

# 'Keeping Connected in Care'

*The Social Networks of young people who  
have experience of long-term Foster Care.*

**PhD Dissertation**

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### **Abstract:**

The present study investigates the social network experience of a group of young people who have experience of long-term foster care. The study area is the North West area of the HSE-West and the study group is composed of two groups of young people: a group who are currently in care and a group who have left the

care system. The research focussed on the following issues: the composition of the young people's social networks, the significance and importance of the individuals and groups within the social network to the young people, and the connection between foster care and the social network experience of the study group. The central focus is to examine the impact of Foster Care on the social network experience of the young people. The study utilised both qualitative and quantitative methods in its approach and can be described as qualitative dominant mixed methods research, with the use of a qualitative semi-structured interview being supported by two standardised measures.

Findings from the study included: the smaller network size for the Left Care group; the greater significance of birth family to the left Care group; the greater importance of formal supports to the Left Care group; current involvement in organised groups and activities being more significant for the In-Care group; low numbers of people from the study group's local community (who were not part of either their birth or foster family and peer network) identified; and, the significance of foster parents, friends and birth siblings in terms of support to the young people.

Findings indicated that Foster Care impacts on the young people's social network experience in the following ways: losing contact with extended family; a greater challenge in making and sustaining friendships; an impact on education; and, an inability to maintain contact with groups and activities that are of significance.

Recommendations are made in relation to Policy and Practice, including the raising of awareness of the importance of a social network approach in working with young people with care experience.

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## **Chapter 1- Introduction:**

### **1.0: Introduction:**

Both the experiences of children who are or have been in the care system as well as the effectiveness of those services whose role it is to meet the needs of this group of young people have attracted significant debate and attention in this country over the past

decade. Recent headlines in the national media have focussed on such issues as, the deaths of young people in care - *'Family of teen who died in care seeks review of case'* (Irish Independent, 15<sup>th</sup> March, 2010), *'Death of five children in care never reviewed'* (Irish Examiner, 16<sup>th</sup> March, 2010), *'HSE under pressure as inquiry urged on teen death'* (Irish Times, 6<sup>th</sup> March, 2010); the inadequacy of foster care provision - *'HSE warned over failings in Dublin foster care services'* (Irish Times, 8<sup>th</sup> March, 2010); and, the lack of professionals to work with this vulnerable group of young people:

*'Many children in foster carer have no social worker'* (Irish Times, 10<sup>th</sup> March, 2010). Other headlines have included: *'New Bill dealing with children in care criticised: Child welfare groups say Bill gives excessive powers to HSE'* (Irish Times, 15<sup>th</sup> March, 2010, p.3); *'Social worker access key to children in care – groups'* (Irish Times, 13<sup>th</sup> March, 2010, p.8); *'Andrews: State must accept it failed children in care'* (Irish Examiner, 16<sup>th</sup> March, 2010).

To the casual observer it would appear that, at best, the State's current response to the needs of young people who find themselves 'out of home' is both reactionary, fragmented and inconsistent, and, at worst, it is incompetent, dangerous and abusive to the young people who find themselves in this position. The same observer may ask the question as to whether we have in fact learnt anything from the well documented experiences of young people who were removed from their families and placed in the now notorious institutions that existed in this country up until the later half of the last century where, it was generally believed at the time, that these children's welfare was being promoted.

The decision to remove a child from their birth family and place them in the care of the State should be governed by the belief that, in doing this, you are providing a better option for the young

person and also, in a significant number of cases, reducing their risk of exposure to potential abuse, either of an emotional, physical or sexual nature. Articles, like the ones referred to above and others, would question whether placing a child either in foster care or residential care does in fact provide a ‘place of safety’ for the young person, and whether, in reality, it results in them experiencing greater instability and exposure to further risk. For it is this, the experience of our young people who are or have been in the care of the State that deserves increased attention and debate and it is only by shining a light on this topic can we begin to improve the well-being of this group of young people and determine how best to improve their outcomes. One lesson that one hopes has been learnt from the various inquiries, reports, policy documents, books and research that have focussed on such issues as the institutional care of children in this country is that by ignoring, denying and hiding the mistakes of the past in relation to the young people involved not only fails the children whose experiences justifiably need to be examined, but also fails us as a people.

By introducing the issues relating to the subject group of young people with care experience in Ireland, it is helpful to firstly discuss their statistical profile.

### **1.1 Young People in care in Ireland:**

In terms of the number of young people in care, the statistics below provide a breakdown of the figures from 1999 to 2008:

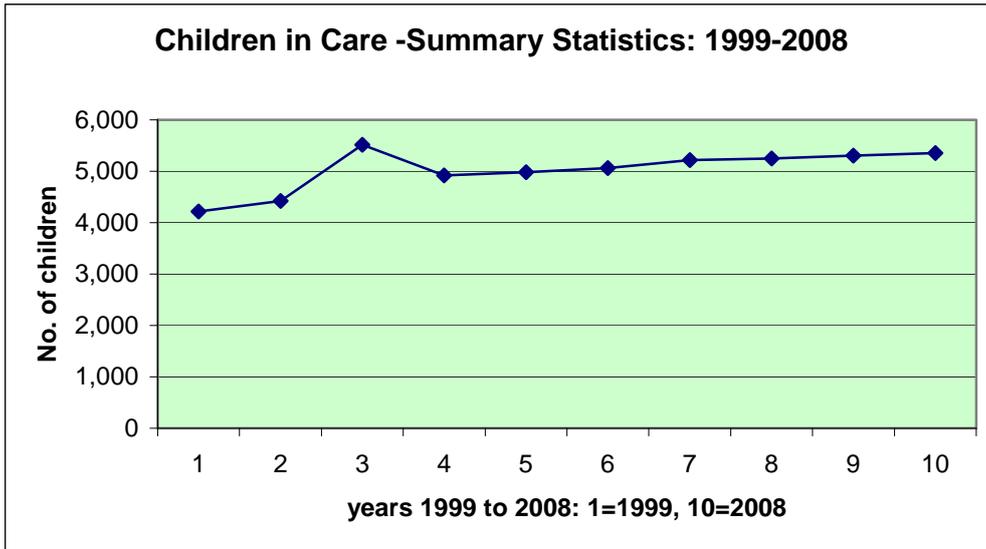
<b><u>Year</u></b>	<b><u>No. of Children</u></b>	<b><u>Year</u></b>	<b><u>No. of Children</u></b>
<b>1999</b>	4,216	<b>2004</b>	5,060
<b>2000</b>	4,424	<b>2005</b>	5,220
<b>2001</b>	5,517	<b>2006</b>	5,247

**2002** 4,921 **2007** 5,307

**2003** 4,984 **2008** 5,357

(source: Office of the Minister of Children)

The above data is included in graph form below (**Figure 1**).



The above graph indicates a steady increase in the number of children in care in this country over the past decade.

If we consider the most recent year where official statistics are available (2008), the additional data is available:

**YEAR 2008** (Source: Office of the Minister of Children)

**% MALE:** 50.7%

**% FEMALE:** 49.3%

**% FOSTER CARE:** 88.5%

**% CURRENT CARE ORDER:** 48.9%

**% IN CARE FOR UP TO ONE  
YEAR AT END OF YEAR:** 23.1%

**% IN CARE FOR 1-5 YEARS  
AT YEAR END:** 40.7%

**% IN CARE FOR MORE THAN  
5 YEARS AT YEAR END:** 36.2%

Of particular significance from the above figures is the high percentage of young people in care who are in foster care. Also, in terms of length of time in care, the majority of young people in care in 2008 were in care for a period of 1 to 5 years at the end of that year.

The HSE Annual Report and Financial Statement 2008 provides greater detail in terms of type of placement for the young people in care for that year. These figure are included below:

**2008- Type of Placement (% Breakdown):**

**Residential Care** 7%

**Foster Care (General and Relative)** 89%

In relation to the 89% of young people who were in Foster Care, 3227 of these young people were in General Foster Care and 1539 were in Relative Foster Care. Relative foster care (or kinship care) refers to an arrangement whereby a member of the young person's extended family takes on the role of their carer. These family members are assessed by the HSE, similar to the process for prospective general foster carers.

Recent statistics have indicated an increase in the number of young people in care in this country, from 5,396 in January 2009 to 5,694 in November 2009 (Donnellan, Irish Times, 25<sup>th</sup> January, 2010, p.4). These figure further highlight that the majority of young people are in foster care, 'of the 5,694 children in care at the end of November last 3,422 were in foster care with families unrelated to them, 1,690 were in foster care with relatives, 388 were in residential care and 194 had other care arrangements' (Donnellan, Irish Times, 25<sup>th</sup> January, 2010, p.4).

The current debate on the experiences of young people who are or have been in State care is a multi-faceted one, focussing on many issues, however, within this debate there exists a particularly interesting question which broadly concerns the relationship between the young person and society. Specifically, it relates to the social networks of young people who have experience of care and involves examining what is the nature and composition of these social networks as well as determining the significance and importance to the young people of the individuals and groups that form their social network. Essentially the debate concerns the connection between Care and the young people's Social Networks. The present study will examine the social networks of young people who have experience of long-term foster care. In doing so the experiences of a sample group of young people,

composed of both young people currently in care and also a group who have left the care system, will be analysed.

In the present research study the in-care sample group will comprise young people currently in foster care aged between 13 and 18. The available statistics, which provide detail in relation to the ages of the young people in care, are included in the Health Statistics of 2005. They consider the 2003 childcare statistics when there were 2,208 young people who were in this age category. This was the total figure and included young people in all types of care i.e. residential, general foster care and relative foster care.

This research study took place in the HSE west (North Western area), which comprises the counties of Sligo, Leitrim, West Cavan and Donegal. Determination as to the numbers who met the criteria was made in May 2008 for Sligo, Leitrim and West Cavan, and in February 2009 for Donegal. For the whole geographical area the figures as of August 2007 indicated the following:

**Total number of children in care was: 198 (residential and foster care). The total number of children in Foster Care as of July 2007 was: 169.**

The above statistics focus specifically on the In Care population. Determining the size of the Left Care population is a much more difficult exercise due to the large numbers of young people who have had experience of the care system and the 'ad-hoc and inconsistent basis' (Smyth, 2010) of aftercare services throughout the country. For the purpose of the present study, the Left Care group comprised young people who had experience of being in long-term foster care, had now left the care system and were between the ages of 18 and 21. The legislative and policy context to the Left Care group will be discussed in greater depth below, but at this stage it would be helpful to consider the historical

perspective to care in this country, with a specific focus on foster care. Tracing the development in knowledge and practice with regard to this issue will help in understanding where we are today in terms of both the legal and service provision for this group of young people.

## **1.2 Historical Perspective:**

Fostering, an arrangement where a child is placed in the care of a family who is not their immediate birth family, has an historical tradition in Ireland. Under the Brehon Laws there existed an arrangement where young people lived with another family, however, the purpose of this was for political reasons as opposed to improving the young persons welfare (Gilligan, 1991). The sanctioning of fostering by the State can trace its origin back to the early 1700's when George I ordered parishes to arrange for destitute children, or those who were deemed to be in poverty, to be raised within Protestant families. Again the motives behind this were political, as the Protestant carers were deemed to be 'politically reliable and thus could be safely expected to socialise poor (Catholic) youngsters in loyal citizenship' (Gilligan, 1991, p.187). The workhouses opened their doors in 1838 and this was viewed as a way of alleviating the distress of children and families affected by poverty. As Ireland was subject to British rule at the time, the provisions of the Poor Law system were the state's response to poverty and destitution (Robins, 1980, Kelleher & Kelleher, 1998, Fahy, 1995). It soon became clear that the workhouse was not a suitable environment for children and the enacting of the Poor Law Amendment Act in 1862 could be viewed as laying the 'foundations of what is now the modern system of fostering in Ireland' (Gilligan, 1991, p.187). This law put into place a procedure whereby children could be 'boarded out' and was viewed by many at the time as a more humane response to the social ills of the day and how they impacted on children,

however, this did not result in a move away from the use of an institutional environment for the 'care' of children as is detailed below.

Church and State and their inter relationships are an integral part of Irish social history. In the second half of the 19<sup>th</sup> century, with the workhouses no longer being considered as an appropriate environment for children, various private charities and religious controlled institutions offered an alternative by setting up the reformatories and industrial schools (Fahy, 1995). The history of these institutions has become a significant topic of national discussion over the past two decades and has been well documented by such writers as Mary Raftery and Eoin O'Sullivan in their book *Suffer the Little Children: The Inside story of Ireland's Industrial School* (2001). This history in many ways is an unhappy one and the experiences of some of the young people who walked through the doors of these institutions will remain a tragic part of Irish social history.

The profile of the young people who were admitted to care over the years has changed. From the time of the Workhouse, when, in response to a social and human calamity, the service was directed at those young people who were destitute, orphaned or in extreme poverty (Fahy, 1995, Kelleher & Kelleher, 1998). With the advent of the reformatory and industrial school system, there was a greater emphasis on those young people who were alleged to be involved in criminal activity or who were viewed as being at risk of becoming involved in such activity (Gilligan, 1991). The development of a more enlightened approach to the care of out-of-home children in Ireland didn't surface until the 1950's when the debate moved to looking at children who were at risk and in need of care and protection.

It wasn't until the publishing of the Kennedy Report in 1970 can we see a fundamental shift in terms of the provision of care for

children who were not living with their birth family. Specifically, since this time there has been a greater emphasis on the use of foster families as opposed to residential care. This is reflected in the statistics from the Department of Health over the past three decades and Gilligan refers to the period 1982-1988, where the proportion of children in care who were fostered increased from 52% to 71% (1991,p.188). This rise continued up until the late 1990's when 88% of children in care were cared for by foster carers, either general or relative foster care (Buckley, 2002). To provide further context for the present study, it is important to discuss the legal framework relating to children in care in this country.

### **1.3 Legal Framework:**

With the responses of the Poor Law Act and subsequent Legislation and service provision being considered as inadequate and simply a reaction to the social calamities of the time, it became clear that a specific statute was required to provide a framework for overall childcare provision in the country. The enactment of the Children's Act in 1908 became the central legal framework governing the state's response to child welfare and remained so for over eighty years (Gilligan, 1991). With this legislation the institutional model of care provision continued and, as has been detailed, it wasn't until the 1970's when a definite shift in emphasis in relation to meeting the needs of out-of-home children can be found (Gilligan, 1991, Buckley, 2002). The 1908 act, which was brought into being at a time when the state was subject to British control, had been subject to criticism and call for reform by people who worked in Child Care Services but the government didn't respond with a new statute until the early 1990's. Even then the process of fully enacting the provisions of the Child Care Act, 1991 didn't occur until December 1996, as the various sections were brought into being

on a gradual basis. The Act could be regarded as providing a response to the needs of vulnerable children that was both modern and progressive (Buckley, 2002). However, it has not been without its criticism, for example in relation to Supervision Orders and the guardian ad litem system, but the 'more child-centred and pro-active child protection and welfare system' which it created has to be commended (Buckley, 2002, p.283). The Child Care Act, 1991 and the Children's Act, 2001 placed greater legal emphasis on 'supporting children in their own families and communities and, (that) they should be admitted to care only if every attempt to achieve that had been tried first' (Plunkett & Gilligan, 2006, p.37).

Part IV of the Child Care Act, 1991 deals with Care proceedings and details the various mechanisms available where a child requires care and protection. Legal orders include Interim Care Orders, Care Orders and Supervision Orders. Part VI of the Act provides detail in relation to the arrangements for children who are in the care of the Health Service Executive, the body charged with the responsibility of providing care and protection for this group. Sections 39 and 41 of the Act refer to regulations concerning the provision of Foster Care, Residential Care and Relative care (placement with relatives). The subsequent Regulations concerning the above were brought into being in 1995 and provide greater detail in relation to the arrangements for caring for young people who are unable to live with their birth family. In reference to the child's social network, the Act does make provision for the placing of a child with relatives if this is deemed to be appropriate. It also provides some detail in relation to access for the young person with their birth family and other people who are felt to have a genuine interest in the young person. The development of legal provision in relation to children has really only made substantial moves forward in the past two decades. Prior to this, the promotion of the welfare and the

protection of children, as well as the provisions for children who were in state care, were governed by an out-dated and inadequate legal framework. However, the framework on it's own only tells us a proportion of the story concerning the provision for children in care in this country. Policy development provides greater detail on the issue and traces both the development in knowledge and understanding relating to children in care in this country.

#### **1.4 Policy Issues:**

Since the Kennedy Report, 1970 and in particular since the enactment of the Child Care Act of 1991, there has been a greater emphasis by the state on the need to provide policy and guidance concerning all aspects related to care provision for young people. For example, the Report of the Working Group on Foster Care (May 2001), the National Standards on Foster Care (2003) and Residential Care (2001) and the establishment of the Social Service Inspectorate (now HIQA) have occurred since the passing of the Act in 1991. On a broader policy scale, the ratification by Ireland of the UN Convention on the Rights of the Child (1989), the publishing of the National Children's Strategy (2000), and the Youth Homelessness Strategy (2001) have provided detail in relation to rights and policy issues concerning all children in the state, but also have reference to the group of young people who have experience of care.

In terms of the importance of Social Networks to young people in care reference is made in the Report of the Working Group on Foster Care (2001) of the need to prioritise the placement of young people in their own community, 'to ensure that the child is enabled to maintain his or her friendships, remain in the same school and maintain contact with his or her own family' (2001, p.36). The working group acknowledge that in a very small number of cases this may not be in the child's best interests. In addition the Working group refer to the importance for the child

in maintaining contact with their family of origin. Also reference is made to the difficulties experienced by young people in care in terms of their education and the role that a lack of continuity and instability in terms of placement can have with this regard. In addition the National Standards on Foster Care (2003) highlight the need for young people who have been admitted into care to maintain family relationships and friends (these standards have recently been reviewed with the circulation of the Draft National Quality Standards for Residential and Foster Care Services for Children and Young People, HIQA, January, 2010). The various reports and policy guidance provide a consensus in terms of social networks for young people in care. They recognise the importance of the young person's network in terms of the child's identity and socialisation and that it is important to maintain these links for the young person. The question remains as to how this operates in practice and how can we begin to offset the experience of young people who have had multiple placements and lack a clear sense of identity and a regular relationship with previous significant individuals and groups from their social network. To address this there would need to be a comprehensive national study focussing on the social network experience of young people who are in care which addresses such issues as where the young people are placed in relation to their community of origin, the number of placements they experience during their care history and what mechanisms are in place that encourage and facilitate them to maintain networks.

As indicated previously, the legal and policy framework relating to the Left Care population must also be considered in the present discussion.

### **1.5 Left Care/Aftercare population:**

The present study focuses on both young people currently in long-term foster care and those who have left care but have had experience of long-term foster care, but, as indicated above, comprehensive statistics on the Left Care group are more difficult to obtain.

Section 45 of the Child Care Act 1991 provides the legislative framework for the HSE'S role in supporting young people who have left care. Defined as 'Aftercare', the act states that the HSE 'may .... assist (the young person) for as long as the board (HSE) is satisfied as to his need for assistance' (Child Care Act, 1991). Sub section (2) of this section details what form this assistance may take, including, visiting the young person, supporting them through education and/or employment/training, assisting them in securing accommodation and working with relevant agencies in an effort to secure appropriate accommodation for the young person. In addition to the Child Care Act 1991, the Child Care Regulations of 1995 (for children in residential care, foster care and placed in relative care) makes reference to young people who are due to leave the care of the HSE in the context of overall care planning. These regulations detail that the HSE must consider 'in the case of a child who is due to leave the care of the HSE within the following two years, the child's need for assistance in accordance with the provisions of Section 45 of the Act (Child Care Act 1991)'. The 1991 Act has brought those young people who leave care into a more formal footing and does set down foundations for service provisions. Prior to this time services for this group were very inconsistent throughout the country and the needs of this group would have competed with the needs of child protection cases and the needs of the in-care population. Needless to say the needs of care leavers were not viewed with the same priority and consequently did not attract the same attention (Kelleher & Kelleher, 1998, Gilligan, 1991).

The current legislation, however, does not place a statutory obligation on the HSE to provide for the young person who has left its care, the Child Care Act uses the term 'may' in reference to the HSE providing assistance to the group of young people. The point has been made by the Irish Social Services Inspectorate (now Health Information and Quality Authority), in their practice guidelines on this issue, that Service Providers must, in effect, 'act in the manner of a 'good parent'' (ISSI, Practice Guidelines, 2004, p.1), therefore there is an implicit obligation to continue to support the young person after they leave the care system. However, it lacks the corresponding mandatory obligation. Policy concerning care leavers is a relatively new development. The National Youth Homeless Strategy (2001) made reference to this group of young people. Drawing on the research from Kelleher & Kelleher (1998), which highlighted the significant number of young people who leave care and experience homelessness, it sets out in Objective 4, that 'Aftercare services for children leaving foster care and residential care and other services provided by a health board (HSE) such as supported lodgings and for those leaving centres for young offenders, will be strengthened so that children are supported in making the transition to living independently or returning to their families' (Dept. of Health and Children, 2001, p.26). In addition to the above the following policy documents highlight the needs of young care leavers: The Report of the Working on Foster Care (May 2001), the National Standards for Children's Residential Centres (2001) and Guide to Good Practice in Children's Residential Centres (1996), the National Standards in Foster Care (2003), and, as already referred to, practice guidelines provided by the Irish Social Services Inspectorate (2004). Also the new Draft National Quality Standards for Residential and Foster Care Services for Children and Young People (HIQA, January, 2010) also provide guidance in relation to care leavers. HSE local areas

have also produced policy in relation to service provision and the needs of this group. In the North West the 'Strategic Planning and Service Development for Care Leavers' document was published in January 2004.

Although the Child Care act dates from 1991, it wasn't enacted until December 1996, so subsequently, the history of debating, researching, planning and providing for the needs of care leavers is relatively new. Concerning statistics provided by Kelleher & Kelleher (1998) outlined a picture of some of this group experiencing homelessness and lacking in adequate support services. The lack of a clear formal structure for supporting these young people after they turn 18 resulted in an inconsistent and patchy response throughout the previous health board areas (Kelleher & Kelleher, 1998, Buckley, 2002, Gilligan, 1991). For example, there lacked clear guidance in terms of future responsibilities in relation to accommodation for care leavers. In relation to their social environment and networks, it was possible for the young people to drift into a social vacuum in terms of their lack of connectedness to society and the resulting isolation. This has been highlighted in studies from the U.K. including work by Mike Stein (2006), Stein & Carey (1986), and in similar studies from the U.S. (Courtney & Dworsky, 2006). Many in this group did not or were unable to have contact with their birth family, and due, in certain circumstances, to the location of their placement, had already lost links with their previous social networks (Stein & Carey, 1986). The networks that they had formed in their foster placements may not have been perceived as being secure, due mainly to the uncertainty concerning what happens for the young person post 18 (Gilligan, 1991). Service provision in respect of care leavers has improved over the past 10 years and recognition exists that our care population are a potentially vulnerable group and require timely planning for their

aftercare and support services. As part of this ongoing planning, their social networks form an essential component, and it is recognized, as research has demonstrated, that fostering and encouraging these positive networks can lead to more positive outcomes for the young people (Broad, 2005, Cashmore & Paxman, 2006, Stein, 2005, Wade & Dixon, 2006).

The Youth Homelessness Strategy (2001, p.17) makes the following point, 'whatever the reason a child is taken into care, when their time in care ends, every effort should be made in helping the young person reintegrate into their community'. This presents a challenging problem for service providers. Many of our children in care lack the support provided from their birth family (ISSI, 2004) and, indeed, lack the necessary tools that an upbringing within one's own birth family can provide (Gilligan 1991). Suddenly being faced with the prospect of having to live and cope independently without supports and networks that others may have can prove daunting. The Irish Social Service Inspectorate (now HIQA) in their *Practice Guidelines on Leaving Care and Aftercare Support (2006)* make reference to the following research findings: young people leave care to live independently on average six years earlier than other young people; in addition, care leavers tend to live on their own, whereas 99% of their peers leaving home do so to live with someone else; young people leaving care can expect to move three or four times within the first two years of leaving care; and, less than one third of young people leaving HSE care return to families and relatives (ISSI, 2006). A significant factor in this finding is that nearly half of all care leavers have been limited to twice yearly or less frequent contact with their parents, whilst in care (ISSI, 2006). The Inspectorate, in detailing ways of promoting good outcomes for care leavers state the following - it is important for care providers to help young people develop and maintain networks, which are appropriate to their age and capacity. The point is well made by

Gilligan (1991) when he says that young people leaving care are less likely to have a natural 'safety net'. Exploring this further is one of the aims of the present research study and in the next section this 'safety net' will be considered in the form of the social network of the young person.

### **1.6 Young People and Social Networks:**

At this point it is useful to discuss social networks in a more general sense. In essence they evolve from our interactions with individuals and groups within society. For example, they refer to the primary networks of our family and our friendships, and include the secondary or institutional networks involving such formal organisations as school and work (Matos & Sousa, 2004). Studies have highlighted how Social Networks can influence our lives in various positive ways - by assisting in identity development and influencing our general happiness (Matos & Sousa, 2004), by having a positive effect on our mental health and developing self-confidence (Samuelson, 1997), by developing self-esteem and self-assurance (Kef, Hox & Habekoth, 2000), by encouraging social integration (Agneessens, Waeye & Livens, 2006), and by promoting social connectedness (Andrews & Ben-Arieh, 1999). Social Network theory provides a method of studying the interactions that occur between individuals, an analysis of this 'provides a tool for the study of social relationships in a changing social scene' (Pilisuk & Parks, 1981, p.125). Wasserman, Scott & Carrington (2005, p.1) stress the importance of Social Network analysis by stating that 'the social context of actions matter'. Social Network analysis has been particularly useful in studies focussing on marginalized or disadvantaged groups, for example, migrant populations (Henandez-Plaza, Alonson-Morillejo & Pozo-Munoz, 2005), elderly populations (Choi & Wodarski, 1996), people with mental health difficulties (Walsh. & Connelly, 1996, Biegel, Tracy & Corvo,

1994), visually impaired adolescents (Kef, Hox & Habekothe, 2000), and in work with children and families (Samuelson, 1997, Matos & Sousa, 2004, Sousa, 2005, Jack, 1997). Closely related to any discussion concerning Social Networks is the concept of Social Support, which describes 'a range of interpersonal exchanges that include not only the provision of physical assistance, emotional caring, and information, but also the subjective consequence of making individuals feel that they are the object of enduring concern by others' (Pilisuk & Parks, 1981, p.122).

Adolescents value friends and group activity and the social benefits of these are an integral part of the Young Person's development at this time (Cotterell, 1996, Hill, 1999). Cotterell's (1996) discussion on attachment theory and social identity theory and its relevance to adolescent development provides a useful method of analysing how this group relate to their world and how an understanding of existing within a social framework is fundamental to a study on this group. For the adolescent the peer group is of significant importance and the socialisation benefits resulting from these relationships has a role in the young persons overall development (Hill, 1999, Giordano, 1995). As the young person begins to explore their social world, the mutual support of such informal networks as friends assist in this exploration. Social Networks provide a functional role in the young person's development through socialisation, identity formation and mutual support. Giordano (1995, p.661) argues that 'intimate relations undoubtedly play a key role in development, adolescents also learn a great deal about themselves and the social world they must navigate through their interactions with the wider circle of friends'. An alternative viewpoint is provided by Social Control Theory which views socialisation as resulting in conformity and a diminishing of individuality (Cotterell, 1996).

The primary network of family functions to develop attachment and bonding (Howe et al, 1999, Goldberg, 2000). Within the security of the close relationship between the child, their parents and family in general, the young person creates their own sense of identity and this security allows the child to develop the confidence and knowledge needed to relate to other people outside of this network. 'Young children interact with their parents and other family members and, in so doing, develop an understanding of both themselves and other people (Howe et al, 1999, p.10). In essence the young person develops a 'connectedness', a security and a sense of self. This development leads to a 'socially competent adult' (Stevens, 1997,p.3). Family remains one of the 'foundational social institutions in all societies (Waite, 2000, p.463).

The development of friendships outside of the family network can begin from an early age, with the child's attendance at pre-school, involvement in community activities, sports clubs etc. The importance of the peer group takes on a particular significance when the young person enters adolescence, and this is evidenced by the frequency of contact and the significance of this contact to the individuals concerned. Friends provide support, bonding, contribute to identity, and can assist in the development of independence and autonomy (Kenny, 1987, Offer & Offer, 1975, Hirsch, 1981 and Pilisuk & Parks, 1986).

The social network of school also provides a supportive role for the young person. A functionalist perspective recognises school's role in educating the individual but also views it as continuing the socialisation process and developing independence and autonomy by focussing on preparation for the work environment. 'Family and school are the two great socializers in our culture. We depend on schools to turn out well-adjusted, productive individuals who will contribute to the quality of life in this society'

(Asp & Garbarino, 1983, p.252). The on-going development of the peer group, which provides opportunities to expand ones network, is also a characteristic of the school experience.

The above discussion has focussed on a relatively harmonious, stable and consistent view of the young persons development, where family, as the primary network, is an overall positive experience, where the peer group provides a positive socialisation experience, and where, a consistent and uninterrupted school experience combines to provide a stable and secure development path for the individual. This is not necessarily the case for the young person who has experience of the care system, and their development of, and access to, social networks may be at variance with the picture detailed above.

### **1.7 Young People with a Care history and their Social Network experience:**

Young People who have been in the Care System have generally experienced instability, trauma at an early age, a lack of security and difficulties in developing secure attachments (Schofield, 2002; Scholfield & Beek, 2005, Barber, Delfabbro & Cooper, 2003; Andersson, 2005). Research studies that have focussed specifically on the Left Care group provide a picture of how this disadvantage can have a negative impact on the young person when they leave the Care System (Stein & Wade, 2000, Dixon et al, 2004, Mendes, 2005, Wade & Dixon, 2006.) Children are admitted to care for a variety of reasons. These include; Parental inability to cope, parent's misuse of drugs or alcohol, and physical or sexual abuse. Recent statistics from The Dept. of Health provides the following breakdown – ‘ more than half entered the care system because of neglect, family difficulties such as housing or finance, and the inability of parents to cope. Much smaller numbers were linked to physical or sexual abuse’

(The Irish Times, 2007). A study by Stein, Pinkerton and Kelleher (2000, p.243) looks at the three jurisdictions of England, Northern Ireland and Ireland in terms of the reason for admission to care in three survey samples and concludes that the groups included 'young people who had been physically, sexually, and emotionally abused, or neglected, as well as those young people who experienced difficulties in growing up'. In considering the primary network of family and how this relates to this group of young people a different picture can emerge, an interruption can occur in the primary attachment to the family network at the time of admission to care, and although, in most cases, contact with birth parents and family is encouraged and facilitated, the action of removing a young person from their primary network can have a traumatic and long-lasting effect, even though the reason for the removal may be justified (Stevens, 1997, Sinclair et al, 2005). Schofield (2002, p.63) describes how 'once in foster care, quiet, well-behaved secretive children still nursed their anxieties and fears about the past and the future, often shutting themselves off from the major source of stimulation and learning, their carers'. It may of course be the case that the young person's attachment to their birth family may not have been 'secure' prior to their admission to care, but, it has been demonstrated that a large number of young people in the care system may experience problems in relation to attachment and bonding (Fahlberg, 1994). Consequently this in turn can influence feelings of security, identity formation and socialisation.

Young People in Care's experience of peer group relations may be characterised by inconsistency and a difficulty in forming a supportive network of friends (Stein & Carey, 1986, Broad, 2005). The young person may have experienced a move away from their local area that inevitably results in a distance from their social network. In a study of care leavers in the UK, 'the average of

seven previous placements per care leaver with a range of between 1 and 40 placements, and with ten having lived in over 12 different places in their lives is an indicator of high disruption on schooling and relationships' (Broad, 2005, p.81). The established peer group may need to be replaced, this may be easier for younger children but for the adolescent it may prove more difficult. Feelings of isolation and a lack of integration may result. Peer group friendships can provide support, bonding, contribute to identity formation, and these can be undermined by a move to another area, or indeed multiple moves within care. How the young person experiences and responds to this change is a significant topic for discussion and research. It may result in unwillingness or an inability on the part of the young person to form a supportive social network. In terms of the young adults who have left care, the lack of a supportive social network can lead to feelings of isolation and a lack of connectedness to society (Sinclair et al, 2005, Cashmore & Paxman, 2006, Courtney & Dworsky, 2006; Wade & Dixon, 2006). They may also have to deal with the prospect of a move away from their foster family and face the challenges of setting up independently. Support is essential during this time and, in a lot of cases, support is provided by the foster family as well as the formal support services, however, if a young person has experienced inconsistent and unstable peer group relationships, the support normally provided may be insufficient (Stein and Carey, 1986).

The school experience of the young person in care may also be characterised by instability and inconsistency. A US study by Pecora et al (2006) of the educational achievements of care leavers who had been in Foster care includes a literature review of similar studies and highlights the high risk of school failure among this group. School itself may have been a negative experience and there may have been frequent moves to alternative schools and periods of non-attendance. A recent study

by Barnardos in the UK highlighted the poor experience and low educational achievement of young people in the care system, the low numbers of young people from a care background who go on to third level education (estimated number of 1% of whole population of care leavers, compared to 37% of all young people), and the high rates of exclusion from school within this group (Barnardos Policy and Research Unit, 2006). In terms of its function as a social network, school may not have benefited the young person in a positive manner and its role in preparing the young person for and facilitating access to further education and/or work, may not be the experience for the young person who has experience of the care system.

Despite the challenges facing this group in terms of their ability and opportunity to form social networks, it is clear from research that, certain groups within this population manage to overcome the odds and demonstrate an ability to progress through life (Gilligan, 2001). Resilience theory can provide a useful method of analysing this group and various studies have adopted this approach in studying both children in care and those who have left care. It has been argued that the debate concerning resilience and young people who have experience of the care system has progressed to an emphasis on ways of promoting resilience (Schofield & Beek, 2005). An essential component of this promotion is the role that a positive social network has on the ability of the young person to be resilient despite negative experiences in their early life (Gilligan, 1999, Stein, 2005, Place et al, 2002, Ungar, Dumond & Mc Donald, 2005).

### **1.8 Summary:**

To summarise, a picture emerges of the experience of this group of young people, which indicates that they may lack a

connectedness to society and may experience feelings of social isolation. Their social network may be limited and they may lack the beneficial effects of social support. Their experience of the primary networks of family, friends and school may not be a positive one and this may have a consequence on their development into adult life. This lack of connectedness, isolation and limited support from significant others may result in an inability or reluctance to form positive attachments. The experience in care of some of this group in terms of placement moves and general instability may also have a negative effect. There is a need for more research focussing on the general experience of young people in care and those who have left the care system in this country, and specifically there is a need for a greater focus within research both here and elsewhere on the social networks of this group, this could provide valuable information and data for both policy formulation and service providers who work in the area. Social Network analysis and theory provides a valuable method of studying this disadvantaged group of young people. In many ways it can be viewed as a 'barometer' for how connected and integrated they are within society.

The present study considers 'the social networks of young people who have experience of long-term Foster Care'. To broaden this research statement, it will involve a detailed analysis of the social networks of a sample group of young people who are currently or who have been in the care of the HSE West (North Western Area) and have experience of long-term Foster Care. In terms of a general research question, the study aims to ask 'what are the social networks for this particular subject group' However, the study will also examine the nature of these Social Networks, both formal and informal, and, in particular, the nature of the relationship between the young people and their social network.

In analysing these issues the study will provide a comprehensive picture of the significance and importance of certain individuals and groups within the young person's social network. It will consider in general terms how 'connected' this group is to society and whether social isolation is an experience of some of the members of the sample group. Evidence from the UK and the United States would indicate that this group would experience poor levels of social integration and would represent a marginalized group within society (Stein, 2005, Richardson & Joughin, 2002). Social network literature would indicate how positive networks and social support could be a significant element in the development of children and adolescents (Nestman & Hurrelman, 1994). This is most significant for young people who have experience of care, as many young people from this group may not experience the support provided within the family network (Stevens, 1997).

The present study will also consider the connection between care and the development of and the ability to sustain social networks for the young people in the sample group. This will involve considering such issues as the length of time the young person has associated with particular individuals and groups from their social network, as, in many cases, due to placement change, the young person may not be afforded the opportunity of developing both formal and informal networks within society (Schofield & Beek, 2005). In addition, information gathered will include the influence the social network has on the young person and whether the individual was encouraged and facilitated to develop the social network and who provided this encouragement.

As previously referred to, evidence indicates that certain young people who have experience of the care system do not have a connectedness with society due to poor levels of social integration and difficulties in establishing a social network (Stein & Carey,

1986, Broad, 2005). In broadly focussing on this issue the present study will examine the experience of the sample group and whether their experience corresponds to the evidence from the literature.

To summarise, the present study aims to answer three broad questions. These are:

- What are the elements of the social networks of the young people in the sample group,
- What is the significance and importance of the individuals and groups within these networks to the young people, and
- What is the connection between care and social networks.

In terms of the question concerning **Social Networks**, the research methods used will also provide detail concerning such sub-questions as, the nature of the components of the networks, their quality and density, the individuals and groups within the networks that are more significant than others, and the beneficial effects of the elements within the social networks of the young people.

In presenting an analysis of the **significance and importance** of certain individuals and groups within the social networks of the young people from the sample group, the discussion will focus on the reasons why certain individuals and groups are valued above others, as well as the type and quality of support they provide for the young person.

The role being **in care** has in the development of a social network requires significant analysis in terms of the young person's experience of care e.g. number of placements and school moves, contact with friends and family both prior to coming into care and during their care history, whether they were encouraged in their development of and continuation with certain individuals and groups from their social network, and the young person's own

perception as to the role played by their care status and their ability to form positive attachments.

The hypothesis and research question in the present study focus on the relationships experienced by young people who are currently or who have been in care. Specifically, it considers the individuals and groups they have had contact with and those they are currently in contact with. The data will provide a comprehensive picture of the social networks of the sample group. The primary focus is on the young people's relationship with friends, their birth family, foster family, educational institutions and social/leisure activities. However, the process also allows the young person to identify other individuals and groups that are important to them. Data will be sought concerning the young person's historical experience of their social network, both prior to coming into care and since they were admitted. Social support will also be considered and questions in the Social Network Map (Tracy & Whittaker, 1990) and the Social Provisions Scale (Dolan, 2006) ask the subject group to both identify the people they ask for specific support as well as how valued they are by these individuals and groups.

The literature tells us that this particular group of young people can have a negative experience in terms of their perception as to how connected they are to society. By adopting a social network approach this will test the above statement in terms of the experience of the young people in the present sample group. Significantly it will consider the role that their care status may have on their social network experience.

In the next chapter the discussion will continue by exploring the relevance of a social network approach in the study of young people who have experience of long-term foster care, with a focus on the available literature. Other related concepts are then

presented, such as social exclusion and social support. This chapter also provides the theoretical foundations to the present study, including a discussion on social network theory, attachment theory, resilience theory and theories of care. Finally, a summary is presented of the available literature concerning young people who have experience of long-term foster care, with a specific focus on the social network experience of this group. The chapter also highlights the lack of detailed research on this specific topic.

Chapter 3 begins by outlining the social network approach adopted in the present study and its relevance to the study of the sample group. It also considers such issues as social network analysis and the relationship between social networks and social integration. The broad research approach is then presented, a mixed method qualitative dominant approach, and discussion focuses on the benefits of using both quantitative and qualitative methods. This section also includes detail of the data that will be gathered, both of a quantitative and qualitative nature. The three research methods are then presented; these are the Social Network Map, the semi-structured interview and the Social Provisions Scale. Supporting literature is provided for the Social Network Map and the Social Provisions Scale, and the benefits of the three methods in gathering appropriate data is asserted. Issues pertaining to sample selection and recruitment, criteria for selection, population and response rate are then discussed in detail. A profile is then provided of the study group, this considers the following issues: the age of the study group, their gender and the reasons why they were admitted to care. Ethical issues are then presented and this section highlights the challenges facing any study that focuses on young people who have experience of the care system. Relevant ethical issues are then discussed, including, consent, privacy and confidentiality,

issues of power and protection from distress. These ethical dilemmas are considered in relation to the present study and the approach adopted to address these dilemmas is presented. The interview process is outlined and the planning of this process from pre-interview stage to post interview is discussed. Finally, this chapter considers reliability and validity and the methods used in the present study to ensure that the data is both reliable and valid.

Chapter 4 begins the presentation and analysis of the data gathered with a focus on individuals and groups that form the social networks of the young people from the sample group. Issues related to network size are explored and literature is examined relating to the experience of social isolation and exclusion of members of the study group. The experience of the combined group is discussed relevant to each of the seven categories from the Social Network Map. Differences are highlighted between the experience of the Left Care group and the In Care group. The importance of peer relationships to the sample group is discussed as well as the significance of professional support. The involvement of the sample group in organised groups and activities is then considered. Finally, this chapter focuses on the data relating to the importance of the category of 'neighbours/community' to the sample group and whether this is a significant group for the young people.

Chapter 5 considers the evidence from the research that focussed on the significance and importance of the members of the social network to the young people from the sample group. The role of the foster parent in the lives of the young people is analysed and the type of support that they provide for them is discussed. Their importance is considered in relation to both the in care group and the left care group and any variations are highlighted. As well as

focussing on the role of the foster parent to the young person, the significance of 'friends' is also analysed. In terms of 'closeness', the significance of other family members is also discussed in this chapter.

The data relating to involvement with organised groups and activities is also presented with a focus on whether the young person has been able to sustain contact with such activities from prior to their admission to care and during their care career. The educational experience of the sample group is also presented in this chapter and data provided relating to the number of school moves experienced by members of the sample group. Contact with birth family is discussed, both during their time in care, and, in the case of the left care group, since leaving care. Perception of social support is presented with data from the Social Provisions Scale.

Chapter 6 is the final analysis chapter and considers all of the evidence from the three research methods to focus on the potential relationship between having a care experience and the ability to develop and sustain social networks. Issues relating to being admitted to care and/or placement moves during their time in care are considered in this regard. This chapter also focuses on the challenges faced by the sample group in terms of friendships and specifically maintaining such friendships. Placement locations relative to the young person's own locality/community are discussed in terms of structural factors that can have a negative effect on their ability to sustain a social network. Other issues considered include the number of school moves experienced by the members of the sample group, their contact with members of their birth family and involvement with organised groups and activities. These issues are discussed relative to their significance to the broad research question of whether there exists a connection between care and the social

network experience of young people who are or have been in long term foster care. Case studies are employed to expand on the young people's experience

Finally, in Chapter 7, as well as presenting an overall summary of the present study and the main research findings, this chapter also outlines policy and practice recommendations. The importance and significance of further research on the topic, with appropriate recommendations, is asserted.

