Sink or Swim: Leaving Care in New Zealand

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For young people in care

Acknowledgements

You sing 'Bravo, bravo',

You're a brave brave man,

I know it's just bravado,

You never sink, cos you swam

And when your ship can't handle

The heavier seas

Your spirit will get you through,

Go down on bended knees.

(from 'Whaling' by Dobbyn, Guy, Warren and Kinney)

Abstract

The main purpose of this qualitative study is to highlight the issues for young people who are in out-of-family care at the age of sixteen. It has involved interviews with eight young New Zealanders about their experiences in care, their circumstances when leaving care and, for the seven who had already left care, their ongoing transition to adulthood.

In many countries and states overseas the difficulties of young people leaving care have received considerable attention, resulting in legislative change and programme development to ensure ongoing services and support. In contrast, the topic has been overlooked in New Zealand in recent years and most young people leave care on, before or shortly after their seventeenth birthdays, with no follow up services or monitoring.

For all but two participants in this study, the point of leaving care coincided with other important steps towards independence, such as independent living circumstances and independent financial management. This placed enormous demands on their coping abilities and limited life skills. Since leaving care only two had been in continuous fulltime work and only three progressed with their studies. Most had moved frequently after leaving care, one was homeless, one was a single mother in supported accommodation and one was awaiting a possible jail sentence. Relationships with family were mostly very poor. Four of the participants had significant psychosocial disorders and very little secondary schooling and their level of risk was acutely heightened on leaving care, two struggling with long-term substance problems and at least three with depression.

There were, however, two examples of well managed and empowering discharge processes, one to permanence and one to independence. Most participants readily expressed appreciation of positive aspects of the care experience and were quick to

defend the commitment and efforts of caregivers and social workers working under difficult conditions.

The findings raise issues about adherence to the care and protection principles of the Children, Young Persons and their Families Act 1989 and compliance with the United Nations Convention on the Rights of the Child. The Act's guardianship provisions to the age of twenty provide scope for policy and practice development in this area.

Table of Contents

List of Appendices

List of tables

Chapter 1:   Introducing the Study

This is a qualitative study examining the transition of young people 'in care' to independent status. Seven Pakeha (European) young people who left care up to four years earlier and one who was at the point of leaving care were interviewed. They discussed their time in care, the planning and conditions under which they left care and how they had coped since in terms of accommodation, employment, support and managing any psychosocial issues.

The purpose of the study is to:

- ascertain the need for further research in the areas of readiness, preparation and ongoing support of care leavers;
- consider implications from the data for any possible changes to legislation, policy or practice;
- consider the value of consulting with young clients and ex-clients as a research and policy development strategy.

Defining 'care' in New Zealand

'Care' is a slightly elusive topic, both in terms of being mostly invisible to the public and variously defined even within the social work profession. The definition used here is my own, but is intended to cover the current care provisions in the Care and Protection part of the Children Young Persons and their Families Act 1989 (CYPF Act). As such, care is the placement of children and young persons, as a result of a social service intervention or agreement, and at the cost of the Department of Child Youth and Family (Child Youth and Family), out of the care of their birth parents or usual caregivers. Unless it is the result of an agreement with the parents or original caregivers, it is generally taken as a measure to protect children or young people from the abuse, neglect or inability of their caregivers to do so for whatever reason or, at times, from the effects of their own behaviour. A Family Group Conference (FGC) will have been held in which the extended

family/whanau has been unable to find or agree on a safe solution to the problem. A Declaration will subsequently have been made by a Family Court judge that the child or young person is in need of care or protection. Court orders will be in place and reviewed at 6 monthly or 12 monthly interviews, depending on the age of the child. A voluntary agreement between a child's parent or original caregiver and a social service does not require an FGC or a court order, but is restricted in terms of duration.

A child in care must be the subject of voluntary agreement, a custody order or a guardianship order under the CYPF Act. Custody orders under this jurisdiction lapse when a young person reaches the age of 17. If there is no guardianship order, then there is no legal basis for the young person to remain in care. However, a guardianship order naming the Chief Executive of Child Youth and Family or of an Iwi or Cultural Social Service as either sole or additional guardian, can be maintained until the young person's 20th birthday, enabling financial, placement and social work support to continue. Equally the Director or a Child and Family Support Service (CFSS) or any other person can retain an additional guardianship order under this Act. It is of key importance, however, to note that funding to site managers at Child Youth and Family is only provided for young people under the age of 17. The cost of maintaining a young person aged 17 or over must be found from within that budget.

Placements can be with caregivers (foster parents) approved and engaged by the Department of Child Youth and Family or in a family home or residence owned and managed by Child Youth and Family. Alternatively, they can be with Iwi or Cultural Social Services or Child and Family Social Services approved and contracted by the department. Children and young people in care can also be placed with family/whanau members approved and reimbursed by the department.

This study does not enquire into young people who have been placed primarily as a result of their offending, which is dealt with separately under the Youth Justice provisions of the CYPF Act and the jurisdiction of the Youth Court.

Currently there are approximately 800 young people aged 14 or over in care in New Zealand, although these figures include those in custody or supervision with residence under Youth Justice provisions (a comparatively small number). Of these, at 30 June 1999, 229 were aged 16 and only 49 were aged 17, suggesting that approximately 170 young people leave care on, or not long before or after, reaching the age of 17 (See Appendix 1 supplied by Child Youth and Family). Some of these will be discharged to the guardianship of previously paid caregivers under the Guardianship Act 1968. For the majority, guardianship will probably return to their original caregivers under this Act, whether the young people are in relationship with them or not.

Motivation for the study

Child Youth and Family's predecessor, the Department of Social Welfare, employed me in a range of roles including social worker, policy advisor and social work trainer from 1986 to 1996. Early on as a social worker I became interested in knowing what became of children and young people once they had been through investigative and placement processes that is, the outcomes for them of social work intervention. This led me to an interest in care work and in 1992-3 I worked in a specialist care team. While there, I came to believe that the laudable focus of maintaining children with parents or extended family, as well as the huge rise in notifications, were detracting attention from those children and young people who were placed and did remain in out-of-family care. Even finding staff to work in the specialist care team was difficult. It seemed to me that the notion of out-of-family care was seen as the antithesis of the CYPF Act and that, as a result, there was a general denial of its continuing existence.

Added to this, there was an acute shortage of placements and services available and tightening fiscal restraints on case management. Managerial instructions issued to us verbally to discharge young people in care as soon as possible after their 17th birthdays came as a shock to me. The life stories of most of the young people on my caseload were extremely sad and not to be wished on anybody's child. Several approaching or already past this cut-off point lacked family support and educational success and were exhibiting serious emotional problems in their behaviour[1]. I was very concerned about the possible outcomes for these young people and felt that the Department should not relinquish its care responsibilities until a young person had a good footing in adulthood and the skills required to ensure a satisfying adult outcome within a setting of support.

These young people continued to worry me after leaving the Department in 1996 and have become the focus of my study in Social Policy. On considering this topic for a thesis, I was surprised to discover the volume of overseas research on leaving care inspiring major policy and programme changes in Britain, the United States and Australia, among others. In contrast, it does not appear to have been the subject of research or discussion in any social work or social policy journals in New Zealand. Nor is there specific reference to it in the legislation and the Care and Protection Handbook contains just one page of guidelines for social workers on the topic. This 'silence' has had implications for this study and, in particular, in the absence of conceptual development and vocabulary adapted to local conditions, practices and legislation.

Other terms used

For this reason, I struggled for some time to devise terms for the study. Was I looking for participants who had been 'discharged from care', 'discharged to independence' or who had 'left care'? Despite my advertising and searching for young people 'discharged to independence' it was revealed, often during or even

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[1] I am not able to cite examples here as they may be too easily identified.

after interviews, to be not strictly true for several of the research participants (see chapter 7 for further discussion on this). I eventually settled for the more general British term of 'leaving care'. This term, and this study, are inclusive of young people who are still living with caregivers when they are discharged or leave care. It also includes young people who consider that they have to all intents and purposes left care, even where a guardianship order under the CYPF Act still exists (see Chapter 7).

Also presenting difficulties was the name of the government agency with overall responsibility for care in New Zealand. In the past ten years it has had six names, two of these changes occurring in the year that the research was conducted. Initially it was known among staff as 'the Department' when it was an intrinsic division of the Department of Social Welfare (DSW). While still part of DSW, it then became 'the Service' when it was at first the New Zealand Children and Young Persons Service (NZCYPS) and then the Children, Young Persons and their Families Service (CYPFS). It briefly became an agency in 1999 - the Children Young Persons and their Families Agency (CYPFA) – but in the same year became the Department of Child Youth and Family. The temptation is thus to refer to it as 'the Department' throughout, but this does not always work.

Since this study occurs within the parameters of the Care and Protection section of the Department/Service (as opposed to the Youth Justice or Adoption sections) it is referred to as 'Care and Protection' throughout the findings and discussion chapters. Elsewhere, in discussing the past, it is referred to as either 'the Department' or by whichever of its acronyms represent its name at the time discussed. In reference to the present and the future, the currently preferred shortened name, 'Child, Youth and Family' is used.

These recent changes have necessitated amendments to the CYPF Act concerning the Chief Executive. Prior to the 1999 change, it was the Director-General of

Social Welfare on whom both custody and guardianship responsibilities were most often bestowed. It is now the Chief Executive of Child Youth and Family who has official 'parenting' responsibilities to the majority of the 3500 children and young people in care at any one time.

Because of the ethnicity of the participants (they are all Pakeha) the voluntary groups and trusts that provided their care are referred to collectively in the findings and discussion chapters as Child and Family Support Services or CFSS (under section VIII of the CYPF Act). Elsewhere, Iwi Social Services and Cultural Social Services are referred to by their full names.

Reading the study

Chapter 2 looks at the history, meaning and status of youth and the transition to adulthood in Western society. It considers the context in which the young people in the study have grown up by looking at current transitional trends in New Zealand amongst young people, from the point of view of leaving home, education, employment and mental health. It considers how the success of transition may be impacted on by developmental issues and family disruption and the issues that might arise for young people in care making the transition to adulthood. It refers to one model that considers the achievement of positive outcomes in adulthood from a perspective of risk and protective factors that might influence this.

How care leavers make the transition to adulthood is dictated, at least partly, by care policy, legislation and practice, which is the focus of Chapter 3. These young people have been brought up during part of their adolescence in the machinery of care, which in New Zealand is state run and funded, though often contracted out to or even initiated by voluntary or culturally based agencies. It is therefore useful to look at the background to the current legislation governing care, developments since the CYPF Act was passed in 1989 and the concepts and theoretical

6

perspectives driving the legislation, policy, practice and attitudes which contribute to the service received by children, young people and their families.

Chapter 4 looks at the wealth of overseas literature on leaving care. It outlines the trajectory of this topic as it became recognised as a serious social and social work issue in England, Wales and Northern Ireland since the 1980s, paralleled across the Atlantic almost simultaneously. It looks at important changes to legislation in Britain, the United States and in New South Wales, which have made the preparation of and ongoing support to care leavers mandatory. It considers some of the literature evaluating the many leaving care projects in Britain and the United States.

Following this theoretical and contextual background, the methodology of this study is then discussed in chapter 5. This includes a review of the literature on the role of qualitative research with children and young people both in developing a broad sociology of childhood and children and as a means of enquiry into care and protection policy and practice. The steps taken in this study are explained, as are the ethical and practical issues and the limitations encountered.

The findings from the interviews with the eight participants are presented chronologically in the next three chapters as: The Period in Care (chapter 6), Leaving Care (chapter 7) and Since Leaving Care (chapter 8). Chapter 9 discusses the findings with reference to the literature and the parameters of the earlier theoretical chapters. The final chapter looks at the possible implications of the findings for the New Zealand care system.

The experiences recounted by these eight young people are profound and thought provoking. They are told simply and without malice. The participants express understandable incomprehension and confusion at times but also surprising courage in their determination to accept the past and take responsibility for the future,

despite the odds against them. The special issues they raise are ones likely to be encountered by many current and future care leavers in New Zealand in making their way to adulthood. This thesis is designed to identify these issues, raise awareness and provoke a discourse, which will hopefully contribute to increased support and sensitivity towards young people in care making their way towards adulthood.

Chapter 2:   The Transition to Adulthood

Introduction

This chapter considers, from historical and sociological perspectives, the notions of youth and its various stages and, in particular, the transition to adulthood. Using statistical data, it attempts to gain some indications of how the transition to adulthood is currently made in New Zealand in terms of leaving home, education and employment trends. Data on the incidence of mental health issues among adolescents gives some indication of the level of stress encountered by young people in New Zealand.

Developmental perspectives and issues are then considered, with particular reference to the impact of developmental and family disruption on young people, and most notably on those who come into and spend prolonged times in care. A developmental perspective that advocates consideration of both risk and protective factors influencing eventual adult outcomes during this transition is proposed as a means of evaluating the impact of circumstances and events for young care leavers.

The concepts of childhood and youth

Childhood and youth, and the life stages in general, are variously defined from cultural, sociological, economic and developmental perspectives. Since the publication of the work of the French historian, Philippe Aries, from 1962, there has been much debate about the distinction between childhood and adulthood and its origins. Aries states: "In medieval society the idea of childhood did not exist ... as soon as the child could live without the constant solicitude of his mother, his nanny or his cradle-rocker, he belonged to adult society" (Aries 1985 quoted in Frost and Stein 1989: 10). Most recent sociological and child welfare discussions of the concepts of childhood and/or youth begin with a discussion of the verity and virtues of this controversial claim, relating it to arguments for or against children's rights and citizenship or to child welfare and parenting (Frost and Stein 1989;

Butler and Williamson 1994; Cobb 1995; Butler 1996; Dean 1997). The child liberationists, (Holt 1975; Farson 1978; Franklin 1986) who argue for full child liberation from the 'oppression' of adults, tend to idealise Aries' work as describing a halcyon time where children were self-determining and unfettered by adult attentions. More middle-of-the-road children's rights and 'voice of children' advocates acknowledge that childhood and adolescence are largely social constructions but argue that Aries' evidence was sparse and express concern about a scenario in which children and young people are expected to accept early responsibility for themselves and less protection (Frost and Stein 1989; Freeman 1996; also in Fox Harding 1997).

Biologically, and in a technologically less demanding and more static environment, children as young as seven are able to contribute to the family or village economy and young people by their mid-teens are ready to become parents. This may well have been the norm in medieval Europe and still is in some parts of the world (Burman 1996; Dean 1997). In this 'pre-industrial' format, "people saw themselves as part of an organic whole so that, 'the child was an outgrowth of the communal stock, a piece of the collective body' (Gelis 1986)" (Frost and Stein 1989: 12). It was only with the Renaissance and the rise of the middle class in Northern Europe, that individualism arose and with it an interest in the development and the prospects of the child nurtured within the nuclear family (Frost and Stein 1989).

Cobb (1995) discusses Postman's argument (1982) that the invention of the printing press in the mid-fifteenth century, and the subsequent interest in literacy, created both the distinction between childhood and adulthood and also the notion of individuality, through the individual acquisition of knowledge and the concept of authorship. Among those who did not own capital as a means of wealth and power, but could afford schooling for their children, it became an important means of 'getting ahead' and improving the social position and wealth of the family. As

10

professionalism developed, higher skill levels and a longer apprenticeship to achieve them was required (Frost and Stein 1989). The ruling classes took an interest in educating their young only after recognising this threat to their power (Frost and Stein 1989).

These changes, and the urbanisation imposed by industry, gave rise to increased emphasis on parents and the nuclear family and less on lineage and community. It was within the respectable and upwardly mobile middle class nuclear family of the nineteenth century that the sentimental notions and culture of childhood were developed.

With the shift from feudal agriculture to industrial life, the children of the poor became apprenticed to factories and mills where they worked the same long hours and under the same heinous conditions as adults. Alternatively they became self reliant and independent vagrants, causing fears of social disorder among the better-off (Frost and Stein 1989). Eventually, the new middle class attitudes were imposed upon the situation, in the form of legislation, schools, reformatories and foster homes. The introduction of legislation to exclude children from factory work and of compulsory education, extended childhood within the working classes (Frost and Stein 1989; Dean 1997). The paternalistic state of the nineteenth century was ambivalent towards children and young people. Children were seen in terms of needing state protection from their destitute families whereas their older siblings constituted a threat to society through their dangerous delinquency (Dean 1997). "The impact of the new status of childhood within the middle-class family, was an unambiguous metaphor for the wider contribution of paternalism and the vision of a stable class structure with a compliant working class" (Frost and Stein 1989: 25).

Dean goes on to highlight the period between the second world war and the economic crises of the 1970s as the "time when youth and youth culture 'came to embody the promise of modernity within the ethos of social democracy' (Mercer

11

1990)" (Dean 1997: 56-57). Since then the "Radical Right has succeeded in ... reconstituting youth in terms of its threatening qualities rather than its promise for the future" (Dean 1997: 57).

Even the more moderate children's rights protagonists and sociologists of childhood tend to agree that childhood and youth are defined and controlled by adults. "The history of childhood is ... very much the history of adults' myth-making around childhood ... Childhood is often no more than what adults say it is" (Butler and Williamson 1994: 2-3). It is generally agreed that children's competence is measured from an adult perspective, resulting in them being considered less capable and thus worthy of less status and respect than adults. Child/adult relations are geared to adult needs, adult economics, adult superiority and authority and the adult class system (Frost and Stein 1989; Butler and Williamson 1994; Fox Harding 1997). This is such a dominant paradigm that it is difficult for us as adults, and indeed for children and young people, to see the world differently (Oakley 1994). Children's needs for nurturing and support mask their rights to be treated as individuals, whose interests are divergent from those of their parents.

The children's rights movement has its origins in the late nineteenth century, with writers such as the French Jean Valles in 1879, Wiggin in the US in 1892 and Korczak in Poland (Freeman 1996). The 1924 Geneva Declaration was "a statement of mankind's obligations to children" (Freeman 1996: 2) but the 1959 United Nations Declaration of the Rights of the Child recognised rights, although "its emphasis is still firmly on protection and welfare" (Freeman 1996: 3). The United Nations Convention on the Rights of the Child (UNCROC) ratified by New Zealand in 1989, made significant moves forward, seen by Freeman as a legacy of the "so-called children's liberation movement of the 1970s" (Freeman 1996: 3). Article 12 in particular is hailed as momentous.

"(Article 12) requires State Parties to assure to the child, capable of forming his or her own views, the right to express those views freely in all matters affecting the child. In particular, the child is to be provided the opportunity to be heard in any judicial and administrative proceedings which affect him or her, either directly or through a representative or an appropriate body. This right is significant not only for what it says, but because it recognizes the child as a full human being, with integrity and personality, and with the ability to participate fully in society"

(Freeman 1996: 3)

Frost and Stein express concerns about an emphasis on what they call 'legalism', in implementing children's rights.

While legal reforms can influence the rights of children and young people we would also like to see a more fundamental change in the way they are treated in our society. … (These legal changes) may have little impact on their day-to-day living experience, until (they) are combined with attitudes, modes of participation and approaches that provide for young people to gain increased power over their lives

(Frost and Stein 1989: 135-6).

Transition to Adulthood

The extended period of childhood dependence gave rise to the developmental study of children and youth as a specific demographic group during the 19th century. Often the focus was on the instability and stress of young people and the need to protect them from moral decline (Coleman and Husen 1985; Cummings 1995) or to protect others from them. Buhler (1921) made the distinction between 'puberty' or physiological maturity, and 'adolescence', "when the young person acquired the psychological and social maturity required for the culture to which he or she belonged" (Coleman and Husen 1985: 15).

13

Adolescence, as an invention of the 20th century, is built conveniently around emerging educational systems which restrict young people's daytime activities to controlled institutions (Cummings 1995). Thus, in New Zealand, early adolescence might be defined as the intermediate school period, middle adolescence as secondary school, and late adolescence as the period of more basic vocational training and education. Young adulthood is then extended through into the twenties for those who go on to further and more complex study (Adams et al 1994). This is a less well-researched period in the life cycle, although one of important decisions about study, employment, relationships and identity (Jessor et al 1991).

Adams and associates (1994) see youth as a period of transition that differs in length and experience for each person, depending on individual circumstances and the legal restrictions of the country and the culture. Freedom is given and responsibility is undertaken gradually, experimentation and mistakes are allowed for and there is some degree of protection. They discuss Zimring's 1982 definition, or 'learner's permit theory', quoting: "the adolescent must be protected from the full burden of responsibilities, but pushed along by degrees towards the moral and legal accountability that we consider appropriate to adulthood" (Adams et al 1994: 9). This perspective has young people arrive at the privileged status of adulthood once they have reached a series of 'ages of majority' in terms of the law, have completed their education, are no longer financially dependent on their parents, and so on.

This adult definition does not always coincide with the views of young people themselves. Evidentally, the emancipated status of adulthood becomes very attractive as young people mature and disagreement arises in families and schools over their rights. "Young people at the age of 17 ... believe they have reached adult status and assert the right to practice adult forms of behaviour. ... Students are constantly reminded of their status by the demand they wear school uniform

14

and conform to a code of personal appearance that marks them as children. Adult practices, many with a symbolic function for young people, are often prohibited" (Nash 1997: 243-4). Nash points out that middle class young people are more attuned to managing this situation but that "the school may still need to learn how to adapt itself as a site for the management of this transition for the majority of working class boys and girls" (Nash 1997: 243).

The current circumstances under which one leaves childhood to become an independent self-responsible adult include less and less state support and available employment and often involve distance from family and community of origin. Furthermore, the much increased and ever-changing choices of career, constant technological changes and increasing complexity and variance of legal structures and social norms place ever-greater demands on learning and adaptability. These changes reduce and frustrate the ability of concerned parents to guide and control their offspring. Whether parental control is appropriate to physically and socially mature young people is debatable, however, and a more egalitarian and supportive parental (or school) approach is generally more empowering and satisfying to both parties.

A specific point at which adulthood is reached is difficult to ascertain and varies internationally as well as nationally. The World Health Organisation (WHO) defines young people as "those aged between 10 and 19. UNCROC combines children and adolescents under the joint title of 'children' meaning "every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier" (UNCROC Part1, Article 1). New Zealand government statistics on young New Zealanders cover the ages of 12 to 25. In terms of this study, in many Western countries, young people in care remain in the guardianship of the state until they attain legal adult status and are discharged at the age of 18, although this may occur earlier at times (Rowe 1983; Frost and Stein 1986; Cashmore and Paxton 1996). As will be seen, responsibilities for these young

15

people have now been extended to age 20 or 21 in, for example, the United States, England and Wales (see Chapter 4).

Much that has happened here in New Zealand in the past 10 to 15 years has been associated with economics. Many age-limited practices and regulations are on a downward trend:, one example being the discharging of young people from the (costly) care of the New Zealand government at the age of 16, despite the availability of guardianship provision until 20. On the other hand, in 1991 the 'Mother of all Budgets' reduced income support to young people under the age of 25 and limited it to those 18 and over. The granting of allowances to students under 25 became dependent on levels of parental incomes. Thus, the period of financial dependence on family was officially and arbitrarily extended to 25 for those unable or not ready to support themselves, except where family income is below prescribed levels. The inability and/or unwillingness of many families to undertake these extended responsibilities has obliged students to access student loans, increasing their burden of transition.

Further, economic and study pressures on young people over the past two or three decades have limited their capacity for political expression. While rendering a large section of young people more docile, this has reinforced adult control and suppressed their potentially useful contribution to society as young people.

Independence trends among young New Zealanders

For young people making the transition to adulthood, leaving home, completing education, and being financially self-sufficient are three main areas of independence. These events tend to occur gradually, with alternating periods of more or less independence, depending on work and student status as well as moves out of and back to parents' homes. There appears to be a prolonged period of tertiary education or vocational training interspersed with the learning of social and life skills. This may involve periods of work (often casual or part-time), travel,

study or just living and learning 'the hard way', though much will depend on the personality and opportunities of the young person as well as the aspirations and expectations of the family, culture and class they have been brought up in.

Using statistics taken mostly from the 1996 census and presented in the publication 'Young New Zealanders', it is possible to ascertain some measure of how New Zealand young people make their way to independent adulthood in terms of housing, education and employment (Statistics NZ and Youth Affairs 1998). These 'norms' also stand as indications of the current context in which New Zealand children grow up and the expectations they have of themselves as they make their way to adulthood. Pakeha statistics are emphasised here since all the participants of the study are Pakeha.

Almost 80% of Pakeha young people aged 16 to 19 still live at home with parents. It is most common for young people to move into non-family housing when they leave their parents, usually into flats. By the ages of 20–25 only 37.7% of Asians, 33.8% of Pakeha, 26.7% of Maori and 22.7% of Pacific people live apart from immediate family. 55% of 16- to 19-year-olds of all ethnicities living away from their families live with other individuals ('flatting'), while 40% live with other families (boarding) and only 5% live alone. 3.8% of 17 year olds and 11.8% of 19 year olds were living with a partner or spouse in 1996. Overall there was a drop in young people forming live-in relationships, from 56.8% of 25 year olds in 1986 to 47.4% in 1996, although numbers had risen slightly among teenagers. (Statistics NZ and Youth Affairs 1998: 24-28)

In terms of parenthood, women are now much more likely to have their first child in their late twenties or early thirties than in their teenage years or early twenties. Between 1976 and 1996 for women aged between 16 and 19 the rate fell from 50 to 33 births per 1000. 6.3% of 18-year-old women had at least one child in 1996 and

17

14.1% of 20 year olds. 7.8% of Pakeha men and women aged between 15 and 25 lived with their own children. (Statistics NZ and Youth Affairs 1998: 32-34)

Homelessness amongst young people has not been identified as a significant social issue in New Zealand in the 1990s. It is likely, however, that there is a migratory population of young adults, moving within and between suburbs and towns, staying with friends and family or in caravan parks and deserted buildings. There appears to be no recent statistical or empirical evidence of this, however (from discussion with Ministry of Youth Affairs staff, November 1999).

Statistical trends show that young people in New Zealand are prolonging their education to achieve higher qualifications. This is partly because of the rise in the minimum school leaving age from 15 to 16, but also because the decline in employment opportunities has created a more competitive job market. Tertiary fees have been markedly increased with user-pays education (by over 50% between 1993 and 1996) and student loans have been made available to all students to facilitate payment. This means that a significant proportion of young New Zealanders start their working life with large debts. 50% of tertiary students aged 16-24 had student loans in 1996. (Statistics NZ and Youth Affairs 1998: 54)

In regard to secondary education, in 1996 almost 84% of 16-year-olds attended school, 55% of 17-year-olds and 15% of 18-year-olds. 14% of Pakeha left school with no qualifications, 17% with School Certificate, 37% with Sixth Form Certificate or Higher School Certificate, 9% with Entrance Qualification and 23% with a University Bursary or Scholarship. (Statistics NZ and Youth Affairs 1998: 38-43)

Community education programmes such as Training Opportunities Programmes (TOPS) offer people with low secondary school attainment the opportunity to increase their skills and qualifications. In 1996 almost half the participants in these

schemes were aged under 20, and 17-year-olds were almost twice as numerous as other age groups. (Statistics NZ and Youth Affairs 1998: 44)

In tertiary education, women have increased attendance at tertiary institutions considerably, accounting for 70.5% of the overall increase from 1987 to 1996. For men aged 18-24, the participation rate was 255.6 per 1000 in 1996 and for women it was 285.4 per 1000. The largest group of tertiary students are at universities with approximately 160 per 1000 18- to 24-year-olds. 100 per 1000 attended polytechnics and under 20 per 1000 attended colleges of education. (Statistics NZ and Youth Affairs 1998: 44-49)

The significance of employment is recognised in "Young New Zealanders" as "a key determinant of income, health, housing, social well-being, family life and leisure" (p55). Unemployment figures for young people show that they have been "disproportionately affected" by economic recession and labour market reform (p63). Between 1986 and 96, the unemployment rate for 15- to 25-year-olds rose by 8%, twice that of the overall rate. Unemployment is highest for the younger age groups, being 22.6% for 15-year-olds and 8.9% for 25-year-olds. (Statistics NZ and Youth Affairs 1998: 55-66)

There has been a marked increase in part-time work with 57.6% of 16- 19-year-old workers in part-time jobs and a corresponding decline in full-time work, with 20.7% of 16- 19-year-olds in full-time jobs (30 or more hours per week) and 57.8% of 20- to 25-year-olds. 1 in 3 young employed people aged between 15 and 24 work part-time. (Statistics NZ and Youth Affairs 1998: 57-60). As well as reducing their earning ability this phenomenon, a product of the Employment Contracts Act 1991, masks the true level of under-employment among young people

19

Qualifications have an important bearing on employment status. 80.7% of young people with degrees were employed and only 6.6% were unemployed, whereas 42.8% of unqualified young people were employed and 14.2% were unemployed (pp64-65). Just over 10% of the 16- to 19-year-old population received the Unemployment Benefit at some point during the 1995-96 tax year, this figure rising to about 23% for 20- to 24-year-olds. (Statistics NZ and Youth Affairs 1998: 63-65)

This statistical picture shows a general trend to later and later independence, due to extended education and reduced employment availability. It does little, however, to highlight the difficulties faced by young people, especially those who are disadvantaged by poverty, trauma and/or poor support. Dennehey et al (1997) stress the effect of inequalities faced by young people: "The most empowering investment young people can make in themselves is education, one of the key passports out of poverty. ... However, young people's ability to invest in their lives during this period is, to a great extent, constrained by earlier life, environmental and educational experiences" Dennehey et al (1997: 32). Young people in care will generally be struggling with these issues, but the investment made in them by the state Care and Protection services will, or should, be geared to supporting them in overcoming these difficulties and regaining lost ground.

Adolescent mental health in New Zealand

Levels of mental health disorders in the adolescent or youth populations are telling indications of the difficulties they may be facing. Many of these disorders are associated with poverty and adversity, as are other factors causing difficulty (Dennehey et al; material supplied by CAMHS). This area has been overlooked by the state in New Zealand until very recently, when the publication of some alarming statistics, especially those pertaining to youth suicide, have prompted considerable action (Ministry of Health 1999).

Smith and Beautrais (1999) give some useful indications of mental health issues among 14- to 16-year-olds, both in the general population and among those in contact with care and protection and youth justice services. They used the DSM III (1987) categories of mental disorders, including mood disorder (predominantly depression), anxiety, antisocial and conduct disorders, and substance use disorders. They compared a sample group of 897 young people (14-16) who had had no welfare services contact with a sample of 77 who had. Of those who had had no contact 40% had at least one mental disorder and 16% had multiple mental disorders. They found that over 80% of those who had had contact had at least one mental disorder and 52% had multiple mental disorders.

Smith and Beautrais (1999) also compared a sample of 935 young people who had never been brought to the attention of the police as a result of offending with a sample of 39 who had. Of those without an offending history 41.5% had at least one disorder and 12.5% suffered from depression. Of those with an offending history 95% had at least one mental disorder and 30.8% had depression.

54% of the young offenders and 40% of young people in contact with welfare services had substance use problems. It is also noted that multiple disorders are very common among young people in CYF care (both Care and Protection and Youth Justice). Smith and Beautrais (1999) estimate that approximately 2250 young people at any one time in contact with CYF will have serious or multiple disorders requiring access to professional services.

To summarise, this shows a high incidence of mental disorders among young people in contact with CYF, which is perhaps not surprising, as both their behaviour and home circumstances are likely to result in contact. What is perhaps more surprising are the high proportions of 14 to 16-year-olds who are not in contact who show mental disorders. If young people with mental disorders are to

21

make a successful and satisfying transition to adulthood, they will need both support and self-understanding.

In terms of suicidal behaviour, Smith and Beautrais (1999) found that among 14- to 16-year-olds, there are around 20 deaths by suicide per year, while 80 to 100 young people in this age group make serious suicide attempts. Just under one third of these groups will have had recent contact with CYF.

Most significant, in terms of suicide, is the considerable increase in the incidence after the ages of 16, when Child Youth and Family's services decline almost entirely. Among young people aged between 10 and 25, there are 151.5 deaths by suicide per year (Smith and Beautrais 1999), the vast majority occurring among 16- to 25-year-olds. This indicates the importance of providing both effective treatment services while in contact with CYF and ongoing monitoring and support to young people over 16.

Taking a developmental perspective

> Understanding the factors that underlie development makes it possible to create environments that are better suited to the needs and potentialities of individuals and groups, and this understanding thereby helps to promote better psychological health over the life span.
>
> (Magnusson & Allen 1983: 3)

For the successful transition of a young person to adulthood, consideration needs to be given to developmental and mental health issues. Erik Erikson's eight stages of ego-identity development provide a framework of transitional crises that are resolved in a human lifetime, either positively or negatively. Unfavourable conditions and interactions at any point may affect the resolution of that stage and negative resolution at any stage will hinder future development.

Table 2.1 shows Erikson's eight life stages and the positive and negative outcomes which can emerge depending on whether each crisis is successfully resolved or not. Thus the infant who has developed trust in its primary caregiver (stage 1) can, once mobile, explore the environment and develop autonomy, knowing there is a reliable base to return to at times of perceived danger (stage 2). This autonomy then allows the school child to initiate challenging physical activities and to enroll other children in these (stage 3). By early adolescence this progresses to a desire to be industrious and productive in order to gain adult recognition (stage 4). In adolescence proper, the identity acquired in the past must integrate the changes of puberty and develop into a sense of "Who I will be" in the future. This is achieved through experimentation with social roles in the peer group and wider society (stage 5). Once a sense of self and role, especially in terms of occupation, is successfully established, the desire to share one's life with another develops into the final crisis before full adult maturity is achieved. This necessitates the sharing of intimacy and identity with another, without fear or risk of giving up one's own identity (stage 6). The last two stages occur in adulthood, providing that the earlier stages have been successfully resolved. Generativity refers to creativity, production and contribution to the next generation and society for the personal reward, rather than to obtain recognition or for money (stage 7). The final crisis occurs in late middle age or later and if successfully resolved allows for a sense of personal integrity, a life well spent and a kinship with humanity (stage 8) (Adams et al 1994; Cummings 1995).

Children in care in New Zealand have, almost by definition, experienced loss, neglect and/or abuse at some point in their lives that will have impacted on their psychosocial/ego development. By the age of 17, when they need, according to Erikson, to have developed trust, autonomy, initiative, industry and identity, most will be struggling with at least one of the negative resolutions: mistrust, shame and doubt, guilt, inferiority or identity diffusion. Some will be in serious developmental difficulty, exhibiting evidence of psychosocial or mental disorders,

such as conduct disorder, post traumatic stress disorder, substance abuse, depression, suicidal ideation or offending. Serious consideration needs to be given to these young people leaving care without a sufficiently supportive environment.

