercare Worker (for those who had not turned 18 years old in Round 1), a parent (if placed in care under a Full Care Order) and possibly a Key Worker (if in residential care) or foster carer (if in foster care). Instead completing the survey with Aftercare Workers meant that a large amount of anonymous data could be collected on as many young people as possible. Information from the survey was entered into a database and analysed using the statistical computer package SPSS.

Interviews with young people

Interviews were carried out with young people to explore their experiences of leaving care and to get their views on the aftercare supports they had received. Individual interviews were carried out with

five young people and a focus group was done with the remaining three.¹³ Therefore, the views of eight young people were included in the study. The first interview took place in August 2010 and the last in May 2011. The same young people were also included in the survey data collected from Aftercare Workers. Access to these eight young people was made possible by their Aftercare Workers.

Aftercare Workers were asked to speak to young people directly about the study or send the information leaflet which had been compiled by the EPIC Research Officer. Eight young people returned a signed consent form to EPIC and they were contacted by the Research Officer to explain the purpose of the study, what was involved in taking part and how the information would be used. Therefore, young people were able to give their informed consent before agreeing to participate.

The questions that made up the interview schedule covered some of the same issues in the survey with Aftercare Workers, e.g. education, employment, contact with birth family, independent living skills. In addition, young people were asked about their experience of leaving care and the aftercare supports they had received. Interviews were audio recorded and fully transcribed. A grid of basic characteristics (e.g. gender, age, length of time in care) was also filled in at the start of each interview. The information from this grid was compiled manually while the interview responses were coded into different categories and a content analysis was carried out to establish the main themes.

¹³ The same questions were used in the focus group and individual interviews so that the data from both could be compared.

Interviews with Aftercare Workers

Interviews were carried out with eight Aftercare Workers.¹⁴ These were the same Aftercare Workers who were involved in the collection of survey data. At this early stage of the research, the possibility of doing an interview with each Aftercare Worker was discussed with them and verbal agreement sought to do this at a later stage. This was also outlined in an information leaflet given to Aftercare Workers. Interviews took place between December 2010 and January 2011 – the same time as Round 2 of the survey data collection. The aim of the interviews was to gain some insight into some of the issues concerning aftercare from a practitioner's point of view. A compilation of these views have already been presented in Chapter 2. Some of the questions asked were similar to those used for the interviews with young people, which made it possible to compare the views of both on certain issues. Interviews were audio recorded and fully

transcribed. Similar to the interviews with young people, the information was coded and a content analysis was done to identify the emerging issues. Table 2 provides a summary of the main aspects of the data collection

Advantages/disadvantages of surveys and interviews

Some of the advantages of surveys are that they are quick to administer and avoid any potential interviewer effects. However, it is important to acknowledge their possible limitations. Compared to interviews, it is not possible to probe responses further and additional information cannot be gathered (Bryman, 2008). Therefore, interviews were used to complement the data from the surveys. While the survey data gives a good comprehensive overview of outcomes for all 65 young people in the study, interviews with a smaller number provide a more in depth insight into their experiences.

Table 2: Overview of data collection

Form of data collection	Surveys (N=65)	Interviews with young people (N=8)	Interviews with Aftercare Workers (N=8)
Source of data	Aftercare Workers	Young people	Aftercare Workers
Information on whom?	Young people	Young people	Aftercare Workers and young people
Nature of data	Quantitative	Qualitative	Qualitative
Main aim	Selected outcomes for young people	Young people's experiences of leaving care and views on aftercare supports. What promoted positive outcomes for care leavers?	Issues raised by practitioners in their work with young people. Practitioner views on aftercare supports.
Timing	Round 1: May/June 2010 Round 2: December 2010/January 2011	Interviews took place at intervals between August 2010 to May 2011	December 2010/January 2011

¹⁴ Six Aftercare Workers were employed by the HSE while the remaining two were working in voluntary organisations providing aftercare services to young people leaving care.

Potential limitations of the research

The survey data was collected during meetings with Aftercare Workers. It is acknowledged that in some cases Aftercare Workers may not have had full information about the current circumstances of the young person. This could have been a factor where young people were not currently engaging with their Aftercare Worker at the time of data collection. The main limitation of this study was that survey data was not collected directly from young people for the reasons already set out. However, this limitation was somewhat offset by the fact that in-depth qualitative interviews were conducted with a sample of young people. There was a strong thematic consistency between the issues identified through the analysis of the survey data and those raised by young people who were interviewed.

This chapter has aimed to explain how the study was carried out and the reasons for choosing the research methods used. The following two chapters present the main findings and discuss the key themes emerging from the data.



CHAPTER 5: MAIN FINDINGS FROM THE SURVEY DATA

Introduction

This chapter presents the results from the surveys completed with Aftercare Workers about the 65 young people who met the age criteria for the study. The findings are divided into three sections:

- profile of young people and their care histories
- change in young people's circumstances between Round 1 and Round 2
- factors that are associated with more positive outcomes in Round 2.

Profile of young people and their care histories

Gender

There were an equal number of males and females in the survey population - 49% (32) of young people were male and 51% (33) were female.

Age

In Round 1, all young people were aged 17-18 years old with the majority aged 18 years, 80% (52).

As Round 2 was carried out eight months after Round 1, most young people were then 18-19 years old – 45% (29) were aged 18 and 52% (34) were aged 19.

Country of birth

The majority of young people were born in Ireland, 94% (61), while four young people were born elsewhere.

Child dependants

By Round 2, 17% (11) of young people had a child or were currently expecting the birth of a child. This represented eight females and three males. Four of the children were in care themselves.

Care placement history

Information was collected about a number of different aspects of young people's care history. This provided an insight into their care background and was an indicator of the extent of the stability they experienced while in care.

Last placement in care

Chart 1 shows the results for young people's last care placement.

Chart 1: Type of last placement in care (N=65)

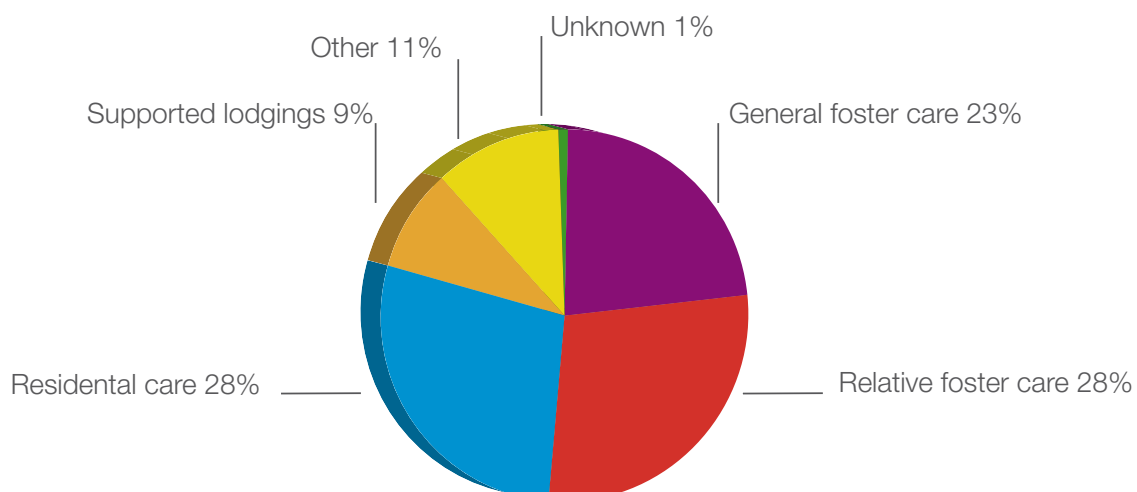


Chart 1 shows that young people were almost twice as likely to have had their final placement in foster care compared to residential care. Over one half of young people's last care placement was in foster care, 51%, made up of 23% (15) in general foster care and 28% (18) in relative foster care. By comparison 28% (18) of young people had their last placement in residential care.¹⁵ A further 11% (7) were in 'other' types of placements.¹⁶ Looking at the type of placements that young people had

experienced over their entire care history, 31% (20) had experience of both foster and residential care placements by the time they had reached the age to leave care.

The length of time that young people spent in their last care placement provides one indicator of stability. The results are shown in Chart 2.

Chart 2: Number of years in last care placement (N=65)

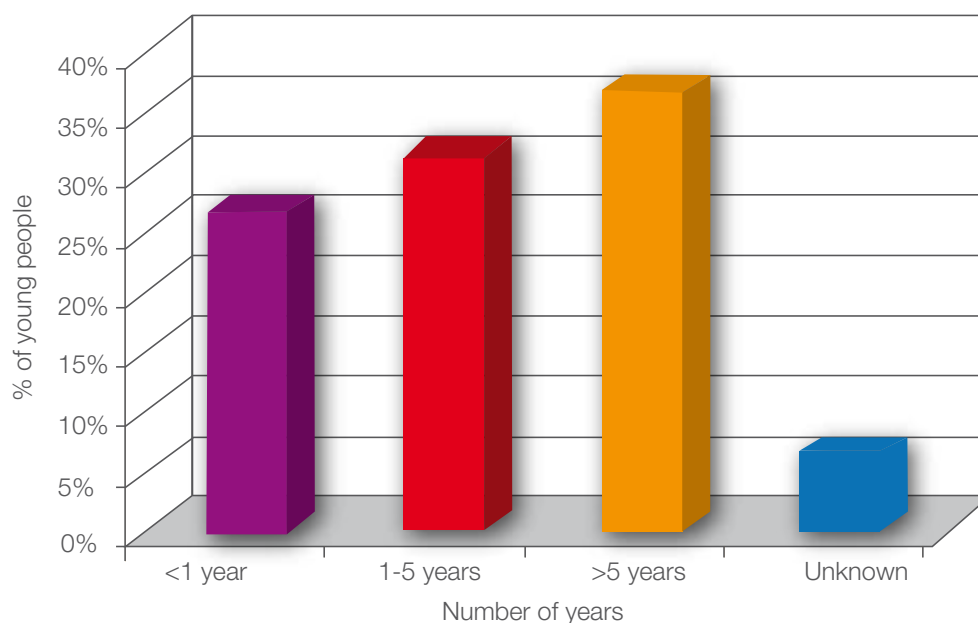


Chart 2 shows that a relatively high number of young people had remained in their last placement for a relatively long period of time before leaving care. A total of 37% (24) of young people had spent more than 5 years in their last care placement. A further 31% (30) had been there for 1-5 years while

26% (17) had spent less than a year in their final care placement.

Another indicator of stability is the total number of care placements that young people experienced during their time in care.

¹⁵ This included two young people in a Children Detention School and one young person in a special care unit

¹⁶ The 'other' category consisted of three young people in emergency accommodation, three in supported accommodation and one who was at home with a parent.

Total number of placements in care

Chart 3 shows the number of care placements that young people had experienced while they had been in care.¹⁷

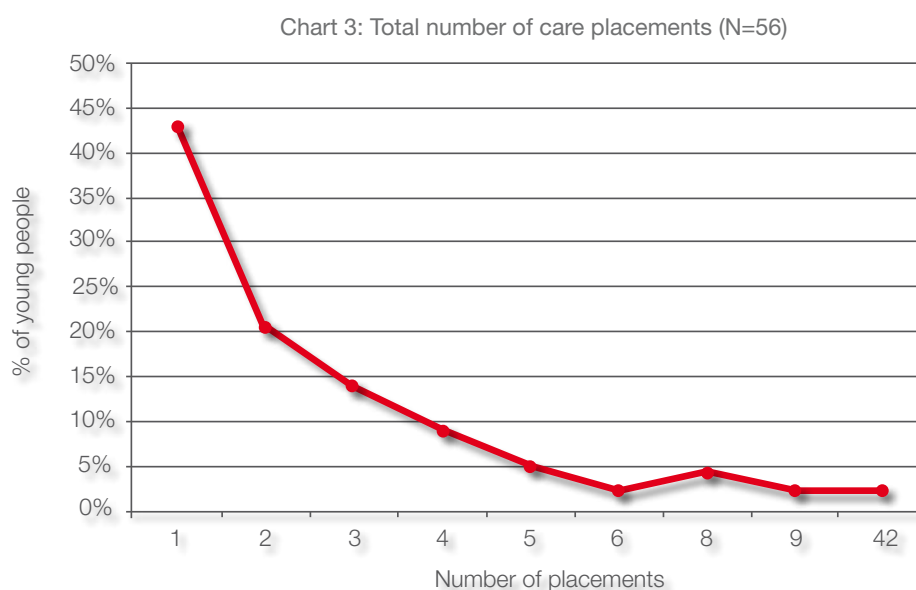


Chart 3 shows that young people were most likely to have experienced one or two placements while in care – 43% (24) had one placement and 20% (11) had two placements. However, there was still a substantial group of young people who had experienced multiple placement moves during their time in care. More than 1 in 10 young people, 14% (8), had five or more care placements in total. At the very end of the scale, one young person was reported to have had 42 different placements while in care. One of the reasons for change of placement is placement breakdown. In the time between Round 1 and Round 2 of data collection, 14% (9) of all 65 young people had experienced the breakdown of their placement before leaving care.

These results show that the majority of young people in this study could be deemed to have had a

fair amount of stability in their care history, however a relatively small but sizeable number experienced many placement changes. Further analysis showed an association between the number of placement moves and the type of last care placement and gender. Firstly, young people who had their last care placement in foster care were significantly more likely to have had just one placement in care compared to young people in residential care, who were more likely to have had several placement moves during their time in care.¹⁸ Secondly, females were significantly more likely to have had multiple changes in placements compared to males.¹⁹ Stability in care placement will be discussed later in this chapter.

¹⁷ Chart 3 is based on 56 young people as data was missing for the remaining cases. The percentages have been rounded up to the nearest 1%.

¹⁸ The Chi-square statistic was $X^2=12.148$, $df=4$, $p<.05$. The statistic for Cramer's V was 0.308. Chi-square is a statistical test which calculates if a significant relationship exists between two or more variables. Cramer's V is a measure of correlation between two variables and is usually reported with the Chi-square statistic.

¹⁹ The Chi-square statistic was $X^2 = 7.251$, $df=2$, $p<.05$. The statistic for Cramer's V was 0.334.

Length of time in care

One third of young people had spent between one to five years in care, 34% (22). Furthermore, 39% (25) of young people had spent more than 10 years in care, which is made up of 19% (12) in care for 11-15 years and 20% (13) for more than 15 years in care overall. Just over one quarter of young people, 26% (17), had been placed in care when they were aged 5 years of age or younger. Therefore, a fairly high proportion of young people in the study have spent a large part of their lives in care.

Further analysis showed that when young people were first placed in care at an earlier age, they were significantly more likely to have been in their last care placement for more than five years, and also more likely to have spent their final care placement in foster care. Therefore, being placed in care at a younger age increased the likelihood of experiencing a long term foster care placement. In addition, those who were younger when first placed in care were more likely to have had just one placement in their care history – 59% (10) of those placed in care aged 5 years or younger had just one care placement compared to 32% (7) of those first placed aged 6-14 years old. However, this result was not statistically significant.

Primary reason for entering care and legal status

Young people were most likely to have been placed in care due to family problems, 65% (42), in particular because their parents were unable to cope and also due to parental drug/alcohol problems. Abuse was the second main reason for coming into care, accounting for 42% (27) of young people, largely due to neglect. A further 17% (11) of young people were placed in care because of child problems, typically to do with drug/alcohol use and emotional/behavioural difficulties.²⁰

Over one half of young people, 57% (37), had come into care on a voluntary basis compared to 26% (17) who had been placed under a Full Care Order.²¹

HSE region responsible for young person's care

Young people aged 17-18 from all three North Dublin local health office areas were included in the study. The highest number came from North Central Dublin, 46% (30). This was followed by 25% (16) from North West Dublin and 14% (9) in North Dublin.²²

²⁰ The total adds up to more than 100% as more than one reason for coming into care was given for some young people.

²¹ Data for the remaining cases was missing.

²² Data was missing for the remaining 10 young people.

Current care status

Chart 4 shows the results for young people's current care status from both Rounds 1 and 2.

