

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

**Do supported transitions from Foster Care
achieve better outcomes for young people?**

**An evaluation of young people's perspectives and
experiences of Dingwall Trust's Launch Care
to Independence Service**

**A research report submitted in partial fulfilment of the
Master of Social Work (Applied)**

Massey University, Albany Campus

Davinia Abbott

November 2010



Acknowledgments

I would like to first acknowledge and thank the young people who participated in this study, it has been inspiring to have met you, to hear your journeys, and I wish you all best in all of your chosen endeavours.

This project could not have been possible without the dedicated interest that staff of the Launch Care to Independence have for young people entering their programme. Thank you for your ongoing support throughout the various stages of this study. I would also like to acknowledge my colleagues at Child, Youth and Family Services for making every effort to provide me precious time for the completion of my studies.

I am truly grateful to my supervisor Mike O'Brien for his enthusiasm and thoughtful contribution in the shaping of this project, to my partner Jared for his abundant support, and the eye for detail provided by my dedicated family and friends during the write up of this research.

Abstract

Readiness to live independently vs. the age a young person is forced to do so (“Ageing out of care”) is a much debated issue within the research on foster care leavers and as a response programmes designed to facilitate a young person’s transition from care began emerging internationally during the 1990s under an umbrella of transition from care (TFC) schemes. In New Zealand a TFC initiative was established, by the Statutory Department of Child, Youth and Family Services, in Auckland in 2004 and delivered by the non-government agencies Dingwall Trust and Youth Horizons which developed pilot TFC schemes. This research aims to evaluate the continued need and effectiveness of Dingwall Trust’s scheme, Launch Care to Independence (CTI) Service, through the shared opinions and experiences of young people who were placed in foster care and transitioned on to independent living through engagement with this programme. This study explores the challenges faced by youth who have left care within a New Zealand cultural context.

Seven young people agreed to take part in this study and participated in a semi-structured interview process with a qualitative research design. An analysis of the interview data found that a young person’s journey in foster care did impact their transition to independent living both in positive and negative ways. The assistance provided through the Launch CTI Service was perceived as necessary, relevant and young person focussed. The outcomes achieved through their engagement with the programme were generally good in areas of accommodation, continued education aspirations and living skills; however other areas such as employment and leaving school educational attainment revealed poorer outcomes for the majority of the group. The findings suggested that consistent, innovative and participatory relationships between young people and their Social Worker are most likely to develop a pathway in which positive outcomes can be achieved by the young person. This paper also illustrated the vulnerability of young people during their foster care experiences and the integral role of informal social networks in the provision of long-term support for young people transitioning to independent living.

List of Contents

Acknowledgements	ii
Abstract	iii
Table of contents	iv
List of abbreviations and definitions	vi
List of Tables and Appendices	viii
Chapter One: Introduction	
Overview of the research project	1
Report structure	2
Chapter Two: Review of the Literature	
Themes within International research on Foster Care Leavers	4
New Zealand Research of Foster Care Leavers	7
Working with foster care leavers within TFC Schemes	10
TFC programmes in New Zealand	12
Chapter Three: Methods Section	
Research Design	15
Sampling method and recruitment process	17
Data analysis procedure	22
Ethical Issues and other considerations	23
Chapter Four: Findings	
Section 1: Evaluation of Participant outcomes	27
Section 2: 'Through Care' experiences	38
Section 3: Addressing 'imbalance'	41
Section 4: Programme feedback	45

Chapter Five: **Discussion**

- The outcomes of care leavers 48
- The helping relationship 49
- The components of a successful TFC programme 50
- Readiness for independence 52

Chapter Six: **Conclusion** 54

References 57

Appendices 61

List of abbreviations and definitions

CYPF Act	Children, Young Persons, and their Families Act, 1989
CYFS	The Department of Child, Youth and Family Services
HNZ	Housing New Zealand
IYB	Independent Youth Benefit
Launch CTI	Launch Care to Independence
PA	Personal Advisor employed by Launch Care to Independence Service
TFC	Transition from Care
SENZ	SENZ Training and Employment Centre

Within this study there are a few key terms and concepts that are commonly referred to within the literature:

Children and Young Persons:

For the purposes of this research the terms *children* and *young people* will refer to the interpretation outlined in Children, Young Persons, and their Families Act, 1989 (CYPF Act):

“child means a boy or girl under the age of 14 years.

young person means a boy or girl of or over the age of 14 years but under 17 years; but does not include any person who is or has been married or in a civil union” (s2).

The continuum of out of kin care:

Throughout this research various terms will be used which describe a young person’s change in living situation from living with their biological parents or families. ‘Out of kin’ care is essentially a general term to describe substitute providers of care for children or young persons who, for a variety of reasons, have been deemed unable to live with their biological families for a period of time. Mann-Feder (2007) describes ‘in care’ as a range of options along a continuum; “from the most normative and individualized at one end (adoptive family) to foster care, group home care, or residential placement at the other extreme” (p.1). Mann-Feder (2007) explains that “Children can have long-term placement in any of these options or move along the continuum through the course of a placement

career” (p.1). A young person’s ‘in care’ or ‘through care’ experience therefore relate to their time spent with substitute providers of care.

Care and Protection

This project sits within the peripheral of the social worker field of practice known as ‘care and protection’ and in New Zealand the statutory agency Child, Youth and Family Services (CYFS) stands at the forefront of this sector. The mandate of Care and Protection Practice within CYFS is “to keep children and young people safe and free from harm, from abuse and neglect and to promote their well being by working with other agencies, the community and their family” (CYF Practice Centre, 2006). When a child or young person is not safe at home other ‘care’ options are therefore explored with the family, their extended family members and other agencies within their community.

Custody

CYPF Act 1989 interprets the term custody as “the right to possession and care of a child or young person” (s2). Biological parents have automatic rights to custody of their child however a child or young person may come into the custody of the Chief Executive of the department when care and protection concerns exist (defined by S14 of the CYPF Act, 1989) and there are no alternative appropriate family/whanau to care for the child or young person. This action is subject to court approval and family/whanau consultation prior to such action prescribed by the CYPF Act, 1989.

Independent Youth Benefit (IYB)

Is defined by Work and Income New Zealand as the “provision of income support for people aged 16 or 17 years who are currently unemployed but actively seeking work, training for work, at school, or sick, injured or disabled, where it is inappropriate for them to obtain financial support from their parents” (Ministry of Social Development, 2008).

List of Tables

Table 1: Initial contact results from the discharged young people sample list	p18
Table 2: The Participant Group	p19
Table 3: Accommodation	p28
Table 4: Educational Outcomes	p30
Table 6: Transport Choices	p35

List of Appendices

Appendix 1: Permission to access Database
Appendix 2: Information Letter
Appendix 3: Outcome Measures
Appendix 4: Interview Outline
Appendix 5: Participant Consent form
Appendix 6: Confidentiality Agreement
Appendix 7: Authority for the release of transcripts
Appendix 8: MUHEC approval letter

Chapter 1: Introduction

Foster care is one remedy for the social problem of child abuse, neglect, and dependency. Designed as a short-term solution to ensure the safety of children, critics have assailed foster care as creating additional social problems for children and families, including for young adults who transition out of foster care, referred to as “aging out” (Holland, 2008, p. 1).

An overview of the research project

In December 2009 there were 5,582 children and young people reported to be in the custody/care of New Zealand’s department of Child, Youth and Family Services (CYFS) (Atwool, 2010). Of this total 1,437 include young people aged 14-16 and 89 include young people over the age of 17. The dramatic drop in the number of young people in CYFS custody/care over the age of 16 is due to the age criteria deeming eligibility for services and, as stated in the definitions section, a young person according to the CYPF Act 1989 is 14 years to under 17 years of age¹. Many young people remain with their existing care arrangements and Child, Youth and Family Services are able to withdraw their involvement without much disruption in the young person’s life. However, some young people are not able to continue their current care arrangement, they may not have plans to return to their parents or extended family and a reliance on family or whanau to step in when CYFS step away may be unrealistic. For these young people, leaving care forces a transition into independence, how such a transition is facilitated forms the focus of this study.

This research project is a qualitative evaluation of Launch Care to Independence Services (Launch CTI) a Transition from Care (TFC) programme provided by the Auckland based social service agency Dingwall Trust. This study approaches the evaluation of the Launch CTI

¹ In 2006 an amendment to the CYPF Act, 1989 to raise the age definition of a young person from under 17 to under 18 was proposed however is not currently aligned with government policy at this time (Dilham, personal correspondence, July 2010).

Service from the perspective of seven young people who experienced foster care and transitioned to independent living through engagement with the Launch CTI Service. Transition from Care schemes in New Zealand were introduced in 2004 mainly to “avoid leaving care being another crisis point in young people’s lives” (TNS, 2005, p. 1). This action was taken by CYFS after a ministerial review conducted by Brown (2000) which found that there was no provision of transitional services for young person’s leaving foster care in New Zealand.

Although similar schemes have been in operation internationally for several years, TFC programmes are still relatively new in New Zealand to both Care and Protection practitioners and care leavers alike. The intention of this study is to enhance the visibility of youth leaving care through a discussion of the role and function of the Launch CTI Service. This evaluation of the Launch CTI Service aims to:

- Evaluate participant material, practical and emotional outcomes and highlight the specific intervention of the Launch CTI programme and the participant’s Personal Advisor (PA) within each outcome.
- Review themes within the qualitative interviews that highlight gaps found in participants foster care experience which impacted their transition to independence.
- Review the ways in which the Launch CTI programme sought to redress the imbalances faced by young people.
- To deliver feedback on how the provision of the Launch CTI service is perceived by those who have been through the programme.

The report structure

The supported transition to independence for young people leaving care forms the focus of this piece of research and provides further awareness of the journey from statutory involvement to independent living using the Launch CTI Service. The following chapter will discuss prior research from New Zealand and international literature in the field of young people leaving care, and will explore TFC schemes providing clarity regarding the components of a TFC programme. The review of the literature formed the areas of evaluation for both the young persons in the study and the Launch CTI Service. This chapter

concludes with a brief overview of Dingwall Trust, the creation of the Launch CTI Service and a summary of the findings from prior evaluations of the TFC initiative (TNS, 2005; 2006)².

Chapter three outlines the methodology used in design of this study and shares ethical considerations while also providing a profile of the participant group. Chapter four acknowledges the research aims and shares the views of the participants during their time in care and on the Launch CTI Service while transitioning from care. A further discussion of the findings can be found in Chapter five; this section connects research findings with the existing body of knowledge previously identified. The final chapter reflects on the research design and in conclusion of the study practice implications are suggested.

² Funded by Child, Youth and Family Services during the pilot phase of programme development.

Chapter 2: Review of the Literature

How young people exit care has been a subject of interest internationally for a number of decades with the pivotal work of Stein and Ellis (1983) raising further awareness of the views of young care leavers and their transition to independence. Steadily growing research in this area has contributed to a general alignment of outcome findings for foster care leavers in the following areas: education, physical and mental health, substance abuse, parenting, involvement with the criminal justice system, social relationships and family engagement, employment, and sustainable accommodation (Biehal, Clayden, Stein, & Wade, 1995; Courtney & Hughes-Heuring, 2005; Dixon & Stein, 2005; Mann-Feder, 2007; Moslehuddin & Mendes, 2006; Shin, 2004). The common themes found within the research on foster care leavers record low education attainment, financial security, employment, family or care giver contact and disproportionately high rates of teenage parenthood, criminal activity, dependence on social services, homelessness, substance use and mental health issues (Biehal, et al., 1995; Courtney & Hughes-Heuring, 2005; Dixon & Stein, 2005; Kerman, Freundlich, & Maluccio, 2009; Mann-Feder, 2007; Moslehuddin & Mendes, 2006; Shin, 2004).

Themes within International research on Foster Care Leavers

Educational attainment

Mann-Feder (2007) found that low levels of education attainment in foster youth 'ageing' out of care were in many cases attributed to numerous changes in placements, a key indicator that secure and continued foster placements were not the common experience for many foster youth. Without educational attainment Courtney and Hughes-Heuring (2005) summarised that "they bring to the transition very limited human capital upon which to build a career or economic assets" (p.43). Shin's (2004) paper highlighted a discrepancy in the educational aspirations of the youth interviewed and their ability to achieve these goals due to actual educational attainment. Moslehuddin & Mendes (2006) found that a young person's ability to break the cycle of poverty was severely hindered by low education attainment as this impacted on their ability to secure employment.

Self sufficiency

Independence for foster care leavers was also commonly referred to as reaching 'self sufficiency'. An emphasis in a young person's preparation for leaving care, was often placed on "career development, job placement and retention services, and vocational training" (Shirk & Stangler, 2004, p. 8). TFC programmes are the predominate answer within the literature as to 'how' foster care leavers make the transition from care to this form of 'independence' a self sufficient, contributing member of society. A comment made in an American poll asking for views around the provision of support to young people leaving care stated concisely "Pay now or pay later" which aptly linked the vulnerability of foster care leavers with the view of TFC programmes as a preventative intervention (Shirk & Stangler, 2004, p. 246).

Emotional Stability

A commonly raised concern for children in foster care is around their experience of trauma from their pathway into foster care. If this trauma is not successfully resolved during their foster care experience, Mann-Feder (2007) and Holland (2008) suggest that this experience can interfere with the young person's ability, or capacity, to transition from care to independence without public assistance. Social and emotional difficulties were also recorded within the research of Green and Jones (1999) and Shin (2004). Shin (2004) believed an emphasis on anger management and problem solving skills would train adolescents in moderating emotional and behavioural problems, therefore reducing their likelihood of arrest, victimisation and incarceration.

Social Networks

Gilligan (2006) addresses transfers from foster care to public assistance as the outcome of social isolation, a common occurrence amongst foster care leavers. Gilligan (2006) states that without the development of informal life supports, which naturally occur when children are raised in-kin care, support is excessively relied upon from formal services. Courtney and Hughes-Heuring (2005) found that often young care leavers can rely on their natural family during their transitions into adulthood; however they note that this is "not always without risk" (p.43). In the absence of positive family contact experiences, a level of responsibility

for the development of social supports has the been an expectation (albeit informally) of the foster caregiver (Moyers, Farmer, & Lipscombe, 2006).