Table 2.1   Erikson's Eight Life Stages

Stage	Age	Crisis	Positive resolution	Negative resolution
1	0-1	Basic trust vs mistrust	Achieves sense of basic trust in self and others	Learns to mistrust self and others, poor foundation built
2	1-3	Autonomy vs shame & doubt	Develops sense of autonomy & independence	Feels insecure and doubts ability to act independently
3	3-6	Initiative vs guilt	Increased curiosity, explores environment, takes initiative and makes own decisions	Feels incompetent and develops generalised feelings of guilt that reduce future abilities
4	7-12	Industry vs inferiority	Confidence to undertake challenges, satisfaction from own work, sense of industry	Develops a sense of inferiority
5	12-18	Identity vs identity diffusion	Well-consolidated ego identity; good self-concept and understanding	Identity diffusion, lack of self understanding, may remain immature
6	18-25	Intimacy vs isolation	Identity fusion; commitment to another; genuine intimacy with another	Failure to establish intimate r'ship; becomes self absorbed & isolated
7	25-50	Generativity vs self absorption	Interest in guiding next gen-eration; increased creativity; work is rewarding in itself	Becomes self indulgent and unable to make a contribution to society
8	50s +	Integrity vs despair	Sense of personal integrity accepts life as well spent; kinship with humankind	Views life as lacking integration; feels despair and disgust with self.

(From Adams et al 1994: 42; Cummings 1995: 237).

The role of family

A wide range of children's rights advocates acknowledge that children are oppressed by adults in the way that women have been oppressed by men and that this occurs primarily in the family (Frost and Stein 1989; Oakley 1994). Despite this, the family is generally seen as the best and most protective environment in which to raise children, especially if free from "the stresses of poor housing, poor

incomes and poor prospects" (Butler and Williamson 1994: 8; Fox Harding 1997). Family, particularly when operating under these conditions, is seen not only as "a source of protection but also a source of strength, where the interests of children and adults are united in the face of a common enemy" (Butler and Williamson 1994: 8). However, we also know the family to "be an oppressive, cruel and hopeless environment" (Butler and Williamson 1994: 9) for some children, at least under certain conditions.

Systems Theory has been a major influence in understanding the effect of different family dynamics on the developing child or adolescent. It identifies three basic functions of the family through childhood, adolescence and early adulthood that cannot be fully replaced or imitated by any other social structure: cohesion, adaptability and interaction. Cohesion or emotional bonding provides the ability to identify with a primary group and achieve emotional, intellectual and physical closeness. Adaptability is learnt through the development of a variety of roles within the framework of a changing power structure. The arts of interaction – speech, listening and negotiation - are learnt through the network of communication and interaction provided (Adams et al 1994).

Different families are identified as providing these functions more or less effectively. "Cohesion and adaptability mechanisms provide interpersonal structure to the family and communicate several basic messages that are internalized by the adolescent (or the child) and manifested in behavior and personality" (Adams et al: 67). Cohesion is measured on a continuum ranging from enmeshed to disengaged and adaptability from rigid to chaotic. The ideal falls somewhere in the middle. Children and adolescents displaying anti-social behaviours would usually be found to be from families that are not providing a satisfactory level of one or more of these functions. Or they may have experienced rupture from their family of origin and have not had the opportunity to join a substitute family that is able to provide these functions at a satisfactory level.

The attachment theory of John Bowlby and his successors emphasises the importance of intimate ties with parents or parent figures and others and the loss incurred with disruption to these ties. This is recognised in the Children Young Persons and their Families Act 1989 as "significant psychological attachment" and the importance of either existing attachments being mended or, where this cannot happen, substitute ones being formed is expressed in the care and protection principles (section 13 CYPF Act 1989: see Appendix 2).

Germain (1979) emphasised the problems for the child removed from his or her family of origin. For whatever reason the removal occurred, he or she is "torn from the biological and symbolic context of his (sic) identity. No matter how nurturing the substitute care, the child's ongoing task will always be to reweave the jagged tear in the fabric of his identity, to make himself whole again" (Quoted in Ronen 1994: 274).

Fahlberg emphasises the importance of family to young people entering adulthood.

> Few psychologically healthy young adults who grow up with their birth parents make a total break with their family at the time of leaving home. Many use their families as a resource for support and consultation during their move into independent living. In the long term, most adults depend upon family members for emotional support in times of crisis and to share the joys of success. These basic needs should be taken into consideration in all cases when an adolescent will be leaving the system to live independently. Who will be this individual's family of resource?
>
> (Fahlberg 1991: 222)

Factors influencing eventual adult outcomes

Maughan and Champion (1990) consider ways in which the transition to adulthood is impacted on by a variety of factors which can either enhance or limit successful

resolution of developmental crises and vulnerabilities. "Such periods (developmental transitions) place often heavy demands on the individual for adaptation to new conditions but also hold within them the potential for new beginnings, opportunities to overcome earlier difficulties and to set out on new trajectories" (Maughan & Champion 1990: 296). They refer to 'adult outcomes' in terms of 'success' and personal 'satisfaction' as the eventual result of this transition, recommending longitudinal studies including adulthood as the most satisfactory means of evaluation.

Maughan and Champion consider three longitudinal studies of disadvantaged childhood samples in terms of risk and protective factors that may have influenced their adult outcomes. In a group of young American men who suffered economic deprivation during the depression of the 1930s (Elder 1979 and 1986), they identify two protective factors that they believed contributed to greater marriage stability. Joining the army provided opportunities for education and career development and this in turn resulted in later and thus more stable marriage. Other protective factors in the group as a whole included the use of 'positive comparisons' between the extreme hardship of childhood and an improvement to this in adulthood, and 'selective ignoring' in which positive aspects of hardship are the focus.

A second study, by Quinton & Rutter in 1985, is particularly relevant to this one. They compared a group of British women who had been brought up in residential care with a control group from similar socio-economic adversity who were brought up at home. They found a markedly higher level of psycho-social problems in adult life among the women brought up in care as well as a higher rate of early pregnancy, hurried choice of partner with often, but not always, poor outcomes to those relationships and poor parenting. For those for whom this was not so, protective factors appeared to be positive experiences during adolescence, better education, supportive spouses and more adaptive coping strategies.

A similar third study was done retrospectively on several studies of British women who had suffered the loss of a parent. These studies had had inconsistent results, but Brown et al (1986) refined the criteria to women whose subsequent parenting had been inadequate. They concluded that the childhood loss of a parent created risk to both the women's inner and outer resources, i.e. both socially and emotionally. These two strands came together in early adulthood to result very often in downward spirals that were difficult to escape. Early pregnancy, for example, which was common with women who had lost their mothers as small children, often led to early and unsupportive marriage, which in turn led to a much higher incidence of clinical depression. Better outcomes of early pregnancy were achieved with better coping ability, which was more evident in middle-class than in working-class women.

Maughan and Champion (1990) consider that these studies indicate "that the resources that individuals can draw on as they approach the early adult period are likely to play a crucial part in maintaining or breaking links in previous adversity" (p311). These resources might include "individual dispositions and coping strategies, the availability of support and guidance ... and perceived as well as actual opportunities in the wider outer world" (p311). The presence of these resources constitutes protective factors, absence of or limitations to them constitute risk factors. Other influences which can act as protective or risk factors are the timing, sequencing and synchronisation of transitions. Thus early transition to adulthood as a result of early discharge from the care system can constitute a risk, while delayed marriage due to education or membership of the armed forces may act as a protection.

Four models of transition that might increase risk are outlined:

1. A 'stage termination' model in which early transition interrupts the completion of previous developmental tasks;

2. A 'goodness-of-fit' model in which the individual is too immature or not ready to meet the demands of the new situation;

3. A 'pre-empting opportunities' model in which early transition in one domain effectively limits options in others;

4. A 'deviance' model in which problems arise for those going through transitions early as they may see themselves, or be seen, as 'deviant' from their peers. This relates to societal expectations as discussed earlier in this chapter.

<div align="right">Maughan and Champion 1999: 312</div>

Further protective factors and processes that can bring "possibilities for major changes of developmental trajectory" are discussed. First, the interruption of the sequence of negative chain reactions from earlier crises can protect from further harm. Secondly, new opportunities and new relationships and experiences in early adulthood can enhance a sense of self-efficacy and self-esteem. Thirdly, 'luck' as an external circumstance and 'agility' as an internal one are seen as factors which can intervene in an otherwise downward spiral. Fourthly, some hardship experiences in childhood can strengthen inner resources, through positive comparisons and selective ignoring for example.

Although this study looks only at interim outcomes for care leavers, this perspective is of particular interest to it. Much of the discussion of the data in chapter 9 is done with reference to Maughan and Champion's (1990) views of risk and protection during the transition to adulthood.

Conclusion

The transition to adulthood is a crucial and difficult developmental period in the current social and economic climate. Healthy and ongoing family ties and support are the best guarantee for achieving satisfying adult outcomes.

Children and young people are usually removed from their families and placed in care because protection from the level of risk they are exposed to (whether from themselves or others) cannot be provided otherwise. For young people arriving at the age of 17 while still in care, family rupture has most likely not been resolved and permanency with a substitute family may not have been achieved, increasing the level of risk to their successful adult outcomes. The events and circumstances of the transition to adulthood are thus all the more crucial.

In taking on custodial and guardianship responsibilities, it seems important that the state undertake to provide young people in care with every opportunity to resolve developmental crises and past trauma, to achieve to their best ability and to enjoy the gradual and well supported transition to independence to which every young New Zealander is entitled.

The next chapter looks at care services in New Zealand since 1986 in terms of cultural initiatives, political ideology, and professional theory and attitudes.

Chapter 3: The Politics of Care in New Zealand

> Each child in our care has only one life to lead. Our policies and practice must somehow be changed so that we can treat each one as an individual and develop the most suitable plan to meet his (sic) needs. What happens at the moment is that children are put through a process which is convenient administratively but takes little account of their feelings, or need for security and stability.
>
> Gwen James 1979: p68

Introduction

This chapter tracks the changes in care and protection policies and practice since the early 1980s, with particular reference to care. These changes are interpreted in terms of prevalent theoretical perspectives influencing policy-making. The chapter looks at the range of contributions which culminated in the CYPF Act 1989, the implications of the Act for children and their families, and the impact of the predominant neo-liberal or laissez-faire ideology of the 1990s governments on its implementation. It takes a quantitative look at outcomes and briefly reviews current strategies in place to improve these. It considers current and future lobbies and advocates more emphasis on support to families and consultation with children.

The 1980s

The 1980s was a decade of dissent and debate among both professionals and the public over the delivery of social work services and their impact on children and communities. "By the end of the 1970s, a growing number of critics were describing the services of the Department as racist, neglectful of children in care, providing unreliable protection for children who were abused, and unresponsive to community welfare groups and clients" (Cody 1990: 2).

Senior management changes in the early 80s facilitated change processes for a new 'elite' within the Department, which implemented not only social work but also

benefit and disability legislation. This new group was usurped by another within a few years (Cody 1990) and changes of Ministers in 1984 and 1987 altered the course of developments (Cockburn 1994). The indigenous and feminist movements and notions among the media and the public about the rights of children were emerging, calling for improvements and devolution of services concerning children and their families (Cody 1990; Cockburn 1994; Dalley 1998; Smith 1998). Throughout the decade, the repeated drafting of new legislation to replace the 1974 Children and Young Persons Act reflected this period of debate and at the same time, rising unemployment, increasing inflation and a political "revolution of the Right" (Dalley 1998: 261) added to tension within the community.

In 1980 "there were about 3660 children in foster care" (Cody 1990: 7) and around 800 in the 26 residential institutions run by DSW (Dalley 1998). The vast majority in institutional care and many in foster care were Maori, and awareness of the institutional racism contributing to this was growing. There were concerns about the risk of 'drift' among children in care - the "movement of children from one home to another, leaving them with no family attachments at the point at which they reached independence" (Cody 1990: 8). Research carried out in the late 70s "showed the drift of children in care resulting in an average of 6.5 placements for every five years spent in care" (Craig 1984: 3).

A departmental conference in 1976 had concluded that there was "a disturbing picture of aimlessness in much of our work in the area of children in care" (Cody 1990: 7-8). Recommendations emanating from the conference placed emphasis on the preservation of family ties, the maintenance of cultural identification and the annual review of all guardianship orders. This had resulted in a series of changes including the introduction of planning for children in care and the setting up of the Maatua Whangai scheme.

including the introduction of planning for children in care and the setting up of the Maatua Whangai scheme.

The state of foster care

The Advisory Committee on Foster Care reported to the Minister in August 1984. It noted that "too frequently the specialised task of foster parenting is misunderstood, underestimated and undervalued, possibly because the system is invisible and the homes inconspicuous" (Advisory Committee on Foster Care 1984: 3). It recommended that there needed to be a sound base for fostering in the legislation, that the rights and needs of the child, the foster parents and the natural parents be recognised and that recruitment, training and support be effective (Advisory Committee on Foster Care 1984). Criticism by the Foster Care Federation said the report failed to offer a model for its recommended permanency planning, nor did it recognise the right of children in care to independent and regular review of their plans (Craig 1984).

At this point DSW's role was to protect individual children from their parents, and it was considered to know how to do this better than the families of whom the children were members. The state had the statutory power to take children into its care if it deemed their parents unable or unwilling to care for them. This 'state paternalism' perspective was predominant in most English-speaking countries but was under fire from the 'defenders of the rights of the birth family' (Fox Harding 1997) or, more specifically in New Zealand, the whanau, hapu and iwi.

An assault on institutional racism

Within Maoridom, whanaunatanga (genealogy and family responsibility) and te oranga o te whanau (the health of the family) include as parenting resources the extended family or whanau as well as hapu and iwi. The child belongs inextricably within this framework and the child and the framework are interdependent. ".... the physical soul and spiritual wellbeing of a Maori child is inextricably related to

the sense of belonging to a wider whanau group" (DSW 1989: 126). The removal of Maori children from their parents impacts on all members of the wider family.

Anger over state paternalism towards Maori children, especially concerning their high rates of admissions to residences, was first expressed in a complaint to the Human Rights Commission in 1979 by ACORD, the Auckland Committee on Racism. Their complaint included a 30-page summary of reports of abuse in residences (Cody 1990). The Commission found that six articles of the United Nations Covenant on Human Rights had been breached (Cody 1990) and stated that "the issues raised were 'certainly the most extensive representations yet made [in New Zealand] on a matter affecting human rights'" (Dalley 1998: 301). The subsequent Johnston report verified the Commission's findings and recommended greater regulation, better community options and resolution of the issues for Maori. The objectives of Maatua Whangai, which began shortly afterwards in 1983, were to ensure that Maori children in difficulty were not alienated and to reduce the number of Maori young people in Departmental institutions by placing them with their tribal groups (Cody 1990; Dalley 1998).

Community development

Lending weight to this movement was one which advocated a process of decentralisation of services to both the Social Work Division and local offices of DSW as well as to communities themselves, in the form of community development. The department was seen as "centralised, bureaucratised and unresponsive to local and minority needs" (Barretta-Herman 1994: 11). An attempt by local managers in 1984 to devolve decision–making and render services more accountable to the community, and particularly to Maori, was blocked by senior management of the Department. The Department's Management Plan in 1986 reinforced its centralised and authoritative stance, fending off opposition by feigning a strategy of consultation (Cody 1990).

A Community Development Team was set up in the Department in the early 80s and the Community Organisation Grants Scheme (COGS), designed to fund target groups such as women and the disabled, was a further community development which came under its umbrella. The Family Violence Prevention Co-ordinating Committee (FVPCC), set up in 1986, was another.

Puao-te-Ata-Tu

The commissioning of the Ministerial Advisory Committee on a Maori Perspective in July 1985, chaired by John Rangihau, was a major and far-reaching consultation, prompted by the activities of ACORD. Travelling across the country, the Committee heard in marae after marae the anger and despair of families suffering the effects of a paternalistic and institutionally racist government. While acknowledging the dedication of staff, they perceived the Department as "a highly centralised bureaucracy insensitive to the needs of many of its clients" (Ministerial Advisory Committee on a Maori Perspective 1986/1). The Committee made 13 substantial recommendations, all of which were adopted by the Minister of Social Welfare (Ministerial Advisory Committee on a Maori Perspective 1986/1; Cody 1990). These were based on guiding principles and operational objectives aimed at eliminating cultural racism and its attendant deprivation and alienation. They covered all the mandates and operations of DSW, its accountability, staff appointment and training and communications systems (Ministerial Advisory Committee 1986/1).

This major commitment on the part of the Labour government launched the Department into a leading role in bicultural employment practices and service and legislative changes which were to impact on services to all cultures. It also contributed to the 1986 decision, or was cited as such, to reduce the number of DSW residences from 29 to four (Smith 1999). Acceptance of the recommendations resulted in the establishment of the Social Welfare Commission and District Executive Committees, subsequently abolished by a new National

government in 1991. These had briefly provided local communities and iwi with "an avenue for effective participation and input into policy and practice" (Sorrenson 1998: 21) and "symbolised an attempt to deprofessionalise the administration of welfare" (Dalley 1998: 267).

Child protection

Meanwhile, another movement had been working to effect change. Led by both the media and social work and medical professionals, awareness of the incidence of child abuse had been burgeoning since the 1970s. A National Symposium of Child Abuse in 1979 had prompted the formation of the National Advisory Committee for the Prevention of Child Abuse (NACPCA). Developing awareness of sexual abuse and family violence resulted in the joint police and Department of Education programme "Keeping Ourselves Safe" and FVPCC (Dalley 1998). Multi-disciplinary approaches to child protection overseas had prompted the establishment of Child Protection Teams comprised of social workers, paediatricians, police and members of voluntary groups, which co-operated, sometimes uneasily, in up to 30 communities by the late 1980s (Dalley 1998).

Drafting the New Act

Throughout this period, attempts at revising the 1974 Act were made. The Children and Young Persons Amendment Act of 1983 acknowledged the harm caused by removing a child from its family and locality as well as the child's right to live in the association of a family group. The first attempt at a new act, the Child Protection Bill of 1983, affirmed this and established interventions "that would not be more harmful than the abuse" (Dalley 1998: 351) but also reflected the interests in a professional approach to child abuse. The second, the 1986 Children and Young Persons Bill, drafted by the department after brief but intensive consultation with staff, was similar but "embodied a balance between the rights of the child and the rights of the child in the family group" (Dalley 1998: 354). This draft had care and protection matters heard in the Family Court for the first time and care plans

approved and reviewed there. Long term foster care was to be replaced by permanent guardianship. All these measures found their way into the eventual Act.

The third draft, coming in 1987 in the wake of Puao-te-Ata-Tu and as a culmination of society-wide debate, incorporated the Maori notions of family responsibility, reduced the executive role of the professional considerably and allowed for the contracting of services from the state to the community. Hence, as the new Act was passed in 1989 it was seen as "a conceptual product of the cultural and social experiences of New Zealanders in the late 80s" (Cockburn 1994: 91).

Care under the CYPF Act 1989

The new Act was hailed internationally as leading-edge legislation. Its purpose is spelt out in the introduction, part of which reads:

> (a)   To advance the wellbeing of families and the wellbeing of children and young persons as members of families, whanau, hapu, iwi, and family groups
>
> (b)   To make provision for families, whanau, hapu, iwi, and family groups to receive assistance in caring for their children and young persons;
>
> (c)   To make provision for matters relating to children and young people ... to be resolved, wherever possible, by their own family, whanau, hapu, iwi or family group.

This acknowledgement of the role of family/whanau (extended family), hapu (family group) and iwi (tribe) in providing the identity and the place of belonging of its children substantially and officially changed the processes and management of care, focusing on retaining children and young people within those groups. In accordance with the Act, priorities were "to look first at strengthening the family, secondly to care within the extended family, and finally to care outside the family

37

with every effort directed towards eventual family reconciliation" (CYPFS 1997: 4).

Decisions about a child's care and protection needs are made, at least initially, by extended family through the FGC (see Chapter 1). This is based on the traditional Maori model of whanau decision-making. This model has made a major contribution to policy in other countries and has influenced legislation in Australian, American and Canadian states (Maxwell et al 1995).

The care and protection principles (s13) clearly prioritise the options available in intervention (See Appendix 2). Where care orders and living arrangements other than with family/whanau are made, section 13 (e) to (h) must direct practice. These clauses emphasise speedy return to family where possible, maintenance of family and cultural ties, maintenance within the child's locality and, where return is not possible, the development of "significant psychological attachment" to a caregiver within a new family group (CYPF Act 1989: s13). One in-house paper applauds the 1989 Act in terms of care policy: "If staff have internalised the principles of (the Act) then permanency, planning and good care practice are a logical consequence". It notes that it is rare for child protection legislation to have "a model of care practice implicit in it" (CYPFS 1997: 18).

It was also in the Act that the distinction was made between Care and Protection and Youth Justice. The rationale of this division in social work services was to prevent early and occasional offenders from being drawn into disruptive processes and residential care, heightening rather than preventing the risk of further offending (Doolan 1988). "(The Act) emphasises offender responsibility, victim rights and dealing with young offenders through family group conferences ..." (Thom 1996: 29) The Youth Justice Family Group Conference is the main decision-making forum, designed to avert Youth Court processes wherever possible through family involvement. Care and Protection and Youth Justice clients in custody were to be

placed apart in residences and foster homes, although this does not appear to have been consistently enforced (Thom 1996).

The Act also legislated for the contracting out of care services to voluntary agencies in the form of Child and Family Support Services, Iwi Authorities and Cultural Authorities (both changed to Social Services in the 1994 Amendment) (CYPF Act 1989: Part VIII). This development was a product of an unlikely alliance between Maori, voluntary groups and neo-liberal politicians. All three perspectives held a common interest in weakening the power of the state, either because of its paternalism or in dismantling welfare and creating a market environment (Cheyne et al 1997).

Another important innovation was the creation of the post of Commissioner for Children, based on the Norwegian model (Fox Harding 1997), to represent and promote children's interests and rights (CYPF ACT 1989: Part IX). It is notable that the passing of the Act had coincided with the ratification by New Zealand of UNCROC, both perhaps owe some credit to child advocates and children's rights activists.

Other changes impacting on care

Despite these developments, other forces had been at work, creating turbulent times for social work and restricting outcomes for children and their families, including Maori. One such force was the huge upsurge in notifications, probably almost trebling between 1988 and 1994 (Cockburn 1994), as a result of increased public awareness. This demanded a concentration of available resources into child abuse and neglect investigation to the detriment of follow-up services in the longer term to children and their families (CYPFS 1997: 2).

The impact of political ideology

The most significant influence, however, has been the dominant neo-liberal ideology and public-choice theory of the Labour government until 1991 and the National and National/NZ First governments until 1999. These governments, often referred to as the New Right, were bent on reducing the Welfare State to minimal provision of needs-assessed support to the 'deserving poor' and on creating a market economy of 'state enterprises' in its place. Beneficiaries suffered significant cuts in payments in the 1991 budget, and were blamed for their unemployment. Families already 'at risk' found themselves struggling with increased poverty and an acute sense of shame (Kelsey 1995; Cheyne et al 1997).

It is difficult to ascertain the level of cynicism behind the Labour government's rhetorical ratification of the new Act on the basis of its benefits to children and families and Maori in particular. Certainly, New Right politicians recognised the prospective savings and decreased state role inherent in returning responsibility to families and in closing residences (Cheyne et al 1997; Smith 1998). "The reign of the Fourth Labour Government came to an end in 1990, but their redirection of social policy remains intact. The main responsibility for caring is now clearly vested in the community" (Baretta Herman 1994: 18), but unfortunately in the communities which were struggling with the most financial hardship. This ideology is closely aligned to Fox Harding's care perspective which she entitles "laissez faire and patriarchy" (Fox Harding 1997).

The Act was subsequently compromised after its introduction by the imposition of tight fiscal controls and threats of disciplinary action to managers if budgets were overspent (Cockburn 1994). Two major pieces of legislation - the State Sector Act 1988 and the Public Finance Act 1989 - enabled government to gain control over the public service and expenditure on welfare services (Boston et al 1996; Smith 1998). Between them, these two pieces of legislation impose accountability and performance measures on departmental chief executives, in the case of DSW at the

time this being the Director-General (now the Chief Executive of the Department of Child Youth and Family). Accountability is directly to the Minister and outputs must be produced that reflect the government's desired policy outcomes (at the time, of reducing services) and earn the required funding for the following period (Cheyne et al 1997). This fiscal regime was recognised in the 1992 Mason Report on the Act as a risk to it: " ... it is our firm view that the Act will become inoperable if it is not adequately funded and resourced ... We believe that the limitations on resources have reduced the Act's focus ..." (Quoted in Cockburn 1994: 94).

In order to meet these requirements and manage the wide range of changes necessary, a major restructuring of DSW was undertaken in April 1992 (Smith 1998). The organisation was divided into discrete "business units". Social work (Care and Protection, Youth Justice and Adoptions) came under the New Zealand Children and Young Persons Service (NZCYPS) subsequently renamed and reconfigured (see chapter 1). The Benefits and Pensions section of DSW became Income Support, later the New Zealand Income Support Service and now amalgamated with the Employment Service into a separate department, Work and Income New Zealand (WINZ). Social policy and operational activities were split, the newly created Social Policy Agency (SPA) providing direct policy advice to the Minister of Social Welfare through the Director-General. In this restructure, the most major of nine in as many years, the language, reporting structures and accountability systems all underwent serious reformative change (Smith 1998).

Costs of social work services prior to 1992 appear not to be distinguishable from other DSW operations and meant that the new business unit was ill equipped to demonstrate clearly its service needs and costs. In addition, the financial constraints suffered represented a major retrenchment. The 1994 enquiry into financial practices in NZCYPS (known as the Weeks Report) concedes that NZCYPS "may have been comparatively disadvantaged when Vote: Social Welfare

41

(the funds allocated to DSW) was distributed to the business and support units after the 1992 re-organisation" (Weeks 1994: 2).

The collection of statistical data suffered badly in the restructuring. The sudden demand for sophisticated management and programme reporting information was difficult to meet. Attempts at computerised systems which drew data from electronic case records distorted case recording and placed enormous compliance costs on frontline social workers (from personal experience and recent communication with a manager at the time). Another view is that information capture was limited to ensure against informed dissent and thus to facilitate the speedy imposition of neo-liberal change (Kelsey 1995). Even after the abortive information system, CYPFis, was abandoned (Weeks 1994) and replaced by SWis, useful data on care numbers has continued to be extremely difficult to access and use empirically (CYPFS 1997 and from my own experience). In part, this reflects the view that care would not be a major feature of service delivery (DSW 1990). This general paucity of data has contributed to limitations in research and debate both politically and professionally (Kelsey 1995; Cheyne et al 1997; Hassall 1999/2).

'Number crunching' blossomed in other fields however. The new service was required to place great emphasis on the achievement of outputs in the form of Key Performance Indicators (KPIs) which counted the number of social work actions and their promptness in order to qualify for comparable funding in the following year. This focus failed to consider the perspective of the child or young person. The Mason Report noted: "We believe that any system which attempts to quantify a social response in dollar terms alone will fail. That system needs to have a human face" (Mason Report quoted in Cockburn 1994: 95).

Both funding and decision-making in the service had by now become highly devolved, with local management having to meet tight budgets and able to exercise

wide discretion in social work practice. This has no doubt resulted in divergent practices and allows the possibility of fiscal pressure rather than best professional standards to direct decision making at a local level.

Care policy

In-depth papers on care philosophy and practice guidelines were developed during the implementation of the Act (DSW 1989/2; DSW 1991) but there have not been any significant developments since. Specific training in care practice was only developed in the last two years. One in-house paper states frankly: "The area of care has consistently lacked focused attention since the implementation of the CYP&F Act 1989, and has been seen as a less rewarding practice speciality" (CYPFS 1997: 15 and 16).

The same paper identifies five points in terms of care policy and resourcing, some have already been mentioned more generally. First, it is noted that there has been an unclear strategic focus and lack of investment in the care area. Second, that data has been insufficient to estimate compliance with legislation and policy. Third, for the same reason it has not been possible to track placement histories and practice trends. Fourth, there has been a lack of training, skills and knowledge in the care field and fifthly, there is a lack of suitable placements available, especially for adolescents. (CYPFS 1997)

Concern is expressed about the following social work practices:
- Poor genealogical research, especially into paternal lines and iwi, to find kinship placements
- Lack of effort at family reconciliation
- Poor planning and review processes including little or no family consultation and the rolling over of plans
- Favouring by CFSS of younger, easy-to-care-for-children over hard-to-place adolescents (for whom there is no extra payment)   (CYPFS 1997)

43

The contracting out of care

The Community Funding Agency was the third 'business unit' created in the 1992 restructuring, and aimed to become the "pre-eminent agency for the co-ordination, development and purchase of quality community and iwi-based social and welfare services on behalf of Government" (NZCFA 1994-5: 7). One of its main tasks was the contracting of CFSS, Iwi and Cultural Social Services of which CFSS alone burgeoned. Those NZCYPS sites which had access to them generally chose to cease recruiting, training and maintaining their own caregivers. Many family homes (group foster homes caring for up to six children or young people) were closed. The houses were either sold, or rented out, often to CFSS (Dalley 1998). Money from sales was returned to Treasury, an unfortunate loss of important care resources.

While CFSS bloomed across the country, the contracting of Iwi and Cultural Authorities (changed to Social Services in the 1994 amendment of the CYPF Act) was in difficulty. Bradley outlined the complex requirements for approval demanded of candidates and suggested that they had been constructed "as a shield to discourage potential applicants" (Bradley 1997: 4). In 1994 the Director General had, however, recommitted "the Department to partnership obligations under the Treaty of Waitangi and in terms of the principles of *Puao-te-Ata-Tu*" (DSW 1994: 1).

Much of the activities and most resource development have centred on protection or the 'front end' of the care and protection processes (Smith 1998). What became of the children, young people and their families who were exposed to the new and struggling service was not queried. Outcomes research was non-existent, care was put on the 'back burner', voluntary organisations struggled to manage with the 'bednight' resourcing system, which inflexibly required prediction of numbers, and

the approval and evaluation of them by CFA was often in question (Thom 1996; Cheyne et al 1997).

What do we know about outcomes for clients?

There have been only two published evaluations of the implementation of the Act. The first, conducted in 1990, openly admitted to the dual omissions of consultation with Maori and Pacific peoples and research into the area of client satisfaction (Renouf et al 1990), but was seen as insightful in terms of the impact on staff and their role (Cockburn 1994). The 1992 Mason Report, which, as Cockburn points out "connected with grass-roots New Zealand" in the tradition of Puao-te-Ata-Tu (Cockburn 1994: 94), was far reaching and resulted in amendments to the Act and the commitment of extra funding to improve interagency services to children and their families. A new evaluation is well overdue.

The monitoring of the effectiveness of the Act, in terms of outcomes for children, young people and their families, as required under section 7(2) (a) and (g), has been neglected (Maxwell et al 1995; Worrall 1996) until very recently. The Commissioner for Children is also charged with reviewing the Act. Under section 411(1) (b) and (i), s/he must "monitor and assess the policies and practices of the Department" and "review and make recommendations on the working of this Act" (Maxwell et al 1995: 1). However, the work of the Commissioner appears to have been hampered by under-funding and lack of independence from the Government (Hassall 1999/1; McClay 1999).

Ex-Commissioner for Children and dedicated child advocate, Dr Ian Hassall, laments the absence of research and evaluation of the Act. He stated recently: "After ten years we have no evaluation of the Act, no longitudinal study of a sample of children coming to the service's attention ... The lack of information on the outcome of our measures for protecting children is nothing short of a national scandal" (Hassall 1999/2: 2).

A "Five Year Research and Evaluation Strategy" developed in 1998 attempts to tackle the problem. It identifies outcomes and themes or priority areas to be researched and includes a question about children and young people in out-of-family care (emailed from MoSP March 2000). Reference is made to "the limited resources available" for research and priorities have been made accordingly.

These priorities are reflected in the 1999 grant-in-aid application material from MoSP for the conduct of post-graduate research. It states "While a number of descriptive studies have been undertaken, there have been no substantive evaluations of the outcomes experienced by those children, young persons and their families who have had contact with the Care and Protection system during that period (since the passing of the Act)".

A look at available statistics gives some quantitative indication of outcomes over the period considered here, although changes to both legislation and the ways that statistics have been collected limit accuracy. Numbers taken from DSW's Annual Reports show a decrease in total numbers (including youth offenders) earlier in this period, from 7,214 in December 1977, 6,913 in November 1980, 6,351 in November 1983 and 5,630 in November 1986. Figures over the period of the introduction of the CYPF Act and a new computer-based information system are unavailable but an estimate of Care and Protection-only figures in the 1990/1 Annual Report put them as low as 2,200 (tables from DSW Annual Reports provided by MoSP Information Centre). While this is probably due in part to the separation of Youth Justice and Care and Protection, the closures of residences, the new procedures and the efforts made prior to the Act to return children to their families will also have had an impact.

In the 1990s, figures appear to have gradually crept up. In June 1992, there were 2,632 children and young people in care, and in June 1994 there were 2,862 (tables

from DSW Statistical Reports provided by MoSP's Information Centre). A new data collection system introduced in 1996 includes Youth Justice figures, although these are apparently minimal. By June 1997 there were 2,935 and by June 1999, 3,538 children and young people in care (from data provided by CYF statistician). See tables in Appendix 1 for more detail.

Of those in care, young people of 14 and over comprise just under a quarter (see Appendix 1). Of particular relevance to this study, there is a huge drop in numbers between those aged 16 and 17. For example, at 30 June 1999, there were 229 16-year-olds and only 49 17-year-olds (and 11 18-year-olds), suggesting, as anticipated, that practice is generally to either discharge young people at this age or to allow stand-alone custody orders to lapse.

Briefing papers to the Minister state that care is 17% above the level of the Purchase Agreement and that cases tend to remain open longer (DCYF 1999/1). These papers also claim to be producing "99% … good results for families" (DCYF 1999/1: 4) but there is no empirical evidence given for this.