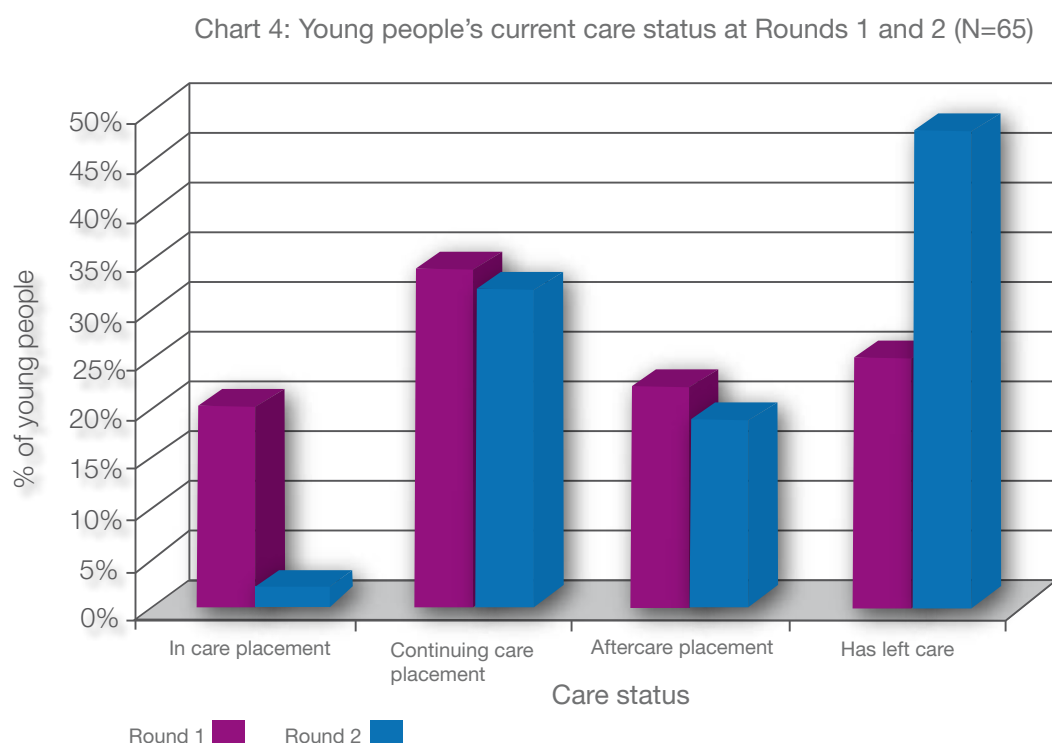


Chart 4 shows that young people's care status changed over time as would be expected with young people in this age group. In Round 1, 20% (13) of young people were deemed to be in a care placement, which fell to just 2% (1) in Round 2 – most young people had turned 18 at this stage. By Round 2, there was a slight fall in the number of young people in continuing care placements and aftercare placements in both rounds of data

collection.²³ The number of young people who had left care increased from 25% (16) in Round 1 to 48% (31) in Round 2. These young people were no longer living with their former carers or in an aftercare placement but tended to be living in private rented accommodation or with birth/extended family or friends.

²³ Continuing care placements refer to instances where young people remained in the same placement after they had turned 18, typically living with the same foster family. Aftercare placements consist of supported accommodation or semi-independent living, which tended to be provided by a voluntary organisation.

Summary of young people's care histories

The main results on the care histories of young people in this study are as follows:

- **Type of last care placement:** The young people in this study were twice as likely to have spent their last care placement in foster care compared to residential care. However, 31% (20) of young people had experienced both foster and residential care placements during their time in care.
- **Stability in care:** Many young people's care placement histories could be described as relatively stable, especially those who had spent their last care placement in foster care. Data on the number of placements in care was given for 56 young people. Almost two thirds of young people, 63% (35), had a total of 1 or 2 care placements. However, 14% (8) of young people had 5 or more placements during their time in care.
- **Length of time in care:** Most young people had been in care on a long term basis with 39% (25) having spent more than 10 years in care. Therefore many young people had relatively extensive care histories.
- **Primary reason for entering care:** Family problems was the most common reason given for young people being placed into care (65%), followed by abuse (42%) and then child problems (17%).
- **Legal status:** Young people were more than twice as likely to have been placed in care on a voluntary basis rather than a Full Care Order.
- **HSE region:** Young people were most likely to be in the care of the HSE North Central

Dublin local health office area, followed by North West Dublin and North Dublin.

- **Current care status:** Young people's care status changed over time. By Round 2, 48% of young people had left care, while there was a slight fall in the numbers in continuing care and aftercare placements.

Change in young people's circumstances over time

The aim of this section is to consider aspects of young people's circumstances and see how they have changed between Round 1 and Round 2 of the study. During the process of leaving care, there may be many changes to certain aspects of young people's lives. This section hopes to capture some of these transitions and to identify particular areas where young people may require additional support. The following eight aspects of young people's lives will be explored here:

- accommodation
- educational attainment
- current economic status
- financial support
- informal sources of support
- formal support from aftercare services
- health and well-being
- independent living skills.

Accommodation

Type of accommodation

One of the main ways that a young person's life may change when they leave care is where they live. Chart 5 shows the type of accommodation where young people lived in Round 1 and Round 2.

Chart 5: Type of accommodation at Rounds 1 and 2 (N=65)

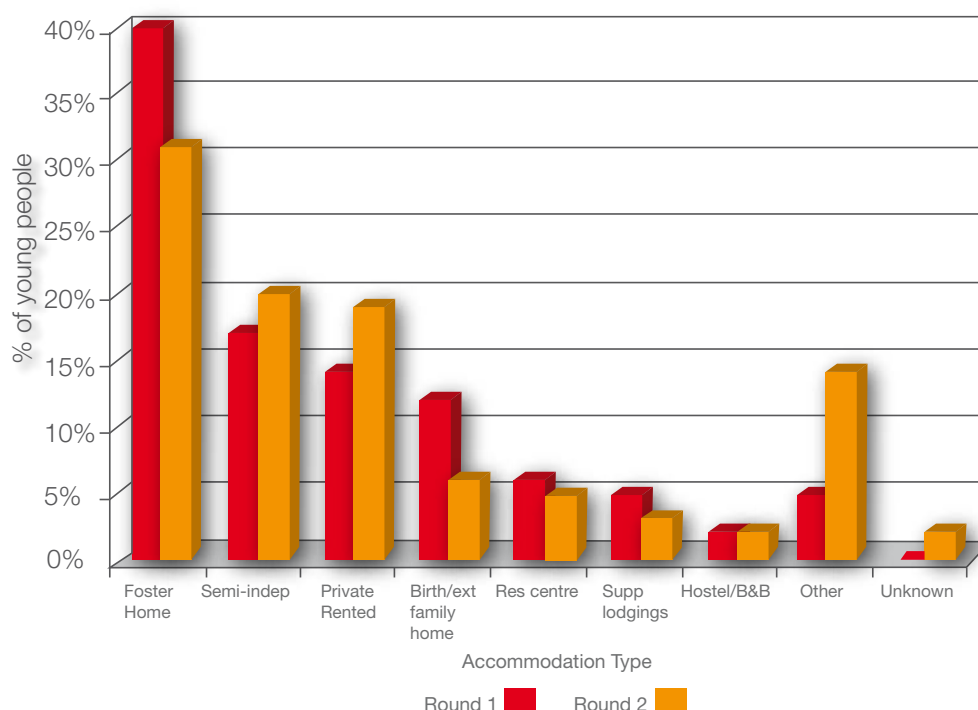


Chart 5 shows that there was a decrease in the number of young people who lived in the foster family home from 40% (26) in Round 1 to 31% (20) in Round 2. Similarly, in Round 2 young people were less likely to be living in the birth/extended family home, which fell from 12% (8) to 6% (4). There was a corresponding increase in the number of young people living in semi-independent or supported accommodation (from 17% to 20%) and in private rented accommodation (from 14% to 19%). Therefore, the changes in young people's accommodation over time show a move towards independent living with fewer young people living in a family environment and more in semi-independent or private rented accommodation.

The type of accommodation provides one indicator of young people's living circumstances. Looking at the number of accommodation moves gives an insight into the extent of stability in their accommodation.

Stability in accommodation

Information was collected on the number of accommodation moves that young people had experienced at both Rounds 1 and 2. At Round 1, the number of moves in the previous 12 months was compiled. At Round 2, the number of moves since Round 1 was collected (approximately eight/nine months later). Therefore, it was possible to calculate the number of accommodation moves over a period of approximately 20 months. Chart 6 shows the results.

Chart 6: Number of accommodation moves in last 20 months (N=65)

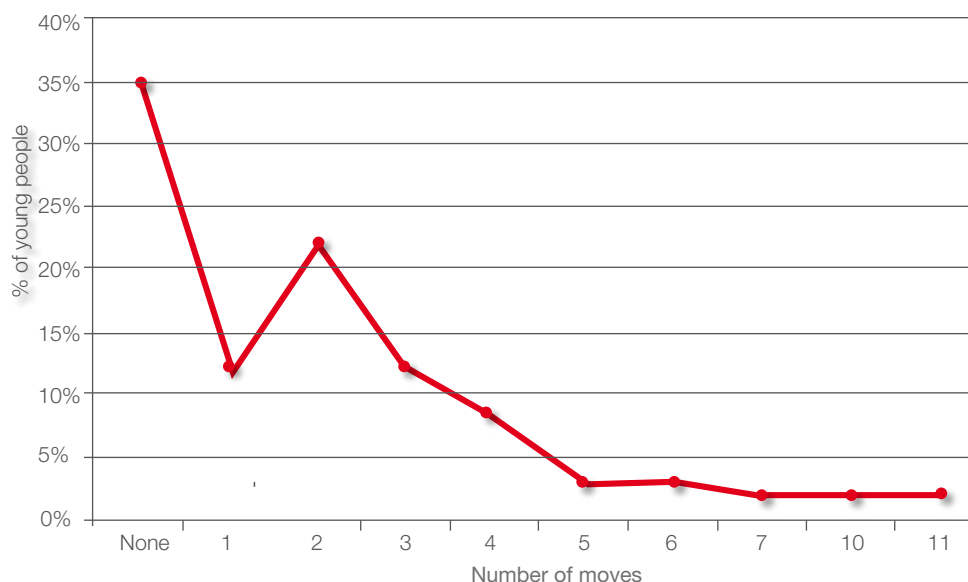


Chart 6 shows that 35% (23) of young people had no accommodation moves in the last 20 months. On average, young people were most likely to have had two accommodation moves in this time, 22% (14). However, 31% (20) of young people had experienced three or more moves, representing on average one move every six months. Further analysis showed that most of the young people who had no accommodation moves spent their last care placement in foster care (n=18). In addition, young people who had more accommodation moves were significantly more likely to have had multiple placement moves in their care history. So, instability in care history could translate into instability in living circumstances in the first year to 20 months after leaving care.

Homelessness

Aftercare Workers were asked to indicate whether young people had ever been homeless during both rounds of data collection. This included cases

where young people were currently staying with friends and did not have a secure residence as well as those in emergency accommodation.²⁴ The rate of homelessness declined over time. In Round 1, 28% (18) of young people were reported to have had some experience of being homeless, which fell to 20% (13) in Round 2.²⁵

Further analysis found that there was an association between stability in accommodation and homelessness. Young people who had experienced homelessness at Round 2 were significantly more likely to have had three or more accommodation moves in the last 20 months.²⁶ In addition, three of the young people who had been homeless at some point between Rounds 1 and 2 had also experienced placement breakdown during this time. Therefore, it could be said that having many accommodation moves or experiencing placement breakdown could put young people at greater risk of being homeless at some stage during their transition from care.

²⁴ These aspects are part of the definition of youth homelessness stated in the Youth Homeless Strategy (2001).

²⁵ The length of time spent homeless at Round 2 was typically a few days or weeks but in the case of one young person, they had been homeless for 11 months. This young person was currently living with friends and was unemployed. Another two young people had been homeless for 3 months.

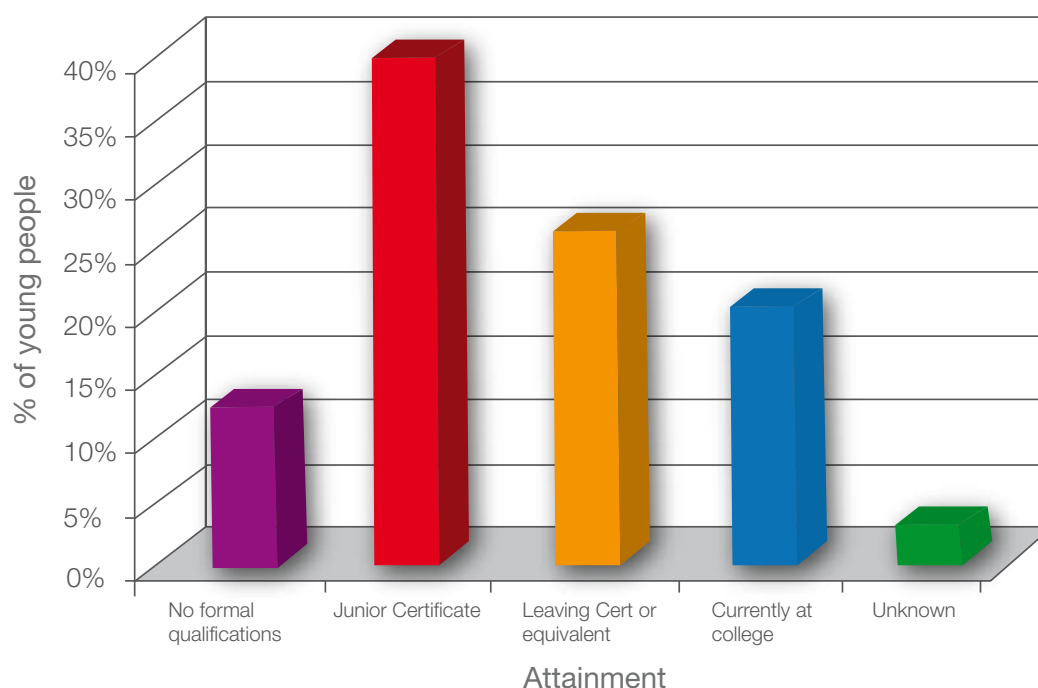
²⁶ The Chi-square statistic was $X^2=15.244$, $df=2$, $p<.001$. The statistic for Cramer's V was 0.513.

Educational attainment

Life chances, in terms of employment opportunities and further education, are often related to educational attainment at school. By Round 2 of data collection, all except five young people had left secondary school. Almost one fifth of young people, 19% (12), left school between the age of 13-15 years old and were deemed to be early school leavers.²⁷

Young people's highest educational attainment was compiled using information on the exams they had taken at school and whether they had gone onto further education. Chart 7 shows that over one third of young people had completed their education at the Junior Certificate exam, 39% (25). Another 26% (17) of young people had reached as far as the

Chart 7: Highest educational attainment (N=65)



Leaving Certificate exam or equivalent.²⁸ A further 20% (13) of young people were currently in college, most of whom were doing a Post Leaving Certificate (PLC) course, e.g. FETAC,²⁹ while three young people were studying for Diplomas. The number of young people who had no formal educational qualifications was 12% (8).

The results on young people's educational attainment need to be considered in terms of the

educational issues that were also experienced by some of the care leavers in the study:

- 20% (13) of young people were reported to have experienced gaps in their education. In particular, this was due to disruption in their education following placement breakdown (n=5) and poor school attendance (n=5).

²⁷ This group of young people left school before the statutory school leaving age of 16 years old.

²⁸ The category 'Leaving Cert or equivalent' in highest educational attainment also included 5 young people who had taken an exam equivalent to the Leaving Certificate after leaving secondary school as well as the 5 young people who were due to take the Leaving Certificate in 2011.

²⁹ The Further Education and Training Awards Council (FETAC) is a statutory body that makes awards for further education and training in Ireland. FETAC awards are part of the National Framework of Qualifications.

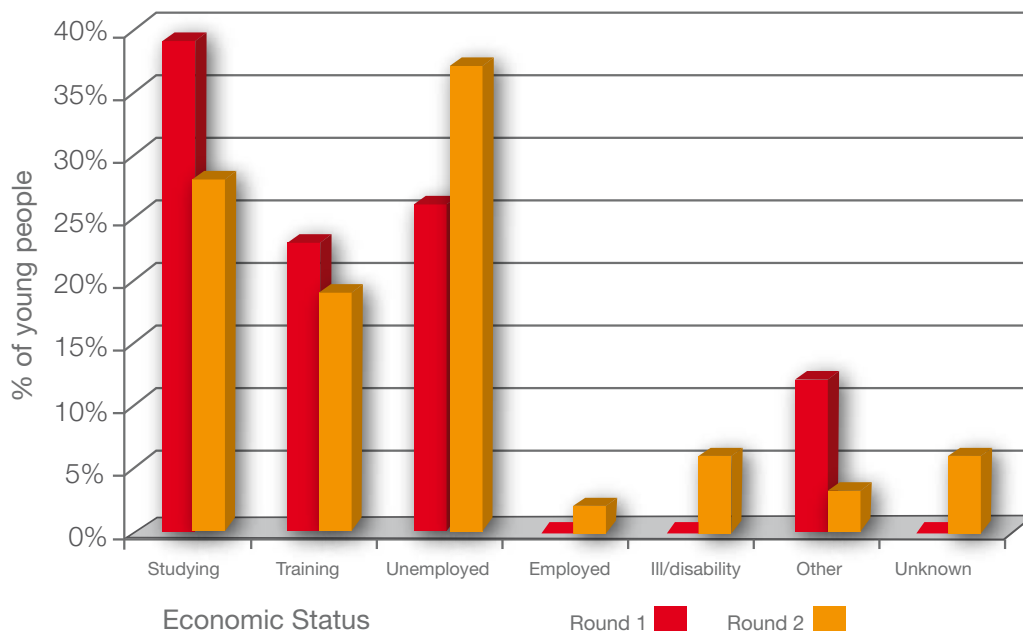
- 25% (16) of young people had a diagnosed learning difficulty. Examples included ADHD (n=5), mild learning difficulty (n=5), dyslexia (n=2), moderate learning difficulty (n=1) and severe learning difficulty with autism (n=1).
- 15% (10) of young people had a physical or long term health condition. Examples included asthma (n=3), diabetes (n=1), epilepsy (n=1) and mobility problems (n=1).