## **Chapter 2 – Theoretical and Related Context:**

### **2.0 Introduction:**

Aside from outlining the broad research question of examining the connection between Care and the social networks of young

people who have experience of long-term foster care, the previous chapter raised a number of related issues that are central to the present study. In considering their social network experience, why do some of the young people who have a care history lack a 'connectedness' with society and what can we learn from the literature on social networks to better inform us on this issue. Also, can this negative experience result in feelings of social exclusion for some members of this group. Finally, people 'tap into' their social network for support and this support can manifest itself in a number of ways, does the young person with experience of care perceive that such social support exists and, if so, what is the nature of this support and who are the individuals and groups that provide this for the young person. Prior to addressing the concepts of social networks, social exclusion and social support, and their relationship to the study group, an analysis of them individually is required. In addition I want to address certain issues in the existing theoretical literature that are relevant to this analysis concerning young people who have experience of long-term foster care, in particular what can we learn from attachment theory and resilience theory to better inform us on the subject group's social network experience. Also, by considering theoretical models of the care system itself, what importance do they place on the young person's social connectedness and cohesion.

## **2.1 Social Networks:**

### **Social Network Theory:**

Social network theory provides a method of viewing and analysing the social relationships that exist amongst individuals and groups. It is 'a set of analytic concepts taking as their starting point the transactions occurring among individuals rather than the unit itself' (Pilisuk & Parks, 1981, p.125). Central to the theory is an examination of personal networks which, according to Sluzki (2000) as cited by Sousa (2005, p163), 'are stable but evolving relationships constituted by family members, friends and acquaintances, work and study connections, and relationships that evolve out of participation in formal and informal organisations'. In this analysis, the researcher may consider the number of ties a person has (i.e. connections for an individual), how frequent contact is, its intensity, quality and diversity of the ties (Macionis & Plummer, 2002). The result is a comprehensive analysis of the individuals and groups within their social network that an individual has links with, the purpose of this contact, the importance of it to the individual and the amount of time the individual dedicates to each individual or group. This description in itself is quite simplistic as Social Network analysis can be a complex phenomenon involving detailed elements. However, for the purpose of this study, it's central focus on how relationships work is a useful starting point. It is the workings of these relationships that determine their significance and importance to the subject group, also, a significant factor is whether there are external factors influencing these relationships, for example care it self.

Why has Social Network Theory generated interest amongst researchers and academics over the past number of years? Social network analysis has been in existence since the mid-1930's in the realms of the social and behavioural sciences, however, a resurgence of interest occurred in 1990 when there was a 'realization in much of the behavioural science that the 'social

contexts' of actions matter' (Wasserman, Scott & Carrington, 2005, p.1). Essentially, the theory highlights the significance of relationships amongst individuals (Pilisuk & Parks, 1986, Feiring & Lewis, 1989, Wellman, 1981). Its central principles include:

- Individuals are interdependent,
- The ties between individuals allow the flow of resource or social capital,
- The structural environment can provide both opportunities and constraints upon the individual (in the case of the present study this may be the care system itself which may play a negative role in terms of the young person's social network experience),
- Network models conceptualise structure (social, economic, political and so forth) as lasting patterns of relations among actors. (In the case of the current subject group, it is the lack of structure which may negatively affect their pattern of relationships) (Gretzel, 2001).

With an ever-changing society and a move to a wider expansion of relationships, social network theory provides a method of mapping these relationships and interactions. Tracy & Bell (1994) and Tracy & Catalano (1990) consider these mapping techniques and although this is beneficial, they do caution against the self-report nature of the data. They argue that results may be strengthened by the use of measures of perceived social support, which refers to the individual's own 'perception of social support adequacy' (Zimet et al, 1988, p.32), which is 'subjectively assessed' (Zimet et al, 1988, p.30). In social network analysis, social support refers to benefits attributed to the relationship between one person and another, or between an individual and the group (Pilisuk & Parks, 1986, DiMatteo & Hays, 1981). Social network theorists refer to 'social capital', which describes the resources, perceived or otherwise, which particular relationship generates (Hill, 2002, Giddens, 2006). One of the focuses in the

present study is whether this is the experience of the young person with a care history. In theory, the benefits of wide personal and social networks far outweigh the negative effects. However, it is important to recognize the potential negative consequences of relationships with certain individuals and groups from some young people's social networks and, in the case of the subject group, the perception by some professionals of the negative influence on the young person with care experience of certain members of their family and friends. La Gaipa (1990, p122) has considered this and divides these negative consequences into short and long-term effects, the short-term 'includes feeling smothered and controlled, feeling obligated to conform, and a sense of inadequacy, whereas the long-term effects include low self-esteem and identity problems, resentment and depression'. Cotterell (1996) also considered this in relation to certain negative aspects, or antisocial consequences, of group dynamics amongst adolescents. Studies have outlined how social support can have a positive influence on individual's lives in many ways, including health and social well-being, but also in terms of education and employment (Matos & Sousa, 2004, Philips et al, 2000, Walsh & Connelly, 1996, Choi & Wodarski, 1996, Broad, 2005, Martin, 2002, Blome, 1997, Coulling, 2000). The present study will consider this in relation to the experience of the subject group and whether care is a determining factor in this regard. Kef, Hox & Habekothé (2000) makes a distinction between structural and functional aspects in social network analysis. The former referring to the quantitative elements of relationships, that is the number of contacts, how frequent contact is and the accessibility of the relationship. The functional aspects referred to the more qualitative aspects of the relationship in terms of quality and the benefits of such a relationship.

Much discussion in the literature has centred on the ecology of human relations. In particular, this has been discussed in relation to perceived disadvantaged elements in our society (Jack, 1997). Jack (1997, p.118) outlines an ecological approach to social work with children and families and concludes that 'an ecological perspective, leading to interventions designed to enhance personal social support networks, should take its place within the mainstream approaches to social work with children and families'. Viewing such groups in terms of their links within society can be helpful in analysing how individuals seek support and whether they achieve this goal. In the present study an analysis will take place of the social networks of young people who have experience of the care system and, to elaborate on Jack's (1997) point, whether professionals pay significant regard to the social networks of this group in terms of their care and aftercare planning. Other studies have considered the social networks of young people at risk and the role informal and formal networks have in their lives (Matos & Sousa, 2005). What is clear from the literature, and, as has been demonstrated previously, is that social networks are important to all young people. They provide social interaction, socialization and social support. What has not been addressed comprehensively in the literature is the specific issue of young people in care and their networks and whether care itself plays a role in determining the young person's social network experience. Social Network Theory/Analysis provides an important analytical tool in shedding light on the subject, and methods of social support measurement and intervention provide ways of ways of fully exploring these relationships for the individuals concerned. The case for using a sociological model of childhood has been argued recently by Karen Winter (2006). This argument can be summarised by highlighting the lack of detailed research incorporating the views of the young people themselves, the importance of focussing on

social competence, the assertion of a model that emphasises the social construction of childhood, and, in particular, that children's social relationships and cultures are worthy of study in their own right. This has particular significance and relevance in the present study as, essentially, a sociological approach has been utilised to analyse a particular experience of the subject group, namely the connection between having care experience and their social networks. However, as is expanded upon below, social network analysis can contribute in other disciplines, not solely the sociological field.

### **Social Networks:**

To consider social networks as purely a sociological construct fails to highlight its relevance and importance to other disciplines, for example, psychology and social work. However, sociology has provided an analysis of networks through a multitude of studies and most of the general sociology textbooks dedicate a chapter to defining social networks and outlining the importance they have in the makeup of society. Barnes (1954) is generally credited with being the first to study social networks. In its simplest form social networks refer to the links an individual or groups have with other individuals and groups. Macionis & Plummer (2002, p.141) described a 'social web' and the image is helpful in focusing the mind on the strands of connections within an individual's life and how this can have a 'ripple effect' and inter-connectedness. A more formal definition is provided by Giddens (2006, p.669), who describes 'all the direct and indirect connections that link a person or a group with other people or groups'. Essential to the relationship between networks are the concepts of 'nodes' and 'ties'. Nodes refer to the individual and groups, and ties describe the relationship that exists between individuals and groups. Social networks have been categorized as both formal and informal (Sousa, 2005), the former referring to the networks of

school and work, and the informal referring to family and friends. Another term used is Personal Networks which have been described as 'stable but evolving relationships constituted by family members, friends and acquaintances, work and study connections, and relationships that evolve out of participation in formal and informal organisations' (Sousa, 2005, p.163). The various definitions of networks can provide an over simplification of categories and may not take into account individual differences in attitude to the importance of certain individuals and groups within one's social network. Even the definitions themselves can cause confusion in terms of the concepts used. Terms such as personal networks are used as well as social networks. For the purpose of this study I will use the broader term of Social Networks as this encompasses all networks including personal ones. When using the term I refer to all individuals and groups that form a part of an individual's social world. What is clear is that social networks are complex phenomena, and it is only by detailed analysis can we discover the significance and the role that they play in our lives.

### **The Social Networks of young people:**

'Relations with others lie at the heart of the adolescent experience' (Cotterell, 1996, p.1). The transition from middle childhood to adolescence is characterized by a shift in attitude and priorities (Giordano, 1995, Bradford Brown, 1990, and Cotterell, 1996) and this developmental process involves a greater value and importance being placed on peer groups and a change in focus for the young person from within the family to relationships outside of the family. This is detailed well in Cotterell's (1996) study on social networks and social influence in adolescence. Bradford Brown (1990, p.171), in considering the group nature of adolescent behaviour, refers to their passionate

'herding instinct'. To many on the outside this group aspect of adolescent behaviour can lead to negative connotations and an association with delinquent behaviour, however, this is not necessarily the case and the group nature of this behaviour is an essential part of their development. Through this process they are socializing and being socialized (Pilisuk & Parks, 1986).

Consensus in the literature and in research studies provides the following findings, social networks are important for adolescents (Giordano, 1995, Nestmann & Hurrelmann, 1994), they function to equip young people with social skills, to assist them in developing a sense of identity and provide necessary social support in times of difficulty (Sandler et al, 1989, Berndt, 1989, Barth, 1983, Giordano, 1995). Studies have analysed the social networks of young people in a variety of ways. Many have focused on the peer group and the role this plays in young people's lives and Cotterrell's (1996) study provides a most comprehensive picture of the adolescent experience. Studies have focused on the network of family and the changing relationship that young people have with this network as they develop. This issue is explored in Belle's book *Children's Social Networks and Social Supports* (1989) and includes an historical perspective (Haraven, 1989). Further studies have focused on more formal networks such as school and employment (Entwisle, 1990). However, there is little consideration in the literature on the social networks of young people with a care history and whether care is a determining factor in their social network experience.

### **The Social Networks of young people who have experience of the care system:**

Evidence demonstrates that adolescence is an important stage in a young person's development and, indeed, the experiences that

one has during this time can have an effect on how one proceeds into adulthood (Feldman & Elliot, 1990, Jessor, 1993, Eccles et al, 1993). How a young person experiences society and how their networks are formulated can also have a determining factor (Eccles et al, 1993). The literature lacks an analysis of the social networks of a sample group of young people with care experience and how this compares to a group of young people who have not had a care history. What is evident from the literature concerning both groups is that common characteristics include, the significance of relationships to both groups of young people (Cotterell, 1996, Berndt, 1989, Giordano, 1995, Gilligan, 1999), the particular importance of peer relationships during adolescence (Morrow, 2004, Gilligan, 2001), and the potential benefits that a supportive social network can provide to the individual (Gilligan, 1999). In the case of the young person without care experience the literature has identified how significant people in their lives, for example, ‘mothers, fathers, siblings, relatives, teachers, friends, and peers all play important parts in shaping the course of development’ and that ‘the social support provided by these relationships can have a major impact on psychological health and adjustment’ (Furman, 1989, p.151). In the case of the young person with care experience the significance of some of the people identified above may not be as profound, and also, other individuals can be of greater significance, for example, Foster Carers, Social Workers and Aftercare workers. In addition, the present study will assert that the group of young people with a care history have experiences from both prior to their admission to care as well as during their time in care and that these experiences combined with external factors related to Care negatively impact on their overall social network experience. What is clear from the research is that, in the case of this group of young people, there are other factors at play in terms of their experience of developing and sustaining

social networks, including, a move away from the birth family, an unstable care career, and significant demands placed on their emotional strength and well-being (Scofield, 2002, Scofield & Beek, 2005, Sinclair et al, 2005).

Daly & Gilligan's (2005) study of the educational and social support experience of young people aged between 13 and 14 in long-term foster care can be viewed as a significant stage in the development of research into this topic in Ireland. It has provided more detail on the lives of young people who are raised in care. What is significant about this study is that it is from a national perspective and looks at all children in long-term foster care, aged 13 and 14. Prior to this some research in the UK and elsewhere had considered these issues, but there was a definite lack of literature on the experience of young people in foster care in this country. In Daly and Gilligan's study the main source of information about the young people's educational and social support experience was from foster carers. The authors of the study itself highlight as an area of further research, the importance of allowing young people themselves provide their own views of their experience in care. This highlighted a gap in the current knowledge and this, along with a combined and comparative approach involving a Left Care group is the focus of the present research study. In relation to the Left Care group, studies have considered the educational experience of this population and findings have included the poor outcomes for this group in this regard (Broad, 2005, Barnardos Policy and Research Unit, 2006). Other studies have considered the outcomes for this group in terms of employment, further education and training programmes and have given direction in relation to where improvements can be made (Wade & Dixon, 2006, Pecora et al, 2006, Courtney & Dworsky, 2006). There is a consensus in the literature of the importance of social support for this group and how having a supportive network can provide this.

Further evidence suggests that a supportive social network can have positive effects in terms of successfulness in placement, that it is important for this group of young people to sustain links with individuals and groups that are important to them, and that such relationships should be encouraged (Gilligan, 2001). Also evidence suggests that, in most cases, the primary network of family is significant, debate continues on contact with birth family and its impact on such issues as placement stability (Browne & Moloney, 2002), and that structural factors are in place to negatively effect outcomes in terms of networks for the young person, for example placement moves and instability (Holland, Faulkner & Perez-del-Aguila, 2005, Munro & Hardy, 2006). This is the main focus of the present study.

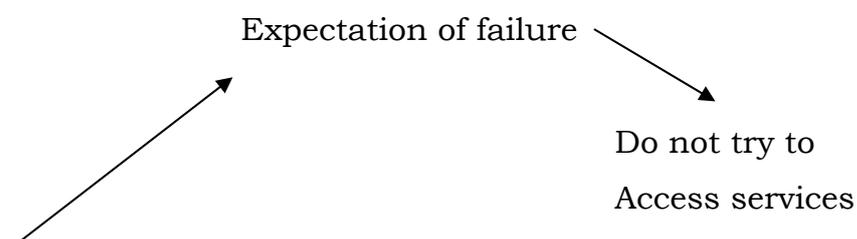
Current knowledge would be enhanced if research focussed directly on the social networks of young people who have experience of care. The present study will provide an in-depth analysis of the social networks of a sample group of young people who are currently in long-term foster care and a group who have left care and who also have experience of long-term foster care. It will include interviews with the young people themselves concerning their social networks. Included will be assessment and measuring tools that will analyse the social networks of young people. Further research on this topic is important, because 'through them [the social networks] and from individual members of their networks, may flow vital social support (for the young person)' (Gilligan, 2001).

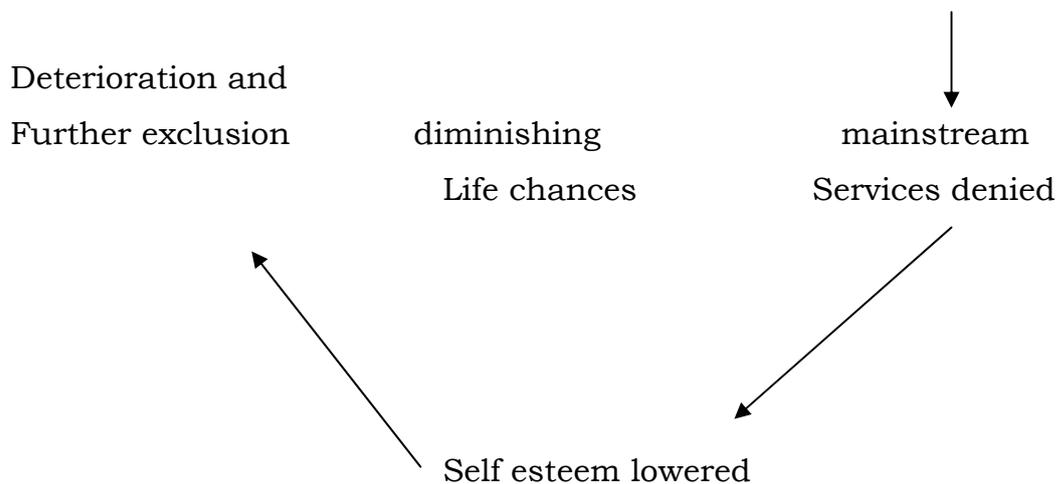
## **2.2 Social Exclusion:**

The hypotheses in the present study includes that not having a supportive social network can result in feelings of isolation and social exclusion. The pertinent issue is whether care has a

negative effect on the young person's social network experience and results in both social isolation and exclusion. Social exclusion itself can be a multi-faceted concept and analysing the factors that lead to an individual's experience of it can be complex. Certainly a lack of Social Networks and the resulting isolation can be a determining factor, however, there can be structural elements that lead to some people experiencing social exclusion. Graham Crow (2004, p.4) provides 'an overview of the debate' and notes 'the extent to which networks are increasingly important in shaping life chances and opportunities, suggesting as well that this may create new forms of exclusion as well as assisting participation within civil society'. As populations grow, as cities and towns get bigger, an emphasis on the marginalized in our society has become an increasingly pertinent issue. In the UK, the Social Exclusion Unit was formed to address this issue, to focus on ways to promote greater integration of marginalized groups within society (SEU, 2000). Whether it has achieved this is debatable, but the Unit has focused on a number of marginalized groups, including children in care and those who have experience of care. The unit's findings should directly influence policy decisions.

Social Exclusion has been defined as 'a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environment, bad health and family breakdown' (SEU in Broad, 2005, p.14). Family breakdown has obvious resonance for the current subject group. The Unit detail a model of Social Exclusion:





(Social Exclusion Unit in Broad, 2005, p.15)

The above model outlines a generalised cycle of social exclusion. Broad (2005) draws parallels between the above model and the young person who has experience of care. He describes how ‘Social exclusion’s 4 elements of impoverishment or exclusion from adequate income or resources, labour market exclusion, service exclusion and exclusion from social relations have a direct resonance for many care leavers’ (Broad, 2005, p.16). The emphasis in the present study is directly related to this group of young people’s exclusion from social relations.

In discussing the concept of social exclusion and the experience of young people who have a care history, it is important to consider how they are facilitated and supported to integrate with society and who is responsible for achieving this. It relates to factors that are common to this group that can result in feelings of social exclusion/isolation and, in certain circumstances, a lack of connectedness. Specific research available on social exclusion and the experience of young people who are currently or who have been in the care system has generally originated from the UK, the US and Australia (Stein & Carey, 1986, Viner & Taylor, 2007, Mendes, 2005). This research has focused on such issues as education, methods of alleviating social exclusion in this

group, and studies that focus specifically on the experience of the left care population. In Ireland such writers as Kelleher (1998), Buckley (2002) and Gilligan (1991, 1999, 2001) have advanced this debate. What the evidence tells us is that there is a link between children in care and social exclusion and that this manifests itself in a number of ways, through education, health, social competence and poverty. The various studies available, which have focused on the aftercare population, provide a fairly negative picture of how they fair once they have left care. Again, this is manifested in terms of health, employment and housing (Courtney & Dworsky, 2006, Pecora et al, 2006, Wade & Dixon, 2006). The present study will consider this issue with a direct emphasis on the young people's social network experience.

As detailed above, there is evidence to suggest a link between a positive experience of social networks and social inclusion and how this can have a positive effect on the young person's integration and feeling of connectedness, and indeed there has been exploratory work on this area both internationally and in this country. There is a need for a greater emphasis on the experience of this group of young people using a social network perspective and by providing a comprehensive analysis of their network, this provides detail on the individuals and groups that are significant to the young person and the reason for this. In addition, this information can provide an historical record of the young persons experience of how socially integrated they have felt during their care career and after, and the determining factors for this. This will provides useful data to policy makers and service providers when assessing and providing for the long-term needs of this group.

### **2.3 Social Support:**

By considering the connection between care and the social networks of the study group, this encompasses their perception as to the levels of social support they receive and the benefits they obtain from this support. For the purpose of the present study they hypothesis is that if care has a negative effect on the young person's social network experience, then, as a consequence, they may have varying degrees of social support. The concept of social support itself has been variously defined as a mechanism whereby individuals make links with other individuals or groups from their network system so as to gain benefits of an emotional or practical kind. Thompson (1995), in his analysis of social support, attempts to unravel the concept and focuses on various aspects associated with social support, including, the organisation of social networks and social support, structural features of social networks, the relationship between social networks and social support, and the functions of social support. The following definition provided by Sarasson et al (1983, p.127) is helpful, social support relates to 'the existence or availability of people on whom we can rely, people who let us know that they care about, value and love us'. This has direct relevance for the current subject group where many of them have experienced loss in terms of their birth family and friends due to their admission to care. In terms of the group of young people who have the experience of being in care, their support may come from more formal sources, including school, work and formal support services (e.g. social worker, after care worker and others). The two concepts of social support and social networks can be closely inter-related. One exists with the other, so, consequently, a discussion concerning social support will invariably involve a discussion concerning the individual's social networks. Thompson(1995) discusses this link in terms of methods of working with children who are 'at risk' and their families.

Extensive literature, and studies have highlighted the positive effects of social support in terms of emotional well-being (Cattell, 2004, Broad, 2005, Pilisuk & Parks, 1986, Morgan, 1990). In addition, research has focused on the health benefits of social support (DiMatteo & Hays, 1981). It has also been shown how social support can provide positive effects to marginalized and vulnerable groups within society (Ben-Ari & Gil, 2004, Jankowski, Videka-Sherman & Laquidara-Dickinson 2006, Antle, 2004). In particular, such groups as ethnic minorities, the elderly, people with mental health problems, vulnerable families and at-risk children can benefit from the positive effects of social support (Hernandez-Plaza, Alonso-Morillejo & Pozo-Munoz, 2005, Walsh & Connelly, 1996). Literature on the subject of social support can be broadly broken down into a number of categories - research that investigates and measures the degree of social support in terms of its benefits or perceived benefits (Sarasson et al, 1983), how social support can benefit marginalized groups within society (as identified above), and how the concept of social support is linked to other issues and concepts including social integration, social connectedness, isolation and social exclusion (Thompson, 1995).

It is been highlighted that during the young person's development, and, in particular when they reach the adolescent years, the importance of their links with their friends and groups within society becomes more significant. The issue, which this study will address, is how this is experienced by the young person who has experience of long-term foster care and whether this is a positive or negative experience. Research has considered the beneficial effects of social support for the young person in care (Broad, 2005, Stein & Carey, 1986), however, more detailed evidence concerning how the young person experiences this support is required. Also, what factors are in place to determine

how the young person accesses social support and do they obtain the beneficial effects of this, and are there factors inhibiting a young person in care accessing support? Indeed, whom do they regard as significant amongst their social network and whom do they seek when they need to feel valued or when they need advice or to rely on somebody? There has been some debate in the literature concerning the degree of benefits provided by social support, in particular the perception of negative effects of some forms of this support (Specht, 1986) and, in the case of the subject group, how the family and friends of the young person with care experience are perceived by professionals and others. Also, discussion has focussed on other limitations associated with social support, for example in relation to measurement. 'Recent history' has been demonstrated to be potentially a destabilising influence on the reliability of social support/network data (Kemp et al, 1999). This refers to recent events in the subject's life that may influence the inclusion or not of supportive individuals within their social network. This issue will be discussed further in Chapter 3 but it is important to highlight how certain recent events as well as the difficulties that some young people may experience in recalling relevant information can both impact on the self-report nature of certain social network measures (Kemp et al, 1999). Also, the use of either perceived or received measures of support, or a combination, can present a dilemma for the researcher (Wills & Shinar, 2000). The literature has identified how measures of perceived support can strengthen the data obtained from social network measures (Tracy & Bell, 1994). In the present study the research approach utilised methods that assessed perceived support. The reliability of the data was strengthened by the use of a number of methods of data collection and each method supported and reinforced the findings. One of the issues this study will address is how the young people themselves perceive social support and how

beneficial it is to them, but, specifically, the emphasis will be on whether care is a determining factor in this regard.

As detailed above, Government policy in the UK has focused on social exclusion and set priorities in terms of addressing the exclusion experienced by some young people who are in care or who have experience of the care system (Social Exclusion Unit, 2003). Research studies in the UK in relation to aftercare have considered this issue as part of an overall study on outcomes for young people in aftercare. In Ireland, there remains a significant gap in terms of assessing how socially integrated this population are. Further research is required to assess the levels of social integration of this group and indeed it is important to look at both the in care population and left care population. There are methods available to assess this effectively, but ultimately, the narrative of the young people themselves can provide a rich source of information on how they feel in terms of their degree of 'connectedness' within society.

Social Network theory and its relevancy to the subject group has been outlined above, and, specifically, this has focussed on how this theoretical construct can assist in gaining a greater understanding of the relationship between care and the young people's social networks. Other theories are relevant to this discussion and below both attachment and resilience theory will be analysed in terms of their contribution to the present study.

#### **2.4 Attachment Theory:**

Attachment theory, in its very broad sense, describes how early childhood relationships are formed and sustained. Bowlby (1969, 1973, 1980, 1988) has been credited as being the founder of

attachment theory. Central to his theory is the proposition that children learn about life from their main caregiver in terms of their identity and their ability to relate to others (Howe et al, 1999). For the majority of young children, the primary caregiver is the mother and this relationship has been viewed as being fundamental to the child's development (Goldberg, 2000). The security that this relationship can provide has a positive influence on the young child as they develop and grow during their childhood years. A stable relationship in early childhood, Bowlby found, can provide the child with the necessary skills in managing relationships in later life, and in effect becoming socially competent. This has clear ramifications for the study group who have experienced disruption in early childhood relationships with significant caregivers. Goldberg (2000) discusses the issue of the relationship between attachment and social competence. By referring to work from Sroufe, Egeland & Carlson (1999), Goldberg (2000) widens the discussion to focus on social competence in a variety of social settings and concludes that 'early attachments provide a foundation upon which subsequent social encounters build' (2000, p.171). Again, this has echoes for the subject group and raises questions as to the challenges faced by these young people in later life with regard to social competence.

Early attachment theorists such as Bowlby focused on early childhood relationships and much of the theory reflected this, however, subsequently, a greater emphasis focused on attachment through to later childhood and adolescence. Again Goldberg (2000) refers to this in her study on attachment and development. In addition, there has been greater emphasis in the literature placed on young people who have been deprived of a constant caregiver or significant individual in their early life, and

how this has affected their ability to form relationships in later life, and specifically the overall psychological effects of this. Early studies considered this issue in relation to children who were raised in orphanages. Bender & Yarnell (1941) looked at the psychological effects on the child of a lack of primary caregiver in orphanages in the US during the 1940s. Results included the child experiencing difficulties in forming close relationships as well as inappropriate behaviour towards others and 'some cognitive and affective defects' (Goldberg, 2000, p.4). With the move to foster care viewed as a better option for these young people in terms of providing a family environment, and a subsequent move away from the institutional setting, it was hoped that this would provide a more consistent, secure and stable care experience for young people. (Schofield et al, 2000, Triseliotis, 2002). However, evidence has suggested that in cases where foster placements break down and young people experience multiple placements, the psychological effects are similar to those outlined in earlier studies of residential care (Goldberg, 2000). In terms of the young person's social network, there can be a resulting disruption in this framework, and ultimately, it can have negative effects on the young person's ability to form close relationships.

The issue of attachment and social competence has been referred to above. What the literature informs us is that early attachment can have an effect on an individual's on-going development. To be more precise, how an individual's ability to develop relationships and function in society, in essence to be socially competent, can be as a result of early experiences particularly in relation to how one experienced attachment to a caregiver. This can become a complicated and detailed construct, but the example given is that 'early attachments per se can become the prototype for subsequent relationships' (Goldberg, 2000, p.170). This is very

relevant to the present study and poses the following question - are young people with a care history destined to have difficulties in forming close relationships due to their care experience? Schofield (2002, p.261) combines a number of theoretical frameworks, including attachment theory, to provide 'a psychosocial model of long-term foster care'. Dividing the model into 5 areas, a secure base, reflective function, resilience, self-efficacy and a real family, one consequence of a stable and secure base for young people in long-term foster care is the ability to be socially competent. Fahlberg (1994) also highlights the importance of secure attachments for children in the care system.

The profile of the young person in long-term care is of someone who, for a variety of reasons, has had to leave their family of origin and move to an alternative environment, and, in the majority of cases, this is within a foster family. With the psychological deprivation that some of these young people have experienced in terms of their move away from their family, attachment theorists provide detail on how this can affect the individual at various stages in their lives, not only in early childhood. It is hoped that a positive experience in a secure and stable foster home can offset some of the disadvantages experienced. However, what can happen is that for some of the young people their early childhood experience combined with moves away from the family of origin can result in an inability to form secure attachments, even with a loving and caring foster family (Schofield & Beek, 2005, Schofield et al, 2002). Also, a failure to address this experience of very early childhood trauma can have a detrimental effect on the young person's ability to settle into foster care (Fahy, 1995). What can happen is that young people in care can experience placement breakdown resulting in multiple placements. A picture emerges for some of these young people of repeated moves, no opportunity to develop

and build positive relationships, and these events occurring during their time in care. This, combined with their own childhood experiences prior to coming into care, can result in a negative outcome for some of our young people in care.

## **2.5 Resilience:**

In terms of resilience I wish to further the discussion by considering it's role in the social network experience of the subject group, and specifically to consider, whether, despite their negative experiences, can the resilient young person manage to effectively form and sustain a social network. Resilience has been described as the ability to achieve despite the experience of adversity (Stein, 2005, Flynn & Byrne, 2004, Schofield & Beek, 2005). Research has focused on its application to a variety of vulnerable groups within society, including people with mental health problems (Tait, Birchwood & Trower, 2004, Heisel, 2006), the elderly (Saleeby, 1996), and more recently young people at risk and in care (Place et al, 2002, Gilligan, 2000, Ungar, Dumond & McDonald, 2005, Compas, Hinden & Gerhardt, 1995, Palmer, 1997, Carbonell, Reinherz & Giaconia, 1998, Carbonell et al, 2002). In terms of the debate on resilience in children it has been detailed that the discussion has shifted from an emphasis on identifying resilience to promoting resilience in young people (Schofield & Beek, 2005, Gilligan, 2000).

It has been well documented how young people who have experience of the care system have experienced adversity in their lives (Stein, 2005, Gilligan, 1999, Lemon Osterling & Hines, 2006, Flynn & Byrne, 2004). This may take many forms, including separation from birth family, experience of abuse and other forms of maltreatment, instability in care placements etc. (Schofield & Beek, 2005). What has focused the discussion on

resilience and this client group is how, in the case of some of these young people, they manage to achieve positive outcomes (Stein, 2005). In addition, as detailed above, how can we ensure more positive outcomes by promoting resilience for these young people? Specifically, are some of the young people able to sustain a consistent and supportive social network despite adverse experiences and what is it that assists them in this regard. In particular, much of the discussion has focused on mentoring as a method of promoting resilience in young people who have experience of care (Lemon Osterling & Hines, 2006, Gilligan, 1999, Gilligan, 2000). Lemon Osterling & Hines (2006) highlighted the positive results of an evaluation of a mentoring program for adolescents who were in foster care. These included the positive effect of supporting these young people in preparation for leaving care and in particular, independent skills. Other studies have focused on targeting vulnerable young people who are deemed to be at risk in an effort to promote their resilience (Place et al, 2002). This UK study, although not directly looking at young people in care, highlighted how, by focusing on the child's resources, family, education, interaction, and community resources, this can provide a positive response. It would be important to consider if this promotion of resilience is considered in Ireland for our young people in care, as it can have positive outcomes, including developing the young person's social relationships. By considering the Looked after Children approach, which is used in a number of countries, including the UK, and which, in essence, attempts to improve outcomes for young people in care (Flynn & Byrne, 2004), this approach highlights the importance of the social relationships of the group in terms of their individual's resiliency. Gilligan (1999, 2000) has also highlighted this issue and specifically, he identifies the importance of mentoring with regard to this.

The link between resilience and social competence is also discussed in the literature. Place et al (2002) expand on this issue in relation to the development of a resilience package for children who are at risk of developing mental health problems. They indicate that children who demonstrate strong resilience have individual, family and community protective factors in common. Hjemdal et al's study (2006) also considers the factor of social competence and social support as a protective factor in relation to the development of psychiatric symptoms. The resilient young person seems more able to link in with individuals and groups to provide social support specific to their needs. This access to personal resources is indicative of positive outcomes for a number of young people who are in care or who have experience of the care system.

In summary, resilience concepts are relevant to a discussion concerning the Social networks of young people who have experience of long-term foster care for the following reasons:

- Literature indicates the link between resilience and the ability to be socially competent for young people who have experienced adversity in their lives.
- A protective factor for such young people includes the access to positive social support and personal networks.
- These networks that act as a protective factor come from such sources as the individual themselves, their family and the community.
- For the group of young people who have experience of the care system, service providers, foster carers and social workers should actively encourage positive social networks in an effort to promote their resilience.

Both chapter 1 and the present chapter have made reference to the care system and it is useful now to consider the purpose of care as well as the theoretical frameworks surrounding it. In

particular, this discussion will consider the function of the care system and models associated with it in terms of the relationship between care and the social networks of the young people who have this experience (specifically, experience of long-term foster care), and whether, this important issue is considered as a significant element in the theoretical constructs.

## **2.6 Theories of care:**

Gilligan (1991, p.194) asks the following question – ‘What does the care system do?’ His discussion takes the form of a sociological analysis of the functions of the care system, but his primary question as to the purpose of care is a most pertinent one. Gilligan (1999, p.188) summarises these as, maintenance, protection, compensation and preparation. Care should maintain the physical and emotional needs of the individual, it should provide protection to those deemed as being vulnerable, it should compensate those children who have experienced ‘deficits’ in their lives, and it should prepare them in an emotional and practical sense for the time when they leave care and have to make their own ‘way in the world’ (Gilligan, 1999, p.188). The last two functions are relevant to the present study as one of the deficits experienced by the subject group, and which will be explored in later chapters, is that of contact with individuals and groups that are of significance in their lives. Also, it has been detailed above that, in order to fully prepare the young person for adult life, it is important to promote a positive, stable and consistent social network. Continuing Gilligan’s (1999) discussion it is suggested that the care system may exist to provide other functions in society, namely controlling those young people and their parents who are deemed to ‘contaminate’ society through social problems

(Gilligan, 1991, p.195). This has links with discussions focussing on social control theory, which 'views attachments to parents and social ties to community institutions as social bonds which embed the person into conventional society' (Cotterell, 1996, p.8). Cotterell's (1996, p.8) discussion focuses on adolescence and he outlines how 'socially appropriate forms of behaviour' are imposed on young people and the consequence of not conforming includes being labelled as deviant. In relation to the subject group and the present study, social control theory would perhaps assert that it is intentional that the young people are not facilitated in having contact with family and friends due to what is perceived as their potentially disturbing influence.

In relation to the care system Gilligan (1991) suggests two models, the traditional missionary/rescue model of child care provision and the traditional medical treatment/sterile protection model. The former can be shown to have links with the origins of child care services both in this country and elsewhere, where the emphasis was on 'saving' children from what was regarded as an 'unsavoury existence'. Historically, this is evidenced in the activities of the Australian government where mixed race aboriginal children were placed in care or adopted as opposed to being allowed to be raised by their birth family. Thus, social order was maintained and social control was exercised, but this was the social order of the ruling class, which included the church, and this class wanted to perpetuate it's own values and ideas (Gilligan, 1991). This is echoed in discussions on social work theory in terms of a Radical or Marxist approach where 'people become clients in one of two ways... those who are economically dependent and those who are economically threatening. While the functionalist talks of care and cure, the Marxist hears control and contain' (Howe, 1987, p.147). It has been argued that this form of social order and control exists today in the care system but that it

is the cultural values of the dominant class that are perpetuated (Gilligan, 1991, p.195). This debate is, I feel, significant for the professionals who work in child care services to consider and is included in discussions concerning 'maintenance' in Social Work. This 'maintenance strategy is two-pronged' (Davies, 1994, p.58), social workers are employed as agents of the state and have a social control function in terms of what society determines as deviant behaviour, but they also have a duty and responsibility to actively assist individuals who are experiencing difficulty in their lives. The majority of the young people in this country who are taken into care are from lower socio-economic groups (Gilligan, 1991, pp.19-68). They are then placed in residential units and foster homes where the values they are being taught are middle-class. Are these young people, as Gilligan (1991) suggests, surrendering 'the values of working-class culture in order to adapt to the cultural norms of their caretakers?' This is an area for further research and discussion in terms of the social origin of our young people in the care system and how their cultural values are influenced by a move into either foster care or residential care with the values that may exist in these environments. To relate this model to the present study, is the emphasis on restricting contact with certain individuals and groups from the young person's social network due to what is perceived as their negative influence?

The second model is the 'traditional medical model/sterile protection model', where the emphasis is placed on 'curing' the young person of the 'malign influences' (Gilligan, 1991, p.197) of their family and social environment. This is achieved through placing them in the care system where efforts are made to assist the young person in recovering 'through a course of treatment – care – in a sterile environment – foster home/children's home' (Gilligan, 1991, p.197). The obvious downside to this is that, as statistics indicate, a significant number of young people who

leave care return to their home environment and as is indicated 'immunity is achieved not by immersion in sterile conditions but by controlled exposure to the pathogenic forces in his life' (Gilligan, 1991, p.197). This particular model would have direct resonance with the historical approach to 'caring' for children in an institutional environment in this country. However, the situation of a young person being placed a significant distance away from their birth family, friends and local community is not unusual even today. This issue will be explored later in the present study.

In terms of the present study on the Social Networks of young people in long-term foster care, the above issues raise a number of pertinent and related questions. Does the care system effectively prepare young people for the time when they are no longer in care, and, are the young person's social networks, both those that existed prior to them coming into care and those that may have been gained whilst in care, considered in a comprehensive planning process for this important time? Also, do we consider the young person's cultural heritage, and, do we genuinely consider in our planning that, for a significant number of these young people, they will return to their birth family and their original community? Essentially the question is, do we effectively consider the social networks of this group of young people?

The above discussion has been broadly of a theoretical nature and has drawn on the available theoretical constructs and related concepts to assist in the development of a knowledge base relating to the social network experience of young people in long-term foster care. This discussion will be continued by focussing on more practical examples from the literature that inform us of the current state of knowledge on this issue relating to both

young people currently in care and those who have left care. But first, a general discussion will take place on the existing knowledge and literature related to the subject group.

## **2.7 Research Studies:**

### **In-care population:**

Within the past number of years in Ireland there has been an increasing interest in research on the experiences of young people in public care. This has manifested itself in various studies, articles and policy papers written on issues related to young people both in foster care and in residential care. As previously mentioned two texts which consider the historical development and current provision of child care services in this country, Buckley's *Child Protection and Welfare (2002)* and Gilligan's *Irish Child Care Services (1991)*, both devote chapters to the issues related to and needs of this client group. An historical perspective is found in such texts as Raftery & O'Sullivan's text *Suffer Little Children*. Policy documents include *The Report of the Working Group on Foster care*, and research studies include Daly & Gilligan's *Lives in Foster Care* and Plunkett & Gilligan's study *A New Chance*. However, despite the relatively recent interest, the subject in this country remains one that requires further analysis and research. Prior to this research studies on this topic, mainly originated from the UK and the USA (Fein, Maluccio & Kluger, 1990, Jackson, 2001, Richardson & Joughin, 2002, Stevens, 2002).

To summarise the existing knowledge related to young people in foster care, this can be broken down into a number of distinct

categories. Historically, research studies have focused on telling the story of the experiences of young people who have been in state care, for example, the works of Raftery & O'Sullivan (1999), and Paolo Hewitt (2002). But, with a greater emphasis over the past number of decades on providing a more scientific and rigorous study of the issues related to the experiences of this group, research studies have directed their attention to such topics as outcomes (Skuse, MacDonald & Ward, 1999, Moffatt & Thoburn, 2001, Minty, 1999, Farmer, Lipscombe & Moyers, 2005, Rushton, Treseden & Quinton, 1995, Gibbs & Sinclair, 1999, Flynn et al, 2004), placement stability (Butler & Charles, 1999, McAuley & Trew, 2000, Holland, Faulkner & Perez-del-Aguila, 2005, Monck, Reynolds & Wigfall, 2004, Munro & Hardy, 2006), education (Connelly, 2007, Harker et al, 2003, Francis, 2000, Jackson ed. 2001), health (Chambers et al, 2007, Fleming, Bamford & Mc Caughey, 2005), contact with their family (Moyers, Farmer & Lipscombe, 2005, Barber & Delfabbro, 2003, Andersson, 2005, Browne & Moloney, 2002, Stevens, 2002), emotional well-being (Fahy, 1995, Scofield, 2002, Fleming, Bamford & Mc Caughey, 2005), amongst other subjects. The movement and interest in research aspects concerning young people in foster care has been promoted by academics, service providers, foster care associations, the independent sector and the media. In addition, a greater emphasis on how to improve the experience of young people in state care has been at the centre of much of the research studies available and the data from outcome studies has been useful in this regard. Essentially, most research in this area aims to influence policy and practice. With the knowledge available currently and with a commitment to improve the experience of this group, it remains appropriate and significant for research to continue to explore all appropriate and related issues concerning these young people. In terms of the social networks of this group, this issue has generally been

considered in conjunction with other broader subjects, for example health, education and social support. As Gilligan (2001, p.70) points out in a recent article in relation to children at risk, 'full empirical evidence or even investigation is awaited on the power of their networks as sources of help'.

In terms of a consensus in relation to the social networks of young people who have experience of care, studies that consider the subject come to the following conclusions:

- Social networks are important to young people in foster care. (McAuley, 1996, Holland, Faulkner & Perez-del-Aguila, 2005, Gilligan, 1999, Report by the consumer group of young people in foster care, HSE-mid west, 2005, Elsley, 2006).
- Placement disruption can lead to both a challenge and in some cases an inability to form strong social networks (Butler & Charles, 1999, Holland, Faulkner & Perez-del-Aguila, 2005, Munro & Hardy, 2006, Johnson, P.R., Yoken, C. & Voss, R. 1995).
- The experience of the social network of school can vary greatly amongst children in foster care (Connelly, 2007, Harker et al, 2003, Francis, 2000).
- Young people in foster care can lose links with their social networks from prior to coming into care (McAuley, 1996).
- Research concerning contact between the young person and the social network of their birth family, and whether this is a positive experience or not, is not conclusive (Munro & Hardy, 2006, Browne & Moloney, 2002, Andersson, 2005, Moyers, Farmer & Lipscombe, 2006).