Children and young people placed with extended family/whanau under orders or voluntary agreements make up a little less than one third of those in care (see Appendix 1). It is not known how many children and young people are placed with extended family as the result of FGC decisions, with neither Court Orders nor Voluntary Agreements. These children are not considered the responsibility of Child Youth and Family, beyond the agreement reached at the FGC, which may include monitoring for a limited period. Unless a child or young person comes back to the Service's notice, therefore, the outcome of the family placement is not known.

It appears to be not uncommon for children placed either as active or non-active social work cases, to move around within the extended family. One significant

piece of research into care outcomes is a qualitative study of five Pakeha couples who had taken relatives' children into their care (Worrall 1996). Worrall found that these placements operated under tremendous strain, broke down frequently and were seriously under-funded and under-supported. It is likely that many children in non-family care have been through family placements that have broken down, no doubt at significant emotional cost. Worrall also found that women as kin caregivers perform a thankless unpaid task usually with poor support from social work staff (Worrall 1996). This correlates with changes in policy and practices in other areas such as mental health and geriatric care (Kelsey 1995; Cheyne et al 1997).

The steady increase in numbers in care flies in the face of the principles of the Act and ongoing emphasis on supporting families and increasing placements within families, and may be a reflection of economic hardship. Increased unemployment and poverty in the 1990s have resulted generally in "deteriorating economic circumstances of families, whanau, and communities expected to make greater provision for the needs of their families" (Cheyne et al 1997: 202). Women, and in particular Maori and Pacific women, predominate in the poverty gap (Kelsey 1995; Yates 1998). Poverty can only add to the strain on parents' ability to care adequately for their children, or may prompt them to remain in relationships where their children are at risk, increasing the likelihood of Child Youth and Family intervention.

Difficulties with data collection inhibit knowledge of how Maori have fared since the Act, but there are indications that they are still disproportionately represented as Child Youth and Family clients. Of 500 children and young people admitted into care each year, 40-50% are Maori (DCYP 1999/2). Of care and protection notifications in 1992 and 1993, where ethnicity was recorded, Maori made up between 41% and 43% (Robertson and Maxwell 1996: 9-10) whereas Maori comprise 22.6% of the under 20 population (1996 Census). Surveys of the deaths

of children known to the Service reveal very high proportions of Maori - 75% in a 1994-5 survey (Kinley and Doolan 1997: 2). These data are consistent with general statistics on Maori regarding employment, education, health and crime (Te Puni Kokiri 1998) and beg questions not only about why this should be continuing but also about the quality and/or appropriateness of services received by Maori in all social service areas. There are now 18 out of 54 potential Iwi Social Services, caring only for an estimated 150 children and young people (DCYF 1999/2).

These dismal figures reflect badly on the implementation of the Act but are perhaps not surprising considering the political ideology and the economic situation of the 1990s, resulting in enormous strain on statutory services and communities (Cheyne et al 1997). The absence of enquiry into the implementation of the Act and outcomes for clients will also be important contributing factors in the poor success in meeting objectives as reflected in the Briefing Papers to the Minister (DCYF 1999/1&2). Of particular relevance to this study is the failure to date to consult with an important group of experts on care services, the children and young people who are placed in care and their families.

Current developments

On a more positive note, the last five years have seen the development of initiatives that begin to acknowledge care-related issues and outcomes and attempt to address them, through a focus on strengthening families, policy development, training and outcomes research. Some of these initiatives are outlined and discussed below.

DSW's 'Social Services Strategy 1995-2005', which concerns the services of Child, Youth and Family, has as its somewhat ambitious 'Vision' that "all families are meeting their care, control and support responsibilities" (DSW 1995: 3). The document acknowledges that the principles of both Puao-te-Ata-Tu and the CYPF Act had not been followed by corresponding service improvements that meet families' needs.

49

> Approaches are (currently) directed towards resolving immediate crises
> and focus on the individual rather than families. Further, once the crisis
> has passed, there is little follow-up or concern with the medium or longer-
> term effects of intervention."
>
> (DSW 1995: 8).

The importance of measuring outcomes is recognised as is the paucity of statistical data against which to do this, although the focus appears to be entirely quantitative. I am told that the new department is currently taking steps to remedy the shortfall in outcomes research relating to the Act, developing short, medium and long-term strategies to measure safety, wellbeing, permanence, family function and support (from conversation with Manager of Practice, Research and Development, Feb 2000). The new Ministry of Social Policy is developing contracts with outside researchers and funding for graduate students, such as myself, who are undertaking theses on outcomes has been available for three years.

One of five strategic goals in "Social Services Strategy 1995-2005" states that numbers in out-of-home and residential care placements will be reduced by 50% by 2005. This will be achieved by operating "in a way that maintains a delicate balance between allowing and empowering families to deal with their own problems, and in their own ways, while not leaving them to be overwhelmed when they do need assistance, or where the safety of children is at issue" (DSW 1995: 7). This Strengthening Families strategy is currently focussed on collaborative case management of family difficulties through interagency co-operation involving education, health and welfare (material provided by MoSP Feb 2000). This does not, however, appear to address service to families who do not or cannot respond in time to such treatment, and whose children and young persons must be placed either with extended family or in non-kinship placements.

The Care Management Project, launched in 1997, was designed to first examine at close range all care cases and practice, with a view to ensuring that children and young people in care are there for justifiable reasons and that planning for them is taking place. This "Children in Care Review" process completed, the second task of the project was to produce new strategic guidelines relating to care practice, including both kinship placements and out-of-family care (CYPFS 1998: Chapter 9). Very little change was made to policy pertaining to young people leaving care. The project was also extended to ensure the development and implementation of a national training programme on care practice in 1998 (CYPFS 1997).

Of particular pertinence to this study is the development of the Youth Services Strategy (YSS), currently being implemented, which intends to address the lack of appropriate therapeutic services for young people with behavioural disorders. There are two main initiatives, the first being to institute the use of practice tools by social workers, which are to include mental health, suicidality and alcohol and drug screening for all young people 14 years and over coming to notice. The second is the introduction of a range of specialist care services including family homes, one-to-one caregiving, programmes for these residents and wrap-around rehabilitation programmes for those living at home (Hema 1999; material supplied by the manager of the strategy, Feb 2000).

Key features of all services include continuous and integrated case management to ensure inter-service continuity, adaptation of programmes to individual needs, emphasis on maintenance of family and community links and reintegration and/or re-attachment and cognitive behaviour programmes with access to enriched educational and vocational programmes (from material supplied by the manager of the strategy, Feb 2000). All of these features are extremely positive and many contingencies appear to have been considered. It is important that non-offenders and those whose behaviour and lack of skills impact on themselves rather than others are not overlooked in these programmes.

Child and adolescent mental health has received a much-needed boost in the last two or three years as the result of another extensive enquiry headed by Judge Mason, the report on which was published in 1996. In response to this report, the Mental Health Commission was established and additional funding was committed to the setting-up of specialist mental health services, including Child and Adolescent Mental Health (CAMHS). CAMHS' goal is to provide a service to a 3% benchmark of the under 20 population, seen as those who experience moderate to severe personal suffering or distress due to mental disorders based on the DSM IV. To date, however, the benchmark is only at 1.6% and despite the Labour government's commitment to meeting the costs, difficulties in recruitment mean that the benchmark is not expected to be arrived at for another 10 years (material supplied by HFA, March 2000).

In August 1999 $2.5 million was allocated to establish provision of mental health services to children and young people involved with Child Youth and Family, a joint project between health and social services and a very positive development in a much needed area (material supplied by HFA, March 2000).

Current perspectives

This thesis is being concluded at an important moment in New Zealand's political history, and hopefully at a positive turning point for those who have been caught in a downward spiral created by the New Right politics of the 1990s. It has been a time when there has been "little option ... but to keep striving and to wait patiently while symbolic values struggle to survive against the onslaught of dominant rational economic values" (Cockburn 1994: 98). The decision for change on the part of the voting electorate and the energy of the successful political parties presumably signifies a determination to reassert fair and humane values.

Looking back at the various lobbies which contributed to the innovative and creative legislation of which we are mostly very proud, one wonders what has become of them and what will rise from the ashes of the 1990s.

It appears that a new wave of social work professionals are gaining ground within Child Youth and Family to continue to work towards a more professional approach, especially in the area of risk management (Smith 1998). While they are confident that they can work harmoniously within the Maori and family perspectives, it is important that they maintain a structural analysis of power and a commitment to consultation with the children, young people and families who pass through their processes (Frost and Stein 1989).

The anti-state-paternalism lobbies of family and community have perhaps experienced, under New Right rule, the risk of being left "holding the baby", literally, often an unmanageable and unhappy child, without the resourcing necessary to handle the inherent problems, let alone resolve them.

Although not greatly emphasised, the CYPF Act was a victory for children's rights. The right to family, belonging and locality, the right to participation in the processes concerning it and the right to independent review and representation both in court through Counsel for Child and in the position of the Commissioner for Children are all achievements of the 1980s lobbyists. They no doubt expected that these measures would be adequately resourced.

Instead, there are indications that children are pressed onto under-resourced and over-extended family (Worrall 1996), that court reviews are often prepared late and without consultation (McClay 1999) and that the right to a sense of belonging and continuity may often be lost to those with behavioural and other issues who cannot be catered for by current services (Hercock 1993/1; CYPFS 1997).

Under-resourcing may not, however, be the only hindrance. Unless we individually and collectively undergo a re-examination of our position as adults, we may continue to provide only tokenistic support to children's rights even where resourcing improves. There are two important aspects to this. First, we need to develop an appreciation of the capacity of children and young people to participate in decision making about their lives. This should not be related only to formal meetings and reviews but include their daily interactions with caregivers, teachers, social workers and solicitors. Secondly, we need to appreciate their ability to contribute to the policy-making process. In attending to the huge task of gathering outcomes data related to the implementation of the Act and the impact of care practice, we need to be consulting first and foremost with the children and young people involved. They can tell us about our policy and practice more than anyone. Without this we are trapped in beliefs that we know what is best for our clients and will continue to fail them (see Chapter 5).

Table 3.1   Children's rights: different perspectives

Child savers	Child welfare (or Care and Protection)		Child liberators
Protective measures	More control by welfare agencies and experts	More participation by children	Equal rights
Paternalism			
Family dependence		More control over their lives	Self-determination
			Individuality/Independence
Assumption Children and young people as different from adults			Assumption Children and young people as similar to adults

(From Frost and Stein 1989: 132)

Frost and Stein (1989) disassociate themselves from the extreme children's liberation perspective, but propound a focus on children's participation and increasing power over their lives. Table 3.1 sets out their view of the range of attitudes to children and power within care and protection.

Butler and Williamson (1994) talk of "social work's failure to recognise the selfhood of children, while perversely enshrining their 'otherness'". They attribute this to "the lack of any *consistent* or *coherent* (original italics) theoretical base for much of the work undertaken in the field of care", to a lack of knowledge about children and young people and "an absence of any demonstrable successes, either in the form of content or practice" (Butler and Williamson 1994: 9 and 11).

We have a long way to go in understanding the effects of abuse, neglect and separation and the needs of the children and young people passing through the care and protection system. We have still further to go to institute fair and useful care and other services that can support them through their difficulties to positive outcomes and satisfying lives. Listening to them and working with them as people will facilitate this.

Conclusion

The New Zealand care system has experienced significant change but an unfortunate lack of attention over the past 11 years. The promise of the new Act has been undermined by the agenda of the reductionist state and budgetary and professional focus on investigative social work, limiting attention to outcomes for children and young people, and particularly to those who spend time in care. It would be interesting to investigate whether 'drift' in care and the 'aimlessness' of care work has improved since the late 1970s (see The 1980s).

The rise of the children's rights perspective, concern about child and adolescent mental health and current political changes may succeed in focusing attention back to children in care and support for them and their families. For this to happen in an appropriate manner, we need to hear from the children and young people and, as regards the subject of this study, particularly from those who are or have been caught in the machinery of care. The next chapter looks at the wealth of

international literature on leaving care, which has succeeded overseas in doing just that.

Chapter 4:   Overseas Experiences of Leaving Care

You should see where I work. All set up for care leavers ... it would
totally blow your mind. I still can't get over the contrast. I have so much
more knowledge about the area now. Such a terribly neglected area in NZ.

> Excerpt of email from NZ ex-care colleague
> now working in London 15/12/99

Introduction

This chapter reviews the international literature on leaving care, with an emphasis
on the British literature, as much for its volume and accessibility as for the
similarities between the British and New Zealand care systems. Lobby groups,
research, legislative change and leaving care programmes are discussed and one or
two pieces of research are examined more closely. An overview is given of the
parallel 'independent living' schemes of the 1980s and 1990s in the United States
and more recent developments in Australia are discussed. One piece of Australian
research is considered in more detail.

The New Zealand care and protection system has its roots in the British model of
child welfare and, despite the radical changes brought about by New Zealand's
CYPF Act (1989), parallels between the systems of substitute care are still evident.
For this reason the British experience in recognising the problems of care leavers
and the attempts to resolve these is very relevant to New Zealand. The terms
Britain or British used here, refer primarily to England and Wales to whom the
1989 Children's Act applies, although Scotland and Northern Ireland have
equivalent legislation and some Scottish and Irish research is referred to (Godek
1976; McAuley 1998).

Some differences between the British and New Zealand systems do need to be
acknowledged. New Zealand care leavers tend to be younger than their British

equivalents, for whom care arrangements terminate automatically on their eighteenth birthdays. Because of the emphasis in the New Zealand legislation on maintaining children and young people within their families, the recognition of the extended family and the principle of minimum necessary intervention, it is also possible that New Zealand care leavers are those whose care and protection issues have been more difficult to resolve. Another difference is that, unlike their British counterparts, most New Zealand children in care do not experience residential placements.

The emergence of a social issue in Britain

About 8500 young people leave care in England and Wales every year (Biehal et al 1995). No doubt because of the volume of numbers, the difficulties faced by British young people leaving care began to be highlighted as early as 25 years ago. Since then, 'leaving care' has been recognised as a major social issue, enabling significant legislative and practice changes, and a considerable body of literature has been produced on the subject.

Stone (1990) dates the origins of leaving care schemes in Britain back to the 1969 Children and Young Persons Act and the resulting development of multi-disciplinary programmes involving teenage offenders transitting to adult services (Stone 1990: 2).

Biehal (1999) identifies three "related developments" from the mid-1970s which raised awareness and concern for young people leaving care: research findings, the upsurge of consumer groups among children and young people in care and the reform of childcare law (Biehal 1999: 91). The first 'in care' group, "ad-lib" ('adolescent liberation') comprising young people in care and some who had recently left, was formed in 1973 in Leeds to help, through sharing experiences, those about to leave care (Stein 1993). In the latter half of the 1970s the Who Cares? Project produced several publications and in 1979 the National Association

of Young People in Care (NAYPIC) was established with sub-groups in several centres. "The confidence and self belief engendered through the self organisation of young people led to the articulation of a series of demands for reform" (Biehal et al 1995: 4). NAYPIC, at times in association with caregiver organisations, homelessness groups such as "Shelter" and First Key (a leaving care advisory service), became an influential force for change. NAYPIC's submission to the House of Commons on behalf of care leavers in 1983 "first established leaving care as a major social issue" (Stone 1990: 2).

British research

The first major piece of research, and the "benchmark for all future research" (Broad 1998: 46), was a two and a half year longitudinal study of all young people leaving care in one local authority in South Yorkshire in 1982, entitled simply 'Leaving Care' (Stein and Carey 1986). This qualitative study and earlier studies, one of ten Scottish cases studies (Godek 1976) and one commissioned by NAYPIC (Maynard and Stein 1985) captured the pain and confusion of many young people as they struggled to establish themselves prematurely as independent adults.

Some expressed a sense of rejection:

> When I left, I just felt I had been pushed out with no help whatsoever.
>
> (Maynard and Stein 1985: 9)

Others discovered loneliness:

> It gets lonely; it's only when you leave care, you know you've been dumped, and it's right lonely. I know I'm near the home and that, and me brother's, but it's different. You've got to cope, you've got to be independent, not like living with parents.
>
> (Stein and Carey 1986: 134)

Others expressed indignation:

> Just providing young people with money and a place to live is not enough.
> Social Services should provide parental support until your mid-twenties if
> you want it …
>
> <div align="right">(Maynard and Stein 1985: 10)</div>

And for some, reality hit later on:

> When I left care I thought all my problems were over. I couldn't have been
> further from the truth.
>
> <div align="right">(Maynard and Stein 1985: 10)</div>

Loneliness impacted on important decisions:

> You couldn't really help getting in with the wrong kind of crowd, because
> they were the only friends you had and you wanted to have friends, so you
> went along and did what they did.
>
> <div align="right">(Godek 1976: 14)</div>

The research highlighted the need for children and young people in care to
understand the reasons for being in care, the processes through which they are put,
and the need for ongoing contact with family or explanations for the lack of this.
Pre- and post-leaving care strategies and programmes were strongly recommended
to replace family support usually provided to young people through these
transitions and the call was made for changes to legislation to make this mandatory
(Stein and Carey 1986).

Subsequent studies into outcomes for care leavers have investigated their
educational attainment and income levels (Sin and Heath 1994), care issues for
young black care leavers (First Key 1987) and in particular, comparative studies

with non-care leavers (see Stein 1997 for summary). All have revealed marked discrepancies and disadvantages for young people leaving care.

> Upon leaving care, a lack of adequate preparation coupled with the early age at which care leavers are expected to assume adult responsibilities, have tended to mean that loneliness, isolation, unemployment, poverty, homelessness, movement and 'drift' were likely to feature significantly in many of their lives.
>
> (Biehal et al 1995:4).

'Leaving Care' 1986

The Stein and Carey (1986) study is of particular interest to the current New Zealand situation as it predates subsequent changes to legislation and improvements to leaving care schemes. Thus it can be seen as a closer parallel to the current situation here, even though there were already leaving care services, particularly regarding accommodation, available to participants. Of 79 care leavers in the district, 45 completed the first interview, before leaving care, and 34 completed the fourth and final one 2 ½ years later. They were however, considered to be generally representative of the overall group. All were white, there were slightly more males than females, and the area could be seen geographically as equivalent to New Zealand's small town/semi-rural settings. The unemployment rate for the region is not given, although one can assume that it was high at that time in Northern England.

Most of the young people had extended family members living in fairly close proximity. 75% had been in care for more than 3 years and 3% for more than ten years. 75% had experienced 3 or more placements and 5% ten or more placements. At the time of discharge, 40% were in foster care, 31% were 'home on trial', 13% were in community homes and 11% were already in their own lodgings (Stein and Carey 1986: 7-10).

Some of the loneliness is attributed to the placement of care leavers in flats and bedsits on their own. Shortly after leaving care, one third were living alone. This finding is unlikely to be replicated in New Zealand research, where shared flatting is so common. Many of the participants in the study remedied this by moving in with others and after two years only three were living alone while two others were single parents living alone. Ten were living with a partner or a partner and child or children, eleven were living with family, ex-caregivers or partners' parents and three were in prison. The remainder were living in residential settings or lodgings. 80% of those who completed the study moved at least once during the study period and 22% moved at least 4 times (Stein and Carey 1986).

Educational achievement was generally very low and only a handful were studying during the period of the research, most of them with difficulty and poor outcomes. Most participants "inhabited a world of benefits, work schemes, casual labour and other practices (legal or otherwise) on the margin of employment" (Stein and Carey 1986: 93). By the final interview, 80% were unemployed despite continual efforts to find work. This factor was seen as contributing to boredom and despair and several had considerable debts. In several cases, anxiety and lack of coping skills had contributed to study failure and the loss of jobs (Stein and Carey 1986).

In terms of attachment, there was a wide variance in people regarded as family or close entourage during the time. In general, attempts to mend ruptures with family of origin were painful and unsuccessful, although some mother/daughter and sibling connections were strengthened. Long-term foster families provided ongoing support to about 20% of participants and partners' families took this role in some cases. Early parenthood was a notable feature: by the end of the study there were twelve children born to ten parents with varied success with partner relationships. The stigma of care had by then reduced, allowing some participants to make new friends and social links, usually in association with partners while old friendships from care days had mostly been terminated. Only three were members

of any kind of organisation and two were part of a football team (Stein and Carey 1986).

About a third felt they had changed for the better since leaving care, others blamed themselves for their lack of self-reliance. Lack of confidence, loneliness, boredom and a sense of rejection were still features for many participants by the end of the study, two and a half years after leaving care.

Stein and Carey conclude by questioning the apparent consensus at the time that 16 to 18 year olds needed training for independence so that they could "manage on their own from the age of sixteen onwards" (Stein and Carey 1986: 156). They saw the main weakness of this philosophy as its "insensitivity to the young person's psycho-social transition: that essential developmental journey from 'being' a young person to 'becoming' an adult. ... Such a transition includes a search for identity, creativity, uncertainty, discovery, self-examination and freedom" (Stein and Carey 1986: 158) Instead of independence, they proposed "interdependence", to foster interpersonal and relationship skills, including negotiating and giving, as well as taking.

Legislation in England and Wales

The Children Act 1948 made discretionary provision for care leavers up to the age of 20 in the form of grants and other assistance towards accommodation and education (Broad 1998). Under the 1980 Child Care Act local authorities had discretionary powers to provide financial support for accommodation and education, advice and friendship to young people who had left care until the age of 21. These provisions had resulted in haphazard distribution and standards of services, depending on the local authority and it was observed that most social workers knew very little about these provisions (Stein and Carey 1986). This has parallels with New Zealand today, where discretionary provisions exist for leaving care. Guardianship, which can continue until age 20, allows for discretionary fiscal

and placement provision and s389 of the CYPF Act 1989 allows for "financial and other assistance" to any young person who has been in care or not.

In 1989 the years of lobbying and research in Britain came to fruition in the new Children's Act. Any young person in England and Wales who leaves care after reaching the age of 16 now qualifies for assistance with education, housing or advice if they request it until, and in some cases even after, their 21st birthday. Local authorities are also required to prepare a child "whom they look after with a view to promoting his welfare when he ceases to be looked after by them" (Dept of Health 1989: 57). Despite the 'discretionary' provision being removed, however, the requirements are not specified and there has been considerable consternation about inconsistencies from locality to locality and the effectiveness of the schemes that now exist (Knibbs; Mitchell; Dobson; all 1994; Broad 1998).

Much of this legislation was passed at the same time that the then Conservative government withdrew funding to young people in general (Aldgate 1994). The resulting poverty of many care leavers and the frustrations experienced by professionals in accessing financial assistance for them is very apparent in all the leaving care literature (Stein and Carey 1986; Biehal et al 1995; Broad 1998).

Leaving Care Schemes

As mentioned earlier, Leaving Care Schemes (LCS) had existed sporadically around Britain through the 1980s, mostly instigated by caregivers, social workers and earlier care leavers (Stone 1990) and enabled by the Child Care Act.

The focus of the first LCS was accommodation. In 1980 Shelter, the National Campaign for the Homeless, raised the issue of homelessness among young people discharged from care and a new group, Homebase, was formed "directly in response to the 'inadequate housing provision being made by local authorities for young people leaving care'" (Stein and Carey 1986: 4). Most early LCS worked

jointly with Housing Associations to set care leavers up in flats and bedsits on their own (Stone 1990). More recent schemes appear to involve shared lodgings.

With the legislative changes of the Children's Act, a wide range of LCS have proliferated. Some are focussed on preparing young people for the time when they will leave care, others on the point of leaving care, while others are interested in a longer term view, even providing support for care leavers now in their mid-twenties. Services range from supportive housing, with live-in staff, to housing agencies and advisory, advocacy and mental health services.

The bulk of leaving care research since 1990 has been in the form of evaluations of LCS and their effectiveness (Stone 1990; Cook 1994; Biehal et al 1995; Stein 1997; Broad 1998). Broad's survey of 46 LCS is the most recent and comprehensive. He found that 76% of the local authorities surveyed had leaving care policies and that these tended to be "very comprehensive, and provide a good guide for practitioners and young people alike" (Broad 1998: 254). Problems occurred over working in a "purchaser/provider framework" (Broad 1998: 254) and in the financial support available to young people in general, which Broad describes as "bleak, bleak, bleak" (Broad 1998: 255). Broad was pinning hopes for improvement on the new Labour government in Britain at the time the research was carried out. Achievements were noted in the areas of "housing, improved service, staff training, young people's participation, project publicity and ... planning of services" (Broad 1998: 255).

A campaign run by Community Care magazine in 1994 was aimed at raising awareness of the shortfalls of LCS. Service providers were interviewed and many of the issues that appear in the evaluation literature identified. These include wide variations in local authorities' interpretation of the law due to the lack of ring-fenced resources and the absence of requirements spelt out in the Act. This has resulted in disparities in the quality, type, amount and duration of support available

to care leavers in different locations. Services in the same locality were disjointed and fragmented as a result of being administered separately with poor communication between them. Services were being offered only immediately before and after leaving care whereas many care leavers only request support after one or two years of independence (ie after the honeymoon). They identified resistance to providing support for this older group for fear of creating dependence whereas others believed that ongoing parental support well into the twenties was an obligation (Knibbs; Mitchell; Dobson; all 1994).

Biehal et al (1995) in reviewing a range of LCS concluded that:

- Leaving care must be seen as an integral part of a young person's development and parenting and must be carefully planned with the young person, in terms of their acquisition of practical, social and educational skills and social supports. They identified the need for more flexibility in terms of readiness for independence, with the option of much later discharge times. Special attention was needed for young parents, those with physical and learning disabilities and "particular cultural and religious needs" (Biehal et al 1995: 297).

- The quality of the care experience as an opportunity to overcome past stresses and to form lasting relationships has a major influence on the after care outcome. The difficulties inherited from inadequate care services and unsatisfactory care experiences make the task of LCS considerably more difficult but all the more essential.

- LCS need to allow existing relationships and situations to continue, working 'alongside' them in an advisory capacity, while offering more direct services to those with the least support, living independently.

- LCS need to be well structured and resourced, with a clear role in the overall care and after care services and the ability and willingness to cooperate with other agencies providing income support, housing and education.

- The views of young people using the services must be sought and used to influence the development and improvement of LCS. Not only does this help

the services to be more appropriate but helps develop a sense of responsibility and participation.

- Monitoring of young people and of schemes is essential and young people must be involved in the defining of needs, setting of objectives and monitoring.

Biehal et al 1995 Chapter 23)

Other international literature

There are parallels between the British and North American leaving care perspective (Aldgate 1994). The literature on 'emancipation from care' emanating from the United States shows that awareness of the difficulties of care leavers began to be signalled in the early 1980s after "The Adoption Assistance and Child Welfare Act of 1980 ... neglected to address independent living for adolescents who remain in long-term care" (Mallon 1998: 62). The federal Independent Living Initiative 1986 "brought about a programmatic focus on, and funds for, the preparation of young people for independence" and was greeted with a proliferation of activity and initiatives (Mallon 1998: 64).

The emphasis appears to be on independent living, and most of the literature describes and evaluates programmes described as independence skills or independent living programs (Rowe 1983; Pasztor et al 1986; Scannapieco et al 1995; Mallon 1998). Mech (1988) acknowledges the arguments for 'interdependent living' and there is evidence in some of the programmes that interpersonal skills and networking are rated as important (Euster et al 1984; Pasztor et al 1986). The focus appears to be on preparation for leaving care, rather than support post care, a possible reflection of the political thrust in the United States against dependence on the public welfare system (Mech 1988).

This literature recognises very similar difficulties faced by American young people when leaving care as by their British counterparts, including the prematurity of their 'emancipation' (generally at 18 years old) when compared to other young

people. Educational deficits, low employability, emotional, behavioural and developmental difficulties, poor interpersonal skills and poor family support are generally acknowledged. Concern is expressed for the large number of children in out-of-home care, estimated at 442,000 in 1992, 40 % of whom were adolescents (Mallon 1998).

Several US studies have shown that many homeless young people and adults were formerly in care (Mallon 1998). Conte et al's study (1994) discovered that 57% of a sample of homeless youth aged between 12 and 19 in six US cities had been in foster care. Of them, only 2% had been 'aged out' of care, for the others either placements had broken down, they had run away, or had been placed in homeless shelters by their social workers. Susser et al's study (1987) shows that up to 23% of homeless men had been in care and that serious problem behaviours or placement difficulties had been a feature of over half their sample. There was also a high correlation between psychiatric hospitalisation and childhood placement.

The United States initiatives do not appear to include any by service consumers themselves, although the Canadian National Youth in Care Network is cited as giving a voice to the issues of care leavers as are consumer groups in Scotland, Northern Ireland and Norway (Mendes and Goddard 1999). Mendes and Goddard (1999) also mention legislative change in France, Holland, and Canada.

Leaving Care in Australia
Australia, too, has been developing its perspective and activities on leaving care. The Australian Association of Young People in Care (AAYPIC) was formed in 1993 and has recently changed its name to CREATE. Affiliated groups come from all the Australian states and have been lobbying for improved leaving care provisions. In 1996 they published 'Every Childhood Lasts a Lifetime' a magnificent collection of ten personal accounts of life in and after care (Owen 1996).

Most Australian state governments are now making moves towards provisions for care leavers although it is only in NSW that legislative and policy provisions are providing significant services (Mendes and Goddard 1999).

The most important piece of Australian research to date is that carried out in NSW by Cashmore and Paxton. This five year longitudinal study is currently under completion, although an initial report after the first 18 months presents interesting findings for New Zealand (Cashmore and Paxton 1996).

This study comprises four parts. First, all case files for the 105 young people discharged in a twelve month period over 1992 –3 were scrutinised. Second, 47 of the 105 were interviewed about their leaving care preparation and experiences during and after discharge. Interviews were conducted three months before discharge, three months after discharge and twelve months later. Third, two comparative groups were studied – one living at home and the other in refuges for homeless youth. Fourth, the District officers (social workers) of the 47 interviewees were interviewed at the time of their discharge. The goal was primarily to examine circumstances, experiences and difficulties of young people leaving care in NSW.

The findings are very similar to those of Stein and Carey (1986), showing that within 12 months of leaving care there were high incidences of unstable accommodation, unemployment, pregnancy and poor educational attainment. Over half had thought of or attempted suicide.

The researchers noted that the care experience of the participants and their circumstances on leaving care contributed significantly to their later experience. For example, the number of placements while in care appeared to influence the stability of addresses after leaving care.

69

Conclusion - New Zealand and the leaving care experience

Despite differences in legislation, care services and cultures, the wealth of international leaving care literature is surprisingly consistent. Leaving care has never been recognised as an issue by New Zealand politicians or policy makers, nor has any research ever been conducted into outcomes for young people leaving care. As with care in general, it seems that predominant neo-liberal processes and family and investigative perspectives have diverted attention away from young people leaving care to independence.

Despite the low numbers of young people leaving care here, the individual experience may be no less frightening and isolating than it is in Britain - it could well be worse. As discussed earlier, those in care at 17 may well have suffered a higher degree of abuse, neglect and family rejection than the average British care leaver. The lack of legislative provision for care leavers in New Zealand and the absence of any lobby group places us at least twenty years behind Britain and ten years behind Australia.

I have encountered, however, during the course of this study, mentions of very localised attempts over the past fifteen years by caregivers and others to provide transitory accommodation and support to care leavers in New Zealand. Documentation on these has not however been obtainable. Initial interest has also been expressed among some care professionals and child advocates to establish an association of children and young people in care in New Zealand, similar to NAYPIC in Britain and AAYPIC in Australia. Such an association could facilitate lobbying for this issue.

The sparse demographics of New Zealand would pose different problems for LCS here, where specialist programmes in smaller centres would not be economic to run. However, the central operation of one government service responsible for all

care services and the funding of voluntary services would possibly avoid the disparities of the British situation.

In the political environment of the 1990s, extending responsibilities for 'the DG's kids', no matter how morally justified and economically sane in the long term, seemed like a distant pipe dream. Establishing data on outcomes for young people leaving care is a first priority. Perhaps, too, like Broad (1998), we must pin our hopes on the new Labour government showing more concern.

The next chapter presents the methodology used in this study.

Chapter 5: Engaging the Voices of Care Leavers - Methodology

In the previous chapter, the international recognition of leaving care as an important social and social work issue was discussed and the absence of a comparable perspective in New Zealand noted. The overall goal of this study is to determine whether similar issues exist here and, if so, to identify the need for further research as well as policy and programme development.

Aims and methodology of this study

The primary aims of the study were to explore, through a small number of recent care leavers, the ways in which their experiences both in care and on leaving care impacted on them at the time and since, and to consider how this might eventually affect their adult outcomes. Some of the data is purely descriptive, for the purpose of determining their circumstances and building credibility. Exploration of the participants' feelings towards people involved in their lives, about themselves and their aspirations will begin to provide insights for others into the reality of care and provide a 'face' to the hitherto 'invisible' consumers of care services. Their ideas about care services can provide valuable 'expert' information about what works and does not work for them.

From the overseas literature, my own work experience and observations and discussions with other stakeholders, interest areas were formulated. Of particular interest were the participants':

- perception of the services received by them while in care
- perception of the planning and preparation made for their discharge,
- readiness for independence,
- input they felt they had in the process,
- experiences they had had since leaving care,

- feelings about their lives at the time of interview,
- hopes for the future.
- suggestions and recommendations about how care services could be improved.

The choice of a qualitative research methodology in this study was intended to serve three primary purposes. The first was that, in raising the issue of leaving care in New Zealand for the first time, it seemed important that it was the young people themselves who provided the data, firsthand. Secondly, it was hoped that this might encourage policy makers to consult with children and young people in New Zealand about their experiences related to care and, indeed, any issues affecting them. The third was to demonstrate to young people in care their potential for contributing to policy and programmes concerning them and their rights and to support them in this.

Qualitative research and the voice of children and young people

Qualitative research has its origins in the 'participant observation' methodology of ethnography and anthropology, adopted by sociology and subsequently developed by the feminist and anti-racism movements of the 1970s and 1980s (Cummerton 1986; Padgett 1998). The role of qualitative research involving children and young people has been a core aspect of the emergent perspective named variously as the sociology of childhood, children and/or youth, the children's rights movement and 'the voice of children' (Shaw 1996; McAuley 1998).

It appears that social work research led the way in this field. Qualitative research in the social services was traditionally carried out by seeking social workers' views about their practice and, at times, their clients (Fisher et al 1986). This had to do with "the time-honoured attitude in professional practice that the client could not be expected to know what he, or more usually, she wanted" (Fisher et al 1986: 123). Fisher et al credit Mayer and Timm's study 'The Client Speaks' (1970) as the first

73

of this type, followed by others, notably those of the University of Sheffield, such as Sainsbury's 'Research into Client Opinion' (1980).