Number of young people taking the Leaving Certificate exam

Just over one third of young people had taken the Leaving Certificate exam, 37% (24).³⁰ This includes those who had taken the Leaving Certificate Applied exam (n=6). Irish students in the national

population were more than twice as likely to have taken the Leaving Certificate exam, which stood at 86% in 2007 (Byrne et al, 2008). Looking at the national student population, females were more likely to have sat the Leaving Certificate than males, 92% compared to 80%.³¹ Young people from professional social classes in the national student population were also more likely to have taken the exam compared to those from lower socio-economic backgrounds. In relation to the care leavers in the EPIC study, disruption to schooling caused by placement breakdowns and moves comprise one important factor which was noted above. Just two young people (out of a total of 13) who had experienced such gaps in their education had taken the Leaving Certificate exam at school.

Chart 8: Current economic status at Rounds 1 and 2 (N=65)



³⁰ This is higher than than the number who attained the Leaving Certificate in Chart 7 as it includes some of the young people who were currently studying further education courses.

³¹ This gender difference was also found for the group of care leavers in the EPIC study: 44% (14) of females had taken the Leaving Certificate compared to 35% (10) of males. However, the difference in these results was not statistically significant.

Current economic status

Young people's main economic activity was recorded for both Rounds 1 and 2. Chart 8 shows the results.

Chart 8 shows that the number of young people engaging in studying and training has fallen between Rounds 1 and 2, while the numbers unemployed have increased. In Round 1, 39% (25) of young people were studying compared to 28% (18) in Round 2. Most of this decline was due to young people leaving secondary school.³² The number of young people doing a training course fell slightly from 23% (15) in Round 1 to 19% (12) in Round 2. Most of the courses were FAS training courses. In contrast to the fall in the number of young people studying and training there was a corresponding increase in unemployment from 26% (17) in Round 1 to 37% (24) in Round 2. 'Other' forms of economic

status fell from 12% (8) in Round 1 to 3% (2) in Round 2.³³

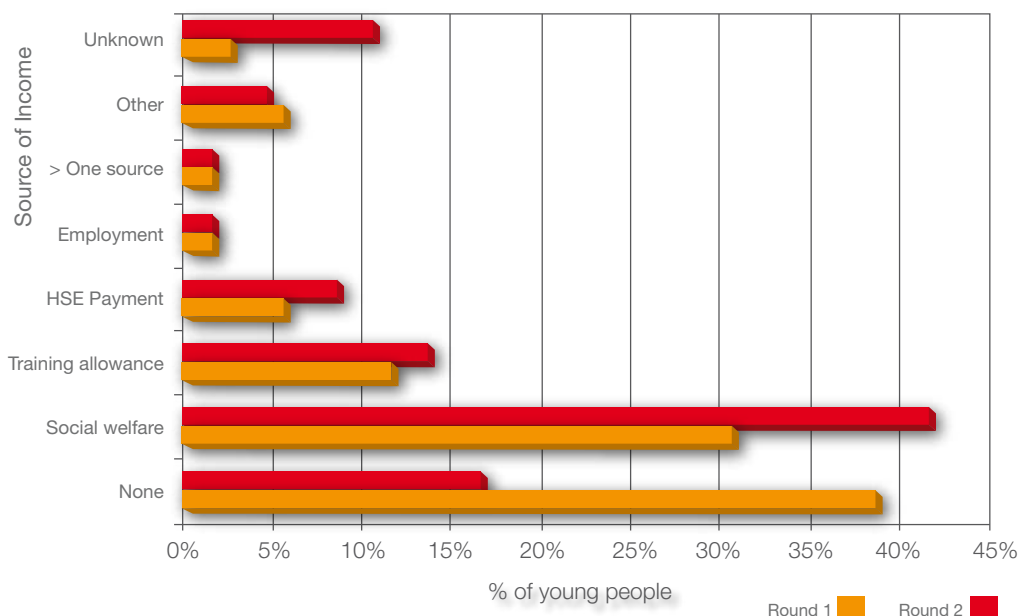
Further analysis showed that there was an association between young people's current economic status and their highest educational attainment in Round 2. Young people were significantly more likely to be studying in Round 2 where they had attained the Leaving Certificate compared to those who had reached the Junior Certificate or had no formal qualifications.³⁴

Financial support

Main source of income

Information on the main source of income received by young people in Rounds 1 and 2 was collected from Aftercare Workers. Chart 9 shows the results.

Chart 9: Main Source of income at Rounds 1 and 2 (N=65)



³² As stated earlier five young people were still in secondary school at Round 2 and the remaining 13 were involved in further education beyond second level representing 20%. This corresponds with the figure for those whose highest educational attainment was 'currently at college' in Chart 7.

³³ In Round 1, 5 young people were unable to register as being unemployed because they were aged 17 years old. One young person was due to start a training course in the following month and another had just finished a course. Finally, one young person was taking part in a programme for young people with disabilities (which they continued in Round 2).

³⁴ The Chi-square statistic was $X^2=22.677$, $df=4$, $p<.001$. The correlation statistic for Cramer's V was 0.458.

Chart 9 shows that the main source of income for young people in both Rounds 1 and 2 was social welfare. Furthermore, there was an increase in the number of young people for whom social welfare was their main source of income from 31% (20) in Round 1 to 42% (27) in Round 2. This result shows a greater reliance on social welfare over time and corresponds with an increase in unemployment amongst young people shown in Chart 8. There was a slight increase in the numbers receiving a training allowance and HSE payment over the two rounds. The number of young people who were reported to have no source of income fell from 39% (25) in Round 1 to 17% (11) in Round 2. This was largely attributed to young people turning 18 and being able to register as unemployed to receive social welfare. Most young people who

had no source of income in Round 2 were living with their former foster family. Other sources of income included an allowance paid by an aftercare residential placement provider.

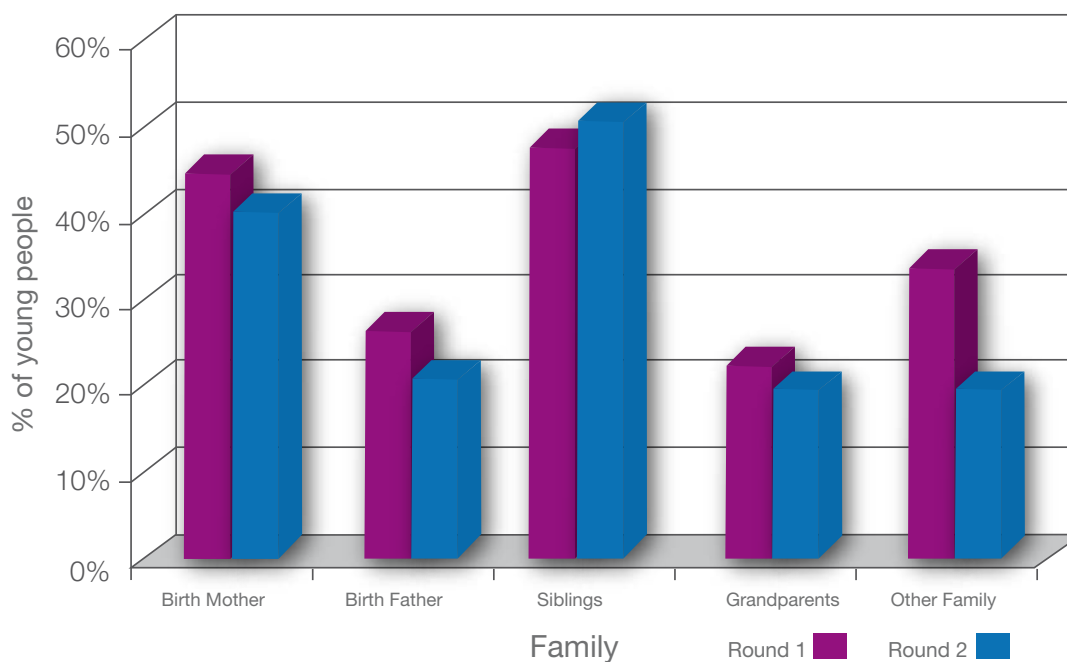
Moving on from financial support, the next section looks at the nature of informal supports available to young people.

Informal sources of support

Contact with birth family

Aftercare workers were asked to say if young people had seen members of their birth family at the time of both Rounds 1 and 2 of data collection for the study.³⁵ Chart 10 presents the results for each birth family member.

Chart 10: Contact with birth family in Rounds 1 and 2 (N=65)



³⁵ It is acknowledged that while Aftercare Workers may not have known the full extent of contact that young people on their caseload may have had, they were in a good position to give a reasonable indication of such contact.

It shows that young people were reported to be most likely to see their siblings and birth mother, which is similar to findings in other research studies.³⁶ In Round 1, 48% (31) of young people had seen at least one sibling which rose slightly to 51% (33) in Round 2. The number who had seen their birth mother fell slightly from 45% (29) in Round 1 to 41% (27) in Round 2. While relationships with family members may not have been unproblematic, these results suggest that birth family members were potential sources of social support for approximately half of the young people in the study at a time when they were leaving care. Other possible sources of support were a 'significant adult' and close friends.

Significant adult

The majority of young people were reported to have at least one adult they could turn to for advice or support, 86% (56) in Round 1 and similarly 83% (54) in Round 2. These adults included foster carers, siblings, parents, grandparents and aftercare workers.

Close friends

Almost three quarters of young people were said to have at least one close friend around their own age, 69% (45) in Round 1 and similarly 71% (46) in Round 2.

Formal support from aftercare services

Agreement to receive aftercare support

Young people who leave care in North Dublin can choose to link in with the Aftercare support service or not. Where they decide to take up the service, they can receive help with finding appropriate accommodation, applying for further education or training courses and getting information on social welfare entitlements, to name a few examples. Aftercare Workers reported that the majority of

young people had agreed to the service when it was offered to them. In Round 1, 89% (58) of young people were reported to have accepted the aftercare service. However 14% (9) of these were deemed not to be currently engaging with the Aftercare Worker at the time of data collection, e.g. not returning phone calls etc. By Round 2, the proportion of young people who accepted aftercare support fell to 74% (48), 5% (3) of whom were not currently engaging. There was a corresponding increase in the number who disengaged from the service from 8% (5) in Round 1 to 19% (12). Therefore, over time a number of young people had opted out of the aftercare service after originally accepting it (in Round 1), either formally by stating that they no longer wanted to receive it or informally by not engaging with their Aftercare Worker.

Aftercare Workers were asked if young people had completed a needs assessment and if an aftercare plan had been agreed with them in line with the procedures set out in the HSE North Dublin policy document. In Round 1, 59% (38) of young people had filled in the young person's version of the needs assessment. The needs assessment helps to inform the young person's aftercare plan, which sets out an action plan for the supports and services deemed to be required when they leave care. For example, the aftercare plan considers contact with family and social relationships, financial issues as well as identifying support from other agencies. Almost three quarters of young people, 72% (47), were said to have an aftercare plan in place in Round 1

³⁶ For example Dixon et al (2006) and Courtney et al (2001).

Uptake of other services

Aftercare Workers were asked if young people linked in with other services in addition to the aftercare supports provided directly by them. The results showed that young people were most likely to have contact with a voluntary residential programme provider, 32% (21) in Round 1 and 26% (17) in Round 2. This was likely to be either Focus Ireland or Don Bosco.³⁷ Other services accessed by young people included Extern, Rainbows, Youth Advocate Programme, Guardian ad litem service and counselling services.³⁸

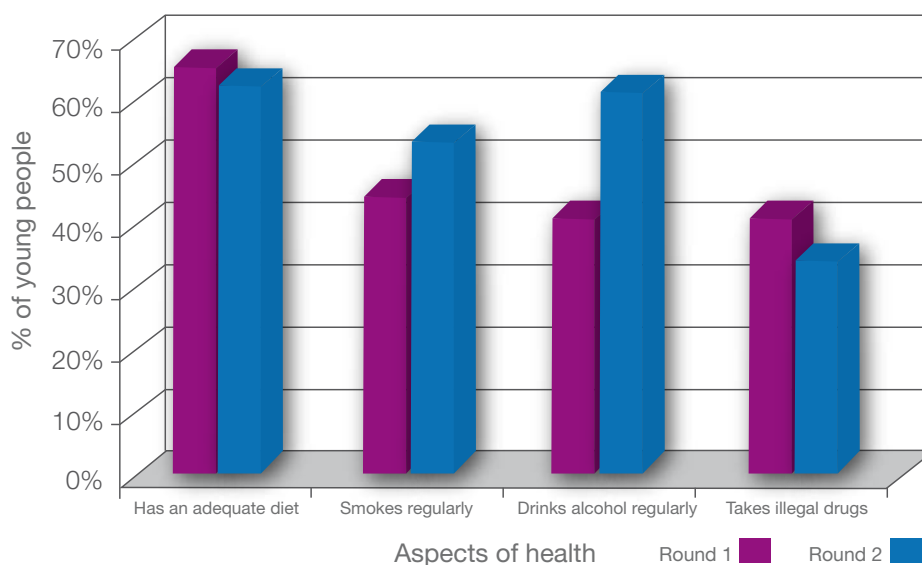
the cost of accessing certain health services in the community, e.g. GP. This section considers the findings in relation to young people's general health and well-being along with some particular issues that arose in terms of their mental health and engaging in reportedly at risk behaviour.

Aftercare Workers were asked about several aspects of young people's general health and well-being, the results of which are shown in Chart 11.

Health and well-being

Care leavers may have some degree of poor physical and emotional health as a result of neglect prior to coming into care. Most of the young people in the study had a medical card, 92% (60), to meet

Chart 11: Aspects of Young people's health at Rounds 1 and 2 (N=65)



³⁷ Focus Ireland and Don Bosco are both voluntary organisations who work with vulnerable young people who have particular needs in relation to housing.

³⁸ Extern is a voluntary organisation providing services to socially excluded adults and children. Rainbows runs a peer support programme to children, young people and adults who have experienced a loss, separation or bereavement. The Youth Advocacy Programme provides support to young people through having an adult advocate. Finally, a Guardian ad litem represents a young person's interests and wishes during legal proceedings in court.

Chart 11 shows that approximately two thirds of young people were deemed to have an adequate nutritious diet. This fell slightly from 66% (42) in Round 1 to 63% (41) in Round 2. The number who smoked and drank alcohol regularly both increased over time. In Round 1, 45% (29) were reported to smoke regularly which rose to 54% (35) in Round 2. There was a larger increase in the number who drank alcohol regularly from 42% (27) in Round 1 to 62% (40) in Round 2. The number of young people who were reported to be taking illegal drugs fell from 42% (27) in Round 1 to 35% (23), although this still represented over one third of all young people in the study.

Further analysis showed that there were some differences in these aspects of young people's general health by gender. Males were slightly more likely to smoke than females, 68% (18) and 53% (17) respectively, although a similar number of males and females drank alcohol regularly. Males were significantly more likely to be reported to have taken illegal drugs than females, 54% (15) of males compared to 26% (8) of females.³⁹

Mental health needs

Between Rounds 1 and 2, there was an increase in the number of young people who were reported to have mental health needs by their Aftercare Workers. In Round 1, 31% (20) of young people were deemed to have such a need, which rose to 39% (25) in Round 2. The type of mental health needs identified by Aftercare Workers included low mood/depression (n=8), suicidal behaviour (n=5) and anger management issues (n=3). Some young people (n=6) were currently receiving counselling

or psychiatric treatment to help to deal with these issues. However, counselling was identified by Aftercare Workers as the most common type of health service that young people needed but were not currently receiving. In particular, counselling for drug use, anger management and bereavement were identified. The availability of appropriate counselling services for these young adults was one issue raised by Aftercare Workers. In other cases, Aftercare Workers reported that some young people declined to engage with counselling services.