From considering the issues raised in the above research studies it is evident that a dedicated study focusing on all of the above findings and others would be beneficial and would add to the overall analysis of the social networks of young people who have

experience of long-term foster care. Specifically, the broad issue of the connection between care and the social network experience of this group of young people needs to be considered, but the following related issues are also relevant:

- The extent of the social networks of young people in long-term foster care
- The levels of contact with their networks
- The value they place on this contact, including the significance and importance to the young person.
- The relationship between having a broad social network and feelings of being connected to society.
- The role that Kinship Care or Relative Foster Care has in terms of the ability to sustain the young person's social network.

**Left Care population:**

It has been stated above that research and discussion on the issue of leaving care in this country has only begun relatively recently. The history of child welfare in both Ireland and the UK, and specifically the state's response to it, has been one of gravitation in emphasis between child protection and children who are in the care of the state. Practitioners were always aware of the needs of the group of young people who leave care, but for a variety of reasons, including lack of resources, competing service demands, a gap in research evidence, these needs were either put to one side or not seen as priority. In the last 15 years there has been a greater emphasis directed at the needs of this vulnerable group within society with the development of dedicated services for care leavers and the needs of this group being recognised in the Child Care Act 1991. However, services are still in an evolving state in this country and it will be some time yet before we can confidently assert that we are fully meeting the needs of this group.

The work of Mike Stein from the University of York in the UK has been pioneering in terms of its highlighting of the experiences of caregivers, how they cope with the transition out of care, what the young people are saying themselves in terms of their needs and how services can better meet these needs (Stein & Carey, 1986, Stein, 2006, Stein, 2005). But what Stein's research provides in detail is the narrative of the young people themselves, how they felt about the time when they were no longer in state care, what emotions this stirred in them and specifically how they progressed in later life. This work has also considered the support available to this group of young people and how experience of the care system greatly affects their outcomes. In Ireland, the seminal work on young people leaving care was commissioned by Focus Ireland in 1998 (Kelleher & Kelleher, 1998). Although not fully comprehensive in terms of extensive follow up or its geographic focus, it is an important work in terms of how it provides details of the circumstances of the young people 6 months after they leave care. It also considers current service provision at the time of the study and makes recommendations for improvement. In addition the study provides case histories of a sample of young people themselves and information is provided from the young people, their social workers and other professionals. The study focussed on three areas in Ireland including the geographical area of the present study. Kelleher & Kelleher (1998) also focussed on such issues as the distance between the young person's placement and their home, frequency of contact with birth family and destination of young people following their discharge from care and these issues and others are addressed in the present study in relation to the current study group. Findings and recommendations from Kelleher & Kelleher's (1998) study included the need for a planned approach in preparing for young people leaving care, the need for a greater onus on the state to provide for the group, more detailed policy and formal services to

meet the specific needs of this group, including community-based adolescent services, greater cooperation amongst the individual agencies and the need for the establishment of a leaving care organization (Kellegher & Kellegher, 1998).

In summary, research and discussion on the topic of leaving care has generally focussed on the following - several research studies with an exploratory approach detailing the general circumstances of the sample group of young people and those studies considering outcomes for this group. Some studies have specifically looked at the educational needs of this group (Barnardo's Policy and Research Unit, 2006, Pecora et al, 2006). Also, the health and well-being needs of this group have been considered and findings highlighted the need to better plan for the health needs of this group (Broad, 2005). Other studies have provided extensive narrative from this group in terms of their experiences and outcomes (Sinclair et al, 2005). In Sinclair et al's study (2005, p. 253) the findings indicated that for some young people who return home to birth family, this 'returning home was associated with re-abuse, with a failure to improve at school, and, among older children, with an incidence of difficult behaviour that was greater than that found for residential care and almost certainly not accounted for by the children's initial characteristics'. The authors highlight the importance of a thorough examination of the potential risks associated with contact and rehabilitation.

Resilience has also been considered in relation to the leaving care group in terms of their ability to achieve positive outcomes despite earlier adversities in life (Stein, 2005). Also, an important and relevant study by Marsh & Peel (1999) focuses on partnership with birth families in planning for care leavers and considers such issues as the importance of the social networks of the young people in this regard.

Whilst generally recognising the importance of social networks for young people leaving care, the research does lack a comprehensive analysis of the issue. Some studies consider the issue as part of an overall study or discussion on the needs of this group (Broad, 2005), but a specific research study on the social networks of this group and the role the care system has in relation to their social network experience is lacking. A notable exception and recent addition to existing knowledge is Wade's (2008) study that focuses on support from birth families and substitute families for young people leaving care. By considering the informal support networks of a sample group of young people following their discharge from care, the study 'examines patterns of contact with birth families and caregivers, the support that emanated from these links and the strategies of leaving care professionals to strengthen these connections' (Wade, 2008, p.39-40). Recommendations from this study include, the significance of maintaining positive contact between the young person and members of their birth family during their time in care and engaging these family members in planning for the support needs of the young person when they have left care, supporting carers during the young person's transition into adulthood, and, the need for more research into the needs of looked after children who become parents in their teenage years and the children of this group of young people (Wade, 2008).

There is a consensus in terms of the importance of considering social support for the leaving care group and the importance of their personal networks (Pinkerton & McCrea, 1999), and indeed, there has been discussion elsewhere in relation to how these young people can value their own personal networks above more formal support services (Stein & Carey, 1986). An analysis from a social network perspective will provide more details in terms of the composition of the young people's networks, their quality,

how they value the individuals and groups that form their networks and most importantly, the role that Care may have in the development of and the young person's ability to sustain these social networks. Bob Broad (2005) and others have considered the issue of social exclusion in relation to this group. A social network approach addresses this directly by focusing on levels of social integration, feelings of connectedness and isolation, and essentially providing a picture of to what degree these young people have a sense of belonging within society.

## **2.8 Summary:**

The discussion focussed on the issues of social networks and their relevance to young people in general and specifically to the sample group. It defines social networks, provides evidence of studies and research findings concerning the social networks of young people. In the discussion on the social networks of young people who have experience of long-term care, the lack of specific and comprehensive research on this area is highlighted. The two concepts of social exclusion and social support are considered and defined. Their relevance to the sample group is discussed and further analysis is recommended on the topic of the potential experience of social exclusion by the sample group. The beneficial effects of social support are also outlined and evidence provided to support this.

The relevant theoretical viewpoints and their relation to the present study are considered. In particular social network theory, attachment theory and resilience theory are discussed. Also, studies that consider these particular theories relative to the study group are presented. This section ends with a discussion

on theories of care and how this directly relates to the study group, and considers the question ‘what does the care system do?’

In the final section greater detail is provided in terms of current knowledge on young people in care and those who have left care. It includes a chronology of the development of knowledge on the subject and the current consensus in the literature in relation to the social networks of the sample group. The conclusion drawn highlights the lack of current knowledge on this subject and the various questions that still need to be answered concerning the social networks of young people who have experience of long-term foster cares.

Aside from the broad research question concerning the connection between care and the social network experience of young people who are or have been in long-term foster care, the present chapter has raised the following issues and questions that will be considered in later chapters in relation to the data from the subject group. These are:

- What is the experience of the subject group in terms of the potential benefits from relationships within their social network?
- Do professionals and service providers recognise the significance of the social networks of this group of young people?
- Should greater attention be given to a sociological model of childhood?
- The need for a greater inclusion of the narrative of the young people themselves in terms of their experience is significant.
- There is a need to further analyse the structural factors that can negatively impact on the social network experience of the subject group.

- To what degree, and in what areas of life, do the subject group experience social exclusion?
- What is the perception of the young people of the degree of social support they receive from individuals and groups from their social network?
- How does the subject group's early attachment experience influence their social competence in later life?
- Can some of the young people from the subject group manage to form and maintain a supportive social network and what role does resilience play in relation to this?
- Does the care system effectively prepare young people in a socially competent manner for adulthood?

## **Chapter 3 - Methodology:**

### **3.0 Introduction:**

This chapter will focus on the methodological approach adopted in the present study. Initially, the specific aim of the study will be presented followed by a discussion on social network

measurement. This will involve examining social network analysis in general and the use of a social network approach in the present study. Relevant issues related to measurement of social networks will be outlined and their relationship to 'special populations' discussed. The discussion will also consider the relationship between Social Networks and Social Integration.

The Research approach will then be presented and this will identify both the type of study as well as the advantages of using both quantitative and qualitative measures. How these measures are analysed and integrated will also be discussed.

In describing the research methods used in the present study, this section will outline how the semi-structured interview was formulated and combined with two standardised and recognised measures, the Social network Map and the Social Provisions Scale. The discussion will assert that these measures are appropriate to generate the data required to address the thesis questions. In addition, evidence will be presented justifying the use of these measures and what alternatives were considered in the planning stage.

The section on sample selection and recruitment will include justification of both the sample and its size. A flow chart will be presented outlining the process for recruitment of both groups and a discussion will consider the non-participants.

Ethical issues will be considered, including, ethics in general and in relation to research with children, and, in the case of the present study, vulnerable children. The specific ethical implications for this research will be described as well as the practical steps used for obtaining ethical approval.

Research implementation will be outlined, involving the pilot interview stage and leading on to full implementation.

Finally, reliability and validity will be discussed relative to the present study and measures utilised to ensure that the data meets these criteria will be presented.

### **3.1 Measuring Social Networks:**

The broad aim of the present study is to examine the social networks of a group of young people who have experience of long-term foster care. Specifically, the study aims to answer the following three questions: what is the composition of the social networks of the young people, what is the significance and importance of the individuals and groups within the social network to the young people, and, is there a connection between Care and their social network experience. For the purpose of the present discussion, social networks refer to the individuals and groups that form a part of the young person's social world. The literature on Social Network Theory and Social Network analysis is complex and can involve detailed statistical and analytical methods. A social network approach was utilised in the present study with the emphasis on providing a comprehensive picture of the significant elements in the social world of young people who have experience of long-term foster care. In earlier chapters, the usefulness of social network theory was highlighted as a method of viewing and analysing the social relationships that exist amongst individuals and groups as it provides a comprehensive analysis of all the networks an individual links in with, the purpose of this contact, the importance of it to the individual and the amount of time the individual is in contact with particular networks. Essentially social network theory and analysis is useful

in providing a method of mapping relationships and interactions between people.

Reference has been made to the structural and functional aspects of social network analysis (Kef, Hox & Habekothé, 2000). The structural aspects refer to the quantitative data, for example, the number of contacts, frequency and duration of contact. The functional aspects are of a qualitative nature where the quality and benefits of the relationship are detailed. It is important to acknowledge that certain social networks can have both a positive and negative value (Coyne et al, 1990), therefore it is critical to consider the quality of the support provided by a particular network. It is not simply a matter of increasing the quantity of networks of an individual as it has been documented that this may have negative consequences (Scott, 1991). The complexity in social network analysis has been highlighted above, research has also identified that the study of social networks has been evidenced across a wide variety of disciplines, including, social work, sociology, social psychology, and community work. This wide use in itself may have resulted in the significance and importance of social network measures and analysis not being fully appreciated (Gottlieb, 2000).

In summary, the main issues in measuring social networks that are of relevance to the present study are:

- The data provides a comprehensive account of the elements in the young person's social world.
- It considers these elements in terms of the relationships that exist between the young person and the individuals and groups.
- It maps relationships and interactions between people.
- Literature referred to above has demonstrated that there are structural and functional aspects in measuring social networks, the former providing quantitative data, the latter qualitative data.

The measurement of social networks can present certain dilemmas for the researcher. As detailed by Kemp, Whittaker & Tracy (1999, p.112) 'problems of recall, fatigue and recent events all affect self-reports of social networks'. In terms of the self-report nature of the method this can impact on the reliability of the data provided, as it may prove difficult to substantiate the data. Also, as the completion of the research measure generally involves gathering the data from the individual on one occasion, other factors may determine the outcome, for example current relationships with members of birth family, friends and others. The inclusion of measures of perceived support can strengthen the interpretation of the data provided by social network measures (Tracy & Bell, 1994).

Measuring social networks does not necessarily provide a definitive account of how socially integrated an individual or client group are, but it can indicate the relationships that exist in people's lives, their variety and inter-connectedness, as well as the function, purpose and value of the relationship. Brisette, Cohen & Seeman (2000) consider both structure and network density and their relevancy to understanding social integration. For the purpose of this study, structure is important as it refers to the stability of an individual's link with a particular network. Network size has also been considered in terms of structure but, as referred to previously, on its own it is not necessarily a good indicator of an individual's level of social integration (Tracy & Catalano, 1990). The variety of an individual's set of networks is also important. Their varied formal and informal links can be useful in considering how connected the young person is. As an example, Brisette, Cohen & Seeman (2000, p.73) list the following characteristics of social networks as having relevancy to health:

- Range (size)
- Density
- Degree
- Reachability
- Boundedness
- Cliques
- Clusters
- Components
- Dispersion

**Measuring Social Networks of young people with Care experience:**

In the present study the characteristics of the social networks of the young people are considered in terms of their composition, the significance and importance of the individual elements to the young people, the type of support obtained from these individual elements, and the connection between Care and the overall social network experience of the study group.

The use of Social Network measures in the study of young people who have experience of the care system, and, in the case of the present study, who have experience of long-term foster care, has not been researched extensively. This is despite its use in clinical settings (Tracy, 1990) and, as detailed in previous chapters, the beneficial findings in terms of working with special populations, for example, elderly people (Choi & Wodarski, 1996), people with mental health difficulties (Walsh & Connelly, 1996), and visually impaired adolescents (Kef, Hox & Habekothe, 2000). Kemp, Whittaker & Tracy (1999, P.114) refer to the use of the social network measure used in the present study, The Social Network Map (Tracy, 1990), in ‘a home-based family service program, in a large youth-serving organization, and within Head Start early intervention’. Social Network measures provide an informative

approach, yielding valuable data and will therefore add to the current body of knowledge on the subject group in the present study, and, in addition, it points the way to further research on the subject. By gaining a better understanding of the subject group's social networks, this can provide important insights to their experience of the care system.

### **3.2 Research Approach:**

The methodological approach in the present study utilises both qualitative and quantitative measures, but the approach is primarily qualitative with the quantitative measures functioning to both support and corroborate the qualitative findings. The qualitative element of gathering data can be broadly broken into 3 categories: (a) General information concerning the young person's social network, including the type and nature of the elements of their social network, their feelings as to the significance of certain individuals and groups from the network, why they link in with certain individuals and groups, and whether they have been encouraged in both forming and sustaining a social network and who encouraged them to do so; (b) the significance of social networks will explore the value the young person's places on the various elements within their network, what they perceive as the benefits of having a social network, and if they perceive any negative effects of some of the elements of their social network; (c) The connection between 'care' and social networks will be considered and questions will focus on the young person's attitude and feelings as to whether being in care influenced their involvement with a social network, their ability to form links with individuals and groups, their friend's attitude and knowledge of their care status, and for the left care group, whether the transition out of care resulted in any change in their social network. Other issues concerning the potential connection

between 'care' and the young person's social network will be addressed.

The Quantitative data will provide a profile of each of the young people as well as providing relevant data to be included in the overall analysis. General statistical data gathered will include the following: age and gender of young person, birth family location, reason for admission to care, whether the young person is in education, training or work. For the in care group, data collected will include, length of time in care, length of time in current placement, number of separate placements during the young person's care history, location of current placement (to protect confidentiality neither the actual location of the young person's birth family or their current location will be identified), and whether they had to change school due to changes in placement. For the group of young people who have left care, data gathered will include, length of time in care, length of time out of care, number of placements and locations during time in care, whether they are in education, employment or training, their age when they left school, whether they had to change school during their time in care and the reasons for this, and where they are currently residing, i.e. living independently, still with foster carers, with birth family, or other.

In addition, further quantitative social network data will be gathered for both groups and this will include, identity of individuals and groups from the young people's social network, and the overall density of their network.

Integrating both Quantitative and Qualitative methods has distinct advantages, in particular, it '(a) proffers increased validity due to the triangulation of methods; (b) provides an opportunity to take advantage of the strengths of each approach; and (c) allows congruence with the principles of social work to study things holistically, in context, and from more than one frame of reference' (Cowger & Menon, 2001, p.477). In reference to

triangulation, the use of qualitative and quantitative measures allow for this, by both confirming and complementing each other. In effect, the qualitative extends the quantitative by adding depth, not forgetting the dominance of the qualitative in the present study. The literature in research methodology has traditionally placed each of the above methods in two distinct camps with little inter relationship. Qualitative research has its foundations in interpretative social science and views the researcher as the research instrument. Its focus is on understanding, meaning and context. In summary, it uses a diverse collection of approaches to generate knowledge that is grounded in human experience (McDermott & Share, 2008). In contrast Quantitative methods have an objective reality and its outcomes are presented as numbers and statistics. The emphasis in this approach is on standardisation and control with a deductive testing of hypothesis. Also the sample group are viewed as research subjects as opposed to Qualitative where they are seen as research participants/informants (McDermott & Share, 2008).

### **Mixed Methods Approach:**

In categorising the research approach in the present study, the description 'a mixed methods approach' provides the most accurate general description. Burke Johnson, Onwuegbuzie & Turner (2007) summarise various definitions of this approach by recognised 'leaders in the field' and these generally highlight the integration of both quantitative and qualitative data so as to provide a more detailed understanding of a particular issue or issues. However, describing the present research approach as simply 'mixed methods' does not provide the complete picture and within this approach there are various types of mixed methods (Burke Johnson, Onwuegbuzie & Turner, 2007). Earlier, reference was made to the dominance of the qualitative approach to the present study and that the quantitative measures were a support

to this overall approach. This closely reflects the definition of *qualitative dominant* mixed methods research, a ‘type of mixed research in which one relies on a qualitative, constructivist-poststructuralist-critical view of the research process, while concurrently recognizing that the addition of quantitative data and approaches are likely to benefit most research projects’ (Burke Johnson, Onwuegbuzue & Turner, 2007, p.124).

Research studies that have considered the subject of young people’s experience of the care system have predominately used qualitative methods, where the detailed experience of the young person can be obtained, For example, studies from the UK such as Stein & Carey (1986), and studies in Ireland such as Fahy (1995) and McGree et al (2006). However, some studies have integrated Quantitative data to their research element, where such data as number of placements and length of time in each placement was sought. In Ireland, Daly and Gilligan’s study (2005) on ‘The educational and social support experiences of young people aged 13-14 years in long term foster care ‘was largely an exploratory study, due mainly to the lack of research on the topic of young people in care in this country’. The authors justify the use of a quantitative approach due to this exploratory nature of the study.

The Integration of both qualitative and quantitative methods has distinct advantages for the present study. The quantitative element provides important data on the care profile of the young people as well as information relating to their social network. The above data informs the qualitative data, which, in turn, provides detailed narrative from the young people about their social network experiences from prior to their admission to care, during their time in care, and also, in the case of the left care group, since they formally left the care system. In relation to the analysis

of both the qualitative and quantitative data, each of the methods were analysed individually and their findings combined to answer the three research questions detailed above. The data from the Social Network Map and grid (Tracy & Whittaker, 1990) was analysed both individually, following the instructions in its administration, and the results combined to provide an outcome for the entire study group. This data greatly informed chapter 4 in determining the composition of the individuals and groups that composed the young people's social networks, but it also influenced the analysis in chapter 5 of the significance and importance of these individuals and groups.

The Social Provisions Scale (Dolan, Cutrona & Russell, 2005), which was also analysed following the authors instructions on administration, corroborates data from both the Social Network Map and the semi-structured interview by highlighting the young people's perception as to the source, type and level of support obtained from the individuals that are important to them. The qualitative data from the semi-structured interview provides narrative from the young people in relation to such issues as support and encouragement, for example, the significant role of the foster carer/s in the lives of these young people. The various elements in all three measures have similar themes and consequently inter-relate despite some difference in administration and general approach. Each measure addresses the young person's relationship with their family and friends, their foster carers and significant individuals and groups within their community. As referred to above, this facilitates confirmation of data from the three measures. Finally, within the semi-structured interview, the central qualitative measure in the present study, certain elements were analysed using SPSS, with relevant, appropriate and valid narrative from the young people presented to explain and expand upon a particular finding. In conclusion, all three measures complemented each other well and

addressed the three research questions. Ultimately, the combination of all the data greatly informed the central issue pertaining to the present study, namely the connection between Care and the Social Network experience of young people who have experience of long-term foster care.

### **3.3 Research Methods:**

As outlined above the research approach used in the present study was primarily qualitative (the semi-structured interview), with the addition of two standardised quantitative measures (Tracy & Whittaker's Social Network Map and Dolan, Cutrona & Russell's Social provision Scale).

#### **The Social Network Map:**

Tracy and Whitaker's (1990) Social Network Map has been described as enabling the 'collection of information on the total size and composition of the network and the nature of relationships within the network as perceived by the person completing the map' (Kemp, Whittaker & Tracy, 1999, p.109). The development of the Social Network Map was as a result of a need to provide a quick method of identifying and assessing network membership and social supports to families that were deemed to be 'at risk' (Tracy, 1990). It has, since its original publication, been used in various settings as it provides rich and detailed information concerning various aspects of an individual's social network, including the identification of the composition of the network, the quantity and quality of the support provided, as well as the length of time the individual has known the individuals and groups identified and how often they have contact with them. Also, the Network map considers direction of help, types of support provided to the individual, whether the individual experiences criticism from individuals within their network, and how close they feel to the people they have identified. Tracy & Whittaker's Social Network Map has been used both in clinical

practice settings and also in a number of research projects (Kemp et al, 1999). As the authors highlight, the Map has been used in Research Projects in the US, Canada, the UK and Holland.

The use of the Map in the present study is justified as it provides a detailed picture of an individual's Social Networks and the type of support they obtain from each of the individual elements. Furthermore it expands on this by providing detail on the individuals with whom the subject interacts, for example their ages and the nature of the relationship with the individual. For the purpose of the present study it provides an initial visual tool of assessing the individual networks and the perceived availability of social support, and more specifically relating to the research questions in the present study, the data indicates the composition of the young people's network's and the degree to which they are significant and important to the study group, as well as the nature of support provided. The Network Map was initially devised to assess the networks of families 'at risk' but it has been used in other clinical settings and with special populations, including, family group conferencing, family preservation, mental health services, substance abuse services and family support services (Tracy, 1990). Its use with the subject group of young people who have experience of the care system can be justified as they represent a further potentially vulnerable group and special population in research terms.

Earlier, in discussing issues relating to social network measures, certain limitations were highlighted in the use of such measures. The Social Network Map has been critiqued in the literature (Hill, 2002) and the authors themselves have highlighted some of the limitations of this and other 'self-report' measures (Tracy & Whittaker, 1990). This self-report nature creates problems if the Social Network Map is used on its own as the data is wholly

dependent on the subject's response. This makes it 'difficult to subject to usual tests of reliability' (Tracy & Whittaker, 1990, p.468). To be specific the Networks that are identified during one test may be different to those that are produced at a later date. In addition, the Map is heavily dependant on perceived social support and it can be difficult to corroborate the information provided by the subject, but it is important to acknowledge the usefulness of assessing perceived social support has been well documented (Wills & Shinar, 2000). It has also been acknowledged that Tracy and Whittaker's Map does assist the researcher in comprehensively analysing the subject's network but that 'this very thoroughness results in some loss in ease of use and holistic clarity. The textual content is high, but the visual impact is low' (Hill, 2002, p.245). The addition of other measures of perceived support to support and corroborate the data from the network map has been recommended (Kemp, Whittaker & Tracy, 1999).

In assessing the suitability of the Social Network Map for the present study, various alternatives were considered. Cohen's Social Network Index (Cohen et al, 1997) is a questionnaire that details the number of people an individual has contact with on a regular basis. In addition it considers group membership, network diversity, network density and embedded networks. As such, the Social Network Index can provide important network data on individuals and sample groups. However, it has limited use with the group of young people who have experience of long-term foster due to its greater suitability for adults. Also, the Social Network Index lacks the visual tools that are provided by Tracy's network map and grid and does not provide significant detail on the types of support provided, for example, practical and emotional support and information and advice. The Network of Relationships Inventory (Furman & Buhrmester, 1985) is a measure that assesses relationship qualities with significant

people in an individual's social network. However, it is limited in terms of the present study, as it does not provide a comprehensive indication of the individuals that form a part of the young people's network. Also, it does not include involvement in organised groups and activities, which is central to the current discussion.

**The Social Provisions Scale:**

The Social Provisions Scale (Cutrona & Russell, 1990) is a research measure that provides a clear picture as to subject's perceptions of the type, degree and nature of the support available to them. It asks the subject questions about parents, friends, siblings and adults in the community, and probes them to reflect on the support provided by these groups. The four categories of support that are included in the scale are 'tangible support, emotional support, esteem support and advice support' (Dolan, 2006, p.199). Professor Carolyn Cutrona of Iowa State University and Professor Pat Dolan of NUIG (Dolan, 2005) devised a child/adolescent version of the scale for use with a community-based sample and this is the version used in the present study. It has relevance for the subject group in the present study as it allows the young person to reflect on their feelings as to how supported they are by the significant people in their lives. An additional section on Foster carers was added to reflect the needs of the subject group of young people who have experience of long-term foster care. Similar to the social network map, the data generated relates to perception and type of support and this has direct relevance to both social network composition and the significance and importance of individuals to the young person.

The particular applicability of the Social Provisions Scale is that it complements the Social Network Map in terms of type of information sought and relevance to research questions. In discussing potential limitations Dolan (2006) recognises that the

measure has primarily been used in the US and its applicability to young people from Ireland is a relatively new phenomenon. He also raises potential issues due to the self-report nature of the scale. As indicated above, the combination of the two standardised measures in the present study helps to strengthen the findings. There are alternatives in measuring perceived social support, including, The Perceived Social Support Scale (Procidano & Heller, 1983), The Social Support Inventory (Timmerman, Emanuels-Zuurveen & Emmelkamp, 2000), The Social Support Questionnaire (Sarason et al, 1983), The Social Support Appraisals Scale (Dubow & Ullman, 1989), and, The Multi-dimensional Scale of Perceived Support (Zimet et al, 1988). All of these measures were considered in the research planning stage of the present study, however, the child/adolescent version of the Social Provisions Scale (Dolan, Cutrona & Russell, 2005) was more straightforward in terms of administration, more applicable to the client group, and the categories complemented the Social Network Map. In addition, the findings from the SPS informed and supported the data from the semi-structured interview.

**The Semi-Structured Interview:**

The author of the present study developed a semi-structured interview schedule and this focussed attention on various aspects of the study group's Social Networks, including, their friends, birth family and foster family, education/training, social/leisure activities, and general questions concerning their social networks and experience of care. This format was consistent throughout the interview process for all of young people, but there was a slight change for the left care group to reflect their own particular situation and the fact that they had formally left care. In formulating the semi-structured interview, the emphasis was to both complement the two standardised measures as well as providing narrative from the young people. The semi-structured format was advantageous in the present study because it did

provide a high degree of consistency but also allowed the interviewer to probe further at times. As such it was adaptable and allowed the interviewer to 'follow up ideas, probe responses and investigate motives and feelings' (Bell, 1999, p.135). This adaptability has been highlighted in other studies concerning the same subject group (McGree et al, 2006). The broad format for the Interview was based on potential elements within the young people's social network. The identification of these elements was informed by related literature, as detailed in earlier chapters, as well as the categorisation used in the two standardised measures. In general terms the elements would be consistent with those identified in literature that addresses the issue of social networks and young people (Cotterell, 1996). Within each section of the semi-structured interview greater detail was sought in terms of the young people's experience of each element of their social network currently and from before they were admitted to care, during their time in care, and, for the left care group, since they were discharged from the care system. As such there was a retrospective and current element to the data collection. In particular, emphasis was placed on whether they received support/encouragement to maintain contact with people and groups that are important to them. Also, the connection between the young people's care status was considered in terms of their social network experience.

The literature has highlighted the risk of bias in the Research Interview. This will be explored later when discussing ethical issues, however, Bell (1999) recommends the importance of acknowledging this risk and for the researcher to be conscious of it during the actual interview process. This inter-relationship between the interviewer and the informant is crucial to the process and 'the interviewer's ability to transfer authority to them (the informant) is essential to produce credible and trustworthy

information about a social problem, at least from the perspective or particular interviewees' (Goodman, 2001, p.311).

### **3.4 Sample Selection and Recruitment:**

The present study considers the social networks of young people who have experience of long-term foster care in the North West Area of the HSE (previously the North Western Health Board). The geographical area consists of the counties of Sligo, Leitrim, West Cavan and Donegal. At the beginning of the study, these three counties were managed by one single regional management structure, but within approximately a year of the start of the study, due to the dissolution of the Health Boards and the setting up of the Health Services Executive, this changed to the current situation where Counties Sligo, Leitrim and West Cavan are managed by one structure and Donegal is separately managed. In terms of planning the research study it was decided at an early stage that there would be two distinct elements to the data collection phase that would reflect the separate geographical areas. This was due to pragmatic reasons due the large geographical size of the study area. Data was initially collected from the Sligo/Leitrim and West Cavan geographical area. The interviews in this phase took place between June 2008 and January 2009 for both groups i.e. in-care and left care. The second phase of interviews, which focussed on the Donegal area, took place between April 2009 and September 2009.

As indicated there were two groups of young people who were interviewed for study. These were: (a) a group of young people who were currently in long-term Foster care, and (b) a group of young people who had left care but during their time in care had experience of long-term foster care. As a significant element of the study involved the young people reflecting on their experience of care it was appropriate to consider both groups. The added dimension of the left care group in term of their current

experience would, it was felt, be important to include, also, the inclusion of both groups would allow for appropriate comparisons to be made. In addition, as outlined in earlier chapters, the literature has highlighted how young people who have left care are particularly vulnerable to social isolation and poor social support experiences. An examination of their social network experience was therefore justified. All the young people from the study group had experience of long-term foster care and all met the stipulated criteria.

In reference to the criteria the literature provides a number of definitions of 'long-term foster care'. An American study by Fein, Maluccio & Klugan (1990) adopts the guideline of two or more years as an agreed characteristic of long-term foster care. Gilligan and Daly (2005), in an Irish study of young people in long-term foster care, considered a minimum of one year as being an appropriate amount of time and, due to the discussion of certain similar themes and the fact that both studies relate to children in care in Ireland, this is the guideline adopted for the present study.

For the **in-care** group, the selection process also stipulated that they were aged from thirteen to seventeen inclusive. The reason for this was that, as some of the questions posed and tools adopted required a degree of understanding and knowledge, this age group would be in a better position to reflect on the questions and complete the interview. A further criteria for this group was that they were in foster care for at least one year at the time of the interview (either general or relative foster care). It is important to acknowledge that for some of the young people foster care may not have been their only placement during their care history to date and that some of the young people had experienced placements in residential care.

For the **left care** group, the selection process stipulated that they were aged from eighteen to twenty-one inclusive. For this

particular group there had to be some restriction placed on the numbers in the population due to the potentially large numbers who have been in foster care and have now left the care system. A further criteria for this group was that they had been in foster care for at least one year during their time in care and that they had been in Foster care at the time they left care. Similar to the in-care group, some of the left care group had experience of residential care during their care history.

**Population Size:**

The population size was determined prior to the beginning of the process of contacting Birth Parents for consent. In the case of Sligo/Leitrim the number of young people who met the criteria was collated in May 2008 and for Donegal this took place in February/March 2009. The purpose of this was to ensure that the most up to date numbers were captured due to the size of the population not being static. The Social Work and Aftercare Databases provided the names of the young people. Following this, contact was made with the relevant Social Worker and Aftercare Worker to discuss the young person’s suitability for the study and to ascertain further contact details. For those young people who had left care and had decided not to take up the offer of a service from the Aftercare team, these young people’s contact details were provided from the relevant Social Work Database.

<b>Sligo/Leitrim Population:</b>	
<b>(Total no. of young people who met the criteria for admission in the study as of May 2008)</b>	
<b>In-care population</b>	<b>31</b>

<b>Left care population</b>	<b>25</b>
<b>Total population</b>	<b>56</b>
<b><u>Donegal Population:</u></b>	
<b>(Total no. of young people who met the criteria for admission in the study as of February/March 2009)</b>	
<b>In-care population</b>	<b>22</b>
<b>Left care population</b>	<b>11</b>
<b>Total population</b>	<b>33</b>
<b><u>Combined populations: (Sligo/Leitrim and Donegal)</u></b>	
<b>In-care population</b>	<b>53</b>
<b>Left care population</b>	<b>36</b>
<b><u>Combined total</u></b>	<b><u>89</u></b>

In total, eighty-nine young people met the criteria for selection in the study. At the time of initial selection discussion took place with all of these young people's social workers/aftercare workers as to the appropriateness of the young person being interviewed. Following this it was agreed that the process would not be initiated for eight young people. The reasons for this included recent family bereavement, learning disability which would make it difficult for the young person to comprehend the process, serious health problems, current challenging circumstances in the young person's life, and, in one case, due to the fact that there currently wasn't an allocated social worker who could assess the young person's suitability for their inclusion in the study. Of the remaining eighty-one young people the process was initiated in relation to making contact with birth parent/s and

seeking informed consent (for the in-care group), and contacting the young people from the left care group directly seeking their consent to participate. This process will be outlined in greater detail in the ethical discussion, but the flowchart below summarises the main elements:

**(In relation to both groups, initial consent was provided by the responsible Senior Child Care Manager - HSE-West).**

**In Care Group:**

**Young person's name obtained from Social Work database**



**Contact made with Social Worker to ascertain all contact details and suitability.**



**Letter to Birth Parent/s re consent.**



**Telephone call to birth parents**



**If consent given, letter to young person and foster carers.**



**Telephone call to young person and foster carers.**



**If young person willing to participate appointment made and interview conducted.**

**Left Care Group:**

**Contact details obtained from social work and aftercare database.**



**Contact made with Aftercare worker (where appropriate)**



**Letter sent to young person.**



**Telephone call to young person.**



**If young person willing to participate, appointment made/interview conducted.**

Following the above process, consent was secured for thirty-eight young people from the overall population (this represented 47% of the total population prior to the beginning of the recruitment process). This corresponded to twenty-one young people who were currently in-care and seventeen who had formally left the care system. In terms of the size of the study group 47% represented

nearly half of the total population and as such was adequate to allow for an acceptable level of depth of analysis.

**Profile of study group:**

In terms of the profile of the study group, the data below outlines details relating to age range and gender of the study group, as well as the initial reason for their admission to care. The age range of the thirty-eight young people is included in **Figure 2** below:

Age range of young people from study group		
	Frequency	Valid Percent
14	4	10.5
15	3	7.9
16	8	21.1
17	6	15.8
18	4	10.5
19	5	13.2
20	6	15.8
21	2	5.3
Total	38	100.0

*(Figure 2: Age range of study group)*

The gender profile is included in **Figure 3** below:

Gender profile of study group		
	Frequency	Valid Percent
Male	15	39.5

Female	23	60.5
Total	38	100.0

(Figure 3: Gender profile of study group)

Finally, in terms of the young people’s profile, information was gathered in relation to the initial reasons for the young person’s admission to care (In the case of one young person this data was not available). These are included in **Figure 4** below:

Initial reason for admission to care		
	Frequency	Valid Percent
Physical abuse	1	2.7
Sexual abuse	1	2.7
Emotional abuse	3	8.1
Neglect	6	16.2
Parents unable to cope	15	40.5
Parents drugs/alcohol	3	8.1
Other	8	21.6
Total	37	100.0
Missing	1	
Total	38	

(Figure 4:Initial reason for admission to care)

As indicated above thirty-eight young people took part in the present study, for the remaining forty-three consent was not given by either birth parents or the young person themselves. There was no indication from the statistical profile of the young people who did not participate in the study that their social network experience was significantly different to the participating group. This group did not present with diverse profiles, for example in terms of length of time in care, number of placements,

number of admissions to care and location of placement relative to original locality. At the time of selection the entire population (eighty-one young people) met the criteria for selection as detailed above, so, in this specific sense, they were a homogenous group.

### **3.5 Ethics in general:**

Ethics and ethical dilemmas in research have justifiably earned greater attention and significance over the past 30 to 40 years due to both a belief in the importance of protecting the individuals and groups studied but also a recognition that there were questionable research practices in various historical studies from the last century (Reamer, 2001). In reviewing a selection of the literature concerning an ethical approaches to research, the following principles are generally agreed upon - clarity in the aims and objectives of the study, honesty with and a responsibility to the subjects, and a commitment 'not to harm' (Kane, 1995, Bell, 1999). With the emphasis on examining ideas and testing hypotheses, an ethical approach in research is now a fundamental element in any study and all professions who engage in research and value the process must address this issue. Indeed the past 20 years has seen various professional bodies from the U.S.A., the U.K. and Ireland, including the Social Work profession, provide guidance and advise on ethical standards both for professional practice and for those who engage in research (N.A.S.W., 1996, B.A.S.W., 2010, I.A.S.W., 2006). These standards are agreed approaches both in terms of the philosophical/moral considerations as well as a practical guide to conducting research. Conducting research with what is perceived to be a vulnerable group can present specific dilemmas, and researching such a group is challenging for the researcher and demands careful thought and consideration of the methods and process adopted (Duerr Berrick, Frasch & Fox, 2000, McAuley, 1998).

### **Ethics and researching the experience of children and vulnerable children:**

It is only relatively recently that there has been a growing realisation by the providers of services to children of the need to listen to the views of the young people themselves (Curtis et al, 2004, Heptinstall, 2000). This change has been influenced by the development and reform in legislation concerning children both here and internationally. The Irish legislation, The Child Care Act, 1991, in a new departure which mirrored the legislative development in the U.K., introduced the principle of taking into account the views of the young person themselves, 'the right, subject to age and capacity, to have 'due consideration' given to his or her wishes (s.3.2.b.ii)' (Gilligan, 1992-1993). On the international stage and both preceding and influencing the above legislative reforms, Article 12 of the United Nations Convention on the Rights of the Child (1989, Article 12, 1) included the following, that 'State parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.'

These legislative changes are not seen in isolation and can be viewed alongside the corresponding development in attitudes and approaches in social research (McAuley, 1998). This development has been summarised as viewing children 'as subjects not objects of research' (Curtis et al, 2004), who, for example, as service users, can provide feedback and input into service provision (McGree et al, 2006). With the ultimate aim of enabling and ascertaining the views of young people, there is the corresponding need to ensure that they are not subjected to exploitation and that clear standards are adhered to. McAuley (1998, p.166)

provides a cautionary note, 'Research which assumes that children are subjects who, in turn, have the right to participate is immediately faced with a number of ethical and methodological issues.'

Studies from both the UK and the US have focussed on including the views of young people who have experience of the care system (Baldry & Kemmis, 1998, Mike Stein 1986, Bogolub & Thomas, 2005). Gaining access to young people who have experience of the care system is not without its difficulties and challenges and the process can take a considerable period of time (Munro, Holmes & Ward, 2005, Heptinstall, 2000). It has been highlighted that one of the obstacles to accessing the young people's views can be the responsible statutory organisation itself, who may be reluctant to involve the young person due to concerns that it may cause them distress (Heptinstall, 2000, McAuley, 1998). What can happen is that, in a belief that we are protecting the interests of the young person, the adults can refuse access to this group, even though the young people themselves have expressed a desire and interest in expressing their views (Thomas & O'Kane, (1998 a & b), Gilbertson & Barber, 2002). Indeed studies have highlighted how strongly this group wish to participate in such research studies (Curtis et al, 2004).

The common ground in the literature concerning research with young people includes the following principles: a respect for privacy and confidentiality, informed consent, parental consent, a clear vision of the purpose of the research and an analysis on how the research will impact on the child. For the group of young people who have experience of statutory care, there is an anxiety amongst researchers, and indeed the professionals who work with them, that involving them in research is a path which is fraught with ethical dilemmas, virtually impossible to gain access to and ultimately lengthy and time consuming. This may account, in some way, for the lack of research in this country that focuses on

the young person as the subject. Gilbertson & Barber (2002, p.253) summarise Gilligan (2000) who 'argues that there are pragmatic, therapeutic, ethical, philosophical, management and legal reason for listening to children in care'. Taken together, these amount to respecting their rights and dignity, promoting their recovery from adversity, and promoting their self-expression and development. Not including the views of the young person is missing a valuable source of data and ultimately not providing the complete picture. Inevitably there are obstacles and challenges with his type of research, but by adhering to basic principles and standards these obstacles are not insurmountable. In the conclusion of a discussion paper from a relatively recent study, where the authors shared the dilemmas of research with children, the following question was posed: 'Is our research project a legitimate and positive experience for children and young people?' (Cree, Kay & Tisdall, 2002,p.54) In answering this question the authors highlighted how the young people in question wanted their opinions and views heard, and the study provided the opportunity to do so. This sentiment has been echoed elsewhere in the literature (Scott, 2000).

### **Ethical Implications for Research with Children in Care:**

Below I will set out the key implications and considerations for research with children with care experience.

**Purpose and impact of research:** A clear vision of what the research aims to achieve and the effect it may have on the study group should be considered (Glasgow Centre for the Child and Society, Code of Practice on Research Ethics, Undated). In approaching the subject group of young people who are in statutory care, the researcher must ask themselves whether the study will have any positive and/or negative effects on the young people in question, also, what benefit, if any, may come out of the

work (Alderson, 1995). This cost / benefit analysis has been highlighted elsewhere (Shaw, 2003) and it's purpose and importance is to encourage critical thinking as to the potential outcomes for the subject group in proceeding with a research study.

**Consent:** The issue of consent in research with children is one that raises most discussion and debate (McAuley, 1998). The issue is not a simple one nor are there straightforward solutions. However, consent, and specifically informed consent, remains important for an ethically approved study. The age of the child and their level of understanding are significant, and, in relation to their ability to understand what they are agreeing to participate in, guidance from a 3<sup>rd</sup> party such as a social worker, other professional, or indeed foster carer may need to be sought. In general, gaining access to children for research purposes involves 2 distinct issues. One concerns the need for parental consent, the second being the consent of the child. In terms of the former, for children in care this may present an immediate dilemma, as they are legally 'in the care' of the state. In Ireland, a child may either be in 'voluntary care' or subject to a 'Care Order.' The former refers to a situation where the parent or parents give consent to the child being admitted to care and retain parental rights. When a child is subject to a Care Order, the Order gives the statutory authority 'like control over the child as if it were his parent' (Child Care Act, s.18.3).

The process of gaining access to a sample group such as children in care inevitably begins with the responsible statutory authority (Munro, Holmes & Ward, 2005, Baldry & Kemmis, 1998, Duerr Berrick, Frasch & Fox, 2000, Heptinstall, 2000, Gilbertson & Barber, 2002). Agreement to proceed with a study and to make contact with birth parents, foster carers, social workers, and

children must be sought. In relation to parental consent there has been debate as to whether this is necessary, both from a legal and ethical perspective, for children who are in statutory care (Bogolub & Thomas, 2005). Debate has focussed on how the process could be more streamlined if the consent of the birth parent could be dispensed with, the argument being made that consent has already been granted by the responsible statutory authority, in whose care the young person resides (Bobolub & Thomas, 2005, p.274-277). However, the discussion is influenced by cultural understandings combined with legal interpretations. In the Irish constitution parental rights hold significant weight (Article 41, Constitution of Ireland). The debate as to whether the consent of the birth parent is necessary therefore can become redundant and, by approaching the study in an ethically responsible manner and by contacting the parent or parents, seeking their informed consent to allow their child participate, values and respects their position as parents. Informed consent for both Birth Parents and children assures that their agreement to participate is secured following a process of information and consultation where the purpose of the study is outlined and questions and/or concerns are addressed (Society for Research in Child Development, 1990-1991; Glasgow Centre for the Child and Society, Undated).