Sociologists followed in the 1980s and began to build up a study of children and childhood from both qualitative and quantitative studies (James and Prout 1990; Shaw 1996). Sociology of Childhood and/or Children sections have sprung up within Sociological Associations since 1990 (McAulay 1998). The Children's Rights movement, led by a range of child advocates, focuses on ensuring the successful participation of children in decisions affecting their lives, as prescribed in the United Nations Convention on the Rights of the Child (UNCROC) and various pieces of national legislation both here and abroad.

Barbara Kahan's 1969 study 'Growing up in Care', published ten years later, is one of the earliest qualitative studies about children, although it involved interviews with adults about their experience in care as children. In the foreword, Eileen Younghusband states: "Astonishingly it is only in the last ten years or so that we have begun to ask clients themselves what they thought about the help we gave them .... too often it has been assumed that those who provide the services knew best, so that there was no need to ask the wearer of the shoe where it pinched" (Kahan 1979: ix). Biehal (1999) points out that the fact that service users do not pay for services denies them power and rights in determining how and what these services should be. The overriding finding of these early works was "that social work has many effects on its clients of which its practitioners are unaware and which they cannot intend" (Fisher et al 1986: 123).

Crowley discusses the role of qualitative research for understanding children's participation in decision making. She quotes Alderson: "Most research on children is devoted to measuring them, using a model of animal research to measure their growth, disease and behaviour" (Crowley 1996: 10). She goes on to show, through qualitative research findings, the importance and wisdom of children's views

relating to their care. This wisdom can assist "the collective definitions" of large numbers of other children and young people to be heard by policy makers and practitioners (Biehal 1999: 94).

There is some evidence of this trend towards qualitative research in New Zealand social work during the 1980s. One DSW study involving four young people growing up in foster care relied entirely on the young persons' responses to a set of questions about their birth families, their time in care and their views about the past, present and future and no interpretation was attempted. Nor, indeed, is it necessary - the participants' responses are moving testimonies to the tragedy of separation and the inadequacies of the care system at the time. It is recognised in the preface as "a worthwhile start in examining an aspect of child care which has been largely neglected ... the perceptions and feelings of the young persons who have come to be the recipients of care" (Macaskill Duffin 1985: i). An undated but apparently contemporary study on specialist foster care included interviews with 145 children about whom other information had been collected from a variety of sources. Findings in this study were reported on statistically, with no direct quotes from the interviews (Whitney et al, undated).

The subsequent reduction in government-funded social research during the 1990s appears to have impacted on these developments, this being most noticeable when compared with overseas developments. It seems that qualitative research with children and young people is more prevalent, however, in education, an excellent example being that of Nash and Major (1997) 'A Year in the Sixth Form'.

The only qualitative study of children or young people in care completed during the 1990s appears to be 'Children in Kinship and Fostercare' by the Children's Issues Centre (CIC) at Otago University (Smith et al 1999). In this, ten children in care aged between ten and fourteen, their caregivers and some of their social workers were interviewed. Topics included the children's experiences of state intervention

75

in their lives, their understanding of why they were in care and the role of the professionals involved and their part in the decisions affecting their lives. The children, aged between seven and fourteen years, their caregivers and some of their social workers were interviewed.

The CIC has made a commitment to research involving the voice of children and is currently involved in further studies of this type. In their 1999 study, Smith et al summarise the importance of this type of research:

> Seeking children's own perspectives of their experiences is a relatively new orientation in the social sciences...and social services...which is moving us away from the dominant discourse of children as the passive dependents on parents, professionals and services. Children have been invisible and voiceless as women once were in the past ... but the new orientation is allowing us to discover that children do have different points of view and understandings from adults, and that seeking their viewpoints enables us to do a better job of advocating for them and ensuring their well-being. In order to understand the issues involved in state care, the views of the consumer, in this case children, is (sic) one of the best sources of information... Experience shows that in most cases children's perspectives are valuable and that if they describe problems their claims are likely to have substance.
>
> <div align="right">(Smith et al 1998: 3)</div>

The dearth of qualitative research on children and young people in care can be attributed in part to the legal and ethical difficulties involved in obtaining consent from and protecting the privacy of minors. This study avoided some of these issues by its focus on a slightly older age group.

Ethical and other issues encountered in this study

Throughout the design and execution of this research, however, there were ethical and other issues encountered which are specific to the study of children and young people, and are discussed in the literature presented here.

A significant factor was the exploratory nature of this study, in terms of tackling the subject both as a topic for research and as a topic for discussion with the participants. The absence of a common framework of language and expectations of leaving care rendered it difficult to discuss, not only with the research participants but also with other care stakeholders. The fact that such an important aspect of a young person's life could escape discussion and attention at all levels has been a source of fascination throughout this study.

Dalley (1998) identifies the same phenomenon occurring in terms of sexual abuse, before it was recognised as a problem, stating "without a vocabulary for constructing sexual abuse, (child welfare) officers could not pick up the warning signs". One contributor to the book stated "It was all there to be seen but one did not see it" (Dalley 1998: 254).

Oakley (1994) compares the sociology of childhood with the early stages of the sociology of women and feminist research. She sees the major difference as the fact that feminism arose from women themselves, whereas the study of childhood has arisen *on behalf of* children. She raises the critical issue of the oppression of children being primarily about the demand of adults that children behave well, that is that they conform. Children are oppressed to such an extent that, unlike women, they have yet to express and collectivise against this.

This was evident in this study. Most of the participants' primary motivation in contributing to the study was to help younger children still in care to have a better deal than they did. However, their limited awareness of children's rights at times

appeared to restrict their expectations of the services they had received, particularly when leaving care, and their ability to critique them. This may have also been a generational factor. Young people tend to be focussed on independence and exploring their own power rather than on reflection about the past. Furthermore, this group may have been influenced by the neo-liberal belief predominant throughout their lives that they should have no expectations of state support.

Both Oakley and Shaw (1996) discuss the differences between a sociology *of* childhood, which has the potential for treating children as objects of study, and a sociology *for*. The latter would "study the world from the standpoints of children both as knowers and actors" and separate from the perspective of the capitalist social structure and adult biological and developmental perspectives (Oakley 1994: 25). Shaw identifies two "clusters" of qualitative research on children. The first identifies consistent trends and stages in child development within social, family and educational contexts. As the second he quotes Corsaro and Streek's (1986) description as "naturalistic observation and micro-ethnography" where the focus is on discovering and describing "what the events of everyday life look like in childhood" (Shaw 1996: 21). Oakley warns that in seeking children's viewpoints, adults may find that they are not what they want to hear, that is they may not have the same interpretation as adults. She suggests that adults may fail to interpret data from a child's perspective, retaining adult concepts of childhood and adolescence as merely stages on the way to becoming adult.

This was a dilemma in the data interpretation and raised questions throughout: Was it better to accept any 'shrugging off' by participants of the impact on them of the negative aspects of care services, or to be influenced by my own analysis that they deserved better? Was I being an arrogant adult in assuming that I knew better, or was my understanding of oppression and of the care system an important tool for interpreting their experiences? Could the participants' voices be heard and well represented if I interpreted the data in terms of social work, development, rights

and eventual adult outcomes? Was I then conducting sociological research *of* rather than *for* children and young people? Was I treating them as objects of study or was I helping them to describe their world from their standpoint?

Bertaux (1981) struggled with these issues in doing life stories research, which he described as "some of the best tools with which to elicit the expression of what people already know about social life". However, he concluded that:

> Even if people are quite conscious of the local rules of the game in the part
> of society which surrounds them, they usually have no way to accede to a
> knowledge of the whole ... It is our task (as sociologists) to put together
> those bits of knowledge that may be found everywhere and to draw a
> picture of the whole and its movements. ... This is the true meaning of the
> step named 'analysis' – which also calls for another step, synthesis.
>
> (Bertaux 1981: 9-10)

In interpreting the data of this study, one of the primary considerations is whether the experiences of and services received by young people, both in and leaving care, contribute to positive outcomes in adulthood. This in turn requires consideration of the contributing factors and the social or developmental requirements involved in achieving positive outcomes, whether these are about material wellbeing, emotional health or social functioning. This is the framework within which I have interpreted the data.

Oakley believes that "childworkers", including social workers, having earned a stake and some legitimacy in this field of knowledge, must ensure that studies of children and childhood are used "to *provide knowledge* capable of being used *by children* in their struggle for some notion of their civil rights" (Oakley 1994: 31). One of my personal goals is to inspire and support young people in and leaving care to form a group along the lines of the British and Australian associations, NAYPIC and CREATE. This work was begun concurrently with the research and

continues, but it is clear that it will take time for children and young people in care to develop a collective notion of their rights. It is hoped that this piece of research and others will begin to develop and provide knowledge that they can use to their benefit. Once the idea of influencing policy and practice and developing a voice catches on amongst young people in care in New Zealand there is potential for adult language and conceptual frameworks, including my own, to be influenced and guided by young people's ideas and experiences. This is an exciting concept.

Cultural issues

Shaw refers always to 'children and childhood', pointing out that there is no homogenous childhood, that children are individuals but that there are also "common characteristics and rights of children" (Shaw 1996: 19).

In developing this study, I felt that if I, as Pakeha, were to interview Maori and Pacific young people, my lack of personal experience of their cultures would risk misinterpretation of the data they provided (Fleming et al 1997). While definitions of child abuse and neglect, legislation and the rights of the child are applied universally, the experience of family, childhood and culture vary, or may be expressed very differently. The issue of care, too, for these cultures has different implications historically, culturally and spiritually. Further, the power imbalance between Pakeha and these cultures in New Zealand could limit the sharing of such intimate cultural aspects and enquiry into them experienced as abusive or as a breach of etiquette. Because of reflections such as these, I decided that I could only justify interviewing young people of my own culture, knowing that even within this boundary I would encounter a range of cultural differences. Subsequent developments to this decision are discussed below in the section entitled Sample Recruitment.

Despite this I was and am still anxious that Maori and Pacific children benefit from this research, and do not wish it to be seen as an exclusively Pakeha study, but

rather as one which signals the need for further research. I would be very willing to support a study designed and carried out by Maori and/or Pacific researchers, perhaps as part of a multi-cultural study such as Fleming et al's (1997). It is my hope that such research will eventuate and that this study can contribute to it.

Other ethical considerations that have arisen during this research are discussed throughout the remainder of this chapter.

Ethical approval and funding

Ethical approval for the study was sought and gained from the Massey University Human Ethics Committee in April 1999. More latterly and for the purpose of gaining statistical data and updates on Child Youth and Family projects, approval was applied for and granted by the Child Youth and Family Research Access Committee.

A grant-in-aid was successfully applied for from the Social Policy Agency's CYPF Act Research and Evaluation Fund. Funding was also granted by the Massey University Graduate Research Fund.

Sample recruitment

Most leaving care studies have either engaged the participants while they were still in care and therefore relatively accessible (Stein and Carey 1986; Biehal et al 1995; Scannapieco and Schagrin 1995; Cashmore and Paxton 1996) or have accessed them through leaving care projects (Broad 1998). This study did not entail such opportunities for recruitment.

It was decided, in discussion with the Massey University Ethics Committee and the Office of the Privacy Commissioner, that searching for participants from addresses accessed through Care and Protection data could be unethical and jeopardise the

young people's privacy. They were no longer care and protection clients and there was no open route to finding them.

Young people who have already left care in New Zealand could be defined as a hidden population. Higgins (1998) discusses hidden populations and refers to Heckthorn's (1997) definition of a hidden population as being one in which either no sampling frame exists and/or in which public acknowledgement of being part of the population could be potentially threatening. The shortage of statistical data probably would have prevented the development of a reliable sampling frame for this group, although this was not attempted. Consideration was, however, given to the risk that some young people who have been in care may feel stigmatised, and omit telling friends, flatmates, partners or other associates about this part of their earlier lives. Attempts by a stranger to contact them directly at their addresses could compromise this stance.

It was therefore decided to request caregivers and other adults working with young people to approach any recent care leavers with whom they had maintained contact to establish their interest in the project and to obtain their permission to be contacted by the researcher. Some of the participants were asked if they knew other care leavers who they might approach. Flyers were displayed in offices and centres where it was thought that young people might see them and initiate contact themselves. Advertising was also done at a national conference of caregivers and in two newsletters to caregivers. Higgins (1998) cites 'networking' in various forms and advertising as common means of locating and approaching potential participants.

Locating participants proved to be a difficult task and it took several months to find the eight eventual participants. Although some caregivers professed to know numbers of care leavers and to hear from some of them from time to time, knowing where to find them was more difficult. Preliminary discussion about possible

participants often revealed that they had been in care under Youth Justice provisions or that they were of Maori or Pacific origin and not included within the terms of the study. Exclusion of these groups, and particularly of Maori and Pacific young people was difficult and met with some protest at times. However, as well as the reasons already outlined under Cultural Issues, the many variables among Pakeha care and protection clients made the study sufficiently challenging. It still seemed better to limit the scope of the study than to try to include everyone.

Some participants were located by social workers who had heard about the study and one was located by a psychologist. The others were found through caregivers and caregiver organisations. Some of these people appeared keen to find young people whose outcomes to date appeared highly successful. It was necessary to point out that this was not a criterion of the study, that success stories could be highly informative but that a study of only success stories would not be representative, nor particularly useful.

Some workers approached appeared reluctant to help, causing me to speculate that they may have felt vulnerable about their work or behaviour being discussed. This was not unkindness on my part. I have long been of the view that with the current state of care, it is difficult to feel proud of or confident about one's work in the field. I was all the more grateful to those who did feel able to help.

As a result of the difficulties in recruitment, hopes of finding an abundance of potential participants and thus arriving at some kind of representative sample were abandoned. The original condition that participants would have left care between six and 24 months earlier was extended to four years and a pilot interview with a young person on the point of discharge was deemed of enough interest to eventually include in the study. Even an approximate gender balance was not achieved. Nevertheless, the eventual sample produced a broad range of data.

The participants

There are eight participants in the study, who had spent between 18 months and 17 years in care. They were aged between 16 years 9 months and 20 years. One was at the point of being discharged and was thus able to be interviewed only about the experience of care and the discharge process. The others had left care between six months and four years prior to being interviewed. Most had been in care in urban centres, although one had grown up in the countryside, one had spent much of their childhood in rural areas and one had had several rural placements. At least five Care and Protection offices and a large and undetermined number of CFSS had been involved in managing their care.

Only two of the participants were male. All identified as European, although one had a Cook Island parent whom they hardly knew. All were New Zealand-born except for one Australian. Sexuality was not discussed, although most divulged heterosexual relationships and there was no mention of homosexuality. None of the young people appeared to have severe physical or learning disabilities, although one young person suffered from a serious medical condition that was gradually being corrected through surgery. Several had or still suffered from severe behavioural issues.

Reasons for coming into care were diverse. Those who had been placed in care before the age of 13 tended to be, but were not exclusively, placed because they were at risk of (further) abuse and/or neglect. Those who were placed in their teens tended to be, but were not exclusively, placed because of behavioural issues. Some of these, however, related childhood experiences of abuse or neglect that had gone undetected at the time or had not been assessed as requiring removal of the child from their family.

Overall, as already mentioned, this made for a broad if not representative group, presenting a wide range of childhood circumstances, care histories and post-care experience.

Informing participants

Oakley points out that where feminist research attended to ethical and social issues previously overlooked by 'malestream' research, the study of and for childhood takes some of this further. She cites as an example the emphasis on fully explaining the research to potential participants (Oakley 1994). This was an important factor in this study, not so much because of age but in particular because of the participants' vulnerability in having old wounds reopened and having to deal, once again, with a probing social worker.

As already mentioned, initial contact was made by an adult who had ongoing contact with the young person. If the young person was interested they were asked whether they preferred to contact the researcher themselves or to have their contact details passed on to them. Once initial contact was made and suitability was established, usually by telephone, an information sheet was usually posted to the young person before the interview, although in one or two cases it was brought to the interview and time was allowed for them to read it. This included information about myself, the purpose of the study, how the interview would be conducted and recorded, confidentiality processes and participants' rights (see Appendix 3).

The young people were keen to participate in the research and there was little delay between initial contact and the interview. They were invited to suggest times and venues and interviews were held either at their own addresses or at those of the contact people. There was always a preliminary discussion and time made for any questions that had arisen since the initial discussion. The Consent Form was presented and discussed and signed before the interview began (see Appendix 4). Possible scenarios that could arise for participants should any reader of the ensuing

thesis identify them were discussed. Most participants expressed that they had no fear of this and nothing to hide. Some of the participants appeared to believe that I was going to too much trouble over confidentiality and protocol. Shaw identifies this possibility: "Children and young people may have different views from adults and *want* to be named!" (Shaw 1996: 29).

Participants have been kept informed of the progress of the research by phone and letter. Further contact is discussed below under validity and rigour.

The interviews

There was no doubt from the outset that this study was setting out to elicit a great deal of highly personal information about important periods of the participants' lives. The subject matter, especially that of leaving care, was one which had not been explored at all in New Zealand, and for which there was very little common language and no framework from which to structure an interview. Furthermore, it was predicted that participants would be difficult to locate and unlikely to be available for more than one interview, so rapport building had to happen concurrently.

For all these reasons, an open form of narrative interview was chosen, one that allowed the young people to tell their stories in their own words and time (Sarantakos 1993). I have used this interviewing method successfully in alcohol and drug assessment and find it easy to use. It suits my style and is empowering for the interviewee. Instead of a questionnaire, a checklist was the only instrument, which was used to ensure that the areas under enquiry had been discussed (see Appendix 5). The broad areas identified in this checklist are: care history, attachments, leaving care, since discharge and the future. Patton (1982) discusses the use of such an "interview guide": "Thus the interviewer remains free to build a conversation within a particular subject area, to word questions spontaneously, and

to establish a conversational style – but with the focus on a particular subject that has been predetermined" (Patton 1982: 200).

It was suggested to participants that they start at the beginning, with something about their families of origin and how they came into care. Some stuck to this format, relating their stories chronologically, while others moved more freely around their lives, stopping to relate something from another time that was relevant to a point they were making. One or two interviews chopped and changed considerably, but the checklist helped to ensure that all areas of enquiry had been covered.

Thus the interviews unfolded like conversations, with fairly frequent interjections from myself for a variety of reasons. This may have been to achieve validity (see next section) and often took the form of reflecting back - summarising a sequence of narrative in order to ensure that I had understood it correctly, such as "So you went to three secondary schools altogether, counting that one?" At other times it involved a quick question such as "How old were you then?" or "And what was his response?"

At other times, interjections were by way of encouragement or empathy "That sounds fun" or "difficult", erring on the side at times of offering opinions about experiences described if this seemed merited or important for reassurance. Or they were made in order to elicit more depth: "And how did you feel about that?" Seidman (1998) recognises the "delicate balance between respecting what the participant is saying and taking advantage of opportunities to ask difficult questions, to go more deeply into controversial subjects" (Seidman 1998: 81). Some participants needed very little encouragement or reassurance while others seemed very unused to talking about themselves and needed frequent prompts.

Unlike feminist research where two women, interviewer and interviewee, share their experiences as women and develop a 'we' relationship, the differences in age and experience between the two parties in this study demanded respect, interest and good manners and recognition of the humanity of the situation (Seidman 1998). Seidman describes this as an 'I-thou' relationship, that is, closer than 'I-you'. A woman hired to transcribe one interview for this study, when transcribing had become too onerous, commented that she felt honoured to witness the relationship that developed between myself and the young person during the interview, from no rapport at all to one of shared understanding.

In all but one case, each participant had only one interview. One had two, much of the first having been spent in trying to establish their very long and varied care history. Although this had no essential advantage to the study it was clear, and was agreed, that it constituted a significant and long-overdue exercise for the young person and was therefore continued. This is an example of Baker's "real event in the real world – an occasion for the management of identification" (Shaw 1996: 31) and one way of 'giving back' to the participant. The experience also highlighted the difficulties in arranging a second interview. The participant's life changed unexpectedly a few days later, becoming chaotic, and it was several weeks before the second interview could occur.

All of the interviews were long, most taking at least two hours and some as much as three and a half hours. Most participants were keen to keep to one interview only and my one experience in arranging a second interview encouraged me to concur.

Each interview was recorded on separate audio-tapes, code-named and stored in a locked cabinet for confidentiality. The person who helped a little with transcribing signed a confidentiality statement and the young person's identity was not, in any case, revealed to them.

Validity and rigour

Many of the overseas qualitative studies of leaving care have involved some means of triangulation of data in order to provide validity. Frost and Carey (1986) obtained factual data on the young people they interviewed and spoke first with their social workers and, at times, with their families. Cashmore and Paxton's much larger longitudinal study also involved interviews with the young people's social workers at the time of discharge as well as studying two comparison groups and all social work files of care leavers over a 12 month period.

This study was considerably smaller than either of these and did not include in-depth file studies or the use of comparison groups. Furthermore, I was reluctant to consult others as a means of validating the young people's stories. This idea was redolent of my social work days, where my role as child advocate was constantly compromised by my role as support person to caregivers and family members, all of whom wanted to tell me their versions of the young person's life, feelings and propensities. The lives of young people in care can all too easily be interpreted by others rather than by themselves and I did not want to perpetuate this. I wanted to engage in an empowering process of interviewing, which would mean taking the participants' stories of their lives as their truth, and casting no shadow of doubt on them. The purpose of the research was to tell *their* stories, so I preferred to go to some length to *avoid* hearing other people's perceptions, either from their files or through talking about them with caregivers and social workers.

This, and time constraints, meant designing a single method study with no triangulation and limited means of validation (Sarantakos 1993). What validation there was came from cross-checking facts about their lives during the interviews to ensure that the participants were clear about them and that there were no contradictions. Shaw (1996) refers to this as obtaining a 'plausible account', one that is coherent and not fraught with obvious contradictions or 'stupidity'. This at

89

times involved some detailed questioning, but often proved fruitful. It meant that there was an audio-record of their full stories and that each story was 'watertight'. At no stage did any doubts about truthfulness arise. Rather, there were some dim memories that needed airing to arrive at clarification and at times there were misunderstandings on my part about what had been described.

On the other hand, this questioning may have interrupted the narrative, at times. While participants sometimes welcomed the opportunity to talk something through, it was possibly annoying at other times to answer what appeared to be silly or repetitive questions. It may also have created too much emphasis on facts to the detriment of feelings and reflections.

There were facts that the participants could not remember or did not know. In particular were their legal details – which orders they had been on and who were their guardians. These could have been checked with Care and Protection with the participants' permission, but by the time anomalies emerged connections with the participants had been lost. One ex-caregiver was consulted with the young person's permission.

There were also issues and 'facts' which the participants could be accused of misunderstanding or misconstruing themselves, or that may have been at variance with their 'official' stories or versions of their stories as told by the adults involved with their lives. Any two peoples' accounts of the same events and periods, however, are bound to differ and an individual can only recount a story as *they* experienced it. From the sincerity and emotional effort made by the participants while being interviewed and the cross-questioning used at the time, there is no doubt in my mind that this is the case with the stories collected in this study.

Rigour was an elusive element, mostly because of concerns for the participants' hitherto much-battered privacy (Padgett 1998). It was planned to use 'member

checking', by revisiting the participants with drafts of the data chapters in order to allow them to alter or veto anything about themselves that they felt was too exposing or incorrect (Padgett 1998; Seidman 1998). Only one of them responded to this invitation, however, despite others having shown some interest initially. As some were showing clear signs of avoidance by this time, I decided, albeit reluctantly, to respect their privacy and the matter was left.

Data analysis and interpretation

The interviews completed and transcribed, the task of analysing the data and interpreting the findings was undertaken. Various issues became apparent at this point, not the least the technical ones of handling and sorting a large amount of data. These were mostly solved technologically. Windows 98's highlighting facility worked extremely well for coding and transcriptions were thus cut and pasted into documents relating to different themes to be discussed. These were then printed out and coded further manually, quotes from them being cut and pasted from the corresponding documents on the computer.

As mentioned earlier, there was always a tension between presenting the data as the young people's own description and expression and interpreting it against the frameworks of legislation, policy and social work practice and the developmental perspective of the transition to adulthood. Patton (1990) helped to settle some of the dilemmas encountered:

> Interpretation, by definition, involves going beyond the descriptive data. Interpretation means attaching significance to what was found, offering explanations, drawing conclusions, extrapolating lessons, making inferences, building linkages, attaching meanings, imposing order, and dealing with rival explanations, disconfirming cases, and data irregularities as part of testing the viability of an interpretation. All of this is expected – and appropriate – as long as the researcher owns the interpretation and

> makes clear the difference between description and interpretation
>
> (Patton 1990: 423)

Various techniques were used to make an in-depth and rigorous data interpretation. Of twelve tactics taken from Huberman and Miles (1984) and outlined by Sarantakos (1993), there is only one, "thinking metaphorically", that I cannot claim to have utilised. The others were all useful in drawing and confirming meaning from the data, avoiding bias and aiming for a high standard in making conclusions. "Noting patterns and themes", "assuring plausibility", and "clustering" helped to see 'what went with what'. "Counting" also helped to see what was there. Tactics for seeing things and their relationships more abstractly included "subsuming particulars into (the) general", "factoring" as an analogue to the quantitative technique, "noting relationships between variables", "finding intervening variables" and "partitioning variables". "Building a logical chain of evidence" and "making conceptual and theoretical coherence" helped arrival at a systematically coherent understanding (Sarantakos 1993: 308-310).

Another major concern was that of protecting the participants' anonymity. Despite the casual attitude towards this expressed by some participants, I continued to have concerns, especially since they had not seen the data chapters themselves. This came to influence the data presentation considerably. This is particularly an issue in a small country, and is identified by McAulay (1998) in carrying out research in Northern Ireland.

Several techniques were adopted in order to prevent identification of participants. There was a particular problem in using the third person singular pronoun – he or she. The two young men would have stood out and been easily identifiable to anyone who knew they had participated. For this reason, the grammatically incorrect though increasingly common third person *plural* 'they' is used throughout instead of 'he' or 'she', except where gender is obvious in the data, such as in discussions of pregnancy.

The temptation to give character profiles of the young people, in order to make them more real, was resisted. Considerable trouble was gone to to avoid linking participants' statements to much detailed information about them, or of specifying their career interests. Links between chapters and even sections of chapters was largely avoided. This made discussion of the data difficult and has possibly diffused its impact.

At no time is a participant's full story or case history told. While comment is made on apparent social work decisions, without the social workers' input no attempt has been made to judge overall case management. There therefore seemed no point in telling whole stories. This of course has its limitations. Case studies involving social workers and families as well as the young people and examining the case management longitudinally would also be of great interest.

Conclusion

Given that these eight accounts cannot be called life stories or case studies, it is hoped that they will still be stimulating to read and will stand as a testament to the courage of all young people who have left care for independence since 1989 and those who will be doing so in the future.

They are intended as much more, however. Their interpretation highlights the needs of young people in care, providing evidence of how these can be met and how at times they are not met. Their struggles raise awareness of the expectations placed on young people who are less well placed than others to make their way alone in life and call into question attitudes and practices concerning the government's responsibilities to young people leaving care.

The following three chapters lay out the findings in a chronological fashion starting with the period in care, looking at circumstances and feelings at the point of leaving care and tracing events and experiences since leaving care.

Chapter 6:   The Period in Care

Introduction

While the focus of this research is on leaving care processes and their early outcomes, the effectiveness and impact of the care experience, as the precursor to these, also needs to be investigated. The care and protection principles of the CYPF Act 1989 (see Appendix 2) are used here as a baseline against which the participants' care experiences are measured.

This chapter is in three parts. The first describes, through the young people's own statements, the situations they found themselves in and the issues they were struggling with while in care. The second examines the ways in which services helped them and how appropriate and adequate these services appear to them to have been. The chapter concludes with the young people's perceptions of the value of the care services and processes they experienced and the time they spent in care.

Part 1:   Issues during care

Attachment Issues and Family Dislocation

Two participants had been separated from their birth parents at or shortly after birth, one being adopted initially, the other placed directly in care. Several participants had only known one parent from birth, while others had lost all or most contact with a second parent during early to middle childhood. Two had lived with each parent separately at some point. It seems likely that a number of participants never formed close bonds with their biological parents before going into care.

Only one participant had been able to form a lasting attachment with a new family almost from birth, after separation from their birth family. All the others had experienced major attachment disruptions at some point in their lives. This included being physically separated from siblings; one or two maintained contact, some barely knew their brothers and/or sisters, while others renewed those

relationships after discharge, where this was possible. One had lost all contact with their only sibling.

It is difficult to imagine or appreciate the void these separations must leave. One participant, when asked to whom they were attached considered this throughout the rest of the interview and eventually came up triumphantly with the answer:

> Nah, I know who I was attached to, eh? (My brother) and then the alcohol. It was, that's what it was. Yep. Mmmm, the old alcohol.

In others, self reliance and denial of the need of anyone seems to have been developed as an insurance against further loss. The young women in particular tended to see themselves as strong and independent, and did not speak easily of their vulnerability.

Few of the young people enjoyed any kind of supportive relationships with their parents or original caregivers while in care. The father of one young woman made considerable efforts to keep in touch and send presents, although that relationship has since collapsed.

> Oh, he's real good. Like he would offer me to go over on holiday every year. But I only went twice, cos I was busy. But he'll try and ring me and stuff, he's real good, like. But sometimes he doesn't know where I am so it's hard for him to find me. But if I need anything or anything like that. You know, he always sends me birthday and Christmas presents. Not any more, but he (did).

Three participants had ongoing relationships with their mothers while in care, whom they saw or heard from fairly often. They appeared to experience this as contact only, rather than attachment.

> Like as a kid, your parents are your parents. When you're brought up you kind of relate to them and that, you kind of attach to them? Yeah, but the thing was there was never ever a relationship. You kind of thought like "I know this lady is my mum" and that.

Rejection had damaged earlier attachments.

> I wasn't bothered eh, cause Mum kicked me out and I had a lot of resentment against her, eh, because of that. I hated her - for ages. I thought it was all her fault, but it wasn't, it was mine. I know that now, but ...

There is little evidence of support from extended family members. One young person recalled how their extended family put distance between them.

> Yeah, but when I started getting into trouble, my family really backed away. My auntie and uncle, they stuck by me. But my family (generally) really backed away. And I s'pose it took them a while to really (pause). You know, they all said they loved me, but I've never like .. [Int: You didn't feel it?] No .. you know, they all backed away from me.

And for another, the support was not maintained:

> Um, for the first year I saw them (two aunties) about once every two months. They'd come and take me over to (their place). And then after that I didn't see them at all. I just did my own thing really.

One participant met various relations while in care, including their father for the first time, but was disappointed by their lack of understanding and commitment. One set of grandparents have kept in constant contact and provide love and ongoing interest, although they live in Australia and have not seen the young person since early childhood.

Had these young people been able to rebuild effective relationships with family, they may not have been in care at 16 or 17 years of age. For most, however, their family relationships were in poor condition throughout their time in care. Efforts made to mend or replace them are discussed later in this chapter.

Behavioural issues

Behavioural problems and negative attitudes featured in, and often greatly complicated, the lives of some of the participants, and the management of their care.

Two participants reported being diagnosed with Attention Deficit Hyperactive Disorders. One was placed in care at an early age because of difficult behaviour, which continued to be a major issue throughout their childhood. The other remained in their mother's care for some years, with help from extended family, and suffered repeated beatings. It was only when the young person began to run away that they came to the attention of the authorities.

> I'd get some hidings, eh? … I'd go to school with cuts and bruises, you know, but never on my face, just on my body. And I remember she smashed my head on solid timber, you know, she was just really rough. … I wasn't the best kid. She probably got so frustrated with me she wanted to strangle me.

Frequent absconding from family, placements and school was reported by three participants. All three spent time on the streets, where they seem to have found relief from the demands of everyday life, and a sense of freedom.

> Went to live with my grandparents. But I kept on running away all the time? And I'd go and spend a few nights in town at a time, you know? I didn't hate them, I was just a rebel. I did whatever I pleased, I smoked dope, I smoked cigarettes, I did what I liked you know. That was me, I was my own boss. I was only young, so they didn't like that (laughs).

98

One young person turned this into a lifestyle, and even now lives 'on the road'.

> But all I ever wanted was my freedom. I just wanted to be able to go and do what I wanted. Oh, it was more of a passion than wanting to. I was so used to doing it, so used to going, whenever I wanted to. I wouldn't stay in one place for longer than a couple of days, really.

They reported learning a lot about survival on the streets and growing up faster, at least in some ways.

> I'm a survivor from the streets – I can look after myself, eh. When it comes to money on the streets I know what to do, eh. If I wanted something like, yeah, drugs and alcohol when I live on the street. I mean, I've always been able to survive on the street, eh. I'd never give up.

Acting out anger through violence caused three participants (and probably their caregivers, peers and victims) considerable grief. Two had only just realised the cost to themselves and had been trying to change their ways within the last year. Other participants had taken advantage of help being offered to sort their lives out at an earlier age. One young person described their level of anger while in a residence:

> And like you know they'd hold me down for hours on end and I'd be kicking and they even called the Police in once.

Sometimes the anger was expressed through self-harm.

> But I used like - I got cuts on my arms from razor blades, you know, … Look, there's a few scars here … [Int: That you did to yourself?] Yeah. I did some stupid things. Yeah, when I used to get mad. You know, instead of beating other people, I got myself. [Int: You took that anger out on yourself?] Yeah. There was a time

99

when I didn't care if I lived or I died? ... I was depressed you know I was really depressed, you know. ... I didn't care. If I died tomorrow I didn't care. You know, nothing was going right.

Depression was expressed as not caring by another.

I: So when you were in care what was your attitude to life?

YP: Nothing.

I: Nothing.

YP: I didn't really care, I didn't care about anything.

I: Did you feel as if anybody cared about you?

YP: I didn't care.

I: You didn't care if they did.

YP: Literally, I didn't give a bugger about nothing, what happened, eh?

Substance use was described by these two participants as a major issue throughout their time in care. One started sniffing solvents at eight or nine and is proud of managing to stop in their early teens, by taking up cannabis, which they felt was a lot less dangerous. The cannabis was accompanied by heavy alcohol consumption, however, which provoked a long list of alcohol-related offences.

Another participant started on cannabis while living on the streets and didn't try other substances until living in a residence.