At risk behaviour

Aftercare Workers were asked to say if young people were currently engaging in behaviour that put them at risk. In Round 1, 42% (27) of young people were deemed to be involved in such risk taking behaviour, which fell slightly to 40% (26) in Round 2. Reasons given by Aftercare Workers for this included young people's problem drug taking (n=11) and alcohol consumption (n=5). Some young people were deemed to have problems with anger management (n=3) and were also at risk of experiencing domestic violence (n=2). Aftercare Workers felt that some young people were currently engaging in more than one type of behaviour that put them at risk of harm.

A small number of young people had been involved in criminal activity. In Round 1, 8% (5) of young people had been convicted of a crime, which increased to 14% (9) in Round 2.⁴⁰ Further analysis showed that males were significantly more likely to have been convicted of a crime, 30% (8), compared to 3% (1) of females.⁴¹ Similarly, young people who were not currently engaging with aftercare supports

³⁹ The Chi-square statistic was $X^2=4.768$, $df=1$, $p<.05$. The statistic for Cramer's V was 0.284.

⁴⁰ Similar to the survey results on general health and well-being, it should be noted that Aftercare Workers may not have always had full information about young people's circumstances. However, as they are involved in providing supports and linking young people in with other services where needed, they are in a good position to give information about this.

⁴¹ The Chi-square statistic was $X^2=8.241$, $df=1$, $p<.01$ and the statistic for Cramer's V was 0.371.

were identified as putting themselves at greater risk through their behaviour, which raises concerns about their safety and welfare.

Independent living skills

Aftercare Workers were asked to rate certain independent living skills acquired by young people. The skills included in the survey were taken directly from the template for leaving care needs assessment which is part of the HSE policy on leaving care services in North Dublin (2006). Looking at the results, Aftercare Workers rated young people's practical skills quite highly. For example, in Round 2, 63% of young people were deemed to be good at shopping for food and clothes, while 68% were said to be good at planning a journey and travelling alone. Aftercare Workers identified some areas where young people needed to develop further skills including paying rent regularly, managing a budget and dealing with government agencies (e.g. FAS, local authority housing department). While clearly identifying areas of perceived need, these responses also provide an indication of the expectations placed on young people as they make the transition from care.

Summary of changes in young people's circumstances between Rounds 1 and 2

Accommodation

- More young people were living in semi-independent or private rented accommodation and fewer were living in a family environment.
- Many young people moved frequently after leaving care - 3 out of 10 moved three times or more in the past 20 months. This put young people at a higher risk of experiencing homelessness, which stood at 20% in Round 2.

Education and current economic status

- 37% of young people had taken the Leaving Certificate exam. However, 39% of young people left school after taking the Junior Certificate, and 12% had no qualifications. Several had gaps in their education, 20%, and 25% had a diagnosed learning disability.
- Between Rounds 1 and 2, fewer young people were studying or doing training courses while unemployment increased from 26% to 37%. At Round 2, 20% were in further education.

Financial support

- Over time, the number of young people who relied on social welfare for their main source of income increased from 31% to 42%.

Informal sources of support

- Contact with birth family was stable over time with one half of young people seeing at least one family member at the time of Round 1 and Round 2, which tended to be a sibling or their birth mother.
- Most young people had a significant adult, 82%, and close friends, 71%.

Formal support from aftercare services

- Most young people linked in with their Aftercare Worker. However, those who disengaged from the service increased over time, from 8% to 19%.

Health and well-being

- Rates of smoking and alcohol consumption rose over time. The number taking illegal drugs fell slightly but stood at 35% in Round 2 (especially males).
- The rate of mental health needs increased from 31% to 39% with many young people deemed to need counselling but several refusing to engage.

Independent living skills

- The number who were deemed by Aftercare Workers to have adequate living skills increased over time. However, young people were deemed to need more help with budgeting in particular.

Factors associated with more positive outcomes for care leavers

This final section in the survey data results aims to identify any factors that were associated with more positive outcomes for young people in the study in Round 2. This involves exploring what may help young people do well. One of the common themes from the research literature is the link between stability in care placement and better outcomes for young people leaving care. Some indicators of stability have been compiled in this study and three will be used to explore this question: type of last care placement; length of time in final care placement; and the total number of placements in care. Therefore, it is possible to see if similar findings from other research also hold for the group of young people leaving care in North Dublin who are the focus of this study. Before doing this, some attention needs to be given to consider what is meant by 'more positive outcomes'?

Defining 'positive outcomes' for young people leaving care

A question was used during the data analysis to guide what 'positive outcomes' should consist of. The question was: 'what would you hope for any young person aged 18 who is starting out in adult life?' Seven key outcomes were selected from the survey data available on young people's circumstances in Round 2 to answer this question. These were cases where young people had:

- no accommodation moves since Round 1
- not experienced homelessness at any stage
- been engaged in further education or training beyond secondary school
- sat the Leaving Certificate exam or equivalent⁴²
- contact with at least one member of their birth family since Round 1⁴³
- not engaged in at risk behaviour
- good health (defined as having no long term illness or physical disability, no mental health needs, no illegal drug use and a good diet).⁴⁴

The number of positive outcomes met by each young person in the study was calculated based on the seven outcomes identified above. Table 3 shows the results for this.

⁴² This included the 5 young people who were due to take the exam in the summer of 2011.

⁴³ Contact with birth family was included as family members could be a potential source of practical, social or emotional support. However, it is acknowledged that contact with birth family cannot be assumed to be positive in all cases

⁴⁴ Only young people who met all these 4 criteria were defined as having good health for the purpose of this analysis.

Table 3: Number of positive outcomes for young people (N=65) ⁴⁵

Number of positive outcomes	% of young people	No. of young people
0	5	3
1	14	9
2	17	11
3	23	15
4	5	3
5	14	9
6	19	12
7	5	3
Total	100	65

Using the results from Table 3, three categories of positive outcomes were developed: low (score of none or one of the seven positive outcomes); medium (score of two to four of the positive outcomes); and high (score of five to seven of the

positive outcomes). This single index of positive outcomes made it possible to classify young people into one of the three categories thus distinguishing those who had lower or higher positive outcomes, which is shown in Table 4.

Table 4: Number of positive outcomes for young people divided into categories (N=65)

Category of positive outcomes ⁴⁶	% of young people	No. of young people
Low (0 or 1)	18	12
Medium (2-4)	45	29
High (5-7)	37	24
Total	100	65

Table 4 shows that young people were most likely to be in the medium category of positive outcomes, 45% (29), meeting between two and four of the seven outcomes measured. This corresponded with the average number of positive outcomes met by

young people which stood at three.⁴⁷ Over a third of young people were deemed to have a high number of positive outcomes, 37% (24), after meeting five or more of the seven outcomes. Finally, 18% (12) of young people were in the 'low' category.

⁴⁵ The percentage results in this table have been rounded up to the nearest 1%. Therefore the total adds up to more than 100%.

⁴⁶ The standard deviation score was 2 and used in conjunction with the average score of 3 helped to determine the cut off points for each category.

⁴⁷ This was measured by the mean and the median.

This single index was then analysed with the indicators of stability in young people's care placement to establish if young people who had experienced greater stability in care were also more likely to be in the 'high' category of positive outcomes in line with results from other research studies.⁴⁸ Indeed, this was found to be the case.

Type of last care placement

Young people whose last care placement was in foster care were significantly more likely to score highly on positive outcomes. Table 5 shows the results.

Table 5: Category of positive outcomes by type of last care placement (N=64)⁴⁹

Type of last care placement				
Category of positive outcomes	Foster Care % (n)	Residential Care % (n)	Other % (n)	Total % (n)
High	61 (20)	6 (1)	23 (3)	38 (24)
Medium	27 (9)	61 (11)	62 (8)	44 (28)
Low	12 (4)	33 (6)	15 (2)	19 (12)
Total	100 (33)	100 (18)	100 (13)	100 (64)

$\chi^2=17.439$, $df=4$, $p<.01$

Table 5 shows that 61% (20) of young people whose last care placement was in foster care had a high score for positive outcomes, which compared to 6% (1) of those in a residential care placement and 23% (3) of those in the 'other' category of last care placement.⁵⁰ This result was statistically significant which lends more support to this finding.⁵¹

Further analysis was carried out by type of foster care placement – relative or general (i.e. non-relative). There was no difference found in the

numbers who scored high on the positive outcome index. Therefore young people in relative foster care placements were just as likely to have more favourable positive outcomes as those in general foster care placements.

It is important to point out that this result does not mean that young people whose last care placement was in residential care or the other category had poor outcomes. This is not the case. Table 5 shows that 6 out of 10 young people whose last

⁴⁸ In order to check the validity of the results based on the single index of positive outcomes, analysis was also carried out using each individual positive outcome that made up the single index. Any differences in the results found will be identified here.

⁴⁹ Table 5 is based on 64 young people as data for one young person was missing.

⁵⁰ The 'other' category consisted of three young people in emergency accommodation, three in supported accommodation and one who was at home with a parent.

⁵¹ The statistic for Cramer's V was 0.369.

placement was in residential care had a medium score on positive outcomes, 61% (11). Rather, young people whose last care placement was in foster care were significantly more likely to score highly for positive outcomes compared to young people in other types of placement.⁵²

Length of time in last care placement

Young people who spent a longer period of time in their last placement were significantly more likely to score highly on positive outcomes. Table 6 shows the results.

Table 6: Category of positive outcomes by length of time spent in last care placement (N=61)

Length of time in last care placement				
Category of positive outcomes	< 1 Year % (n)	1 - 5 Years % (n)	> 5 Years % (n)	Total % (n)
High	6 (1)	45 (9)	58 (14)	39 (24)
Medium	59 (10)	45 (9)	25 (6)	41 (25)
Low	35 (6)	10 (2)	17 (4)	20 (12)
Total	100 (17)	100 (20)	100 (24)	100 (64)

$X^2=13.265$, $df=4$, $p<.01$

Table 6 shows that the longer young people had spent in their last care placement, the more likely they were to score highly on positive outcomes. Where young people had spent more than 5 years in their last placement, 58% (14) scored highly on

positive outcomes compared to 45% (9) of those who had been in their last placement for 1-5 years. This result was statistically significant.⁵³

⁵² The results based on the analysis of the individual outcomes that made up the single index of positive outcomes were in line with the overall finding with the exception of one variable. Young people whose last placement was in foster care were significantly less likely to have seen a birth family member in Round 2 compared to those who had their last placement in residential or other type of placement.

⁵³ The statistic for Cramer's V was 0.330.

Further analysis found an association between the length of time in last care placement and the type of that placement. Young people who had spent more than 5 years in their last care placement were significantly more likely to have been in a foster care placement than in residential or other types of placement. Therefore, this result appears to provide further support for the association between stability in care placement history and better outcomes for young people leaving care.⁵⁴

The third measure of stability in care placement explored here refers to the number of care placements that young people have had during their time in care.

Number of care placements

Young people who had fewer placements in their care history were more likely to have more positive outcomes compared to others who had multiple placement moves. Table 7 shows the results.

Table 7: Category of positive outcomes by total number of placements (N=58)

Total number of placements				
Category of positive outcomes	1 placement % (n)	2-3 placements % (n)	4 or more placements % (n)	Total % (n)
High	65 (15)	32 (6)	13 (2)	40 (23)
Medium	30 (7)	37 (7)	69 (11)	43 (25)
Low	4 (1)	32 (6)	19 (3)	17 (10)
Total	100 (23)	100 (19)	100 (16)	100 (58)

$\chi^2=15.053$, $df=4$, $p<.01$

Table 7 shows that 65% (15) of young people who only had one placement during their time in care scored highly for positive outcomes, compared to 32% (6) who had 2-3 placements and 13% (2) who had 4 or more placements. This result was

statistically significant.⁵⁵ Therefore, this finding provides further evidence to support the argument that a stable care history with few placement moves is more favourable to having positive outcomes when leaving care.⁵⁶

⁵⁴ The analysis of the individual outcomes that made up the single index of positive outcomes produced one counter result to the overall finding. Young people who had spent more than five years in their last placement were significantly less likely to see a birth family member. As young people who had been in their last placement for more than five years were typically in foster care, this counter result corresponds with that found in the analysis based on type of last care placement (see footnote 52).

⁵⁵ The statistic for Cramer's V was 0.360.

⁵⁶ Similar to the result for type of placement, young people who had fewer placements were less likely to have contact with birth family members. However, this result was not statistically significant.

There was an association between the total number of placements and type of placement where young people with one placement only were significantly more likely to have had their last placement in foster care and to have experienced only foster care placements throughout their care history.

Views of Aftercare Workers on stability in care placement history

Several Aftercare Workers stressed the importance of stability in young people's care placement history when making the transition from care. Where young people had experienced a long term placement, typically in foster care, they were more likely to have the supports they needed to help them to live independently and were less likely to seek extensive support from their Aftercare Worker. Many workers felt that the issue of aftercare had to be dealt with very sensitively with young people in long term foster care, as many saw their foster carers as their family. Compared to young people in foster care, those who had been in residential care were seen by some workers as less likely to receive the nurturing they needed and at greater risk of having multiple placement moves while in care.

"If there's a long term stable foster placement, it's obviously very consistent with a normal home life, you know. With that comes the usual things, the routines, the schooling, something like that. Where in residential settings it's completely different..... A lot of children who come from the residential sector, particularly those who come from many different placements in different residential centres over the years can present quite chaotic and may have an awful lot of needs. So those clients in question would present a higher need category for aftercare." (ACW5)

This is not to say that all young people leaving long term foster care have better outcomes than those leaving residential care. However they are more likely to have more sources of emotional and practical support. The potentially damaging

impact of having many placement moves is more clear-cut regardless of the type of placement. One Aftercare Worker said that where young people had experienced multiple placement moves in care, they were less likely to settle in their aftercare placement and were likely to move accommodation more often. Having many different placements also made it less likely for a young person to have developed an attachment with an adult which they could maintain after leaving care.

Important considerations about placement stability and positive outcomes

At this stage of the report, it is important to acknowledge that other factors which are often linked to the type of care placement, and typically whether young people go into foster or residential care, can have a bearing on outcomes for care leavers. These can be somewhat hidden when focusing on single indicators of placement stability, such as the number of placement moves. For example, where young people have experienced particularly traumatic situations prior to coming into care, this can result in a range of extensive emotional and behavioural needs which can impact on placement stability. Therefore, it is necessary to look beyond single indicators of placement stability to recognise the role of other factors which are connected to the type of placements they have experienced during their time in care. Where young people have greater needs while in care, they are more likely to require greater supports to help them to achieve reasonably positive outcomes after they leave care. Although a more in-depth analysis of this is beyond the scope of the research questions set out in this study, it is nonetheless an important factor to take into account when looking at young people's transition from care and warrants further research.

One counter result: contact with birth family

The analysis of the individual outcomes that made up the single index of positive outcomes produced one counter result to the overall finding that more positive outcomes were more likely to be associated with stability in care placement history. This involved the variable contact with birth family. Where young people had contact with birth family in Round 2 of the survey, it was counted as an indicator to be included in the single index of positive outcomes. However, the results show that young people were less likely to have contact with birth family where they had more stability in terms of having a foster care placement, being in their last placement for more than five years or having had fewer placements in care. These results provide an indication that where young people experience stability in their care placement, they were less likely to maintain links with birth family members after leaving care. The reasons for this finding are likely to be complex and require further research.

Gender

Some analysis was carried out to see if scores on the positive outcomes index varied by gender. Females were more likely than males to score highly on positive outcomes, 42% (14) compared to 31% (10). However the difference was not large enough to be statistically significant.

Summary of factors associated with positive outcomes

The results presented in this section show that stability in young people's care placement history was associated with more positive outcomes when leaving care. The clear message coming out of this analysis is that where young people experience a relatively stable care history in the form of remaining in the same placement, which typically tended to be in foster care, this was more likely to lay the foundations for positive outcomes in their transition from care to adulthood. Young people were less

likely to move accommodation or have experienced homelessness. Education outcomes were better in that young people were more likely to take the Leaving Certificate exam and be taking part in further education/training after leaving secondary school. Health indicators were also more favourable for those who enjoyed stability during their time in care as young people were more likely to have good general health and be less likely to have mental health needs, take illegal drugs or engage in risk taking behaviour. The results from the analysis of the survey data show that positive outcomes for care leavers are more likely when a young person has had a stable care background with minimal placement moves.



CHAPTER 6: MAIN FINDINGS FROM INTERVIEWS WITH YOUNG PEOPLE

Introduction

Interviews were carried out with eight young people to get their views on the aftercare supports they had received. The direct involvement of young people in the research also made it possible to gain an insight into young people's experiences of leaving care. These eight young people were part of the wider group of 65 care leavers who were the focus of the survey data presented in the previous chapter.

Access to the eight young people interviewed for the study was made possible by their Aftercare Workers, who agreed to pass on information sheets about the research and encourage them to take part. Young people were contacted by phone after giving their written consent to discuss what was involved in taking part and ensure they were happy for the interview to go ahead. Out of the eight young people who participated, five did an individual interview while three took part in a focus group. This chapter presents the main findings from the qualitative data and considers several aspects of significance to this group of care leavers in North Dublin. The topics covered are similar to those explored in the previous chapter on the survey data, however the interview data provides more in-depth information from a young person's own perspective. Some views expressed by Aftercare Workers are also included when relevant to the discussion.