**Privacy and confidentiality:** It has been highlighted that responsible statutory authorities anxiety about ensuring client confidentiality can be a major barrier to researchers who wish to undertake studies concerning children who are in statutory care (Cree, Kay & Tisdall, 2002, Gilbertson & Barber, 2002, Gilligan, 2000). Certainly, agreeing a process of ensuring this confidentiality is essential in an ethically responsible study, but the anxiety of the responsible authority, which, in effect, is the gatekeeper to the study group, can sometimes result in a negative

response when they are approached about such studies. This exists despite evidence that strongly highlights the young people's wish to be involved in such a process of consultation and 'have things that they want to say' (Gilbertson & Barber, 2002, Curtis et al, 2004).

In terms of discussing privacy and confidentiality in research studies with children who are in statutory care, there are the practical considerations that the researcher must adhere to, but there are also other reasons why adopting such an approach is necessary. Confidentiality encompasses both gaining access to a sample group and addressing consent issues (Cree, Kay & Tisdall, 2002). Its importance is linked with general principles characteristic of an ethically responsible study, including being clear as to the aims and objectives of the study, a commitment not to do any harm and a respect for the participants in the study. Being clear at the beginning as to what is meant by anonymity and confidentiality makes the process more manageable (Bell, 1999). Essentially disseminating research findings can involve recounting quite personal details of the subject's life. Ensuring that individuals cannot be recognised from the findings is important. This task becomes more difficult in smaller studies involving a limited population from an identified geographical area. In addition it has been highlighted how challenges related to confidentiality are greater in qualitative research as opposed to quantitative research where techniques can be employed to ensure anonymity (Shaw, 2003).

A further question to be considered is whether it is possible to guarantee complete confidentiality. Again, this has been addressed in the literature concerning research with vulnerable children (McAuley, 1998, Cree, Kay & Tisdall, 2002). The difficulties arise when, during the research interview, the young person discloses information that may put either them or others at risk. In such circumstances a previous assurance of complete

confidentiality becomes an onerous responsibility for the researcher. There are ways of addressing this issue and clarification with the young person as to the limits of confidentiality at the beginning of the process allows the researcher the ability to pass on potentially harmful information. A protocol detailing the situations where the confidentiality clause can be circumvented in addition to what happens after a disclosure, who is informed and what support is provided to the young person is essential (Munro, Holmes & Ward, 2005). Practical strategies to ensure confidentiality include a safe and secure method of storing data, the use of codes as opposed to names for the subjects (also, filing subjects names and contact details separate to transcripts and case summaries), and agreeing a procedure to destroy data on the completion of the study that could potentially identify the subject.

**Issues of power in the research relationship:** In interviewing children, in particular vulnerable sub-groups of children, acknowledging the unequal relationship that exists between researcher and subject allows for a more transparent perspective on the potential for individual subjects to be adversely influenced during the interview process. For children in care, all adults may be perceived as individuals with power and authority and they subsequently may be reluctant to or refuse to co-operate, perceiving a refusal as having a negative consequence for them (Kane, 1995, Mayall, 1994, Lansdown, 1994). Also, in terms of gaining consent from Birth Parents, this too can raise issues of power, as the parent may also perceive giving a negative response as potentially resulting in unwanted consequences for them. To address this ethical concern, a clear, honest and open approach by the researcher during the selection procedure and in gaining consent can help in providing an accurate picture as to the

genuine willingness of the individual to take part in the study (Curtis et al, 2004).

Issues of power and both the young person and birth parent's consent takes on a further dimension in cases where the research is conducted by individual or individuals who work for the agency that has a professional and, in some cases, statutory involvement with the subject group (Shaw, 2003). 'Insider research' places a greater responsibility to ensure that the subject freely participates (Curtis et al, 2004). However, it has also been documented that this type of research can have its advantages as the researcher may be more aware of the issues involved and how best to approach the subject group and to gather the appropriate and relevant data (Bell, 1999, Hill, 2005).

**Practical steps in relation to approval and ethical considerations for present study:**

Prior to accessing a sample group for the present study, applications were made to and approval given by the Research Ethics Committee's for both Donegal and Sligo/Leitrim. The present study involved accessing a sample group from both geographical areas and as each area was administered by separate Ethics Committees within the HSE application was made for ethical approval to two ethics committees. Due to the nature of the subject group studied, the Ethics Committee raised issues related to consent/informed consent. Clarification was provided to both committees and final approval and favourable ethical opinion was provided from Sligo/Leitrim and Donegal in September and October 2007 respectively.

In terms of **consent issues**, initial permission to access a sample group was sought from the Child Care Manager who had direct responsibility for Children Services in both areas. This process involved both corresponding and meeting with the Child Care

Manager and outlining the purpose of the study and how, for example, issues of consent and confidentiality would be addressed. In addition clarification and procedures were outlined concerning the nature of the study, its aims and objectives, how the sample group will be accessed, and the proposed benefits of undertaking such a study.

As there were two sample groups in the study, one currently in-care and one who had left care, this raised differing issues pertaining to consent. In terms of the **Left care group** contacting the young people to obtain consent was a more straightforward process. They were all adults (over the age of eighteen) and were able to agree or refuse to be a part of the study. However, clarification was sought from their Aftercare Worker and/or previous Social Worker in terms of their competence to give such consent. Contact details were sought from the Social Work dept. and / or Aftercare service and an information sheet and covering letter was sent to the young person. This information sheet outlined the purpose of the study and why they were being contacted. It also explained that involvement in the study was voluntary. Subsequently the young person was telephoned and asked if they had received the information sheet, whether they understood what it was about, if they had any questions they wished to ask and whether they were willing to participate in the study. If they agreed an appointment was made to meet with the person at a venue that the young person was comfortable with. On this meeting it was again outlined to the young person the purpose of the study and again they were afforded the opportunity to ask any questions. They were then asked to sign a consent form agreeing to be interviewed and for the interview to be taped. The interview was then conducted. Throughout the process the young person was made aware that they could meet with either their Aftercare Worker, other professional, or another

adult whom they trusted to discuss the study and their participation in it.

For the **in-care** group the process was different as, following permission being granted by the Statutory Authority, contact was then made with the Social Worker for the young person. Contact details were sought for birth parent / parents, the young person and foster carers. Other issues discussed with the social worker included the young person's competence to understand the process and to give consent, whether there were any current issue in the young person's life which would make it inappropriate for them to take part in the study and clarification of whether the young person had contact with one or both parents and their current involvement in the young person's life. In relation to the final issue and in the case of some of the young people, contact was made with one parent as the other parent may be deceased or their current whereabouts were not known.

The issue of parental consent was central to this study and every effort was made to make contact with one or both parent. During this process the researcher took the lead in making contact with the relevant parties, but both Social Workers and Aftercare Workers were informed in detail about the study prior to any contact being made with birth parents or young people, as they could then be in a position to answer any queries raised by either group. This consultation with the workers was facilitated through meetings with the relevant social work and aftercare teams.

The next stage of the process involved a letter being sent to the birth parent/parents outlining the purpose of the study and consent issues. This was followed by a phone call to the birth parents and they were then informed of the purpose of the study and afforded the opportunity to ask any questions. They were also given the opportunity of meeting with the researcher if they wished. Finally they were asked if they would be willing to give

consent to their child taking part in the study. Subsequent meetings took place with some birth parents, if requested, where consent forms were signed, and in the case of other birth parents, they were happy to receive the consent form by post and return it to the researcher.

Following completion of the above stage of the process, letters and information sheets were forwarded to the young people whose birth parents had given consent. A letter was also forwarded to the young person's Foster Carers outlining in detail the purpose of the study. This was then followed by a phone call to the Foster Carers to inquire if the young person was willing to talk with the researcher about the study, also the Foster Carers were given an opportunity to raise any questions or concerns they might have. At this stage discussion took place with the young person about the information they had received, whether they understood this information and whether they would be willing to meet with the researcher to discuss the matter further. If they were agreeable a meeting was arranged with the young person at a venue they were comfortable with, generally their home or a HSE office, where they were again afforded the opportunity of asking any questions. If they were agreeable they were then asked to sign the consent form. The young person's Social Worker was made aware of the timelines in relation to this process and at all times they were able to talk to their social worker or other adult about the study and to ask any questions or indeed decide not to proceed with the interview. In terms of the young people from the present study group who were currently in the care of the HSE, all were subject to Care Orders.

**Privacy and Confidentiality:** The Confidentiality aspect and safeguards to ensue anonymity were outlined to all parties during the initial stages of the study. In relation to transcribing and tools used the young person's name was not used and a reference code

appeared at the top of the page. The young people were informed that all the information they provided would be treated as confidential, unless, they informed the researcher of an issue which could potentially put either themselves or others at risk. This was a potential dilemma for the researcher and to address this the researcher outlined the limits of confidentiality to the young person prior to beginning the interview. In the course of the interview process, no issue of concern of such a nature was raised. A further dilemma for the 'in-house' researcher is that some of the young people, and in the case of the present study only a small number, may have had previous contact on a professional basis with the researcher. To address this the young person was afforded the opportunity of talking with their Social Worker if they had any concerns, also the standardised nature of the semi-structured interview and tools used made the process the same for all of the young people interviewed.

The young people from the study group were also given assurances in relation to storage of data and were advised that all data with identifiable information, as well as taped interviews, would be destroyed following full completion of research study (Reamer, 2001). All names and contact details were stored separate to interview transcripts, and each transcript was identified by an individual code and not the young person's name. Corresponding to guidelines from the Sociological Association of Ireland, transcripts will be kept for 5 years following completion of study (Sociological Association of Ireland, Undated).

**Protection from distress:**

It is acknowledged that some of the issues raised during the interview process could cause distress or sadness for the young person involved, in particular issues related to contact with their birth family. Prior to the interview the young person was informed that if they found any issue upsetting then the process could be

halted. Also, prior to meeting with the young person, their social worker was informed that the interview would be taking place and to be aware that the process may cause some upset for the young person. The researcher approached the interview process itself in a sympathetic manner and listened to and observed the responses of the young person. The venue for the interview was important in this regard and the young person was informed that they could choose a setting that they were comfortable with. All of the in-care group choose their home. Upon completion of the entire interview process, the researcher made contact with all of the young people that were interviewed to ask them if they were happy with the process and if they had any concerns or anxieties following the interview. Also, it was agreed that a summary of the research findings would be sent to all of the young people who were willing to receive one following completion of the study.

In approaching the present study, the researcher was aware of the ethical dilemmas that present themselves when interviewing such a sample group as young people who have experience of the care system. The process of seeking informed consent from birth parents and young person, adhering to safeguards concerning privacy and confidentiality, protecting the young person from any distress, and acknowledging potential issues of power in the research process, contributed to an ethical approach in the present study. The significance of an ethically responsible approach in research has been highlighted both in the literature and elsewhere (Guerin, IASW Workshop—Research and Social Workers: An Introduction, 9<sup>TH</sup> March, 2006). It is important to report the experience of this subject group for a number of reasons, including, the fact that there is little research on their experiences in this country, their reflections on their experience can assist service planners in better meeting the needs of these

young people, and, most importantly, the young people themselves tell us that they have things that they want to say.

### **3.6 Research Implementation:**

This section will consider the interview process itself. It will include the process used prior to the actual interview in terms of contacting the young person, agreeing an appropriate venue, and ensuring supports available to the young person if required. The procedure prior to the interview proper will be discussed and as well as the techniques used during the actual interview and other relevant issues.

**Piloting:** Three pilot interviews were conducted prior to full implementation of the research process with the full study group. Two young people from the left care group and one from the in-care group were included in this process. This was a useful and necessary exercise as it provided an opportunity of assessing the suitability of the questions in the interview schedule, as well as allowing the researcher to ‘test run’ the research tools. Other issues such as timing of the interview, order of questions and interview techniques adopted were analysed following the pilot stage. The pilot interview process did not result in any significant change to either the interview schedule or the use of the research tools. It did result in four additional summary questions being included in the interview schedule. Their inclusion would, it was felt, provide an appropriate ending to the interview, it would also allow the young person time to further reflect on their own experiences, and subsequently generate important data. The pilot process also assisted the researcher in ‘fine-tuning’ appropriate research techniques as well as timing issues.

**Full Implementation:** The process of making contact with the **in-care** group has been detailed above. It can be summarised as follows:

- Following receipt of the birth parent/s consent form, a letter and an information sheet was forwarded to the young person.
- Simultaneously, a letter was sent to the Foster Carers outlining the purpose of the study and advising them that a letter had been sent to the young person. Furthermore, telephone contact was made at the same time with the young person's Social Worker advising them that the above letters had been forwarded. This was to ensure that the Social Worker would be in a position to answer any questions/concerns that the young person and/or the Foster Carers had. The letter to the young person and the Foster Carers indicated that contact would be made by telephone with the young person in two weeks following receipt of the letter.
- Initial contact was made with the Foster Carers who advised whether the young person had received the letter and information sheet and if they were willing to participate in the study. Also the Foster Carers were afforded the opportunity of asking any questions about any aspect of the study.
- If the young person was willing to participate the researcher then spoke to them and outlined the purpose of the study and gave the young person the opportunity to ask any questions. Issues concerning consent and confidentiality were then explained to the young person. Appropriate language, without the use of jargon and/or technical terms, was used during this conversation.
- The young person was then asked if they were willing to participate and if they were agreeable, a discussion then took place as to when and where the interview would take place. The young person was given a number of venue options. These were their foster home, a local HSE social work office, or the

The process was broadly similar for the **left care group**. In this case, however, as parental consent was not required, contact was made directly with the young person with the knowledge of their aftercare worker if they had one.

In relation to the actual interview, the young person was met at the agreed time and the agreed venue. The researcher introduced themselves to the young person clarifying their role in the HSE and that the present study was separate to this role. The literature has highlighted the significance of this stage of the interview process (Kane, 1995). Prior to beginning the interview the purpose of the study was outlined again to the young person as well as issues pertaining to confidentiality. They were also informed that they could withdraw from the study at anytime. They were asked if they had read the information sheet and if they had any questions from this. They were then asked to sign a consent form stating that they agreed to take part in the study and whether they were willing for the interview being taped. The young person had the option of the interview not being taped if this was their preference. None of the young people objected to the interview being taped. They were also asked if they wished to have another person in the room with them during the interview. One young person from the in-care group asked that their foster mother be present.

Generally the interview lasted from 45-60 minutes. If the young person wished to take a break this was afforded to them but none of the young people requested this. During the interview the

researcher was careful to observe for any signs of distress. It had been agreed that if this occurred then the young person's Social Worker or Aftercare Worker would be informed following the interview. However, none of the young people displayed any feeling of distress or unhappiness with any of the questions. Similar approaches have been adopted in other studies with the same subject group (Mc Gree et al, 2006).

Due to the nature of the semi-structured interview, interviewing techniques included the use of standard probes to ascertain greater detail on a specific question. Consideration was made of the use of appropriate tone, gestures and general manner, recognising their contribution to the overall quality of the interview (Kane, p.69, 1995).

Following the completion of the interview the young person was thanked for their contribution and they were also asked if the interview was difficult for them in any way. They were further asked if they needed to speak to their Social Worker, Aftercare Worker, or other person. None of the young people expressed a need to do this. The young people were also advised that a summary document would be produced following completion of the research study and they were asked if they would be willing to receive a copy. All of the young people were agreeable to this.

This section has provided a detailed account of the research implementation stage. It has traced this process from the planning stage, where the initial correspondence is sent to the young person, through to the actual interview and the approach and techniques adopted during this stage, and concludes with the post-interview stage, where measures implemented to ensure support for the young person are outlined.

### **3.7 Reliability and Validity:**

The present study is a research project examining the Social Network experience of a group of young people who have experience of long-term foster care. As has been outlined in detail above, a mixed-methods research approach was used in the present study, more specifically a qualitative dominant mixed-methods approach. This method recognises the dominance of the qualitative nature of the study but also values the use of quantitative measure in complementing and corroborating the findings. By striving to ensure reliability and validity in the research process it was important to 'emulate the scientific method in striving for empirical groundedness, generalizability, and minimization of bias' (Hammersly, 1992). Reliability has been defined as 'the extent to which a test or procedure produces similar results under constant conditions on all occasions' (Bell, p.103, 1999). Validity, on the other hand, 'tells us whether an item measures or describes what it is supposed to measure or describe' (Bell, p.104, 1999)

#### **Reliability:**

In defining reliability in qualitative research, Franklin & Ballan (2001, p.273) refer to the work of LeCompte and Goetz (1982) by describing the concept 'as the extent to which the set of meanings derived from several interpreters are sufficiently congruent'. In effect it relates to the extent to which other researchers using the same research approach would come to the same conclusions (Kirk & Miller, 1986). Miles & Huberman (1994, p.278) suggest a number of methods of assessing reliability specifically in qualitative research. They emphasise a number of issues, including the following:

- Clarity in the research question
- The importance of detailing the role and status of the researcher
- Do findings show meaningful parallelism across data sources?

- Were data quality checks made?
- Was peer review used?
- Are basic paradigms and analytic constructs clearly specified?
- Was the data collated according to the procedure set down in the Research Question?

In relation to internal and external reliability in the present study, the theoretical approach, i.e. a social network approach, was explicitly presented as well as the research strategy/design. This corresponds to recommendations from the literature on methods of circumventing threats to internal and external validity 'by providing the reader with explicit details regarding researchers' theoretical perspective and the research design used' (Franklin & Ballan, 2001, p.275).

In the present study various methods were employed to increase reliability. These include:

- **Examining informant responses across alternate form questions (Franklin and Ballan, 2001):** Due to the nature of the semi-structured interview this allows the interviewer flexibility in terms of sub-questions to ensure that the informant has a clear understanding of the topic. In the present study standard probes were used to explore issues further with the subject and also to ensure that they understood the question. In addition the use of two standardised measures that focussed both on similar issues and gathering similar data increased the reliability of the qualitative measure.
- **Establishing recording procedure for field notes (Franklin and Ballan, 2001):** In this study emphasis was placed on ensuring a proper and efficient procedure for data collection. Detailed records were kept of each interview, including transcripts of the interview itself, Social Network Map and Social Provisions Scale. In addition, a separate research journal

- **Staying close to the empirical data (Franklin and Ballan, 2001):** Interviews were recorded and the information transcribed verbatim. The record of each interview including the research tools provides a detailed account of the subject's experience of their Social Networks. Also, use of case studies, quotes from the young people and 'a chain of evidence that is linked with different data sources' (Franklin & Ballan, 2001, p.277) all assisted in increasing reliability.
- **Applying a consistent Analytic method (Franklin and Ballan, 2001):** The present study utilised Social Network Theory and the research measures reflected this approach. These measures integrated well and provided a consistent mixed-methods approach to data collection.
- **Using Computer Software (Franklin & Ballan, 2001):** Appropriate elements of the semi-structure interview were coded and this data was managed by the use of SPSS.

In addition, the formulation and preparation of the interview schedule, the integration of appropriate research tools, as well as the pilot interview process were beneficial in striving for greater reliability in research findings (Bell, 1999, p.105).

### **Validity:**

Validity in qualitative research refers to the ability of the 'researcher to see what they think they see' (Franklin & Ballan, 2001, p.279). Challenges to validity have been summarised by Padgett (1998) as including the following: reactivity and researcher/respondent bias. An awareness of the potential impact of the above to a study's validity as well as strategies/measure to counteract the threat is essential. With reference to internal and external validity in the present study,

the following methods were employed: the use of verbatim transcripts to accurately reflect the narrative of the young people, as well as the appropriate use of related literature to support the findings and the potential for transferability.

Various methods have been considered in assessing validity in research studies, including, triangulation, respondent validation, multiple coding, grounded theory, clear reporting of methods and analysis, reflexivity, negative cases and broad research design (Qualitative research course, McDermott & Share, 20/10/2008). The following methods can be applied to the present study:

- **Methodological Triangulation:** ‘Triangulation can be used for the purpose of achieving confirmation of constructs using multiple measurement methods (Campbell, 1956) or as a method to gain comprehensive information about a phenomenon’ (Franklin & Ballan, 2001, p.283). Methodological triangulation is relevant to the present study where qualitative and quantitative methods are combined to increase validity. This was an integrated approach that allowed similar information to be gathered and corroborated, for example, elements of the data collated in the Social Network Map could be cross referenced with information in the semi-structured interview. As such the research measures complemented each other. This use of standardised measures to corroborate findings has been recommended in the literature (Hill et al, 1997).
- **Reflexivity:** The interaction between the researcher and the data was important in the present study. As the researcher worked for Children’s Services in the HSE, and specifically with young people who have experience of the care system, an awareness of how prior assumptions could cause bias in the study was important. To effectively address this consistency in the research methods was important as well as examining one’s

- **Using a guiding theory to verify findings (Franklin and Ballan, 2001):** An examination of social network theory has been included in previous chapters and in a general sense this approach was adopted in the current study. The research methods reflect this approach and this theoretical basis broadly guided the process. As detailed previously, Social Network theory has been used in various research projects and has been adapted in clinical settings with vulnerable groups (Tracy & Whittaker, 1990).

In Franklin & Ballan's (2001) discussion on reliability and validity, they refer to a qualitative case example by Beeman (1995). This study considered social support in relation to parenting and child welfare and although the topic was not exactly the same as that of the present study, there were some similarities. These similarities can be viewed in the theoretical framework and research measure. As well as using a semi-structure interview, 'a guiding theoretical concept of the social network and social network analysis was used to operationalize the distinctions among social relationships, social interaction, and social support as well as to explore the importance of characteristics of social relationships as described in the social network literature' (Franklin & Ballan, 2001, p.288).

### **3.8 Summary:**

The current chapter has addressed the methodological elements of the research study. This involved considering issues related to social network measurement and how this corresponds to the present study group of young people who have experience of long-

term foster care. The research approach in the present study was outlined and this included an account of how the qualitative and quantitative data were analysed and integrated. The research methods were presented and an account provided as to how the research questions map onto the methods used. The process involving recruitment of participants was then outlined in detail. An extensive account was also included pertaining to the ethical issues relevant to the study. The process involving research implementation was explained, and finally, issues related to reliability and validity presented.



## **Chapter 4 - The social network composition of the study group:**

### **4.0 Introduction:**

Focussing on the composition of the social networks of the group of young people who have experience of long-term foster care is the first step to gaining a clearer understanding of the individuals and groups with which they relate and depend upon for social support. The central question that the present study aims to answer is whether there exists a connection between care and the social network experience of this group and presenting and analysing the various elements of these networks will allow the study to progress this question.

In chapters 1 and 2 of this study the evidence from the available literature concerning the social networks of young people with care experience was examined and highlighted the following broad points:

- This group of young people may experience a limited social network and, in some cases, this may result in decreased social support.
- The young people's connections to the primary network of family may be characterised by inconsistency and general disruption.
- Factors such as being admitted to care and frequent placement moves can hinder the young person's ability to maintain and sustain contact with friends and other people who are important in their lives.

What is also clear from considering the available literature on young people with care experience is that there is a gap in the knowledge relating to dedicated and specific information on the social networks of this group, and, in particular, data which

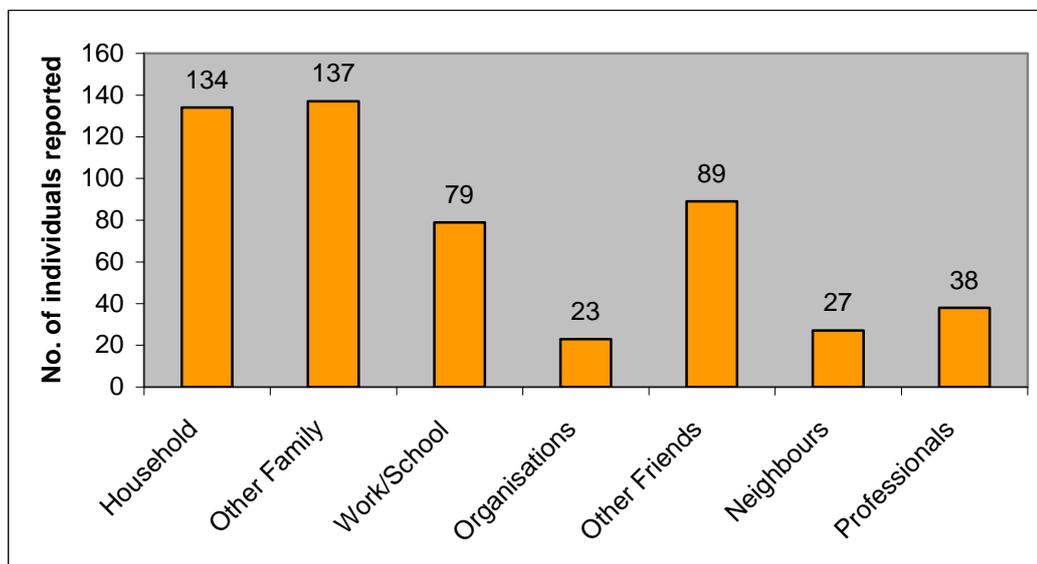
includes the narrative of the young people themselves. This data is important for a number of reasons:

- As has been referred to in the previous chapters, the available literature would indicate that having a supportive social network has positive implications for a young person's development.
- Social Network data on young people with care experience can be an important element in professional decision making relating to their care needs, and, it can inform policy formulation and recommendations.
- Including the opinions and feelings of these young people should be encouraged, facilitated and promoted.

The present chapter will begin by presenting an overall view of the various elements that exist within the social networks of the study group. Reference will be made to relevant and appropriate literature and comparisons considered between the two sub-groups within the overall group (i.e. the in care and left care groups). Specifically, this initial data will be analysed to inform us generally on the elements of the networks but also to pose further questions that will be considered when these elements are discussed individually later in this chapter.

#### **4.1 Social Network composition – a broad view:**

An overall view of the total study group and the breakdown of their Social Networks are included in **Figure 5** below:



(Figure 5: Combined sample group: Broad summary of Social Networks)

The graph details how the largest element for the combined group is ‘other family’ where 137 people were identified. This group refers to either members of the young persons birth family or members of their foster family. In both these cases the individuals identified are **not currently residing** with the young person. Below, more detailed analysis will be presented on the individuals who comprise the ‘other family’ element. It is interesting to consider who is identified as being of significance to the young people from this group as, for example, the literature has highlighted that some young people with care experience have difficulties in sustaining relationships with members of their birth family (Biehal et al, 1995). Also, the literature has referred to how members of the young person’s extended family, for example grandparents, can lose contact with them following admission to care (Baldry & Kemmis, 1998). The data on ‘other family’ has specific relevance for the Left Care group in terms of their relationship with both birth family and foster family following discharge from care.

The ‘household’ group, which refers to **individuals with which the young person resides**, is the next largest with 134 people identified by the study group. This category is significant, particularly when considering the important role that is played by

foster parents in the lives of these young people, both during the in care as well as the left care experience. The category of 'work/school' referred to friends that the young person identified from school, further education/training or work, and seventy-nine people were identified in this grouping. This category requires detailed analysis as, has been identified in the literature, frequent school moves can be a characteristic of some young people with care experience (Barnardo's Policy and Research Unit, 2006). This issue will be considered in depth in the discussion on structural factors which impact on the young people's social network experience. Twenty-three people were identified in 'organisations', which refers to friends from organised groups and activities, for example sports and youth clubs. As this is the category with the lowest number, it requires analysis to consider why the study group have identified few individuals from this category as being part of the overall social network. Are there factors that inhibit the involvement of the young people in such groups and subsequently forming relationships in this setting? Eighty-nine people were identified in the category of 'other friends', which refers to friends who are not from shared education/training/work or clubs/organisations. This would indicate that, for the present study group, the young people involved were more likely to have developed friendships with peers from informal settings as opposed to formal ones such as school and sports clubs. Twenty-seven and Thirty-eight individuals were identified in the categories of 'neighbours' and 'professionals' respectively. The low numbers of individuals from the young person's locality who are part of their network requires further analysis, specifically in relation to whether frequent placement moves may hinder the young person's ability to feel connected to one community.

On average respondents from the combined group identified 14.2 people in their overall social network. By looking at the 2 groups separately, i.e. in-care and left care, the results indicate that the average for the in-care group is 15.5 and for the left care group is 12.5. This indicates that the young people in the left care group had, on average, a smaller number of people in their social network. Studies on young people who have left the care system have highlighted the potential for this group of young people to experience social isolation and to lack extensive social supports in their community (Stein & Carey, 1986). This raises issues related to the transition from in care to left care and whether this impacts on the social network of the young person.

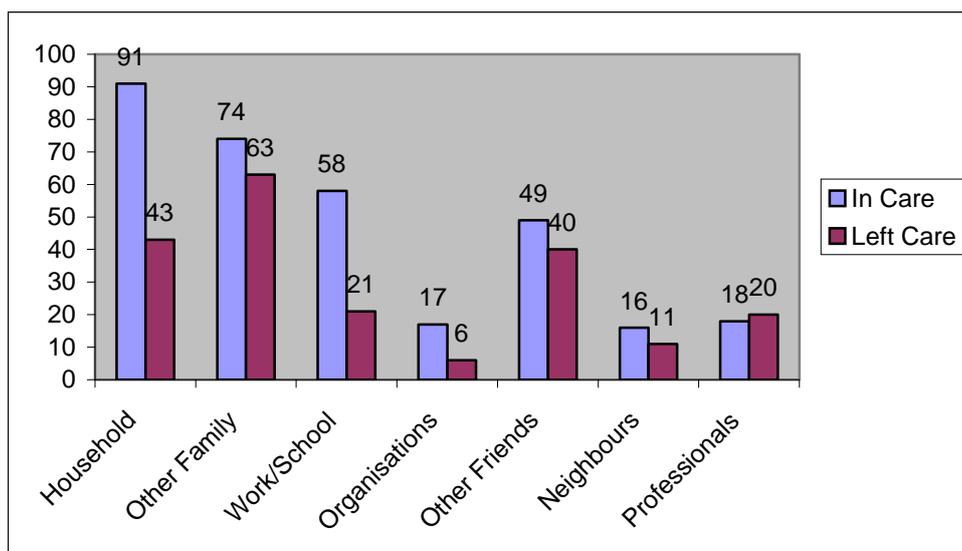
For the combined group, there was an average of 23.7% of network members from the 'household' category. An average of 26.3% was reported from the 'other family' category, 14.3% from the work/school/further education/training category, 4.9% from the 'clubs/organisations' category, 17.6% from the 'other friends' category, 6.1% from the 'neighbours' category, and 7.6% from the 'professionals' category.

Below the percentage breakdown in terms of the average number of network members is considered separately for both the 'in-care group' and the 'left care group':

	<b>In-Care Group</b>	<b>Left Care Group</b>
<b>Household</b>	26.1%	20.8%
<b>Other Family</b>	23%	30.4%
<b>Work/School etc.</b>	17.9%	9.9%
<b>Clubs/Organisations</b>	6.4%	3.1%
<b>Other Friends</b>	16.2%	19.4%
<b>Neighbours</b>	6.9%	5.2%
<b>Professionals</b>	5.1%	10.7%

The above data relating to the two sub groups highlights a number of issues. For the Left Care group, individuals from the ‘other family’ category are identified more often as being a part of this groups social network, whereas individuals from the ‘household’ category are the largest grouping for the In Care group. This requires further analysis but the question is whether members of the young person’s birth family are more significant to the Left Care group following their discharge from care. The In Care group identifies friends from school/further education/training and work more frequently, and this may raise questions concerning the current involvement by the Left Care group in further education/training and work. ‘Professionals’ are more frequently represented by the Left Care group and this in turn may relate to a greater demand by the young person for formal support following their discharge from care.

**Figure 6** below outlines the outcome in actual numbers for the two sub-groups of young people from the study group, the in care and left care groups.



(Figure 6: In Care and Left Care group: Social Network composition)

For the In-care group, the largest network is 'household' with 91 people identified, followed by 'other family' with 74 people identified. Fifty-eight people were identified in 'work/school' and 49 people identified in 'other friends'. Eighteen, seventeen and sixteen people were identified in the categories of 'professionals', 'organisations' and 'neighbours' respectively. The largest group in the left care category is 'other family' where 63 people were identified. 43 people were identified in the category of 'household'. 40 people were identified in the category of 'other friends' and 21, 20, 11 and 6 people were identified in the categories of 'work/school', 'professionals', 'neighbours' and 'organisations' respectively.

In the case of the In-care group the broad summary of the combined categories provides a not too dissimilar picture to that of the combined group (both in-care and left care). 'Household' is the larger group followed by 'other family'. 'Work/School' and 'Other friends' are the next largest groupings. Similar to the combined picture, the groupings of 'clubs/organisations', neighbours and professionals have the lowest density. The picture changes somewhat for the Left Care group with 'Other Family' being the grouping with clearly the largest density. 'Household' and 'Other Friends' are more equal in density. The density then drops sharply to the categories of 'work/school' and 'professionals'. The two categories of 'clubs/organisations' and 'neighbours/community' have the lowest network density for the Left Care group.

The use of density of social networks on their own is not a reliable method of considering the significance and importance of the networks or the support individuals obtain from the networks themselves (Tracy & Bell, 1994). However, the above data does provide questions that need to be analysed further, including amongst others, the significance and importance of

social/activities, the role of 'community' for the young people, the role of the network element of 'work/school' for the left care group, the potential variation between general foster care and relative foster care, and the difference between the in care and left care groups.

To help explain the data on social network composition, I would like to refer to Case Study 'A':

*Case Study 'A':*

*'Ann' is a 20 year old young woman who has left the care system and is currently living independently. 'Ann' came into care at the age of 16 and this was her first and only admission to care.*

*During her time in care she was in total in 4 separate foster placements and since leaving care at 18 she has had 6 moves before moving to her present accommodation that she shares with her son and one of her siblings.*

*'Ann' is currently in full-time employment.*

*In terms of her current social network, 'Ann' identifies 13 individuals who are significant to her. These are, her son and sibling with whom she shares accommodation, another sibling and 2 members of her extended family, 3 friends from work, her partner (with whom she does not reside) and 2 professionals from the statutory services who continue to provide support to her.*

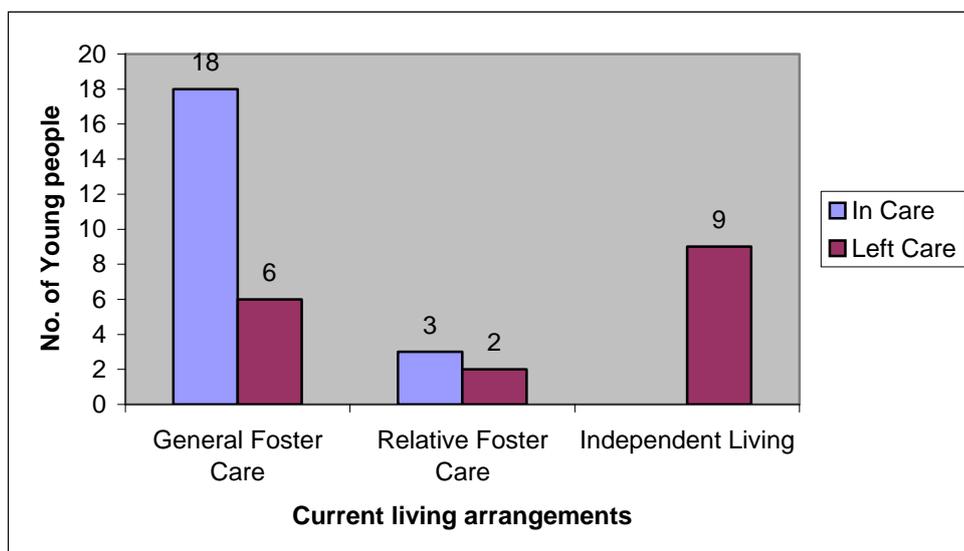
*'Ann' is not currently involved with any formal groups and activities and did not identify anyone from her local community as being part of her social network.*

## **4.2 Social Network composition – a detailed perspective:**

The previous section has provided a generalised picture of the composition of the study group's social networks. In the current section I will further analyse and examine this composition by focussing initially on the individuals that form the young people's networks and then consider the groups and activities with which they have a current involvement. In terms of individuals the discussion will centre on five groups, individuals with whom the young person resides, family with whom the young person has contact but is not living with (either birth family and/or foster family), friends, individuals from the young person's local community and individuals who have a formal and professional

role in the young person's life. The above elements provide a comprehensive perspective on the young person's social networks and this analysis will provide a detailed picture in terms of the composition of the social networks and the data, in turn, will inform the subsequent chapters whose focus is the significance and importance of the identified individuals and groups to the young people and the connection between care and the social network experience of the subject group.

Prior to providing **an analysis of the individuals with whom the young people reside** it is useful to look at the current living arrangements for the sample group as a whole. This will inform our analysis of the overall social networks of the study group. Thirty-eight young people were interviewed in the present study and this total number was comprised of twenty-one young people who were currently in care and seventeen who had left care. **Figure 7** below provides a breakdown in the current living arrangements for the two sub-groups (In Care and Left Care).



(Figure 7: In Care and Left Care groups: current living arrangements)

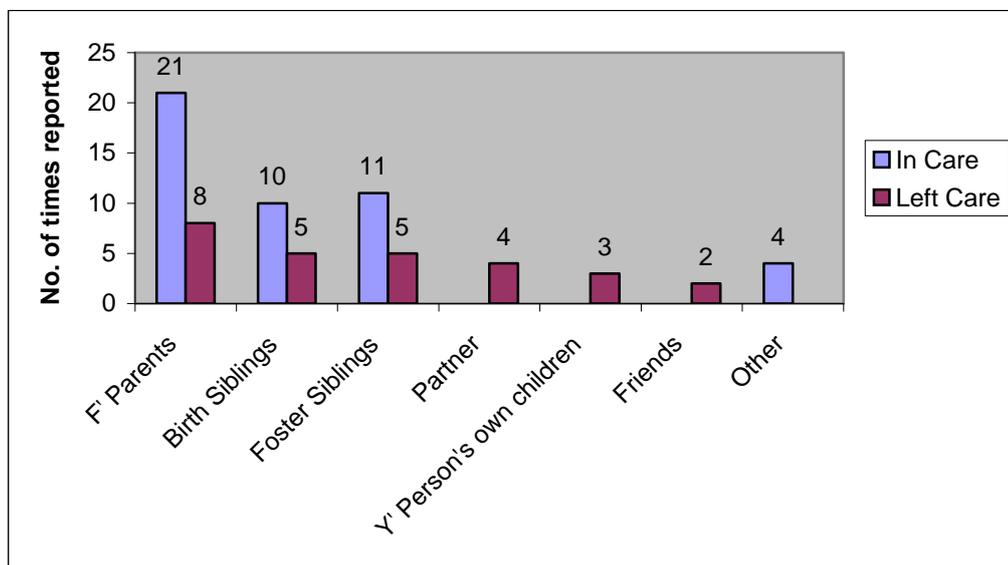
Of the total number of twenty-one young people currently in care, eighteen were in General Foster Care and three were in a Relative

Foster Care arrangement (one of the young people interviewed was in the process of moving from general foster care into independent living. For the purpose of the study this young person was included in the general foster care total as they were not yet eighteen and had not fully moved into independent accommodation). In the case of the present study group a significant majority of the young people had been placed in general foster care. The literature has focussed on the merits of assessing members of the young person's extended family as potential carers for the young people and one of the benefits of this approach is that it can help maintain the young person's existing social network (Broad, 2004). This is an issue that will be further explored in later chapters. The total number of young people from the Left Care group who were interviewed was seventeen. The results in this category indicated that nine of the young people were in Independent living, six remained with their General Foster Carers, and two remained with their Relative Foster Carers. None of the young people from the sample group were living in supported lodgings or had returned to live with their birth family. This is an interesting outcome as the literature has traditionally indicated that a percentage of young people who leave care return to live with either their birth parents or other members of their birth family (Sinclair et al, 2005). It is only relatively recently in this country that greater emphasis has been placed on the needs of young people who leave the care system and how they will continue to require support after they turn eighteen (Stein, Pinkerton & Kelleher, 2000). One of the fundamental elements of this support is a secure base, whether it continues to be provided by the young person's foster carers or alternatively in an independent living environment.

Data was provided from The Social Network Map (Tracy, 1990) in terms of the amount and role identity of the individuals with

whom they resided. The mean number of people identified in the In-Care group was 4.47. In the Left Care group the mean number was 2.52. The mean number for the combined groups (In-care and Left Care) is 3.6. The smaller number for the Left Care group reflects both the change in their living environment as well as the fact that they are generally, in the case of the present study group, living with fewer people.

The breakdown for the two groups is included in **Figure 8** below.



*(Figure 8: In Care and Left Care groups: Breakdown of people identified by the study group as being in their social network and with whom the young people live)*

All of the respondents in the In-Care group identified their Foster carers (both general and relative foster carers) as being important people in their social network. The importance of foster parents to the young person is a recurring theme throughout the present study. The next highest group was Foster Siblings. This group was comprised of the children of the Foster parents as well as other children in care who had been placed with the family. Eleven of the respondents reported this grouping as being in their social network. Birth siblings (i.e. natural siblings of the

respondent who were placed with the same foster family) were mentioned on ten occasions. The literature has indicated that sharing a placement with one or more birth siblings can have a positive effect in terms of maintaining contact with other members of the young person's birth family (Daly & Gilligan, 2005). Finally in the 'other' group, on three occasions grandparents were mentioned as being in the young person's social network. In the case of two of these respondents, it refers to a relative foster care arrangement so the grandparents were actual relatives of the young people themselves. This may indicate how relative foster care can help maintain contact between the young person and members of their extended family. This issue will be revisited in later chapters. The other occasion referred to above relates to a General Foster Care arrangement where the Grandparents identified were not related to the respondent. The other Network member identified in the 'other' group referred to a Foster Uncle (brother of the respondents foster father – a general Foster Care arrangement).

Eight of the respondents in the Left Care group identified Foster Parents (both General and Relative) as being important people in the current category. Again, this highlights the important role of the foster carers, which can continue after the young person turns 18 and is no longer formally in care. Birth siblings were mentioned on five occasions and Foster Siblings were also mentioned on five occasions. Four of the respondents identified their partners as being important people in the current category. On three occasions, the young people identified their own children as part of their social network. On two occasions friends were identified as being significant individuals in this category. Only one of the young people in the study group was living alone. The above information reflects the changing circumstances of the young person who has left the care system and is being faced with more independence and responsibility. What is important to

highlight from the above analysis is not only the people who have been identified but also those who are not mentioned, for example birth parents. As has been detailed above none of the young people from the present study group had returned to live with their birth parents and consequently, they were not identified by the young people in this category. The next category concerns family with whom the young person does not reside and it will be interesting to analyse the degree to which birth parents are identified in this category.