Oh you meet a lot of different people at places like that. Like they've got rules like no solvents and no deodorants and that but they can't stop it all, you know. ... I tried it. I was sniffing lighters, fly spray (laughs), you know a little bit of glue here and there. It's called Uhu glue. You know and drinking meths and sniffing meths and sniffing lighter fluid – makes you hallucinate.

This young person also developed serious alcohol issues, causing their eventual expulsion from the residence.

Only two participants had dealings with Youth Justice, one for running away and the other for more serious offences.

Although participants were not always able to name their behaviour in mental health terms, there is clear evidence that a number of them were suffering from conduct disorders, depression, ADHD and/or emotional if not physical dependence on alcohol and drugs while in care. For at least some, these disorders would have been the result of, or were seriously exacerbated by the abuse, neglect, loss and lack of trust experienced by them.

School attendance and educational attainment

The Act is clear about the importance of schooling for a child or young person whose family life is disrupted. Section 13(c) states that "his or her education, training, or employment be allowed to continue without interruption or disturbance" (Appendix 2). This was unfortunately not the case for the majority of participants in this research.

All but three participants experienced major disruptions to their schooling while in care. Two young people's education was disrupted by constant changes of placement and school.

> No it was good (before care). I always used to go to school. I really enjoyed it. ... Yeah, I missed out on a bit actually (once in care), just through changing places. I missed out on heaps. [Int: So you pretty well changed school every time you changed placement? Any attempts to keep you at the same school? Was that ever discussed, that possibility?] Nope.

The other's behavioural issues ended their school attendance at an early age. This was recounted with some sadness.

101

> I didn't finish up going to too many schools after that (being suspended from Intermediate School) 'cause I never really got on in schools. Basically I ran out of homes and no school would take me. I ran out of schools too. This is at a pretty early age, too.

Another was also suspended at the end of intermediate school for disruptive behaviour and suspensions and absconding became a pattern for them.

> I did three months or four months 3rd form, four months 4th form and about five months 5th form and that was it. I never did a year of 3rd, 4th and 5th, it was only Form 2 and under that I didn't leave.

Educational Attainment at School

Three participants, having experienced difficulties and disruptions at mainstream schools, studied under alternative arrangements, doing one or more subjects with the Correspondence School for between one and three years. Of the three, one passed two School Certificate exams, one sat English twice and just missed out the second time and the third sat English and missed by two marks - not too bad "for someone who bummed up ... (their) schooling". Three other participants left school before the end of the 5th form. Their absconding, placement changes and unhappiness with school all contributed to this.

In contrast, the three participants whose schooling was not disrupted in care were all in stable placements and had no significant behavioural problems. One of these had been in one stable placement from birth. In the 6th form and at the point of discharge from care when interviewed, this young person's intention was to continue into the 7th form, although the reduction of financial support in the form of Independent Youth Benefit (IYB) may prove this difficult.

Another of the three, a latecomer to care, relied heavily on their school (friends and staff) for stability and support on entering care but experienced disruption when

discharged during the 7th form (see chapter 7). This had lasting effects on their tertiary education. The third was well supported throughout six years in care achieving 6th form certificate, but left school part way into the 7th form year, to take up employment involving study for professional qualifications.

Attitudes to school

Four of the participants acknowledged that their inability to comply with rules and fit in had a negative effect on their schooling. One stated:

> No, I hated school, eh? I hated it, I hated it heaps. Hated teachers telling you what to do, I hated some of the students that were there. I just hated it, eh. .... School was not, not really me then, but ... I would go back, of course.

For this particular student, this anger was accompanied by disruptive behaviour which prompted suspension in the 3rd form:

> Yeah – I was smart and got into trouble at school. Broke the law, yeah, smoking at school and smoking drugs at school, drinking at school, swearing at the teachers, things like that, eh, just being a real trouble person.

While some participants may have pressured schools, others felt pressured by schools' teaching methods.

> I enjoyed doing correspondence 'cause different people have different methods of learning? And at schools they make you stand up and you make an idiot of yourself if you don't know something and at correspondence you read over it again.

"Hardcore" peers were a pressure also.

(School name) was the best school I've ever been to. ... Everybody there was really sweet. There weren't any hardcore people and stuff like that, you know, that would smash anybody at sight. I hate that.

These findings clearly indicate that educational attainment was directly attributable to placement stability and school suitability. Some young people appear to have challenged their schools continuously and were the losers but one wonders about the processes in place between schools and social workers for resolving difficulties. For some participants, alternative arrangements with Correspondence School input offered a better chance, though even then attainment levels were not high. For others, schooling was simply abandoned early.

Part 2:   Services received

This part of the chapter examines the participants' comments about the services they received while in care. It attempts to make some links between the problems and issues faced by the young people, the care and protection principles of the Act, and the relevance and adequacy of the help they received.

Family reunification and reconciliation

Perhaps it is useful to make a distinction using the terms family reunification, in relation to a young person returning to live with family, and family reconciliation, in relation to disrupted relationships being, at least to some extent, re-established and resolved. If reunification is not possible during the period in care, reconciliation could contribute to reunification at some point after the young person leaves care. Reconciliation needs to be achieved before reunification can be successful.

What is of interest here is whether sufficient effort was made to achieve an optimum level of family reconciliation. As acknowledged in the Act, the maintenance of relationships with family (reconciliation) is crucial to future identity formation and stability. Section 13(f)(ii) states that "he or she should,

wherever practicable, live in an appropriate family-like setting (A) in the same locality (and) (B) in which links with his or her family .. are maintained and strengthened". In these findings there is almost no mention of the young people's awareness of efforts by social workers to establish or maintain contacts with parents and other family members.

While looking critically at the data for evidence of this, it is important to remember that young people still in care at 16 are likely to be those for whom relationships with family have been particularly or more recently disrupted. These factors may influence the success of family reunification and reconciliation.

One young person had been abandoned twice by their mother. This young person and the mother were offered counselling at some point, but both declined. The young person recalled only one visit to the mother and younger sibling in six years. The situation may have been seen as irredeemable by social workers and the courts, or the young person's own resistance may have been seen as sufficient reason not to pursue the matter. The young person was asked whether contact was what they wanted.

> Ah, um not really, no. Cos she didn't really make any contact with me so I wasn't going to run around and chase after her. But they (social workers) were just like - I think they could see what was going to happen so I think they just wanted me to get on with it, more.

No other family contact was maintained by Care and Protection while this young person was in care and no substitute family was ever found either.

Another young person decided against maintaining a relationship with their father after consultation with their caregivers:

But he's too self-centred. And he couldn't love me for who I was so I decided that - oh, (caregiving couple) we had a good talk about him and we decided – oh I decided and they agreed sort of - that I should leave it and not try. 'Cause he's not trying and if he can't live with me, kind of stuff (laughs).

Although this young person had more supports than the first, the hurt caused by their father's rejection has not been resolved and this perhaps contributes to the young person's ongoing instability.

Bitterness about a father's rejection appears to be at the base of another young person's serious behavioural issues. This young person put it very succinctly.

He was the one that had kids, he shouldn't just not have had any kids if he didn't want to be there. I mean I thought that was the whole idea (haha) having kids.

The task of persuading such a father that he is missed and needed may be a daunting one to a social worker but reconciliation for this young person may have changed the course of their life.

Some social workers appear to have decided unilaterally that attempts at reconciliation were inadvisable or not required of them.

Well, actually, I don't think they were really concerned about that. They never tried to reconcile me with my Dad. I'm not being cynical .. but … one of the main goals on the CYP wall is to reunite you with the family, and they didn't?

The same person was discouraged from seeing siblings.

In fact I wasn't meant to see my brothers and sisters? … Because my social worker .. didn't like (my brothers) one bit and he recommended to my caregiver that I not see them? He might have thought that they were bad people, but he should have

known enough about me to know that I'm not a sheep! ... I think that they sort of failed me in that department.

Several of the participants had little or no contact with at least one parent through much or all of their time in care and this often meant missing out on siblings. One account is poignant.

Int: Was there any effort made to fix that relationship with your mother?

YP: No, cos they knew that I hated my mother. The only person I had was my sister.

Int: And did CYPS help you with that?

YP: They couldn't do anything. I asked them if they could do anything legal and they couldn't.

Int: What about your father? Was there anything? Did you get to meet your father?

YP: Yeah, well actually once when I was at (location), I took an overdose of (prescribed drug). And that was because I was depressed that I wouldn't find my father.

Int: Did you know nothing about him at all?

YP: I just knew his name. And I rang (it) up in the phone book and it was his mother. And she said "Oh, my God, is this (father's) daughter?' ... And then (after leaving care) I met him, he came over to New Zealand and yeah, I've seen him five days of my life. And they're some of the best five days that I've ever had (laughs).

Int: Really?

YP: Yes, I love my Dad!

Another young person's family seems to have eventually had contact as a result of a determined search by one grandparent, rather than through the efforts of Care and Protection.

107

Access meetings for another were presumably requested by the mother, since there seemed to be little gained by the child, who developed a deep fear and resentment of her. This young person successfully requested a meeting with the father and found this both illuminating and sufficient. It was also empowering to have this request met.

It is difficult with this level of data to explain the apparent lack of attention to family reconciliation in some of these cases, although it is possible that efforts were made of which the young person was unaware. Alternatively relationships may have appeared irredeemable or too damaging. Shortage of time and resources may have also played a part. The ease with which one young person found their father – through a simple phone call – suggests that at times the principles of the Act were simply ignored.

The eventual outcome, however, is that these young people continue to be part of families with whom they have no or very poor relationships. This may be seen as acceptable in cases where there are successful and long-term substitute relationships in place. For most of the young people in this study, however, their family of origin is the only family they have. At least reconciliation, if not reunification, was therefore crucial for them.

Placements and relationships with caregivers
The Act's care and protection principles, after insisting that all possibilities for returning children and young people to their families of origin are explored, look to what needs to happen for those who cannot return home. Section 13(f)(iii) states that "the child or young person should live in a new family group, or (in the case of a young person) in an appropriate family-like setting, in which he or she can develop a sense of belonging, and in which his or her sense of continuity and his or her personal and cultural identity are maintained".

Section 13(h) states further that "the child or young person should be given an opportunity to develop a significant psychological attachment to the person in whose care they are placed." This relates to the finding of successful permanent placements for children and young people who cannot return home.

This small group of research participants experienced a range of caregiving situations, possibly representing all placement types available. One child had probably run the entire gauntlet on their own, over a period of more than twelve years. They were unable to reconstruct the list of residences, family homes and foster homes they had lived in, but were able to describe some of them. Some provided consistency if not love while others involved cruelty. A diagnosis of ADHD was further complicated by the effects of many changes so that there was little chance after the first few years of a significant psychological attachment based on trust being forged between the child and any adult.

> [Who do you think you were attached to?] Nobody. [Nobody? No attachment to anybody?] I couldn't rely on anybody. There was nobody I could rely on who would not say later, "Sorry, see you later, you're going". That wouldn't say, "Oh like, I care and that, I'm really out to help you" and then turn around later and say "I'm sorry, but like this is where I stop because I'm not getting paid for it."

"Significant psychological attachment"

At the other end of the spectrum, placement at two months of age with a very experienced caregiving couple proved successful for one young person, despite serious congenital health issues. This young person has grown up with them, is loved by them and is very much part of their family. Only their inability to undertake financial responsibility, and the extra medical costs, kept this young person 'on the books'. This child was one of only two for whom significant psychological attachments were developed that have provided replacement family.

109

Two participants, both placed in care at about the age of 11 having suffered abandonment and abuse, have had very different outcomes. One was placed within six months with a caregiver and family with whom they rapidly formed significant psychological attachments. This permanent arrangement, supported by a long-term social worker, has clearly affected their educational, social and emotional achievement and stability, which far surpass that of most of the other participants.

The other child was moved around constantly with 12 placements in all and recalls only one attempt at being placing in a family in their six years in care. This child's placements seemed to finish for reasons beyond their control; "it was just that places closed down". Neither child appeared to have any serious behaviour problems.

Another young person formed a close relationship with a caregiver on coming into care at 15 and, although the caregiver is not now seen as a substitute parent, they still keep in touch. An understanding approach seems to have been the key to this relationship.

> I was sort of a long care staying person. I just sort of came and stayed. We got on really well. And … if I got placed with someone like (another, harsher caregiver) I probably would not have committed myself because I would have been too frightened. I'm quite shy. And it was quite lucky that I got this caregiver that I got. We had our ups and downs, just like any parents. I actually looked at her like a parent and I really respected her and we got on really well.

"Appropriate family-like settings"

Two participants were critical of the caregiving received and observed in some Child and Family Support Services in the "appropriate family-like settings" intended in section 13 (f) (iii) of the Act.

110

Nah, they're just low life, those people there (in one CFSS), they're like schizos or something, like, you know, the dude (name), he just sits down and sleeps all day, and nah, it would be no help to anybody living there. Who cares, they don't care, it's just they get paid for it. They're not good caregivers at all.

The other expressed this in terms of the effect on children and young people.

The caregivers? No they're crap. ... I think a lot of them just do it for the money and stuff. And a lot of them don't treat you very well. I seen them knock poor kids around, you know, living with them, and it's not very good. And when you're left somewhere like that and you're young and your social worker doesn't come and visit you, how are you supposed to get hold of them to tell them what's going on? And you know if they ask you what's going on you might say "No" 'cause they know that you're gonna say something. So yeah. Yeah it's a bit dodgy. And when you're young, you don't really know what's going on. You don't know who to go to.

This lack of care and love was not seen as the case at all CFSS experienced by participants.

I reckon the Christian places are the best. I'm not a Christian myself but like there's a lot of love they show everyone. And a lot of people need that? Especially a lot of girls come in and you see, you know, how much they change and yeah, there's a lot of love that goes round.

Matching cultural background

One young person poses an interesting twist in the 'culturally appropriate' question in discussing all their placements except one short one over a 3 or 4 year period.

And like, I stayed with, like, (Pacific people) and that and it like just wasn't my scene, eh? ... I am racist as, and that made everything more negative, cause I was

111

living with those people. I reckon if I'd stayed with white people I wouldn't of still got into trouble so much.

Although such open expression of racism raises hackles, if the Act is to be interpreted equally for all young people, this begs the serious question of whether this one was well served. Being made to live with disliked cultural values and habits may have only served to reinforce the young person's racism. Whatever, the Act states very clearly in s13(g)(i) that the caregiver should have "the same tribal, racial, ethnic or cultural background as the child or young person".

Where there is no racial antipathy, however, it seems that cultural mixes can work:

Then (caregiver) and me hit it off straight away. I call her Mum, she's really cool. But it's really scary for everybody, like, I go "Mum" when I see her and everybody goes "Eh?" Like she's this big Maori lady (laughs). It seems really funny but I love her.

From this small sample of long-term care graduates, it would appear that there were few opportunities for most of them to develop new psychological attachments or even to feel very safe and secure in placements. When this was provided and caregiver and young person 'clicked', it was not only greatly appreciated but was usually productive in terms of educational achievement and enhanced self-esteem and identity development.

Therapeutic placements

Considering the number of participants who indicated that behavioural issues were a significant factor before or during their time in care, it is interesting to attempt to draw conclusions about access to behaviour management programmes and therapy, both residential and in the community.

As mentioned in chapter 3, most DSW residences in New Zealand were closed down before 1990, leaving only four offering care and protection beds, although a further secure unit was later developed. In the same move towards ensuring that children and young people did not spend any more time than necessary in residential care, most therapeutic programmes ceased. Only one residence continued to provide behavioural management programmes, although stay was limited to 3 months. Other providers were very few and far between for much of the 1990s, although the new Youth Services Strategy is aimed at remedying this situation (Chapter 3).

In terms of what they valued them for, it is of interest here to note participants' comments about the few therapeutic placements experienced.

Two of the participants spent time in the one remaining Care and Protection therapeutic residence. Both sang its praises. One obviously benefited from clear boundaries.

> It was great there. I loved it. Like it goes under the same rules and regulations as (another residence) but they were so much nicer? Like there, if you behaved they were good to you. If you didn't behave you know, you go into the time-out room, or to early beds, you know, there was punishment. I had lots of early beds - they even put me in secure.

And the other, who had experienced many placements, must have felt able to relax.

> I'd give up this (current accommodation) to go back there even if I'm in a home again. It's a really nice place and that. ... I was there for quite a period of time? It was amazing, eh? You revert back to a kid, when you go down there.

The emphasis on outdoor activities and fun was an important feature:

113

And I got to see the … area. Like they took us on camps and they took us for long drives.

One was still incredulous at the level of enjoyment allowed.

But it's like, we burnt our energy off and … it's this thing that we could do this stuff, we were allowed to do this stuff and they're encouraging us to like have fun. They're encouraging us to learn. And the sport I reckon any kid could do was like 'Go Home Stay Home'. It was a kid's dream. Encouraged to play, adults participating, you've got other kids and it's really fun. And you've got a team thing, there's your energy, there's your education, because you learn a lot about the native stuff – they teach us all about the trees around there. It was fantastic.

One young person remembered a DSW residence as a child *before* the Act, and saw it in a positive light:

Basically (the residence) was nothing like the papers put it now, nothing like it is. The gates were open. They'd leave the front gates open. There was no barbed wire, no maximum security. And there was no one like in there for killing, no one for major stealing. The staff were pretty cool, they were strict, but nice.

From the data it appears that four of the participants spent time in non-Departmental therapeutic centres, although for two the stay seems to have been brief. The two who had longer stays may well have benefited. One gained a tremendous sense of security and identity with the institution and was very reluctant to leave, taking radical action to express this:

I suppose I was just scared of going out of the (centre) because it had become home? Like I was going home at the weekends to my uncle and auntie but I couldn't wait till the end of the weekend so I could go back to the (centre)? I suppose it was my security. … And so I did Datura (hallucinogenic and toxic plant).

114

As a suicide attempt this was fortunately, unsuccessful but the stay was extended and the young person was not reunited with family while in care. Although this is contrary to the spirit of the Act it is impossible to know whether the therapeutic approach at the residence was less beneficial than life with the uncle and aunt might have been.

Bonds were developed in residences between young people and particular individuals on the staff. One was a social worker.

> I had this caseworker ... there. Jesus she was so funny. She was like a surrogate mum, you know? I always talked to her. She was the greatest.

Another was possibly house staff.

> And there was one (staff member), she used to look after me there, I ended up calling her auntie and that? She like looked after me there, like she'd explain things to me properly and that? And like when I needed one, give me a hug, cos you get lonely there, there's no real parents there or whatever.

One young person fought relentlessly with a psychologist while living in a residence but they have since become firm friends.

Positive reinforcement was encountered in other types of placement. A family home is remembered for its efforts:

> All I can remember is like certificates from them about improved behaviour. I always got my sports one. They used to do it themselves. I think that's the only person who's really taken the time to do something like that. They used to write little certificates out saying how much they enjoyed the weekend with me and that.

115

The importance of freedom, fun and being treated fairly is evident, wherever the placement.

> (Caregiving couple) are really awesome cos they treat you like a very normal person and you're allowed to do heaps of stuff and you're allowed like to have a bit of freedom.

Therapeutic residential and family home placements emphasising positive reinforcement, fairness, clear boundaries and enjoyable group activities were greatly appreciated by the young people and they clearly responded to such treatment. However, such placements were unusual and mostly short lived, merely highlights in some participants' lives. At least one young person with serious behavioural problems appears to have never experienced any such placements.

Other therapy

Most participants reported having done considerable amounts of counselling or therapy even outside of residential placements. Some was with school counsellors, others with Child and Family clinics attached to hospitals. This is presumably arranged by social workers. It is not known whether any was hired on a private basis by the Department, nor how in depth or professional it was.

There was a range of attitudes to counselling/therapy and the success experienced with it. One participant never availed themselves of services offered, believing that they had been through enough already, perhaps that they needed to protect their privacy and/or dignity.

> The way I look at it, if a kid's been through quite a bit, what's going to be talking to a stranger going to do about it? You know? And it makes it worse. And I'm not a person to do that.

Another participant had "heaps, heaps, heaps" of counselling. "Every school I went to I did counselling" but that "they did nothing at all". This was partly due to the young person's own attitude:

> I didn't want to listen to them, didn't want to hear them. I went to them so I could get out of class (laughs). I just kept on getting into trouble.

And partly due to the counsellors' apparent lack of understanding, or listening.

> It was like they knew what was going on but they didn't, only I knew what was going on.

Another participant relied heavily on support from a school counsellor:

> Oh, she was a lovely woman. .... And she was so good to me. And every time something went wrong - cos I did have quite a few hassles with CYP - she'd say to me "It can't get any worse". ... And then something else would happen and it would get worse! And then she'd say to me "When you're on the bottom, all you can do is go up" (laughs). ... And I don't know, I don't think I would have been able to do it without her.

Two participants seem to have had the same therapist, although one refers to her as a psychiatrist and the other as a counsellor. They both felt they had benefited from working with her then but both expressed the desire to do more work with her. One had tired of talking about their life while in care but was now ready to continue.

> I probably didn't use it to my advantage as much as what I should have, because I was younger back then. I think if I had it now ... I'd have a whole like different outlook on it. It was really good to talk to someone and have someone listen to you and help you. And when you're that young, like 14, 15 have someone explain to you why adults do the things they do and why things happened the way they did. And that was good, but like I said, after a while I just got sick of it. Everybody

117

was talking about me and people were wanting to know this and ... that. And I'd just had enough. But I mean, if she was to ring me up tomorrow and say "(Participant's name)", I'd say "Yeah yeah, I'll come and see you!" It would be, it would be good to talk, just to talk to her.

Personal commitment meant a great deal:

And she always said, you know "If you ever need to talk, even if it's in the middle of the night, just give me a call". And, even though I never did, but it was nice to have someone care about you? Cos I'd never had that before.

The other client of this therapist felt their engagement had been cut short. The young person attributed this to cost although it appears to have been a free hospital outpatient service.

Int: And so was that (counselling) a useful experience? What did you get back?

YP: I got a lot, but the thing is that I should of got a few follow-up sessions, cos it just stopped so abruptly. Cos, I never had time to finish off everything.

Int: So it stopped when? When you were discharged?

YP: No, when I left. When I left here (caregivers' house) ... And it just stopped and everything just sort of went downhill.

Int: And was that talked about with your social worker?

YP: Nope. She didn't wanna know. She didn't want to pay for it.

Int: Did you ask her for it?

YP: Yep, I asked her all the time. Go get to (my counsellor) now!

Int: And she said..?

YP: She said "You don't need it". Too right I don't need it! Course I need it. I want it. It used to be the highlight of my week (laughs).

Int: So you think it could have been different if you had continued to see (her)?

YP: If I'd had a month at least, or a few months, then it probably would have been better.

Int: What would have been different.

YP: Um, I would have been able to, I think, just deal with everything that was happening better and ... I don't know, it would have been different. ... She was always a big help.

Counselling and/or therapy appear to have been reasonably available, either through the young people's schools, or hospital outpatient clinics. For some young people, this was seen as either supportive or informative. Two would have appreciated more. Others failed to appreciate any potential value at the time, either refusing or resisting it. It is possible they would have been more receptive at a later stage when they were grappling with increased self-responsibility and independence. It is evident in the findings that the style and attitude of the therapist are important factors in establishing a trusting relationship with the young person.

Relationships with social workers

Their aloneness in the world is very present for young people in care. The ability to identify their needs and to get them met becomes a key survival skill. The real thrust of the data was in the importance of voicing one's needs and having them heard and met. This involved learning to negotiate and being both reasonable and assertive. This process was very empowering for some of the participants, and an important aspect of their relationship with their social worker.

Yes, she was real good. Anything I needed she would pay for. Everything, anything, like ... I decided to do, they were fully behind me, yeah. Yeah, decisions that I made they were just fully behind me and supported me and stuff. Yeah, it's been good.

One made lighthearted comments about manipulating social workers but their meaning was the same.

119

> You gotta learn how to, how to use your social worker to the best advantage (laughs). That's what a lot of people don't know, they just complain about their social worker and they don't know how to talk to them and get them to do stuff for you. You just have to sit there and say "I want this, now! (laughs). ... Cos I asked for what I wanted and what I needed and they got it for me. And if they couldn't, sweet as, keep on trying (laughs).

When asked whether they felt they were 'dealt to' or 'worked with' by social workers, two participants gave almost identical responses, acknowledging that while they were unruly they were dealt to, but that once they had decided to co-operate, they were worked with, to their own advantage.

Another participant had a less happy experience, being frequently reminded of her part in alerting the authorities to her abusive situation, thereby coming into care. Her own self-determination was turned against her and used to minimise demands and complaints.

> And they used to say to me, if things didn't go right or something "Did we pick you out of the phonebook? Did we look you up and ring you and ask you 'Can we take you out of your family life?'" And I'd say "No". And they'd say, "Well you came to us and we're doing what you wanted us to do."

The same participant, who had no interest in absconding or misbehaving, was subjected to rules reflecting a less than trusting attitude. Her social worker placed a time limit on her walk home from the school bus, at the age of 15, and told her she was not allowed to have a boyfriend.

> I don't know how she was going to stop it, but I wasn't allowed one. Because "You'll get pregnant and then your Dad will sue CYP". That was some sort of reason. We're just a baby factory here!

120

In contrast, one participant now feels that their social worker was too soft. Perhaps this participant was 'worked with' when they should still have been being 'dealt to'.

> He's too easy going, he's not strict enough. You're (the social worker) not meant to do the things they (the young people) want, you're meant to do things they don't want. … See, if he did things like sending me down the line or something - I didn't want to go down, of course, and I would've hated it - it would've, you know, would've maybe done some good. But he didn't, he always did things I wanted him to do, you know, … I like him for that (laughs) I liked him actually for doing that.

This young person felt that a night in prison or a stay in a residence offering behaviour modification programmes would have been beneficial. One social worker did threaten a visit to prison for a young person bent on criminal activity, who then used this effectively as a deterrent to any thoughts of offending.

Emotional support and friendship from social workers are also highly valued. The most positive comments pertained to well-established relationships with social workers where trust and friendship had developed.

> And she was really nice, really lovely. And we got on really well. And she used to like explain things to me, what was happening and who was who and what did what so … she was good, yeah. And she was my social worker up till I was discharged.

Evidence of commitment to the job and, in particular, to the young person also rated high.

> You know, she was good to me but I suppose I had to grow up to realise that people were trying to help. And she was definitely out there for me. If I wanted something, she was there for me.

121

There is no shortage of appreciation for such a social worker.

> I'm in a debt of gratitude to him. He was a social worker who stuck beside me. He's been my social worker for years. He's stuck beside me for years.

Two had been less lucky, however. One young person who had spent much of their life in care had had a long string of social workers. Only two had lasted a year, the rest only a matter of months. Despite good communication skills and behaviour, this young person felt unable to advance their interests without an established relationship.

> You can't speak your mind. If you speak your mind, you get chucked out on the fringe very quickly. And I think for other people as well they get really annoyed and frustrated with the fact that they get one social worker every half-year, or something. They have to go and explain the last half of the year and what's happened, what's not happened, what they need to happen, what they want, what they can't have. ….. The fact is, you get more friendly with one person.

Other comments about frequent changes of social worker concerned loss of confidentiality.

> It was annoying and it felt like I had an open book for everyone at CYP to look at because I had a different social worker all the time and I should have had one and you know sharing my secrets with them and them only. And it meant that they knew all my secrets becos there was this big open book, it might have been on the wall even…. That's what it felt like. It wasn't very private at all.

There was other evidence that trust was lacking, mostly in reference to shorter-term relationships. Social workers are often battling against events beyond their power to control. But to a child promises are promises.

> Yeah, so they said I was only going to be in there (in care) a little while. And they keep giving you hope, but yeah they just lie to you all the time.

It is not surprising that the social workers most appreciated for their competence were those who were more experienced and were able to meet the young person's challenges. One was disdainful of a new social worker:

> She was green. She was new, you could tell, she was stupid. I mean, my old social worker I'd go back to her. She was great. She knew, she had kids of her own.

These comments by the participants illustrate that, especially where there was no significant relationship with a caregiver, it was through their opportunities to develop trusting and meaningful relationships with their social workers that they could negotiate to have their needs met and could develop confidence in themselves. Where this was possible, often thanks to the skills, experience and commitment of the social worker to the job and the young person, lifeskills and self-determination were advanced and more positive outcomes were likely.

Part 3: Reflections and feelings about being in care

Overseas qualitative research reveals the struggle of young people in care in coming to terms with the factors and events that brought them into care. At the same time, they are dealing with the difficulties of adolescence while in non-family placements managed by bureaucracies.

Most of the participants of this study had had time to reflect on this period of their lives and most could see the value of their time in care, possibly appreciating the protection it had afforded them, even when they had complaints. Some appreciated the strengths they had gained.

It's just made me more independent. It makes you more wise about people around you, 'cause you meet so many people. It makes you have a better judgement of people 'cause you've moved around and met so many people. It is quite sad in a way, 'cause you haven't had that …um … (like) a lot of kids, you know, with just two parents? But no, it's good becos it makes you more independent. And it makes you appreciate what you've got, 'cause you don't get a hell of a lot but it makes you appreciate what you do get?

Two participants valued the social insights they had received.

Well, I suppose to have the care experience is better than not to have it. 'Cause it has made me the person I am today, I guess, really stronger. And it 's shown me things I wouldn't have seen and it's exposed me to lots of people that I would never have seen if I had have stayed at home.

The other had their eyes opened on differences in material wellbeing.

I saw how the other half lived. But I grew up in a real flash house and stuff like that. A real flashy everything, so, wow! Everything I've been through it's like seeing how everybody else lives when their life isn't how mine was when I grew up.

One young person who had been out of care for eighteen months had only just begun to appreciate any benefit.

I think the only thing it done for me was to change my attitude towards things. I don't think anyone could be as negative as I was. Totally. It's only been a year that I thought more positive. I probably would still be real negative, if I didn't go. So that's one thing it did for me is changed my attitude, I suppose, but that's it. Didn't do too much good.

124

The two participants who had been found replacement families were highly appreciative. One was full of praise of the family and was able to compare this situation with that of others in care.

> I think the fact that being in such good care – one family sort of thing - and knowing I'm secure, not insecure, I know that I'm safe and I know I don't have to turn my back to it sort of thing. I've got two friends who are in care. They have been really not so secure in what they do. They know not to turn their backs, and to keep all their belongings secure, or something might disappear on them? They learn self-protection against the rest of the world.

The other was satisfied with all aspects of their care.

> Yeah, I had good social workers, people to talk to, so it all sort of went pretty smooth for me. Like, I mean, I wasn't shipped from one place to another to another … so, yeah, it was good, my story was good. It went well. So I probably wouldn't go back and change anything to make it better, cos it all went fine, you know?

Generally participants expressed recognition of the difficulties faced by social workers in their jobs, and were quick to exonerate individual social workers from blame. When they stepped beyond their personal loyalties, they were able to make some observations of the social work service in general.

One felt that little had been done to help their out-of-control behaviour.

> Still got into trouble - still getting into trouble. It might've actually been better if I stayed in care, I dunno, but, it didn't get any better, that's for sure. Not at all. I mean, I reckon they should have sent me away, down the line, or to, where is it (residential centre)? Or something, or somewhere like that. Made me work, maybe, … made me work hard as … or something. Discipline, I would say. It might've done some good, but, I dunno, cos it didn't happen so I can't say."

125

Others felt that they had missed out on their rights and entitlements.

> They said that I wasn't allowed at my own FGCs? But I was allowed and I was entitled to be there. So that went on for about 2 years and then I found that I was allowed to go there. ... And they didn't give me a clothing allowance for about 2 years. And I didn't know. Yeah, and when I found out, I (said) "Mm, you owe me 2 years worth of clothes."... 'Cause you don't have anything from anyone else, so.

Changes to entitlements had resulted in frustration:

> 'Cause even my caregiver, she's had heaps of trouble with social workers, you know, and getting clothing grants. 'Cause they change their rules on them all the time you know so like one minute there's one every 4 months and one every 3 months and then it was one every 6 months and she had to go chasing up things like that.

Counsel for Child, the barristers and solicitors appointed by the Family Court to represent the child's interest (s159 CYPF Act 1989), had been a source of frustration to two participants. One said:

> Yeah, my social worker and (proposed additional guardian) were supporting me, and my lawyer, she was making it a bit difficult. And I think that wasn't right, you know, 'cause when you're trying to get somebody on the straight and narrow, you know, you've gotta be flexible with them? You know, if you won't be flexible with them, they think "Why should I?"

Some participants reflected on the time they had spent in abusive situations before being taken into care. One spent most of their childhood with a violent and abusive mother and felt help from Care and Protection should have come sooner.

Social Welfare doesn't really step in when they need to. That's the thing about Social Welfare. I'm sure there would have been complaints, you know. But Social Welfare will leave things you know? They don't see the urgency. But the thing is if there's somebody in a house being beaten then there's an urgency you know.

Another lived for four years in an abusive and neglectful situation, frightened and alone, with a non-family member in whose charge their fugitive mother had left them and a younger sibling.

And, um, I just don't understand how that can happen without someone like in a higher authority being told about it and something being done. Just being left with people I mean like, it's just like me going to live with you and you keeping me and not giving me back!

The younger sibling is still in the care of this person, who has no legal custody. Despite the authorities being given all the necessary information about this at various times, it appears that nothing has been done to investigate it. The older sibling continues to fret about this.

Yes, cos I was the one who was being neglected and abused ... and they saw no reason for him to be taken away .... Yeah, he doesn't know anything. If I was to turn up on his doorstep, he wouldn't know me from Adam. And he just thinks that this lady, this nutty lady is his mother and this even nuttier lady is his nana.

To finish on a positive note, a quote from one participant who considers that care has saved their life.

I don't have any regrets about being in Social Welfare becos if I hadn't have got myself on the straight and narrow, I don't know where I'd be today. I mean as far as I was concerned I was going to die at the age of 21, you know, and I have no desire (now) to die at 21.

127

Conclusion

Among this small group were some who had, after some initial harrowing life experiences, achieved a level of stability and equilibrium while in care. It seems that once they had gained stability in one area of their lives, mostly although not necessarily through stable placement, then other parts of their lives, such as schooling, life skills and case management followed suit. For others, however, neither a stable placement nor a therapeutic treatment to resolve their serious behaviour issues was found. For them, stability did not happen during their time in care.