Profile of young people interviewed

At the time of interview, young people were asked to answer a few basic questions about themselves and their care history. Out of the eight young people interviewed, five were female and three were male. Five young people were aged 19 years old, two were aged 18 and one was 17.

Current accommodation

Young people's current circumstances varied and included living in an aftercare residential placement, private rented accommodation, supported lodgings, a residential centre and with former foster carers.

Last care placement

Young people were most likely to have left care from a residential care placement – six out of eight young people. The other two young people had spent their final placement in foster care both of which were long term placements.

Total number of care placements

The number of placements experienced by young people in their care history ranged from two to twenty three. On average, young people had experienced nine different placements.

Length of time in care

On average, young people had spent 12 years in care. The number of years ranged from two years up to seventeen years. Therefore, many of the young people interviewed had been in care for a considerable length of time.

Main themes

The main themes presented in this section are based on the questions asked during the interviews and additional issues raised by young people themselves. All except one of the interviews were voice recorded with young people's consent and fully transcribed. Therefore, it was possible to carry out a content analysis of the data.

Nature of formal aftercare supports

The nature and level of aftercare support can vary for each young person. For the purpose of this report, formal aftercare supports are deemed to be those provided by an Aftercare Worker, who may be employed by the HSE or a voluntary organisation. Seven out of the eight young people were allocated an Aftercare Worker from the HSE: four at the age of 17; and three at the age of 18. In addition, two young people were currently linking in with an Aftercare Worker from a voluntary organisation.

Based on the information given by young people in their interviews, formal aftercare supports were divided into two main groups in this report: firstly, preparation for leaving care through being helped to learn independent living skills and aftercare planning; and secondly, the provision of information and support.

Preparation for leaving care

Preparing young people to leave care was likely to consist of helping them to develop independent living skills such as cooking, shopping, self-care and budgeting. All young people interviewed spoke about receiving help to develop practical living skills. For example, Sean (19)⁵⁷ talked about some of the preparation that he received.

“You know like I had a place in the kitchen, a little press that was mine like and I had to go down and do the shopping, get your food for the week, wash your own clothes and clean your room, that kind of stuff.” (Sean, 19)⁵⁷

Where young people had left residential care, it was clear that their Key Worker and other social care staff were likely to help them to develop such skills. Other young people talked about receiving

help from Aftercare Workers from voluntary organisations. Therefore, several professionals from both statutory and voluntary organisations were involved in helping young people to develop independent living skills, both when young people were still in care and during the process of leaving care. Some young people talked about their Aftercare Workers encouraging them to do things for themselves, e.g. ringing up to make a doctor’s appointment as Nicola (19) explains here.

“When I was here I used to ask them [aftercare workers] to make appointments for me all the time. They were like ‘well you have to learn to do it yourself’. And I was like ‘what do I say?’ And they were like ‘just think about it for a minute before you ring’. And I’d ring and it was great.” (Nicola, 19)

Aftercare plan

An aftercare plan sets out the nature of supports and services that young people need when leaving care. As part of their preparation to leave care, all of the young people interviewed said they had an aftercare plan. Aftercare planning involved young people’s Aftercare Workers and in some instances their Key Workers and Social Workers. Most young people who were interviewed said that they still linked in with their Aftercare Worker and would continue to do so in the future, except for one young person who was still living with her former foster carer.

Young people’s involvement in aftercare planning

All of the young people who were interviewed spoke about ways in which they were involved in the aftercare planning process. Typically this consisted of filling in forms, such as a leaving care assessment form and agreeing what they wanted in their

⁵⁷ Pseudonyms have been used for each young person to ensure that they are anonymous and to protect confidentiality.

aftercare plan with their Aftercare Worker. Finalising the aftercare plan appeared to be a co-operative process between young people and their Aftercare Worker, as Karen (18) describes below.

Interviewer: Were you involved in the decision making around your aftercare plan?

Karen: She [Aftercare Worker] did a draft of it and then I sat down and I read it. Then what I didn't want in it she took out and anything that I wanted added in she put in.

Interviewer: How did you feel about that?

Karen: Well, at least I had a say y'know. That was ok.

Karen's account was a fairly typical picture for most young people who were interviewed. The majority of young people said that they felt involved in the decision making process around their aftercare planning and were asked what they wanted. However, two relevant issues emerged during these discussions with young people. One refers to the formal nature of aftercare planning and the other to the limited accommodation options available after a breakdown in an aftercare residential placement. These examples are noteworthy as they illustrate key themes relating to young people's involvement in decision making and the parameters of this in the context of limited options.

Ciara (18) spoke about her experience of aftercare planning. It involved having care meetings in the time leading up to her leaving care. She described feeling 'overwhelmed' as a result of the number of people who were there which included her Key Worker and Aftercare Worker. Also, she found that she was asked the same questions at different meetings. She describes the experience below.

"I didn't like the meetings 'cos there used to be so many people there..... well you get overwhelmed..... and I just felt stupid talking about the same thing that we were basically after being

talking about only four months ago or something, do you know that way? I know they were only trying to help and all but I just felt that it was a bit much." (Ciara, 18).

Nicola (19) highlighted the issue of limited accommodation choices following a breakdown in her previous aftercare residential placement. She reported being told by her Aftercare Worker that the only accommodation option available to her was in another aftercare residential placement which she was not happy with.

"I don't want to go somewhere with staff. I want to go somewhere like here [previous aftercare residential placement] or somewhere else. Or just give me private rented. But they keep saying, 'no, you're going here'. Now, I don't know what to say." (Nicola, 19)

This example shows that although aftercare planning appears to be a two way process involving young people, they may not always get what they are hoping for due to the limited availability of accommodation following a placement breakdown.

Nature of information and support

Young people gave many examples of receiving information and support from their Aftercare Workers. Four of the young people interviewed spoke about getting help in relation to finding suitable accommodation, both in aftercare residential placements and the private rented sector. Several instances were mentioned where Aftercare Workers provided transport and viewed accommodation with young people. Helping young people with finding accommodation also involved Aftercare Workers assisting them to fill in the relevant forms that had to be completed. For example, Ciara (18) spoke about the support that she received from her Aftercare Worker when moving into private rented accommodation.

“Even when I moved in here, I was just stressed out. I had to fill in the rent allowance, I had to get a lease agreement and a rent book and a tenancy agreement, and all these things. I didn’t know where to be getting them and my Aftercare Worker sorted it all out for me.” (Ciara, 18).

Education and training was another area in which young people received support from their Aftercare Workers. A few young people spoke about getting information on education and training courses that were available to them. Information on social welfare entitlements was another key feature of the support received by many young people. In some cases young people were referred to Community Welfare Officers (CWO) in their local health office through their Aftercare Worker. Furthermore, some young people spoke of their Aftercare Worker contacting the CWO on their behalf to sort out an issue for them.

In addition to providing practical support and information to young people, it was clear from young people’s accounts that many had received emotional support from their Aftercare Workers. For example, Nicola (19) spoke about being able to receive outreach support from her Aftercare Worker when she needed it.

“I love that ‘cos when you move out of here they still do outreach with you. I haven’t lived in here for basically a year and I still keep in touch with them and they still help me you know. Everytime I’ve got myself into trouble here’s the first place I’ve come and they’ve helped me just like that. And if they weren’t here I don’t know what I’d do.” (Nicola, 19)

Young people’s views on formal aftercare supports

Overall, young people were happy with the aftercare supports they had received. Most of the preparation for leaving care that was carried out with them was deemed to be useful. Although a few young people felt that some of the help with independent living skills was not necessary as they already knew

how to do certain things for themselves, such as cooking. Four particular issues about certain aspects of aftercare supports were identified from young people’s interviews: level of aftercare supports and perceptions of Aftercare Workers; accessibility of Aftercare Workers; adequate time for aftercare planning; and needs identified around budgeting skills.

Level of aftercare supports and perceptions of Aftercare Workers

One young person, Karen (18), felt strongly that there were far fewer formal supports available to her when she left care compared to when she had been in care.

“I think we need more support than anybody that’s under 18..... It’s like ‘oh well, when you turn 18 you’re an adult then. Bye bye.’ I don’t think we should get that y’know. I think it should stay the same until the people who are giving us the support feel ready that ‘yeah, you’re ok now, you can manage this’ or we actually stand up and say, ‘yeah, I can do this now.’” (Karen, 18).

Karen (18) also spoke about the need for Aftercare Workers to have a better understanding of what it was like for a young person leaving care so that they could provide the most appropriate support to them. She felt that it was just a job to many professionals but that young people were the ones going through the experience at first hand.

“They’ve learnt it all from the books and that’s their job. Like you have your separate life away from your job, y’know. Sometimes when I make phone calls to my Aftercare Worker, it’s like ‘oh, I’m sorry, I was on annual leave.’ It’s like you can take a holiday when you like, y’know we can’t take a holiday away. This is like constantly living every day of our lives.” (Karen, 18)

Accessibility of Aftercare Workers

Accessing Aftercare Workers outside of office hours was an issue highlighted by three young people. In most cases, young people could not contact their Aftercare Worker outside of office hours or at weekends, a point made by Adele (19).

"The thing about Aftercare Workers and Social Workers is you can phone them from 9-5 and after that they're gone, you can't reach them. That's what I've always hated about Social Workers or Aftercare Workers. Say it's Friday at 6 o'clock and you're going, 'oh, I'll have to wait until Monday morning.'" (Adele, 19).

In a few cases, young people's Aftercare Workers were available outside office hours.⁵⁸ For example, Nicola (19) spoke about being locked out of her accommodation late at night. In this case she was able to contact her Aftercare Worker who was able to sort out the problem.

"They're always there when you need them. It's not just 'oh well, my phone's off now.'" (Nicola, 19)

Adequate time for aftercare planning

Young people were asked about their experience of aftercare planning. One issue that emerged for two young people was that they felt not enough time had been set aside for the process. In the case of one young person, her aftercare plan was started quite late (three months before her 18th birthday), which meant that everything had to be agreed fairly quickly. Similarly, another young person described the process as being a 'rush' which resulted in a lot of pressure at the time. The timeframe for starting work with young people on independent living skills was a particular issue for one young person. Tom (17) felt that life skills training with young people in residential care should start younger, typically when they were aged 13/14 years old rather than being left until later. He felt that this was important as 'the

more practising you have the better' and helped young people make the transition to independent living. In his case, he said he had learnt life skills from the age of 13 and was looking forward to leaving residential care and moving to a planned aftercare residential placement.

Budgeting skills

Some young people identified budgeting as an area of concern for them and more generally for care leavers. Tom (17) felt that many young people who had left care could not budget their money properly and as a result had found themselves in debt. Ciara (18) said that it took her some time to learn how to budget her money properly.

"You learn eventually how to budget your money. It's trial and error 'cos I had done my plans with my Aftercare Worker and Key Worker but it's just putting them into action is a different story like. 'Cos you go out and you spend €30 and you don't even know where you're after spending it like.'" (Ciara, 18)

Based on these young people's views budgeting was an area that they needed more help with, particularly when they were putting what they had learnt into practice.

Informal aftercare supports

Informal aftercare supports for young people comprised those received from their family, friends and previous carers. These can be particularly helpful when young people are leaving care as they can provide further support at a time when there are many life changes taking place, e.g. moving accommodation, starting to live independently. Five of the young people interviewed said that they received help from their immediate family when making the transition from care. The location where family members lived was an important factor for making family contact possible. It also had an important influence on the decisions made by some

⁵⁸ This was most likely where young people were living in semi-independent settings.

young people about their own accommodation choices. Being near to their family made it possible for young people to visit them when they wanted as Sean (19) explains.

"I got a lot of support from my family..... It can be a bit lonely at times so I used to stay over with my mother or go over for dinner." (Sean, 19)

Several Aftercare Workers recognised that young people leaving care could experience loneliness and isolation, especially in the immediate period after leaving their last placement. Whether or not the young person's last placement was in residential or foster care, the reality is that young people are likely to be moving away from a house full of people. Loneliness can be a particular issue for those going into private rented accommodation by themselves.

Two young people had no contact with their immediate family through their own choice. Another young person had siblings in care in different places which made it difficult to keep in regular contact with them. However, two of these three young people said they had many friends nearby whom they had regular contact with. One young person said she had no contact with family (including her former relative foster family) and no friends since leaving school. This young person had fairly significant needs in that she had experienced many placement moves since leaving care. The sole source of support she relied on was her boyfriend.

Overall, most young people had received support from family and friends which they deemed as being helpful at particular times. Some young people spoke of seeing their birth family when they were lonely or when they needed help with something, e.g. moving accommodation. These results show the varying nature of informal social supports available to young care leavers. It also highlights the potentially greater vulnerability of those who do not have established and reliable individuals in their lives whom they can turn to for support when needed.

Challenges facing young people leaving care

Young people spoke about their own experiences of leaving care which highlighted some of the challenges that they faced, and could help to inform the kind of aftercare supports needed.

For a few, these issues were still on-going at the time of interview. This section focuses on four main needs that emerged from the interviews with young people: financial difficulties; educational participation; multiple accommodation moves; and health issues.

Financial difficulties

Two young people were currently experiencing problems with their social welfare payments. Ciara (18) had not received her weekly payment as expected and planned to contact her Aftercare Worker to sort this out. Unfortunately, this happened regularly to Ciara.

"They're always messing up my payments. I'm in and out of the place literally twice a week." (Ciara, 18)

Karen (18) was having similar problems but in her case she had not received any social welfare payment for six weeks. Initially, the local Community Welfare Officer refused a social welfare application from Karen because she was registered to attend school. However, after Karen left school her Aftercare Worker agreed a financial package with the HSE. Despite this, Karen had not received any payment set out in this plan. She spoke about the problems she had experienced with social welfare payments and the implications of this for paying her rent in her aftercare residential placement.

"Even when I was getting paid like the money wasn't there. They'd go, 'oh yeah, it'll be there on Thursday' and I'd go and it wasn't in the bank. And then I'd be left waiting for ages..... Like I haven't paid rent here for ages. And plenty of the staff are so like, 'we know it isn't your fault, we'll let you stay here without rent' but like it's €55 a week rent..... So, I'm gonna be in an awful lot of arrears y'know." (Karen, 18)

The experiences of these two young people show that care leavers can face problems caused by the delay in the payment of social welfare benefits. Several Aftercare Workers also recognised this as an issue of concern. A particular issue that emerged for one Aftercare Worker related to applying for rent allowance. The Aftercare Worker spoke about a young person on his caseload who had been waiting for two months for her application for rent allowance to be processed. The young person was 'lucky' as the landlord was willing to wait for the rent to be paid. However, if this was not the case the young person would have been at risk of homelessness. The difficulties caused by delays in the payment of social welfare entitlements come at a time when young people are also facing the challenge of budgeting their money so that they can pay their rent and other bills. This highlights the responsibility that many young people faced in managing a household at the age of 18 or 19 with very few resources.

Another issue highlighted by Ciara was the inconsistent way in which Community Welfare Officers can treat applications from young people leaving care. In one area she found that no discretion was allowed for her care background and her payment was reduced to €100 per week, out of which she had to pay rent (private sector) and cover her bills.

Before moving to private rented from his supported accommodation, Paul (19) suggested to staff that a savings scheme should be set up to help young people to pay their bills in private rented accommodation. He recommended that the scheme be organised by staff in an aftercare residential service where young people could pay five or ten euro a week. The money saved could then be used to meet some of the costs of setting up a home independently.

Another young person had experienced financial difficulties in relation to her education. Lisa (19) was currently taking a one year course for which the

fees had only been partly covered by the HSE. An appeal to the HSE taken by her foster carer was unsuccessful. In order for Lisa to take part in the course, her foster carer had to pay over half of the fees as well as paying for travel expenses and the cost of materials needed for the course.

"I thought they [the HSE] should have given more. I didn't think it was fair for my foster parents to pay out loads. And they still have to pay for books."
(Lisa, 19).

Where young people experienced financial difficulties these were largely due to erratic and delayed social welfare payments. Different treatment from Community Welfare Officers was an issue as well as the difficulties of covering the costs of educational courses.

Educational participation

At the time of interview, five young people were currently participating in an educational course. These were most likely to be Fetac courses while one young person was studying for a Diploma. Several Aftercare Workers expressed the view that where care leavers were still engaged in education, they were more likely to have better outcomes. One worker in particular commented that if a young person was able to manage in education then they were doing well.