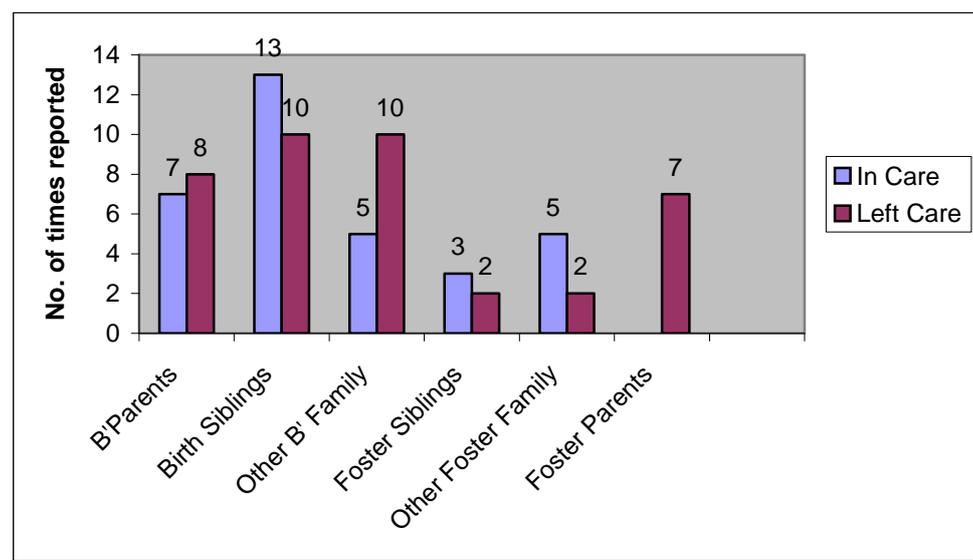
In summary, the following points can be made from the above data pertaining to the category of individuals with whom the young person resides.

- Despite having left the care system, eight of the young people from this group remained living with their foster parents (six were in general foster care and two were in a relative foster care arrangement). This was reflected in the number of times foster parents were reported as being an element of this group's social network in relation to individuals with whom they reside.
- On average the Left Care group shared their home with fewer people than the In Care group.
- Foster parents were reported most frequently as being an element of the young person's social network in the above category. In the case of the In Care group, the number of times that foster parents were reported was significantly higher than the next group identified.
- The data above provides initial indications of the likelihood of the young person in relative foster care maintaining contact with members of their extended birth family.

To assist in explaining the data in relation to the above category, I will refer to Case Study B:

**Case Study 'B':**  
 'Jill' is a 17-year-old young person who was admitted to care as an infant and has remained in the same foster placement during her time in care. She is in her leaving cert. year in secondary school.  
 In terms of her social network, 'Jill' identified a number of people from her 'household' who were part of this network. These were her foster parents, her birth sibling (who was placed with her) and another young person who was also living in the same placement.  
 Other than her birth sister with whom she was placed, 'Jill' did not mention any other member of her birth family as being as part of her social network, despite having occasional contact with her birth mother and other birth siblings. In the category of 'other family', 'Jill' identified her 4 foster siblings, who lived elsewhere, as part of her social network. In terms of her attitude to contact with her birth family, 'Jill' didn't indicate strong feelings whether this contact was either important to her or not important to her. She related that she didn't wish to increase or decrease the contact and 'was happy enough' with it remaining 'once or twice a year'. In the Social Provisions Scale, 'Jill' identified her foster parents as people she can depend upon, that they provide her with a sense of acceptance and happiness, recognise her talents and abilities, and would be somebody 'Jill' would approach for advice.

The data below focuses on identifying **individuals from the young person's family (either their birth family or foster family) who form a part of their social network, but with whom the young person does not reside.** In effect, this considers people that the study group regard as being a part of their family, are of significance to them and with whom they are not currently living. The result from this data is included in **Figure 9** below.



(Figure 9: In Care and Left Care group: 'Family' identified (not living with))

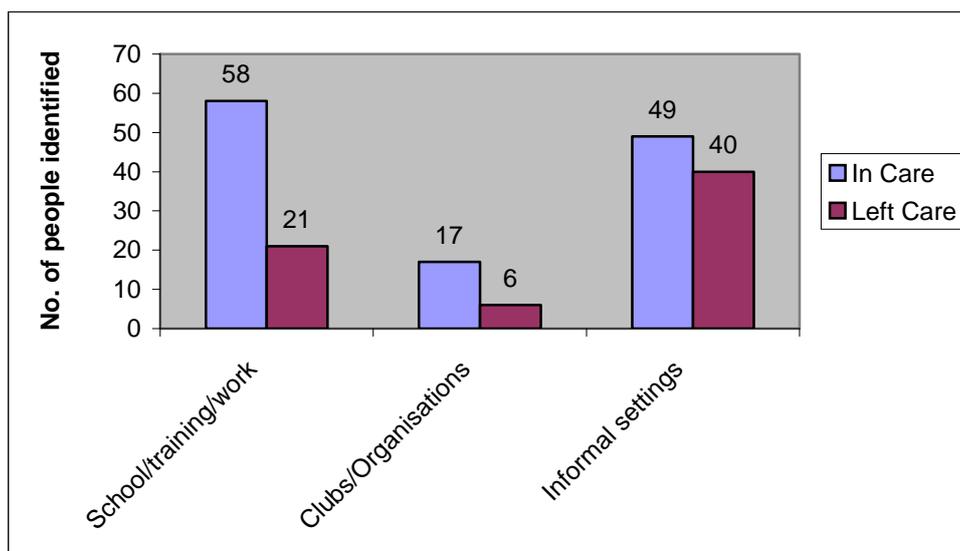
In the In-care group the mean number of people identified was 3.33 and in the Left Care group the mean number was 3.7. The above graph shows that Birth Siblings were reported on 13 occasions as being significant members of the in-care sample group's social network and on ten occasions for the left care group. This is despite the young person not being in the same placement as their brother or sister or not living with them (left care group) and would indicate that, for these young people, there remained regular contact to such a degree that the young person regarded them as significant. Policy has highlighted the importance of maintaining contact between young people in care and their siblings (Dept. of Health and Children, 2005). Such contact is generally organised and facilitated by the young person's social worker for the in care group, however, once having left care there is an expectation that, in most circumstances, the young person themselves takes responsibility for this contact. For a relatively significant number of the Left Care group from the present study group the data indicates that the young people continue to have contact with their siblings to a degree that they form part of their social network.

For the Left Care group, individuals from the 'other birth family' category were reported more frequently than the in-care group. This category refers to members of the young person's extended family, for example, aunts, uncles, grandparents and nephews and nieces. Both the literature as well as data from the present study that will be presented in later chapters indicates that some young people with care experience can have little or no contact with members of their extended family. The data above indicates relatively few people from the in care group reporting members of their extended family as being a part of their social network, however, this number is higher for the left care group indicating this group having more frequent contact with their extended family. Finally, for the left care group, foster parents, who were

not currently living with the young person, were identified on seven occasions as being a part of their social network (eight of the young people from this group were still living with their foster parents, total of left care group is seventeen). This further indicates the significance of foster parents to the young people, even after they have left care and left their foster placement. In summary, the following points can be made from the above data:

- The continued role of Birth siblings in the lives of the young people is highlighted from the above data. In relation to some of the young people from the In Care group this is despite the young person not currently living with their sibling/s. Birth siblings are also an important element in the social networks of the young people who have left the care system.
- Extended family are more significant to the Left Care group than the In Care group in terms of being an element of their social network.
- Foster parents remain an element of the network of a significant number of the young people who have left the care system and are living independently.

The next category presented relates to **friends** who are currently part of the young person's social network. Social Network literature has identified the importance of peer relationships for young people in general in terms of their development and social competence (Cotterell, 1996). It is therefore important to consider the friendships of young people with care experience and below data will be presented which analyses these relationships. Specifically the data considers where these friendships exist, either via school/ further education/training/work, organised clubs/groups and activities, or more informal settings. **Figure 10** below provides the above data in graph form for both the in care and left care groups:



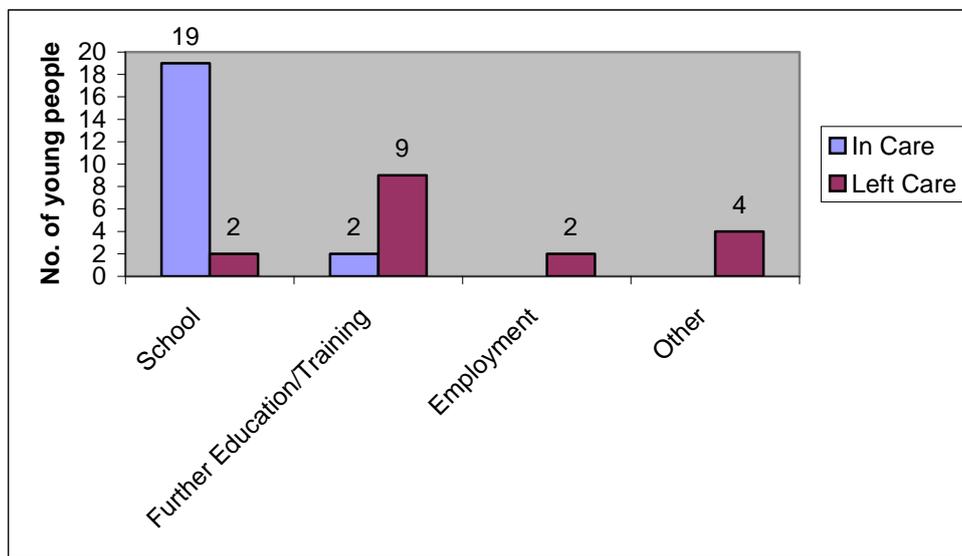
(Figure 10: Breakdown in 'friends' categories)

The above data indicates that for the in care group the majority of their friendships exist through school and further education (nineteen members of this group are in school and two are in further education/training). A significant number are informal friendships, not as a result of contact with such formal settings as school or clubs / organisations. The result for the left care group indicates that the majority of friendships are of an informal nature. Friendships through education/training is the next highest group for the left care group, and, similar to the in care group, few friendships were identified through formal clubs/organisations.

In percentage terms friends comprised on average 40.5% of the total social network of the in care group and 32.4% for the left care group. It is clear that friendships are a significant element of the social networks of the study group as a whole and evidence from relevant literature would support this (Gilligan, 2001), however, informal friendships are of particular significance for the left care group and friendships through education are significant for the in care group. Friendships through clubs/organisations (social/leisure activities) do not appear to be significant for both groups. This is despite evidence from the literature indicating the

positive benefits of involvement in such activities for young people with care experience (Gilligan, 1999).

The category of 'school/training/work' includes all forms of education and training and employment. Twenty-one young people from the total study group were currently in full time education (Secondary school). Eleven of the group were in Further education/Training, two were employed and four were neither employed or in any form of education. **Figure 11** below provides this breakdown for the two sub-groups:



(Figure 11: In care and left care groups: Breakdown in education/training/employment)

The above data indicates that for the in-care group, nineteen of the young people were in full-time education (secondary school). Two of the young people from this group were in Further education (Fas and the National Learning Network).

Of the Left Care group nine of the young people were in Further Education/Training. Two were in full time education (secondary school) and two were in employment. Four of the young people from this sample group were neither in education, training or employment. Of this group, one of the young people was a full time carer, two were unemployed and one had recently become a parent.

The mean no. of people identified in the category of 'Work/School' for the In-Care group was 2.52. The equivalent mean no. for the Left Care group was 1.11. The combined mean no. was 1.89. In the case of the In-care group two of the young people interviewed did not name anyone as being significant within their social network for the category of 'work/school'. In the Left care group, nine of the young people interviewed (over half) did not name anyone as being significant in their social network from this category.

In relation to friendships through involvement with formal/organised groups and activities, the in care group identified seventeen friends from this category and the left care group indicated six. In average percentage terms, friends from this category represented 6.4% of the total average network for the In Care group and for the Left Care group the average was 3.1%. This raises questions in relation to the involvement of the young people in such activities and this issue will be considered below.

In terms of friendships from informal settings the mean number of friends identified for the combined group (both in-care and left care) was 1.97. The breakdown for both groups in terms of the mean number was as follows: for the in-care group the mean number was 1.8 and for the Left Care group the mean number was 2.17. In average percentage terms friends from this category represented 16.2% of the total average network for the In Care group and for the Left Care group the average was 19.4%.

To illustrate the data presented above I will present a further case study:

*Case Study C:*

*'Kate' is a 19-year-old young person who was admitted to care as an infant and has remained in the same placement during her time in care. She continues to live with her foster carer and this is a general foster placement.*

*In terms of her friendships, 'Kate' identified 2 friends and these friends were of an informal nature i.e. they did not currently exist through such formal activities as education or involvement in organised groups and activities.*

*'Kate' was not currently in any form of education/training and had no current involvement with formal clubs/organisations.*

*In terms of her current relationships with her friends, these are clearly important to 'Kate' and data from the Social Provisions Scale indicated that she could depend on these friends, that these relationships provided her with a sense of acceptance and happiness, that her talents and abilities were recognised by these friends, and that she could turn to them for advice if she was experiencing a problem.*

*Data from the interview with 'Kate' indicated that she met her friends in their respective homes and that they enjoyed walking together and 'going out'. One of the benefits of these friendships for 'Kate' was that 'it takes your mind off things'.*

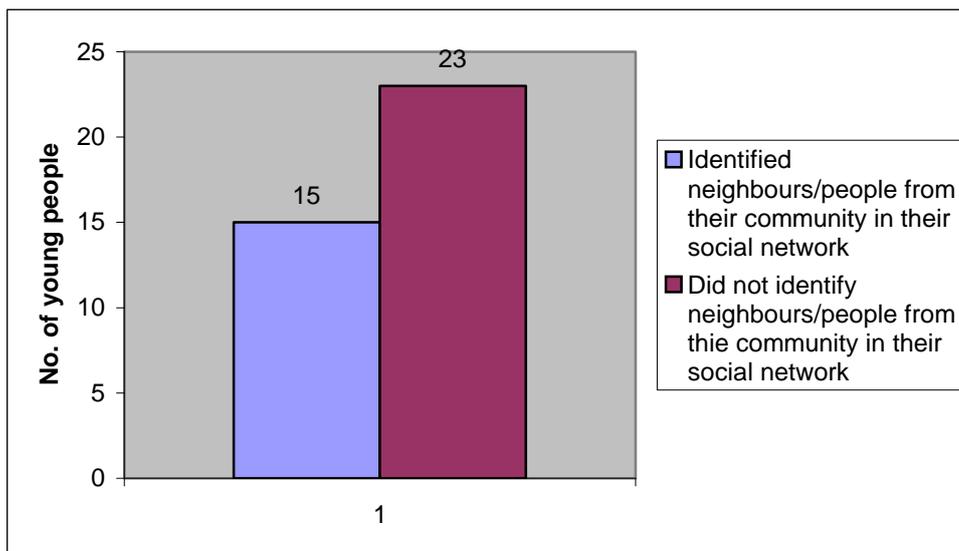
In summary, the following points can be made from the above data:

- Friends are a significant element in the social networks of the young people from the study group. For the In Care group, they comprise 40.5% of this group's overall network, and 32.4% of the Left Care group's social network.
- For the In Care group, the majority of their friendships are through education and training, whereas informal settings are more significant for the Left Care group.
- Friendships through formal clubs and organisations are not as significant for the combined group.

The young people were asked to identify people from their **neighbourhood/community** who were of significance to them and formed part of their social network. As has been detailed above, literature has demonstrated that young people with care experience can be isolated and lack a connectedness with society (Sinclair et al, 2005, Courtney & Dworsky, 2006, Wade and Dixon, 2006). In focussing on the issue of their community/locality the data generated from the study group can assist in analysing the relationship between the young person

and their community. This category highlights the availability of support for the young person from a local community perspective. In terms of individuals identified the mean number for the combined group was .57. For the In-care group, the mean number was .52 and for the Left Care group the mean was .64.

**Figure 12** below details the number of young people from the combined group who identified one or more people from their neighbourhood/community as being part of their social network. The graph highlights that fifteen of the young people could identify an individual or individuals from their community who was significant to them. Twenty-three young people did not identify anyone in this category.



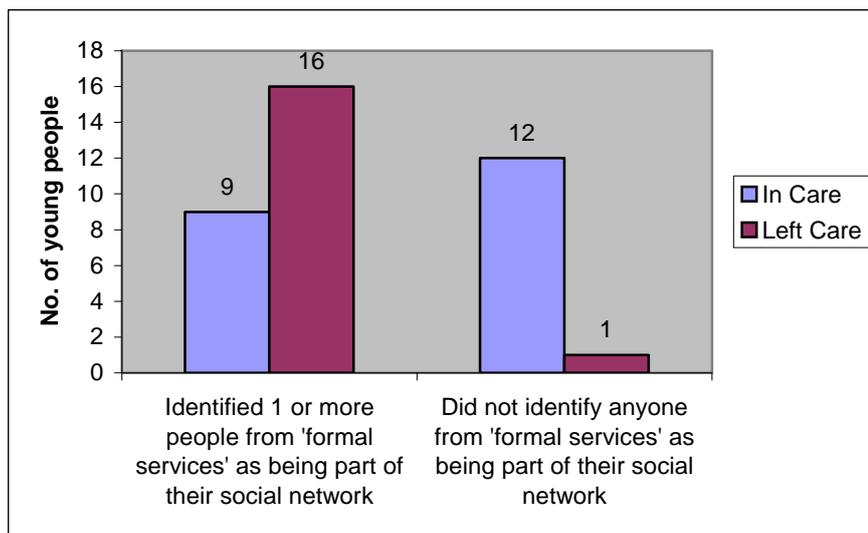
(Figure 12: Combined group: Identification of people from the young person's neighbourhood/community)

The results from the two sub-groups (in care and left care) produced a similar result. The data informs us that, aside from the relationships that the young people have with their friends, 39.5% of the study group identified people in their community as an element in their social network. This issue of whether there are factors in the experience of the young person with a care history which impact on their ability to form and sustain

relationships with potentially supportive individuals from their locality will be expanded upon in later chapters.

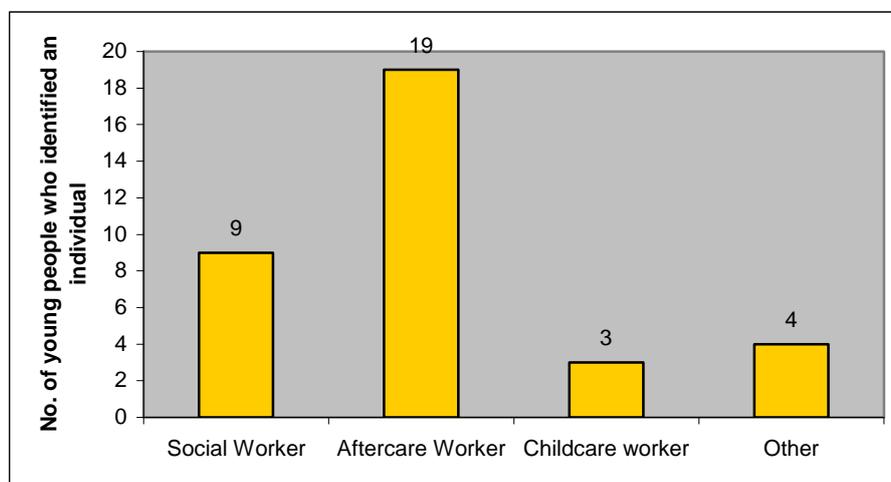
Due to the nature of the experiences of the young people with a care history they inevitably have involvement from various professional whose role it is to support them and to monitor their progress. The present study focuses on the role these various professionals have in the lives of the young people and whether they are a significant element in their overall social network. The category of **Formal Services** refers to individuals who have a formal role with the young person. This could be, for example, a teacher, social worker, aftercare worker, youth worker or other individual who is in a formal/professional position and who is of some significance to the young person. Twenty-five of the young people from the combined group identified one or more people from the category of 'formal services' as being a part of their social network and thirteen identified nobody. The results indicate that professionals are considered by the majority of young people from the study group as forming a part of their social network.

**Figure 13** below considers the outcome in relation to the two sub-groups:



(Figure 13: In care and Left Care group: Identification of people from category 'formal services')

Nine of the young people from the In Care group identified one more people from this category as being part of their social network and twelve did not identify anyone in this category. The data from the Left Care group highlighted that sixteen of the young people from the left care group identified one or more people from the category of ‘formal services’ as being a part of their social network. One person from this group did not identify anyone from this category. The results show that the Left Care group identified this category more frequently as being an element in their social network than the In Care group. The literature, both nationally and internationally, have, in the past, raised concerns about the level of support experienced by young people who have left the care system (Kelleher & Kelleher, 1998, Stein & Carey, 1986). It is only relatively recently that statutory service providers in this country have focussed on a dedicated provision of services for this group, as prior to this, services were inconsistent and lacked a clear focus. In the area where the present study was conducted, there exists a dedicated aftercare team and the importance of these professionals to the young people who have left the care system is reflected in **Figure 14** below. This data provides a breakdown in terms of the professional role of the individuals identified by the young people from the study group.



(Figure 14: Combined group: Individuals identified)

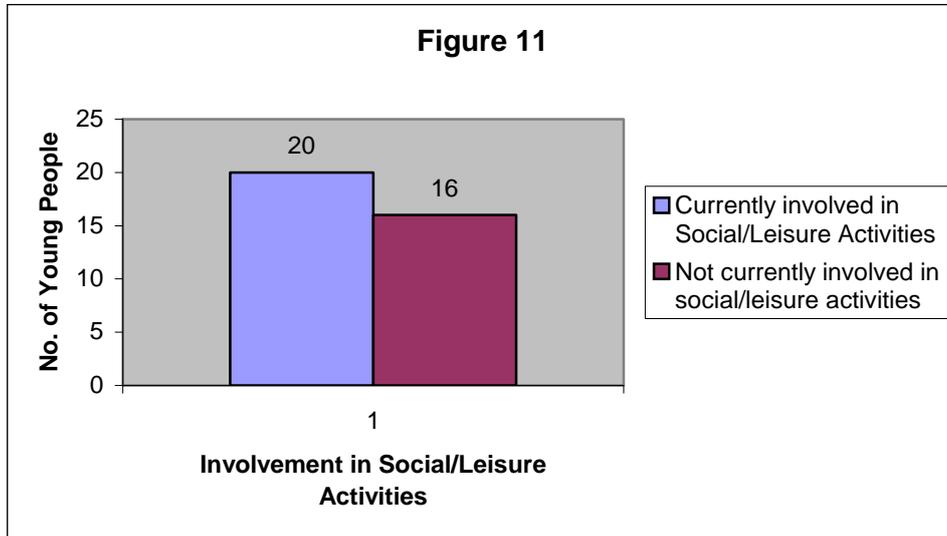
Aftercare Workers were mentioned on nineteen occasions. Social Workers were mentioned on nine occasions and Childcare Workers were mentioned on three occasions. In the 'other' group four people were mentioned. These were: a worker from a voluntary youth agency, a Personal Assistant to a young person with a physical disability, a Therapist and a Garda.

In summary, the following points can be made from the above data:

- Young people who have left the care system identify professionals more frequently than the In Care group as being an element in their overall social network.
- Specifically, Aftercare workers are reported most frequently as being a part of the young person from the Left Care group's social network.

The present study considers the individuals and groups that form a part of the young people's social network. The data above has focussed on the individuals that are identified by the study group, but it is also important to consider their involvement in organised groups and activities. These refer to social activities, sports and youth clubs, and other organised leisure activities. The literature has referred to the importance of this involvement to young people with care experience and the potential benefits that this involvement may bring (Gilligan, 1999). Below data will be presented concerning the young person's current involvement with these activities and in later chapters the discussion will focus on the significance and importance of this involvement and also whether the young people's care experience impacts on their involvement in such activities.

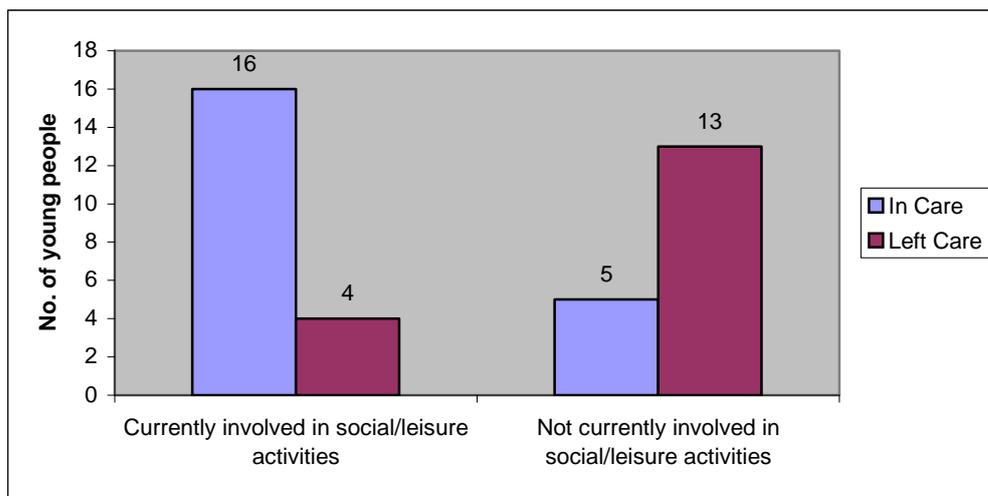
**Figure 15** details the combined (both in-care and left care) number of young people who are currently engaged in organised social/leisure activities.



(Figure15: Current involvement in Social/Leisure activities (combined group))

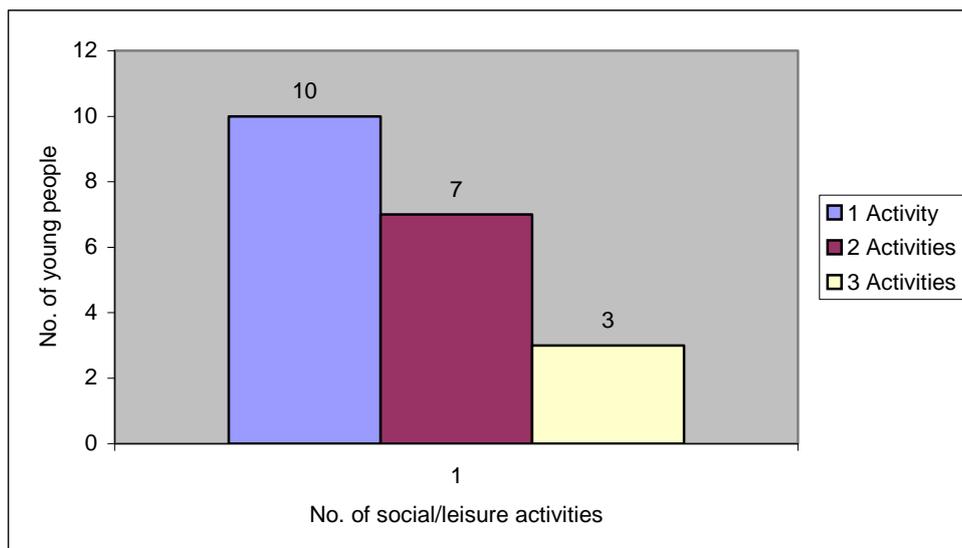
The above graph demonstrates that twenty of the young people from the combined sample group were currently involved in organised social/leisure activities. Eighteen of the young people were not currently involved in organised social/leisure activities.

**Figure 16** below provides detail in terms of the two sub groups and their current involvement in social/leisure activities.



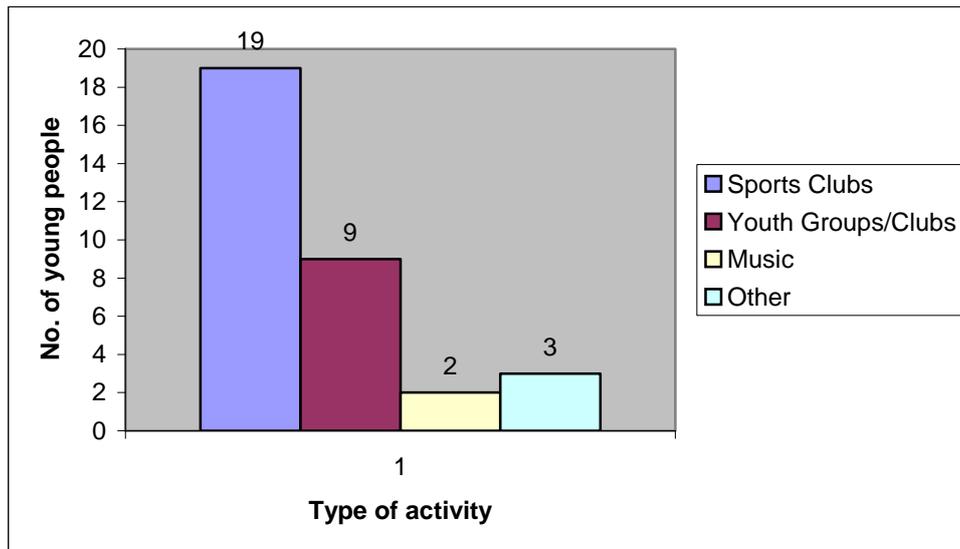
(Figure 16: In Care and Left Care groups: current involvement in social/leisure activities)

The data from the above graph indicates that sixteen of the young people from the in-care group were involved in organised social/leisure activities and five were not currently involved. Thirteen of the young people from the left care group were not currently involved in organised social/leisure activities and four were not currently involved. The data demonstrates that the young people from the in care group were more likely to have a current involvement with organised groups and activities and that, for the Left Care group, there was less involvement. In further analysing the above data it is helpful to consider the degree of involvement with such activities and the profile of the actual activities. This data is contained in **Figures 17 and 18** below.



*(Figure 17: No. of social/leisure activities involved in by combined group)*

Ten of the combined group were currently involved in one organised social/leisure activity, seven were involved in two activities and three were involved in three organised social/leisure activities.



(Figure 18: Combined group: Type of social/leisure activities)

The above data provides detail concerning the types of activities engaged in by the young people who were currently involved in organised social/leisure activities. Nineteen of the young people were involved in organised sports clubs. These included soccer, gaelic, basketball, karate, gymnastics, horse riding, swimming, rugby and walking clubs. Nine of the young people were linked into youth clubs. These included traditional youth club formats as well as scouts, youth cafés and neighbourhood youth projects. Two of the young people were linked in with music groups/lessons. The ‘other’ group was comprised of three young people who were linked in with a local community group, the local church and the Irish wheelchair association. (Note: some of the young people were involved in more than one activity).

In summary, the following points can be made from the above data:

- The In Care group had a greater current involvement in formal groups and activities than the Left Care group.
- In terms of the types of activities that the young people were currently involved with, sports clubs were the most popular.

### **4.3 Discussion:**

The data above has provided an account of the composition of the social networks. In subsequent chapters this data will be analysed to consider what this information informs us about the social network experience of the sample group, in particular, the significance and importance of the individuals and groups to the young people from the sample group, the type of support they obtain from these individuals and groups, and the connection between care and their overall social network experience.

However, at this stage certain findings can be drawn from the above data.

- The above data has indicated that, in the case of the sample group interviewed, the young people from the left care group had a smaller network size than those in the in-care group. The Left Care group had, on average 12.5 members in their overall network, this compared to 15.5 for the In Care group. As indicated above, studies have highlighted that some young people who leave the care system experience social isolation and have a poor social support system (Stein, 2006, Courtney & Dworsky, 2006). In light of the above data, are there factors that impact on the experience of the young person who leaves care that result in a decrease in the size of their social network and should there be more emphasis by the professional's who work with these young people on their social network at a time when there is such a focus on achieving greater independence and responsibility? For the present sample group, it is important to consider why it is that the Left Care group have fewer network members than the In Care group. It is inevitable that the social networks of all young people, not simply those who have experience of the care system, change at various stages during their development. However, for the group of young people who are considered in the present study, support from their social

- In further analysing and comparing the results from both the In Care group and the Left Care group, variations in network membership appear. The significant groups for the In Care group are people with whom they live and 'Other Family', with the former group being the most significant. For the Left Care group, 'other Family' is the most significant and people with whom they live are second. As the 'Other family' group, on the whole, relates to members of the young person's birth family, this group becomes more significant for the young people who have left the care system. Also, the Left Care group frequently identifies birth siblings as being an element in their social network.
- Not surprisingly, for the In Care group, friends from school are the next significant group, followed by the group 'other friends'. This compares to the Left Care Group who identify 'Other friends' as their third largest group, followed by, of significance, 'formal services'. The inclusion of the latter category is important for the Left Care group as it may indicate a greater importance attributed to the role of supportive professionals when the young person has left the care system. Worth noting, the Aftercare worker is identified as the largest group in the 'Formal Services' category. For the In Care group twelve of the young people from this group (overall number twenty-one) did not identify anybody from the category of 'Formal Services' as being a part of their Social Network. The present study does not explore the reasons for this but, as will be detailed in the following chapters, the significance of the Foster Parent/s for the young person currently in care may assist in explaining the above outcome from the data.
- Despite evidence from the literature indicating the importance and benefits from involvement in formal social groups and

- By focussing on the combined groups ability to identify supportive individuals from their local community who formed a part of their social network, the data from the present study highlighted that this particular group formed, on average, 6.1% of the total network membership of young people from the sample group. In terms of actual members, fifteen of the young people were able to identify at least one individual from their community who formed part of their social network. The remainder (twenty-three young people) did not identify anybody in this category. The literature has indicated that young people who experience multiple placements and an unstable care history find it more difficult to form attachments in general (Schofield, 2002). The category of ‘neighbours/community’ refers to significant people separate to the individuals already identified in other categories, including ‘work/school’, ‘clubs/organisations’ and ‘other friends’. These categories would





## **Chapter 5 - The significance and importance of the individuals and groups within the Social Network to the young people:**

### **5.0 Introduction:**

The previous chapter outlined the composition of the Social Networks of the study group. The data from the measures utilised provided a comprehensive picture of the individuals and groups that comprised the social networks of the young people and by presenting these elements a clearer view emerged of the relationships that exist in their lives. The data focuses on individuals with whom the young person lives, their contact with birth family, their peer relationships as well as other relationships within their community, the role of formal services in their lives and their connection with organised groups and activities. To further develop the present discussion I will explore the significance and importance of these individuals and groups to the young people. Specifically, the present chapter will consider those individuals and groups who are significant within the young people's social network, the reasons why they identified these elements as being significant by focussing on such issues as the type and quality of support that the relationships provide and the importance of the relationship to the young people. The present chapter will analyse the information from the three research measures, the Social Network Map (Tracy & Whittaker, 1990), the semi-structured Interview and the Social Provisions Scale, (Dolan, Cutrona & Russell, 2005). This data will be combined to provide a comprehensive picture of the significance and importance of those elements within the network for the young people interviewed. This section will focus on the combined group as well as an outcome of the data for both sub-groups, i.e. the in-care group and the left care group.

The three research methods individually provide useful data sources in relation to the issue of significance and importance. The Social Network Map addresses such issues as 'practical and emotional support', as well as 'closeness', 'direction of help' and frequency of contact. The semi-structured interview includes likert type scales as well as qualitative data on the social networks that are of significance to the young person. Finally, the Social Provisions Scale provides a useful method of measuring the young person's perception as to the degree of support they receive from five categories of people who constitute elements of their social network.

The findings generated from the present chapter are an element in the overall progression towards answering the central question of the connection between care and the social network experience of the study group. The previous chapter identified the composition of the young people's social networks, the present chapter considers the significance and importance of these elements, and the next chapter reflects on this data and addresses the nature of how care impacts on this social network experience. Therefore, the data from the previous and the present chapter will inform the central question of determining the connection between care and the social network experience of the young people.

The present chapter will consider four elements of the young people's social network in terms of their significance and importance. The data has highlighted these specific elements as being relevant to the present discussion. They are foster parents, friends, birth family members (in particular birth siblings), and involvement in organised groups and activities.

Before presenting the findings relating to the focus of the present chapter it is helpful to provide a general guide to the particular measures to assist in demonstrating how the data was collated.

In completing the Social Network Map (Tracy & Whittaker, 1990) with the sample group, the young people were asked to identify the people who formed their social networks. They were specifically asked to mention the people who were important to them. By analysing the data in the individual categories of the Social Network Grid, a more comprehensive picture emerges as to those individuals who are perceived by the young people as being of particular significance to them. The categories from the Social Network Grid that were considered to be most relevant to the present discussion concerning 'significance and importance' were (a) sources of 'concrete/practical support, (b) sources of emotional support', (c) 'closeness', and (d) sources of 'information/advice'. The first two categories in the Grid are 'concrete support (practical support)' and 'emotional support'. The young people are asked to grade the people they have identified in their social networks in terms of whether they **hardly ever** provide these types of support, **sometimes** provide these types of support or **almost always** provide these types of support to the young person. As the emphasis in the present chapter is on those individuals who are significant to the young people, the focus will be on the people individuals are identified as **almost always** providing this type of support. Essentially these are the individuals that the young person depends upon and seeks specific support from. 'Closeness' is also considered in the Network Grid. The young people were again asked to rate the individuals they have identified as either **not very close, sort of close** and **very close**. The data included in the present chapter provides the outcome for the network members who were rated by the sample group as **very close**. The respondents were also asked to rate the people they identified in their social networks in terms of whether they **hardly ever**, **sometimes** or **almost always** provided information and advice to the young people, with the focus being on those who **almost always** provided this support.

The semi-structured interview with the study group comprises a set of questions relating to the following topics, groups and activities, friends, education/employment/training, and birth family. Each section was composed of questions exploring in detail, such issues as, the respondents perception as to the importance of each of the categories, their social network experience relating to the categories and how care may have had a bearing on their experience of developing social networks in each of the above categories.

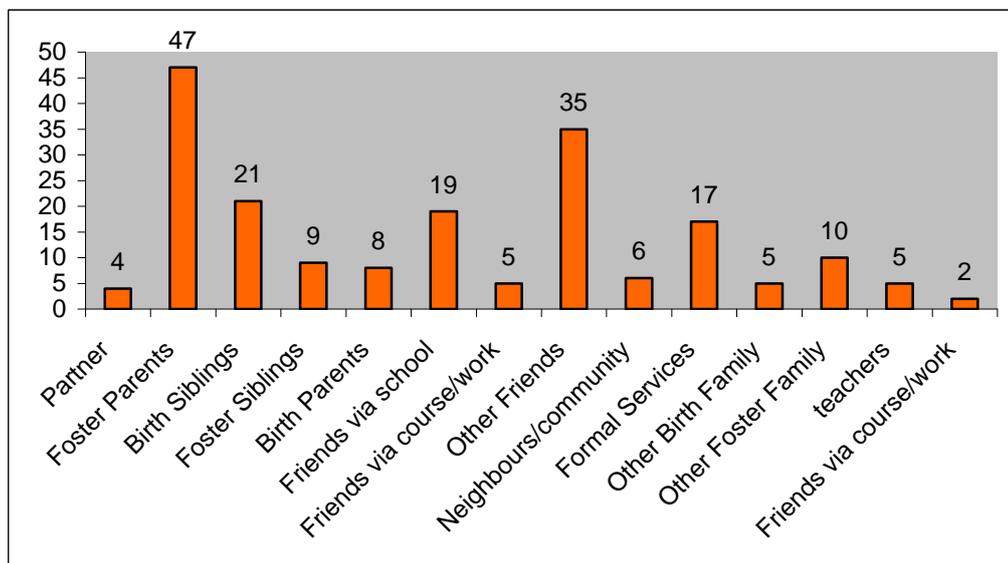
The Social Provisions Scale (Dolan, Cutrona & Russell, 2005) is a useful tool for providing a rapid assessment of the perceived current supports for a young person. It was not specifically designed for use with the group of young people who have experience of long-term foster care but it is most applicable to this group of young people. The questionnaire refers to various family members of the young person as well as their relationship to an important adult in their community. The questions in each section centre on the young person's perception of their relationship with each of the people identified. The specific questions include, whether the young person feels they can depend on that individual, does their relationship with these individuals provide them with a sense of acceptance and happiness, does the young person feel that their talents and abilities are recognised by that individual/s, and whether they can turn to this individual for advice if they were having problems. The above issues have directly relevance to the present discussion concerning the significance and importance of the individuals and groups within the young person's social network. To assist in making the questionnaire more suitable to the needs of the young people in the study group, the page on their relationship with their parents/carers was divided into two. One element of this related to the young person's relationship with

their Birth Parents and the other referred to their relationship with their Foster Carers.

The present chapter will initially outline the findings from the data then discuss relevant literature, combining case studies as well as qualitative data from the semi-structured interview.

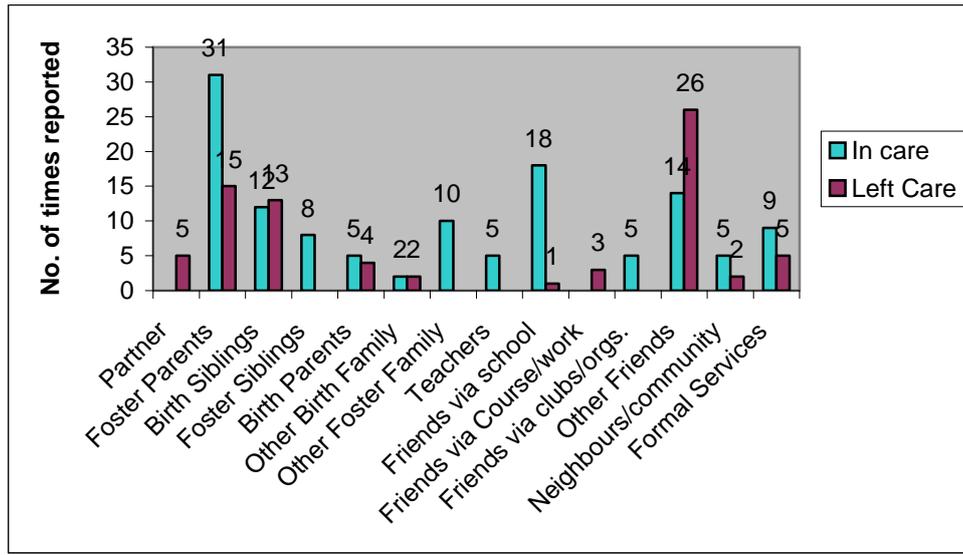
### 5.1 Findings in relation to Foster Parents and Friends:

The outcome from the combined group in terms of accessing concrete/practical support is included in **Figure 19** below (The figures in the 'y' axis refer to the number of times the individual categories were reported by the study group). By focussing on the combined group it can be demonstrated how, in terms of accessing concrete/practical support, the group that is identified most frequently by the young people is 'Foster Parents' (47). 'Other Friends' are also significant in this regard (35).