Barriers to formal or informal supports

Stigma is recognised within the literature as a powerful influence in a vulnerable young person's decision to engage with support services, especially mental health services (Gilligan, 2006; Thomas, 2005). Strength based practice, which enables self determination and self confidence, is considered to be more likely to achieve positive outcomes for the young person and reduce barriers such as stigma (Thomas, 2005). Gilligan (2006) and Reid and Fielding (2007) found that enabling young people to meet with other youth in similar situations, can reduce feelings of isolation or stigma through the sharing of similar experiences. In the sharing of experiences, advice or support can be informally gained and establish longer lasting social connections than that of a professional relationship (Reid & Fielding, 2007).

Resiliency building

The term *independence* for youth ageing out of foster care has, in more recent years, been partnered or replaced by the term *resilience*. At an international conference for Children receiving care, resilience was defined as "good outcomes in spite of serious threats to adaptation or development" (Cornwall, 2004). Stein (2006) advises that when using resilience as a tool for measuring independence for foster care leavers, 'resilience building' factors must be recognised. Such factors include strong social supports and positive peer influences however, multiple foster care placements and experiences of trauma in relationships may inhibit resilience development (Stein, 2006).

Government and State responses

Despite experiencing extreme setbacks that include abuse, neglect, and being removed from home, the review of the literature reveals that foster youth are expected to make a "compressed and accelerated transition to adulthood" in comparison to non foster youth (Biehal, et al., 1995). Courtney and Hughes Huring (2005) found few states within America provided foster placements after the young person's 18th birthday, with the exception of Illinois where the age of discharge from care was 21. Once the young person is over the age

criteria stipulated for foster care accommodation they are usually discharged from the Government or State department, a process commonly regarded as 'ageing out of care' (Biehal, et al., 1995; Mann-Feder, 2007; Thomas, 2005). Although the age limit of leaving care has not increased, an acknowledgement of responsibility by Governments and States for a planned transition of young people leaving care has become evident to address the disproportionate rate of poor outcomes found in research of care leavers.

A trend towards the development of a 'leaving care plan' when a young person reaches age 15 is reflected within McDowell's (2009) overview of leaving care legislation across the various Australian states and echoed within the United Kingdom's Children (Leaving Care) Act 2006. Nevertheless Green and Jones (1999) view the statutory role in a young person's transition from care "a buffer zone with room to make mistakes" and recommend flexibility around the age at which a young person leaves care (p 66.). This view illustrates a Governmental responsibility for "facilitating transition in a way that parallels parental responsibilities in the broader community" (Green & Jones, 1999, p.66) and this is largely being achieved through transition from care schemes provided through non-government agencies, which will be discussed more comprehensively later in this section.

New Zealand Research of Foster Care Leavers

Research by Yates (2000) became a key driver for the developments in governmental responses to foster care leavers, most evidently noted in the ministerial review of Child, Youth and Family Services by Brown (2000). Yates' (2000) research focussed on both the participants 'in care' experience and 'leaving care' experience, and provided an insight into the need in New Zealand for transition from care programmes. Yates (2000) found that gradual transitions to independence, which were planned and negotiated with the young person, achieved greater independence and self satisfaction from the young person. Yates' (2000) findings of less satisfactory outcomes revealed that fiscal, behavioural and lack of resources (i.e. care options) were a factor for early discharges, rather than ageing out of eligibility for service provisions. Factors contributing to poorly planned discharges included

lack of participation from the young person and a poor relationship with their Social Worker.

Two other pieces of New Zealand research were also released around this time, Ward (2000) and Cousins (2001). The research by Ward (2000) utilised the case files of 35 clients of CYFS who had been in statutory care in 1997. The role that social networks have in a young person's successful transition into independence was a key theme within CYFS practice framework and, as Ward (2000) indentified, related well to the agency frameworks of system and attachment theory. However, the low attainment of positive outcomes for the sample suggested that constructive social network development and the preparation for the young person's transition to independence were not being sufficiently managed. Ward (2000) suggested that a specialised service was required to manage two contributing factors of successful transitions; the young person's experiences of disrupted care and participatory and incremental planning for independence. Similarly to Yates (2000) the link between non-conforming behaviour and early discharge from statutory care was suggested.

The key issue explored by Cousins (2001) was that "young people making the transition from care to independence assume a range of adult responsibilities and require skills, knowledge and support systems to ease the transition" (p.5). Cousins reviewed best practice models for young people leaving care and suggested following the TFC models, noted in Stein & Wade (M Stein & Wade, 2000) Green and Jones (1999), as sources of best practice. Cousins also (2001) explored International legislative practices which provide the policy framework for the provision of care pre and post legal status discharge dates. In comparison to International practices, Cousins (2001) found the CYPF Act 1989 to have no clauses which were specific to the provision of assistance to young person's leaving custody or post discharge.

The ministerial review conducted by Brown (2000) supported Yates's (2000) findings and reported that there was no provision of transitional services for young person's leaving foster care in New Zealand. To address this issue Brown (2000) made the following recommendation;

That consideration be given to 16 year-olds in care with insufficient support being placed in the guardianship of the Chief Executive and supported constructively through their transition to adulthood at least to the age of 20 (p74).

Atwool's (2010) report of children in care, published by the Office of the Children's Commissioner, provides a more recent account of the quality of services being provided to children in care and reinforces the importance of acknowledging a young person's experience in care when evaluating their current outcomes. The observations made regarding children and young people in care (which hold relevance to this study) included; the longer a child or young person was in care the higher the number of placements they had, disruptions to care placements were likely to lead to disruptions in education, limited working relationship with Social Worker may occur due to changes in Social Worker, Social Worker relationship influenced involvement of the child or young person in decision making (Atwool, 2010). The observations made regarding young people leaving care indicated; that leaving care raised anxiety amongst some young people and was reported as a concern also for social workers and care givers. Positive responses regarding leaving care were reported to come from young people engaged with a TFC programme however, Atwool's (2010) findings revealed that "significant numbers" of young people were leaving care without supports in place (p216).

In summary, unresolved trauma related to one's entry to care, unstable care placements, Social Worker relationships and missed opportunities in the development of social connections are all crucial elements in a young person's capacity to achieving positive outcomes after leaving care. Not surprisingly, the research surrounding best practice for a young person's transition to independent living finds general consensus that the provision of 'through care' services should support or complement a successful transition (Brown, 2000; Green & Jones, 1999; M Stein & Wade, 2000). Mann-Feder's (2007, p. 8) aptly describes this planned and accountable approach as a 'facilitation' from care "rather than eviction".

Working with foster care leavers within Transition from Care Schemes

From a review of International TFC programmes, variance occurred across states and countries, each influenced by legislative policy, funding distribution and societal beliefs. However, the common ingredients found included; accommodation support, education, vocational training, living skills development and social networking development (Biehal, et al., 1995; Kerman, et al., 2009; Nollan & Downs, 2001, p. 7; M Stein & Wade, 2000). Strengths and resiliency based practice were two commonly found theoretical approaches which underlined TFC programme delivery.

The people and programs that work to facilitate the transition from care to independent living have a demanding mandate in relation to the continuum of services for youth. Not only are they charged with launching these young people into adult life against all odds, they are confronted with the unresolved wounds of each care leaver's accumulated experiences of loss, which culminates with the withdrawal of care at age of majority (Mann-Feder, 2007, p. 7).

Accommodation Support

Two prominent accommodation support approaches appeared in the literature; a community approach forging partnerships between TFC programmes and stake holders within the housing market, and a residential approach which provides supported preparation to independence through the use of a 'training flat' (Biehal, et al., 1995; Nollan & Downs, 2001; Stone, 1990). Biehal, et al.'s research (1995) found a high level of mobility within the sample of care leavers and noted that training flats, or staffed semi-independent accommodation, were perceived as a more suitable option for young people with low coping methods because of the specialist support, social connections and routine they provided.

Education and Vocational Skills Training

Nollan & Downs (2001) review of TFC programmes operating in America during 1995 – 2000 illustrate a variety of programmes which included the specific goal of young people

becoming financially 'self sufficient'. Best practice models outlined in Karpur, Clark, Carproni and Sterner (2005) identified a collaborative approach, which incorporated participation from relevant stake holders engaged with the young person such as teachers, parents or care givers, tutors and mentors. Vocational TFC programmes tended to specialise in either educational attainment or job attainment and programmes were then tailored to the young person's specific interests and strengths.

Living Skills development

Biehal et.al (1995) found that schemes which help young people with "budgeting, social skills, negotiating skills and practical domestic skills" improved the outcomes for young people sustaining tenancy (p.260). Such skills have been largely referred to in TFC programmes as 'life skills'. Stein and Wade (2000) found models which were participatory, and delivered within a stable environment to achieve the most positive outcomes in the development of practical life skills. Another key area noted within living skills is the development of *inter-personal skills*, which enhance a young person's competency and self-sufficiency in the management of formal and informal relationships within their community (Kerman, et al., 2009; M Stein & Wade, 2000).

Social networking development

Best practice models have focussed on the ongoing inclusion of the young person's formal and informal supports throughout the length of the programme. The Transition to Independence Process (TIP) model identified the involvement of such key players as parents and community partners as essential for the young person's achievement of "quality of life and community-life functioning" (Kerman, et al., 2009, p. 327). Stein and Wade (2000) additionally state that wherever possible TFC models should "maximise the continuity of young people's links with family, friends, past carers and social workers" (p. 28).

The helping relationship

The common theme within the literature was for the young person to remain fully involved in any decision making process and for the proposed intervention to "find, develop or recover" the young person's voice (Boylan & Dalrymple, 2009, p. 114; Reid & Fielding, 2007). In addition Thomas (2005) recognised that "young people will have their own views

about what services they need; they simply will not accept whatever is provided to them” (p.156). How participation is negotiated within the PA/young person relationship therefore, is a key indicator of how and by whom decisions are made i.e. youth led or mentor/programme prescribed (Rhodes & Lowe, 2008).

Transition from Care programmes in New Zealand

Funding through CYFS was made available in 2004 to develop two pilot programmes which could “provide gradual support and preparation” for young people who were approaching a discharge from the care of CYFS or a community Social Service, with the goal of living independently (TNS, 2005, p. 17). The TFC Pilot programme outcome goals included;

Improved life skills and budget management, increased education or work force participation by at-risk youth, increased resistance to alcohol and drug abuse, improved physical, mental and emotional health including self esteem, improved whanau connections and support, improved sense of identity through membership of a network of friends and chosen peer circle (TNS, 2005, p. 17).

The funding commissioned community agencies, Dingwall Trust and Youth Horizons, to develop pilot projects within the Auckland area for young people between 15-19 years who were transitioning from care to independent living. Youth Horizons service, Ka Awatea, focussed on the particular needs of Māori within this population, and Dingwall Trust developed Launch CTI Services for all other eligible young persons.

Currently there are three TFC programmes in the Northern region being delivered through non-government organisations; Youth Horizons, Dingwall Trust and Otangarei Trusts, all of which receive government funding through CYFS.

Dingwall Trust and Launch Care to Independence Services

Dingwall Trust is an established South Auckland support agency, which has served the care needs of children and young people since the opening of the Dingwall Presbyterian

Orphanage in 1930 (Faulknor & Kerr, 2007). Founder David McNair Dingwall died in 1927 and outlined his vision for the Trust in his will, which read;

for the maintenance, upbringing and education of children, born or domiciled in New Zealand, of any race or creed, who should be orphans or destitute, or whose parents should be in strained circumstances (Faulknor & Kerr, 2007, p. 17).

Since 1930 the Trust has developed and restructured its delivery of service through an analysis of the changing needs of children and young people in relation to the Trust's founding vision. The TFC pilot project was similarly assessed and found that transitioning young people from care to independence was a natural fit for the Trust. Working from a strengths based practice framework, this community based service promotes the philosophy that young people are their own 'key resource'. The Launch CTI programme builds upon existing strengths through the development of skills that "enhance their self esteem and confidence, enabling them to make the next steps towards independence" (TNS, 2005, p. 36). The Launch programme offers the following services:

Accommodation Support options include:

- The Training Flat where three young people within the Launch programme trial a flatting situation together and receive onsite training in flatting skills.
- The Supported Boarding Scheme where the young person can trial living independently through boarding with a family in the community that has a spare room to let. Potential boarding providers are assessed before approval by the Launch programme Housing Coordinator.
- The development of individual support plans to assist the young person in achieving their accommodation goal (boarding, supported boarding, private rental, flatting etc).

Individual Mentoring Support

A PA is allocated to each young person entering the programme to provide one-on-one support in the following areas:

- Living Skills
- Employment opportunities

- Educational opportunities
- Health support
- Advocacy

During the pilot phase, evaluations of the Launch CTI programme were undertaken to provide feedback to the CYFS on the TFC initiative. The evaluations reported positively on the TFC initiative and, through the review of stake holder experiences of the programme and the outcomes of the young people involved, found that there was an ongoing need for a TFC service in New Zealand (TNS, 2005, 2006)³. The TNS evaluation (2006, p. 3) described the role of the PA as “the core of the programme” in terms of implementation of the TFC initiative and correlated programme satisfaction with nature of relationship between young person and their PA.

In the Stage Three evaluation, a better understanding of the holistic nature of the initiative was reported to have developed by the young person after six months of programme engagement (TNS, 2006). During this time the PA and young person relationships were reported to have strengthened as a result of the demonstrated commitment to the relationship by the PA. In addition, reported in the Stage Three evaluation, was the recognition by the young person of how TFC programme engagement had contributed to the progress of personal goals, in terms of both meeting practical needs (accommodation) and less tangible needs (self confidence) (TNS, 2006).

³ Plans to roll out TFC programmes nationally is not on the agenda with the current government; however the pilot programmes have provided steerage for ongoing policy development for children in care (Dinham, personal correspondence, July 2010).

Chapter 3: Methods Section

Thomas (1983) positively regards qualitative evaluation research as having the ability to determine whether a human service is needed and essentially whether the programme helped the people intended. Such an approach to social research requires, in addition, a theoretical framework or strategy. This section will explain the theoretical design of this research from the theoretical framework chosen, specific methods used in sampling, data collection and data analysis together with ethical considerations made along the way. While providing an insight into the decision making steps involved in the methods process, this chapter also includes a profile of the participant group from which the data was gathered.