"The reality is the ones that are together enough to stay in full-time education are not the ones that need the most support. If they're at that stage and they're doing well. You know it's the ones who aren't in education. They do well up to a point..... They would often say that 'I wish I'd stayed', you know, and then things go from looking very stable to completely chaotic in a couple of months." (ACW1)

It emerged that just two of the young people interviewed had taken the Leaving Certificate examination at school.⁵⁹ Where young people were experiencing difficulties in their placements, this tended to have a negative impact on their schooling.

Karen (18) spoke about the difficulties of getting to school after moving accommodation several times. The first move followed a breakdown in a relative foster care placement. Despite getting enrolled in another school to start fifth year, getting to school involved catching three buses while living in a residential placement. She left school after moving into adult emergency hostel accommodation.

"I don't think that it's [emergency hostel] a place for anyone who's going to school like." (Karen, 18)

Another young person said that she became 'lazy' after moving to an aftercare residential placement which was further away from her school and refused to attend. Despite signing up for a Fetac course through Youthreach, she did not finish the course as her placement broke down. She expressed regret at not completing the course. The educational experiences of these two young people identify a need for support to help care leavers to return to education where appropriate.

Accommodation moves and placement breakdown can contribute to young people dropping out of full-time education. Many young people who were interviewed had several changes of accommodation in a relatively short period of time since leaving care.

Multiple accommodation moves

It would be expected that when young people leave care they may experience several accommodation moves, which was a finding in the survey results. The accommodation options for young people who were interviewed included aftercare residential placements, emergency hostels and private rented accommodation. However, in the case of two

young people in particular, they had multiple moves in accommodation. Ciara (18) had experienced 4 moves in a period of 11 months while Karen (18) had 6 moves in just under 10 months. Karen went through the different types of accommodation she had stayed in during this time.

"I was in [crisis intervention service] for a month. Then I moved back in with my mam for like a few weeks. On New Year's Day I went back into [emergency accommodation] and I was there until March. And then I got a placement in [short term accommodation] and I was there 'til the end of April. And then I was in [emergency accommodation] for like four days because I was getting in here [aftercare residential placement] in May so I had to leave and then I got put into adult homeless, just until the bedroom was ready." (Karen, 18)

In both these cases, the young people had experienced a breakdown in their placement just before they were due to leave care, one in a foster care placement and the other in a residential placement. In relation to other young people interviewed who had planned progressions from their care placement to an aftercare placement, they experienced far fewer moves in accommodation over the same time period. Placement breakdown prior to leaving care appears to be a potentially important factor in multiple accommodation moves. Also, Karen was facing another move in her accommodation before her baby was born as she would no longer be able to remain in her aftercare residential placement.

Karen's experience also raised another issue in relation to accommodation. Karen had spent some time in adult homeless accommodation when she was still 17 years of age. She described it as a very difficult experience and spoke about feeling 'ashamed' to tell anyone that she lived there. In particular, she talked about having to leave the

⁵⁹ A few young people spoke about planning to go back and sit the Leaving Certificate exam in future.

accommodation at 9.30 in the morning and not being able to return until 8pm that evening.

"I moved into adult homeless and I was kinda like, 'oh God, all these women in here who are 40 and have kids, and I'm only a baby compared to them'. Y'know, I didn't know what to do." (Karen, 18)

Karen's experience raises questions over the appropriateness of such accommodation for young people under the age of 18.

Health issues

Mental health emerged as a key concern from some of the interviews with young people. Feelings of loneliness and isolation were experienced by two young people in particular. Both had moved from care and were living in a semi-independent aftercare placement at the time. Ciara (18) spoke about her feelings when she travelled back to her aftercare placement after visiting friends in a different area.

"When I used to go back to [aftercare residential placement], I knew that when I was going out into my car to go home that that was gonna be it for the night, that I wouldn't talk to anybody now until I went back out to [name of area] again.... then if you want to get up and go out you're basically just walking around to do nothing, to talk to nobody. So it was just kinda sitting in this one bedroom flat constantly like. It wasn't that nice." (Ciara, 18)

Karen (18) distinguished between two types of semi-independent accommodation – one that comprised a self-contained flat, which could be very lonely and isolating, and another in a house where young people are living with others, which she felt was more like 'home'. In relation to her own mental health, Karen had been diagnosed with depression and reported two suicide attempts. She had received counselling in the past and spoke about needing emotional support. She felt that she had no-one to turn to when the formal supports she had were not available to her at one particular time of need.

"Yesterday, I was having an extremely bad day. [Aftercare Worker] was on holidays this week, she's not back 'til Monday. My [voluntary support] worker wasn't working yesterday. I had nobody to even talk to. I was like in hysterics and I was trying to calm myself down for the baby's sake. I tried phoning one of my [voluntary support] worker's colleagues and she didn't ring, and I was thinking, 'please, just even a five minute conversation to calm me down, y'know and it wasn't there. I just think [pause], you don't get as much support when you turn 18. It's a lot harder." (Karen, 18)

Another aspect of young people's health that arose during the interviews was drug use. Two of those interviewed said that they had taken drugs in the past. One young person spoke about being addicted to a prescription drug and being asked to leave the residential centre she had been living in at the time. She was moved to another residential placement where she could receive the appropriate help and supports and was now drug free. The other young person spoke about using Head shop products and misusing alcohol when she was going through a particularly difficult time.

The above results on health are based on a small number of young people. However, it does show that young people who have left care can experience poor mental health and substance misuse problems which require additional support.

Views on what young people need when leaving care

Social support was the most common need identified by young people interviewed for the study. Five out of the eight young people spoke about this in some way.

"People around them who love them and will be there for them" (Lisa, 19)

"Everyone needs a person to confide in." (Adele, 19)

Similarly, Paul (19) highlighted the importance of having someone to contact if young people needed help or support with a particular problem. He also felt that it would be helpful to meet other young care leavers as he knew very few people who had been in care. Based on these responses, young people leaving care were seen as needing a person in their lives whom they could turn to in times of need. This would be someone they could trust and would be a permanent stable figure in their lives. While none of the young people said who this person might be, it was clear that the young person needed to know them well and have developed a good relationship with them. A few young people spoke of the importance of staying in contact with practitioners whom they had known from their time in care, e.g. their Key Worker. Therefore, being able to maintain relationships with workers even when they had left their care could be a potentially important source of support to them as they make the transition to independent living.

The views of Aftercare Workers who were interviewed for the research were similar to those given by young people. Having a significant adult in their lives was identified by many workers as the most important need for care leavers. A significant adult could provide practical as well as emotional support to young people, and would be someone to turn to in times of need. They could also be available to the young person long after any formal supports had gone.

“At the end of the day they will link in with the residential unit for so long, they will link in with aftercare for so long, but that’s gonna go. And none of it compares to say Saturday night or Sunday morning, ‘well, I’ve nowhere to go’ and it’s a completely different type of support.” (ACW3)

In addition to the importance of social supports when leaving care other forms of help were identified by young people. Two young people mentioned the importance of having adequate financial support as discussed earlier. Information was another type of

support named by a few young people. In particular, Lisa (19) talked about having information about what was going to happen in relation to her foster care placement. Therefore, having appropriate information contributed to a sense of security for young people.

Readiness to leave care at 18

All eight of the young people interviewed were asked if they felt ready to leave care at 18 years old. There was some divergence of views. Five said that they did not feel ready to leave care while the remaining three said they were ready to leave. There were two related circumstances under which young people found leaving care more difficult: when there was an unplanned move late in their care history; and when they were given short notice about leaving care.

Unplanned move from care

Two young people had experienced unplanned moves from care following a placement breakdown fairly late into their care history – both were aged 17 at the time. In Ciara’s case, she was asked to leave her final residential placement because of misuse of prescription drugs as mentioned earlier. She describes her feelings at this decision.

“I just didn’t want to leave like. I was very sad about it. I didn’t want to leave at all. I wasn’t allowed..... like the circumstances, the way it was there’d been an argument in the house that night and I was arrested and that was the last time I was allowed in the house for about six months. I was only after leaving and everything, and I didn’t get to see anybody or say goodbye to anybody like.... it was just like, sudden and abrupt, do you know that way?” (Ciara, 18)

In Karen’s case, she spoke about not being prepared to move into her aftercare residential placement following a breakdown in her foster care placement. She put this down to her negative experience of being in an adult homeless hostel and feeling unprepared for what to expect when leaving care.

"It was scary and I wasn't prepared for it at all. And it was like people weren't telling me, 'well, this is what you need to do to be prepared' like y'know. Nobody had an answer for me when I said, 'hang on, you said I'd have my flat by the time I turned 18, why am I in adult homeless?' Nobody could answer that question. I was really angry about that y'know." (Karen, 18)

Short notice about leaving care

One young person felt that she was not ready to leave care at 18 because she was given very little time to prepare for the move. Adele (19) spoke of leaving her residential care placement only 3 days after turning 18.

"I knew it was happening but I was literally just turned 18. My social worker goes 'oh, you're gonna be leaving here in three days' and I'm like 'what?' I was thinking in a week or two. So, I ended up leaving three days after I turned 18 like." (Adele, 19)

Experiencing an unplanned move and being given short notice both contributed to young people's feelings of being unprepared to leave care at 18. A common theme running through these young people's experiences was the expectation they felt about being an adult when they turned 18 years old.

Expectation of being an adult at 18

Several young people spoke about turning 18 years of age and feeling pressure to become an adult almost overnight. This was a daunting experience for these young people including Karen (18) who felt that she should have been better prepared for this.

"I think people should've said, 'well look, when you move out and when you're 18, people aren't gonna look at you like a child anymore, they're gonna look at you like an adult. And you're gonna have to cope with it like. Or even explain to me what it would've been like. Now that I know the experience first hand, that would have been easier, but no, none of that happened" (Karen, 18)

Karen talked about dreading her 18th birthday as she felt very uncertain about what was going to happen in the future. Similarly, Adele (19) describes her feelings at turning 18.

"Being 18 doesn't mean that you're a full adult, like in your mind. I was expected to be an adult within a few days of turning 18 like. It's like, 'Oh God!'" (Adele, 19)

These experiences show the importance of making a gradual transition from care to semi-independent or independent living.

Gradual transition from care

One young person, Tom (17), spoke about taking part in a transition programme to help him adjust to his new aftercare placement when he left residential care. This involved him staying in his new aftercare placement for a few days each week and then going back to his residential placement over a period of time.

"This is my block week now. I'm there tonight [Friday] until Sunday night and then I go home on Monday. We have a meeting on Tuesday and then they kinda let me move in then." (Tom, 17)

It was interesting that Tom (17) was one of the three young people interviewed who said that he felt ready to leave care. Having had time to adjust to the move as well as the chance to experience what it would be like in his new placement is likely to have helped to prepare him for making this transition.

Having the opportunity to make a gradual transition from care was a point made by two other young people. Ciara (18) spoke about a young person who left a residential centre that she was living in at the time. This young person moved into an apartment but rather than moving all at once she was able to stay a few nights in the apartment and then return to the residential centre for another few nights. Ciara felt that this would be a 'good way to do it.' This was similar to an example given by an Aftercare Worker where a residential house had a self-contained flat

at the side of the house. A young person turning 18 could move into the flat and care for themselves while at the same time be able to avail of supports from staff when needed. This worker felt that it ‘worked brilliantly’ and it meant that young people were ‘much better prepared for life.’

Leaving foster care

One of the young people interviewed was currently living with her former foster carer. Compared to young people whose last care placement was in residential care, those in foster care may be able to maintain their care placement if the foster carer is happy with this. In many ways, this provides greater stability and there is less pressure on young people to move out of the family home as Lisa (19) describes.

“I still wanted to stay here when I was 18. I want to move when I’m 21 but I want to stay here for as long as I’m in college. Then when I’m finished I want to get a job or whatever. I want to have enough money to move out but I wasn’t ready when I was 18.”
(Lisa, 19)

Gaps in aftercare supports

Most young people said that they had received some of the supports they needed when they left care. However, there were issues that emerged that highlighted some areas for improvement in the current provision of aftercare supports.

Greater provision of step-down supported accommodation

Several young people said that they understood why many young people moved to supported accommodation⁶⁰ after leaving care as they were not ready to live in private rented accommodation. Two young people were currently living in private rented accommodation. In particular, Paul (19) spoke about the challenges of living independently compared

to being in a residential centre or an aftercare residential placement where many things were done for young people. He felt that there should be more accommodation options available that bridged this gap so that young people could learn to be more independent but also have access to supports when they needed them.

Three of the young people who were interviewed had experience of being in an aftercare residential placement which could be deemed as providing step-down supports to young people. Some of these young people spoke about being encouraged to do things for themselves while being able to contact an Aftercare Worker if they needed particular supports. These Aftercare Workers could be contacted outside of office hours which these young people said was very important to them.

Information on rights and entitlements

Information was another gap identified by a few young people who were interviewed. Two young people felt that they were not adequately informed about their rights and entitlements when they left care. Although she received financial support, Adele (19) said that she was unaware as to where this came from.

“I didn’t know anything: what I was being paid or where I got money from..... I got my ATM card and money just came out of the machine” (Adele, 19).

Another young person spoke about not knowing why she was not entitled to the full rate of unemployment assistance.

Financial support for young people in education

The provision of adequate financial support while in education was an issue for two of the young people who were interviewed. In Lisa’s (19) case, she was concerned about the amount of money her foster carers were currently paying for her college course,

⁶⁰ This is similar to aftercare residential placements with staff on site with young people.

which consisted of over half of the fees and covering her travel costs and expenses for materials needed for the course. Adele (19) expressed anxiety around her ability to remain in education. In her case, she said she was due to leave her aftercare placement in six months' time and was not sure if she would be able to cover her educational costs in addition to paying rent and other bills.

Young people's hopes for the future

Where young people were currently doing a course or involved in education, they wanted to complete it and hoped to get a job afterwards. Three young people spoke about going back to education to do the Leaving Certificate as they had only completed the Junior Certificate in their secondary education. Being able to live independently in private rented accommodation was also mentioned by a few young people.

Summary of main points from interviews with young people

Young people were asked to give their views on the aftercare supports they had received and about their experience of leaving care. Most of the young people interviewed spoke positively about the aftercare service and gave examples of how Aftercare Workers had helped them to find accommodation and take up further education courses amongst other types of support. The role of other professionals in helping young people to develop independent living skills was also noted, for example Key Workers. Several young people had concerns around particular aspects of aftercare supports including the lower level of support compared to being in care, inaccessibility of Aftercare Workers out of hours, having enough time for aftercare planning and the need for more help with budgeting.

It is important that aftercare supports meet the needs that young people have when they leave care. Many young people highlighted the various

challenges that they faced such as multiple accommodation moves and mental health needs. Social support was identified by young people as the greatest need of care leavers and several spoke about receiving help from family, friends and former carers. Five of the eight young people interviewed did not feel ready to leave care at 18 and felt under pressure to become an adult almost overnight. Being able to make a more gradual transition from care through the availability of more step-down supported accommodation was deemed as one way in which this could be positively addressed in future.

The final chapter in this report considers the main findings from the research and identifies some key messages for policy and practice.



CHAPTER 7: CONCLUSIONS AND KEY MESSAGES FOR POLICY AND PRACTICE

Introduction

This final chapter discusses some of the main themes from the research findings in the previous chapters and concludes with a set of key messages for policy and practice. Based on the research findings, six main themes have been identified in relation to young people's experience of leaving care and the provision of aftercare services in North Dublin. These themes have emerged from the analysis of the survey data on young people and interviews with young people and Aftercare Workers in North Dublin. These themes refer to the following issues:

- the significance of stability in care placement to promote better outcomes;
- the importance of social support to meet young people's needs;
- facilitating a more gradual transition from care;
- addressing issues concerning the provision of aftercare supports in North Dublin;
- recognising the greater needs of some groups of young people;
- the lack of Irish research and administrative data on care leavers.

Importance of stability in care placement to positive outcomes for care leavers

One of the key themes of this research is the association between stability in care placement history and more favourable outcomes for young people in the study. Findings from the survey data

showed that where young people had experienced stability whilst in care, measured by being in their last care placement for more than five years and having had only one placement in care, they were significantly more likely to have better outcomes. These outcomes included having fewer accommodation moves, reaching a higher level of educational attainment and experiencing good general health and mental health. For many young people who experienced instability while in care, this appears to continue to have a negative impact on their lives after they leave care.

The survey data showed that young people who had experienced stability in their care placement history were more likely to have had their final placement in foster care. Several Aftercare Workers said that young people leaving care from a long term foster care placement did not have such extensive support needs as those leaving residential care. While this general rule of thumb cannot be generalised to all care leavers, it does appear that young people who have had a long term foster care placement before leaving care benefit from the secure attachments they have developed while growing up in a family, which stands to them in meeting the challenges of becoming young adults. Young people from a stable foster care background appear to have more supports available to them which they can access as they learn to live independently. The survey data showed that where young people had multiple placement moves while in care, they were more likely to experience instability after leaving care, e.g. many accommodation moves.