The care and protection principles are a strong base on which to build sound practice. For the majority of these young people, however, they do not appear to have been applied, in terms of providing opportunities for identity formation and continuity, significant psychological attachments or minimum disruption to education and relationships. This in itself could be seen as a serious breach of these young people's rights.

Despite this, most of the participants had developed bonds with at least one of the adults they had met in care, out of the many caregivers, social workers and therapists involved. These special relationships were tremendously important to them and were often crucial in helping them to gain insight into their lives, to learn the important skills of negotiation and to feel important and of value. They were also often instrumental in resolving issues and developing at least a modicum of stability.

It is interesting to see, in the following chapters, how the quality of care was repeated during discharge and impacted on the participants' lives after leaving care.

Chapter 7:   Leaving Care

Introduction

> Moments of transition ... (including leaving care) ... are critical points
> when children need a secure base to work from.   Their chances of
> maintaining the gains they have made – or of succeeding at the next
> challenge – are reduced when they feel they have been cut adrift."
>
> <div align="right">Cashmore et al 1994: 129</div>

Although not acknowledged as such by the care system in New Zealand (see
Chapters 3 and 4), leaving care is a major and risky transition in a young person's
life.   Once legal discharge has occurred the young person's special status and
opportunities change irredeemably.   Care and Protection services are lost as a
source of advocacy, financial support and as replacement or a means of finding a
replacement for family.   As will be discussed shortly, this appears to be occurring
at times even before legal discharge.

All the participants left care at the age of either 16 or 17.   The fact that funding
does not provide for those 17 or over and must be found from within other budgets
is no doubt a principal reason for this.

This chapter looks back to a short period in the participants' lives, in which they
became independent of Care and Protection.   It sets out to discover, especially
considering their care circumstances, their level of independence and their
emotional state, whether this was well timed and what sort of support was in place
to replace that provided by Care and Protection, the CFSS involved and/or family.
It attempts to recreate the situation as it was at the time, (as say, an advocate or a
friend of the young person might have perceived it) without discussing later events.

It will hopefully provide some sort of indication of the circumstances under which the decision to discharge or to reduce or terminate services was taken.

In order to ascertain this, a conceptual framework of successful transition from care is required. Criteria for this have been formulated, based on the overseas leaving care literature (chapter 4) and literature on adolescent development (chapter 2) for this purpose. They are: the minimisation of dislocation and upheaval to the young person, their level of safety and stability both physically and emotionally and the promotion of their self-determination, life skills and vocational development. These criteria feature in the subheadings of this chapter, although not in the order given here.

Defining the point of leaving care

This research was begun on the premise that leaving care was synonymous with discharge to independence approved through the Family Court, but this quickly proved to be an incorrect assumption. It became evident during the interviews that *legal discharge, independence from Care and Protection* and *independent living* (that is, living away from an adult-run 'home') did not necessarily occur at the same point in time. Significantly, participants had their own views on which of these events was the point at which they 'left care'.

One young person was discharged to the guardianship of their caregiver while another was discharged back to the guardianship of their mother. A third was, at the time of interview, about to be discharged while still in the care of long-term caregivers. As the caregivers felt unable to take on the financial responsibility of guardianship, guardianship was to revert back to their estranged birth parents. The young person was to go onto IYB at the point of discharge. For these three, discharge did not coincide with independent living although for two, elements of independence such as independent financial management occurred at discharge.

130

For two other participants Care and Protection services terminated or were largely curtailed well before discharge. Both had serious behavioural problems (ADHD and alcohol and drug dependence in particular) at the time and were very difficult to place. One having lost a long-term social worker just beforehand, only met the replacement once and then heard no more from them.

The other had not been legally discharged at the time of interview and was still receiving social work visits, although these were seen as friendship (and in fact were the primary adult support) rather than official visits. Placements had ceased for this young person, apparently because all possibilities had been exhausted. Following a placement alone in a hired caravan in a caravan park, the young person went on to find their own accommodation. Financial support also ceased when they elected to go onto IYB.

> But the thing is, I went to live alone. There was no two ways about it. I didn't want it, but then there was nothing else.

Both these participants considered that they left care at the point at which they felt Care and Protection services were discontinued, and this is respected and adhered to in the findings as the point at which they left care. Both these participants became independent of Care and Protection at this point, in terms of financial management and accommodation for one, and in all ways for the other.

For the other three, legal discharge marked the point of independent living and independence from Care and Protection. Table 7.1: Status and Independence at Time of Leaving Care describes each of the eight participants' status in terms of legal and financial status, accommodation and adult support.

In working through these variables to define the point of leaving care for each participant, it becomes clear that, at least for some participants, the transition from care was gradual, occurring in several stages. Some of these were planned and

131

purposeful, apparently intended to support the young person to independence. Others, however, appear to have been haphazard, provoked by the young people's behaviour and actions or by lack of resources. For others, independent living and discharge from Care and Protection occurred simultaneously, requiring sudden adaptation on the part of the young people concerned.

Table 7.1: Status and Independence at Time of Leaving Care

Age at time of leaving care	Legal status	Financial, work and study status	Accommodation	Significant and supportive relationships
16	Discharged to g'ship of caregiver.	UCB plus Youth Care Supplement Still at school	Living with caregiver and family.	Excellent, caregiver/guardian and their family.
16	Discharged to guardianship of mother	Income Support * Self managed. On TOPS course.	Living with mother, paying board.	Poor with mother, no other
17	Discharged to guardianship of estranged parents	IYB. Self managed. At school.	Living with caregivers.	Excellent, caregivers and their family
17 ½	Remained in guardianship of Director-General	Income Support * Self managed. On TOPPS course.	Expelled from residence. Boarding with adult acquaintance	None
16 –17	Remained in guardianship of Director-General	IYB. Self- managed. On TOPS course.	Caravan in caravan park.	Ongoing contact with busy social worker.
16, nearly 17	Discharged. No active guardian.	IYB. Self- managed. At school	Flatting with 2 other school pupils	Some contact with busy ex-caregiver.
17 ½	Discharged. No active guardian.	Fulltime work and some study.	Living in, own living quarters.	None
16	Care agreement terminated. Ineffective guardians.	IYB. Self managed. No work or training	Boarding.	Landlady and irregular contact with several adults.

*   Actual benefit or allowance not known.

Most participants would have probably benefited from a more gradual and better-supported transition. One young person put it very clearly:

> They could ... they *should* set something up like for young adults that are going from care to living on their own. Cos it's a big step and when you've got like no support and you realise that you're being left there, it's going to be on your

132

shoulders it's just like .. it's enough to make a kid kill himself, being frank, eh? For kids that can't handle it. And Social Welfare it's on their shoulders, they're doing nothing about it. There's no resources.

Minimising disruption - or discharging responsibility?

Behind the timing and planning of leaving care were forces which appear to have been the determining factors for when and why a young person exited from care. Perhaps because of the lack of policy and guidelines, these forces tended to work against a smooth and supportive transition. These forces begin to emerge on close examination of the data.

A major element in prompting discharge seems to have been some participants' own desire and/or demands for increased independence. This is normal in young people and, given other options, they may not have wanted all services and contact severed. There is evidence in some cases that social workers and other adult parties attempted to resist demands for independence while in others there seemed to be compliance with the wishes of the young person, even where the post-care situation was to be poorly supported.

Only in two cases was a gradual transition to independence planned and negotiated satisfactorily, one involving transition to independence via a caregiving situation and the other by supporting the young person gradually to full-time work. In both of these situations, the young people were both keen to achieve more independence and were satisfied with the process negotiated.

The young person discharged to their caregiver's guardianship experienced relief from the anxiety of being in care, rather than disruption.

> It was just basically the same just with less .. with less interferences. So it was just like a normal life, I was just like a normal kid. Well yeah, it was a relief, like it

was all over, you know? There was just me and my family and that was it. You know, I didn't have anything else to worry about, anymore.

The other young person was fully independent by discharge:

Oh, it was good, cos I'd already been on my own for a year and a half so all it was was a bit of paper.

Where a young person's wishes were complied with despite risk factors, fiscal concerns may have been a factor. In some cases, fiscal concerns appear to have been the main prompt for discharge.

Behavioural concerns may well have been a major cause of discharge or at least of independence from Care and Protection. Several young people were clearly beyond the control of both their caregivers and Care and Protection, running away from placements and running out of placement possibilities.

In both cases where the young people moved into independent living rather than being discharged, it appears that this occurred as a result of the lack of placements for them. For both, it seems that their sudden move to independent living was prompted by the lack of options in terms of accommodation and caregivers. This suggests that their lives were shaped by the lack of resources, rather than resources being designed and provided to meet such needs.

Expiry of legal provision appears to have been a possible prompt in only one case, where there was only an extended care agreement, although it is not clear that this was due to expire[1]. In one other case it is possible, although unlikely, that there

[1] Consultation with an ex-caregiver, with the young person's consent, revealed that the young person's determination to be "free" was seen as a reason not to seek a Declaration in the Family Court.

was only a custody order, expiring when the young person reached 17. In all other cases it seems clear that there were either additional or sole guardianship orders, with no legal obstacle to the case remaining active until the young person reached the age of 20. Despite this, in all cases the young people left care at 16 or 17, often facing major disruption as a result.

In almost all cases there appears to have been at least an element of expediency on the part of Care and Protection, though the reasons for this expediency may have varied from case to case – fiscal, behavioural or a lack of feasible options.

Self-determination: the young person's role in the discharge process

One important indicator in assessing the level of self-determination achieved is through the young person's apparent level of participation in the planning and decision-making of their discharge or independence from Care and Protection.

Knowing that they had been instrumental or even the instigator of their independence was no doubt important to the young people in terms of subsequent events and self-esteem. However, being well informed about the possible consequences of discharge at that point and in those circumstances is crucial to this. Having options, one of those being to remain in care with negotiated and beneficial conditions, would also be a key factor influencing a young person's attitude to and decisions about leaving care.

There are no specific information resources available to care leavers on the transition to independence. Most young people appear to have had the legal process, that is the need for a plan showing their readiness and arrangements for discharge, to go before a judge, explained to them verbally. Some seem to have understood the process and had an active role in it at the time, although most had since forgotten the details. Some had played an active part in Family Court

processes throughout their time in care; others took little interest, being more focussed on survival and their everyday lives.

In the two well-planned cases previously discussed, the participants felt they had and do appear to have been fully involved in the planning process.

> The social worker came up and discussed everything with me. She was real good about it, she explained everything. She came up and saw me and sent the papers to me.

Both were happy with the resulting decisions, which ensured a relatively smooth entry into adulthood, although one had virtually no family or family-like support.

One of these two young people had clear boundaries of their own about the court system, preferring their trusting relationship with their social worker.

> Oh, I didn't want to (attend the court hearing). I can't be bothered with that. But they always told me. I can't see the sense of it, it's only 15 minutes or something.

This young person had chosen not to meet their Counsel for Child. The other had a difficult time with theirs:

> I had a meeting with her (Counsel for Child) before the court date and she said "Is this what you want?" And I said, "Yes, it is." And she kept on saying to me "Are you sure? Are you sure?" And I kept on saying "Yes, yes, I am". Then we got into the courtroom and she said, "Oh, no no, (young person) doesn't want to have (this)." And I stood up and I said, "Excuse me" (laughs). And I did a big hoo-ha and they went and had a talk about it and (Counsel for Child) came back and said, "Oh, look, I'm sorry, I must of misunderstood (the young person's) wording." And I was just like, you know: "Cow!"

Two others, 16 years old at the time and both keen to be more independent, felt they had an active say in the matter, although the process they went through seems far from ideal. One, who had been invited to go flatting with two other school students, did not talk to the social worker about it at all, allowing the caregiver to act as go-between. Flatting while in care was not seen as a possibility, although for a short period they had been flatting without the social worker's knowledge, the caregiver passing on the board payment to the young person. After further negotiations, the social worker agreed to discharge.

> I wasn't even talking to my social worker. It was my caregiver who did all that, really, because they were sort of friends on a social level too. Yes, 'cause I told her and she worked it out with them. I think (social worker) did write me up a plan, like saying I was going to move in with my friends. Is that what a plan is? And like I was going to continue going to school and that was it really ... that I'd flat with my friends and part of it was that I would continue going to school. And I'd get student benefit (probably IYB).

The other had simply made the task of keeping them in care extremely difficult by running away constantly until being 'released'.

> 'Cause all I would say to my social worker was: "Just let me be independent 'cause that's all I really want. I've being dying for you to let me go so I can do my own thing." And finally that got through to them and they let me go.

The young person was vague on details:

> Oh, I think that there was things that I had to complete before I got discharged, I'm not sure. I didn't pay much attention, all I was doing was trying to figure out how to get away from everybody. ... I don't think I did any of them.

Both of these participants were very vulnerable after discharge.

137

Another young person was also clearly beyond the control of the social worker, living in a car for three months after running away from a number of placements. Discharge was, it seems, a last resort:

I dunno, I just got discharged. That was, like, real sudden, eh?

One has the impression that a discharge report acceptable to a judge was put together by building in what few safety resources and positive features there were. The young person was discharged back home, but little had occurred to strengthen the family and the young person still had serious alcohol, drug and offending issues, and was soon "kicked out". This young person had kept the plan, which states that they had been consulted, but on rereading it refuted the glowing terms with which their achievements and aspirations at the time were reported.

Int   (on reading the report) Pretty good, eh?
YP   I wish it was.
Int   It wasn't quite like that?
YP   Nothing like that. It all seemed so easy then.

One participant was well informed and worked hard to be ready for discharge but had not, in fact, been given any other option. It appears that Care and Protection had decided unilaterally that discharge would occur when the young person turned 17, despite a guardianship order, the absence of other guardians or any means of financial support under these circumstances other than IYB.

The two young people for whom Care and Protection services had been discontinued prior to discharge, had not participated in this decision. One of them expressed their sense of powerless and dislocation.

It's not Social Welfare's fault, like, there were not many options open, it was like ..
like I was going to have to start somewhere. Just I would have liked to have
started at a later date and gradually fit into it.

In summary, it appears that explanations about legal matters were at times
painstakingly explained but rapidly forgotten, suggesting the need for better
educational resources on the subject. Other participants appear to have had a more
cursory outline of the situation given to them. The young people's involvement in
decision making about their independence was very variable. At times the young
person felt they had played a part, although some appear to have been poorly
informed, while others simply witnessed a withdrawal of attention and resources
from their lives.

Physical stability: Vocational development and material support
The question of employment and career direction is of major importance to any
young person and with today's highly competitive and changing job market, it is
crucial that young people are guided and supported to achieve their best throughout
their education and into suitable careers. One would therefore expect educational
and vocational concerns to have had an important influence on the timing of
discharge and the arrangements made to assist the young people through this
period.

As already seen in chapter 6, however, most participants had their secondary school
education severely disrupted and shortened, mainly due to placement change and
personal difficulties. It seems unlikely that any of them was performing to
potential at school, although some were showing promise and gained some
qualifications.

Only one participant, who had gained both secondary and post-secondary training
qualifications, was employed at the time of discharge. One, with less than three
years secondary schooling, was unemployed and the rest were engaged in some sort

139

of education or training, three at secondary school and three (none of whom had qualifications) were on community (probably TOPs) courses.

One of the three secondary students was discharged, in the 6th form, into the guardianship of their caregiver. Financial support was provided through the Unsupported Child Benefit plus the Youth Care Supplement, just introduced at that time for guardians of 16 to 17 year olds as a top-up to meet the discrepancy between Care Payments and the benefit. Personal support was very forthcoming from a caring and committed caregiver/guardian. This student went on to the 7th form, leaving partway through to take up steady employment that involved further part-time study.

The other two secondary students were in receipt of the Independent Youth Benefit. One of these, flatting at the time, was unable to afford the school bus fare, and having no other resources to call on, and no social worker or caregiver with whom to discuss the problem, changed to a school within walking distance in the middle of the 7th form. This student just missed out on a bursary thus limiting their choice of University course.

> The reason why I actually swapped was that I was on Independent Youth Benefit and my (Income Support) caseworker, she said that my bus tickets they don't come under transportation or whatever. And I said, 'Oh well I'll just go to (the local school)'. You know, cutting off my nose to spite my face. And she said 'Well that's entirely up to you'. And I went to the school cos I could walk there. It was only $15 a week but I wasn't really raking in the dough.

The third secondary school student was about to be discharged onto IYB, while living with long-term caregivers. The young person intended to complete the 6th and 7th form before going on to a two-year tertiary training course, presumably by then on a Student Allowance, using Student Loans to pay for fees. While this young person had the distinct advantage of a loving and supportive family to help

them through their education, IYB is very limited financial support at such an early stage.

All three TOPs students had recently started their courses after several years out of mainstream fulltime study, none having succeeded in gaining any school certificate subjects. This would suggest that their study skills were limited and their self-esteem in terms of educational attainment would have been low. All had minimal support in their education and career development from any adult. To add to this unpromising scenario, two had serious alcohol and drug issues, two were suffering from ADHD, one was a repeat offender and all three were at serious risk of harming themselves and developing further mental health issues. It is perhaps therefore astonishing to find that one of these young people did succeed in studying for one year and gaining a practical qualification. The other two dropped out of the courses shortly after discharge.

The move to income support, whether IYB, UCB or student allowance from care payments means the loss, not only of pocket money, clothing allowances, medical, legal, counselling and dental costs, but also many one-off payments such as school fees and trips. Bednight payments to a CFSS are intended to cover most costs also. Appendix 6 gives the current levels of financial support (excluding bednights) gained from the various benefits and allowances mentioned. While this does not show all the costs covered while a young person is in care, it gives some indication of the drop in financial support experienced by young people when leaving care – except, in most cases, where they are working fulltime.

Further discrepancies in material support
As well as the different levels of support offered by these types of payment, there appear to be some major discrepancies in the type of material provision accessed. For example, despite the fact that a young person in care is not eligible for income support (from consultation with both Child, Youth and Family and WINZ National

141

Offices), three participants appear to have qualified while still in guardianship under the CYPF Act.

One young person remained under guardianship while living in a tertiary institution and receiving a student allowance. Care and Protection paid the study fees and bought necessary equipment for the course undertaken. The young person remained in care for six months after the course, while working fulltime, before being fully discharged. This flexibility in provision greatly facilitated their smooth transition to independence. Two other young people were in receipt of income support from WINZ (or its predecessor ISS) while still under guardianship but living independently.

In contrast with this, two young people appear to have been discharged at least partly in order to receive IYB. In one case, where the young person wanted to go flatting, there seemed to be no alternative way to finance this other than through the IYB. This appears to have been seen as prompting discharge from Care and Protection in the belief that IYB would not be granted to a young person in care.

In the other situation, the young person was boarding with a person who was an approved relieving CFSS caregiver. They stated that the social worker did not want to (or perhaps was not able to) pay for this placement. The young person was discharged at least partly in order to receive IYB with which to pay their board.

> They had to let me go 'cause for me to get on the Independent Youth Benefit. And they weren't prepared to pay the money for me to stay at (the landlady's) place.

Neither of these young people was in a secure or stable situation and yet they seem to have been discharged primarily for financial reasons. It is unfortunate that interagency regulations cannot be adapted to an 'at risk' young person's unusual situation, rather than the young person having to be put at further risk.

Becoming responsible for one's own financial management, even if this involves income support rather than earnings, is an important transition to a young person, imbuing a sense of maturity but demanding considerable skill, restraint and, preferably, guidance. To arrive at this point at 16 or 17, at the same time as learning to live independently and without usual family support, carries a high level of risk. To be also studying full-time, with a history of poor educational attainment, seems surely to be courting disappointment and grief.

Physical stability: Accommodation and Belongings

On leaving care, the participants were living in a wide range of situations, on a continuum of independence from remaining with long-term caregivers to living alone in a caravan park. Accommodation changes demanded considerable adaptation to independence and the use of skills in terms of living with others or living alone. These same young people also had to manage their own finances for the first time, paying board or rent and food.

For three participants, their accommodation at the point of leaving care was stable, having not changed for at least six months. For all the others, their latest move either coincided with the point of leaving care or had very recently occurred. For six participants, independent financial management coincided with the point of leaving care.

Data about the belongings owned by the young people provide a useful indicator of care quality. One young person said in a later conversation that they had less belongings when they left care than when they entered and that many of their original belongings brought from home, such as bedding, were stolen or went missing. Another lost everything to theft while living independently though still officially in care.

143

> Yeah, and everything of mine got ripped off. I got left with like nothing by the time I left (location). I was left like zero, just what I was wearing. Suddenly, I had to start; I had to start basically all over from scratch.

Only one participant talked about being provided with material before being discharged, mainly equipment required for their training course.

> But they did pay for heaps of stuff. When I went to (training institution), I had heaps of … gear that had to be paid for? … They paid for heaps of my fees. Like, if you ask for something, they will get it for you.

This participant and three other young people stated when asked that they had no help with bedding or furniture as part of their discharge arrangements and no other participants talked about being provided with any. This seems to indicate an absence of provision of setting up costs for these young people leaving care.

This is a final farewell from Care and Protection, with virtually no provision for returning to past placements, asking for extras needed or simply getting advice. Care should at least be taken to ensure that the young person is sent on their way with the basic requirements of independent living.

Life skills: "things you pick up"

Most participants were asked about their life skills, in terms of cooking, shopping, budgeting etc. Several participants professed to being good cooks and all of these attributed this to being taught by family members, or inheriting the talent from parents. One young woman had cooked for a large family on a wood range every night from the age of eleven before coming into care at 15.

Budgeting was less popular, although one participant had no difficulty, being "good with figures". This young person saw life skills as something one learns along the way. This was the general impression gained from most of the interviews.

144

I suppose the rest of my life skills, if you can call it that, it's just from living. You take your life skills from living.

One participant felt strongly that knowledge of life skills must be a prerequisite for discharge.

You've gotta be able to live life on your own, know how to live, know what it is, like cope with financial stress, your budget, your tax. You have to know how to budget your money so you can live a week, or a month, so to speak, and what you've got. And not, you know, rely on it coming from - know how much money you're going to be getting. It's got to be down on paper that you know how to do this and this, sort of thing.

At the point of discharge and in a supportive long-term placement, this participant felt well armed already:

I cook my own meal, do my own washing. All the normal sort of stuff that an adult would do, I do. Do the housekeeping, cleaning, all the normal stuff.

In contrast, a young person who had moved around a lot felt very unprepared on leaving care:

Going through family homes and all that to a place of my own and I had to learn to budget and everything, and that's pretty, (sighs) I dunno.

None appeared to have been assisted with this by their social workers, except in one case where the social worker had gone to some trouble to provide education on safe sex. The participant pronounced this a waste of time, being already conversant in safe sex practices.

(Social worker)'s tried to drum sex education into me. Oh, he mentions it in front of everyone else! "Remember what I told you. Don't put it off, put it on! No balloon no party!." … But everything he told me, I already knew. … I don't really mind, I mean … anybody can mention it, I don't mind.

The young people generally saw life skills as 'things you pick up' and, presumably, this reflected the attitudes of their social workers and caregivers. Those who had lived in stable placements or with their own families for more sustained periods had 'picked up' more skills than those who had experienced many moves.

Emotional stability: Support networks

Support networks varied widely but were generally a reflection of the other elements of successful casework, such as stable placement and social work effectiveness in accessing appropriate services such as therapy. The ability to form and maintain attachments would have been a major contributing factor to a young person's range and depth of significant and supportive relationships on leaving care.

As already mentioned, two participants were fully integrated into surrogate families and saw little change on leaving care. They had significant psychological attachments to their caregivers and their caregivers' family members. They were both at school and had stable groups of friends and familiarity with their neighbourhoods. These two were greatly advantaged by comparison with all the others.

Two who had come into care as teenagers, although not well prepared for leaving care, had developed good relationships with former caregivers and others, such as social workers and counsellors, and were able to maintain these. They both had some family support, although damaged relationships had not been mended. Both also had several good friends whom they had known since before entering care and who continued to be supportive.

The others appear to have had very patchy support and very limited attachments. At the time of becoming independent, one was only able to name as important relationships a TOPS tutor and a fellow student, who were really no more than acquaintances. When asked who loved them at the time this young person said, after a long pause:

> I was unloved, that's what I felt. ... The world still hated me and I still hated the world.

This statement represents well the general sense expressed by two other participants who had poor relationships with their mothers, no real friends and who felt very alone. One was able to name their social worker as the only person they felt attached to; the other named an older brother.

One other participant had very little in the way of family or ex-caregiver support, but maintained an ongoing and valued relationship with their ex-social worker and other staff at CYF. This seems to be the only case where a Care and Protection office offered post-care support.

> I knew that at any time I could ring them up and say 'gidday' or ask for advice and stuff.

This young person also had a resilience which they put to good use with their itinerant lifestyle, perhaps an extension of the constant moves they experienced while in care.

> I've always been quite independent. I've always been alone quite a lot, with being shifted around. So I'm used to moving around. So I suppose I'm not scared to just take something new on.

147

These findings indicate clearly that except in two instances, participants generally left care with considerably less stable and dependable support than their peers who leave home to live independently have. Some had virtually no adults to whom they were significantly attached and could trust and few had long-term friends.

Emotional stability: Behavioural issues

It is not surprising to find that those young people who had not succeeded while in care to form lasting attachments to adults or peers, secure stable placement or achieve educationally were mostly those for whom emotional issues were manifested in their behaviour. The range of behavioural issues of this small group was discussed in the last chapter, as was therapy and treatment experienced by them.

Of the eight participants, three saw themselves as displaying no behavioural difficulties, describing themselves as 'good'. Another saw themselves as upset on coming into care but gradually stabilising.

The other four experienced serious emotional and behavioural difficulties throughout their time in care and none appear to have resolved any of these significantly before leaving care, although one had ceased absconding from placement. They left care with a range of issues: ADHD, substance abuse, depression and self harm, anger and offending. These difficulties were apparently not generally seen as a reason for them to remain in care by either Care and Protection or the Family Court. Two were not discharged through the court, however, nor were they adequately supported by Care and Protection.

Conclusion

Overall and in terms of the criteria laid out in the introduction, few of these young people can be seen to have been well served on leaving care. However, those cases that were well planned and provided good support serve as significant guides to

managing the leaving care process. They also show that this can be done, even in the absence of leaving care provisions such as those now in place in the United Kingdom. Sadly, they number only two of the eight cases – one in which guardianship was taken by the caregiver and the other in which the social worker and young person managed the process in the absence of another significant adult. In both situations the case management appears to have been of a high standard and, most significantly, the relationship between the social worker and the young person was one of trust, built up over a period of time. Both cases met the criteria of a successful discharge: dislocation and upheaval were minimised, care was taken to ensure physical and mental stability, the young people were achieving well, were making sensible and determined decisions and had living skills appropriate to their level of independence.

In all the other cases, leaving care had elements of risk to the young person and possibly expediency for Care and Protection. In some, social workers had clearly been struggling against serious difficulty, such as the lack of suitable placements, inflexible interdepartmental arrangements and extremely difficult behaviour from the young person, including persistent demands for independence. Without resources, programmes, options or detailed guidelines and under fiscal pressure discharging the young person or reducing or terminating casework may have been seen as the only pathways to take. In other cases, discharge appears to have been arranged, almost as a matter of course, by Care and Protection and seemingly with little pressure from the young person.

The next chapter looks at the next chapter in the lives of the participants – what transpired for them after they left care.

Chapter 8:   Since Leaving Care

Introduction

The most obvious distinction between this group of young people and their peers who have not grown up in the care system is the shortage or absence of supportive significant adults and family members in their lives while making the transition to adulthood. The second major distinction is the suddenness with which most were expected to become independent adults, despite, in several cases, some serious behavioural issues, low educational levels and equally low chances of employment. In such a small study with no control group it is more difficult, however, to evaluate and compare the outcomes between the two groups. Furthermore, these are only interim outcomes, a review of each of their young adult lives.

The previous chapter looked at how the participants were prepared for and launched into this transition period, most without having completed their secondary school education. The passage of time since leaving care varies considerably between participants, with a range from six months to four years. One participant does not feature in this chapter, as they were just in the process of being discharged when interviewed. The remaining seven young people, however, had at least a taste of independence from care and all had significant experiences to contribute to the findings.

This chapter looks first at practical and material progress towards adulthood since leaving care, then reviews relationship development and survival skills. It finishes with the participants' hopes and views of the future.

Accommodation and living skills

Most participants had changed address several times and some either were or had been homeless. Most available types of accommodation and living arrangements had been tried since leaving care.

Two young people had lived for sustained periods in flatting situations. Both were successfully sharing flats with partners at the time of the interview, but they had learned their living skills with difficulty. One of these young people began flatting just prior to discharge while still at school and had some hard lessons in terms of safety and budgetting. A party at the flat got out of hand resulting in a sexual assault. This event precipitated the break up of the flat and the subsequent discovery that a substantial amount of money was owed for bills. A supportive ex-caregiver and a Special Needs Grant from Income Support helped them through this crisis.

The other 'flatter' had moved into a flat with a friend at the age of 18. This lasted for ten months but the participant's alcohol and drug problems had put them both at risk at times and caused arguments over money.

> For a while, all I cared about was drugs and alcohol. If I didn't have drugs, like I mean I had to take - shitty me - I had to take $20 out of the food money to actually go and get some dope, you know? Cos I couldn't handle not having it. And, like, I'd get home and the first thing I'd do is put on the knives, smoke dope and drink. I mean I'd even take days off work to drink rum (laughs). I've got two scars on myself when I was so drunk I fell over a heater. ... I mean we had some parties there and we'd be tripping and smoking dope.

Neither the participant nor their flatmate had parents or support in the locality.

To make a comparison, an example of a well-planned and gentle transition to independent living was that of one young person of 18 who had recently moved from their (guardian's) home to a flat with two good friends. The flat was in their home neighbourhood and there was good support and ongoing contact with their families.

Two others had lived alone in flats or sleepouts and these two and another had lived with others for short periods of time. All three had also experienced periods of homelessness and very frequent moves, sometimes staying with parents, sometimes with friends. One of them, still aged 16, was itinerant and seemingly very much at risk, hitchhiking from town to town in the North Island, staying with friends and occasionally visiting home briefly.

Another had been evicted from their mother's home twice since discharge because of unacceptable behaviour and was back at home at the time of the interview.

Two had experiences in supported accommodation, both viewed very positively by the young people concerned. One young woman had encountered a significant setback when she found she was four or five months pregnant, thus having to give up her job and live-in accommodation. She and her new baby were living in supported accommodation provided informally by a Child and Family Support Service at the time of the interview. This consisted of a two-roomed sleepout with bathroom. Meals were taken with the other residents (mostly young women in care) in the main house and there was a budgeting arrangement, through which she was learning financial management.

> Yeah, they don't put cooking facilities out here becos people might isolate themselves? No, it's good. We all go in and eat together and stuff. And we all help out and cook a lot. 'Cause I'm here during the day I like to help her (the house parent) out. I cook, you know, sometimes I cook teas. No it's good. ... They like to get people to become independent and go on the bus everywhere. But it's a bit hard with (the baby). But like, she'll take you shopping and there's (local shops). So we all go down (there) and we go to (the more distant shopping mall) sometimes. Yeah, it's always busy. ... There's no shortage of stuff to do.

The other supported-accommodation situation was provided by the Probation Service. Although not specified, it is possible that the young person was placed on probation and ordered to live there.

> And like you got to do your own thing there. Do whatever during the day. But there were still like rules set down. You had dinner at night and things like that. And there was only about 5 of us there, something like that, and we got on really well.

Three participants had had jobs that provided accommodation and two had lived in boarding situations, in one case with an ex-caregiver with whom there was a significant relationship. All these situations appear to have worked well and finished for reasons other than breakdown.

Overall, the most successful accommodation arrangements appear to have been those where there were adults present or nearby in a supportive or supervisory role. Although the older participants had eventually begun to acquire good living skills, their early attempts at independent living were very risky. This was also true for those with substance and other behavioural issues.

Employment, qualifications and career achievement

As discussed in the previous chapter, the level of educational achievement on leaving care was generally very low and, as might be expected with the lessening of supportive services, not a lot of progress in education or training had been made since leaving care. Career achievement was closely related to education and qualifications, which were in turn, as already seen, related to placement stability and support received, as well as behavioural issues.

Success stories

One participant had left school during the seventh form to take up a job which involved part-time study.

So I've been there for a year and a half. And I'm doing my course. ... It's 3 years while I'm working fulltime. I mean, I do the papers at my own pace. But I can't be slack for too long or I won't finish it in the time span? So, so far that's going well.

This was the most stable employment situation among all the participants. This was also the only young person who had undisrupted secondary schooling coupled with a stable long-term placement and supportive social work and therapy. Stable accommodation and support had continued for them since leaving care.

One participant, who had 'become independent' before being discharged had managed, against all odds, to complete a one-year qualification and had worked for over two years on very low wages.

That's when I was living in the flat. I had $30 a week which wasn't including food. I wasn't eating properly. But my boss didn't really care. Like, my friends said "You look sick".

Ten weeks before the interview, with a large interest-free loan from the father of their partner, this young person had become self-employed, taking over the management of a franchise.

What I do is, I work a franchise, they get clients for me and I try to get them on a regular basis so I'm getting a good clientele. ... And (partner's) father, said, "OK. Get a good van and I'll pay for it. You want a van, we'll get the equipment and you can do it. If this is what you want, we can do it." I have to pay him, no interest. I'm lucky I get no interest. Yeah. And I pay him $65 a week, which is like over a 3-year period. Which in the summer I'll be making over $1000 a week so (laughs) I'll be able to pay that and more, you know? ... I'm only 20 and I'm rich!

154

This was going extremely well at the time, with readily available financial advice and support from their partner's family, and a realistic attitude.

> But it's not exactly, you know people say 'It's so cool to be self-employed, I wish I was self-employed'. But you've got provisional tax, insurance. You've got running costs, you've got to have .. I've got to have a mobile phone, I've got to pay for it, it's a business expense, you've got petrol of your van, registration. I mean I've got so many outgoing costs.

Only one other participant was working at the time of being interviewed, and that was part-time and sporadic.

Setbacks

Even for two of the better-qualified participants, other factors and events had conspired against their aspirations. The young mother had had to abandon her burgeoning career, although she was determined not to stay out of the workforce for a prolonged period.

> Yeah, but I won't do it (be a full-time mother) for long. But a lot of people, I think they do the system and they just keep having kids. Yeah, next year I'll go and work and stuff. I'll work out something.