(Figure 19: Combined group-Concrete/Practical Support)

**Figure 20** considers the above data and provides the breakdown for the 2 sub-groups (the In Care and Left Care groups):



(Figure 20: In Care and Left Care group: Concrete/practical support)

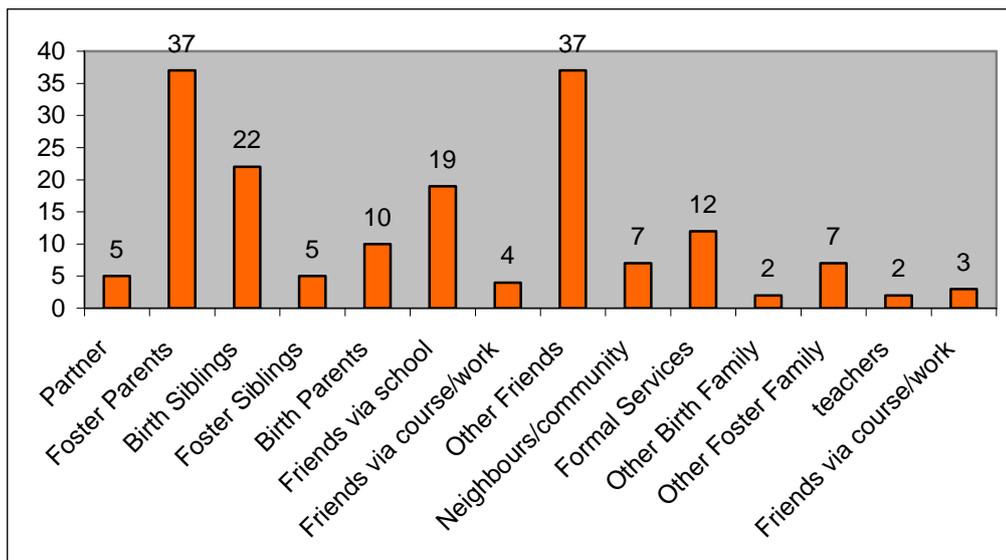
For the In-Care group Figure 2 demonstrates the large number of young people who identified Foster carers as being people who would almost always provide concrete/practical support (31 people identified).

If the three categories of ‘friends via school’, friends via clubs/organisations’ and ‘other friends’ are combined into one large ‘friends’ group then this shows this group to be the largest for the In Care sub-group (with 37 people being identified). The graph indicates that these two groups are significant to the study group in terms of accessing concrete/practical support.

The largest 2 groups for the Left Care group in terms of concrete/Practical Support are ‘Other Friends’ (26) and ‘Foster Parents’ (15). ‘Other friends’ refers to peer relationships that exist separate to formal organisations such as school and organised social/leisure activities. If the Friends categories are combined the overall figure is 29. Similar to the picture that emerged from the In-care group, both ‘Foster Parents’ and ‘Friends’ are significant to the Left Care group in accessing concrete/practical support with a greater emphasis being placed on the practical support provided by friends. The above findings were repeated in a general sense from the data generated from the Social

Provisions Scale where Foster Carers and Friends scored the highest overall for the combined group. This indicated that the young people perceived their foster carers and friends as being significant in term of accessing support. The average score for these two groups was 11.57 for friends and 10.78 for foster carers (out of a maximum score of 12). For the In Care group 'friends' scored the highest (11.52) and foster carers scored 11.19. For the Left Care group 'friends' had the highest average score (11.05) and foster carers had an average of 10.29. Within the Social Provisions Scale, there were specific questions which referred to the young person's perception as to whether they can depend on identified individuals to help them, if required. Both Foster Carers and Friends scored high in this regard. The above data is relevant to the present discussion concerning significance and importance, highlighting the preference on the part of the young people from the study group to access practical support from the two groups of foster carers and friends.

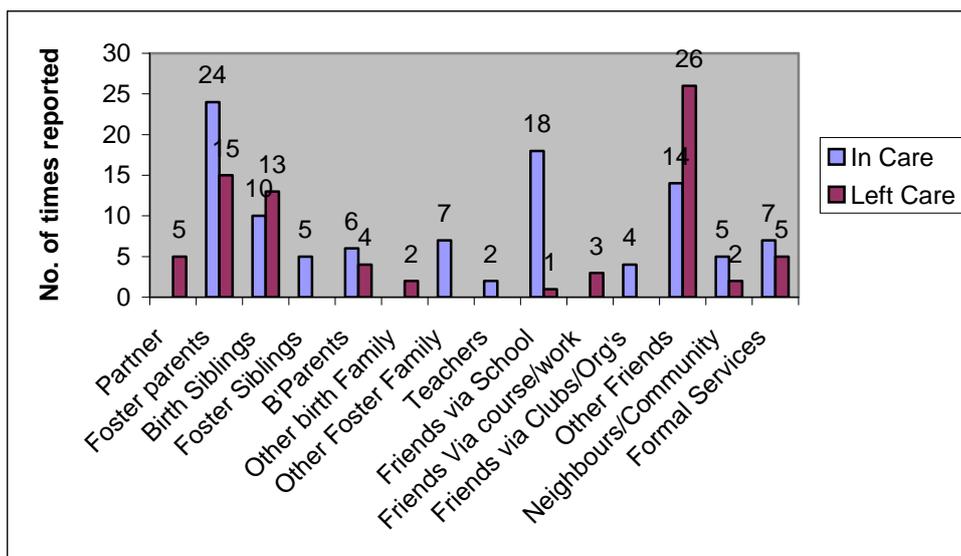
**Figure 21** below provides detail in relation to accessing emotional support for the combined group. This data is relevant to the focus of the present chapter as the individuals who are significant in providing this type of support to the young people are an important element in their social network.



(Figure 21: Combined group: Emotional Support)  
 (Note: 'y' axis refers to number of times reported by young people)

Again, in terms of accessing emotional support, 'Foster Parents' remain of significance and importance (37) to the combined group, but the group 'other friends' is also of equal significance (37). The above data highlights that the young people identify these two most frequently in this regard.

**Figure 22** below provides a breakdown for the two sub-groups in terms of sources of emotional support:

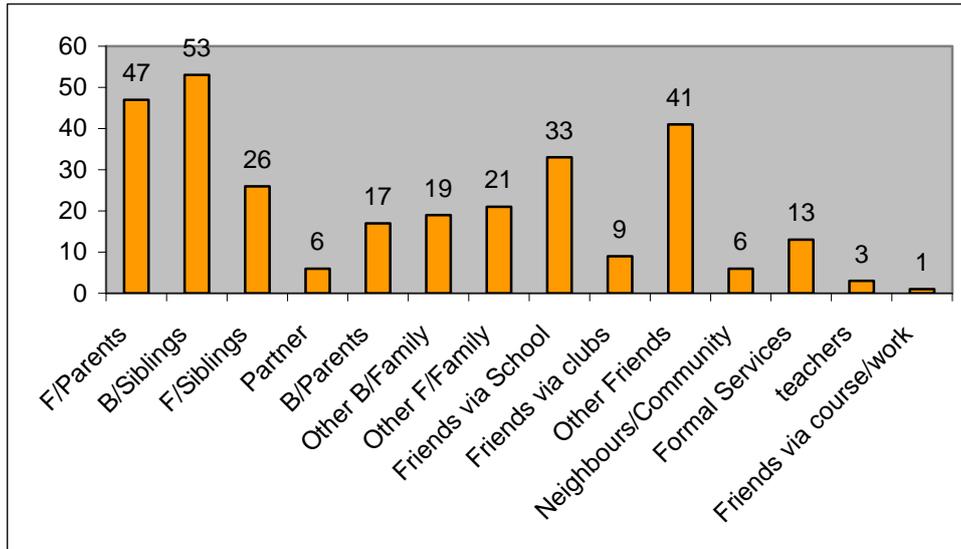


(Figure 22: In Care and Left Care groups: Emotional Support)

For the In Care group, in terms of sourcing emotional support, the largest single category identified as almost always providing this type of support is Foster Parents (with 24 people identified). If the three categories of friends are combined then the total for a combined category of 'friends' is 36, with 'friends via school' being the largest group. The above data indicates that, for the Left Care group, the group of 'other friends' was of most significance in terms of accessing emotional support (26 people identified). Foster Parents were the next highest category with an overall figure of 15. Similar to the data in relation to practical support, the above findings are repeated in the Social Provisions Scale with the two groups of Foster Parents and Friends scoring high in the following question – 'Is there a friend you could trust for advice/could you turn to your foster carer for advice, if you were having problems?'

To summarise the data above from the two measures, The Social Network Map and The Social Provisions Scale, there is a strong indication that the two groups, foster parents and friends, are significant to the young people from the study group in terms of accessing both practical and emotional support. There is a variation between the experience of the in care and the left care groups, with the young people who had left the care system indicating a stronger preference for their friends in accessing this type of support, and in particular friends who they have contact with on an informal basis (not through formal organisations such as school, further education or organised groups and activities).

**Figure 23** below outlines the combined groups perception as to the individuals with whom they regard their relationship as being **very close**.

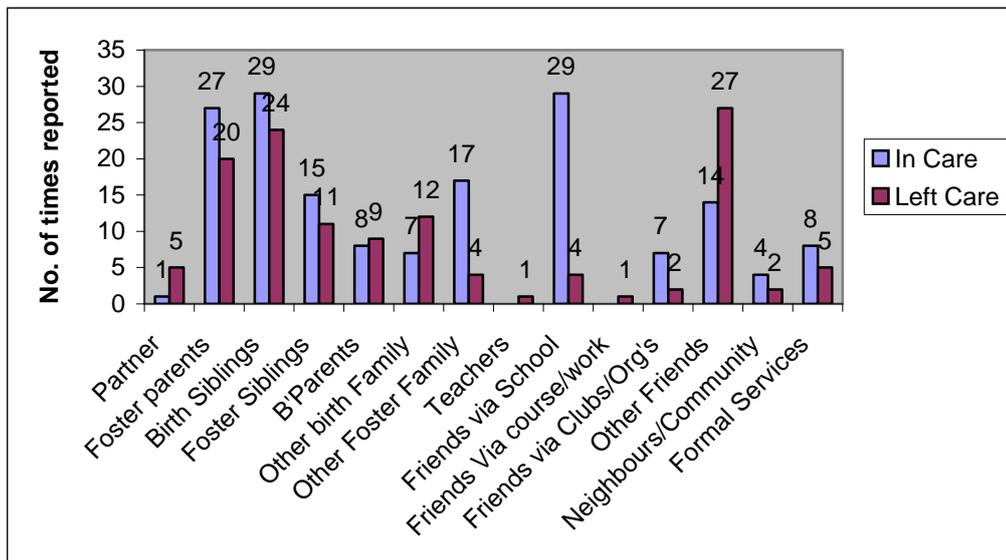


(Figure 23: Combined Group-‘Closeness’)

(Note: ‘y’ axis refers to number of times reported by the young people)

For the combined group the largest group identified as **very close** by the study group was ‘birth siblings’. The next largest group was foster carers and following this ‘other friends’.

**Figure 24** provides the breakdown in relation to the two sub-groups (the in care and left care groups):



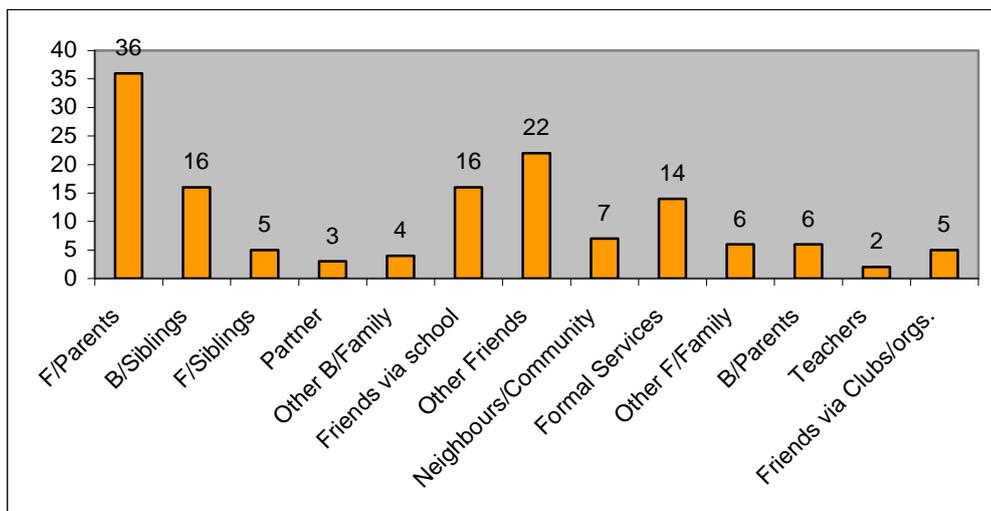
(Figure 24: In Care and Left Care Groups: ‘Closeness’)

The two largest groups for the In Care Group are ‘Birth Siblings’ and ‘Friends via school’ in terms of being ‘very close’ to these individuals. They both had 29 individuals identified by the

sample group (The significance of ‘birth siblings’ will be discussed below when discussing birth family). The next largest group was ‘Foster parents’ with 27 people identified. Combining the various ‘Friends’ categories gives a combined total of 50.

For the Left Care group, the largest group identified in terms of ‘closeness’ (being ‘very close’ to) was ‘other friends’ with 27 people being identified. The next largest individual group was ‘birth siblings’ with 24 people being identified. The third largest individual group identified was ‘foster parents’ with 20 people identified in this group. By combining the various ‘friends’ categories, the combined total for these 4 categories is 34. The above data relating to ‘closeness’ again emphasises the importance of foster parents and friends to the young people in the study group. Specifically, ‘friends via school’ are identified as being of significance in terms of ‘closeness’ to the in-care group, and, in the case of the Left Care group, friends from more informal settings were identified in this category.

**Figure 25** below provides the combined outcome relating to individuals the young person almost always seeks information and advice from:

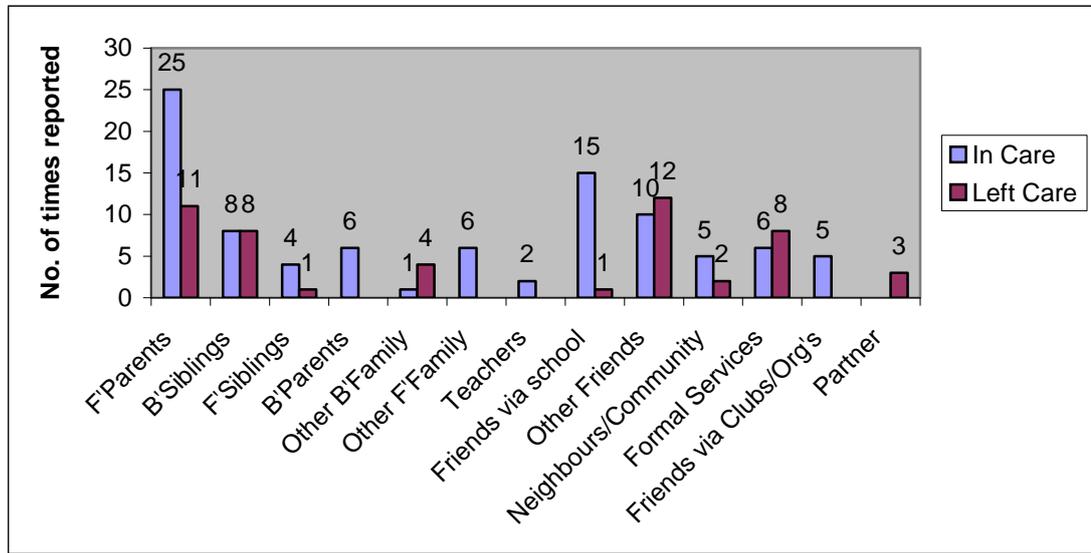


(Figure 25: Combined Group ‘Info. / Advice’)

(Note: ‘y’ axis refers to number of times reported)

The above data indicates that, for the combined group, foster parents are identified as being significant in terms of accessing information and advice.

**Figure 26** below provides the breakdown for the two sub-groups:



(Figure 26: In Care and Left Care groups: 'Info. /Advice')

The above data highlights the significant role that the Foster Parents play in the lives of the young people from the sample group who are currently in care in relation to sourcing information and advice for the respondents (25 people identified). Friends are also significant and in relation to the In Care Group, 'friends from school' are of particular significance (15 individuals identified). The combined figure for friends is 30.

Foster Parents remain significant to the Left Care group in terms of accessing information and advice (11), however the largest group is the 'other friends' category (12). When all of the friends groups are merged the outcome is 13. Formal services are also a significant source of information and advice for the Left Care group (8 people identified). This data is repeated in the Social Provisions Scale where the young people are asked to identify an adult in the community who was a particular support to them. Aftercare workers are identified in this category and score high in terms of the young people's perception as to their provision of advice and support.

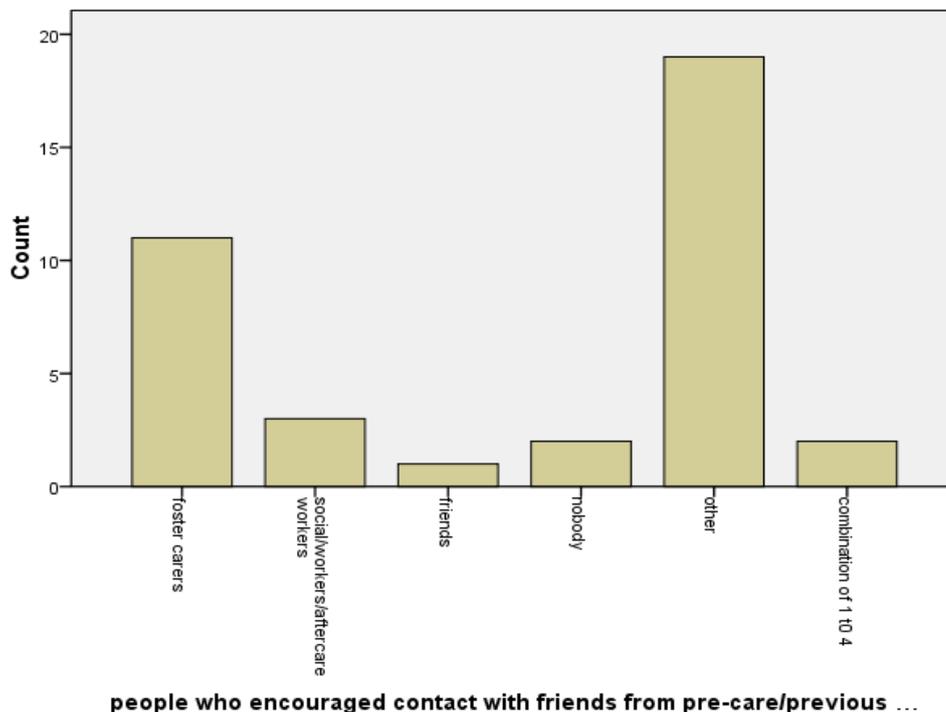
In the semi-structured Interview the young people were asked to identify people who encouraged their involvement in organised groups and activities. **Figure 27** below provides this result for this sample group. Thirty-six of the young people from the sample group responded to this question, for two of the young people this question was not included in their interview as they were part of the pilot interview stage and this question had not been included in this interview schedule. The single group that was identified most (36.1%) was ‘foster carers’. Thirteen of the young people identified their foster parent/s as being the person/people who encouraged involvement in organised groups and activities. 33.3% of the sample group (12 of the young people) identified a combination of people who had encouraged their involvement in such activity. Teachers comprised 8.3% of the people who encouraged the young people in such activity (3 young people). For each of the following groups, social workers/aftercare workers and friends, 5.6% of the young people identified these groups as people who encouraged this activity. 5.6% of the young people felt that nobody had encouraged their involvement in such activity.

People who encouraged involvement in groups/activities			
	Frequency	Valid Percent	Cumulative Percent
Foster carers	13	36.1	36.1
Social workers/aftercare worker	2	5.6	41.7
Friends	2	5.6	47.2
Teachers	3	8.3	55.6
Nobody	2	5.6	61.1
Combination of above	12	33.3	94.4
Other	2	5.6	100.0
Total	36	100.0	

(Figure 27: 'People who encouraged involvement in groups/ activities')

As an individual group, the above data highlights the significance of foster carers in terms of their encouragement of the young people from the study group in their involvement in organised groups and activities.

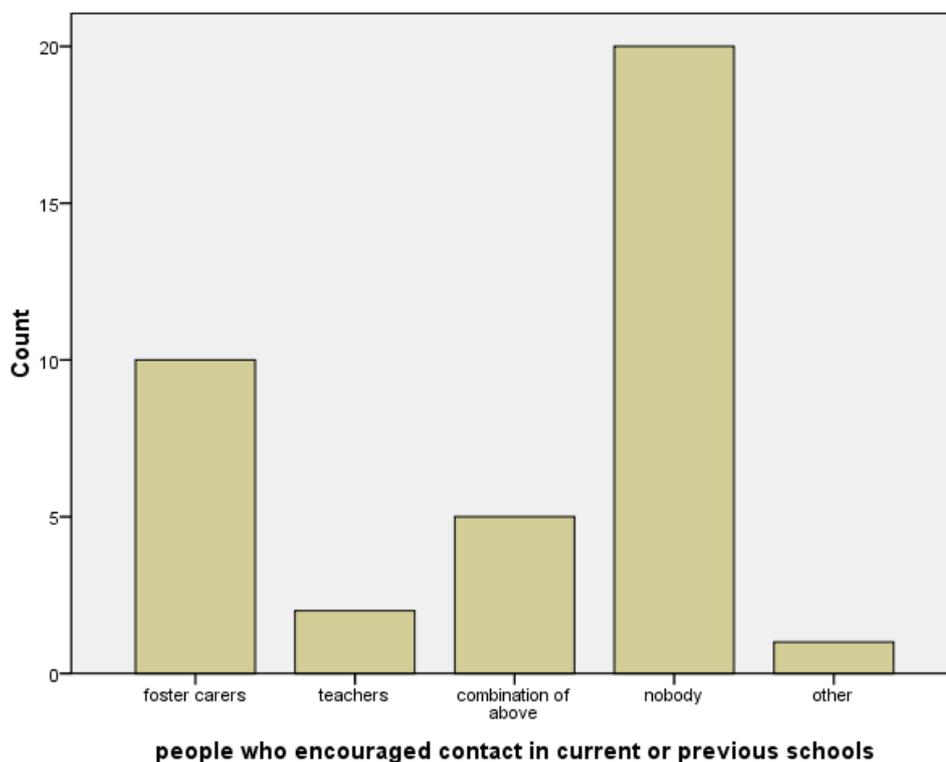
The sample group were then asked if anybody had encouraged their contact with friends from before they were in care, from previous placements, and, in the case of the Left Care group, from during their time in care. **Figure 28** below provides the outcome from this question in graph form. The category of teachers was also included in this question but the respondents did not identify this group as being solely a group who encouraged such contact. However, teachers were included in the 'combination of 1 to 4' selection. The largest individual group was foster parents with 28.9% of the young people identifying them as people who encouraged this contact with friends from either their pre-care days, previous placements, and during their time in care (left care group).



(Figure 28: 'People who encouraged contact with friends from pre-care/previous placements/during their time in care')

7.9% identified social workers and aftercare workers in this question, 2.6% stated that friends were supportive to them in this regard, 5.3% indicated that it was a combination of the people mentioned above, including teachers. 5.3% indicated that ‘nobody’ encouraged them to keep in contact with friends. Again, the importance of the role of the foster parents in encouraging such contact is highlighted from the above data. It also indicates, as perceived by the young people, that social workers and aftercare workers do not play as hugely a significant role in encouraging such contact as foster carers.

**Figure 29** provides the data in graph form in relation to the individuals who encouraged the young people to maintain their friendships either in their current or previous schools.



Ten of the young people indicated that their foster carers encouraged the young person’s contact with friends from current or previous schools. Five of the young people indicated that it was

a combination of people who encouraged this contact. Two of the young people indicated that their teachers were important in this regard. However, twenty of the young people indicated that they were not encouraged by anyone to maintain these friendships.

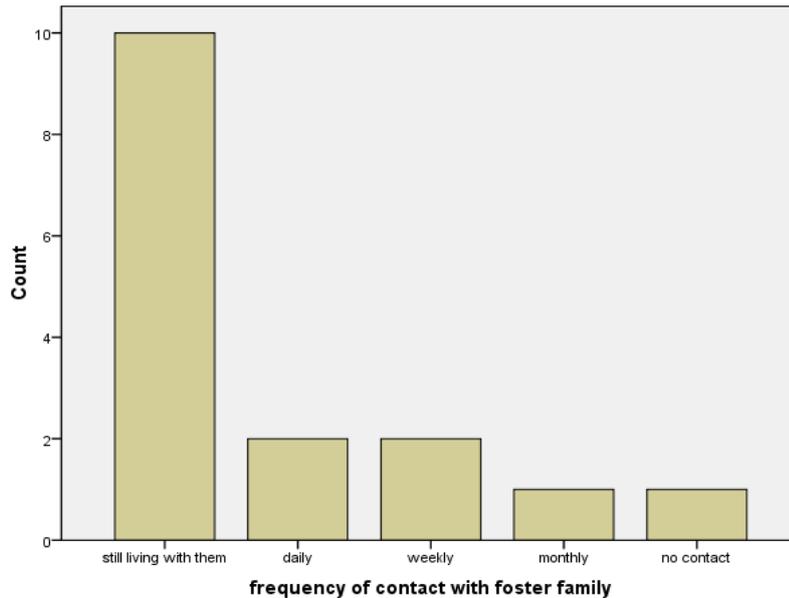
The left care group were also asked about their current contact with their foster family since they left care and the results are included in **Figure 30** below.

Still in contact with foster family (left care group)?			
	Frequency	Valid Percent	Cumulative Percent
Yes	15	88.2	88.2
No	2	11.8	100.0
Total	17	100.0	

*(Figure 30: Left Care group- 'still have contact with foster family')*

A significant number of the Left Care group continued to have contact with their foster family (88.2%). (10 young people from this group were still living with their foster family). Only 2 of the young people from this group had no contact with their foster family.

The Left Care group were also asked how frequent the current contact was with their foster family. The result is included in graph form in **Figure 31** below.



The above question was relevant to 16 of the young people from the left care group. One young person was not asked this question as they were interviewed as part of the pilot interview stage and this question had not been included in the original interview schedule. The data indicated that, for the group who were no longer living with their foster parents (six young people), two had daily contact, two had weekly contact and one saw their foster parents on a monthly basis. Only one of the young people from the Left Care group asked this question stated that they had no contact with their foster parents.

What is evident from the above data is the significance and importance of Foster Carers to the young people in particular in relation to accessing practical and emotional support and information and advice. Also, Foster Parents are significant in terms of, where relevant, encouraging the young people's involvement in organised groups and activities, encouraging their contact with friends from their pre-care days, previous placements and during their time in care (left care group), and encouraging contact with friends in the young person's current and/or previous schools. The data also indicates that a large

number of the young people from the Left Care group maintain contact with their foster carers. The Report of the Working Group on Foster Care (2001, p.26), in the chapter concerning objectives and principles of a foster care service, details the objectives of Foster Care which include the importance of 'providing the necessary support for children to develop their self-esteem and life-coping skills to improve their life chances so as to enable them to escape the cycle of social exclusion and help them to fulfil their potential and become mature and responsible adults'. A study from Sweden (Anderson, 2005) considered family relations, adjustment and well being as part of a longitudinal study of 26 children in care. In terms of adjustment, the young people from this study who adjusted better to their care status were characterised by having positive relationships with their foster parents and viewing their foster family as 'a family for life'. This group also related better to their birth family and had more positive contact with them. The provision of practical and emotional support by foster carers to young people is detailed extensively by Fahlberg (1994, p.183) in her account of a child's journey through placement. In particular, when a child is newly admitted to care, the 'most appropriate thing the foster family can do is to offer physical comfort to the child, talk little, and accept the feelings that the child may have'. Fahlberg (1994) outlines how this response from the foster carer can assist in forming attachment between the child and the adult. The fostering role is multi-faceted. They can be a sounding board for the child, provide for the physical needs of the young person as well as being available to listen to them when they are upset or distressed. The evidence from the above data in respect of foster carers highlights the importance of all of these roles for the young people in the study group.

'Friends' are also of significance to the young people from the study group. They are sources of practical support for the

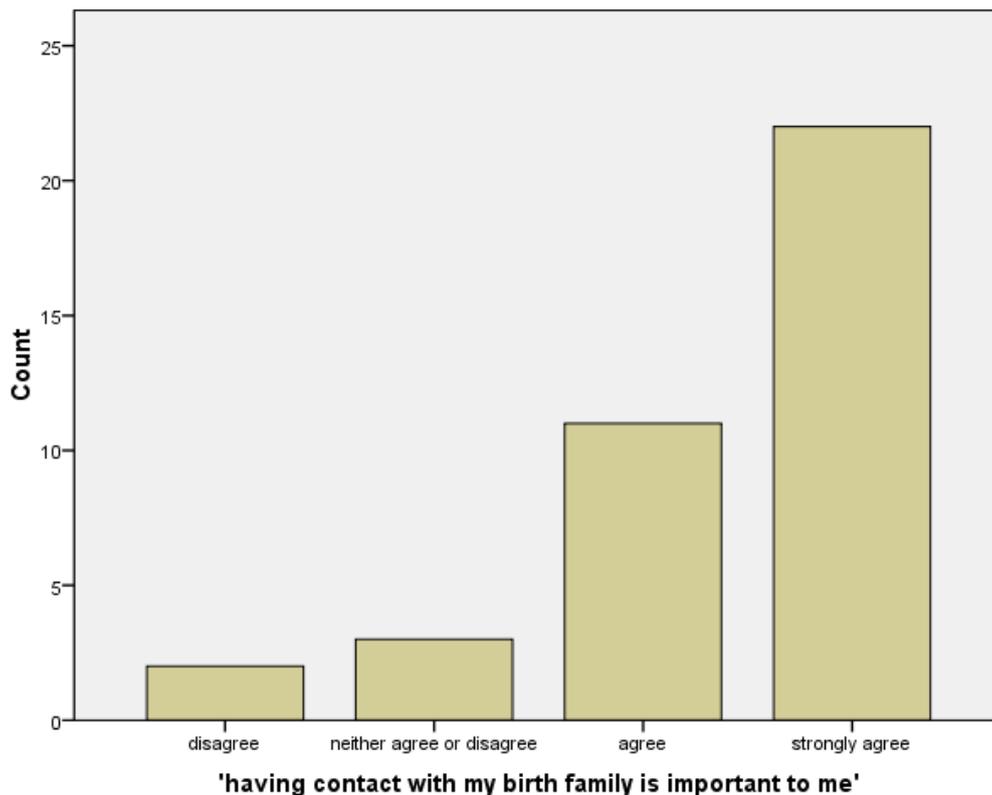
combined group but have a particular significance for the Left Care group in this regard. Friends are also a source of emotional support, again with a particular significance in this regard for the Left Care group. In terms of 'closeness', both groups also refer to friends frequently. In accessing information and advice a similar result is indicated, with a particular significance being reported by the Left Care group. Similar outcomes were evident in a study on the educational and social support experience of a group of young people in long-term foster care by Gilligan & Daly (2005) where, for 90.4% of the sample group in this study, friendships were seen to be beneficial. One young person from the present study related that *'if you have a problem, you can go to them'* (friends). Also, another young person reported that she viewed her friends as like her *'family and you can talk to them about anything.'* The significance of friends was again highlighted by one young person when she described how she viewed these relationships as *'valuable friends, we care about each other and do anything for each other.'*

To further demonstrate the importance of both foster parents and friends to the young people from the sample group, I will refer to a Case Study.

*Case Study 'D': 'Patrick' is a 16 year-old young person who was admitted to care at the age of 5. He has been in his current foster placement for 7 years and prior to this he had been in another foster placement. Both of 'Patrick's' placements were in general foster care. 'Patrick' shares his placement with his birth sibling. 'Patrick' does not currently have contact with his birth parents. During his time in care 'Patrick' has had 3 school moves due to his admission to care and subsequent placement move. 'Patrick's' social network map indicated that he identified members of his household, extended foster family members, friends from school, friends from sports and youth clubs, friends known on an informal basis (i.e. not through formal organisations), and a professional from the statutory services, as being elements in his social network. In the completion of the social network grid 'Patrick' identified his foster carers as being significant to him in the following areas: providing practical and emotional support and, sourcing information and advice. In addition, he described his relationship with his foster carers as 'very close'. In the Social Provisions Scale, 'Patrick' scored his foster parents high in the 4 questions concerning perceived support. Also, 'Patrick' identified his foster carers as being an encouragement in making friendships and maintaining contact with peers. 'Patrick' identified 2 friends from school as being elements in his social network. These friends were significant in terms of providing practical and emotional support, sourcing information and advice, and, in addition, he described their relationship as being 'very close'. Again, peer relationships scored high in 'Patrick's' Social Provisions Scale. This is how 'Patrick' described his relationship with his friends: 'they're close, they'd help me if I needed it, they're good crack, it's just like normal'.*

## 5.2 Birth Family:

In earlier chapters, reference was made to relevant literature concerning children with care experience and their contact with their birth family, and the significance of this contact in connection with the young person's identity. Focussing on the birth family is directly relevant to the present discussion due to the frequency individual members were identified as being elements in the young people's social networks. The three research measures directly referred to the young people's experience of contact with their birth family. Initially, the study group were presented with a statement – 'having contact with my birth family is important to me', and they were asked to respond to this statement using a likert type scale. **Figure 32** below provides the outcome from this question in graph form.



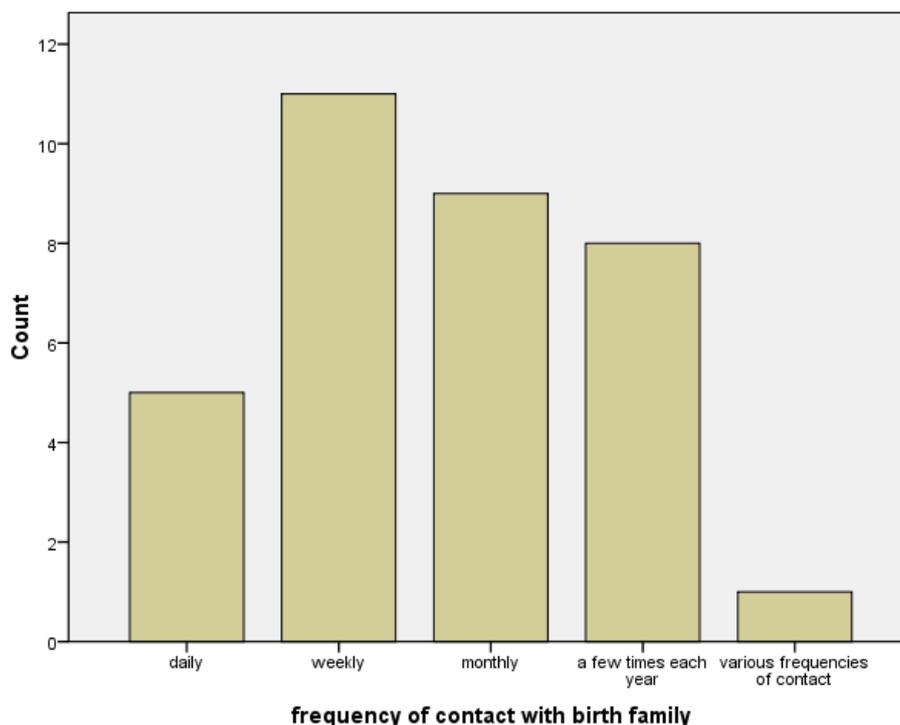
The above data indicates that 57.9% of the study group strongly agreed with the statement, 28.9% agreed, 7.9% neither agreed

nor disagreed and 5.3% disagreed with the statement. The results indicate that for a significant majority of the study group having contact with members of their birth family was important to them, with only 5.3% of the group indicating that this contact was not important to them. The study group were then asked if they currently had contact with members of their birth family (**Figure 33**).

Contact with birth family			
	Frequency	Percent	Cumulative Percent
Yes	34	89.5	89.5
No	4	10.5	100.0
Total	38	100.0	

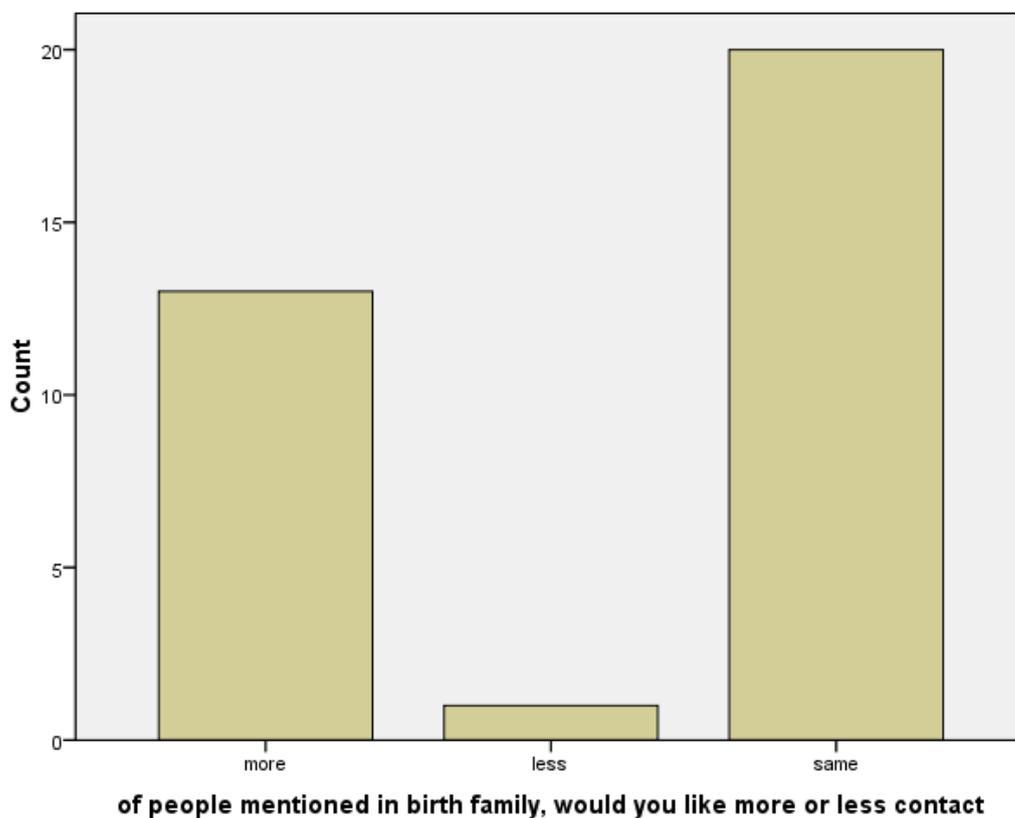
(Figure 33: Combined group: contact with birth family)

89.5% of the sample group had contact with one or more members of their birth family with 10.5% not having contact with any members of their birth family. The frequency of contact with members of the sample group's birth family is included below in graph form (**Figure 34**).



For the group who did have contact with at least one member of their birth family (34 young people), 11 had contact on a weekly basis. 9 had contact monthly, 8 had contact a few times each year, and 5 had contact on a daily basis. For one of the young people from this group contact was less frequent than a few times each year.

For the young people who currently had contact with one or more of their family members (34 young people), they were also asked if they wished to have either more, less or the same amount of contact. **Figure 35** provides the result of this in graph form below.



Twenty of the young people from this group indicated that they were happy with the current frequency of contact remaining as it is. 13 wished to have more contact and one young person indicated that they preferred less contact.

86.8% of the young people interviewed felt that having contact with their birth family was important to them and a significant

number of these young people (89.5%) did have contact with at least one member of their birth family. Also, as indicated from the data relating to the present group, their contact with their birth family was, in most cases, daily, weekly or monthly.

As indicated in section 5.2 above (**Figures 5 & 6**), birth siblings are referred to frequently in terms of 'closeness' for the study group, highlighting their importance to the young people.

The importance and value of maintaining contact with birth family is indicated in the personal statements of some of the young people. One young person stated, in response to a question on advice he or she would give concerning maintaining contact with important people in their lives, that the young person should – *'try hard to keep in contact with your family, ring them and make sure they ring you. You might end up living with them when you are older so it's good to know them well'*.

Another young person advised – *'stay in contact with your family, it's important.'*

The significance of the relationship with birth siblings is highlighted in the section on 'closeness'. In the case of the combined group (both in-care and left care) birth siblings was the largest group identified. For a significant number of the young people who identified their relationship with their birth sibling as being 'very close', they were or had been in the same placement. This echoes the findings from Gilligan & Daly's study (2005, p.132) - *'being placed with a birth sibling in long term foster care made a number of potentially negative aspects of education and schooling less likely. In addition, young people fostered with a birth sibling were more likely to gain positive social support from both their friendships and contact with birth family.'*

To further outline the above findings relating to birth family, I will refer to a Case Study.

*Case Study 'E': 'Susan' is an 18 year-old young adult who formally left the care system 6 months prior to being interviewed for the present study. 'Susan' had been admitted to care at the age of 4 and during her time in care had been in one long-term foster placement. She had shared this placement with her birth sibling. 'Susan' was currently living in independent accommodation and attending 3<sup>rd</sup> level education. In terms of her social network, 'Susan' identified the following people as being elements in her network - her foster carers, her birth sibling, foster siblings, a member of her extended birth family, two friends from school, two friends known on an informal basis, and two professionals from the statutory services, one being an aftercare worker. 'Susan's' relationship with her birth sibling was significant to her. She reported that she sought practical and emotional support from their sibling, viewed them as a source of information and advice, and described their relationship as being 'very close'. Contact with a member of her extended birth family was also significant for 'Susan', as she identified her relationship with a maternal aunt as being 'very close'. Scoring on the Social Provisions Scale was high in relation to 'Susan's' perception of the support provided by her birth sibling. Other than the above members of her birth family, 'Susan' did not identify anyone else from this category as being elements in her social network. In the semi-structured interview, she strongly agreed with the statement that 'having contact with birth family was important to her*

### **5.3 Findings-‘Groups and activities’:**

Considering the significance and importance of organised groups and activities in the young people’s lives is relevant to the present discussion as the focus of the study relates to both individuals and groups that are elements of their social network. (Groups and activities refer to social and leisure activities that take place outside the young person’s home and are formally organised, for example, sports clubs, youth clubs and music and dance classes. The discussion below will consider the young people’s attitude to the importance of being involved in such activities, their current involvement and the frequency of this contact, the benefits of such involvement to the young people, and the activities engaged in by the young people who are not currently involved in organised groups and activities.

Initially the respondents were asked to reflect upon the importance to them of being involved in organised groups and activities. **Figure 36** below outlines this result.

'Being involved in groups/activities is important to me'			
	Frequency	Valid percent	Cumulative Percent
Strongly disagree	1	2.6	2.6
Disagree	2	5.3	7.9
Neither agree or disagree	3	7.9	15.8
Agree	23	60.5	76.3
Strongly agree	9	23.7	100.0
Total	38	100.0	

(Figure 36: 'Being involved in groups and activities is important to me'.)

**Figure 36** indicates that the majority of the sample group (23) agreed with the statement that it was important for them to be involved in groups and activities outside of them. This represented 60.5% of the sample group. The next largest group was 9 young people (23.7% of the sample group) who strongly agreed with the statement. Overall the vast majority of the sample group (84.2%) felt it was important for them to be involved in groups and activities outside of home and either agreed or strongly agreed with the above statement. Only 7.9% of the sample group either disagreed or strongly disagreed with the above statement (3 young people). A further 3 young people (7.9%) neither agreed nor disagreed with the statement.