These findings provide further support to those from international research which highlight the significance of stability in care placement to achieving better outcomes for care leavers.

Support needs of care leavers: Importance of social support

The findings from this research show that young people can face many challenges when they leave care. For many it means moving to live somewhere else, getting used to a different routine and taking on many responsibilities that come with independent living, e.g. paying rent and bills, self-care tasks, shopping etc. Young people are expected to be able to live independently at a younger age than many of their peers who were not in care. The survey data and information from interviews show that young people can face particular difficulties in the immediate period after leaving care including multiple accommodation moves, irregular social welfare payments, poor employment prospects, experiencing mental health needs and engaging in behaviour considered by Aftercare Workers to put themselves at risk. Having access to appropriate social support may help young people to adjust to the greater demands of life after leaving care.

Social support was identified by both young people and Aftercare Workers as the primary need experienced by care leavers. The value of having a significant adult who can provide emotional as well as practical support to care leavers was highlighted by many Aftercare Workers. From the survey results, approximately one half of young people were reported to have contact with at least one birth family member during the year after they left care. Furthermore, Aftercare Workers reported that the majority of young people had a 'significant adult' in their lives. Whether this person is a professional e.g. Key Worker, family member, previous carer or friend is not an issue, as long as they can be a stable and permanent figure in young people's lives and continue to be a reliable source of emotional support to them when needed.

Gradual transition from care to independent living

One of the main issues to emerge from the interviews with young people was the feeling of not being ready to leave care at the age of 18 years old. Some spoke of the expectations of others of them to become an adult overnight and the stress that this caused them. Similarly, several Aftercare Workers felt that most young people did not have the appropriate practical skills and maturity to cope with independent living at this young age, no more than their peers who had not been in care. As Stein (2006) states, young people's transition from care to adulthood is both 'accelerated and compressed'. Stein and Munro (2008) go on to argue that care leavers should have opportunities to make a more gradual transition from care which is similar to the kind of transitions made by their peers.

The availability of aftercare residential placements was deemed by several Aftercare Workers to help young people to make the move from residential care to more independent living. However, a need arose for more step-down supported accommodation to bridge the gap between aftercare residential placements and private rented accommodation. This would consist of accommodation where staff do not live on site but are available to provide support to young people if needed. Some of the young people who were interviewed spoke about having too many staff and rules in their aftercare residential placements. They were looking to experience greater freedom in their day to day living. However, they also spoke about the importance of having access to supports so they knew they could get help if they needed it. While there is some provision of this type of step-down supported accommodation in North Dublin, there appears to be a greater need for such accommodation than is currently provided. A need was also identified for more supported accommodation for females and young mothers in North Dublin.

Current provision of aftercare supports: need for a standardised service, improved access and adequate time for preparation to leave care

Young people and Aftercare Workers had views on certain aspects of the current provision of aftercare supports provided to young care leavers in North Dublin. Practitioners highlighted certain concerns in relation to the structure of aftercare services in the local areas. Several Aftercare Workers felt that a Co-ordinator was needed to ensure that a standard service was provided to all care leavers in North Dublin. In addition, the formation of a team of Aftercare Workers outside of social work departments would help to promote good practice, facilitate peer support for workers and also encourage young people to avail of the service as it is seen as separate to social work. Where young people did not take up the offer of aftercare until after the age of 18, several Aftercare Workers felt that they should still be entitled to receive the service for three years.

Related to this issue was the delay in allocating young people with an Aftercare Worker. The policy in the HSE North Dublin region is to assign an Aftercare Worker six months before a young person turns 18. However, some of the Aftercare Workers interviewed said they were unable to start work with young people before they were 18 due to waiting lists. The negative impact of waiting lists and high caseloads was also highlighted by some Aftercare Workers in particular areas with them expressing concern as to whether current supports adequately met young people's needs.

Similar to the views of Aftercare Workers, several young people felt that access to aftercare services should be improved. Being able to obtain support out of hours was a particular concern raised by several young people. Some of them spoke of

the stress involved in having to wait until Monday morning before being able to get support. In addition, some of the young people who were interviewed felt that their preparation for leaving care was rushed and they were given short notice about their move. They said that they did not have enough time to prepare for leaving their placement and developing the skills needed for independent living.

The views about the nature of aftercare support services in this report refer specifically to those currently provided in the three local health office areas of North Dublin. However, they are relevant at a national level as they can be used to indicate some of the features of a good quality aftercare service. This is particularly significant at a time when a national policy on the provision of HSE aftercare services has been formulated and is currently at the implementation phase.

Groups of care leavers with greater needs

Based on the data collected in the study, several groups of young people could be deemed to have more extensive support needs. They are potentially at risk of falling through the gaps in aftercare service provision. One particular group are those who are not currently engaging in aftercare services, statutory or voluntary. The needs of this group are not covered in this study as they have decided not to accept the aftercare service. However, several Aftercare Workers spoke of the more acute needs of young people who had initially accepted the service but were not currently engaging with them. Therefore, this would suggest that care leavers who do not link in with the aftercare supports that are available could be at particular risk of poorer outcomes unless obtaining appropriate support from others, e.g. foster carers. Other groups of care leavers with greater needs identified in the study are those who have experienced placement breakdown prior to leaving care, young people with disabilities

and mental health needs, those accessing homeless services especially adult emergency hostels and young parents. Such groups would appear to require additional supports which may go beyond the scope of current aftercare service provision.

Lack of Irish research and administrative data on care leavers

One of the goals of this research study was to contribute to a better understanding of young people's progress when they leave care in the Republic of Ireland. The topic of leaving care has been considered in several small local studies but there is a lack of knowledge about young people's experiences on a national scale, which is necessary to inform policy and practice. There has been just one national research study of care leavers, the report by Kelleher et al (2000), but this is now over ten years old. One of the recommendations in the Ryan Report (2009) is a longitudinal study on care leavers over a ten year period. Such a study would help to address this gap in current knowledge and is long overdue. It would also provide information at different points in time thus enabling services to be tailored to meet the needs of young people and help to identify long term outcomes into adulthood.

Related to the lack of primary research is the absence of administrative data on care leavers in the Republic of Ireland. One of the elements of the National Strategy for Research and Data on Children's Lives 2011-2016, recently launched by the Minister for Children Frances Fitzgerald, is a focus on improving the quality of data collected on children in care. The HSE publish monthly Performance Reports which include statistics on young people in care, for example, type of care placement, number of young people with an allocated social worker and those who have a written care plan. Data on the number of young adults aged 18-21 who are receiving an aftercare service has started to be collected in the monthly

Performance Reports. In December 2011, 1,146 young people across the country were reported to be getting an aftercare support service, 271 of whom were in the Dublin North East region (HSE, 2012). However, aftercare is not available in all areas and some care leavers may choose not to receive aftercare supports for a variety of reasons.

There is a need to compile data on the number of young people ageing out of care on an annual basis and to keep track of those who are taking up aftercare. Now that a national policy on aftercare provision has been devised it would seem timely to improve the collection of administrative data on care leavers.

Key messages for policy and practice

This chapter concludes with eight key messages for policy and practice which are based on the main research findings.

Message 1:

Highlight the importance of comprehensive care planning, effective matching and adequate supports to maintain placements while young people are in care

The findings from the EPIC research study are similar to many other research studies in highlighting the negative implications of multiple placement changes for young people's progress when they leave care. Providing stability throughout a young person's care is a huge challenge to those involved in caring for them and responsible for their welfare. In many cases, children are placed in care on a short term basis and it is not known how long they will remain in care. However, when a child is placed in care, efforts need to be made and resources put in place for comprehensive care planning and effective matching of children with potential carers to ensure that their needs can be met. Providing adequate supports to young people and carers throughout the placement helps to prevent the likelihood of it breaking down. Therefore, the placement will have the potential to be a long term

stable placement if it is not possible to reunite young people with their birth family.

Message 2:

Acknowledge and encourage the development of social support for young care leavers

Social support was the greatest need experienced by care leavers, identified by both young people themselves and Aftercare Workers. A 'significant adult' can provide much needed practical and emotional support particularly at times of need. It could be a family member, previous carer (including a Key Worker or foster carer) or friend and be someone whom the young person continues to link in with over time. As part of the aftercare plan, potential sources of social support should be identified and efforts made to assist the young person to develop them further. This is a welcome aspect of care planning noted in the HSE National Policy on Leaving and Aftercare Services (2011). The option of using Family Welfare Conferences as a way of achieving this could also be explored.

Message 3:

Allow adequate time for aftercare planning and allocate Aftercare Workers in good time

Several young people felt that their aftercare planning was rushed, usually when they had received short notice about the end of their last placement in care. This made the experience particularly stressful for them. Adequate time is needed to be set aside for aftercare planning which will help young people to get used to the idea of leaving care and be prepared for the move. It would also give young people the opportunity to be fully involved in the decisions that are made. It is also important to acknowledge the role that many foster carers play in preparing young people in their care for adulthood. Being able to access the appropriate information and training where needed to support young people to make this transition would complement the more formal aftercare supports that may be available.

The Model for the Delivery of Leaving Care and Aftercare Services in North Dublin (2006) states than an Aftercare Worker should be allocated six months before they are due to leave care. However, some of the young people in the EPIC study did not have an Aftercare Worker until after they had turned 18 years of age. Ensuring the timely allocation of Aftercare Workers would facilitate having adequate time for aftercare planning.

Message 4:

Address the gaps in the current provision of aftercare supports in North Dublin

The research highlighted some gaps in current aftercare services in North Dublin.

- **Additional resources are needed to reduce caseloads and waiting lists in some areas.** This will facilitate Aftercare Workers to provide an adequate level of support to all young people and make services available to young people at the early and often vulnerable stage of leaving care.
- **Access to aftercare supports out of hours.** Several young people spoke of not being able to contact their Aftercare Worker at times of need.
- **Extend the upper age limit for aftercare supports beyond 21 in cases where young people did not avail of the service at the age of 18.** This would help to ensure that young people can access aftercare supports for a minimum of three years. At the moment, only young people participating in education can access aftercare supports after the age of 21. However, this group of young people who tend to have reasonably good educational outcomes are not deemed to have the greatest needs amongst care leavers.

- **Appoint a Co-ordinator for the Aftercare Service in North Dublin and establish a designated team of Aftercare Workers across the three local health office areas.** A Co-ordinator could lead a team of Aftercare Workers and help establish the service independently of social work departments.
- **Develop a policy for referring care leavers to adult health services.** In particular, for young people with disabilities and mental health needs whom it can be difficult to link into adult services.

Message 5:

Increase the provision of supported accommodation with graduated levels of support

Supported or semi-independent accommodation was deemed to help young people make the transition from care to independent living. While male care leavers are relatively well catered for in North Dublin, there is less provision of supported accommodation for females and young mothers who have left care. Several young people interviewed for the study felt that there was still a big gap between supported accommodation and private rented accommodation. The provision of step-down supported accommodation with graduated levels of support has a key role to play in helping to bridge this gap. One of the main features of step-down accommodation being that staff do not live on site but are available to provide support when needed. The wider availability of this type of 'supported independent living arrangement' would help to promote a more gradual transition from care.

Message 6:

Raise awareness of the financial challenges facing care leavers and provide more help with budgeting

Financial difficulties were identified as being experienced by some of the young people in the research and also as a general concern for care leavers raised by Aftercare Workers. The survey results in Round 2 found that 42% of young people depended on social welfare as their main source of income. During the interviews, several young people spoke about difficulties they had experienced with irregular social welfare payments, with one young person currently in rent arrears. Different treatment from Community Welfare Officers in different areas was also an issue raised by a few young people who were interviewed. Young people who find themselves in financial difficulties need additional support. In particular, young people need more help with developing budgeting skills with on-going supports available when they need to put these skills into practice.

Message 7:

Compile administrative data on care leavers to inform aftercare service provision

A database of care leavers collected at local level would help to inform the future development of aftercare services. Such a database could include basic details on young people's care history, aspects of their circumstances (e.g. education, economic status, accommodation) and their engagement with aftercare services. This would contribute to a better understanding of young people's needs at a local level which is needed to guide the nature of aftercare supports that should be available. It could also be used to keep track of the numbers of care leavers in each area and the level of take up of aftercare supports in each. This data could then be compiled at a national level to identify gaps in service provision. This information would need to be collected at regular intervals to keep it up to date. It would be a valuable resource for policymakers, practitioners and researchers to help improve the delivery of aftercare supports in future and could be utilised for evaluation purposes.

Message 8:

Listen to young people about their experiences of leaving care

Young people who have left care are the only people who can tell us what the experience was like for them. It is important for practitioners and policymakers to listen to what young people have to say about leaving care. Following this is a responsibility to try and make positive changes where needed so that aftercare services can adequately address young people's needs as they become independent adults in their own right.

This research provides some much needed evidence on the needs and circumstances of care leavers during the initial period after they leave care. It would be interesting to see how the same group of young people are doing later on in life. In particular to see how their outcomes change at the age of 21 and beyond, 21 being the age at which most young people will stop receiving aftercare supports. It should be remembered that the outcomes discussed here are for a group of young people who have access to aftercare services. Outcomes for those who do not access aftercare supports are unknown. The future development of aftercare services for care leavers appears to rely on the nature and extent of the implementation of the HSE National Policy and Procedure Document for Aftercare Service Provision (2011). It is hoped that this policy will be fully implemented into practice so that it achieves its own desired goal of having a positive impact on care leavers' outcomes.



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ID Number

Appendix: Survey templates for Rounds 1 and 2

Round 1 Survey for Tracking Outcomes for Young People in Aftercare and Leaving Care

Section 1: Basic characteristics

Please complete the information below about each young person

1. Gender male ☐ or female ☐

2. Date of birth: / /
day / month / year

3. Current age years old

4. Country of birth

5. Ethnicity (please tick one box)

White ☐ (Irish, Irish Traveller or any other white background)

Black ☐ (African or any other black background)

Asian ☐ (Chinese or any other Asian background)

Other ☐ (Including mixed background)

If other, please specify

Source: Central Statistics Office (2011) Census of Population form

6a) Number of child dependents (if any)

6b) Currently pregnant or expecting a child?

Yes ☐ No ☐

ID Number

Section 2: Aspects of care history

Please complete the details below about each young person's care history

1. Current care status (please tick one box)					
In care placement	<input type="checkbox"/>	Has left care	<input type="checkbox"/>		
Aftercare placement	<input type="checkbox"/>	Other (specify)	<input type="text"/>		
2. Type of current or last care placement					
Foster care	<input type="checkbox"/>	Residential	<input type="checkbox"/>		
General	<input type="checkbox"/>	General	<input type="checkbox"/>		
Relative	<input type="checkbox"/>	Special	<input type="checkbox"/>		
Special	<input type="checkbox"/>	High Support	<input type="checkbox"/>		
Pre-adoptive	<input type="checkbox"/>	Detention	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>		
3. HSE region responsible for young person's care					
North West Dublin	<input type="checkbox"/>	North Dublin	<input type="checkbox"/>		
North Central Dublin	<input type="checkbox"/>	Other (specify)	<input type="text"/>		
4. Length of time in current or last care placement (tick one box)					
6 months or less	<input type="checkbox"/>	1-2 years	<input type="checkbox"/>		
>6 months and <1 year	<input type="checkbox"/>	3-5 years	<input type="checkbox"/>		
<td>More than 5 years</td> <td><input type="checkbox"/></td>				More than 5 years	<input type="checkbox"/>

ID Number

Section 2: Aspects of care history (Continued)

5. Total length of time in care (all placements) (tick one box)

<1 year ☐ 6-10 years ☐ More than 15 years ☐
 1-5 years ☐ 11-15 years ☐

6. Number of different placements while in care

Foster care ☐ Residential ☐ Other ☐

7. Age of young person when first entered care years old

8. Primary reason for entering care

Abuse <input type="checkbox"/>	Child problems <input type="checkbox"/>	Family problems <input type="checkbox"/>
Physical <input type="checkbox"/>	Emotional/behaviour <input type="checkbox"/>	Unable to cope <input type="checkbox"/>
Social <input type="checkbox"/>	Drugs/alcohol <input type="checkbox"/>	Drugs/alcohol <input type="checkbox"/>
Emotional <input type="checkbox"/>	Crime <input type="checkbox"/>	Illness/disability <input type="checkbox"/>
Neglect <input type="checkbox"/>	Pregnancy <input type="checkbox"/>	Mental health <input type="checkbox"/>
	Illness/disability <input type="checkbox"/>	Asylum seeker <input type="checkbox"/>
	Mental health <input type="checkbox"/>	
	Other <input type="text"/>	Other <input type="text"/>