She was also continuing with study, doing a 6th form subject:

> Yes, so I thought, just so that my brain doesn't go dead, it gives me something to do? So yeah, I'm doing that at the moment. It just gives you another thing for your CV. And it shows that when you go for a job that, you know, you're still interested while you're bringing up a kid?

The other had completed the seventh form after being discharged but, probably due to the disruptions experienced that year, including four moves and a change of school, they fell just short of a Bursary. This prevented entry into the chosen

university course, which resulted in unhappiness and non-completion of the first year in the alternative course. As a result, the young person had incurred a Student Loan of $3500 and had since been studying part-time by correspondence. They had done a variety of jobs and were on the Community Wage at the time of interview, helping out with administration at a CFSS. Better management and support for this bright young person could have meant that they had already graduated by the time of the interview.

Two other participants had significant debts, one to the courts for offences and the other for study.

Unemployment

Of the seven, four participants were unemployed, although three of them had worked for sustained periods of time since being discharged. Only one of this group had school qualifications, however all four expressed the desire and full intention of doing further study in the future. One stated:

> I don't wanna just work and just do anything. ... Yeah, I need to go on a course, eh, just to (have a) future. ... I mean for somebody who's eighteen that's quite ridiculous, just one, one piece of paper (NZQA unit standard). ... Yeah, like a normal average teenage person wouldn't be in my position, eh? They'd be in (polytechnic) or something, doing something.

Study

All participants expressed the intention to study further and increase their qualifications, though none was studying fulltime at the time of interview. Two were doing part-time study and one had recently been expelled from a community course at a polytechnic.

Probably most of the participants would have been eligible for Student Allowance to do full-time study, because of their independent circumstances, but would have

had to take out a Student Loan to pay their fees. At $3000 - $4000 per year, this is no doubt more daunting when one has been alienated from the school system, has a poor record of educational achievement and scanty emotional support.

The young person who had recently been doing a less than full-time study course at polytechnic had to work almost full-time. They expressed the frustration they felt:

> And studying and working – it's just, I wouldn't get anywhere with that, like it sounds bad, … education is above work. But when you're trying to, you know, support yourself. And I'm only 19 … Yeah, there's other 19 year olds out there who are supporting themselves, and some of them are even younger, but I still guarantee, there's someone else with them. They've got moral support.

This young person, still officially in care, had apparently paid their own fees, perhaps through a student loan, and had persuaded Care and Protection to pay for their books. Furthermore, none of the young people in the study appeared to be aware of, nor to have benefitted from the financial assistance available to young people after leaving care under s389 of the CYPF Act.

Clearly, without strong adult support and more supportive policies, young people who leave care at 16 or 17 years old with no educational qualifications struggle to advance their education and careers. This places them at an enormous disadvantage to their peers (see Chapter 2).

Support and friendship available

> If one type of relationship is lacking, such as that with parents or spouse, can similar functions be gained from significant others: close friends, professionals and workmates? For those who are most at risk, are the most vital support functions provided at times when they may be most vulnerable, such as at stressful events, both normative and nonnormative?
>
> (Maughan and Champion 1990: p322)

In this research, the importance of significant psychological relationships and consistent support has already been demonstrated in the findings on services received while in care. Establishing their adult self in a complex and often hostile world is a stressful period for a young person and a great deal hinges on developing social networks and support. This section examines whether relationships with family of origin had improved at all as a source of support or identity, the development of other social relationships and whether relationships with caregivers and professionals had continued to be a source of support and advocacy.

Family of origin

As can be seen from the section on accommodation, very few young people went back to live with family after discharge. Even the one discharged to a parent's care only ever stayed for a few months at a time and another made overnight visits occasionally.

Some family relationships had improved since discharge. This was not immediate and does not seem to be attributable to prior reconciliation work; it either happened some time after discharge and was the result of the young person's increased maturity or stability or it was at a fairly superficial level. One young person banned from home by their father when they entered care was finally welcomed back for visits after five years – three and half years after discharge. This was probably thanks to the passage of time and pressure from supportive older siblings rather than any behavioural change on the young person's part.

> And he just came straight out and he gave me a hug and a kiss and he gave me a hug for about 15 minutes and said "We shouldn't let anything come between us".

One wonders about the years missed with this young person's younger siblings in particular, who were suspicious at first and were taking time to feel comfortable with the returned exile.

Cos my younger brother when I left he must have been maybe 3 and when I went up for Christmas he just looked at me and walked around in really wide circles and he'd whisper "That's (older sibling)" to everyone but he wouldn't say it to me. Becos he wasn't quite sure because my Dad has said some pretty nasty things about me.

Another participant had encountered increased hostility from parents and, despite trying, has decided there is little chance of developing a relationship with a younger sibling. Another young person, removed from an abusive situation with a non-family member, has lost all contact with a much younger brother who is probably unaware he has an older sibling. This is distressing for the participant.

One young person met a lost parent after discharge as a result of their own efforts and has rebuilt a relationship with the other parent, possibly due to the young person's own improved attitude and stable relationship. This participant has also begun to build a relationship with a younger sibling after six or more years of virtually no contact and much anguish.

For three participants very little has changed since discharge in regards to their ongoing relationships with original family. One described the material support, in terms of shopping and domestic items they receive from a parent but felt that there was little else between them and had not managed to forgive her for the rejection and harm done earlier.

The only thing is my mother hasn't really done anything with me. It's just like money, occasionally, clothes and all that. Just like done what she had to do, not what she needed to do.

Another said of their mother:

159

She's not a person I can go to and talk to.

The third seemed to have developed an understanding of their mother's position in terms of their behaviour, no longer blamed her for going into care and acknowledged the difficulties she has in coping with her own life, but feels neither close to her nor supported by her.

> I mean, some support, like saying "Good on you man". Things like that are good to hear, eh. Mum never, no, she wouldn't, she doesn't, probably 'cause she's on the dole, you know, she doesn't work, she's got nothing, maybe jealous I'm trying to do something, I dunno. I really don't know. I wouldn't have a clue.

This young person's primary support is an older brother who had also been in care.

> Yeah, my brother is the only one that really says, "Oh yeah, that's good, go hard", gives me a little bit of support. Yep, I get on with him, eh? ... Yeah, I got on with him real well when I was younger, like I couldn't live without him when I was younger. But we sort of grew apart. But I always, like, listen to him, like we're just so close eh, like that. And it all ended, when Dad kicked him out, cos I didn't see him for a couple of years.

The young mother had had no parental support and was glad of attention and support from an aunt, with whom contact had not previously been maintained.

> Well, one auntie ... as soon as I had him invited us over there for the night and took him for the night, so I could have a good night's sleep and stuff. But they're real good. She bought him heaps and heaps of real nice clothes? And she's not well off. So that was real cool. She just bought him heaps. And then when I had him, she came up to the hospital with heaps more clothes.

Despite the hurt and disappointments of the past, family remained of key importance to all the participants and the struggle to develop relationships or

160

alternatively cope with the isolation and loss of identity had remained an ongoing theme for them all.

Friendship and partnership

Only two of the young people appeared to be part of a group of long-term friends. Friends did not figure a great deal in the conversations, which is surprising considering their importance to most young people. Most mentioned one or two friends as part of stories they were recounting, but these friendships often appeared to be transient, perhaps a pattern developed through constant moves while in care. One person had good friends, but they were scattered around New Zealand.

> Yeah, I have. ... They're all scattered out, in (region) and stuff. I ring them and I'm going away, see like I go away a lot. I'm going away in November for a week hopefully. Just to catch up with friends.

One young person was living with a partner whom she hoped to marry. This relationship had been a turning point in her life and the source of much happiness. It was also providing much needed stability and support.

> I love him. I never ever thought that anyone could get that close to me, cos I didn't believe in love (laughs). I mean like you love family but I mean ... Even if we break up, I've had that. Cos, he means the world to me. He's a big part of my life now you know. He's one of the main people of my life. I wake up to him every morning and it's great. Sometimes I just, we have a bit of a tiff (laughs) but that's life; we do have tiffs. But I love him and if I do marry him, I'll be happy.

Another participant had gained tremendous support from their partner at the time of the interview, although this relationship has since broken up.

> I've got (partner), that's all I have. That's all I need really. (They've) been with me … (they've) been with me .. um.. a year and (pause) one year, one week, three days (pause) and 2 hours and 14 minutes. (They've) stayed with me through a lot.

Two others enjoyed the support of partners but did not see these relationships as committed. One, the young mother, was not prepared to be tied down so young.

> I don't really want anyone, because I'd have to give up my career? But we're still really good mates and stuff, so … I mean he looks after his child and so it's good. And we still ring each other up about once a week or something like that ... and that's good. 'Cause I don't know how you'd feel if they just left you.

The one young person with good social support, was in a position to take one step at a time.

> And I have 2 flatmates and we get along like a house on fire. ... My social life? I dunno, I just do like any normal teenager does, I just go to parties and things. ... No boyfriend, no, no boyfriend on the scene. I haven't really had a serious relationship. But that to me at the moment, doesn't really bother me, it's not really an issue, it's not important. That's something to look forward to, I suppose (laughs).

Caregivers, social workers and other professionals
Although many caregiving and professional relationships had been lost both during the time in care and since discharge, others had endured and some had more recently been re-formed, on a more equal footing.

In some cases caregivers had stepped into the breach, or had at least maintained contact. One caregiver, as discussed throughout, had taken guardianship and continued to provide a stable family life and support to the young person. Another had taken the young person in as a private boarder shortly after discharge, although the social worker had forbidden this as a discharge solution. This was an ongoing

162

although long-distance friendship. Another participant maintained occasional contact with two caregiver couples, confiding in the foster mothers at times.

As already mentioned the young mother had accepted a place in supported accommodation offered by the directors of a CFSS who were ex-caregivers and she was well supported by them.

> Yeah, I mean, anything I need, everything I need .. it comes out of my banking sometimes, but quite often they'll go like "No, don't worry about it, we'll get it for you" Yeah, they're real loving people.

Two participants saw their social workers – one ex-, one current – as friends and greatly appreciated this.

> Yeah, but we just keep a friendship. Like we might not hear from each other for about 6 months, but I'll just ring her and say gidday, not talk about what's going on. Just say gidday and, yeah, it's real good. And she comes and visits me and stuff.

The 'house father' at probation's supportive housing had made an impression:

> You'll never find a man nicer. He was early 60s and he was very energetic. A beautiful man, literally a beautiful man.

One participant discharged while still at school maintained contact with a school counsellor and another had developed a friendship with a previous opponent – a residential psychologist.

Overall, most participants still greatly lacked family support and few were part of a strong social group. Most had a small group of supportive people - peers, adults or family members – and these were much appreciated.

163

Emotional stability

In order to achieve independence in terms of finances, accommodation and social functioning with any level of success, the participants had to develop and maintain their inner strength and self-esteem as independent young adults. Placement and/or relationship stability appear, not surprisingly, to have had a positive effect on current emotional stability. As discussed in the previous chapter, where there were severe behavioural issues, services appeared less effective during the care period. However, it is interesting to see that even in one or two cases where behavioural issues impacted on case management, if either placement stability or a strong relationship with a social worker was achieved, this appears to have had an impact on later stability. Individual factors, attributable only to the participants themselves, may have also played a part.

Survival and self-esteem

Clearly, all the participants were survivors of one sort of stressful if not traumatic experiences including abuse, neglect, abandonment, family disintegration and life on the streets. Most had survived without the support of loving homes and as a result had developed radical strategies and resilience that make the acquisition of life skills such as cooking and cleaning seem tame.

> I'm a survivor from the streets – I can look after myself, eh. When it comes to money on the streets I know what to do, eh. If I wanted something like, yeah, drugs and alcohol when I live on the street. I mean, I've always been able to survive on the street, eh. I'd never give up.

Despite everything that had conspired against each participant, the most remarkable feature of the group was their positive outlook. All the participants, but especially the young women, expressed at some point a sense of achievement or satisfaction with the way their lives were turning out.

For three young women, this had begun by asserting a high degree of responsibility for their lives at around the age of 15. One had done this by removing herself from an abusive family situation, another had insisted on a particular career direction and had recruited her social worker to support and finance her in this and the third had simply insisted on independence until it had been granted her. All three saw these actions as very significant achievements playing an important role both in subsequent events and the development of self-esteem and identity.

> But it was very important that I say it (denounce her father's physical abuse in an FGC). And I knew that once I went to Children and Young Persons there was no turning round and I knew that it was a one-way street, there was no coming back after that. And I was really scared to do it but after I felt really good, yeah really good. I know that I'll never have any male ever hit me. And like if say if I had a boyfriend and if say he hit me, I would just not stand for it. I would just say, well that's it. And, like, my sister, she's in an abusive relationship now. She doesn't have the same inner strength that I have.

All three women were unemployed at the time of the interview and having to call on all their skills and strength to survive. The most transient and youngest stated:

> It (life since discharge)'s been awesome! It's so everything I've always wanted, eh? Sometimes it's hard, yeah, but it's just awesome. I don't know. For my age, I'm really mature. I don't need to depend on people all the time.

On closer examination of the data, however, it appears that some of the positive attitude expressed in the data was more akin to a gritty determination to survive learnt in defence of the alternative: constant consciousness of the loss and suffering experienced earlier. This determination can in itself be seen as a major achievement, a survival skill that allowed them to get on with their lives.

165

You know it's just what you make of it. You just grab every opportunity you get, yeah. Yeah (laughs). ... Not much worse can go wrong! That's the way I look at it! It can only get better.

This level of grit and courage is, however, also of concern. There was a sense that each of these young women was holding back a tide of unresolved pain that threatened to overwhelm her should her life become too difficult and her resistance fail.

The men and one young woman appeared at 18 or 19 years old to emerge from a tumultuous time of confusion and negativity with the realisation that it was up to them to control their lives.

I love myself. You know, I don't think that I'm God's greatest gift, but I like myself. But the thing is, you know, when you're going through that time, you can think, poor me. But if you don't help yourself, then people aren't really willing, you know, if they don't see results. People want to see results.

This sub-group were, interestingly, more open to discussing their negative feelings – of anger, regret and under-achievement. It is possible that they had been more open to such feelings throughout and, although this may have cost them dearly at the time, they had perhaps learnt to understand and deal with them.

I've got over to this the hard way. Personal growth is the only achievement I've got. ... The last time I really let loose, that would have been a year ago now. I didn't know what anger control was. ... Like fighting doesn't do much, it just gets the other person hurt.

And another:

Oh, now, now. I'm 18 and like, its pretty much it could be too late now but I'm, you know, starting to see something I haven't seen before.

Alcohol and drugs

Two participants had gained tremendously in self-esteem by reducing their alcohol and drug use. One had given up a solvent habit earlier and was now determined to give up alcohol, marijuana and cigarettes, although not all at once.

> I've cut way down on alcohol, it's unbelievable how much. I don't know why I've done it, but I have. I've gotta give up dak, determined to give up dak and the cigarettes, eh? ... I got the will power to do it now. I gave up sniffing, man, it was the hardest thing I've ever done, eh? Sniffing was worse than cigarettes, worse than dak, and worse than alcohol. ... I was going to give it up all in one go but then I thought – nah, that's too much to do, eh? Can't do that – need something, otherwise I would have got major side effects from it.

Both these participants had sought comfort in substance use and still used alcohol, as a means of coping with their issues, but more safely. The other one said:

> Even the other day, I was really pissed off so I got drunk on a Sunday (laughs). But I know my limit and I stop. I just got pissed but I know my limit. [You tend to use it when you're upset?] Yeah. Well I'll admit to that and surely there's lots of people that do. ... But the thing is that when I have a drink, I'm really open and honest. So that could be a good thing. I'll even start to cry if it's, you know, like that. "Woowooowooo" (laughs). ... Yeah, it's like having a good sneeze when you feel stifled (laughs).

This young person had developed another effective strategy:

> I mean like I can get really depressed. But I've got this saying, if you dig a 6-foot hole and if it rains (laughs), it's hard to get out of, you know? So only dig yourself a 3-foot hole, even if you have to just wallow in it for a bit to, you know, get it over. But don't go digging it 6 feet.

Offending

Most participants had managed to avoid involvement with offending or the police, and appeared to have had no inclination in this direction. Two, however, had had many encounters with the police since leaving care, one in particular. They describe what happened after discharge:

> All I saw was blue uniforms (laughs). Yeah, nah, God, I just full on got into trouble, eh? If you saw all my convictions, you'd get a bit of a shock. Nah, I kept on stealing cars, drinking and driving, driving while disqualified, just - ah, fraud - kept on, yeah, breaking the law, eh? ... Yeah, I got caught – 50% of it! (laughs). Only about half. If I got caught for all the things I've done I wouldn't be here now.

This young person was awaiting sentencing at the time of interview and was very concerned about going to jail. They had already spent a week on remand in prison, which appears to have influenced a recent decision to change. Such resolve could be more difficult to maintain after a longer spell in prison, however.

> Yeah, that's it. And once this is over, I am as clean as. Oh yeah, definitely. I'm just sick of it, eh, absolutely sick of it. It's been too long. ... Yeah, (prison's) done a bit of damage to me. Have you been in there? ... Nah, it's filthy as, eh? Its like, its freaky. I was mad, eh, when I went in there. I was in there not even a week.

The other offender had begun on this course shortly after leaving care.

> Like every night practically I would go out and I'd break signs. I broke into a few cars. I didn't like it, but I had no money, so I had to survive. So I broke into cars and got stuff. Got a few items, just generally to give me something to stand on? I've never been caught for breaking and entering into cars. I've never actually taken somebody's car. I've stolen a radio or something. I'm not proud of it but that's in the past.

168

Both these young people will pay for their misdemeanours for many years to come, in terms of their criminal record, their reputations and, for one, in court fines of $3-4000. With ongoing support this may have been avoided.

In summary, it is clear that over a period of years the participants had developed a wide range of coping strategies as a response to the hurt and loss they had experienced and the imposed need for self-sufficiency. Some had built up their self esteem by taking control of their lives at an early age, while others had taken a more painful course through their feelings, incurring alcohol and drug problems and criminal records before beginning to emerge into a new self-knowledge and positive attitude. Whether this inner strength would be sufficient, in the absence of outer resources, to carry them through to positive adult outcomes is uncertain.

The future

If the past had been full of hurt and loss, the present was still a major struggle for some. But most participants were hopeful about the future. The relief perceived in changing the subject from the past to the future was almost tangible.

All the participants talked with enthusiasm about their educational and career goals.

> I've always wanted to graduate. That's been my ultimate goal for a long time. My ultimate short term dream. And it's been my Dad's too.

There was no shortage of ambition. From someone with no qualifications:

> Probably next year, I'll start being a student. I'm still trying to toss up about whether I what to go to Unitec and do vet nursing or if I'm going to do correspondence and get up to 7th form and just go straight to Vet School. So I do have goals.

And there was variety:

Yeah, be a high country musterer, that's what I want to be, either in the South Island or go to Oz. Yeah, live in Oz on a big outback station ... to be a boundary rider. They just go and check the fences and stuff. Yeah, there's all sorts of things you can do over there. But like you can do helicopters and stuff over there. Learn how to fly them and that. Like it's much bigger. There's more opportunities over there.

Some participants even surprised themselves.

Sounds pretty funny (but) I'm, umm, sort of planning my future a bit, cause I've been (working) for a year. I'm going on a business management course, end of the month, if I get to that stage. Start my own business. Just go on this course and get all the qualifications I need to do it.

Family issues were important. One participant was keen to trace lost family, including travelling to parts of Europe and America to do so. This seemed an important step in rebuilding a life that had been thoroughly unraveled at one point.

Whether to have a family was an issue for several participants. One was afraid of repeating patterns:

And I don't really know if I'd want to have children. Yeah, cos I'm sort of ... I'm scared to ... just because of everything that happened to me and my Mum and my Mum's Mum. Even though I know that I could never do what my Mum did to me.

Another had encountered this kind of concern in friends about her and had been hurt by it.

And like (my friend) said to me "Oh it would be so wrong (for you) to have kids' and I said "Why?" She was going on to me about – and so was my old boss – they

170

were going on to me about how I would be thoroughly stupid. They said, "Oh, you'd have to have an abortion". But to me kids are a gift.

Another young woman was very clear about her priorities.

> And I'm on the injection, so that takes care of pregnancy. I'm not having a kid! The first thing I'd do if I found out that I was pregnant would be to go for an abortion. I know that sounds bad, but I've got so many things I want to do with my life and so much stuff that I can do. And I've got so much talent and stuff that I just don't want to give it up. I'm not going to have them until I'm 50. And if I do want to have one, I'll adopt one. What's the point of having another kid when there's other ones out there that need it?

Independence as a means of achieving ambitions was highly rated by other young women also.

> No we're not going to get married, I know it and he's there for now, so I'll enjoy him (laughs). I'll be going on and on and on and doing all the things that I'm meant to do with my life and there's lots of things I'm meant to do with my life. … So I am quite looking forward to being more independent because I don't think I have been because I'm used to being with other people, to help me along.

Several participants were interested in helping others, one intending to take up social work studies eventually and another by using their ability with accounting. This young person had thought things through.

> So I think it's important to do something that helps people cos I think that if you just go out there and do something that just helps yourself, I think that later on in life you'll pay for it. You know if you just have selfish intent and go "Me, me, me, me".

One young person expressed a sense of foreboding learnt from an unhappy past.

171

It's horrible to say but I always know there's something wrong. I always have been - when something's really good and I'm always thinking about what the hell my next problem is before it ever gets near me. [Where do you think that comes from?] I don't know, insecurity, I think that's what you call it, that's what you'd have to call it. Cause like, I've been thrown out so much that I'm used to now thinking, "When am I going to leave here?" I'm still looking at it. When am I going to move out from here?

One can only hope that these young people can overcome their difficulties and achieve their ambitions. They all expressed courage, determination and self-belief during their interviews and have huge potential yet to be realised.

Conclusion

Most of this group did not have the benefit of a gradual move to independent accommodation and budgeting, supported by family or, indeed, by professionals. Nor did they have a good educational base on which to build. Generally, the level of support and the speed of transition was reflected in their later stability, progress with career development and the level of risk they have been exposed to as young independent adults.

While some had developed and maintained relationships with adults and partners, few belonged to surrogate families and relationships with original family were generally still poor. This placed them at risk in terms of building a well-grounded adult identity. Perhaps as a result of this isolation and risk, all of them had understood that their lives were up to them, that they had to depend on themselves to survive. All expressed positive determination to succeed with their lives and some had already experienced a sense of achievement and had made progress towards satisfying adult outcomes.

What perhaps stands out most is the marked success of the one or two cases that did have a good level of support and case management through care and discharge, although the potential for sudden events such as unplanned parenthood to create setbacks is demonstrated. These perhaps say more about the value of putting resources into this end of the care continuum than anything else. With ongoing support and monitoring, several of these young people could have had considerably more educational and career success since leaving care and might have avoided much of the emotional and physical danger they had encountered.

Chapter 9: Maximising Positive Outcomes

Introduction

This study relies entirely for its data on the personal accounts of seven young Pakeha people who had left care at different points over the previous four years and one who was at the point of leaving care. It appears to be the first time in New Zealand that the views of care leavers have been sought in social policy research and it is hoped that this study might be a precursor to more discussion and research on the topic in the future. The intention of the study is to inform decision-makers (politicians, policy advisors, management and the Family Court), by highlighting the issues that arise for young people leaving care. While this is a non-representative sample, it provides a wide range of data from which to draw findings that raise important implications.

As discussed in Chapter 2, Maughan and Champion (1990) consider the pathway through major life transitions in terms of risk and protective factors, which impact on the eventual outcome. They are interested in identifying ways in which the effects of childhood adversity can be offset by more positive experiences in later transitions.

This chapter begins with a summary of the interim outcomes experienced by the seven young people who had left care. The circumstances and experiences of all eight during care and on leaving care are then considered in terms of the ability of services to provide protection and meet their needs thus contributing to later development and success. The need for a new conceptualisation of leaving care and the development of policy and practice in this area is discussed and some initial suggestions for programme development are made.

Since leaving care: interim outcomes

The one-off interviews in this study capture a picture of the lives of seven of the participants up to and at one point in time after making the transition from care. It is difficult to realistically assess outcomes based on that point, however, as for most of them their lives changed rapidly and radically, as subsequent attempts at contact demonstrated. Maughan and Champion propose longitudinal studies, continuing well beyond the transition.

> To assess progress through, and the effects of, any transitional period, we need measures at points during the transition but also at some more stable point beyond it, when any initial problems of adjustment or adaptation should in general be overcome
>
> (Maughan and Champion 1994: 300)

There is some evidence of this here, as the two 20-year-olds, who had left care three to four years earlier, had overcome some of their earlier difficulties and settled into more stable lives.

There is further difficulty in discussing outcomes here and relating them to earlier experiences because ethical concerns about identification of participants prevents identifying their full stories. For this reason, general terms, ungendered references and numbers are used in this discussion.

There is a clear correlation between levels of risk and protection during and on leaving care and those experienced after leaving care. Variances from these themes seem to be attributable to inner protective factors such as survival skills and to luck, both good and bad. Only three of the eight could be seen as having a predominance of protective factors at the point of discharge, one of whom was interviewed only at this point (see later section). The other two reported little change to their lives after leaving care except in the enjoyment of regaining their privacy and their newfound 'normality'. Both continued with successful career paths, although becoming a

parent abruptly interrupted this for one. She did not have family to fall back on but was extremely lucky to find support and shelter with ex-caregivers in the form of an informal 'leaving care programme'.

Although all five of the other participants had experienced periods of part- or full-time employment, only one had been continuously in fulltime employment or study since leaving care. This one, despite struggling with many issues, completed job training and another, who had passed several papers at university part-time, had been employed much of the time.

Most of the participants experienced crises after leaving care which interfered with the achievement of goals, for one a university qualification, or had put them at serious physical or emotional risk, such as unplanned pregnancy or depression. For several, there was no trusted and significant person to support them through these crises and minimal safety nets to replace the protective services they had lost.

For the four carrying multiple risk factors on leaving care the period since had been extremely difficult and/or hazardous for much of the time. Three of them talked of having been through a very hard time in the immediate period after leaving care, involving violence, depression and dangerous levels of alcohol and drug abuse. Two entered periods of offending immediately and chalked up criminal records, one awaiting a possible jail sentence at the time of the interview. The fourth was living a dangerous itinerant lifestyle but, after only six months, was still extolling the joys of freedom and declaring their ability to keep themselves safe.

Most participants moved on leaving care or shortly afterwards to less supported or unsupported accommodation for the first time. All had since had multiple changes of address and some had experienced periods of homelessness.

In the absence of protective factors available on or after leaving care, survival skills or 'inner' protective factors, were seen in the findings to be well developed in some participants. Some appeared to have survived on pure determination. Some may have made a determined effort to present as positive for the interview. All expressed the belief in some form that their success was entirely in their hands, and that a positive attitude was a necessity to survival, despite this being difficult to maintain. Alcohol and drugs continued to be used as a solace by at least two participants, albeit with increased care and control. Family contact had deteriorated for two, remained poor to very poor for three but improved over a period of time for two. Three seemed to have very limited and dubious social contacts while others, especially the older ones, had increased their social circles and social skills. It is of interest to note that there was no mention of club or sports team membership. Three were in supportive relationships at the time, and benefited from their contact with their partners' families, although two relationships finished shortly afterwards.

Those who were still able to access support from previous social workers, caregivers and therapists valued these connections highly. Others regretted the loss of past support or their unwillingness to avail themselves of it when they were in care. Aldgate notes that "sometimes, young people initially will reject help when they emancipate from care because they are tired of being reviewed, being questioned and having others make decisions for them" (Aldgate 1994: 267). She goes on to note that many do come back for help, where it is available, later.

These after care experiences parallel those of overseas research involving young people for whom there were no or very limited leaving care services (Stein and Carey 1986; Biehal et al 1995; Scannapieco and Schagrin 1995; Cashmore and Paxton 1996 and Chapter 4).

Risk and protection in care

Children and young people who come into care are already in deficit in terms of protective factors. Their primary relationship of trust, love and protection has been damaged or lost or has perhaps never developed. Most have suffered from abuse and/or neglect. They may have serious behavioural or other mental health disorders. Building in protective factors can turn that deficit around, failing to do so will compound the level of risk to their eventual adult outcome.

Care services are intended as a protection to children and young people who have been seriously at risk, offering protection from that risk. There is, however, also a strong element of risk in removing them from their families of origin. The care and protection principles (s13, CYPF Act 1989) seek first to avoid this level of intervention, by supporting and strengthening the immediate and extended family and iwi networks (see Appendix 2). When separation cannot be avoided, however, the principles offer an excellent framework for enabling the maximisation of protective factors while children and young people are in care. The importance of rebuilding and maintaining original attachments or, where this is not possible, developing new ones is emphasised. The development and maintenance of identity in terms of family, culture and location and of stability in terms of sense of continuity and minimal disruption are stressed, as is the importance of upholding children and young persons' rights.

The principles are intended as guidelines to good care practice for those who work in this field and for all care and protection policy developed from the Act and as such must be the primary goals of case management. Achievement of these goals can maximise protective factors and enhance the chances of positive adult outcome, failure to do so can further accentuate or engender risk.

Placement stability and good case management: two essential elements

Stable and caring placement and good case management stand out in the findings of this study as the keys to developing a predominance of protective factors in care. This finding is replicated in other research. Cashmore and Paxton, in their longitudinal study of young people leaving care in NSW, conclude that *placement quality and stability* are the over-riding issues in care. "Their importance lies in their long-term implications because children's history in ... care ... is a good predictor of young people's circumstances at discharge and beyond" (Cashmore and Paxton 1996: 158). Monitoring, relationships with workers, departmental and agency support and the child or young person's need for information (about themselves and their case management), *all elements of case management*, are subsequently discussed as the next most important issues.

In this study, in the one case where these two elements occurred simultaneously and for a sustained period, there was notably less risk on leaving care and a more positive outcome to date. In this case, care had achieved the goals of the Act.

Even where only one of these two main elements is truly in place, the findings demonstrate that this can provide a reasonable predominance of protective factors at discharge, thus reducing risk. In one case, attentive and respectful social work with appropriate funding and planning for discharge compensated for the lack of a stable home and family. In another, a stable loving home made up to a great extent for constant changes of social worker and poor provision for discharge.

In neither of these cases, however, was the same level of support or protective factors able to be provided as in the first. These three cases, one with both elements of protection and two with only one, stand out from the others.

Where neither element occurs in any sustained or substantial way, the young person is at much higher risk, especially once they have left care. In this study, five young

179

people appear to have been in this category while in care, although to varying degrees. One had a degree of stability in a long-term residential placement and social worker, but loss of these coincided with independent living and becoming independent of Care and Protection and the level of risk was heightened dramatically. Another, in care for only 18 months, had a consistent and caring placement during that time but inconsistent and poor case management, consultation and planning. For all five the circumstances around leaving care lacked important protective factors and featured high levels of risk.

Good case management and stable placement are vulnerable to external factors which compromise their achievement. In this study, as in others overseas (Stein and Carey 1986; Biehal et al 1995; Cashmore and Paxton 1996) two influences stand out - those arising from the characteristics of the individual young people and those brought about by the care system.

The influence of the individual young person's characteristics

It is significant that within this small group there were four participants who described and sometimes named their serious behavioural issues: ADHD, alcohol and drug misuse, self-harm and suicide attempts, absconding, disruptive behaviour at school, depression. Some appear to have brought the young person concerned into care, either caused by or inherited from their family of origin and/or its circumstances, and some were perhaps begun or worsened during the period in care. Whatever the cause, these difficulties appear to have dominated and impeded the case management, hindering the development of stable caring placements and significant psychological relationships and compounding negative school experiences.

These issues are in themselves major risk factors, which threaten the adult outcomes and as such need to be addressed early with a high level of expertise and resources and respect for the young person's rights[1].

While all four received some level of therapy or psychiatric treatment, very little of this was of significance to them and none of them appear to have substantially resolved their behavioural issues before becoming independent of Care and Protection. Some in fact had become worse whilst in care. One who entered care at the age of four because of ADHD behaviours considered that these had been aggravated rather than helped by the many placement changes and the huge sense of rejection, mistrust and instability they had accumulated over the years. Another's alcohol and drug issues flourished while in a residence. This placement, however, was the only long-term placement experienced as positive among these four young people. Two young people enjoyed six-month placements, despite one absconding regularly, and another had a two-year placement but experienced this as very negative and absconded on several occasions. Disruption to schooling matched placement changes. Only one of these four attended school consistently and that was an alternative school within a residence. None of them had achieved any School Certificate passes and only two had sat for any.

Despite this, there is evidence throughout the findings of commitment and concern from a number of the professionals and caregivers involved with these four young people, even if resolution of the problems was beyond them. These cases, especially when part of a large caseload, can become simply unmanageable. A

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[1] In my own experience as a care social worker in the early 1990s, it was not uncommon to obtain, often at some expense, psychiatric assessments of young people in care. What was much more difficult was the securing of funding for therapeutic treatment generally indicated as necessary to resolve the issues identified. As a practitioner, it seemed that this was an exercise taken to satisfy the courts, but had no eventual value for the young person.

181

great deal of social worker time can go into finding and negotiating new placements where there is a serious shortage, and moving and settling the young people in, only to have the placement break down in a matter of hours or weeks. Caregivers' patience and resources can be tried to breaking point. One of the participants in this research was determined to gain their independence and simply absconded immediately from every placement, putting pressure on all concerned and rendering the case unmanageable.

It is a serious matter for a social worker to have guardianship and custody responsibility for a young person whom they are unable to locate or account for, especially when this occurs frequently or over a sustained period of time. Responsibility for the safety and appropriateness of a placement is also a serious worry. Media attention on placement inappropriateness and crimes committed by young people or their caregivers while in care is a social worker's nightmare (eg NZ Herald 8/11/99: A12). Social workers are answerable to their superiors for the misdemeanours of both caregivers and those in care.

Under such stressful conditions one can speculate that a social worker, their supervisor or manager, may consider that discharge to independence is a preferable option to the possible risks to the service of keeping the young person in care. Similarly, if the young person is demanding emancipation, difficulties of management may well enhance the prospect of discharge. Alternatively, should the young person make a habit of being absent, they could slip to low priority where more demanding casework abounds.

What is of most concern in this research is that, except in one of these cases, behavioural problems did not prevent these young people from being either discharged or dropped from active social work at either 16 or 17. In the one exception, the case remained open and the social worker active in providing moral support, but without the funding or any placement options for this vulnerable young

person, they were still very much at risk. This young person considered that they had left care when these services ceased.