The breakdown of the current involvement by the young people in organised groups and activities was considered, including the types of activities. **Figure 37** below provides the outcome for this.

Types of groups/activities currently involved with			
	Frequency	Valid Percent	Cumulative Percent
Sports	9	23.7	23.7
Social club/youth club	5	13.2	36.8
Music/dance	2	5.3	42.1
Combination of 1, 2, 3	5	13.2	55.3
Not involved	17	44.7	100.0
Total	38	100.0	

(Figure 37: Types of groups and activities currently involved with.)

The percentage of young people currently involved in organised groups and activities outside of the home is 55.4% (21 young people). 44.7% were not currently involved with such activity (17 young people). This contrasts with the data from figure 13 where 84.2% of the sample group felt it was important for them to be involved in such groups and activities. Therefore, the data from the present sample group indicates that despite a significant percentage of the group indicating the importance of this type of activity, many are not involved with such activity.

**Figure 38** below outlines the frequency of contact of the young people who are currently involved in organised groups and activities (21 young people).

Frequency of contact with groups/activities			
	Frequency	Valid Percent	Cumulative Percent
Weekly	19	90.5	90.5
Monthly	1	4.8	95.2
Less frequent than monthly	1	4.8	100.0
Total	21	100.0	

(Figure 38: Frequency of contact with groups and activities.)

Of the 21 young people from the sample group who are currently involved in organised groups and activities, 19 had contact on a weekly basis with this activity, 1 of the young people had monthly contact with this activity and another young person had less than monthly contact with this activity. This indicates that for the group who had a current involvement with an organised group or activity their contact with this group was quite frequent and regular.

In the case of the young people who were not currently involved in organised groups and activities (17 young people), **Figure 39** below provides detail in terms of their preferences as to how they occupy their spare-time.

If not involved in organised group/activities, what do you do in spare time?			
	Frequency	Valid Percent	Cumulative Percent
Meet friends	4	23.5	23.5
Informal activities	11	64.7	88.2
Other	1	5.9	94.1
Nothing	1	5.9	100.0
Total	17	100.0	

(Figure 39: 'If not involved in organised group/activity, what do you do in your spare time?')

For this group the 64.7% of the young people identified 'informal activities' as being their preferred activity (11 young people). 23.5% identified 'meeting friends' as being their preferred activity. Only 1 of the young people from this group could not identify any other activity that occupied their time (represented 5.9% of this sub-group).

The sample group were also asked what they felt were the benefits to them from being involved with the groups/activities

they were currently involved with or previously had contact with.

**Figure 40** below provides the outcome from this question.

Benefits from being involved in groups/activities that you attend			
	Frequency	Valid Percent	Cumulative Percent
Meet people/make friends	4	11.1	11.1
Combination of exercise, meet people/make friends, get out of the house	21	58.3	69.4
Other	11	30.6	100.0
Total	36	100.0	

(Figure 40: Benefits from being involved in groups/activities.)

Thirty-six of the young people indicated that there were benefits to their involvement in organised groups and activities. Two of the young people felt the question did not apply to them as they were not currently or had not previously been involved in organised groups and activities. The benefits included ‘exercise’, ‘meet people/make friends’, ‘get out of the house’ and ‘other benefits’. As indicated above 58.3% of the young people from the group of 36 felt that the benefits were a combination of all three.

11.1% of the young people solely indicated that the benefit for them was meeting people and making friends. 30.6% felt that there were other benefits to those listed.

The above data has highlighted the following issues relating to the present study group:

- A significant majority of the young people identified the importance to them of being involved in organised groups and activities.

- The recognition of the importance of such activities is not transferred into significant numbers from the study group being currently involved with them.
- For the young people who are currently involved with such activities the vast majority have weekly contact.
- In terms of type of activity, sports club are identified most frequently.
- The young people identified the benefits of being involved in such activities. The majority of the young people felt the benefits included a combination of the following: exercise, meeting people/making friends and spending time out of the house.
- For the young people who were not currently involved in organised groups and activities, they reported that they spent their time in informal activities and meeting friends.

The importance and benefits of involvement in organised groups and activities has been highlighted for young people as a whole and in particular its contribution to the development of resilience in the young person has been documented (Dolan & Kane, 2005). For the group of young people who have experience of the care system there is evidence from the literature that involvement in organised social groups and activities can have positive consequence for this group (Gilligan, 2000, Clayden & Stein, 2005) For the sample group in the present study there was a strong indication that an involvement in such activities was important to the young people, with 84.2% of the group both agreeing/strongly agreeing with the statement that this type of involvement was important to them. However, this recognition of the importance of this type of involvement did not necessarily translate into large numbers being currently involved in organised groups and activities with 55.4% of the sample group currently involved and 44.7% not involved. In the next chapter

the involvement in organised groups and activities by the two sub-groups will be considered any variation highlighted.

As was identified from the previous section, foster carers played a pivotal role in encouraging and facilitating the young person's involvement in such activity. One young person related that his foster parents *'encouraged me (to get involved in clubs and activities), They all thought it was good to do something and keep busy'*. Another young person related that *'it was mainly my foster carers and foster family, they always told me to get involved with stuff and I'm glad I did.'*

To further demonstrate the above finding relating to organised groups and activities reference will be made to a Case Study.

*Case Study 'F' : 'Karen' is 15 year-old and has been in care since the age of 3. During her time in care she has been in one Relative foster care placement and she shared this placement with a birth sibling until he formally left the care system.*  
*'Karen' identified the following individuals as being elements of her social network – her Relative foster carer, her birth siblings, the year head from school, a friend from the local Gaelic club and three other friends.*  
*'Karen' agreed with the statement that being involved with groups and activities was important to her and throughout her time in care she reported having been involved in various organised groups and activities.*  
*'Karen' was currently linked in with the local Gaelic team and contact with this activity was 2 to 3 times per week. She indicated that her friends had been significant in encouraging her involvement and reported having friendships through such involvement.*  
*In terms of the benefits from involvement in such activities, 'Karen' reported that 'the team work' was most significant to her.*

#### **5.4 Summary and Discussion:**

In a general sense, the focus of the present chapter has been to identify those elements of the young people's social network that are significant and important. However, in naming these elements the discussion progressed to consider the nature of the relationship that exists between the young person and the individuals and groups by considering the type of support provided. This discussion is the second stage in a progression towards the central question concerning the connection between care and the social network experience of young people who have experience of long-term foster care.

In terms of the individuals and groups that are significant to the young people from the study group, the findings identify foster carers and friends as being important in this regard. Specifically, these two groups are sources of both practical and emotional support, would be individuals from which the young person sources information and advice, and the relationship between the young person and the individuals concerned is described as 'very close'.

The above findings relating to the young people's birth family indicate that having contact with this group is important to the study group and that a significant majority of the young people have contact with at least one member of their birth family.

However, when the above data is considered in conjunction with the findings from the Social Network Grid, one element is highlighted. Birth siblings are identified as being significant in terms of closeness and these relationships are reported frequently by the study group as being 'very close'.

Being involved in groups and activities is regarded as being important to the young people. However, actual involvement is not as significant. For those who are involved in such activities sports clubs are reported most frequently and the young people identify a combination of benefits from this involvement, including, meeting friends, getting exercise and spending time away from home.

The relevance of the above findings will be discussed in greater detail in the concluding chapter. However, a number of observations can be made. The role of the foster carer is significant in a variety of ways and this significance is pivotal to the lives of the young people in their care. In addition, the importance of this role continues after the young person is formally discharged from the care system. Peer relationships are also an important source of support to the young people from the study group and regular contact with friends is generally desired.

Friends have a particular significance for the Left Care group. These findings raise issues in terms of planning for both young people in care and those who have left care and the issue of the value placed on peer relationships by the statutory service providers will be discussed in the following chapters. Finally, despite valuing organised groups and activities, actual involvement is not significant. Foster Parents are important in encouraging this involvement, but is this issue considered adequately by the statutory services in care and aftercare planning?

The previous and current chapters have addressed the research questions concerning identifying the elements in the young people's social network, and why some of these elements are of particular significance and importance to the study group. However, these chapters have not directly referred to how Care impacts on this social network experience. This is the focus of the following chapter.



## **Chapter 6 - The connection between Foster Care and the Social Network experience of the study group:**

### **6.0 Introduction:**

Chapters Four and Five have provided a framework to address the final research question that will be explored in the present chapter. By identifying the individual elements of the social networks of the study group and by considering those elements that are significant to the young people and the reasons for their importance, this facilitates the introduction of the Care experience itself to the discourse.

The purpose of the present chapter is therefore to explore the connection between Care and the social network experience of the study group. This relates directly with the discussion in earlier chapters where the following points from the literature were highlighted:

- Young people with care experience may have limited social networks and subsequently may lack the beneficial effects of social support.
- Their experience of the primary networks of family, friends and school may not be a positive one and this may have a consequence on their development into adult life.
- This lack of connectedness, isolation and limited support from significant others may result in an inability or reluctance to form positive attachments.
- The experience in care of some of this group in terms of placement moves and general instability may also have a negative effect.

It is this experience of Foster Care that is the main focus of the present chapter and, more specifically, what factors exist relating

to this experience which impact on the ability of the young people to develop and sustain important relationships.

The discussion will focus on four elements of the young people's social networks: their involvement in organised groups and activities, their peer relationships, their experience of education/training and employment, and contact with birth family.

### **6.1 Groups and Activities:**

In the present discussion 'Groups and Activities' refer to formalised social and leisure activities with which that the young person has or may have had involvement. The literature has considered this issue of young people with care experience and their involvement in social/leisure activities. Daly & Gilligan (2005, p.133) identified a theme where 'young people who were deemed to gain a high level of social support from their friendships and participation in hobbies/leisure activities (made up of having regular friends, a best friend and taking part in a leisure activity both in school and the local neighbourhood), were significantly more likely to have a positive experience of schooling'. In his analysis of resilience and young people leaving care, Stein (2005) also highlights the connection between involvement with social/leisure activities and education. One of the positives of school identified in this study is that it can lead on to opening 'the door for participation in a range of leisure or extra-curricular activities that may lead to new friends and opportunities, including the learning of competencies and the development of emotional maturity...' (Stein, 2005, p.16). Other studies have considered young people who have experience of the care system's involvement with social/leisure activities. Stein & Carey (1986), in their extensive study on the experiences of young people who have formally left the care system, identified the small number of young people who were involved in leisure pursuits.

The involvement in such activities was so uncommon that the ‘instances of it .....became significant exceptions (Stein & Carey, 1986, p.117).’ Although this study is over 20 years old it’s highlighting of the importance of supporting the young people in forging links, both on a formal and an informal basis, with their local community is still relevant today and has been echoed in more recent studies and reports. A Canadian study (Flynn & Byrne, 2005, P.16) on young people in the care system identified ‘that the frequency of participation in SVA’s (structured voluntary activities) emerged as a positive and significant, albeit modest, predictor of better psychological outcomes’. Finally, in a study from the US (Mech, 1994, p.8) that focussed on preparation for independent living, a recommendation was to ‘help foster youths to facilitate connections with community resources and to participate in community life’.

In summarising evidence from the literature above, the following points can be made:

- For the general population involvement with social/leisure activities has a positive psychological benefit, but the value of this activity for children who have experienced adversity has also been noted.
- For children who have experience of the care system, a link has been identified between the involvement with social/leisure activities and resiliency.
- Involvement with social/leisure activities can have a subsequent positive effect on the young person’s experience of education.
- Some studies have demonstrated the low level of involvement of this group of young people in formal groups and activities.

In the present study the young people were asked a number of questions concerning their involvement in organised groups and activities. Initially, they were asked if they still had involvement

with organised groups and activities from either their pre-care days, previous placement or during their time in care (the latter category refers to the Left Care group), and whether they had been able to continue with this activity. This question was relevant for twenty-two of the respondents, the remaining sixteen had been admitted to care at an early age, still remained in the same placement and due to their age at the time of admission had not been involved in organised groups and activities prior to their coming into care. Only two of the young people (9.1%) asked about their involvement with previous groups and activities from either pre-care, previous placement or from during their time in care (left care) were still currently involved with this activity. 90.9% of this group had not been able to continue with such activity (twenty of the young people). This strongly indicates that the vast majority of this group were unable to maintain contact with organised groups and activities with which they had previously had involvement. Evidence from the literature would support this finding (Gilligan, 2001).

Following on from this question the young people who were unable to continue with these activities (90.9% of this group) were then asked the reason for this. **Figure 41** provides the result below.

If not able to continue with activities, why?		
	Frequency	Valid Percent
Due to move in placement/coming into care	9	45.0
Didn't want to continue	3	15.0
Other reason	8	40.0
Total	20	100.0

(Figure 41: 'If not able to continue, why?')

A significant number of this group (45%, nine young people) indicated that the reason for their inability to remain in contact with groups and activities that they had been involved with was due to either a move in placement or their initial admission to care.

Therefore in summary, the data from the present sample group indicated that a small percentage of the group were able to continue with groups and activities that they had been involved with prior to being admitted to care, from a previous placement or during their time in care (left care) and a significant factor in the inability of the young person to continue involvement was due to a move in placement and/or admission to care. Therefore the impact of care was a determining factor in this regard. The young people themselves highlighted this issue during the semi-structured interviews. One young person who had experienced multiple moves spoke about her feelings around having to leave the local football club– *‘I wanted to continue with the Gaelic but I wasn’t in the area, I was upset that I couldn’t keep it up, I made friends there.’* Another young person echoed this statement as they had taken part in a local swimming class – *‘I would have liked it to continue, I learnt how to swim.’* The move in placement, sometimes involving long distances, and the impact this has on the young person’s involvement in social activities was summarised by one young person – *‘this was very hard, not being able to, going so far away, and being used to them, I had made friends there as well.’*

The literature has highlighted a number of factors that can impact on the young person’s care experience, for example, number of placement moves, length of time in care and distance between placement and the young person’s own locality (Stein & Carey 1986, Schofield 2002, Schofield & Beek 2005). These

issues, where relevant, will be explored below in relation to their impact on the social network experience of the study group.

Firstly the data will be considered in terms of the **number of care placements** experienced by the young person and this will be related to their **current** involvement in groups and activities and the **type** of activity. The purpose of this is to determine if a connection exists between the above two factors, i.e. number of placement moves and current involvement. This data is included in **Figure 42** below:

No. of placements during time in care * types of groups/activities currently involved with							
Crosstabulation							
		Types of groups/activities currently involved with					Total
		Sports	Social club/youth club	Music/dance	Combination of 1, 2, 3	Not involved	
No. of placements during time in care	1	5	3	1	3	7	19
	2	3	0	0	2	5	10
	3	1	1	0	0	1	3
	4	0	1	0	0	3	4
	5	0	0	0	0	1	1
	More than 5	0	0	1	0	0	1
Total		9	5	2	5	17	38

(Figure 42: Number of placements during time in care related to current involvement in groups/activities and types of activities).

The above data indicates that in reference to the group of young people from the study group who have experienced one care placement (19), twelve (63.1%) of these young people are currently involved in formal groups and activities and seven (36.8%) are not currently involved. For the group of young people who have experienced two or more placements (19) nine (47.3%) of these young people are currently involved with groups and activities and ten (52.6%) are not currently involved. This data

indicates that the group of young people who have experienced one care placement have a greater current involvement in formal groups and activities than the group who have been in two or more placements. Therefore, the impact of frequent placement moves is related to current involvement in organised groups and activities.

The data will next be considered in terms of **number of** placements and whether this relates to the ability of the young person to maintain contact with groups and activities from **prior to being admitted to care, from previous placements or from during their time in care (left care group)**. Similar to data referred to above this relates to twenty-two of the young people interviewed from the study group and is included in **Figure 43** below:

No. of placements during time in care * been able to continue with groups/activities from pre-care/previous placement/during care				
Crosstabulation				
		Been able to continue with groups/activities from pre-care/previous placement/during care		Total
		Been able to continue	Not been able to continue	
No. of placements	1	1	7	8
during time in care	2	1	5	6
	3	0	2	2
	4	0	4	4
	5	0	1	1
	More than 5	0	1	1
Total		2	20	22

(Figure 43: No. of placements during time in care related to continuing with groups/activities from pre-care/previous placement/ during care).

In general, the data indicates the low numbers of young people who managed to maintain contact with groups and activities. Only 9.1% of the group continued with groups and activities from either their pre-care, previous placement and/or during their time in care, and 90.8% did not continue with these activities. Also, the greater number of care placements they have the less likely they are to maintain this contact. For the young people who had one care placement, 12.5% continued with such activities, and for those who had two or more placements, 7.1% continued with these activities.

The young person's **current location** (care placement or independent living setting for left care group) was considered **in relation to the location of their birth family/original community**, and the data was analysed in terms of the young person **maintaining contact with formal groups and activities that they had involvement with**. **Figure 44** provides this data:

**Distance between placement location/most recent placement and birth family's home**  
**\* been able to continue with groups/activities from pre-care/previous placement/during care Crosstabulation**

		Been able to continue with groups/activities from pre-care/previous placement/during care		Total
		Been able to continue	Not been able to continue	
Distance between placement location/most recent placement and birth family's home	less than 10 miles	0	3	3
	10 to 50 miles	1	10	11
	50 miles or more	0	4	4
	not applicable	0	1	1
	not known	1	2	3
<b>Total</b>		<b>2</b>	<b>20</b>	<b>22</b>

(Figure 44: Distance between placement location/most recent placement and birth family's home related to continuing with groups and activities from pre-care/previous placement/during care).

The data indicates that the impact of distance on the young people’s ability to continue with these activities. It is difficult to determine from the above data if greater distance resulted in less likelihood of contact with previous groups and activities as there is such a strong indication for all of the relevant young people that they were didn’t continue with these activities, however, the literature indicates that greater distance impacts on the young person’s ability to maintain contact with individuals and groups that are important to them (Gilligan, 2000).

The data in relation to the young people’s **current involvement** in formal groups and activities is considered below in relation to type of care placement (i.e. General or Relative Foster Care). It indicates the higher rates of involvement in such activities by the young people who were in general foster care (**Figure 45**).

Current placement/living arrangements * types of groups/activities currently involved with							
		Types of groups/activities currently involved with					Total
		Sports	Social club/ youth club	Music/ dance	Combination of 1, 2, 3	Not involved	
Current placement/living arrangements	General foster care	5	5	2	3	8	23
	Relative foster care	1	0	0	1	2	4
	Living with foster carers (left care)	0	0	0	0	1	1
	Independent living	3	0	0	1	6	10
Total		9	5	2	5	17	38

(Figure 45: Current Placement/ Living Arrangements related to current involvement in groups and activities)

The above table indicates that 65.2% of the young people who were in a general foster care arrangement were currently involved in organised groups and activities. For the group who were in a relative foster care arrangement 50 % of this group were currently involved in such activities. However, it is difficult to draw definitive results from the data relating to relative foster care placements as they comprised only four of the young people from the study group. The results relating to the group of young people who were in independent living (all young people who had formally left the care system) highlighted their lack of current involvement in organised groups and activities.

To further outline some of the above findings relating to the impact of foster care and the young people's involvement in organised groups and activities, I will refer to a Case Study from the present study group.

*Case Study 'G': 'Laura' is a 15 year-old young person who was admitted to care as an infant and has remained in care since this time. During her time in care she has been in 4 separate care placements, one of these was a relative foster care placement and the remaining three were in general foster care. Her initial placement was within 10 miles of her own locality, but the following three placements were between 10 to 50 miles from her original locality.*

*'Laura' agreed with the statement that 'being involved in groups and activities outside of home is important to me'. She is currently involved in one youth club and attends this on a weekly basis. 'Laura' indicated that she had initiated this contact with the youth club but had received some support from her social worker.*

*'Laura' was asked about groups and activities that she had previously been involved with from previous placements. She indicated that she had been involved in a number of social/leisure activities including Gaelic football and karate. 'Laura' reported that she had been unable to continue with these activities despite wanting to remain involved. She indicated that her inability to maintain this contact was due to her various placement moves. 'Laura' reported that one of the negative aspects of having to leave 'previous' social/leisure activities was the resulting loss of friendships made through this activity. When asked about being in foster care and whether this impacted on her involvement with organised groups and activities, 'Laura' related the following: 'it's more difficult, moving houses has made it more difficult, it was annoying and hard to keep the contact'.*

To summarise, findings from the present study in relation to the impact of foster care on the young people's experience of involvement in groups and activities indicate the following:

- Despite a significant number of young people from the sample group indicating that involvement in groups and activities was important to them, the actual involvement was of a low to moderate level. Also, a very small number of young people were able to continue with groups and activities that they had been

involved with from either their pre-care days, from a previous placement, or from during their time in care. The reason they were unable to continue with the activities from above was mainly due to their admission to care or placement move.

- In relation to the number of individual care placements experienced by the young people from the study group, the data from the present study indicates that those who had one care placement during their care career had a higher percentage of current involvement in organised groups and activities than those young people who were in two or more care placements during their care career. The literature has identified how an unstable care career has a negative impact on social network experience (Scofield & Beek 2005, Sinclair et al 2005). This evidence lends weight to the assertion that frequent placement moves may result in decreased involvement by young people with care experience in organised groups and activities.
- As indicated above the number of young people from the study group who maintained contact with organised groups and activities from pre-care/previous placement/during their time in care was quite low. When the number of placements experienced is introduced into the equation, the result showed that those who had one care placement were slightly more likely to maintain this contact than the group who were in two or more placements. The narrative of the young people themselves quoted above indicates that they wished to continue this involvement and were unhappy that a change in their living arrangements resulted in their discontinuance in this activity. Consequently, the experience of frequent placement moves may contribute to decreased contact with such activities from prior to their admission to care/previous placements/during their time in care.
- The evidence from the present study indicates that the group who are in a general foster care arrangement have greater

- The experience of the Left Care group in terms of their current involvement in organised groups and activities is significantly low. This is despite evidence suggesting the benefits of such activity for young people with care experience (Gilligan, 1999). Studies on the experience of the Left Care group have found similar low numbers in relation to current involvement in such activities (Stein & Carey, 1986).

## **6.2 Friendships:**

In considering the sample group's relationship with friends, the interview focussed on their current relationship with their friends and their experience of peer relationships during their time in care. The National Standards for Foster Care (2003, p.11) identify the importance of young people in foster care being encouraged and facilitated to maintain and develop friendships, and that the young person's need for this contact (as well as contact with family) needs to be 'considered when making a foster placement, especially when they are placed outside of their local community'. In a general sense the literature has highlighted the importance of peer relationships to the young person with care experience – 'it is important not to underestimate the value of friendships and peer relationships in terms of social support and developmental progress' (Gilligan, 2000, p.28). Gilligan (2000, p.28) continues with a cautionary note – 'being in care may hinder friendships' and one of the reasons for this is due to, in many circumstances, an admission to care resulting in a move a significant distance away from the young person's community (Gilligan, 2000).

Distance requires greater effort to sustain the friendship. In addition the bureaucracy pertaining to children in care may make it challenging for the young person to have a normal peer relationship e.g. checks being completed if they plan to stay in a friend's house. The young person themselves may find it difficult to make friendships due to their perceived feelings of stigma associated with their care status (Gilligan , 2000). Elsewhere, it has been identified that young people who have experience of the care system 'lack a functional social support network upon which they can rely during the transition from child welfare dependence to adult independence. Many face independence alone and isolated, and lacking a safety net' (Mendes, 2005, p.157). This issue of young people who have left the care system having poor friendship networks and experiencing isolation and loneliness has been noted in other studies (Biehal et al, 1995, Stein & Carey, 1986).

The young people themselves highlighted the importance of their friends:

*'you can rely on them and talk to them';*

*'they are always there for chatting, they'll give you a ring, they're there to talk and a support for you';*

*'the best thing is that you can share stuff, you've someone to talk to.'*

In the present study the young people were asked whether they still had some contact with friends from either pre-care, previous placement (where relevant), or during their time in care (left care group). This question was relevant for twenty-seven of the young people from the sample group (due to age of admission to care and number of placements experienced during their care career).

The results indicated that 70.4% of the group had some level of contact with at least one friend who was in one of the three groups detailed above. 29.6% had no contact with previous friends.

The present study considered placement location relative to distance from the young person’s original community to determine if this was a contributory factor in the young person’s ability to maintain contact with friends. The results are indicated in **Figure 46** below.

Distance between placement location/most recent placement and birth family's home			
	Frequency	Valid Percent	Cumulative Percent
Less than 10 miles	9	23.7	23.7
10 to 50 miles	17	44.7	68.4
50 miles or more	6	15.8	84.2
Not applicable	1	2.6	86.8
Not known	5	13.2	100.0
Total	38	100.0	

*(Figure 46: Distance between placement location/most recent placement and birth family's home).*

For 44.7% of the sample group, their current placement or current living arrangement (left care group) was between ten and fifty miles away from their original community and in the case of 15.8% of the sample group their current location was fifty miles or more from their original community. The results indicate for the majority of the sample group (60.5%) their current location was greater than ten miles from their original community. The above data highlights the issues of distance and how this can present a challenge to maintaining contact with individuals and

groups that are significant to the young person. Data presented earlier would indicate that the majority of the young people maintained some level of contact with at least one ‘previous’ friend. However, the frequency of this contact and the number of friends with whom the young person has maintained contact is not included. As referred to earlier, literature would indicate that distance impacts negatively on the young person’s ability to sustain relationships (Gilligan, 2000).

The young people were asked if their current friends had any knowledge of their care status, and if they did how they found out about this. In terms of their friends knowledge the results indicated that for the vast majority (94.7%) of the study group their current friends knew that they were either in care or had left care.

How friends found out about the young people’s care status is included below in **Figure 47**.

How did they find out (care status)?		
	Frequency	Valid Percent
I told them	23	65.7
They found out	4	11.4
Combination of 1 and 2	7	20.0
Other	1	2.9
Total	35	100.0

(Figure 47: How did they find out (care status)?)

(Three young people were not asked this question as they had been interviewed during the pilot stage and this question was not included as part of their interview).

The majority of the young people (65.7%) had told their friends of their care status and 11.4% related that their friends had found out this fact themselves. For 20% of the group their friends had found out due to a combination of the above two methods.

Stein & Carey (1985, p.118) had identified the stigma of care 'which had inhibited the making of friends..'. There was some reluctance on the part of some members of the sample group in terms of their friends gaining knowledge of their care status and the data does indicate that the young people's care status does present some challenges for some of the young people interviewed. This is indicated in the statements below:

*'they (their friends) found out themselves, I didn't want them to find out though';*

*'I wouldn't tell them (about their care status);*

*'some, I would have told them, others they don't ask and it's none of their business'.*

Similar data was considered in relation to maintaining contact with friends from previous schools (if the young person had to move school during their care history).

The above data indicates that for the group of young people who had one care placement (9 young people), 77.7% were able to maintain some level of contact with at least one friend from previous schools. For the group who experienced two or more care placements (13 young people), the percentage had dropped to 50% being able to maintain this contact.

In terms of maintaining relationships with ‘previous friends’ (refers to friends separate to school friends), and whether length of time in care impacts on this contact, the data indicates that, in the case of the group of young people who were in care from one to 3 years, 77.7% of this group maintained some level of contact with at least one friend from pre-care/previous placement/during their time in care (does not refer to school friends). For the group of young people who were in care for 4 years or more the percentage had dropped slightly to 66.6%.

**Figure 48** below considers current location relative to birth family’s home and contact with ‘previous friends’:

Distance between placement location/most recent placement and birth family's home * contact with friends from pre-care/previous placements/during your time in care Crosstabulation				
		Contact with friends from pre-care/previous placements/during your time in care		Total
		Yes	No	
Distance between placement location/most recent placement and birth family's home	Less than 10 miles	5	1	6
	10 to 50 miles	9	4	13
	50 miles or more	2	2	4
	Not applicable	1	0	1
	Not known	2	1	3
<b>Total</b>		<b>19</b>	<b>8</b>	<b>27</b>

(Figure 48: Distance between placement location/most recent placement and birth family’s home related to contact with friends from pre-care/previous placements/during time in care)

(For three young people from the above table the question was either not applicable to them or their birth family’s home was not known. The remaining eleven young people were either placed in care at a young age and/or remained in the same placement during their care career).

The data demonstrates that a higher percentage of the group placed within ten miles of their birth family’s home maintained contact with ‘previous friends’ than the group who were placed more than 10 miles away. For the young people placed within ten miles of their original community (six young people), five of these young people maintained some contact (83.3%). For those who were placed more than 10 miles from their original community (seventeen young people), eleven of these young people (64.7%) maintained some contact with ‘previous friends’.

The data below relates to the young people’s contact with ‘previous friends’ and indicates that the young people in relative foster care were, on a percentage basis, significantly more likely to have such contact (**Figure 49**). (note: as indicated above it is difficult to draw definitive conclusions in relation to this specific issue as the number of young people from the study group who were in relative foster care was small).

Current placement/living arrangements * contact with friends from pre-care/previous placements/during your time in care Crosstabulation				
		Contact with friends from pre-care/previous placements/during your time in care		Total
		Yes	No	
Current placement/living arrangements	General foster care	8	5	13
	Relative foster care	3	0	3
	Living with foster carers (left care)	1	0	1
	Independent living	7	3	10
Total		19	8	27

(Figure 49: Current placement/living arrangement related to contact with friends from pre-care/previous placements/during time in care).

(Eleven young people were not included in the above table due to one of the following reasons: placed in care at a young age and/or had one placement during their care history).

To further outline some of the findings detailed above relating to the study group's friendships, I will refer to a Case Study.

*Case Study 'H': 'Lisa' is a 20 year-old woman who formally left care over 2 years ago. During her care career she had two admissions to care and on these occasions she experienced two foster care placements and one placement in residential care. 'Lisa' first came into care at the age of 16. 'Lisa' is currently in independent living which she shares with her partner and young child. In terms of placement locations during her time in care, all of 'Lisa's' placements were between ten and fifty miles of her original locality. In her interview 'Lisa' stated that she did not have any contact with friends from prior to coming into care or from during her time in care. In terms of her perception as to whether being in care impacted on her friendships, 'Lisa' related the following – 'I know when I went into care I left all my friends, I didn't want anyone to know that I have been in care and when I left care I did the same, didn't want new friends to know I have been in care'.*

The purpose of the above section has been to explore the impact Care has on the young people's relationship with friends. In summary, the following points can be made from the data:

- For most of the young people interviewed in the current study, their current location was at least 10 miles away from their original locality and in the case of 15.8% of the group they were 50 miles or more away. The data outlined above indicates that the further the young person is placed from their original locality the less likely they are to maintain contact with previous friends. As detailed above this finding is supported by the literature and demonstrates how this experience can impact on the young person's ability to maintain peer relationships.
- The literature referred to in earlier chapters indicated how frequent placement moves are a characteristic of the profile of some young people with care experience. The findings above indicate that the young people from the study group who were in one placement were more likely to maintain contact with

- friends from previous schools (from prior to their admission to care) than the group who experienced two or more placements.
- In relation to length of time in care, the young people from the study group who were in care from one to three years were slightly more likely to maintain contact with friends from pre-care /previous placements/during their time in care than the young people who were in care for four years or more.
  - Finally, the findings above indicate that the group of young people from the present study group who were in relative foster care were more likely to maintain contact with friends from pre-care/previous placements/during their time in care.

### **6.3 Education/Training/Employment:**

Education, training and employment were considered in relation to whether foster care impacted on the young people's experience of these issues. The young people were asked in general whether they thought being in foster care has had any effect on their experience of school. 57.9 % of the sample group felt that being in foster care did not have an effect on their experience of school, however, 42.1% felt that it did. This indicates that a significant number from the group (sixteen young people) were of the opinion that being in foster care had an affect on their experience of school. This impact was both positive and negative. Some young people highlighted how frequent moves in placements made it more difficult to learn in school and that it impacted on their perception by other young people, and, on some occasions, teachers. On a positive note an element of the study group highlighted that being in foster care made them more focussed on education and supported them in achieving well in school and beyond.

In the previous chapter it was highlighted that, in the literature, a significant number of young people who have experience of the

care system have also had poor experiences in education and that their educational, training and employment outcomes are also poor. Such information has led to various initiatives to improve the experience and, it is hoped, the outcomes of this group of young people (Taking Care of Education, NCB (UK), 2004, Social Exclusion Unit, 2003). Certain characteristics have been attributed to some young people who have experience of the care system in terms of education. These include: a higher rate of early school leaving and the lack of formal qualifications (Whiting Blome, 1997); a lack of consistency and general disruption in their educational experience (Hayden, 2005); and, a higher rate of being excluded from the school environment (Martell, 2000). How the care system impacts on the educational outcomes for this group of young people has been attributed to 'inadequate corporate parenting; the care environment; a failure to prioritise education; inappropriate expectations; placement instability and disrupted schooling as well as pre-care experiences' (Hayden, 2005, p.2). Some of the above findings can be located in the narrative of the present study group. Primarily there were negative feelings associated with leaving friends from previous schools behind:

*'it's difficult enough, you have to make friends over and over again, you don't get to trust anyone, you don't get close to anyone in case you have to move, it's really annoying but you have to deal with it';*

*'that was difficult, it was hard to like pop out of nowhere and just be there and it was hard to leave your old friends';*

*'when I was younger, I didn't really think about it, but when I moved again, I had friends, you don't want to move...';*

Some of the young people had negative experiences due, in their opinion, to how they were perceived by other young people in school:

*'it makes it hard sometimes, there are some people who will take the piss out of you, just being awkward, you have to get on with it, but it bothers you but you have to ignore them but at times I think what will I do';*

*'..when I changed school, I didn't know anybody, people tried to tease you to find out what your story was, it was hard for the first month.'*

One young person found certain difficulties due to her care status:

*'it was difficult when you were at school because you had to go and meet them (social workers) and a lot of the ones I was at school with didn't know, it was only your close friends, like in the middle of school you had to get up and meet L (social worker), that kind of thing.'*

It is not uncommon for young people in care to have experienced school moves during their care history. **Figure 50** below provides this outcome for the sample group

School moves during time in care		
	Frequency	Valid Percent
Yes	17	44.7
No	21	55.3
Total	38	100.0

(Figure 50: School moves during time in care)

55.3% had no school moves either at the time admission to care or during their time in care. However, 44.7% of the young people

experienced at least one school move. The number of moves for this group is included below in **Figure 51**.

No. of school moves		
	Frequency	Valid Percent
1	9	52.9
2	2	11.8
3	3	17.6
More than 3	3	17.6
Total	17	100.0

(Figure 51: No. of school moves)

In terms of school moves the data above details that, for the young people from the study group who had experienced such moves, 52.9% had one move, 11.8% had 2 moves, 17.6% had 3 moves, and a further 17.6% had more than 3 moves.

The significance of foster carers is highlighted from the data in terms of encouraging the young people to both make and sustain friendships (**Figure 52**).

People who encouraged contact in current or previous schools		
	Frequency	Valid Percent
Foster carers	10	26.3
Teachers	2	5.3
Combination of above	5	13.2
Nobody	20	52.6
Other	1	2.6
Total	38	100.0

(Figure 52: People who encouraged contact in current or previous schools)

However, although foster carers appear as the largest individual group who encourage such contact for the young person, it is significant that 52.6% of the group indicated that nobody had encouraged such contact.

The literature has focussed extensively on the educational experience of the group of young people who have experience of the care system and in particular has highlighted how frequent moves impacts negatively on the young people's school experience and educational outcome (Richman & Rosenfield, 2001, Francis, 2000, Barnardos, 2006, Social Exclusion Report, 2003). The challenges faced by some of the young people were evident from their statements relating to their school experience. One young person indicated that—*'its difficult and hard to make friends and fit in'* and that *'it was awkward at parent/teachers meetings.'* Another young person related how their care status negatively impacted on how they were treated in school —*' you don't get away with as much. When I was living with (previous foster carers), if the slightest thing happened everyone would know about it, the school knew everything about me, they didn't know as much about anybody else, other people who weren't in care, this made it difficult.'* In relation to the issue of having to move school, one young person related their experience— *'it was hard in case you meet someone you know from your old school who might ask you why you left school.'* Another young person related — *'it was hard moving away from all my friends because we were together from national school, you're just in a school you don't really know anybody but it wasn't long before you make friends it's just not the same as being away from all your friends. I went back to the school then at home and some of the ones would have asked where you had been, I just told them something.'*

To further outline the educational experience of the young people and the impact care has on this experience I will refer to a case study from the study group.

*Case Study 'I' : 'Paul' is a 14 year-old young person who has been in foster care for over 3 years. He has been in his current general foster placement since his admission to care. His placement is approximately 20 miles from his birth family's home and his original locality.*

*Due to his admission to care, 'Paul' moved to a new school near to his foster placement. He spoke about how he felt about having to change schools – 'it was hard, I didn't know anyone, it was very tough'. 'Paul' related that he had friendships from his original locality but that, due to his admission into care and location move, he saw them occasionally, 'but not that often.'*

*'Paul' identified his foster carers as being a support to him in terms of encouragement to make friends in his new school – '(my foster carers) helped me to make friends, they told me to contact them and brought me to their houses.'*

*In terms of 'Paul's' perception as to whether being in foster care had any effect on how he experienced school, he related the following – 'yes, because I couldn't see my mum and dad as much as before, this affected how I got on in school in a bad way.'*

The above section focussed specifically on the educational experience of the study group in terms of whether factors associated with Care impact on this experience. The findings indicate the following:

- The data above detailed that nearly half of the study group experienced at least one school move during their time in care. 47.1% of this group had two or more school moves. A change in school results, in most cases, from a move in location. In the case of the present study group being admitted to care and/or experiencing a change in placement resulted in a change in school for a significant percentage of the young people. Some of these young people reported negative feelings due to them having to leave friends and make new ones in their new school. Also, some of the young people related negative experiences in terms of how they were perceived by other pupils in their new school. In addition, some related feelings of 'difference' in school due to their care status.
- Foster Carers continue to play a significant role for some of the young people in encouraging their friendships both in their current schools and from previous schools, where appropriate.

But what is significant is that just over half of the study group could not identify anyone who encouraged this contact.

#### **6.4 Birth Family:**

The admission of a child into care inevitably results in a separation from the birth family. Despite this the importance of maintaining a level of contact with the birth family has been raised in various policy documents about planning for the needs of young people in care, for example, The Report of the Working Group on Foster Care (2001) recognised the importance of young people in care maintaining a sense of identity. Schofield (2002, p.270) also highlighted the significance of this sense of identity and connection to the birth family, but also stressed that the child can 'be a member of more than one family', indicating the importance of the foster family in the process. The Report of the Working Group on Foster Care (2001,p.239) also highlighted that the literature outlines how the longer this group of young people 'are in care, contact between children in care and their families tends to diminish'. The report indicated the responsibility of the young person's social worker in endeavouring 'to maintain as much contact as is reasonably possible between the children and their own parent's taking into account the child's safety' (Dept. of Health, 2001, p.39). Similar points relating to the importance of contact with birth family are outlined in the National Standards for Foster Care (Dept. of Health, 2003).

The literature has considered why birth family is of such importance to the young people, particularly for those who leave the care system. The reasons include the following: the vast majority of this group of young people end up returning to either their parents or other family members when they leave care; and, the extended family become a primary source of support to the

young person following their discharge from care (Bullock, Little & Millham, 1993, Biehal, 1999). The literature has also highlighted that problems associated with contact between the young person and members of their birth family can occur but that it is important that this contact is 'managed more proactively' (Moyers et al, 2005, p.15). Other studies have found that the monitoring of contact by statutory services lack consistency (Browne & Moloney, 2002), which may result in negative outcomes in terms of the young person's relationship with their birth family.

The present study attempts to consider whether it is possible for the young people to maintain relationships with some members of their birth family and if the impact of being in care or having been in care has a detrimental effect on this relationship. The data presented in earlier chapters indicated that 89.5% of the sample group still had contact with at least one member of their birth family. This is a significant majority of the study group, indicating that contact with birth family is a reality for most of the group. For those young people who had no contact with members of their birth family (four young people), the data indicated that two of these young people didn't want contact, one didn't know why there was no contact, and one other stated that they were 'unable' to have contact.

The Left care group were asked if they had regular and frequent contact with their birth family **during their time in care**. 70.6% of this group felt that it was regular and frequent and 29.4% did not. Although the majority of the Left Care group regarded contact during their time in care was adequate, nearly a third felt that this wasn't their experience. The Left Care group were then asked how regular their contact had been since leaving care, and

50 % stated that the contact remained the same, 37.5% stated that they had more contact and 12.5% had less (**Figure 53**).

More or less contact with family since leaving care(left care)		
	Frequency	Valid Percent
more	6	37.5
less	2	12.5
same	8	50.0
Total	16	100.0

(Figure 53: More or less contact with family since leaving care (left care group))

The above question was relevant for 16 of the young people from the left care group. One of the young people had had no contact with his birth family either during his time in care or since leaving care.

In terms of support in maintaining contact, **Figure 54** below details whether the young person was currently in receipt of support.

Help in arranging contact with birth family		
	Frequency	Valid Percent
Yes	17	50.0
No	17	50.0
Total	34	100.0

(Figure 54: Help in arranging contact with birth family)

(Three young people were not asked the above question as it had not been included in the Pilot Interview stage, and one other

young person had no contact with any members of his birth family).

The above data is unsurprising as 17 members of the sample group had left care and were therefore deemed to be responsible for organising and managing their contact with their birth family.

**Figure 55** below provides the data in terms of who helps the young people to maintain contact with their birth family (In Care group).

Who helps in arranging contact		
	Frequency	Valid Percent
Foster carer	2	11.8
Social worker	15	88.2
Total	17	100.0

(Figure 55: Who helps I arranging contact with birth family?)

As is to be expected the significance of the role of the social worker in supporting contact is demonstrated above.

Data from the interview indicated that, for some of the young people, being admitted to care resulted in less contact with members of their extended family. For seven of the young people interviewed, they related that they would like or would have liked (left care group) to have greater contact with grandparents and cousins.

Some of the young people from the left care group indicated a preference for support in relation to maintaining on-going contact with members of their birth family. This is despite there being less emphasis on supporting young people in this matter after they turn eighteen:

*'(contact) was more organised when I was in care, my foster mum brought me, I get no help now.'*

*'I would like it (contact with birth family) to be organised'.*

Some of the young people related negative feelings due to their care status and how this impacted on contact with their birth family. One young person related the following:

*'having a social worker say what I can and cannot do stops you from even wanting, no not wanting, but trying to have contact.'*

Another young person related that when she came into care, *'the family backed away from (her)'*.

Finally, one young person who had left care related the following:

*'you couldn't see them as much as you would want to (birth family). With some of them now find it hard to believe that they are my brothers and sisters, I just see them as other people.'*

Length of time in care was considered alongside current contact with birth family, the results are in **Figure 56** below:

Length of time in care * contact with birth family Crosstabulation				
		Contact with birth family		Total
		Yes	No	
Length of time in care	1 to 3 years	9	0	9
	4 to 7 years	2	0	2
	8 or more years	23	3	26
Total		34	3	37

(Figure 56: Length of time in care related to contact with birth family)

(Four young people were not included in the above table, three who were interviewed as part of the Pilot Interview stage and one young person who had no contact with his birth family).