9. Legal status for entering care

Care Order ☐ Voluntary Care ☐
 Other

ID Number

10. Does the young person have the following.....	
a) Allocated social worker	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Allocated aftercare worker	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Current care plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Completed needs assessment (adult version)	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Completed needs assessment (young person)	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Leaving care plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
g) Aftercare plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Has the young person left care?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
a) At what age? <input type="text"/> years	c) Date at which young person plans to leave care
b) Was the discharge.....	<input type="text"/>
Planned <input type="checkbox"/> Unplanned <input type="checkbox"/>	
12. Considering the last few years of their last placement, to what extent did it meet the young person's support needs?	
Give a number from 1 to 5 where 1 = very low and 5 = very high <input type="text"/>	
13. Has the young person agreed to receive the aftercare service?	
Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	

ID Number

Section 3: Key outcomes

Accommodation

88

1. Who is the young person living with? (please tick one box)			
On their own <input type="checkbox"/>	Birth parents <input type="checkbox"/>	Foster family <input type="checkbox"/>	
Peers in a residential setting <input type="checkbox"/>	Sibling(s) <input type="checkbox"/>	Extended family <input type="checkbox"/>	
Friends' family <input type="checkbox"/>	Friends <input type="checkbox"/>		
Other (specify) <input type="text"/>			
2. What type of accommodation are they living in? (tick one box)			
Foster family home <input type="checkbox"/>	Special care unit <input type="checkbox"/>	Pre-leaving care unit <input type="checkbox"/>	
Residential care centre <input type="checkbox"/>	High support unit <input type="checkbox"/>	Semi-independent unit <input type="checkbox"/>	
Hostel for separated children <input type="checkbox"/>	Children detention school <input type="checkbox"/>	Birth family home <input type="checkbox"/>	
Local authority accommodation <input type="checkbox"/>	Private rented accommodation <input type="checkbox"/>	Supported lodgings <input type="checkbox"/>	
College halls of residence <input type="checkbox"/>	Sheltered accommodation <input type="checkbox"/>	Hostel or B&B <input type="checkbox"/>	
Homeless <input type="checkbox"/>	Other <input type="text"/>		
3. How long are they in this accommodation? (please tick one box)			
<3 months <input type="checkbox"/>	>6 months and <1 year <input type="checkbox"/>	3-5 years <input type="checkbox"/>	
4-6 months <input type="checkbox"/>	1-2 years <input type="checkbox"/>	>5 years <input type="checkbox"/>	
4. How many times have they moved in the last year?			
None (i.e. stayed in the same place) <input type="checkbox"/>	Once <input type="checkbox"/>	Twice <input type="checkbox"/>	Three times or more specify number <input type="text"/>

ID Number

Current economic status and education/schooling

1. What is the young person currently doing? (tick one box)		
<p>a) Studying <input type="checkbox"/></p> <p>School <input type="checkbox"/> or college <input type="checkbox"/></p> <p>Name of course <input type="text"/></p> <p>No. of years duration <input type="text"/></p>	<p>b) Training course <input type="checkbox"/></p> <p>Type of training <input type="text"/></p> <p>No. of years duration <input type="text"/></p>	<p>c) Apprenticeship <input type="checkbox"/></p> <p>Type <input type="text"/></p> <p>No. of years duration <input type="text"/></p>
<p>d) Employed <input type="checkbox"/></p> <p>Full time <input type="checkbox"/> or Part time <input type="checkbox"/></p> <p>Occupation (specify) <input type="text"/></p>	<p>e) Unemployed <input type="checkbox"/></p> <p>g) Unable to work due to sickness/disability <input type="checkbox"/></p> <p>h) Other (specify) <input type="text"/></p>	<p>f) Childcare duties <input type="checkbox"/></p>
2. In relation to the young person's education.....		
<p>a) Age left secondary school? <input type="text"/> years old</p>		
<p>b) Highest educational attainment? (tick one box)</p> <p>No formal qualifications <input type="checkbox"/> Junior Cert <input type="checkbox"/> Mainstream LC <input type="checkbox"/> Leaving Cert Applied <input type="checkbox"/></p> <p>Other <input type="text"/></p>		
<p>c) Any gaps in their education? (e.g. missed a term or year)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, give nature and reason <input type="text"/></p>		
<p>d) State any achievements in education to date <input type="text"/></p>		
<p>e) State any difficulties in education/schooling <input type="text"/></p>		

ID Number

Financial and social supports

1. Which of the following are his/her current sources of income?

Employment <input type="checkbox"/>	Training allowance <input type="checkbox"/>	Savings <input type="checkbox"/>
Social welfare <input type="checkbox"/>	HSE payment <input type="checkbox"/>	Other (specify) <input type="text"/>
name of payment(s) <input type="text"/>	name of payment(s) <input type="text"/>	<input type="text"/>

2. What is the amount of income they receive each week?

euro per week

3. Has he/she met the Community Welfare Officer?

Yes ☐ No ☐ Don't know ☐

4. How often is he/she in contact with the following people?

	Weekly	Monthly	Every few months	Never	Does not apply
Birth mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brothers/sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aftercare worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="text"/>				

5. Is there at least one adult they can turn to for advice or support?

Yes ☐ No ☐ Don't know ☐

If yes, specify who this person is

6. Does he/she have a close friend around the same age who they will stay in touch with when they leave care?

Yes ☐ No ☐ Don't know ☐

7. Does he/she have a hobby or activity they regularly take part in?

Yes ☐ No ☐ Don't know ☐

Please specify

ID Number

Health

1. Does he/she have a Medical Card?		
Yes	<input type="checkbox"/>	No <input type="checkbox"/> Don't know <input type="checkbox"/>
2. Does he/she have a long term illness or physical disability? (e.g. diabetes, asthma, visual, speech or hearing impairment)		
Yes	<input type="checkbox"/>	No <input type="checkbox"/> Don't know <input type="checkbox"/>
If yes, please specify <input type="text"/>		
3. Does he/she have a diagnosed learning or intellectual disability? (e.g. below average IQ, mild learning difficulty, autism)		
Yes	<input type="checkbox"/>	No <input type="checkbox"/> Don't know <input type="checkbox"/>
If yes, please specify <input type="text"/>		
4. Does he/she have any mental health needs?		
Yes	<input type="checkbox"/>	No <input type="checkbox"/> Don't know <input type="checkbox"/>
If yes, please specify <input type="text"/>		
5. List the health services that he/she is using at the moment		
<input type="text"/>		
6. Are there any health services he/she needs but is not receiving?		
Yes	<input type="checkbox"/>	No <input type="checkbox"/> Don't know <input type="checkbox"/>
If yes, please specify <input type="text"/>		

ID Number

Welfare and social/emotional well-being

92

1. Does he/she have an adequate nutritious diet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
2. Does he/she smoke regularly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
3. Does he/she drink alcohol regularly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
4. Does he/she take drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If yes, what kind of drugs? <input type="text"/>			
5. Has he/she ever been homeless?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If yes, for how long approximately? <input type="text"/>			
6. Has he/she ever been convicted of a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If yes, state the nature of the crime <input type="text"/>			
7. Has he/she ever been sentenced to detention or prison?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If yes, state the reason and duration <input type="text"/>			
8. Is there any other behaviour that the young person engages in that puts them at risk?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If yes, specify <input type="text"/>			

ID Number

Skills for independence

1. Rate the young person's ability to carry out the following tasks					
			Good	Need to improve	Need to learn
Shopping for food and clothes			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing and cooking meals			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining a healthy diet			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing clothes/ironing			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining personal hygiene			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing where to get information, e.g. basic welfare rights			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning a journey and travelling alone			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying rent regularly			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing a budget			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filling in a basic application form			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where to get a PPS number			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking to people in authority			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with government agencies			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source: HSE (2006) Model for the Delivery of Leaving Care and Aftercare Services (Appendix 5, Leaving Care Needs Assessment Template 1, p.5)					
Q.2 Do you think that he/she currently has the skills to live independently?					
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If no, why not?		<input type="text"/>			

ID Number

Use of services

1. Is he/she currently using any of the following services?

Juvenile Liaison Officer

Yes

☐

No

☐

Probation Officer

Yes

☐

No

☐

Voluntary residential programme provider

Yes

☐

No

☐

(e.g. Don Bosco, Focus Ireland)

Specify

Supported housing project provider

Yes

☐

No

☐

Specify

Supported lodgings provider

Yes

☐

No

☐

Specify

Local authority Housing Allocations Officer

Yes

☐

No

☐

Other

Other

Other

Other

Finally, is there any other information about the young person in terms of their welfare and well-being that you would like to give?

ID Number

Round 2 Survey for Tracking Outcomes for Young People in Aftercare and Leaving Care

Section 1: Basic characteristics

Please complete the information below about each young person

1. Gender		male	<input type="checkbox"/>	or	female	<input type="checkbox"/>
2. Date of birth:		<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
		day		month		year
3. Current age		<input type="text"/>	years old			
4a) Number of child dependents (if any)		<input type="text"/>				
b) Currently pregnant or expecting a child?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
5. Current care status (please tick one box)						
In care placement		<input type="checkbox"/>				
Aftercare placement		<input type="checkbox"/>				
Has left care		<input type="checkbox"/>				
Other (specify)		<input type="text"/>				
6. Has the young person left care?						
Yes		<input type="checkbox"/>				
No		<input type="checkbox"/>				
a) At what age?		<input type="text"/>	years			
b) Was the discharge.....						
Planned		<input type="checkbox"/>	Unplanned	<input type="checkbox"/>		
		<input type="text"/>				
c) Date at which young person plans to leave care						

ID Number

Section 3: Key outcomes

Accommodation

1. Who is the young person living with? (please tick one box)			
On their own <input type="checkbox"/>	Birth parents <input type="checkbox"/>	Foster family <input type="checkbox"/>	
Peers in a residential setting <input type="checkbox"/>	Sibling(s) <input type="checkbox"/>	Extended family <input type="checkbox"/>	
Friends' family <input type="checkbox"/>	Friends <input type="checkbox"/>		
Other (specify) <input type="text"/>			
2. What type of accommodation are they living in? (tick one box)			
Foster family home <input type="checkbox"/>	Special care unit <input type="checkbox"/>	Pre-leaving care unit <input type="checkbox"/>	
Residential care centre <input type="checkbox"/>	High support unit <input type="checkbox"/>	Semi-independent unit <input type="checkbox"/>	
Hostel for separated children <input type="checkbox"/>	Children detention school <input type="checkbox"/>	Birth family home <input type="checkbox"/>	
Local authority accommodation <input type="checkbox"/>	Private rented accommodation <input type="checkbox"/>	Supported lodgings <input type="checkbox"/>	
College halls of residence <input type="checkbox"/>	Sheltered accommodation <input type="checkbox"/>	Hostel or B&B <input type="checkbox"/>	
Homeless <input type="checkbox"/>	Other <input type="text"/>		
3. How long are they in this accommodation? (please tick one box)			
<3 months <input type="checkbox"/>	>6 months and <1 year <input type="checkbox"/>	3-5 years <input type="checkbox"/>	
4-6 months <input type="checkbox"/>	1-2 years <input type="checkbox"/>	>5 years <input type="checkbox"/>	
4. How many times have they moved in the last 6 months?			
None (i.e. stayed in the same place) <input type="checkbox"/>	Once <input type="checkbox"/>	Twice <input type="checkbox"/>	Three times or more specify number <input type="text"/>

ID Number

Current economic status and education/schooling

1. What is the young person currently doing? (tick one box)

a) Studying ☐

School ☐ or college ☐

Name of course

No. of years duration

d) Employed

Full time ☐ or Part time ☐

Occupation (specify)

b) Training course ☐

Type of training

No. of years duration

e) Unemployed ☐

g) Unable to work due to sickness/disability ☐

h) Other (specify)

c) Apprenticeship ☐

Type

No. of years duration

f) Childcare duties ☐

2. In relation to the young person's education.....

a) Age left secondary school? years old

b) Did they sit the following exams (tick one box)

Junior Cert ☐

Leaving Cert ☐

Leaving Cert Applied ☐

Other

None of the above ☐

c) Did they **pass** the following exams (tick one box)

Junior Cert

☐

Leaving Cert

☐

Leaving Cert Applied

☐

Other

☐

Don't know

☐

d) Any gaps in their education? (e.g. missed a term or year)

Yes ☐ No ☐

If yes, give nature and reason

e) State any achievements or difficulties in their education

ID Number

Financial and social supports

1. Which of the following are his/her current sources of income?					
Employment <input type="checkbox"/>	Training allowance <input type="checkbox"/>		Savings <input type="checkbox"/>		
Social welfare name of payment(s) <input type="text"/>	HSE payment name of payment(s) <input type="text"/>		Other (specify) <input type="text"/>		
2. How much income do they receive each week? <input type="text"/> euro per week					
3. Has he/she met the Community Welfare Officer?					
Yes <input type="checkbox"/>		No <input type="checkbox"/>		Don't know <input type="checkbox"/>	
4. How often is he/she in contact with the following people?					
	Weekly	Monthly	Every few months	Never	Does not apply
Birth mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brothers/sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aftercare worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="text"/>				
5. Has he/she agreed to receive aftercare support?					
Yes <input type="checkbox"/>		No <input type="checkbox"/>		Don't know <input type="checkbox"/>	
6. How long have you been his/her Aftercare Worker?					
7. Is there at least one adult they can turn to for advice or support?					
Yes <input type="checkbox"/>		No <input type="checkbox"/>		Don't know <input type="checkbox"/>	
If yes, specify who this person is <input type="text"/>					

ID Number

Financial and social supports (continued)

8. Does he/she have a close friend around the same age who they will stay in touch with when they leave care?

Yes

☐

No

☐

Don't know

☐

9. Does he/she have a hobby or activity they regularly take part in?

Yes

☐

No

☐

Don't know

☐

Please specify

ID Number

Health

1. Does he/she have a Medical Card?		
Yes	<input type="checkbox"/>	No <input type="checkbox"/> Don't know <input type="checkbox"/>
2. Does he/she have a long term illness or physical disability? (e.g. diabetes, asthma, visual, speech or hearing impairment)		
Yes	<input type="checkbox"/>	No <input type="checkbox"/> Don't know <input type="checkbox"/>
If yes, please specify <input type="text"/>		
3. Does he/she have a diagnosed learning or intellectual disability? (e.g. below average IQ, mild learning difficulty, autism)		
Yes	<input type="checkbox"/>	No <input type="checkbox"/> Don't know <input type="checkbox"/>
If yes, please specify <input type="text"/>		
4. Does he/she have any mental health needs?		
Yes	<input type="checkbox"/>	No <input type="checkbox"/> Don't know <input type="checkbox"/>
If yes, please specify <input type="text"/>		
5. List the health services that he/she is using at the moment		
<input type="text"/>		
6. Are there any health services he/she needs but is not receiving?		
Yes	<input type="checkbox"/>	No <input type="checkbox"/> Don't know <input type="checkbox"/>
If yes, please specify <input type="text"/>		

ID Number

Welfare and social/emotional well-being

1. Does he/she have an adequate nutritious diet?

Yes

☐

No

☐

Don't know

☐

2. Does he/she smoke regularly?

Yes

☐

No

☐

Don't know

☐

3. Does he/she drink alcohol regularly?

Yes

☐

No

☐

Don't know

☐

4. Does he/she take drugs?

Yes

☐

No

☐

Don't know

☐

If yes, what kind of drugs?

5. Has he/she ever been homeless?

Yes

☐

No

☐

Don't know

☐

If yes, for how long approximately?

6. Has he/she ever been convicted of a crime?

Yes

☐

No

☐

Don't know

☐

If yes, state the nature of the crime

7. Has he/she ever been sentenced to detention or prison?

Yes

☐

No

☐

Don't know

☐

If yes, state the reason and duration

8. Is there any other behaviour that the young person engages in that puts them at risk?

Yes

☐

No

☐

Don't know

☐

If yes, specify

ID Number

Skills for independence

1. Rate the young person's ability to carry out the following tasks					
			Good	Need to improve	Need to learn
Shopping for food and clothes			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing and cooking meals			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing where to get information, e.g. basic welfare rights			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning a journey and travelling alone			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying rent regularly			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing a budget			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filling in a basic application form			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with government agencies			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source: HSE (2006) Model for the Delivery of Leaving Care and Aftercare Services (Appendix 5, Leaving Care Needs Assessment Template 1, p.5)					
Q.2 Do you think that he/she currently has the skills to live independently?					
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If no, why not?	<input type="text"/>				

ID Number

Use of services

1. Is he/she currently using any of the following services?

Juvenile Liaison Officer

Yes

☐

No

☐

Probation Officer

Yes

☐

No

☐

Voluntary residential programme provider

Yes

☐

No

☐

(e.g. Don Bosco, Focus Ireland)

Specify

Supported housing project provider

Yes

☐

No

☐

Specify

Supported lodgings provider

Yes

☐

No

☐

Specify

Local authority Housing Allocations Officer

Yes

☐

No

☐

Other

Other

Finally, is there any other information about the young person in terms of their welfare and well-being that you would like to give?

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