Research Design

As stated previously, evaluation research has a common place within the field of social services for reasons of providing accountability to funding providers or Ministries, and to ensure services achieve the desired outcomes (Grinnell & Unrau, 2005; Thomas, 1983). In terms of the theoretical association of this evaluative research project an *Interpretive* research approach was chosen, as this theory appeared in line with the research objectives. The Interpretive paradigm seeks to explain human behaviour through “understanding the meanings and interpretations that people attach to phenomena in the Social world” (Henn, Weinstein, & Foard, 2006, p. 28). A clear objective for this project by Dingwall Trust, was the provision of TFC programme feedback and outcomes achieved from the perspective of young people who had journeyed through the Launch CTI programme in their individualised settings. Therefore, using this approach allows the researcher to explore and validate the experiences and perceptions of young people who have been consumers of the TFC programme, as opposed to relying solely on tangible phenomena which can be ‘scientifically measured’ such as skill level or employment history (Henn, et al., 2006).

A review of relevant literature revealed the following considerations in evaluative research of young people leaving care; the inseparability of ‘factual claims and value claims’ within evaluation studies and the holistic nature of ‘outcome measuring’ and thus the requirement

for detail and context (Biehal, et al., 1995; Denscombe, 2003; Denzin & Lincoln, 2008). Interpretative research uses qualitative methods such as in-depth interviews, which are characterised by an ability to generate data which is rich in detail, context and validity (Henn, et al., 2006). Face to face semi-structured interview method was chosen as a means of data collection, as this allowed participants to “describe the situation from their point of view” (Denscombe, 2003, p. 102).

To ensure this study retained elements of objectivity, outcome measures for young people leaving care were included in the research design. This involved a range of typical outcome measures being operationalised into situations or achievements that the young person attained or experienced, which were then categorised as *good, fair or poor* (further discussed in the Interview outline section). This framework ensured that the outcomes of the participants could be then measured and compared without value. However, the information was still being collected through participant self reporting rather than an external source.

Participant criteria

In keeping with the aims of the research, a criteria was developed to capture the experience of participants who had developed a reasonable level of engagement with the programme. This was agreed in consultation with Launch CTI staff as being 24 months and over, a time period additionally supported by the TNS (2005; 2006) findings referred to earlier in the literature review.

There was also a requirement that the age of the young person be 17 years or over. As the Launch CTI programme eligibility starts at age 15, the 17 year age threshold for this study will allow for those participants who entered at age 15 and have now completed 24 months of the programme. There are also two other considerations for the age threshold, firstly to ensure that persons participating in the study have the ability to make informed decisions about being a research participant. Secondly participants over the age of 17 would have ‘aged out’ of the legal custody of the Chief Executive (CYFS), and would therefore beginning their journey of transition from ‘care to independence’.

Other exclusions include young people within the Launch CTI programme who have intellectual disabilities due to the number of variables already present within this specific population, developing comparisons within a small study is difficult⁴. However, discussing exclusion of these participants has highlighted a critical area for future research in this field.

Sampling method and recruitment process

Programme evaluation frequently utilises *purposeful sampling* approaches to ensure the population chosen will provide the most valuable information on the programme or service being evaluated (Denscombe, 2003). On average the Launch CTI programme has 80 young people engaged at any given time and retains a database of discharged young people. *Current* clients are actively engaged with the Launch CTI programme and have an allocated PA whereas *discharged* clients no longer receive a service from the Launch CTI programme as their case has been closed. Dingwall Trust approved access to the Launch CTI client database and, based on the criteria stipulated above, the initial sample list of potential participants was generated covering the time period 2005-2010 (see appendix 1).

This process generated a sample of 78 potential participants, 34 discharged and 44 current. The size of the participant group was never stipulated, despite resourcing limitations, however from anecdotal feedback from PAs multiple barriers to successful engagement with young people were predicted to naturally control the sample size. Such barriers included transience, lack of home line, loss of cellphone (and thus last contact number for young person), limited finances to make or return calls and text messages (PA personal correspondence, May, 2010). Due to the above mentioned barriers it is important to note that young people whose lives may have been unstable or chaotic were less likely to be contactable, thus creating a potential sample bias within the study.

Adhering to privacy considerations with likelihood of transience, those who had been discharged were contacted by phone, rather than post, by the Dingwall Trust Project

⁴ There are a number of young people currently within the Launch CTI programme who have intellectual disabilities and how their needs are managed from care to independence is a relevant issue and one which has not received any formal review at this stage.

Assistant. Young people currently engaged with the Launch CTI programme were contacted by their PA. When a young person indicated an interest in the study an *Information sheet* (see appendix 2) was given to ensure that details of the research were clearly outlined. After receiving the Information sheet young people either passed their contact details onto the Project Assistant or their PA at Dingwall Trust, although there was the option to contact the researcher directly this did not occur.

The following breakdown from the initial list of 34 discharged young people reflects the difficulty posed with ongoing contact with young people discharged from the programme. From the initial sample of 57 (44 current and 13 discharged) I received a list of 12 willing participant contact details from the Project Assistant, a response rate of 21%.

Table 1: Initial contact results from the discharged young people sample list

Contact attempts	No. of young people
Direct contact made with young person	2
Message left on young person's contact no.	11
Contact number disconnected or not current	21

There were difficulties faced making direct contact with participants, as all participants held Vodaphone mobile accounts. Proactive contact by participants to engage in the research was hindered by the cost of contacting my Telecom mobile number. Therefore, various combinations were trialled to gain successful engagement such as; texting a few minutes prior to calling to improve the likelihood of a young person answering the call, and sending reminder texts or calls prior to interview appointments. From the list of 12, successful engagement was made with 9 participants. One participant did not turn up to the interview location and, although 8 interviews were completed, one participant interview could not be used as this person did not meet the criteria in one area (length of time with the Launch CTI programme).

Denscombe (2003) advises that the researcher loses much control over the location of the interview and in my case this was emphasised by my limited familiarity with the wide range of Auckland localities that the young people were living. Therefore, I gave a lot of control to

the young person regarding venue choice. However, I felt that this provided an opportunity for the young person to choose a location where they would feel most comfortable and at ease for the interview. In prior meetings with Launch CTI PAs, being mobile and able to provide transport was viewed as essential. Three interviews occurred at the young person's house, and the other five at local cafes⁵.

Participant Group

A total of 7 young people participated in this study. The following table provides a brief profile of the participants within the study.

Table 2: The Participant Group

Participants	Range
Time spent with Launch CTI Service	2-5 years
Status with Launch CTI Service	5 currently with programme, 2 discharged
Participant age	19-21 years
Time spent in foster care	6mths- 5 years
Time supported by Child, Youth and Family	3-7years
Age of entry into Child, Youth & Family Services	11-15 years

The current ages of the participant were relatively evenly spread between 19 and 21 years and entry into the Launch CTI programme occurred between 14½ - 17 years. Age of discharge from the Launch CTI programme varied from 19 years to 20 years, although the general consensus by participants was that the date of discharge was the month of their 20th birthday. For the two participant's who were discharged, time since engagement with the Launch CTI programme ranged from a few months to over two years.

The majority of participants were female, five participants were NZ/European and one participant was born outside of New Zealand. In some discussions heterosexual relationships were disclosed by the majority of participants however, sexual orientation was

⁵ The interviews at the young person's homes were at times when other flatmates were away or they left after the interview began. Many of the young people would meet their PA's at local cafes so this was a familiar setting for them and quieter areas of a cafe were chosen where possible

not explicitly discussed. Most of the participants were raised in Auckland however, foster care placements were not confined to the Auckland region.

The Interview Framework

Two meetings were held at Dingwall Trust with Launch CTI programme PAs. The first meeting discussed outcome measures previously developed by Biehal et al. (1995), a tool recommended to Dingwall during the initial development of the pilot programme however, had remained unused as an in-house evaluation measure. This tool was re-introduced at this initial meeting and adapted by the PAs using their practice wisdom to improve its applicability for the New Zealand culture (see appendix 3). These specific outcome measures covered the following; Housing, Life Skills, Education, Career Paths, Social Networks (inclusive of relationships and identity), Drug and Alcohol use, Offending and Early Parenthood, and became the framework for the semi-structured interviews (see appendix 4)⁶. As noted in the literature review section a young person's starting point is essential for contextualising their resiliency, strengths and achievements (Biehal, et al., 1995). Therefore, the participant's starting points were explored within the interview framework.

Denscombe (2003) highlights how face to face semi structured interviews allow some flexibility in terms of ordering the topics to be discussed and for the participant to elaborate on topics which hold greater significance. In addition, developing a 'sense' of the participant's engagement with the subject matter also provides an opportunity for the researcher to skilfully manage responses to accommodate both the research aims and participant comfort (Denscombe, 2003). This holds significant importance for this project, given that starting points and through care experiences are generally sensitive by nature. Having visibility to non-verbal queues through face to face interviews, can additionally guide the interview format, and avoid the need for potentially vulnerable participants to voice their discomfort with certain subject matter.

⁶ Some deviations from Biehal et al.'s (1995) outcome measures include the way social networks are explored to ensure a more comprehensive evaluation of the social networks such as agencies, employers, professionals, community members and family members each participant interacts with.

Face to face interviews ranged from 1 hour to 1 hour 45 minutes, with all participants consenting to being audio taped. With a copy of the information sheet (see appendix 2) participant rights section was read through together prior to participants signing a consent form (see appendix 5). At the end of the interview the young person was given an opportunity to ask any questions of their own about the research. For completing the interview participants were given a Westfield Gift Voucher in acknowledgement of their time and commitment to the research.

All eight interviews were transcribed into written form and, although I intended to transcribe all the interviews, assistance was later required for completion of the last two interviews which I then checked back against the original audio recordings for accuracy (see appendix 6). Having listened through all the transcripts a number of times, familiarity with the raw data developed and this helped inform and stimulate ideas for the next task - organisation of the data (refer to data analysis procedure below).

Reliability and Validity

To ensure the young person's view point was correctly recorded, participants had an opportunity to read their transcript and make any corrections⁷ (see appendix 7). Throughout the interview similar questions were asked, which explored the same topic, and answers were then able to be cross checked for reliability. For example; number of foster care placements was cross checked with time spent in foster care and length of time spent in each foster care placement.

To strengthen the internal validity of the research design, consultation was sought with PAs and a nonprofessional who had experienced foster care as a child. During the design of the interview outline, questions and concepts were pre-tested as part of strengthening validity (Davidson & Tolich, 2003; Satherley, Allen, & Lyne, 2007). The non professional was a mother of two of Māori ethnicity and, through the pre-testing process with her, I incorporated aspects of a young person's leaving and foster care experience that I had not previously considered.

⁷ None of the transcribed material was edited out by participants; however, one participant wanted corrections made to their spoken grammar such as changing 'kinda' to 'kind of'.

Satherley, Allen and Lyne (2007, p. 480) refer to *client maturation* as “changes in the people who are studied during the period of the evaluation” and identify maturation as a threat to the internal validity of the findings if not appropriately addressed within the research design. For example external events, such as changes in the young person’s PA, have the possibility of impacting on their experience of the programme. Following suggestions by Satherley et al. (2007) which address such threats, changes during the young person’s engagement with the Launch CTI programme are presented to the reader and appropriately identified if this impacted on the level of programme intervention required. The TNS report also highlighted maturation as an ‘integral’ component of the progress towards outcomes and concluded that when a young person reaches around 17 years of age positive changes, in terms of their thinking and behaviour, begin to occur (TNS, 2006, p. 7).

The use of predetermined operationalised outcome measures reduced any ‘drift’ in the coding of participant’s outcomes during the data analysis phase, and enhanced the reliability of the coding process (Creswell, 2009). Due to the small scale of this research project, triangulation methods were not used which would have strengthened the validity of the findings. However, the strength of qualitative research methods lie in its ability to provide a valid account of a participant’s experience through the precise description of what the person has said (Davidson & Tolich, 2003). This single method evaluation study makes no attempt to generalise the experience of young people transitioning from foster care rather, through qualitative methods, accurately reflect the views, challenges and accomplishments shared by the young people within this study.

Data analysis procedure

Using a qualitative research design thematic analysis was the logical tool for analysis of the raw data. The *Realistic* theoretical framework used in thematic analysis, reports the “experiences, meaning and the reality of the participants” (Braun & Clarke, 2006, p. 81). This framework is in keeping with the Interpretivist methodology and application of this framework maintained context around current ‘realities’ of participants and ensured consistency of the analysis process.

The four aims, outlined in chapter one, provided the initial structure of the thematic data analysis. For example, coding for the first aim looked for items in the raw data which indicated material, practical or emotional outcomes reported by participants. Microsoft word was utilised to highlight the appropriate data using a colour code system. As an additional reference point I translated the outcome measurements categories (see appendix 3) onto an Excel spreadsheet. In this spread sheet other tangible data was stored such as participant age, time spent with Launch CTI programme, last year of schooling completed and length of time with CYFS.

From this point thematic maps were developed using a whiteboard to explore and identify any relationships between data patterns. Concepts such as *Accommodation* were mapped out with a focus on identifying the realities, experiences and meanings the participants attributed to accommodation. Quickly this map was able to be divided into data that identified factors linked to 'secure accommodation' i.e. ability to resolve conflict with house mates and ability to manage rent payments, and factors linked with 'insecure or unstable' accommodation i.e. no knowledge of the area and placement breakdowns. Using these thematic maps against the data collected for section one, the benefits of specific interventions made by the participant's PA (whether material, emotional or practical) enabled positive and negative attributes of the Launch CTI Programme intervention to emerge. Creswell (2009) describe careful situational evaluation of programme intervention as "enabling a more pragmatic understanding of what works in a specific context" (Creswell, 2009, p. 478). These thematic maps were then transcribed onto paper and stored with the other raw data.

Ethical Issues and other considerations

This study required a full ethics application and approval was gained from the Massey Human Ethics Committee on 15th July 2010 (see appendix 8).

Vulnerability of participants

The consent process and management of participant engagement was developed in consultation with Launch CTI Staff. The initial contact process was made by Launch CTI Staff

as a relationship between the young people had been forged and an assumption was made that barriers to declining involvement or asking questions about the research would be reduced. The research team were the only people who had knowledge of the final participant list, as PAs were not advised on which young people contacted actually participated in this research to ensure confidentiality was upheld.