For the young people who are in care for 1 to 3 years (nine young people) all of this group maintained some level of contact with at least one member of their birth family. For the group who were in care for 4 years or more, there was a slight increase in the numbers of young people who did not have this contact (three young people – 10.7%).

In summary the following points can be made in relation to the current sample group’s contact with birth family and the connection Care has in this regard:

- For the majority of the group it was important to them to have contact with their birth family. A high percentage of the sample group managed to maintain contact with at least one member of their birth family. This indicates a fairly positive picture for the study group in terms of contact with birth family. However, for the Left Care group, nearly one third of this group did not feel that their contact with their birth family during their time in care was regular or frequent. (It is important to acknowledge that statutory professionals must, on certain occasions, deny

- A number of the young people related that they would like to have more contact with certain members of their extended family, in particular grandparents and cousins, and that their admission to care resulted in a decrease in contact with these family members. The young people highlighted this issue on a number of occasions and it was generally grandparents who were identified as members of their extended family with whom contact was not currently, or had not been (Left Care group), satisfactory.
- A number of young people from the Left Care group indicated a preference for continued support in relation to maintaining contact with their birth family. There seemed to be an expectation that, as the young person was now legally an adult, they were now responsible for organising and maintaining contact with their birth family. The findings indicated that some young people who have left the care system require on-going support in facilitating contact with family members.
- The narrative of some of the young people from the interviews indicated that negative perceptions about Care by both the young person and their birth family impacted on contact between the two groups. In certain circumstances this resulted in little or no contact happening.
- Finally, in relation to length of time in care, there is a slight increase in the likelihood of there being less contact with birth family for the group of young people who are in care for four years or more.

## **6.5 Summary – Impact of Foster Care on the Social Network**

### **Experience of study group:**

The purpose of the present chapter has been to explore the connection between Care and the social network experience of the study group. In addressing this issue the focus has been on four elements that comprise the social networks of the young people: organised groups and activities, friends, education/training, and birth family. Essentially, the discussion has sought to determine whether there are factors associated with having a care history that impact on the relationship between the young person and these four elements. The findings indicate the following:

- **Placement Moves:** The literature in earlier chapter has highlighted how significant numbers of young people in care can experience changes in placement during their care career. The findings from the present study indicate that these moves can impact on the young person's social network in a variety of ways. The young people who have to move placement are less likely to maintain contact with organised groups and activities from prior to their admission to care/previous placement/during their time in care. Also, those young people who had been in two or more placements were less likely to have a current involvement with such activities. Frequent placement moves also impacts negatively on the young people's contact with friends from pre-care and previous placements. Both being admitted to care and changing placements can result in a change in school. For some of the study group this resulted in negative experiences and perceptions in school.
- **Length of time in care:** The findings from the present study group indicate that the longer the young person is in care the less likely they are to have contact with previous groups and activities and previous friends. There is also a slight increase in the likelihood of the young people who are in care for four or

- **Type of Care Placement:** The findings from the present study group indicate that the young people in general foster care were more likely to have a current involvement in organised groups and activities than those young people who were in relative foster care. Conversely the young people from the study group who were in relative foster care were more likely to maintain contact with previous friends.
- **Stigma of Care:** There was reluctance by some of the young people for their friends to have knowledge of their care status and this status, for some, presented challenges in making and sustaining friendships. Also, certain negative perceptions by both birth family members and the young people themselves in relation to being in care impacted negatively on contact.
- **Placement location:** Evidence from the study indicated that the greater distance between the young person's placement and their original locality had a negative impact on their contact with previous friends.
- **Left Care Group:** Findings that relate specifically to the Left Care group demonstrate their low involvement in organised groups and activities. Also, nearly one third of this group felt that contact with birth family during their time in care was not frequent. Finally, a number of the young people from this group expressed a preference for on-going support in relation to contact with birth family.
- **Encouragement of contact:** Despite the present study highlighting the significant role played by foster carers in encouraging the young person to maintain contact with certain individuals and groups that are important to them, half of the young people from the study group did not identify anyone who encouraged their contact with friends from previous schools.

- **Extended Family:** A number of the young people related that one of the consequences of their admission to care was a loss in contact with members of their extended family, in particular grandparents and cousins.

The discussion in the present chapter has identified areas where a connection exists between Care and the Social Network experience of the study group. The findings from this chapter as well as those from chapters four and five will next be considered in terms of both policy and practice implications. This is the main focus in the concluding chapter of this study on the social network experience of young people who have experience of long-term foster care.



## **Chapter 7 - Conclusions/Recommendations:**

### **7.0 Introduction:**

In the introduction to the present study the recent and considerable attention attributed to the issue of children with care experience was highlighted. It would seem that now more than ever aspects of the lives of this group of vulnerable young people have attracted both the media's focus as well as that of the wider society. Although this attention, for the most part, focuses on negative aspects of Care, we should not necessarily view this upsurge in a negative light, as it is through greater awareness and logical debate we are in a better position to effect positive change and a re-evaluation of how we care for this vulnerable group of young people. This is a significant issue for service providers, policy makers, government and the wider society and it deserves the necessary attention. Some of the key issues relating to the State's care of these young people include the following: are we providing an adequate standard of care for this group in a safe, secure, caring environment with carers who are competent to fulfil this role, are we protecting this vulnerable group, and ultimately, are we preparing them for the time when they leave care and are expected to be independent and responsible. A commonality to both young people in care and those who have left the care system are the individuals and groups with whom they associate and from whom the access support, but from analysing the relevant literature difficulties emerge in relation to the social network experience of this group of young people. These include: young people who have a care history have experienced instability, trauma at an early age, a lack of security and difficulties in developing attachments; removing a young person from the primary network can have a traumatic and long-lasting effect; young people with care experience can have problems in relation to attachment and bonding; their experience

of peer group relationships can be characterised by inconsistency and a difficulty in forming a supportive network of friends; the Left Care Group are particularly susceptible to a lack of a supportive social network and this can result in feelings of isolation and a lack of connectedness to society, including poor levels of social integration and experience of marginalisation; and, the educational experience of many young people with a care history can be characterised by frequent school moves.

The current study provides a detailed and comprehensive analysis of the social network experience of a group of young people who have experience of long-term foster care in the North West area of the HSE West. Specifically the study answers the following three questions: what is the social network composition of the study group; what is the significance and importance of the individuals and groups within the social network to the young people; and, is there a connection between Care and the social network experience of the young people. These three research questions are closely linked and represent a progression in thought and analysis towards the central purpose of the study, identifying the ways in which Care can impact on the young people's social network experience.

To answer the above research questions three research measures were used, a semi-structured interview and two standardised measures. Each research measure provided valuable data on the composition of the social networks as well as the value attributed to and the supports provided by the individual elements of the networks. The semi-structured interview provided valuable qualitative data in the form of narrative from the young people concerning their individual social network experience.

The key research questions are detailed above, the answers to these are summarised below and represent additions to the current knowledge base concerning young people with foster care experience in Ireland:

- The Left Care group had on average a smaller network size than the In Care group. Also this group placed greater significance on members of their birth family with whom they did not reside, particularly birth siblings, in their social network, whereas the In Care group identified members of their household as being significant in this regard. Further differences in the social networks of the two groups included: the In Care group identified friends from formal structures such as school as being significant, and the Left Care group valued friends maintained on an informal basis; the Left Care group placed a greater emphasis on the support of professionals in their lives than the In Care group.
- Actual current involvement with organised groups and activities for the study group as a whole was not significant, with the In Care group having the most current involvement.
- Individuals in the young person's local community who were not members of either their birth or foster family or peer network were not significant for the group as a whole.
- Foster Carers play a pivotal role in the lives of this group and are a source of practical and emotional support, advice, as well as a source of encouragement in maintaining contact with individuals and groups that are significant to the young person. Friends and birth siblings are also significant with regards to the young person's perception as to the 'closeness' of the relationship.
- Care impacts on the social network experience of the young people in the following ways: through losing contact with members of their extended family (for example, grandparents and cousins); through the challenges it presents in terms of

### **7.1 Discussion:**

In an earlier chapter of the present study the following question was asked – ‘What does the Care system do?’ The answer, as summarised by Gilligan (1999, p.188), is that Care should maintain the physical and emotional needs of the young person, provide protection to those at risk, compensate those young people who have experienced ‘deficits’ in their lives, and that it should prepare them both practically and emotionally for the time when they formally leave the care system. As previously identified, children are admitted to care for a variety of reasons, but the central principle is that, due to a problem or problems within the family of origin, it is no longer appropriate or, in some cases, acceptable for the child to remain with their family and an alternative care arrangement needs to be provided. In providing an ‘alternative’, there has been much debate centred on what this may mean in reality and usually, in such discussions, the term ‘aspirational’ will appear, on occasions alongside the following words - ‘resource limitations’. To my mind, the principles highlighted by Gilligan (1999) above are central to the provision of an ‘alternative’, and I will add the following - security, stability, consistency, and an awareness and recognition of the young person’s identity and background with the latter two principles relating directly to the importance of social networks to the young people.

To the young person with experience of long-term foster care their social network is their support system and the individuals from

this network are the people they approach when they need practical help, when they are upset and when they require advice and direction. The social activities they are involved with are the systems through which they meet friends, develop skills and gain confidence. Not all of the relationships in the young people's network may be regarded as positive and, as outlined in earlier chapters, there may be negative consequences, as perceived by foster carers, social workers and birth family, to certain individuals who form elements in the young person's social network. But what has been one of the core elements in the present study is that it is their network, identified by the young people themselves and that these are the individuals and groups that are significant in their lives.

A network comprising family, friends and groups is important to all young people, however, its particular relevance to young people with a care history relates directly to the trauma, instability and upheaval that are characteristic of the experience of this group. Reference was made earlier to an 'interruption' occurring in the development of some young people who are admitted to care and how this can impact on their social competence and, consequently, their ability to form and maintain relationships. An awareness of this and an ability to compensate for this imbalance should be one of the functions of the organisations whose role it is to meet the young person's needs, and similarly, recognition of the importance of the young person's social network to their overall development both currently and into the future is essential.

The social network experience of the group of young people from the study group presents common themes and outcomes. Some of the young people have lost connections with individuals and groups due to their admission to care and/or placement move

and, in these circumstances, this has been a negative experience for the young person. Specifically, contact with certain friends, involvement with organised groups and activities and relationships with members of the extended family have been affected. Structural factors have contributed to this, including, placement moves, location of placement relative to the young person's original community and length of time in care. However, the perception of the young people from the present study is that the statutory professionals who work with them generally do not encourage this contact with certain individuals and groups that are important to them and, according to the study group, foster carers mainly encourage this contact.

School can be challenging for the young person with care experience and this can be exacerbated by frequent school moves (due to admission to care and/or placement moves) and people's attitude to their care status. For the young people who experienced such school moves the main negative aspects associated with this is the loss of friendships and the effort required to begin the process of making friends in a new school. The literature presented earlier relating to education shows that, for young people with care experience, stability and consistency in school is not a common experience and, in such circumstances, it is not surprising that poor outcomes in terms of education are frequently reported in relation to this group, as indicated in the literature in earlier chapters. What is surprising is that this knowledge about young people with care experience and education has been well documented and yet the pattern of school moves remains a reality for many of these young people. This pattern inevitably impacts on their social networks. The situation for young people who have formally left care can be particularly challenging. The recognition of the needs of this group has only relatively recently been transferred into service provision, however, there is a lack of consistency throughout the

country in terms of this service provision. What the present study has highlighted is the importance of a supportive social network for this group and that, despite being deemed to be a responsible and independent adult, these young people may still require support to maintain contact with people and groups who are important to them.

The core research question in the present study has been to consider whether there is a connection between Care and the social network experience of the study group. It is clear that, in certain aspects of this social network experience, elements of the Care experience can impact negatively and, as a result, young people from the study group can lose connections with individuals and groups that are of significance to them. Also, despite acknowledging the considerable work by professional in meeting the needs of this group of young people, the importance of a corporate recognition of the significance of social networks to young people with a care history must be asserted and both policy and practice are central in this regard.

## **7.2 Policy/Practice Recommendations:**

- In earlier chapters reference was made to policy documents that recommended facilitating contact between a young person in care and individuals who are important to them. What is missing from policy is how this is to be achieved and ways of measuring the success of this approach. The present study adopted a social network approach in both presenting and analysing the data gathered from the various research methods. This approach proved to be most useful in forming a picture as to who is important in the young people's lives and why, how the young people access support and the individuals they

- A factor that has been referred to in various research studies as well as policy documents is the importance of placement stability for young people in care. Frequent moves in care from one placement to another can be linked to poorer outcomes in

- Placement location has an obvious bearing on the young person's ability to maintain contact with their social network. The greater the distance the less likely for the present sample group to maintain contact with certain groups and activities as well as individuals from their network. Decisions concerning the location of a care placement need to include a greater emphasis being placed on the young person's social network and the significance and importance of its individual members. When such decisions are being made service providers should ask if it is possible for the young person to continue living in their own locality. There may be occasions when it is necessary for the young person to be placed a distance away from their original

- There is on-going comparative debate in the literature as to which is more beneficial for the young person, Relative Foster Care or General Foster Care (Farmer, 2009). The obvious advantage of Relative Foster Care is that it maintains the young person within their family of origin and this has broadly been welcomed by social workers, however, 'practice has not universally developed to keep pace with aspirations' (Argent, 2009, p.6). This location within the family of origin can in itself present challenges, for example, contact with birth family. In these circumstances the inclusion of placement plans that 'include suitable arrangements to help with or put boundaries around contact' (Farmer, 2009, p.441) are essential. The numbers of young people in the present study who were currently in or had been in a relative foster arrangement was relatively small (three of the young people from the in care group and two from the left care group), so it is difficult to draw definitive comparisons between the two groups. However, the following points can be made: the relative care group were more likely to contact with friends from prior to their admission to care/previous placement or during their time in care. However, the young people who were in general foster care were more likely to have a current involvement in organised groups and activities. The literature indicates that Relative foster care (or Kinship care) can have clear advantages in terms of maintaining contact with individuals who are important to the young person. National figures from 2008 show that 32% of all foster placements were with Relative Carers. This represents less than a third of the total number of foster placements. The value and benefit of Relative Foster Care from a social network perspective needs

- Meeting the specific needs of young care leavers in this country is a relatively new phenomenon and the formulation of Aftercare teams in most areas of the HSE has been a significant development in this regard. It has been generally recognised that this group of young people are particularly vulnerable in terms of risk to social exclusion and isolation. The data from the present study does indicate that the average network size for the left care group is smaller than the in care group. This may not necessarily result in a decrease in social support provision but it does emphasis the need to consider the social networks of this group and their perception as to sources of support. One factor that was raised by some of the Left Care group from the present study group is that they still required support in maintaining contact with members of their family despite being expected to be responsible for all contact themselves. Leaving Care is a challenging time and, although the 'bright lights of independence' are attractive, greater responsibility can be a heavy burden for some of the young people, and, at this time, the ability to access supports can be crucial, in particular family support (Mc Briar, N., Noade, L. & Ringland, B.,2001). Identifying and encouraging contact for care leavers, and, in certain circumstances facilitating initial contacts, should be part of the role of the professional who supports this group of young people.
- The present study has highlighted the significant role played by foster parents in the lives of this group of young people who have experience of long-term foster care. They are an important source of practical and emotional support as well as advice and information. On-going support and encouragement for foster carers in their role is pivotal to successful outcomes for the

- One of the positive aspects from the present study is the relatively high number of young people from the study group who were able to maintain contact with at least one member of their immediate birth family during their time in care. However, one factor that was identified in relation to some of the young people was the lack of contact with certain members of the extended family as a result of being admitted to care, and grandparents were raised on a number of occasions in this regard. In terms of identity for the young person, contact with all members of the extended family, if appropriate, should be considered and explored.
- Being admitted to care and/or having to move placement can result in a school move for the young person. The narrative of the young people from the study group who have this experience details negative feelings related to leaving old friends and having to make new ones, negative perceptions from some pupils and teachers in school and the impact a school move can have on educational outcomes. Both social work departments and schools have a responsibility to ensure that, if a young person in care has to move to a new school, then this move is managed sympathetically and appropriate supports are in place to facilitate the transition.
- Finally, involvement in organised groups and activities can be hugely beneficial to young people with care experience. Their

### **7.3 Transferability/Limitations of study:**

Data for the present study was sought from a group of young people in foster care in one area of the HSE, namely the North West area of the HSE West. This area is largely rural and comprises the counties of Donegal, Sligo, Leitrim and West Cavan. It is a large geographical area and would have certain obvious macro differences to certain other regions in the country, including smaller population size and fewer large urban centres. On a micro level, there may be other differences including resource availability, for example, foster care provision, social/leisure activities resources and placement location choice may vary throughout the country and may impact on the transferability of some the findings from the present study. However, as has been demonstrated above, certain findings are supported by both national and international literature.

Also, the present study considers young people who have experience of long-term foster care. Although some of the young people in the present study may have experienced residential care at some stage in their care careers, the criteria for selection

focussed specifically on those young people who were currently in long-term foster care (in care group) and those who had been in long-term foster care at the time of their formal discharge from care (left care group). Therefore, the current experiences of young people in residential care in terms of their social networks are not addressed. Although, the numbers of young people in residential care both locally and nationally is relatively small compared to those in foster care, their experience is no less relevant.

Finally, the research measures utilised in the present study present data, on the whole, from the perspective of the young people themselves (Some quantitative data is gathered from social work databases). It is possible that some of this data, which is of a self-report nature, may differ to the perspective of social workers, foster parents and/or birth family. This issue was highlighted in the methodology chapter.

#### **7.4 Future Research:**

Suggestions/recommendations for future research include the following:

- A greater emphasis on the social network experience of young people with a care history.
- The continued inclusion of the narrative of the young people themselves in all appropriate research related to Care experience.
- The experience of young people from residential care and their social networks.
- A comparative study with young people who have not been in care.
- A larger national study on the social network experience of this group of young people.

### **7.5 Concluding Remarks:**

Aside from the findings detailed above, one of the central principles of the present study is the Social Networks matter to young people with care experience. The individuals and groups represent the young person's support system, as well as their identity, and their significance must be fully recognised by both policy makers and practitioners.

As a final statement I will refer to the narrative of one young person who was interviewed as part of the study and who was asked what advice she would give to a young person who was recently admitted to foster care in terms of maintaining contact with people and groups that are important to them:

*'make sure that you keep in contact as the people you know longest are the people you are going to need.'*



## **Appendices:**

### **Contents of Appendices:**

- Appendix 1: Letter to social workers/aftercare workers.
- Appendix 2: Letter to Birth Parents and Consent form.
- Appendix 3: Letter to young person.
- Appendix 4: Information Sheet for young person.
- Appendix 5: Consent form for young people.
- Appendix 6: Letter to Foster Carers.
- Appendix 7: Interview Schedule (In-Care group)
- Appendix 8: Interview Schedule (Left Care group)

## **Appendix 1:**

### **Re: Research study on the “Social Networks of Young People who have experience of long-term Foster Care.**

Dear (Social Worker/Aftercare Worker),

As you may be aware I am conducting a research study on the Social Networks of Young People who have experience of long-term Foster Care. I will be seeking to interview two sample groups of young people, one group composed of young people currently in Care (aged 13-17) and another group of young people in Aftercare. The study will focus on the social networks of this group i.e. their contact with their families, friends, school/employment/training and with their community. I will be interviewing the young people and asking them questions about whether they value the importance of social networks and what networks they are linked in with. I hope to get a picture as to how ‘connected’ these young people feel to society.

I will be contacting you soon to discuss the process with you and, for the in-care group, to get contact details for the young person’s birth parents so as to seek their consent. For the Aftercare group I will be contacting workers to get contact details for the young people. I will also be sending a letter and information sheet to the young person and arranging a suitable time to meet with them. The young person’s involvement is voluntary and if they are willing to be involved they will also be asked to sign a consent form.

In the case of the group of young people currently in care, a letter will also be sent to their foster carers outlining details of the study.

The study is being supported by the HSE-West and has been approved by the Research Ethics Committee for your area.

If there are any issues you wish to clarify, please don’t hesitate in contacting me.

Yours sincerely,

**Conor McMahon,**

## ***Appendix 2:***

Dear (Birth Parent's name),

I am writing to you in relation to a research study that is taking place in the North West Area of the HSE. The study is looking at the "Social Networks of Young People in Foster Care". It involves interviewing a small number of young people who are currently in Care and asking them questions in relation to their Social Networks, that is their contact with family, friends, school, sports and leisure groups and other activities in the community. The purpose of the study is to get a picture as to how involved young people in Care are with their community, whether they have strong friendships either through school or in their area, and how often they have contact with their family.

Your (son/daughter) has been chosen as someone who would be suitable to take part in this study. If you are happy with them taking part, and they are also agreeable, I will meet with them and ask them some questions. All the information will remain confidential and they will not be identified in the study.

If you are happy with your (son/daughter) taking part in this study you will be asked to sign a consent form. I will contact you in the next 2 weeks to discuss the study with you and to ask if you are willing to agree for your child to be a part of the study. If you have any questions I will be happy to answer them then.

The HSE and the Social Work Dept. are aware that this study is taking place and are supporting it and provided me with your contact details. The study has also been approved by the Research ethics Committee for your area. If you wish to contact me for any further details, I am available at the above number. I look forward to talking to you soon.

Yours sincerely,

---

***Conor McMahon,***

**Consent form for Birth Parents:**

**Re: Research Study – ‘The Social Networks of Young  
People in Foster Care’**

**I confirm that I have spoken with Conor Mc Mahon who has outlined to me the purpose of the research study and I confirm that I understand this.**

**I am willing for my (son/daughter) to take part in the study which will involve (him/her) being interviewed by Conor Mc Mahon in relation to their ‘Social Networks’. I am aware that my (son’s/daughter’s) involvement is voluntary.**

**Signed: \_\_\_\_\_ BIRTH PARENT**

**Witness: \_\_\_\_\_ Conor Mc MAHON**

**DATE:**

### ***Appendix 3:***

Dear (Young Person),

I am writing to you about a research study that is taking place looking at young people who are or have been in Foster Care. In the leaflet that you got with this letter, it tells you what the study is about and the kind of questions that you will be asked. It is up to you to decide if you want to take part. If you decide to take part I will meet with you to talk to you some more about the questions I want to ask you. In the meantime I would like you to read the leaflet and talk to others about it if you wish. I will contact you soon to ask you if you want to be part of the study.

If you want to contact me to ask any questions, my phone number is at the top of this letter.

I look forward to talking to you,  
Thanks,

---

***Conor McMahon,***

**Appendix 4:**



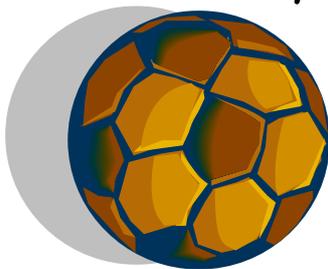
**"My Family,**

**Friends**

**and Community"**



You are being asked to be part of a research study. Before you decide I would like you to take some time to read this leaflet so you know what the study is about. You can talk to others about it if you wish. If you are not sure about anything or if you want any more information you can contact me. My number is at the end of this leaflet. Take time to decide if you want to take part in this study.



This study is about your "Social Networks" and is part of my university degree course. Your Social Networks are your family, friends, school, groups and activities that you are involved with in your community, like sports clubs, scouts, youth clubs. If you decide to take part I will meet with you once to ask you some questions about your "Social Networks". This will usually take one hour. If it is okay with you I will tape the interview. The tape will be deleted after I have written the information down.

I am writing to you as the study is about the "Social Networks" of young people who are in Care or who have been in Care. You have been chosen as you are aged between 13 and 17, in foster care and have been in care for more than one year. I will also be speaking to young people who have left care. I will be speaking to young people in the North West (Donegal/Sligo/Leitrim/West Cavan).

It is up to you to decide if you want to be a part of the study. If you do decide to take part I'll ask you to sign a form saying that you are happy to answer the questions. Even if you sign the form you can change your mind later. If you decide to take part I will contact you and arrange a time to meet with you. The information that you and the other young people provide will be helpful in understanding what is important in your life and what you like to do at school and in your spare time.

When I finish talking to all the young people all the information will be written up. Your name will not be used and the only other people who will know that you have taken part in this study will be your social worker, foster carer and your parents. Your birth parents have been told about the study and have been asked if they are happy for you to take part in the study. **(note: previous 2 lines will appear different for sample group of young people who have left care. It will be as following: 'Your name will not be used and the only other people who will know that you have taken part in the study will be your**

after care worker, if you have one'). All the information you give me will be confidential and if you would like to have a copy of your interview and/or a copy of the report this will be sent to you.

The HSE and the Social Work Department know that you are being contacted about the study and are happy with this. Also, the study has been approved by the Research Ethics Committee for your area.

Thanks for reading this information,

Conor Mc Mahon Telephone no.

Mobile no.

e-mail

## Appendix 5:

### Study - "The Social Networks of Young People who have experience of being in long-term Foster Care"

I confirm that I have read the information sheet that has been given to me about this study. I have also had the chance to talk to Conor McMahon about the study and I understand what it is about.

I understand that if I wish, at any time, not to be a part of this study, that this is okay.

*I agree to take part in this study*

*I am willing/not willing for interview to be taped (please delete)*

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Investigator \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## **Appendix 6:**

***Re: Research Study on “The Social Networks of Young People who have experience of long-term Foster Care”***

Dear (Foster Carer),

I am undertaking a research study looking at the Social Networks of Young People who have experience of long-term Foster Care. The study will involve meeting with the young person and asking them a number of questions about their social networks, that is their family, friends, sports and leisure groups, community groups and school/work training. It is hoped that this will give a picture as to how involved the young people are with their community. All information provided will be confidential and the young person will **not** be identified in the study. Involvement by the young person is voluntary and if they do not wish to participate then this is OK.

The HSE and the Social Work Dept. are aware that the study is taking place and are supporting it and it has been approved by the Research Ethics Committee for your area.

If you have any questions, please don't hesitate in contacting me to discuss the study further.

Yours sincerely,

---

***Conor McMahon,***

## **Appendix 7:**

### **IN-CARE GROUP:**

*Section A: Profile and placement details.*

### **(Quantitative information to be gathered from case file and social work database)**

#### **Profile:**

- Age
- Gender
- Reason for admission to care

#### **Length of time in care:**

- Date of Admission to care
- No. of separate admissions to care
- Length of time in care, including totals for all admissions to care

#### **Placement details:**

- Current placement?
  - general foster care
  - relative foster care
- Length of time in current placement?
- No's of placements during time in care
- Types of placements during time in care
- Location of all and current placement?
- Location of birth family? (at time of admission and currently)
- Distance between the placement locations and birth family's home?

**Interview with young person from in-care group:**

**‘Below I will be asking you some questions about your social networks and the support you get from these people and groups. Your social networks are the people and groups with which you are in regular contact. It can include your birth family, your foster family, your friends, school, and groups and activities that you are involved with in your community, for example, sports and youth clubs. What you tell me will be helpful in getting a picture of and understanding what is important in your life and what you like to do in your spare time.’**

**‘The first thing I want to do is complete a Social Network Map with you. A Network Map will show the people who are important to you. This will take about 15-20 minutes. Now lets start....’ (see attached Social Network Map – Tracy,E.M. and Whittaker, J.K. (1990). ‘The Social Network Map: Assessing social support in clinical social work practice’ in Families in Society, 71(8), 461-470.**

**Section B: 'Groups and activities I am involved with outside of my home':**

**'In this part I will ask you some questions about the groups and activities that you are involved with outside of your home. These may be, for example, sports or youth clubs, music or dance groups or any other organised group activity that you attend. By 'organised' I mean that it is planned and happens on a regular basis. But first I am going to read something to you and afterwards I'll ask you to reply with one of the following answers that you think describes best how you feel about what I have said:**

- (a) Strongly disagree*
- (b) Disagree*
- (c) Neither agree or disagree*
- (d) Agree*
- (e) Strongly agree.*

***'Being involved in groups and activities outside of home is important to me.'***

**Now I will ask you some questions:**

- What groups and activities are you involved with outside of your home?
- How often would you have contact with each group?
- Are you a member of any group/club? If yes what is this?
- If you are not involved with any group activity outside of your home, what do you like to do in your spare-time?
- What groups/clubs have you tried out?

- Are there any groups or activities that you would like to be involved in? What are these?
- Are there any people who encouraged or helped you to take part in the groups or activities that you mentioned above? If yes, who was this and how did they help or encourage you?
- Were you involved with any groups or activities from your pre-care days (depending on age admitted to care) or in previous placements (if applicable)? If yes, what were these and have you been able to continue with them since coming into care or moving to your current placement? If you weren't able to continue with these activities, why was this? How did you feel about not being able to continue with these activities?
- If you have been able to continue with any activity from either your pre-care days or from a previous placement, was there anyone who encouraged you to do this? If yes, who was this and how did they help?
- What do you feel are the benefits for you from being involved in the activities you mentioned that you attend?
- Does being in foster care make it easier, more difficult or no difference at all for you in being involved in the various groups and activities outside of your home that you mentioned? If easier or more difficult, why do you think this is?

### **Section C: Your Friends:**

**‘In this section I am going to ask you some questions about your friends, how you met them and the amount of time you spend with these people.**

**But first I would like to ask you about your current relationships with your friends, family and other people you know.’----Complete Dolan and Cutrona’s Social Provisions Scale**

**‘Now I will ask you some more questions about your friends’**

- **How many friends would you have regular contact with (by regular I mean at least once a week)?**
- **How often would you see each of these friends?**
- **How long have you known each of these friends?**

**(Above information from social network map. Outline details of above to young person prior to posing the following questions below)**

- Do you still have contact with friends from before you were in care or from previous placements (if applicable)?
- Has anyone encouraged you to keep in contact with friends, either now or from before you were in care or from previous placements ? If yes, who is this and how did they help?
- Where do you meet your regular friends?
- Can you list some things you do together?

- What is good about having the friends that you are in contact with?
- Is there anything that is not good about your contact with your friends?
- Do any of your friends know that you are in care? If yes how did they find out? If no, why is this?
- Does being in foster care make it easier, more difficult or no difference at all to you in making friends? If easier or more difficult, why is this do you think?
- Do you use any of the social network sites on the internet to keep in contact with your friends, e.g. bebo, facebook or MSN?

#### **Section D: Education/Employment/Training**

**‘I am now going to ask you some questions about your experience of school. But first I will read out something to you and I would like you to reply with one of the following which you think describes how you feel about what I have said’:**

- (a) Strongly disagree**
- (b) Disagree**
- (c) Neither agree or disagree**
- (d) Agree**
- (e) Strongly agree**

**‘School has been a good experience for me’**

**Now I will ask you some questions:**

- Are you in school, further education/training, or employment? If yes what do you attend?

**Now I will ask you some questions about your experience of school:**

- Did you have any school moves since coming into care? How many, and what was the reason for this?
- Do you have any contact with friends from previous schools?
- Did you attend a different school prior to coming into care?
- If currently in school, do you have many regular friends in your current school?
- Has anyone encouraged your friendships in your current or previous schools (if applicable)? If yes, who was this and how did they help?
- If you had to move schools at the time of coming into care, or during your time in care, how was this for you?
- Do you think being in foster care has had any effect on your experience of school? If yes, in what way?
- Has anyone from your school helped you in any way?

**Young people in further education/Training:**

- If you are in further education/training, what is this course and how long have you been on this course?
- Did anyone help you to get on to this course? If yes who was this and how did they help?
- Do you have many regular friends on this course?

- Do you still have contact with friends from your school days?
- Do you think being in foster care has had any effect on your ability to get on and your experience of further education and training courses? If yes, in what way?

**Young people in employment:**

- If in employment, what is your job and how long have you been in your current job?
- Did anyone help you to get this job? If yes, who was this and how did they help?
- Do you have many regular friends in this job?
- Do you still have contact with friends from your school days?
- Do you think being in foster care has had any effect on your ability to get a job and your experience of that job? If yes, in what way?

**Young people who are neither in school, training, further education or employment:**

- If neither in education, training or employment, what age were you when you left school?
- Since leaving school, have you been on any training courses or in work? If yes what were these?
- Do you have any contact with friends from school?
- Has not being in school or in training or in work had any effect on your ability to make friends? If yes, how?
- Are you receiving any help in relation to getting on a course, going back to school or getting a job? If yes,

- Does being in foster care have any effect on your ability to stay in school, get on a course or get a job? If yes in what way?

### **Section E: Your Family**

**‘Below I will be asking you some questions about your family. At the start I will ask you some questions about your birth family (some people call this their ‘real’ family or their natural family) and then I will ask you some questions about your foster family. But before I do that I would like to read something to you and I want you to reply with one of the following which you think describes how you feel about what I have said’:**

- (a) Strongly disagree**
- (b) Disagree**
- (c) Neither agree or disagree**
- (d) Agree**
- (e) Strongly agree**

***‘Having contact with my birth family is important for me’***

**Now I will ask you some questions:**

#### **Birth Family:**

- Do you have contact with your birth family?

- Who you have contact with: Do you have contact with your mum and/or Dad? Do you have contact with your brothers and sisters? Is there anyone else from your birth family that you have contact with, e.g. grandparents, uncles and aunts?
- How often would you have contact with each of the above people?
- If no contact with birth family, why is this? Would you like to have contact with some members of your birth family? Who would you like to have contact with?
- You mentioned that you had contact with .....(list of people from birth family that young person has contact with), do you have face to face contact or is it by telephone, letter etc.?
- Of the people you mentioned would you like more or less contact with them?
- Do you receive any help in arranging contact with members of your birth family? If yes, who was this and how did they help?
- Do you enjoy the contact you have with your birth family? If no, why?
- What do you do on the contact?
- How does being in Foster care have an effect on your contact with your birth family?

**Foster Family:**

- Do you go to any activities with your foster family?
- If yes, what are these?

- How often would you go to such places with your foster family?

**Section F: Summary questions.**

- What is helpful to you in keeping up contact with people and groups that are important to you?
- What prevents you from keeping up contact with people and groups that are important to you?
- What could be done that would make a difference to you in keeping up contact with people and groups that are important to you?
- If you were asked to give some advice to someone who had just come into foster care, in terms of them keeping up contact with people and groups that are important to them, what would this advice be?

**Thanks for taking the time to answer all the questions.**

## **Appendix 8:**

### **LEFT CARE GROUP:**

*Section A: Profile and placement details.*

**(Quantitative information to be gathered from case file and social work database)**

#### **Profile:**

- Age
- Gender
- Reason for coming into care

#### **Duration of time in care:**

- Date of last admission to care prior to turning 18?
- No. of separate admissions to care
- Length of time in care, including totals for all admissions to care?
- Length of time since left care?

#### **Placement details:**

- Current placement?
  - Where do you live? – Left care group:
    - still with foster carers (general or relative)
    - independent living
    - supported lodgings
    - birth family
    - other, specify
- No's of placements during time in care
- Types of placements during time in care
- Location of all and current placement?

- Location of birth family? (at time of admission and currently)
- Distance between the placement locations and birth family's home?
- Length of time in current placement or current living arrangement?
- Number of moves since leaving care?

**Interview with young person from left care group:**

**‘Below I will be asking you some questions about your social networks and the support you get from these people and groups. Your social networks are the people and groups with which you are in regular contact. It can include your birth family, your foster family, your friends, school, and groups and activities that you are involved with in your community, for example, sports and youth clubs. The information you provide will be helpful in getting a picture of and understanding what is important in your life and what you like to do in your spare time.’**

**‘The first thing I want to do is complete a Social Network Map with you. A network map will show the people who are important to you. This will take about 15-20 minutes. Now lets start...’ (see attached Social Network Map – Tracy,E.M. and Whittaker, J.K. (1990). ‘The Social Network Map: Assessing social support in clinical social work practice’ in Families in Society, 71(8), 461-470.**

**Section B: 'Groups and activities I am involved with outside of my home':**

**'In this section I will ask you some questions about the groups and activities that you are involved with outside of your home. These may be, for example, sports or youth clubs, music or dance groups or any other organised group activity that you attend. By 'organised' I mean that it is planned and happens on a regular basis. But first I am going to read something to you and afterwards I will ask you to reply with one of the following answers which you think describes best how you feel about what I have said.':**

- (f) Strongly disagree*
- (g) Disagree*
- (h) Neither agree or disagree*
- (i) Agree*
- (j) Strongly agree.*

***'Being involved in groups and activities outside of home is important to me.'***

**Now I will ask you some questions:**

- What groups are you involved with outside of your home?
- How often would you have contact with each group?
- Are you a member of any group/club?
- If you are not involved with any group activity in the community, what do you like to do in your spare-time?
- What groups/clubs have you tried out?

- Are there any groups or activities that you would like to be involved in? What are these?
- Are there any people who encouraged or helped you to take part in the groups or activities that you mentioned above? If yes, who was this and how did they help or encourage you?
- Were you involved with any social or group activities from your pre-care days(if applicable) or during your time in care? If yes, what were these and have you been able to continue with them? If you weren't able to continue with these activities, why was this? How did you feel about not being able to continue with these activities?
- If you have been able to continue with any activity from either your pre-care days or from during your time in care, was there anyone who encouraged you to do this? If yes, who was this and how did they help?
- What do you feel are the benefits for you from being involved in the activities you mentioned that you attend?
- Do you think having been in foster care made it easier, more difficult or no difference at all for you in being involved in the various groups and activities outside of your home? If easier or more difficult why do you think this is?

### **Section C: Your Friends:**

**‘In this section I am going to ask you some questions about your friends, how you met them and the amount of time you spend with these people.**

**But first I would like to ask you about your current relationships with your friends, family and other people you know.’--- Complete Dolan and Cutrona’s Social Provisions scale.**

**‘Now I will ask you some more questions about your friends’**

- How many friends would you have regular contact with (by regular I mean at least once a week)?**
- How often would you see each of these friends?**
- How long have you known each of these friends?**

**(above information from social network map. Outline details of above to young person prior to asking the following questions below)**

- Do you still have contact with friends from before you were in care or from during your time in care?
- Has anyone encouraged you to keep in contact with friends, either now or from before you were in care or from during your time in care? If yes, who was this and how did they help?
- Where do you meet your regular friends?
- Can you list some things you do together?
- What is good about having the friends that you are in contact with?

- Is there anything that is not good about your contact with your friends?
- Do any of your friends know that you were in care? If yes, how did they find out? If no, why is this?
- Has having been in care made it easier, more difficult or no difference at all to you in making friends? If easier or more difficult, why do you think this is?
- Do you use any of the Social Network sites on the internet to keep in contact with your friends, e.g. bebo, facebook or MSN?

#### **Section D: Education/Employment/Training**

**‘I am now going to ask you some questions about your experience of school. But first I will read something to you and I would like you to reply with one of the following which you think describes how you feel about what I have said’:**

- (f) Strongly disagree**
- (g) Disagree**
- (h) Neither agree or disagree**
- (i) Agree**
- (j) Strongly agree**

**‘School has been a good experience for me’**

**Now I will ask you some questions:**

- Are you in school, further education/training, or employment? If yes what do you attend?

*Now I will ask you some questions about your experience of school:*

- Did you have any school moves during your time in care? How many, and what was the reason for this?
- Do you have any contact with friends from previous schools?
- Did you attend a different school prior to coming into care?
- If attending school, do you have many regular friends in your current school?
- Has anyone encouraged your friendships in your current (if applicable) or previous schools? If yes, who was this and how did they help?
- If you had to move schools at the time of coming into care, or during your time in care, how was this for you?
- Do you think having been in foster care has had any influence on your experience of school? If yes, in what way?
- Has anyone from your current school (if applicable) or from previous schools helped you in anyway?

**Young people in further education/training:**

- If you are in further education/training, what is the course and how long have you been on this course?
- Did anyone help you to get on this course? If yes, who was this and how did they help
- Do you have many regular friends on this course?

- Do you still have contact with friends from your school days?
- Do you think having been in foster care has had any effect on your ability to get on and your experience of further education and training courses? If yes, in what way?

**Young people in employment:**

- If in employment, what is your job and how long have you been in your current job?
- Did anyone help you to get this job? If yes, who was this and how did they help?
- Do you have many regular friends in this job?
- Do you still have contact with friends from your school days?
- Do you think having been in foster care has had any effect on your ability to get a job and your experience of that job? If yes, in what way?

**Young people who are neither in school, training, further education or employment:**

- If neither in education, training or employment, what age were you when you left school?
- Since leaving school, have you been on any training courses? If yes, what were these?
- Do you have any contact with friends from school?
- Has not being in school or in training or in work had any effect on your ability to make friends? If yes, how?

- Are you receiving any help in relation to getting on a course, going back to school or getting a job? If yes, who is helping you and how? If no, would you like some help?
- Has being in foster care had any effect on your ability to stay in school, get on a course or get a job? If yes, in what way?

### **Section E: Your Family**

**‘Below I will be asking you some questions about your family. At the start I will ask you some questions about your birth family (some people call this their ‘real’ family or their natural family) and then I will ask you some questions about your foster family. But before I do that I would like to read something to you and afterwards I would like you to reply with one of the following which describes how you feel about what I have said’:**

- (f) Strongly disagree**
- (g) Disagree**
- (h) Neither agree or disagree**
- (i) Agree**
- (j) Strongly agree**

***‘Having contact with my birth family is important for me’***

**Now I will ask you some questions:**

**Birth Family:**

- Do you have contact with your birth family?
- **Who you have contact with:** Do you have contact with you mum and/or dad? Do you have contact with your brothers and sisters? Is there anyone else from your birth family that you are in contact with e.g. grandparents, uncles, aunts?
- How often would you have contact with each of the people you mentioned above?
- If no contact with birth family, why do you think this is? Would you like to have contact with some members of your birth family? Who would you like to have contact with?
- You mentioned that you had contact with .....(list of people from birth family that young person has contact with), do you have face to face contact or is it by telephone, letter etc.?
- Of the people you mentioned would you like more or less contact with them?
- Did you have regular and frequent contact with your family during your time in care?
- Have you had more or less contact with your birth family since leaving care? Why, reasons for this?
- Do you receive any help in arranging contact with members of your birth family? If yes, who is this?
- Do you enjoy the contact you have with your birth family? If no, why?

- What do you do on contact?
- Has having been in foster care had any effect on your contact with your birth family? If yes, how?

**Foster Family:**

- Do you still have contact with your foster family? If yes, see below. If no, why is this?
- How often do you have contact with your foster family?
- Do you go to any activities with your foster family?
- If yes, what are these?
- How often would you go to such places with your foster family?

**Section F: Summary questions.**

- During your time in foster care, what helped you to keep up contact with people and groups that are important to you?
- During your time in foster care, what prevented you from keeping up contact with people and groups that are important to you?
- What could have been done which would have made a difference to you in keeping up contact with people and groups that are important to you?
- If you were asked to give some advice to someone who had just come into Foster care, in terms of them

**Thanks for taking the time to answer all the questions.**



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