In consideration of how a young person may feel talking about their 'starting points' Dingwall Trust agreed to the provision of counselling if required, and in addition information on an external counselling provider was outlined on the information sheet.

Dual role

As I am an employee of CYFS as a Care and Protection Social Worker, initially I wondered how this position may affect or additionally create a power dynamic within the researcher/participant relationship. For this dilemma I sought guidance from the Massey Human Ethics Committee and took their advice to disclose to potential participants my occupation in order to avoid any form of deception in the study (see appendix 2).

Confidentiality and Anonymity

Grinnell and Unrau (2005) highlight the ethical considerations in reporting results, stating that Social Workers must be careful when reporting to protect the confidentiality of the participants. The omission of identifiable personal characteristics included, but was not limited to, participant names, ethnicity and suburb where residing. Where possible participant gender was omitted due to a higher rate of female participants, which prevented a true male perspective arising. Guided by the work of Yates (2000) and TNS studies (2005, 2006) participants were not assigned pseudonyms and were all referred to as 'young person' or 'participant'. This prevented links occurring between participant statements which could be pieced together to reveal their identity.

Cultural Considerations

The numbers yielded in this study were too small to justify analysis based on ethnicity and in some cases would have revealed participant identity. Although cultural guidance was

planned for tangata whenua participants no Māori rangatahi (youth) engaged in this study. My ethnicity was made known to potential participants prior to their decision to engage with the study via the information sheet.

Chapter 4: Findings from analysis of the data

This section reflects the views of the young people in the study and is largely structured around the four aims of this research, which are each explored in a separate section.

The first section provides an initial summary of participant outcomes that have been thematically analysed using the *realistic* theoretical framework; this analysis reports perceived experiences and current realities of the participants. The outcomes measurement tool, which features throughout the first section, was used in support of thematic findings. Participants 'through care' experiences are discussed in section two and provide further context of participant 'starting points' including inequalities faced in their transition to independence. The second section provides an opportunity for participants to voice any perceived gaps they experienced during their time in out of home care, which may have impacted on their transition to independence. Participants additionally shared some of their thoughts on how these 'gaps' may be resolved.

Section three in many ways forms a close alignment with section two, as the focus in this section reflects how 'imbalances' in a young person's through care experience was perceived to be addressed by the Launch programme and their PA. The final section delivers feedback on how the provision of the Launch CTI programme was viewed by the young people. It also creates another opportunity for the participants to reflect on their own experiences, and voice their ideas and opinions on current and future service provision.

All participants were asked questions around the topics; accommodation, education, employment, income, life skills, health, mental health, drug and alcohol use, social networks, offending and early parenthood. Findings were often explored within these subject groups and related back to the literature review findings, with additional material added as required⁸.

⁸ Memory recall was an issue raised within the interview process for some participants and led to an uncertainty over dates, ages or quantities. Therefore with some topics, e.g. number of out of care placements which qualified responses such as "many", specific participant perceptions of topics are discussed.

Section 1: Evaluation of Participant outcomes

Section 1 evaluates whether the Launch CTI programme is meeting the Department brief through an analysis of the 'constructive support' provided by the TFC programme, and its contribution to participant transitions towards independence. Encapsulating the holistic approach of young person outcomes reflected in the literature review, this section will present the findings under the sub-titles of 'material', 'practical' and 'emotional' outcomes. Naturally, these outcomes occur within a continuum and the common crossovers between the various sub-sections are identified.

Material Outcomes

As referenced earlier in the literature, the absence of stable and secure accommodation and financial support were commonly associated with poor outcomes for foster care leavers. In this respect material outcomes will focus on the areas of accommodation and income. Due to the explicit link found in the literature between educational outcomes and income, the educational attainment of participants will be explored in this section also.

Accommodation

Participants were asked about their current accommodation, how this was obtained and how they felt about it in comparison to other places they had lived. Table: 3 (p.28) provides a breakdown of the types of accommodation being utilised by participants. The outcome measures (refer to appendix 3), developed in the methods section, were used to define the suitability of the participant's choice of accommodation; all participants were categorised as making 'good' choices.

Only one participant was scaled as 'poor' in sustaining tenancy due to the frequency of accommodation changes, length of time spent at previous accommodations and ambivalence around location of current accommodation, despite its suitability in other areas (cost, size). For two participants their accommodation met their current needs but did not fit with future ambitions. For example both participants were waiting to finish their studies and obtain employment before they would consider living more independently;

however getting to this point of readiness would occur after their engagement with the Launch CTI programme ended.

Table 3: Accommodation

<i>Type of accommodation</i>	<i>Suitability of Accommodation</i>		<i>Sustaining Tenancy</i>	
	Good	Poor	Good	Poor
HNZ rental	Good		Good	
Private rental - living with partner	Good			Poor
Living with foster family	Good		Good	
Supported Boarding	Good		Good	
Family home (private rental)	Good		Good	
Private Rental - living on own	Good		Good	
Family home	Good		Good	

Three out of the four participants, living independently from parent(s)/caregivers, sought assistance from their PA in obtaining their accommodation. The fourth participant had been discharged from the Launch CTI Programme on turning 19 while she was still in a residential treatment programme. This participant found her current accommodation without the support from the residential centre and reported that the agency were more of a hindrance than help, as she had to fit in with their schedule when exploring accommodation options.

The range of PA support in the area of accommodation for all participants included both practical and material:

[The PA] helped me get all the furniture and everything. [The PA] got me the letting fee from my Discharge Grant and that.

and emotional:

We had a talk today about where I am because last week it wasn't going so well, there was tension in the house but this week it seems to be resolving. The PA sees it from both people's point of view, so in the places where I can't understand where other

people are coming from the PA can tell me OK this is what's going on with this person and, because I know the PA so well, I listen to her.

One participant had returned to their family home after an unsuccessful flatting situation and was able to describe how their PA provided support prior to and during this experience. The PA was reported to print flat advertisements off Trademe, provide advice when flat dynamics were impacting on accommodation stability, and when the situation eventually broke down, organised the trailer and van from Dingwall Trust to help the young person move out.

Dingwall specific accommodation supports, namely the Training flat, Housing Coordinator and Supportive Boarding Scheme were utilised by three of the participants, and all three supports contributed to positive accommodation outcomes perceived by the young people. This support ranged from simple advocacy with Housing New Zealand by the Housing Coordinator to the more intensive support through the Training Flat which provided both accommodation stability and a place where practical skills were able to be taught. One participant describes their experience at the training flat:

The whole thing was helpful, having someone young experience that. Because they didn't just put you in there, they kinda taught you how to do it, pay your bills on time and everything. It was pretty cool.

Educational Outcomes

Due to the common link between educational outcomes and employment, educational outcomes are situated within the 'material' category and will provide further context to the following sub-section, Income management. Table 4 (p.30) is used to visually illustrate educational progress since leaving care and current educational achievements to date. Within this study three of the seven participants left school with an NCEA level 1 qualification or higher.

All participants were engaged in some form of continued education after leaving school and six participants completed one course or were still currently engaged. The range of

education providers included Polytechnic Institutes, University and Government funded ‘up skilling’ educational facilities (which provided a mix of academic and practical work experience components). Two participants stated their motivation for continuing education was for job attainment, after both had experienced difficulty in obtaining employment.

Table 4: Educational Outcomes

<i>Educational Progress since leaving care</i>		<i>First continued education experience.</i>	<i>Further continued education experiences</i>
Good	Poor	Course status	Course status
Good		not completed	Completed
	Poor	not completed	N/A
Good		current	N/A
Good		completed	N/A
	Poor	not completed	completed
Good		not completed	completed
Good		completed	current

The participants who engaged with up skilling providers had left school without a leaving qualification, and for one participant their leaving school educational attainment prevented them from inclusion with other educational providers. For over half of the participants their first experience of continued education was unsuccessful for various reasons; however a common reason provided was a change of mind:

I didn’t study for a bit and then I went and did SENZS, which is a sports course for a bit and decided that wasn’t what I wanted to do. I did a hairdressing course for a bit and that wasn’t for me either.

When a good fit between participant capacity, interest and professional support was made, positive outcomes were more likely:

I wasn't sure what I wanted to do at that time after I finished school 'cause the first job I wanted to do was be a [deleted for anonymity] but my eyesight was really bad and my (ADHB) social worker told me if I want to do this course cause it was for free and I just say yes. I had a history of suiciding myself. They told me that the course would help me out too 'cause my lecturer was a Social Worker [paraphrased].

In this study continued educational attainment led to fulltime employment in their desired field for two participants.

Income

Within the literature review section young people leaving foster care were found to continue a dependency on state services for income, and the findings from this study similarly reflect barriers to finding independent sources of revenue. As stated above, the two participants were in paid employment as a direct result of their continuing education attainment. For others, currently engaged with tertiary education, they received a Student Allowance through Study Link and were working towards a career in their desired field of work.

All of the participants had received government income support at some stage, most commonly the Independent Youth Benefit (IYB), prior to moving onto other forms of income. Three participants were currently receiving a benefit (Sickness, Domestic Purposes and Unemployment). For two participants receiving a benefit, it was unrealistic for them to change their financial situation at this time due to health disabilities and early parenthood.

The Launch CTI programme's primary philosophy of strengths based practice and resiliency building was reflected within exploration of the topic of income with participants, such as engagement with Income providers:

Study Link:

[The PA] does encourage me to do it myself but if I get stuck then I can talk to [the PA], like Study Link I did most of it but when I came to something I didn't know I just called and asked [the PA]. [The PA] is trying to make me more independent you know, instead of holding my

hand the whole way. Back in the beginning I never would have rung up Study Link if I had a problem, it would be just like 'it'll go away'. But of course it doesn't and now if there is a problem or a question I'll just ring, I won't be sitting by the phone all nervous.

Work and Income for Independent Youth Benefit:

It was very difficult for me to take that step, and [the PA] wouldn't make me do it, and [the PA] wouldn't do it for me, [the PA] just kept encouraging me to go, I had to work up the courage to do it by myself. That was pretty big thing for me, and for [the PA] too because [the PA] knew I was quite embarrassed to go.

Practical Outcomes

The practical elements of successful independence outlined within this study were largely referred to under the umbrella of 'life skills' and included such skills as budgeting, personal hygiene and cooking (refer to appendix 3). In addition, the young person's ability to access appropriate services, such as health services and transport, were also considered as skills which showed independence in a practical sense. Many of the above skills may have previously been facilitated or monitored by CYFS, foster carer(s) or parent(s). As most of the seven participants felt they could not realistically rely on such supports long term, the following findings evaluate their current skill in this area and what role their PA had in their development.

Life skills

Again it is pivotal that participant starting points are referenced to provide context around their perspective of 'living skills'. Participant's views on what constitutes skills required to live independently included:

A whole lot of them, but budgeting. I was useless and I still am kind of but not as bad as I was. I used to just spend everything in one go. They [PA] taught me how to budget.

Cooking, cleaning, health, hygiene, all of them, basically everything really.

For many participants, learning how to manage money was developed first through trial and error and then enhanced with the support of their PA. At the time of the interviews all participants felt that they had successfully developed budgeting skills and were able to prioritise essential expenses over personal wants. Debts such as credit cards, Home Direct accounts and student loans were commonly featured in participant interviews. However, management of debts did not appear to present any problem for participants.

Five of the participants were scaled, using the outcome measures, as 'good' for practical skills such as cooking, cleaning, maintaining personal hygiene, while two were scaled as 'poor' due to their regular reliance on take away meals and/or care giver to meet some of their practical needs, such as housekeeping.

PA support in this area was reflected in keeping the young person motivated and the provision of material items which assisted in the development of practical skills:

They gave me like a pack, a starter pack which had cleaning products and things like that.

[The PA] encourages me to cook, like she keeps suggesting different things I could try to make and is always giving me recipe books.

Health (not including mental health; this is discussed under emotional support)

Engagement with health professionals, such as doctors, dentist and optometrists were all reported as areas in which the PA had a support role in setting up. Continued PA support accessing such services was not generally reported as an ongoing requirement for most, however one participant reported being transported by their PA for medical appointments. All but one of the female participants had explored family planning options with their PA and were proactive in managing this aspect of their life. Successful pregnancy and childbirth occurred for one participant in the group, a finding which stands in contrast to other studies discussed in the literature review. In one instance, a participant's health condition was adequately managed by the young person and PA support was not required. However, this person's choices around drug and alcohol use did appear problematic to their health.

Some PA support, although relevant, was not perceived as being realistic:

Participant: They [Launch CTI Programme] need to work more on focussing on healthy eating or do more sports activities or something.

Researcher: Did the [PA] ever talk to you about healthy eating?

Participant: [The PA] tried to but when I looked at the food it was too expensive.

Transport

The findings indicated that transport goals were developed individually between the young person and their PA, such as obtaining one's drivers licence. PAs would provide transport to their regular meetings together and often the PA would take them to their initial appointment with WINZ, course interviews, doctors and other appointments.

All participants were able to transport themselves or arrange suitable transport to meet their every day needs such as going to work, course or getting groceries.

Table 5: Transport Choices

Usual choice of transport	Licence obtained	Licence Goal
Drive personal car	Restricted	Full Licence
Drive personal car	Learner	Restricted
Bus/Transported by others	Learner	Restricted
Bus/Walk/ Transported by others	Learner	Restricted
Drive partner's car / Transported by others	Restricted	Full Licence
Bus	none	N/A
Bus	Restricted	Full Licence

Five of the participants who have obtained a licence did so with the support of the Launch CTI Programme. The three participants who have their restricted licence received funding for AA driving lessons and to sit their licence test. To speed up the length of time for eligibility to apply for the full licence two participants completed a defensive driving course, also paid for by the Launch CTI programme.

Two participants stated they had used their PA for transport assistance if they had transport issues. Another participant talked about their PA providing transport to improve their social isolation:

[The PA] used to drop me off to practice a lot 'cause the way that [the PA] was seeing me staying at home a lot and I was playing sports but it was too far for me to travel.

Emotional Stability

Emotional stability includes the following topics; social networks, mental health, drug and alcohol use and risk behaviours.

Social Networks and Relationships

The young people's descriptions of their social networks were largely more positive than other research findings reported in the literature review; however they still reflected a limited social support network from which to draw.

Two out of the seven participants were raised within a nuclear family, however the majority of the participants family constructions were one parent families and for three of the participants one of their parent's had died. Three of the participants reported to have a limited relationship or dysfunctional/abusive relationship with their father from a very young age, including one participant who was never told who their father was. Two participants were abused by their parent's new partner, and this led to CYFS involvement. Problems within parental relationships still existed for five of the participants although contact with parent(s) continued. Four participants reported their parent(s)/care giver(s) to be active supports.

Three participants were in romantic relationships, two participants had long term goals for marriage and one participant was pregnant with their child. Developing peer relationships were reported to be aided by social networking groups such as: Facebook, continued education programmes and employment. Individual support from the young person's PA or group programmes provided by Dingwall Trust, such as self defence or other group activity

events, were regarded by all participants as productive in their development of relationship skills:

[The PA] does teach me how to interact with people quite well, like all different people. I'm not a very social person by nature, I'm quite reclusive and very in my shell but [the PA] helped me step out of it quite a lot.

Mental Health

Six participants identified being diagnosed with a mental illness at some point during their adolescence. They were prescribed medication and engaged with some other form of therapy such as counselling. Four of the participants had been diagnosed prior to Launch programme involvement, one client was supported by their PA to have a mental health assessment and one participant's mental illness was not picked up until they self-referred after discharging from the Launch CTI programme. Two participants who currently require ongoing support for their mental health are able to access services and manage medication appropriately. One participant reported to self-medicate with drug and alcohol use when/if required however, also stated that their PA monitors their emotional wellbeing on a weekly basis. One participant describes the initial impact of their mental health on their daily life:

Like with the depression and everything I had to start from number one and go back and retrain myself and it was hard, I mean I was washing my own clothes and cooking and doing all those things but with the depression I felt like I was crawling.

PAs were commonly reported to have incorporated participant mental health support needs into their role with the young person, and assisted with referrals to mental health agencies, attending doctor's appointments and providing transport assistance to and from therapy sessions. Two participants reported to have experienced negative PA support in the area of mental health due to a difference in opinion on how to approach mental health issues; although this had not impacted on their current mental health outcomes (the PA relationship feedback is further discussed in Section 4).

Drug and Alcohol use and Risk Behaviours

Four participants fitted the category of problematic or hazardous use on entry to the Launch CTI programme, and for three participants their use of drugs and alcohol at an early age was associated with socialising with an older peer group (who would supply the drugs and alcohol without charge). From this initial group the research findings revealed that three participants no longer use alcohol or drugs and that the decision to stop was a personal one:

I say no and I don't feel embarrassed to say no, I have friends that smoke and drink and I've been offered alcohol and I just say no I don't care for drinking I don't like drinking and I don't smoke. Before I felt like they would think I'm stupid if I say no, the whole stigma, but now I feel like they like me for me and if I have a smoke or not it doesn't matter it's not a big deal.

One participant's use could be defined as problematic due to the type of drug being consumed and the regularity of use teamed with current health conditions; however their perception of their use would be more associated with moderate use. In discussions with the participants regarding how drug and alcohol was discussed with their PA's the ethical complications the advisor faced were identified:

[The PA] handles things quite professionally, but at the same time [the PA] treats me like I'm a friend so it's a bit of a mix between the two – [the PA] didn't encourage it and [the PA] wasn't trying to control me, just do what you like but these are the consequences kinda thing. It's good to actually have someone standing there saying hey this is what the drugs do, think about it.

Consistent with previous findings from the TNS studies (2005, 2006) none of the participants had offended in the past 12 months and therefore did not require specific programme support in this area.

Section 2: 'Through Care' experiences

Through reviewing themes within the interviews, the following areas reflect perceived gaps found in the participants provision of out of home care which impacted on their transition to independence

Stability of accommodation and Foster care giver roles

The young people interviewed had a variety of foster care experiences. Two participants had foster care experiences which gave them knowledge and skills they needed to live independently. Some components of a positive placement included length of placement, prior familiarity with their foster family or extended whanau care options, inclusion of young person as 'part of their foster family' and perceived interest foster family had in the young person. For others in the study foster placements were; short term, included strict rules and didn't share personal values. These placements were less inclined to have any positive impact on the development of the young person's transition into independence:

Interviewer: Did you learn anything from your foster care givers

Participant: Not really

Interviewer: Do you feel there could be a role for foster parents to help build on your own strengths and teach you some stuff

Participant: That's really not that easy when there are 30 or 25 girls living at the same house, I was in a big house, it would be real difficult to. It depends, there was houses where there was only maybe 5 or 6 so in those times maybe but it didn't happen with me.

Four of the participants couldn't remember specifically how many placements they had. 'Many' was the general description; for two participants the number of placements exceeded ten during their 5-7 years in care. For four participants changes in foster care placements led to changes in their school, reduced their ability to sustain friendships and created unfamiliarity with their new community. Seemingly small unfamiliarity's were noted to make a difference; for example one participant's leaving care placement

through CYFS was in an area unknown to them and they remarked about the difficulty of not knowing where the supermarket was.

Consistency of professionals and participation in decision making

Inconsistency of professionals was a regularly shared experience amongst the participants and echoed the findings of Atwool (2010) and International research. For some participants changes in their CYFS Social Worker led to a reduced interest in developing a relationship with their Social Worker and a distrust that the department was serving their best interests:

I just don't understand why they keep changing kids like main office. My main office used to be in [.....] then [nearby suburb] and my case kept getting passed around and I just don't understand what the need is for it to be honest. Seriously they should just stick to one social worker for each kid because it makes it real difficult for the kid to attach to all the people and it's kinda like I met you once and I'll never see you again.

For several participants their Lawyer (appointed by the court) was considered a very important person because of the consistent relationship they maintained during their foster care experience, and the advocacy role the Lawyer played to ensure the young person's views were raised in court.

None of the participants interviewed were aware of their 'leaving care plan', which is noted as a key process within CYFS provision of support for youth as they transition out of care (CYF Practice Centre, 2006).

Educational Stability

Disruptions with the young person's accommodation, as stated above, meant changes to their schooling. One participant reported that they never returned to school after going into care at age 11. Other participants reported that school became less of a priority as other issues such as mental health, or drug use, became more prominent in their worlds. For one participant a school teacher was reported to take a genuine interest in their schooling and that this had helped maintain their motivation to continue attending school.

Participant sense of self

The personal beliefs held by the young person during their through care experience were found to have a profound impact on the safe and unsafe choices they made. Personal values and decision making abilities were said to have been shaped by parent(s), extended family and life experience. Reports of unsafe choices made by participants during their time in care appeared to be responses to emotional wellbeing at the time and a limited sense of self. The outcomes of both safe and unsafe decisions did impact on the young person's transition to independence in terms of educational attainment and early parenthood.

Many participants reported wanting to go home, or did go back home, during their foster care experience. However, repairing the relationship with parent(s) through some form of intervention during foster care or leaving care did not occur for any of the participants, despite their parent's role in the trauma that many of the young people experienced. One participant stated not talking to her parent for 4-5 months because of the trauma she experienced, and instead of a formal intervention the participant reported; "we just got drunk and then moved on".

Development of Social Networks

During the participants foster care experience the role of their family, foster care giver, school, peers and other professionals such as counsellors and teachers featured within the young person's social networks. Four participants, while in foster care, reported to have been introduced to drugs and alcohol at a young age through their interactions with an older peer group. For this reason one participant raised the following feedback in regards to lowering the TFC programme age criteria:

I think they should start with people at 13 'cause that's when the kids are starting to get into the drug scene, getting introduced to alcohol and drugs at a young age and getting influenced by 17 year olds so it's kinda silly if you are going from people who have already started.

Family Group Conferences (FGC) are a collaborative planning meeting for the child/young person and their families arranged by CYFS and include family/whanau, informal and formal

support persons. Most young people in the study attended their FGC and reported large numbers of extended family attended also. It appeared that family connections were maintained during the young person's foster care experiences, either through placement with extended family, phone contact or leaving their foster placement to return home. As demonstrated in section one, all participants reported to have regular contact with family after leaving care. Therefore, findings within this project support similar research which promotes the value of maintenance of family links during a child or young person's period in care, as invariably the child or young person will return to their families after leaving care.

Section 3: Addressing 'imbalance'

This section follows the themes raised in the second section in terms of how positive and negative in care experiences were addressed by the Launch CTI programme and participant's PA.

Stability of accommodation & Personal Advisor Roles

Personal Advisor support was reported to be instrumental in supporting the young person into or maintaining suitable and stable accommodation in all areas; material, practical and emotional. Two participants reported to utilise their PA to navigate relationship issues within their living situations. For the three participants who acquired independent accommodation while engaged with the Launch CTI programme, consultation with their PA was reported as helpful. However, autonomy in decision making by the young person was also reflected in these discussions. Aside from assisting the young person with one off material needs such as small appliances, letting fees or linen, practical and emotional support appeared to be in line with developing participants' long term independence.

Consistency of Personal Advisor

One participant reported to have maintained the same PA throughout their five year engagement with the programme; the highest number of PA changes was four over a five

year period. Although, six participants reported to have developed a close relationship with their PAs despite staffing changes.

Interviewer: Was it disruptive having four PAs?

Participant: It's alright it's just like you get attached you know what I mean, me personally I was really attached with [first PA] and then I found that really hard when she left, like you weren't as open with the next one you know, I mean maybe not for a while.

Interviewer: How did they manage the change?

Participant: Yeah [the PA] explained why she was leaving and she brought the next person with her to meet us, it was still hard though I mean if you're not one of those people that get attached then I guess it would be alright but having one PA would be better.

All of participants reported to have a positive relationship with their PA the majority of the time and face to face contact was reported to be at least twice a month – more often in times of crisis and at the beginning of their engagement with the programme. Understanding what the PA actually did and the creation of a helping and constructive relationship was developed over time through regular and reliable contact between the young person and their PA.

Well I definitely feel comfortable with [the PA], I think when you are in the bad times those people who you can talk to, those are the people you want to be close to you know and [the PA] is one of those people definitely.

We talk about everything and it doesn't matter what we talk about.]....[she's just been there for everything.

Participation in decision making

Perhaps a small aspect of the PA participatory relationship was reported to be significant by two participants, and that was in the way clothing grants were provided. Both reflected that with CYFS they were only able to go to the Warehouse Ltd and buy specific approved items. However, the PAs were reported to take participants "to places that young people

want to go". One participant still cherished some of the clothing items bought with her PA, now several years old. Participatory relationships with PA's appeared to be established by the majority of the sample and is evident in many of the quotes provided in this chapter. However, some barriers to communicating with PAs were raised and are discussed in section four of this chapter.

Educational Stability

Within discussions with the young people regarding PA support in the area of educational attainment, PAs were generally regarded as proactive in this area. For many participants PA support was accessed to keep their motivation while they were still attending school:

[The PA] just told me to stay in school 'cause sometimes I had feelings to drop out, cause I really needed money bad at that time, just to help myself, 'cause of [living situation].

[The PA] kept being really supportive when I was going through tough times at school you know kept encouraging the fact that I got good awards, and that I should just stay. [The PA] pretty much was the one who jumped up and down and got all excited when I did something at school that was great you know I just wanted keep impressing [the PA].....Dingwall didn't really do anything other than just keeping positive feedback which was pretty much all I needed you know.

The PA role in the area of continued education included researching educational aspirations identified by the young person, silently sitting beside the young person as they made phone contact with a potential educational provider, accompanying the young person to course interviews and providing ongoing encouragement during course attainment:

Basically I wasn't doing anything, it was a difficult time for me, and I said to myself I want to be a [deleted for anonymity] and take the steps to get there and [the PA] encouraged me. I went for it and [the PA] supported me the whole way through even when I had difficulties with my tutor, I had a few difficulties because the class was so

big and it was hard to get my stuff marked and that. So I would talk to [the PA] and [the PA] would give me advice.

Participant sense of self

Participant sense of self when comparing 'through care' and 'leaving care' experiences clearly showed a secure identity had now been achieved by the young person. How this was achieved was not always directly attributed to their PA relationship; however the positive mentoring role that PAs provided, and activities organised by the Launch CTI programme, were recognised by several young people as helpful:

Dingwall was helpful I mean they did what they could do it really depends on the person though, like they took me to all those services and everything, it was just me not willing to change, not wanting to stop holding on to that side made it harder.

The role of the PA in relationship building and advice provided around sustaining relationships was reflected in the stability the young person was able to maintain in areas such as education, employment and accommodation; all factors which provided the young person the situational capacity to then develop a sense of self.

Development of Social Networks

The TIP model referenced earlier in the literature promotes the inclusion of family and community partners in the young person's transition to independence. Three participants reported their PA incorporating their parent(s) in some decision making processes. For the majority of participants their PA had met their parent(s); however the ongoing work they did with their PA was more individual. The Launch CTI group programmes and activities were regarded as a positive experience for those who attended them.

Well when we did the self defence course we all got to know each other as well and like I've got so many number on my phone from heaps of people I've met from Dingwall, it's pretty cool.

Meeting other young people in care appeared to normalise their own situations and provide opportunities to expand the participants' social networks. For one participant, attending an event for foster youth was their first experience of meeting other foster youth, despite being in foster care for several years and this event was regarded as a rewarding and positive experience.

One participant reported that their peer group positively led them away from drugs and into sports at a time where they were experiencing depression and that their PA actively supported this social connection.

Section 4: Programme feedback

Perceived communication barriers

The majority of the participants reported to be able to talk with their PA about many of the issues they were facing, however some barriers with self reporting concerns were raised by some participants. It appeared from the findings that young people tended to shy away from raising some issues directly with their PA. One participant felt uncomfortable sharing their emotional issues with someone of the same gender, and when their PA changed to somebody of the same gender they stopping sharing this aspect of their lives. Another participant talked about hiding their depression from both CYFS and their PA:

I think they could have been a bit more observant when I was living in [deleted for anonymity] like them and CYFS could have picked up on the fact that I was suicidal and depressed and both of them could have picked up on that, cause I know that I was good at hiding that but then most teenagers are.

This participant was never asked directly by their PA about their mental wellbeing and his/her illness remained untreated for several years. This person self referred to a Mental Health agency and continues to receive ongoing mental health support.

Two participants shared some alternatives to self reporting:

I think Dingwall Trust should have more involvement in the School report, like getting copies sent to them as well because you know it's all very well and good to ask the kid how their doing at school and them to say yeah I'm doing great, but if you actually get the report the mentors would be able to see how the kids are doing and what they are lacking in or what they are doing real well and they can then encourage.

They should give out pamphlets (on drugs and alcohol) to everybody, even if they're 15, even if they look like they're "goody two shoes", give them pamphlets on like what happens and everything.

A glimpse of the continued vulnerability for some of the young people in the study I feel is demonstrated within this sub-section. Developing assertiveness within the relationship with their PA would be a very positive and safe place for a young person to do; however, it appears that some of the participants felt uncomfortable doing this, preferring to remain silent. This theme is again illustrated in the following sub-section.

Finding a good fit between the young person and their PA

As the findings have illustrated, some participants have reflected a positive working relationship, and within this relationship achieved good personal outcomes. One participant who did not find a good fit with a PA shared the following proposal:

Interviewer: Anything outstanding about the programme that you would like to change?

Participant: Probably matching people, the right young person with the right young advisor.

Interviewer: Like an interview?

Participant: More like a trial period, not an interview as its only one time and you can't really judge a person properly. I'd say in three meetings you would know if you are the one or not because that way there is an out for both of you so if you say no

way I'm not going to work with that young person or if the young person says no way, you don't feel bad and you can't take it personally because it's only a trial.

Factors that impacted on a positive relationship with their PA included: ability to relate i.e. PA perceived to be not too much older than the young person, shared personal values such as religion, PA reliability, perceived genuine interest in the young person and being proactive in their role.

Advice for young people entering the programme

The participants were each asked what piece of advice they would share with young people entering the programme. Every participant provided a positive and encouraging message to other young people. Instructions for new programme users such as "listen", "open up", "give it a chance" reflected that a genuine trust in the Launch CTI programme had developed for them and that the programme had impacted on their lives in meaningful way:

Make the most of it, just have an open heart cause you learn a lot I mean the skills you pick up there you wouldn't pick up anywhere, I mean some kids that are in care you know are in there for 6 months and then they go back to their own families or whatever and they can learn from that but for someone like me and [deleted for anonymity] we weren't going back home any time soon, like there wasn't a family member to go back to, so yeah those skills really helped, they were really supportive.

Just listen to Dingwall Trust, like I only listened sometimes but I learnt from it. When a Dingwall Trust worker says don't get a credit card - don't get a credit card.

In this chapter I have presented the outcomes attained by the young people in the study and highlighted specific areas impacted by PA intervention. The imbalances faced by participants incurred through their childhood and adolescence were raised in section two, and examples provided on how some barriers were overcome through positive mentoring were illustrated in section three. The following chapter will further discuss the implications of the above findings and present recommendations relating to future practice in this field.

Chapter 5: Discussion

Picking up from the key themes illustrated within the literature review this section will further explore the research findings to ascertain this study's relevance and connection with the existing body of knowledge.

The outcomes of care leavers

The discussion of programme outcome measures in chapter four, provided an overview of the leaving care outcomes of young people. This section also illustrated the 'resiliency building' components of the PA role, which contributed to a young person's self image and self sufficiency. Although adapted, the use of Biehal et. al's (1995) outcome measures were still relevant areas of evaluation within this participant group. For the young people in the study, who were unable to return to their parents or continue their care arrangement, support in the area of accommodation was clearly evident. It appeared that the areas of support being provided by the Launch CTI Service were consistent with other TFC programmes and met the various goals and capacities of young people within the study.

With research findings of three out of seven participants achieving NCEA level 1, low educational attainment within this participant group was consistent with International research, and support from PA in this area was actively sought by most participants. Similarly to literature review findings, examples of PA intervention were reflective of strength based philosophy. The young people talked about their PA as 'motivating' rather than 'pressuring', the PA was described to 'silently sit' in course interviews or take them to their driver's licence when the young person felt ready. A clear sense of PA facilitation was evident through an analysis of the findings and thus enabled participant ownership of personal achievements such as job or course attainment. At the same time, active engagement on the part of the PA was also significant.

The high rate of 'risk behaviours' such as criminal involvement and youthful pregnancy previously identified within the literature were less evident within this study; however the impact of drug and alcohol use was a prominent feature for the majority of participants in

their initial engagement with the programme. Although neither study specifically engaged foster care leaver's, the findings of Hamme Peterson, Buser, & Westburg (2010) and Taylor (2010) evidenced the positive role that family attachment and engagement in community activities had on lowering an adolescent's frequency of illicit drug and alcohol use. Within this study, coordination with community agencies (such as Community Alcohol and Drug Services/ Altered High) was reported as one response to addressing alcohol and drug issues; although there appeared to be ambivalence by participants of its effectiveness at the time. When trust had developed within the PA relationship, some participants talked about being able to listen to the advice being provided to them by their PA and this appeared more meaningful than outside agency involvement. Then again, as one participant insightfully noted, for change in this area to occur the young person must recognise this issue for themselves, a proposal echoed by Biehal et al. (1995).

Exploration of participants' social networks was a key outcome measure indicated within the research of Gilligan (2006). This study found the majority of participants to maintain connections with family members although, incorporation of family member's within the Launch CTI programme interventions was not clearly identified. For the majority of participants there did not appear to be an expectation of their PA to actively involve family members or partners. Family re-engagement, as noted with the research of Courtney and Hughes-Heuring (2005), was similarly found to occur 'not without risk' as unresolved or ill resolved issues with parent(s) continued being cautiously navigated by participants. For participants who were estranged from family members, some believed that support in constructively reinstating such relationship(s) could potentially provide long term support networks and assist with unresolved issues of identity. Given the range of personal experiences, and complexities of family member relationships raised in this study, it would be an area requiring youth led consultation and careful facilitation by the PA which maintained the young person's emotional safety.

The helping relationship

The significance of the role of the PA within the Launch CTI programme highlighted by TNS (2005; 2006) was reconfirmed within this study as participant reflections were largely captured through the actions within the PA relationship. When participants referred to 'the

Launch Programme' this was mainly in acknowledgment of the group programme activities such as the self defence course. A slight tension existed with the programme emphasis placed on the PA role in regards to the reduced likelihood of group learning opportunities. Some of the positives identified by participants relating to group learning included; normalising the experience of being a care leaver, increasing social networks, working through important but often 'delicate' subject matters such as sexual health and personal hygiene, and learning from other young people's experience. For example one participant highlighted the potential value of learning about credit cards in such a forum.

As noted within the literature findings, young person's leaving care have often faced positions of powerlessness and therefore 'finding, developing or recovering' the young person's voice was widely considered the essence of youth advocacy (Boylan & Dalrymple, 2009; Reid & Fielding, 2007). Through a review of the findings, the development of a constructive and meaningful working relationship with the PA was achieved by the majority of participants. However barriers to ensuring a truly participatory relationship were additionally highlighted and provide an interesting discussion piece regarding the process of matching a young person with their PA and conflict resolution within this relationship. The findings revealed that the few participants who did have issues with their PA did not directly raise these, and appeared unsure how to raise or manage their issues in a way that wouldn't negatively affect the working relationship. Having involvement in the pairing of PAs was only raised by a few participants although I felt that it may be of valid interest, given the importance of youth participation raised within the literature, and the emphasis of programme success placed on this working relationship.

The components of a successful TFC programme

The components of a successful supported transition to independence, which were recognised by the young people in the study, ranged from simple advocacy through to more in depth emotional advice or support. The TNS evaluations (2005, 2006) highlighted that a period of time was required for the young person to build awareness and understanding of the TFC initiative and how it may accommodate their needs. For this reason participants engaged with this study had been involved for over two years with the Launch CTI Service and there appeared to be a good understanding of the role (and role boundaries) of their

PA. As noted above, the key component of a TFC programme recognised in this study was the strength of the PA relationship. One participant who did not maintain a close relationship with her PA appreciated mostly the material items provided by the programme; however those who had formed close relationships with their PA experienced a more comprehensive and in depth intervention.

Shin (2004) argued that there are few adolescent programmes which meet the emotional and mental wellbeing needs of this population such as providing training beyond food, shelter and basic necessities. However, as illustrated within the findings of this study, emotional support was actively a part of the PA role and ran concurrently with other tasks or goals which had a practical or material benefit. Motivation appeared to play a key function within the PA's role and often goal attainment attributed to the maintenance of motivation. One participant spoke of the self confidence boost that obtaining their restricted licence gave them, and this appeared to hold greater importance to the obvious practical benefits. Thus the PA's use of task centred practice allowed for self recognition of achievement by the young person and was recognised as an important component of the relationship.

Doyal and Gough's (1984, p. 15) multidimensional view of human need additionally suggested that successful outcomes occur when physical needs are being met and a sense of self is attained. The TNS evaluations captured such change in the young person's needs through their three stage evaluation of the TFC initiative. More subtly, the participants developing sense of self was captured through the reflections of starting points and the sharing of current realities. As identified in the findings, the guidance provided by their PA facilitated a progression towards self appointed goals in areas that provided stability and sense of self, such as secure accommodation options and engagement with meaningful educational pathways. It was also revealed through this discussion the 'buffer zone' that TFC programmes provide young people. This was illustrated by young people's reporting of their PA relationship becoming more intensive around crisis or times of change, which literally 'buffered' them through a period of self exploration and testing of boundaries in a safe and constructive way.

Readiness for independence

Statutory and non-government agency coordination in supporting and graduating a young person's journey to independence creates a great opportunity to ensure positive outcomes are attained however; the question must be raised regarding when does the role of government and community providers of TFC schemes to 'parallel parental responsibilities in the broader community' (Green & Jones, 1999) end? For example as illustrated in the findings within area of transportation, obtaining a driver's licence was a goal for many young people during TFC programme engagement yet participants raised the follow up need for guidance on the purchase of a vehicle. Kerman et al.'s (2009) review of community and state level programs in the US found a focus on improving "youth connections to important social networks" although this appeared to be angled towards economic outcomes. In the example illustrated above, non-economic needs continue to exist but essentially fall outside programme realms. Gillingham (2006) emphasises the active 'promotion and preservation' of young people's social connections as a means to combat social isolation amongst foster care leavers and the potential for excessive reliance upon professionals. The involvement of PAs in the 'promotion and preservation' of social connections was not strongly noted within the findings; however most participants positively referenced at least one occasion where their PA had utilised an opportunity to strengthen their social connections. Promoting connections with networks which would enhance career or economic opportunities for the young person were more apparent within this study, which is consistent with other TFC programmes.

In terms of intervention, the literature generally recognised the end point of intervention as when a young person reaches 'adulthood'. In New Zealand this has been defined as 20 years of age, in other parts of the world such as United States of America and New South Wales and Western Australia, support for care leavers to successfully transition to adulthood is ongoing till age 25 (Kerman, et al., 2009; McDowall, 2009). In this study all participants felt that the age of discharge from the Launch CTI Service was appropriate and that they felt ready, albeit a little nervous, to leave the programme. One participant felt that the age of entry could be lowered to 13 due to the younger age group today being exposed to drugs and alcohol. This suggestion is consistent within the findings of this small study and may assist in improving high school completion, two areas which were clearly

most prominent experiences within the participant group and share consistency with similar studies (Courtney & Hughes-Heuring, 2005; Kerman, et al., 2009)

The majority of participants perceived their relationship with their CYFS Social Worker to be largely superficial and participation in the development of their 'leaving care plan' was not reported. As the young persons situations appeared most vulnerable during their time in care, and although referrals to relevant agencies were actively being made by the department, the security of the young person, emotionally and physically, was tentative. Given both personal decision making at this time, and the young persons limited social networks and resources from which to draw on, research into the benefits of early intervention from a PA could hold significant implications for TFC programme eligibility.

Chapter 6: Conclusion

Transition from Care schemes were introduced to Auckland, New Zealand in 2004. Six years on this project's objective was to re-evaluate the Launch CTI Service through an analysis of young people's experience of the programme. Through the interview process with seven young people, four aims were explored in this study which covered:

- The young person's current material, practical and emotional outcomes and the explicit role of Launch CTI Service within these.
- Review the gaps faced by young people in their experiences, coming into and being in foster care, which impacted their transition to independence.
- How negative imbalances or experiences were addressed by the Launch CTI Service
- To gain participant feedback on being on the programme and suggestions to consider for future programme development.

Throughout the review of the literature and within the findings of this study the need for a planned and gradual transition from care to independent living was clearly evident, and so too the importance of TFC schemes in the facilitation of such transitions. At the time of being formally discharged from CYFS care/custody the practical skills, emotional capacities and material attainments suggested, that living independently, would have not been successful for any of the participants without additional and ongoing support. The incorporation of a holistic view (material, practical and emotional) of young care leaver outcomes, became a central perspective within both the review of similar research and within the thematic analysis of the data findings. The exploration of the role of the PA in facilitating the participant's ability to live independently highlighted the significance of their role within the Launch CTI Service and ability to think outside the square.

Key themes noted within the findings suggested that the components of Launch CTI Service are consistent with other TFC schemes, in that skill development occurred holistically i.e. interpersonal skill development took place concurrently with supporting the young person in obtaining a tertiary qualification. The inclusion of the young people, in the development of goals or direction of support being required, was clearly experienced by all participants. This appeared to enable ownership and self confidence by participants when goal

accomplishments were attained. The significance of the quality of the PA and young person relationship in the journey to independent living raised a good discussion around the process of PA allocation, and how relationships issues with PAs are rectified. Incorporation of the PA perspective would have provided a response to some of the barriers noted with the PA/young person relationship, and enhanced practitioner knowledge of how outcomes noted by the young people were attained. A single method evaluation is a notable limitation of this programme evaluation, however the aim was to illustrate what programme users consider to be of importance within a TFC programme. Also noted within the findings is the young person's relationship with their Child, Youth and Family Social Worker, and the seemingly practical reasons for changes in Social Workers that have unfortunate implications for the young person i.e.; when a young person moves out of their CYFS office catchment area.

The process of self selection can also create a bias in the reported findings due to the personal motivations to participate in such a study. As this study has generally found most participants to have good outcomes across all of the categories stipulated, it does raise the question whether young people who had not achieved positive outcomes were less motivated to engage with the study (or were less contactable thus unable to be invited to participate in the research). The male perspective on engagement with the Launch CTI Service was not adequately represented in this study and could be a specific objective for further research in this area, given that male participation was considerably lower than female in prior evaluations (TNS, 2006). Anecdotal feedback received by PA's suggested that there were high rates of youthful pregnancies on their case loads which was not found in this study; therefore increasing the sample size may have achieved a more representative group of participants.

As a high proportion of participants perceived group activities as positive opportunities to grow social networks and enrich their own learning, it may have been beneficial to have held focus groups as opposed to individual interviews. However, given the feedback from participants on completion of their interviews, some components of the interview outline, such as entry into care, may not have been suitable to share in a group forum. This would have reduced the depth of information regarding the significance of TFC schemes in

addressing imbalances, but may have encouraged a more robust discussion on the 'good' and 'not so good' aspects of the Launch CTI Service.

The body of literature on TFC programmes in New Zealand is still developing, given the limited number of schemes available in New Zealand nationally and the number of years formally established programmes have been in operation. Throughout the findings the visibility of social services and resources to young people, such as employment or mental health, was evident; however making positive and sustainable connections with such resources was clearly enhanced with PA involvement. This finding revealed the importance of 'attachment' within the professional relationships practitioners develop with young people. Trust in the Launch CTI Service was eventually developed by all participants in this study; however this was seemingly after a period of the PA's demonstrating their consistent commitment to the young person, and were perceived to "sticking around" both in times of change and times of stability. Although this research has focussed on the delivery of a TFC programme, a key finding within this study is the long term sustainability of positive outcomes for young people. Resilience building has been a common component of the Launch TFC intervention however, long term community supports and informal social networks are also integral. Professionals working with children and young persons in foster care therefore have a responsibility for the preservation and expansion of these.

The purpose of this research was to present the perspectives and experiences of young people who were supported in their transitions to independence by the Launch CTI Service. Many of the young people viewed their participation in this study as a way of; effecting change within the provision of TFC Schemes, giving back to the Launch CTI Service and helping other young people navigate their journeys to independence through sharing their own experiences. I trust this research has provided a point of view that will be of value to care leavers and practitioners in the field. The helping relationship shown by PAs of the Launch CTI Service has indeed enhanced my own knowledge of best practice when working with care leavers. It is of concern that young people in New Zealand continue to leave care without TFC supports in place as the benefits for care leavers, their families and the community when a young person is engaged with a TFC programme, are clearly evident.

References

- Atwool, N. (2010). *Children in Care: A report into the quality of services provided to children in care*. Wellington, New Zealand: Office of the Children's Commissioner.
- Biehal, N., Clayden, J., Stein, M., & Wade, J. (1995). *Moving on: young people and leaving care schemes*. London: H.M.S.O.
- Boylan, J., & Dalrymple, J. (2009). *Understanding advocacy for children and young people*. Maidenhead, England; New York: Open University Press.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Brown, M. (2000). *Care and protection is about adult behaviour: the ministerial review of the Department of Child, Youth and Family Services: report to the Minister of Social Services and Employment, Hon. Steve Maharey*. Wellington, N.Z.: Ministry of Social Policy.
- Cornwall, J. (2004). Promoting resilience development in children receiving care conference. *Social Policy Journal of New Zealand*(23), 200-206.
- Courtney, M. E., & Hughes-Heuring, D. (2005). The transition to adulthood for youth 'ageing out' of the foster care system. In D. W. Osgood, E. M. Foster, C. Flanagan & G. R. Ruth (Eds.), *On your own without a net: The transition to adulthood for vulnerable populations* (pp. 27-97). Chicago: University of Chicago Press.
- Cousins, L. (2001). *Leaving Foster Care Prepared for Independence*. Victoria University, Wellington, New Zealand.
- Creswell, J. W. (2009). *Research design: qualitative, quantitative, and mixed methods approaches* (3rd ed.). Thousand Oaks, Calif.: Sage Publications.
- CYF Practice Centre. (2006). Towards independence: Voices of young people. Retrieved 16 April, 2010, from http://www.practicecentre.cyf.govt.nz/policy/caring-for-children-and-young-people/key-information/towards-independence-voices-of-young-people.html#_ftnref1
- Davidson, C., & Tolich, M. (Eds.). (2003). *Social science research in New Zealand: many paths to understanding*. Auckland, N.Z.: Pearson Education New Zealand.
- Denscombe, M. (2003). *The good research guide: for small-scale social research projects* (2nd ed.). Buckingham: Open University Press.
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2008). *Collecting and interpreting qualitative materials* (3rd ed.). Thousand Oaks, Calif.: Sage Publications.

- Dixon, J., & Stein, M. (2005). *Leaving care: throughcare and aftercare in Scotland*. London; Philadelphia: Jessica Kingsley Publishers.
- Doyal, L., & Gough, I. (1984). A theory of human needs. *Critical Social Policy*, 10, 6-38.
- Faulknor, F., & Kerr, R. (2007). *A legacy in care*. Auckland, New Zealand: Dingwall Trust.
- Gilligan, R. (2006). Promoting resilience and permanence in child welfare. In R. J. Flynn, P. M. Dudding & J. G. Barber (Eds.), *Promoting resilience in child welfare*. Ottawa, Ont.: University of Ottawa Press.
- Green, S., & Jones, A. (1999). Improving outcomes for young people leaving care: Which way forward? *Children Australia*, 24(4), 64-68.
- Grinnell, R. M., & Unrau, Y. A. (2005). *Social work research and evaluation: quantitative and qualitative approaches* (7th ed.). New York: Oxford University Press.
- Hamme Peterson, C., Buser, T. J., & Westburg, N. G. (2010). Effects of familial attachment, social support, involvement, and self-esteem on youth substance use and sexual risk taking. *The Family Journal*, 18(4), 369-376.
- Henn, M., Weinstein, M., & Foard, N. (2006). *A short introduction to social research*. London; Thousand Oaks: SAGE Publications.
- Holland, D. D. (2008). Foster Children, Aging Out. *Encyclopedia of Social Problems*. Retrieved from http://www.sage-ereference.com/socialproblems/Article_n227.html
- Karpur, A., Clark, H. B., Carproni, P., & Sterner, H. (2005). Transition to adult roles for students with emotional/behavioral disturbances: A follow-up study of student exiters from steps-to-success. *Career Development for Exceptional Individuals*, 28(1), 36-46.
- Kerman, B., Freundlich, M., & Maluccio, A. N. (Eds.). (2009). *Achieving permanence for older children and youth in foster care*. New York: Columbia University Press.
- Mann-Feder, V. R. (Ed.). (2007). *Transition or eviction: youth exiting care for independent living*. San Francisco: Jossey-Bass/Wiley.
- McDowall. (2009). *Create report card 2009: Transitioning from care. Tracking progress*. Sydney, NSW: Create Foundation Ltd.
- Ministry of Social Development. (2008). Independent youth benefit. Retrieved 24 June, 2010, from <http://www.workandincome.govt.nz/individuals/a-z-benefits/independent-youth-benefit.html>
- Moslehuddin, B., & Mendes, P. (2006). Young people's journey to independence: Towards a better future for young people leaving state care in Victoria. *Children Australia*, 31(3), 47-54.

- Moyers, S., Farmer, E., & Lipscombe, J. (2006). Contact with family members and its impact on adolescents and their foster placements. *British Journal of Social Work*, 36(4), 541-559.
- Nollan, K. A., & Downs, A. C. (Eds.). (2001). *Preparing youth for long-term success: proceedings from the Casey Family Program National Independent Living Forum*. Washington, D.C.: CWLA Press.
- Reid, H. L., & Fielding, A. J. (2007). *Providing support to young people: a guide to interviewing in helping relationships*. London ; New York: Routledge.
- Rhodes, J., & Lowe, S. R. (2008). Youth mentoring and resilience: Implications for practice. *Child Care in Practice*, 14(1), 9-17.
- Satherley, P., Allen, D., & Lyne, P. (2007). Supporting evidence-based service delivery and organisation: a comparison of an emergent realistic appraisal technique with a standard qualitative critical appraisal tool. *International Journal of Evidence-Based Healthcare*, 5(4), 477-486.
- Shin, S. H. (2004). Developmental Outcomes of Vulnerable Youth in the Child Welfare System. In C. N. Dulmus & K. M. Sowers (Eds.), *How institutions are shaping the future of our children: for better or for worse?* (pp. 39-56). Binghamton, N.Y. Northam: Haworth Social Work Practice ; Roundhouse.
- Shirk, M., & Stangler, G. J. (2004). *On their own: what happens to kids when they age out of the foster care system?* Boulder, Colo.: Westview Press.
- Stein, M. (2006). Young people ageing out of care: The poverty of theory. *Children and Youth Services Review*, 28, 422-434.
- Stein, M., & Ellis, S. (1983). *Gizza say?: reviews and young people in care*. Bradford: National Association of Young People in Care.
- Stein, M., & Wade, J. (2000). *Helping care leavers: Problems and strategic responses*. London: Department of Health
- Stone, M. (1990). *Young people leaving care: a study of management systems service delivery and user evaluation*. London?: Royal Philanthropic Society.
- Taylor, O. D. (2010). Predictors and protective factors in the prevention and treatment of adolescent substance use disorders. *Journal of Human Behavior in the Social Environment*, 20(5), 601 - 617.
- Thomas, N. (2005). *Social work with young people in care: looking after children in theory and practice*. Basingstoke: Palgrave Macmillan.

- TNS. (2005). Evaluation of the transitions from care to Independence initiative. Unpublished Interim Report.
- TNS. (2006). Evaluation of the transitions from care to independence initiative. Unpublished Interim Report.
- Ward, T. (2000). *Happy birthday- goodbye!: a study into the readiness and preparedness for independent living of foster care adolescents facing automatic discharge from the custody of the state upon reaching the age of seventeen years.*: A research project presented in partial fulfilment of the requirement of a Master of Social Work, Turitea Campus, Massey University: Palmerston North, Aotearoa/New Zealand.
- Yates, D. (2000). *Sink or swim: leaving care in New Zealand.* Unpublished thesis presented in partial fulfillment of the requirements for the degree of Master of Arts in Social Policy at Massey University, Albany, New Zealand.

Appendix 1: Permission to access Database



8 Dingwall Place, Papatoetoe 2025, Auckland

T 278 3699 F 2794092

E admin@dingwall.co.nz www.dingwall.co.nz

www.carecafe.co.nz

12 July 2010

Attention: Massey Ethics Committee

Re: Davinia Abbott

I wish to confirm that we have granted Davinia permission to access the Launch Care to Independence Client Database, held through Dingwall Trust. This is for the purpose of her evaluative research on the Launch Care to Independence Programme.

Regards

Tim Baldwin

Social Services Manager



Ph: (09) 278 3699

DD: 2502058

021 346341

timb@dingwall.co.nz



MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKENGĀ TANGATA

'Transitioning from care to independence with the Launch Care to Independence Programme'

Hi there,

Your Personal Advisor at Dingwall Trust has offered to approach you about the possibility of taking part in my study and this letter will let you know more of what it is all about. My name is Davinia Abbott and I am conducting a research project as part of my Social Work studies at Massey University. I also work at Child, Youth and Family as a Care and Protection Social Worker and have developed some understanding of the challenges that young people face living away from their family.

This study will talk about young people's time in the 'Launch Care to Independence' programme. This may be a good opportunity for you to share your thoughts and feelings about your experience of the programme and make suggestions for future services. This may help to fix problems and make the service better for the next group of young people coming into the programme.

Who can participate?

I would like to meet and talk with young people who are over 17 years of age, have been engaged with the 'Launch Care to Independence' programme for at least two years and have no custody orders at the court – If you are unsure your Personal Advisor may be able help confirm this for you.

What would be expected of me?

If what you have read so far has sounded ok I would then like to meet with you. We will only meet once and this meeting will take between 1 ½ to 2 hours. There are many places we can meet within your local community; however we will decide upon the most suitable location together.

When we meet for the interview you will be given a \$25 Westfield voucher to compensate any costs you may have incurred through your participation. If you are working we can meet on the days that you are not at work such as a Saturday or Sunday.

If I chose to take part, what are my rights?

First of all you have the right not to take part at all, participation is completely voluntary. If you do decide to take part you have the following rights:

Te Kōwhiri
ki Pūrehuroa

School of Health and Social Services
Private Bag 102304, North Shore City 0745, Auckland, New Zealand
Health Enquiries +64 9 441 8186 Social Work/Policy Enquiries +64 9 441 8184 Fax +64 9 441 8185 www.massey.ac.nz

- Your real name and identifiable characteristics will not be used
- To ask questions about the study at any time
- Not to answer any questions that you do not want to
- To have an opportunity to comment on the transcript of your interview.
- To withdraw from the study (prior to approving the transcripts of the interview)
- To be given a summary of the project findings at the end of this year when the research is completed

Only myself and the research supervisor will have access to this information. The only exception to this would be if you told me about any criminal activity or risk of harm to yourself or others. If this did occur I would need talk with Dingwall Trust (not your personal advisor) to see what support could be provided. If I need help with cultural issues (which I might) cultural guidance will be sought however no information will be given which could identify you or anybody else.

Some people may find talking about their time in care and then their transition to independence difficult. If you have any concerns after the interview and would like to speak with a counsellor one can be arranged through Dingwall Trust or if you wish to stay anonymous, 24 hour support is available by contacting Lifeline (09) 5222 999.

If I want to take part what do I do?

You do not have to make a decision about participating right away. If you have a few more questions about the research you can give me a call directly on the numbers below.

If you decide to take part you can either pass your contact details on to your Personal Advisor and I can give you a call. Otherwise you can call, text or email me directly. If my phone goes to answering machine please leave a message and I will call you back.

My Massey University supervisor for this research is Mike O'Brien and he will also be available if you have questions about the study.

Davinia Abbott
Researcher

Mobile: [REDACTED]
Email: [REDACTED]

Mike O'Brien
Research Supervisor

Phone: (09) 441 8161

Thank you for your time and consideration in participating in this study.

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 10/048. If you have any concerns about the conduct of this research, please contact Dr Ralph Bathurst, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 9570, email humanethicsnorth@massey.ac.nz.

Outcomes Measures

Housing

Type of accommodation

- Custody
- Parent/ relative
- Living Independently
- Semi-independent
- Emergency Accommodation
- Homeless

Suitability of Accommodation

- Good** Permanent tenancy, Supported Accommodation, Transitional Accommodation acceptable to young person, relatives through choice.
- Poor** Homeless, insecure accommodation, Hostel i.e. YMCA, transitional accommodation unacceptable to young person. Staying with friends/ family in emergency due to lack of alternatives.

Sustaining Tenancy

- Good** Permanent tenancy 6 months or longer, Young person coping e.g. with neighbour issues, flatmates, dealing with Landlords/ providers appropriately, budgeting / rent, having the tenancy in your name (you have to be 18 to hold tenancy).
- Poor** Difficulty sustaining tenancy, e.g. budgeting, rent/board ongoing issues, Landlord/provider issues, flatmate issues.

Life Skills

Comprising of the following skills:- Budgeting, negotiating, practical skills (including self-care, domestic – cleaning, cooking, laundry), Licence, self defence course – safety awareness, engaging with the law (safe practice).

Budgeting Skills

- Good** Consensus that most skills are good (young person does not need consistent help).
- Fair** Consensus that young person is just managing but needs support.

Poor Young person lacks ability in Budgeting – runs out of phone credit, running out of food before next pay, use of loan companies.

Practical Skills

Good Consensus that most skills are good (young person does not need consistent help)

Fair Consensus that young person just managing but needs support.

Poor Young person lacks ability in practical daily living skills (i.e. relies on takeaway meals).

Engaging with informal and formal supports

Good Manager most encounters with officials/ landlords/ employees adequately

Fair Manages some of these encounters adequately

Poor Difficulty with these encounters

Health

Physical

Good Makes use of available community health resources as needed i.e. family planning, Doctor, Dentist, pharmacy. Is conscious of personal health issues and addresses these

Fair Is aware of health issues, community health resources, needs consistent prompting/ support to use these as necessary.

Poor Not recognising health issues, accessing services

Mental

Good Has positive image of themselves and is able to recognise when mental health issues are arising and deal with these appropriately. Manages any medication on own.

Fair Able to recognise issues, makes effort to access services and resources but requires some supports, manages any medication with some support

Poor Unable to recognise mental health issues or has significant issues requiring long term intervention and support to sustain this.

Education

Attainment

- Level of qualification they left school with

Progress since leaving care

- Current education level
- Completion of foundation studies, bridging courses, poly tec, alternative education.

Good Attendance at school/college, young person perceives he/she has made progress in education.

Poor Young person attending college or school – unable to sustain attendance.

Young person perceives that no progress has been made.

Employment and Career Paths

Career Paths

Good School – further/ higher education. Work – stable youth training, unstable youth training, casual work. Part time employment.

Poor Insecure, unemployment, unstable youth training, casual work.

Social Networks/ Relationships/ Identity

Social Networks

Good Family/ whanau (or previous carers) perceived by young person as supportive (offering emotional and/ or practical support) AND a network of a few friends, involvement in youth groups, church, sport groups.

Fair Family/ Whanau (or previous carers) perceived as supportive OR has network of a few friends

Poor Young person feels lonely or isolated.

Relationships

Good Reasonably confident in making and sustaining relationships

Fair Can build relationships, has difficulty in sustaining or understanding relationships

Poor Difficulty in building and sustaining relationships (indicators may be isolation, repeatedly disrupted relationship, poor social skills).

Identity

Secure Reasonable self esteem, knowledge of background, some evidence of a general sense of purpose, sense of and feeling at ease with ethnic identity, culture.

Insecure Lacking self esteem, lacking knowledge of background/culture troubled by questions of ethnic identity, sexual identity.

Drug/ Alcohol Use

Drug/ Alcohol use

No use	Does not use drugs or alcohol
Moderate use	Uses drugs and alcohol without problems (using alcohol within recommended safe levels)
Problematic use	Pattern of use resulting in some negative social and/ or legal consequences.
Hazardous use	Problematic use plus a high risk of future damage to physical and/ or mental health
Dependence	All levels of problems plus 3 or more of the following – withdrawal, using to relieve withdrawal, not able to predict and control use, persist despite harm, rapid return to dependence if abstinence.

Risk behaviours

Risk factor

Good	Has good understanding of risks/ impacts and shows good resistance to risks and ability to understand impact of behaviour. Has strategies in place to reduce risks.
Moderate	Risking taking behaviour exists however some strategies have been put in place which are perceived to enhance personal safety and reduce negative outcomes.
Poor	Has little understanding of risks, is exposed to high number of risk factors and is perceived as unable to manage this, is unable to action strategies for managing risks.

Offending

Offending

Good	No Offences
Fair	One or very few minor offences and no serious problem perceived by young person
Poor	Persistent or serious offences

Early Parenthood

Early parenthood

- Good** Accessing/ using range of community supports, good parenting skills
- Fair** Using some supports, recognises strengths/ weaknesses. Some statutory involvements
- Poor** Ongoing CYF involvement, at risk of removal of child. Not able to recognise/ address issues – child been taken into statutory care.

Not applicable

Appendix 4: Interview Outline

Interview Outline

Demographical information:

Gender:

Age:

Age of entry into the Launch Programme:

Length of time with the Launch programme/ Age of exit:

Length of time since exiting the Launch Programme:

Accommodation

- What accommodation means to the participant – What is “good” accommodation
- What is your current accommodation, how did you obtain this (i.e. with WINZ support, was it your decision), do you find it affordable, how long have you been there (explore sustainability) and who do you live with?
- Past experiences of accommodation
- Number of foster placements
- Number of localities lived
- Role of foster carer(s) in your transitioning to independent accommodation
 - o Did you feel ready to leave?
- Role of the Launch Programme in accommodation assistance i.e. development of a contingency plan, preparing young person for this move.
 - o How often would ask your Personal Advisor to assist with housing (how was your ability to develop decision making skills enhanced by this support?)
 - o Good things about this assistance/ not so good things

Life Skills

- What would you consider as life skills?
- What life skills are you good at/ Have difficulty with
- What life skills do you believe to have which assist you to live independently?
- What past experiences have helped develop your life skills?
- What role has your foster carer(s) had in the development of your life skills
- What role has the Launch Programme had in developing your ability to live independently that you didn't have before
 - o How often you ask you Personal Advisor for help in this area
 - o Good things about this assistance/ Not so good things

Transport

- How do you get around Auckland now?
 - o If you drive what license do you carry and how did you get it.
- How did you get around when you were living in foster care?
- Do you have any issues around transport? If so does how do you manage these issues?

- What assistance does your Personal Advisor provide?
 - o Good things about this assistance/ Not so good things
 - o How often you ask you Personal Advisor for transport?

Health

- What does it mean for you to look after your health?
- How was this managed when you were in foster care?
- Do you feel you have any health needs at the moment?
- Do you know where to go to access health professionals in your community? If yes who and where are they? Do you know the name of your G.P?
- Do you know what a community services card provides?
- When was the last time you accessed a health professional?
- What health education or information has your Personal Advisor provided in this area?
 - o i.e. assisted with registering with a G.P, sexual health workshop completed, Dental Check completed.
 - o Good things about this support/ not so good things

Mental Health

- Do you have a diagnosed Mental Illness? Date of diagnosis
- Was a care plan developed for you? Is this plan ongoing?
- Is your Personal Advisor aware of your mental illness and if so what assistance if any have they provided.
 - o Good things about this assistance/ not so good things

Education

- What are your thoughts around education?
- Leaving School Qualification – last year of schooling completed i.e. year 7, 8 etc
- Current education Level
- Current/History of engagement with educational programmes since leaving School (Creative Learning Schemes, alternative education, Tertiary, Polytec etc).
- Barriers to engagement with educational programmes
- Educational hopes and aspirations
- Role of Personal Advisor in providing information and assistance to reach your hopes and dreams
 - o Good things about this assistance/ not so good things

Income management

- Where does your current income come from?
- What expenses are weekly priorities for you?
- Do you find you have funds left over at the end of the pay week?
- How has your Personal Advisor assisted you with money management?
 - o What was good about their assistance/ not so good

Employment and Career Paths

- Current employment (full time, part time, casual etc)
- History of employment
- Barriers to employment
- Career hopes and aspirations
- Role of Personal Advisor in providing information and assistance to reach your career hopes and dreams
 - o i.e. assistance in developing C.V, development of a vocational plan, development of job search skills, entry into employment training.
 - o Good things about this assistance/ not so good things

Drug and Alcohol Use

- Current Drug and Alcohol use/ amounts/ frequency
- Date of first use/ awareness of drugs and alcohol
- What would you consider safe use of alcohol and drugs/ how do you know this
- Did you ever talk about Drugs and Alcohol with your foster carer(s)?
- Have you discussed Alcohol and Drug use with your Personal Advisor?
 - o If so what sorts of things would you discuss?
 - o Did you find this helpful/ not helpful
- What education or links has your Personal Advisor provided you with regarding Drug education?
 - o What were the good things about this assistance/ not so good things?

Offending

- Have you broken the law in the last 12 months? If so what happened
- Do you have Youth Justice History?
 - o If so for what sorts of offenses and at what age(s)
 - o How were you supported during this time?
- If you were to get into trouble with the law who would you want to contact for support?
- What role has your Personal Advisor had in this area? i.e provision of information on engaging with the law (safe practices).
 - o Good things about their assistance/ not so good things

Early Parenthood

- Do you have a child? If so:
- How old is your child and do you live together? Is this your first child?
- How was your/ the pregnancy?
- Who were your supports during your/ the pregnancy and once the child was born? What has been the role of the other parent?
- What role has the Launch Programme/ Personal Advisor had for you as a mother/father?
 - o Good things/ not so good things

Social Networks/ Relationships

- Who are the important people in your world and what is your relationship to them? *This question will be answered by developing a visual picture or genogram of these people with the participant. Contact with maternal and paternal family members will be explored.*
- Who were you able to talk with when you had worries during your foster care?
- Who do you have to talk with about your worries now days?

Identity

- Do you have an awareness of your background/ culture, ethnic identity, sexual identity?
 - o How has your Personal Advisor assisted with your awareness i.e. development of Whakapapa/ Genogram, provided links to Iwi or cultural community, assisted with your exploration of spirituality, provided links to your whanau and family.
- How did your foster parents assist with your cultural awareness and identity?
 - o What were the good things about this assistance/ not so good things?
- Reflecting back on a difficult time in your life what thoughts, beliefs, personal strengths did you draw on?
- What values do you feel you have developed during your transition from care to independence?
- What do you consider to be your strengths?
 - o How have these strengths been built upon during your time in foster care?
 - o How have these strengths been built upon by your personal advisor?

Final thought about your experience of the Launch Programme

- If applicable how did you discharge from the programme (planned/ unplanned)? Did you find your engagement with the programme long enough?
- What would change about the programme?
- What things would you keep the same?
- What advice would you give other young people entering this programme?
- Hopes and dreams for the future

Appendix 5: Participant Consent form



MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪRENGA TANGATA

'Transitioning from care to independence with the Launch Care to Independence Programme'

PARTICIPANT CONSENT FORM

I have read the invitation letter for the above research project and have had the details of the project explained to me. Any questions that I have had have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I am aware of my right to withdraw from the study prior to approving my interview transcript and that I may decline to answer any particular questions.

I agree/ do not agree to this interview being audio taped.

I also understand that I have the right to ask for the audio tape to be turned off at any time during the interview.

I agree to participate in this study under the conditions set out in the invitation letter.

Signed:

Name: _____

Date: _____

Te Kūnenga
ki Pūrehuroa

School of Health and Social Services
Private Bag 102304, North Shore City 0745, Auckland, New Zealand
Health Enquiries +64 9 441 8166 Social Work/Policy Enquiries +64 9 441 8154 Fax +64 9 441 8165 www.massey.ac.nz

Appendix 6: Confidentiality Agreement



MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PUKENGA TANGATA

'The outcomes of young adults transitioning from care to independent living who have engaged with the Launch Care to Independence Programme'

CONFIDENTIALITY AGREEMENT

I _____ (full name printed), the *Transcriber*, agree to:

- keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format with anyone other than the *Researcher*.
- keep sound recordings and recording equipment secure while they are in my possession.
- return all research information in any form or format (e.g. tapes, transcripts) to the *Researcher* when I have completed the research tasks. I will not retain or copy any information pertaining to the research.

Transcriber

(print name) (signature) (date)

Researcher

(print name) (signature) (date)

Te Kūnenga
ki Pūrehuroa

School of Health and Social Services
Private Bag 102904, North Shore City 0745, Auckland, New Zealand
Health Enquiries +64 9 441 8166 Social Work/Policy Enquiries +64 9 441 8164 Fax +64 9 441 8165 www.massey.ac.nz

Appendix 7: Authority for the release of transcripts



MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKENGĀ TANGATA

'The outcomes of young adults transitioning from care to independent living who have engaged with the Launch Care to Independence Programme'

AUTHORITY FOR THE RELEASE OF TRANSCRIPTS

I confirm that I have had the opportunity to read and amend the transcript of the interview(s) conducted with me.

I agree that the edited transcript and extracts from this may be used in reports and publications arising from the research.

Signature: _____ Date: _____

Full Name - printed _____

Te Kōwhiri
ki Pūrehurua

School of Health and Social Services
Private Bag 102934, North Shore City 0745, Auckland, New Zealand
Health Enquiries +64 9 441 8166 Social Work/Policy Enquiries +64 9 441 8164 Fax +64 9 441 8160 www.massey.ac.nz

Appendix 8: MUHEC approval letter



**MASSEY UNIVERSITY
ALBANY**

15 July 2010

Davinia Abbott
c/- Associate-Professor M O'Brien
College of Humanities and Social Sciences
Massey University
Albany

Dear Davinia

HUMAN ETHICS APPROVAL APPLICATION – MUHECN 10/048
"Transitioning from care to independence with the Launch Care to Independence Programme"

Thank you for your application. It has been fully considered, and approved by the Massey University Human Ethics Committee: Northern.

Approval is for three years. If this project has not been completed within three years from the date of this letter, a reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Dr Ralph Bathurst
Chair
Human Ethics Committee: Northern

cc: Associate-Professor M O'Brien
College of Humanities and Social Sciences

Te Kunenga
ki Pārehuroa

Office of the Assistant to the Vice-Chancellor (Research Ethics)
Private Bag 102 904, North Shore City 0745, Auckland, New Zealand Telephone +64 9 414 0800 ex 9539
humanethicsnorth@massey.ac.nz