Provision for serious behavioural issues has, however, greatly improved very recently (see Chapter 3). Community programmes, such as SAFE and STOP, and residential facilities, such as Te Poutama Arahi Rangitahi and Youth Horizons, focussing on sexual abuse and conduct disorder now exist in some main centres. The six group homes opened under the Youth Service Strategy have increased therapeutic placement options further (DCYF 1999/2) and other services planned in this strategy bode well for young people in difficulty. Success in terms of catering both in quality and quantity for their needs will, however, only occur with political commitment and constant evaluation, particularly including consultation and longitudinal follow-up with the young people themselves. Briefing papers from both Child, Youth and Family and the Commissioner for Children express some caution and concern about the adequacy of these improvements (McClay 1999; DCYF 1999/2).

System influences

In line with others, this study signals the importance of appropriate and adequate resources in the provision of care. The term 'resources' covers a wide range, from staffing (both quality and quantity) to placement (quality and availability) to policy analysis and provision (Stein and Carey 1986; Cashmore and Paxton 1996). Issues and improvements in therapeutic placements are discussed above.

The role of the social worker

The social worker is the primary advocate for the child or young person, acting as a filter through which access to information, resources and family is made. The young person, in requesting and negotiating these, develops useful skills for the future. In this study there was evidence of good advocacy and negotiation,

183

predominantly where a social worker/client relationship had built up over a period of time.

Participants were conversant with the difficulties under which their social workers struggled to provide adequately for them and were quick to defend them where they felt this was deserved. Positive comments were made about individual social workers' expertise, commitment, and their own life experience. General discussion of the casework highlighted as positive social workers' understanding of the system and how to make it work for their clients, good networks and relationships with caregivers and others, respect for young people and their rights and needs. Participants also expressed opinions about some social workers being unsuited, insufficiently trained and/or ill equipped to manage the tasks required of them. Equally, criticism and praise of caregivers, therapists, residential staff and solicitors was perceptive and the quality of these services was significant to the participants.

Instances of system failure
Issues pertaining to staffing, training, supervision, placement options, costs, policy provision and interagency cooperation are all evident in the data. Specific instances of system failure and lack of adherence to the care and protection principles were related, sometimes inadvertently, by all the participants. Without wanting to undermine the efforts of practitioners and the good work done, it is important to highlight these if they are to be given serious consideration. Each of the participants provided at least one of the following examples:

- Family contact not pursued, even, in one case, when the young person made contact eventually and after much anguish, through one phone call (p107).
- Discouraging of family contact, despite the young person's desire for it (p106)
- Multiple placements, even where behaviour does not appear to have been an issue (p109)
- Cultural appropriateness in placement not provided (p111)

- Poor emphasis on educational continuity and achievement and vocational development (p101)
- Multiple changes of social worker (p122)
- Failure on the part of the Counsel for Child to heed the young person's wishes (p136)
- No direct planning consultation with the young person, the caregiver used as intermediary instead (p137)
- No therapeutic placement provided for a young person with severe behavioural disorders (p121)
- Cessation of therapy despite young person's request for more (p118)
- Lack of flexibility between Income Support and Care and Protection financial provision, requiring discharge in order to access income support or achieve independent financial management (p142)
- Lack of flexibility in transition options – boarding, flatting etc while still in care (p137)
- Placement alone at a caravan park of a vulnerable 16-year-old (p120)

These issues are not specific to New Zealand identical and similar ones having been identified in the overseas literature (Frost and Stein 1989; Pecora et al 1992; Hagedorn 1995; Cheyne et al 1997; Broad 1998). They all have the potential to impact on later outcomes and some caused stress and unhappiness at the time. They are thus important aspects for policy consideration and resourcing.

Entering the void: leaving care

The overseas research shows that at the point of leaving care there are once again important factors that are protective if provided and increase risk to adult outcomes if not. These include: continued significant psychological relationships and others providing support and a sense of identity and belonging; a level of independence appropriate to the young person's life skills, educational achievement and employability; sufficient regular income and material wellbeing and stability (Stein

185

and Carey 1986; Stone 1990; Biehal et al 1995; Cashmore and Paxton 1996; Mallon).

Criteria of a successful discharge developed for this study from these are that dislocation and upheaval were minimised, care was taken to ensure physical and mental stability, the young people were achieving well, were making sensible decisions and had living skills appropriate to their level of independence (see Chapter 7).

Under the present system in New Zealand, leaving care is the last opportunity for Care and Protection, the Family Court and caregiving services to ensure that these factors are in place and will stand the young person in good stead in their journey to adulthood. It should at least be a point that has been planned well in advance, culminating in evidence that the young person is ready for the changes ahead.

Managed discharge

These findings indicate that for two of the participants, neither of whom had serious behavioural problems, leaving care met the above criteria. Both were well planned over a period of time and protective factors were the features of those plans. One of these two was not an example of leaving care for independence, however, but for permanence, when the caregiver became guardian to the 16-year-old, providing them with a permanent and loving home and extended family.

In the other, despite the young person's initial desire to 'escape' Care and Protection as soon as possible, the social worker ensured protective factors by working in a negotiating and informative way with the young person to achieve their career goals, before discharge occurred. This partnership approach promoted self-determination by supporting the young person in making well-informed decisions and developed self-esteem as the result of their achievements. The young person's rights to protection and participation were upheld.

Before discharge, this young person had learnt and practised a number of independent living skills, including sharing semi-independent accommodation, studying and regulating their lives, budgeting and working full-time. The social worker appears to have managed to 'stretch the rules' by obtaining income support for the young person while they were still under guardianship. The social worker also succeeded in securing funding for setting-up costs, the only case in which this appears to have happened. This is an excellent example of managed discharge from care to independence, despite the constraints of the current system. It is unfortunate, even then, considering the lack of family support available to the young person, that guardianship was discharged at 17½ instead of closer to 20, as it could have provided ongoing support during subsequent difficult times.

Another, although less successful, attempt at a managed transition was the situation in which the social worker continued to visit and provide moral support despite the withdrawal of other resources such as supportive placement and educational costs. While the moral support was highly valued by the young person, the loss of placement provision was experienced as traumatic. There were also several instances in which caregivers and others clearly went to some trouble and personal expense to maintain contact and continued support to young care leavers, evidence of their caring and concern.

Sink or swim

For six participants, leaving care involved sudden change, reduced support and very much heightened self-responsibility. There was perhaps a lack of understanding or a sense of powerlessness on the part of both the young people and the adults around them in terms of the issues involved in the transition to adulthood and procedures for leaving care. There seems to have been minimal attention paid to educational or vocational achievement for most, and without this there was little

hope of finding stable employment. Few of them spoke of preparations made to equip them for their newfound independence.

For two young people without particular behavioural issues, discharge appears to have occurred almost automatically at the earliest possible opportunity, without other options being explored with the young people. One of these, on the point of leaving care, appears to have been potentially well protected by long-term caregivers but the other still at school, was very vulnerable, going flatting, becoming a beneficiary and being discharged simultaneously.

The four with serious behavioural problems also appear to have been virtually abandoned by care services, at least at some level. The point of leaving care marked sudden changes and heightened exposure to risk. Like the school pupil above, all experienced a significant drop in their level of financial provision and became at the same moment entirely responsible for their own financial management and budgeting. One was discharged 'home' to family, but this had little hope of providing stability. Two were boarding and one was living alone in a caravan. All four had missed much of their secondary schooling and had no school qualifications. Some were on job training schemes on leaving care and none of them was employed. While they all had a modicum of adult support, none appears to have had a strong sense of either family or community identity. They were aged between 16 years 3 months and 17 years 6 months at the time they left care.

Of these four, one was on an extended care agreement, which was simply terminated and did not require court discharge. Two others remained under additional guardianship, but were left to manage their own finances and accommodation, one continuing to receive social work support while the other lost all contact with Care and Protection. The fourth was discharged by a Family Court judge on the basis of a plan agreed to by the young person who, with added insight into life after care, later described it as unrealistic.

The Australian study by Cashmore and Paxton found that 17% of their participants were discharged at 16, despite being in unstable circumstances. The authors write "... it is inappropriate for the state as guardian to abdicate responsibility and abandon such young people to their limited resources" (Cashmore and Paxton 1996: 166). The vast majority of young people in care in NSW (77% in the Cashmore and Paxton study), however, are discharged at 18 as they are in most other Western countries, many of which now provide after care support (Cashmore and Paxton 1996; Broad 1997; Mendes and Goddard 1999 and Chapter 4).

The Child Youth and Family care figures (see Appendix 1) indicate that most young people in care are discharged just before, on or shortly after reaching the age of 17. This appears to occur even where there is guardianship under the CYPF Act and/or where there is no effective guardian under the Guardianship Act 1968. Only two participants in this study had guardians able or willing to offer financial and emotional support when care was terminated.

The absence of discussion or policy development on the subject to date means that there is little to challenge this practice apart from the concerns of individual practitioners and caregivers. The inflexibility of the current system creates practical difficulties in planning for a gradual transition to independence. The natural demands of young people for increased independence and the extremely difficult behaviours of some may serve to reinforce the current practice of discharging young people at 16 or 17, whether they are ready or not. The harsh reality is that some of our most vulnerable young people in New Zealand experience a regime of sink or swim.

Conceptualising leaving care

It is difficult to imagine that the intention of the Act is to allow young people with serious behavioural problems (some diagnosed psychiatric disorders), little to no

189

family or family-like support and incomplete schooling to be discharged to independence at the age of 16 or 17. Unfortunately there is little in either the legislation or policy to prevent this and there does not appear to be any New Zealand literature on the topic at all. There is no indication in the Act about when discharge from sole or additional guardianship to independence should occur, (although there is provision for it to continue until the young person reaches the age of 20 unless they marry or are adopted (s117)). Discharge from guardianship to independence is not in fact mentioned specifically, nor is the transition to adulthood. Little guidance is provided to judges on the subject: s127 states that discharge or variation of any order should be made "as the court thinks fit". The first clause in the care and protection principles acts as the sole, but very significant, guide "... that children and young persons must be protected from harm, their rights upheld, and their welfare promoted" (s13(a) CYPF Act 1989).

Nor do the guidelines in Child Youth and Family's Care and Protection Handbook discuss the age at which a young person should or should not be discharged from care although they emphasise the importance of planning and the young person being "adequately prepared". They provide a list of skills required "that promote self-sufficiency" and a list of "factors in a successful move" which cover most of the protective factors that have been discussed here (CYPFS Care and Protection Handbook 1 June 1998 9-59, see Appendix 7). While these guidelines recognise the issues faced by young adults, their tone and title indicate a lack of recognition of the gaining of independence as a gradual transition to adulthood (see Chapter 2). Nor are they sufficient on their own to ensure that young people are not discharged before they are ready.

Cashmore and Paxton expressed similar concerns in the NSW context. "There is reason then for concern about an inflexible policy and about current practice which takes little or no account of young people's maturity, wishes or preparedness for

independence and does little to ensure that they are prepared" (Cashmore and Paxton 1996: 166).

The current practice of discharge at 16 or 17 appears to have become so dominant in New Zealand that it will require some considerable changes to thinking for any policy or funding changes to occur. Curiously, however, there is some evidence to indicate that the concept of a gradual transition to adulthood was well developed and practised at one time.

> In my practice days (late seventies, early 80s) we had to write to Head Office with a report before discharging a child or young person from care. If they had no effective guardian or otherwise couldn't manage, they definitely stayed a state ward until they were 20. There were a whole lot of departmental statuses, and the older ones usually moved to Work or Independent (status) before they were discharged. There was a whole graduated process rather more like leaving home, of gradual increase in responsibility by the young person.
>
> Personal communication to researcher, 24/3/00,
> from ex-social worker/manager

Perhaps the legal provision of guardianship to the age of twenty and this previous practice meant that when overseas concerns about young care leavers were first raised they appeared irrelevant to New Zealand at that time. However this practice appears to have been eroded, probably due to the two predominant influences of the 1990s. One was the neo-liberal ideology which emphasised individual and family responsibility and reduced state support such as the funding to sites of those under 17 only. Real fiscal pressure began with the 1992 restructuring and greatly increased financial accountability, when local managers' were threatened with disciplinary action if they did not keep within highly unrealistic budgets (see Chapter 3). The other influence, spelt out in the Act, is more concerned about the wellbeing of children and young people in promoting the maintenance of children

191

and young people within their extended families or of returning them after brief spells of out-of-family care. The care and protection principles offer as a last care option the finding of permanent substitute families. Nowhere is the reality that neither of these outcomes occurs for some young people acknowledged or catered for.

The one exception to this concerns young people in care with serious physical and intellectual disabilities. They are generally maintained in care until the age of 20, with considerable 'transition' planning involved to maximise their independence skills whereas young people with behavioural disorders receive no such recognition of their disabilities. This is partly due to a nationwide lack of facilities, expertise and resourcing in managing and treating them but also because of their invisibility and lack of advocacy to date.

Considering the lack of preparation and of protective factors for the majority of the young people in this study and the age at which they were discharged, there appears to be an urgent need for the re-conceptualisation of leaving care, and of subsequent funding, policy and procedures. This needs to include the costs to society of poor adult outcomes, the definition of the guardianship role, consideration of developmental issues and current 'norms' in the transition to adulthood and the development of self-determination through participation, partnership and the recognition of rights.

Some preliminary ideas for a Transition-to-Adulthood Programme

I offer these ideas as a means of generating discussion and perhaps enthusiasm among decision-makers, policy advisors, practitioners, caregivers and young people. Ideas such as these would require extra funding to put into practice but would most likely represent an eventual economy. Further research, especially concerning Maori and Pacific care leavers and young people in kinship care, would be required. More in-depth investigation into overseas leaving care programmes is

also important (see chapter 4 for discussion of British Leaving Care Services evaluations.)

To start at the beginning, recognition of the impact of a young person's period in care is important. Attention to compliance with the principles of care and protection is the best approach to achieving family reunification or family-like placement, significant psychological attachment, the minimisation of disruption to placement and schooling, reconciliation with family members and attention to the rights of the child or young person. These cannot be achieved, however, without commensurate resourcing.

More emphasis on attachment theory would heighten the chances of developing stable and caring placements. "Caregiving based on attachment theory ... enables children to develop a secure base to work from. This puts great emphasis on the concepts of continuity and mobilising support around transition points, such as when children enter or exit services" (Cashmore et al 1994: 131).

Developmental issues would also need serious consideration. A more rigorous assessment process, based on developmental attainment, readiness for increased independence and mental health could be devised for all young people of say, 14 years and over, to accompany the current annual planning and review system. Planning processes and consultation with family and the young person would have to be shown to be pro-active. Biehal refers to "the fact that care leavers typically lack power both as citizens and as service users" (Biehal 1999: 94). Development, confidence and a sense of self are enhanced where the young person is encouraged and supported to participate actively in his or her decision making, planning and appropriately conducted court processes.

Better definitions would need to be considered. Serious consideration needs to be given to the notion of gradual transition to independent adulthood of young people

193

and especially those who experience family disruption to the extent that they are brought up, even if only for a short period, in care (see Chapter 2). Their transition to adulthood between the ages of 16 and 20, needs to be well supported and simulate as closely as possible that of young people in families. This recognition would need to be accompanied by a serious commitment to funding this transition so that these young people can be given every opportunity to overcome their disadvantages and to attain positive adult outcomes.

Incorporating this into practice, any young person in care at 16 for whom return to original guardians or permanency had not been successfully achieved would also be under guardianship and would follow a transitional programme comprised of steps to independence up to and perhaps beyond the age of 20. This would need to provide for the young person to gradually achieve levels of independence and maturity required for a smooth transition to young adulthood. The young person would need to be able to experiment and to make mistakes. The programme would be supportive and advantageous to young people, who would avail themselves of it on a voluntary basis. Young people would be consulted and would contribute to the development of this programme.

Provision might include:

- Gradual financial independence to earnings, student allowance or income support
- Ongoing placement where required as well as the facilitation of other accommodation options, such as boarding and flatting and 'halfway' housing
- Material and/or financial support in setting up independent accommodation
- Financial support for study in the form of fees and books
- Ongoing 1:1 social work support and advice with either the care social worker or a specialist leaving care social worker
- Ongoing provision of therapeutic assistance
- Ongoing support in job hunting and career development

194

- Opportunities to meet and/or communicate with other care leavers to discuss common issues
- Well-designed information packs on becoming independent. This would include information on such issues as accommodation, study, CV writing, legal matters, health, contraception, alcohol and drugs, relationships and loneliness. These packs would be designed in partnership with young care leavers and other young people.
- Access to services that provide help and advice in these and other areas.
- Feedback loops and follow up research and evaluation of the programme

Interagency co-operation would need to be arrived at in order to allow for young people still in guardianship to receive income support and student allowance, perhaps on special Work and Independent statuses as in the 1980s.

A young person could leave and return to the transitional programme. Service providers would not be responsible for their survival but would be there in a purely supportive capacity, in the way that family are for most young people. Whether a young person was using the programme or not, guardianship would continue until the age of 20. Discharge from guardianship for any young person below this age would be considered exceptional and would need to be justified before a judge, based on a set of well-defined criteria. Services could remain available, perhaps in more limited form, after guardianship has lapsed or been discharged.

The emphasis on social work with young people by the time they reach the age of 17 would have become one of partnership and friendship. Social worker and client would together explore education, career and accommodation options, family and other support networks and emotional or relationship issues requiring attention. On reaching the age of 17, all decisions would be taken by the young person in consultation and negotiation with the social worker, working on the principal of learning through the consequences of actions. Thus, financial and other support

195

would be provided if the young person meets certain conditions negotiated realistically and based on the wellbeing and level of maturity of the young person, rather than fiscal constraints or adult expediency.

Evidently good quality education and training relevant to working with this age group and their issues would need to be provided for social workers and other professionals. The idea of separate sites for transition teams could be considered, at least in the larger centres. CFSS and other community services might be contracted to provide innovative programmes.

Separate and appropriately furbished sites would allow for young care leavers to meet and provide each other with mutual support and to contribute to programme development and evaluation. They could also be important drop-in points providing social activities, health promotion and counselling.

A voluntary and empowering programme of this type would require a serious paradigm shift in social worker/client dynamics. Tools such as Motivational Interviewing (Miller and Rollnick 1991) would be useful in developing this.

Conclusion

Planning for young people in care needs to be considered in the context of their eventual adult outcome, in terms of risk and protective factors encountered on the way. In coming into care these factors are in deficit and may be in even more deficit in leaving care. The burden of being discharged to independent living with multiple risk factors at 16 or 17 years of age is highly likely to further reduce their chances of positive adult outcomes. A government that supports the notion that families should be responsible for their offspring until they reach the age of 25, must model that belief in its own locus parentis role.

Although this study is dwarfed by some of the overseas ones (Stein and Carey 1986; Paxton and Cashmore 1996) it clearly indicates that young Pakeha people leaving care in New Zealand are also badly disadvantaged in comparison with those brought up in their own families and are at significantly more risk. Research to ascertain whether this is also true for Maori and Pacific young people is now needed. There is a ten to fifteen year delay in attention to this area in New Zealand. As already discussed, I believe this is due to the emphasis of the New Zealand legislation on family care and family responsibility and the pressures on the welfare system during the 1990s.

There is reason for hope, however. Programmes such as the Youth Services Strategy and the Child and Adolescent Mental Health Services indicate a new responsiveness to issues for young people. Funding in recent years through the Ministry of Social Policy is encouraging research and a renewed interest in qualitative enquiry with children and young people bodes well. The recently elected central left coalition in government is promising action to improve care and protection services. The Minister of Social Services, Steve Maharey has stated: "This (Child Youth and Family) is the key Government agency which people and families in crisis come to for help. It is obvious that the previous Government chose not to regard them as the priority they must be in a caring society" (NZ Herald 13/1/00: A5). More recently he has commissioned a review of Child Youth and Family procedures for referral and notification and of procedures for placement (press release from The Office of the Minister of Social Services and Employment 23/3/00).

It is sobering to note, though, that levels of funding for under 17 year olds decreased per head between 1992 and 1997 (DCYF 1999/1). Considering this, how difficult would it be to gain funding for the 17 to 20 year old age group? Hopefully this study will go some way towards raising awareness of the needs of this small but growing group of New Zealanders and the impact that current leaving care

197

practice has on them. It is time for consideration of leaving care as a gradual, negotiated and well-supported transition to adulthood in which a young person's chances of a positive adult outcome are maximised rather than jeopardised.

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Glossary of Abbreviations

AAYPIC	Australian Association of Young People in Care (now CREATE)
CAMHS	Child and Adolescent Mental Health
C&P	Care and Protection
CFSS	Child and Family Support Service
CYF	Department of Child, Youth and Family (current)
CREATE	New name for AAYPIC (1999)
CYPF Act	Children, Young Persons and their Families Act 1989
CYPFA	Children Young Persons and their Families Agency (not current)
CYPFS	Children Young Persons and their Families Service (not current)
DSM III or IV	Diagnostic and Statistical Manual of Mental Disorders
DCYF	Department of Child, Youth and Family (current)
DG	Director-General of Social Welfare (now defunct)
DSW	Department of Social Welfare (now disbanded)
CFA	Community Funding Agency (not current)
COGS	Community Organisation Grants Scheme
CYPFis	Child Youth and Family Information System (now abandoned)
FGC	Family Group Conference
FVPCC	Family Violence Prevention Co-ordinating Committee
HFA	Health Funding Authority

ISS	Iwi Social Services
IYB	Independent Youth Benefit
KPI	Key Performance Indicator
LCS	Leaving Care Schemes (UK)
MoSP	Ministry of Social Policy
NACPCA	National Advisory Committee for the Prevention of Child Abuse
NAYPIC	National Association of Young People in Care (UK)
NSW	New South Wales
NZCYPS	New Zealand Children and Young Persons Service (not current)
OCC	Office of the Commissioner for Children
SWis	Social Work Information System (current)
TOPS	Training Opportunities Programmes
UCB	Unsupported Child Benefit
UNCROC	United Nations Convention on the Rights of the Child
WINZ	Work and Income New Zealand
YJ	Youth Justice
YCS	Youth Care Supplement
YSS	Youth Services Strategy

Sink or Swim

TABLE 29: Children Under the Care and Control of the Department at 31 December 1977

	1977 Number	1977 Percentage
(a) Reasons for being placed in care—		
Children placed under guardianship of the Director-General by Court order	6 051	84
Children under control by virtue of an agreement with parents	650	9
Children on court remand, postponement, warrant, etc. ...	513	7
Total	7 214	100
(b) Placement of children—		
In foster homes	2 968	41
Placed with parents for trial period	1 029	14
Living with and supported by relatives	171	2
In employment (excluding those with relatives, etc.) ...	699	10
In residential colleges	96	1
Receiving tertiary education	20	...
In Government short-stay homes	516	7
In Government family homes	694	10
In private institutions	424	6
In Department of Education special schools	41	1
In hospitals...	26	...
In psychiatric hospitals	77	1
On probation	34	1
In Social Welfare and Department of Justice residential training centres	399	6
In police custody	15	...
Absent without leave...	5	...
Total	7 214	100

From DSW Annual Report, year ended 31/3/78

TABLE 16: Children Under the Care and Control of the Department at 30 November 1980

	1980 Number	1980 Percentage
(a) Reasons for being placed in care—		
Children placed under guardianship of the Director-General by court order	5 843	84.5
Children under control by virtue of an agreement with parents	564	8.2
Children on court remand, postponement, warrant, etc. ..	506	7.3
Total	6 913	100
(b) Placement of children—		
In foster homes	2 772	40.1
Placed with parents for trial period	935	13.5
Living with and supported by relatives	173	2.5
In employment (excluding those with relatives, etc.) ..	663	9.6
In residential colleges	190	2.7
Receiving tertiary education	9	0.1
In Social Welfare short-stay homes	374	5.4
In Social Welfare family homes..	880	12.7
In private institutions	373	5.4
In Department of Education special schools	26	0.4
In hospitals	19	0.3
In psychiatric hospitals and psychopedic hospitals	52	0.8
On probation	42	0.6
In Social Welfare national institutions	365	5.3
In borstal and detention centres	23	0.3
In Police custody	4	0.1
Absent without leave	13	0.2
Total	6 913	100.0

From DSW Annual Report, year ended 31/3/81

Appendix 1

TABLE 15:

CHILDREN UNDER THE CARE AND CONTROL OF THE DEPARTMENT 30 NOVEMBER 1983

	1983 Number	1983 Percentage
(a) Reasons for being placed in care—		
Children placed under guardianship of the Director-General by Court order	5 136	80.9
Children under control by virtue of an agreement with parents	704	11.1
Children on court remand, postponements, warrant etc	511	8.0
TOTAL	6 351	100.0
(b) Placement of children—		
In foster homes	2 651	41.7
Placed with parents for trial period	891	14.0
Living with and supported by relatives	104	1.6
In employment (excluding those with relatives etc)	605	9.5
In residential colleges	236	3.7
Receiving tertiary education	5	.1
In Social Welfare short-term institutions	276	4.4
In Social Welfare family homes	772	12.2
In private institutions	266	4.2
In Department of Education special schools	88	1.4
In hospitals	10	.2
In psychiatric hospitals and psychopaedic hospitals	45	.7
On probation	38	.6
In Social Welfare extended care institutions	315	5.0
In youth prison or corrective training centre	30	.5
Adult Prison	3	.0
In police custody	7	.1
Absent without leave	9	.1
TOTAL	6 351	100.0

From DSW Annual Report, year ended 31/3/84

TABLE 15:

CHILDREN UNDER THE CARE AND CONTROL OF THE DEPARTMENT AT 30 NOVEMBER 1986

	1986 Number	1986 Percentage
(a) Reasons for being placed in care—		
Children placed under guardianship of the Director-General by Court order	3 955	70.2
Children under control by virtue of an agreement with parents	1 040	18.5
Children on court remand, postponements, warrant etc.	635	11.3
TOTAL	5 630	100.0
(b) Placement of children—		
In foster homes	2 515	44.7
Placed with parents for trial period	782	13.9
Living with and supported by relatives	103	1.8
In employment (excluding those with relatives etc.)	462	8.2
In residential colleges	246	4.4
Receiving tertiary education	14	0.3
In Social Welfare short-stay homes	259	4.6
In Social Welfare family homes	699	12.4
In private institutions	169	3.0
In Department of Education special schools	49	0.9
In hospitals	13	0.2
In psychiatric hospitals and psychopaedic hospitals	35	0.6
On probation	8	0.1
In Social Welfare national institutions	249	4.4
In youth prison or corrective training centre	10	0.2
In police custody	1	0.0
Absent without leave	16	0.3
TOTAL	5 630	100.0

From DSW Annual Report, year ended 31/3/87

Table 74: Children and Young Persons under the Care, Custody or Guardianship of the Director-General as at 30 June 1993 and 1994

		Fiscal 1993	Fiscal 1994
via s39:	Place of safety warrant [1]	28	17
via s40 & s48:	Warrant to remove [1]	3	4
via s42:	Search without warrant (Police only) [1]	1	10
via s78:	Custody order pending determination [2]	305	390
via s101:	Custody orders [2]	693	959
via s102:	Interim custody orders [2]	136	175
via s110:	Guardianship orders [3]	1,338	1,308
via s139:	Temporary care agreements [4]	188	199
via s140:	Extended care agreements [4]	192	199
Total Orders Current		2,884	3,261
Number of Children and Young Persons in Care as at 30 June		2,654	2,862

Note: A child may be subject to more than one order.

[1]   Children and young persons may be removed from their usual caregiver under emergency provisions and placed in the Director-General's care. The authority to remove and place is given in one of these three warrant provisions. The matter must be heard in the Family Court by the fifth day or the child or young person returned home.

[2]   Custody orders give authority for custody but do not change guardianship. The three orders are made by the Family Court but differ in their provisions and in the stage of the proceedings at which they can be made. Final (but reviewable) custody orders are made under s101.

[3]   Guardianship orders in favour of the Director-General may be sole guardianship orders. Additional guardianship orders are made where the Director-General is appointed as guardian in addition to the child or young person's existing guardians. A child or young person may be the subject of both a custody and a guardianship order.

[4]   Care services may be provided by agreement between the Director-General and the parents, guardians or usual caregivers. Temporary care agreements are limited to 28 days duration, renewable once. An extended care agreement can only be made where the Director-General is satisfied that the parents, guardians or usual caregivers will resume the care of the child or young person at the termination of the agreement, and the agreement of an FGC, is obtained. An extended care agreement can only be made for a maximum of 6 months for a child under seven years and 12 months for any other child or young person.

From DSW Statistical Summary, Fiscal Year 1994

Age of CYP in placements

As at 30/06/1997

Age	Agency	CYP	Family Home	Whanau	Residence	Total Care
0 YEARS	11	39	4	28		82
1 YEAR	18	45	4	37		104
2 YEARS	18	45	7	45		115
3 YEARS	23	60	8	56		147
4 YEARS	28	61	10	46		145
5 YEARS	25	65	9	38		137
6 YEARS	29	68	9	53		159
7 YEARS	33	80	8	61		182
8 YEARS	32	80	15	53		180
9 YEARS	29	78	11	51		169
10 YEARS	26	74	14	50		164
11 YEARS	34	73	9	46		162
12 YEARS	38	76	20	47		181
13 YEARS	43	89	28	61	1	222
14 YEARS	64	125	46	59	1	295
15 YEARS	91	83	36	58	8	276
16 YEARS	44	63	21	34	7	169
17 YEARS	9	13	6	6		34
18 YEARS		6		1		7
19 YEARS		2		3		5
Total	595	1225	265	833	17	2935

As at 30/06/1998

Age	Agency	CYP	Family Home	Whanau	Residence	Total Care
0 YEARS	17	42	2	32		93
1 YEAR	20	55	4	58		137
2 YEARS	26	50	8	56		140
3 YEARS	25	69	8	60		162
4 YEARS	35	61	7	73		176
5 YEARS	26	76	14	63		179
6 YEARS	28	66	12	60		166
7 YEARS	38	92	12	64		206
8 YEARS	40	85	9	74		208
9 YEARS	41	87	10	59		197
10 YEARS	36	101	18	48		203
11 YEARS	48	79	24	60		211
12 YEARS	49	86	16	59	1	211
13 YEARS	46	97	22	57	5	227
14 YEARS	61	110	30	70	9	280
15 YEARS	87	104	42	71	17	321
16 YEARS	77	68	19	43	14	221
17 YEARS	6	13	9	10	1	39
18 YEARS	1	6	1	3		11
19 YEARS		3				3
20 YEARS				1		1
Total	707	1350	267	1021	47	3392

Statistical data provided by Child Youth and Family, March 2000

As at 30/06/1999

YEARS	Agency	CYP	Family Home	Whanau	Residence	Total Care
0 YEARS	17	41	3	29		90
1 YEAR	21	61	3	59		144
2 YEARS	22	70	3	60		155
3 YEARS	27	57	2	72		158
4 YEARS	27	76	4	68		175
5 YEARS	32	67	8	90		197
6 YEARS	31	83	10	70		194
7 YEARS	36	89	9	70		204
8 YEARS	40	91	11	73		215
9 YEARS	33	92	9	83		217
10 YEARS	42	103	14	68	1	228
11 YEARS	36	91	15	74		216
12 YEARS	46	90	17	61	1	215
13 YEARS	58	101	22	69	5	255
14 YEARS	76	118	24	52	12	282
15 YEARS	82	93	24	74	26	299
16 YEARS	62	78	22	47	20	229
17 YEARS	8	27	3	9	2	49
18 YEARS	2	9		2		13
19 YEARS		3				3
Total	698	1440	203	1130	67	3538

Statistical data provided by Child Youth and Family, March 2000

Sink or Swim

13

subparagraphs (i) to (iii) of subsection (1) (c) of this section.
Cf. 1974, No. 72, s. 40 (a); 1983, No. 129, s. 9

11. Duty of Court and counsel to encourage and assist child or young person to participate in proceedings–Where, in any proceedings under this Act, a child or young person appears before a Family Court or a Youth Court, that Court and the barrister or solicitor representing the child or young person shall, where necessary and appropriate, encourage and assist the child or young person to participate in those proceedings to the degree appropriate to the age and level of maturity of the child or young person.

12. Duty of medical practitioner to minimise distress to child or young person–Every medical practitioner who carries out a medical examination of any child or young person under any provision of this Act shall carry out that examination in a way that causes the least possible distress to the child or young person.

PART II

CARE AND PROTECTION OF CHILDREN AND YOUNG PERSONS

Principles

13. Principles–Subject to sections 5 and 6 of this Act, any Court which, or person who, exercises any powers conferred by or under this Part or Part III or sections 341 to 350 of this Act shall be guided by the following principles:
  (a) The principle that children and young persons must be protected from harm, their rights upheld, and their welfare promoted:
  (b) The principle that the primary role in caring for and protecting a child or young person lies with the child's or young person's family, whanau, hapu, iwi, and family group, and that accordingly–

  (i) A child's or young person's family, whanau, hapu, iwi, and family group should be supported, assisted, and protected as much as possible; and

  (ii) Intervention into family life should be the minimum necessary to ensure a child's or young person's safety and protection:
  (c) The principle that it is desirable that a child or young person live in association with his or her family, whanau, hapu, iwi, and family group, and that his or her education, training, or

14

employment be allowed to continue without interruption or disturbance:

(d) Where a child or young person is considered to be in need of care or protection, the principle that, wherever practicable, the necessary assistance and support should be provided to enable the child or young person to be cared for and protected within his or her own family, whanau, hapu, iwi, and family group:

(e) The principle that a child or young person should be removed from his or her family, whanau, hapu, iwi, and family group only if there is a serious risk of harm to the child or young person:

(f) Where a child or young person is removed from his or her family, whanau, hapu, iwi, and family group, the principles that,—

(i) Wherever practicable, the child or young person should be returned to, and protected from harm within, that family, whanau, hapu, iwi, and family group; and

(ii) Where the child or young person cannot immediately be returned to, and protected from harm within, his or her family, whanau, hapu, iwi, and family group, until the child or young person can be so returned and protected he or she should, wherever practicable, live in an appropriate family-like setting—

(A) That, where appropriate, is in the same locality as that in which the child or young person was living; and

(B) In which the child's or young person's links with his or her family, whanau, hapu, iwi, and family group are maintained and strengthened; and

(iii) Where the child or young person cannot be returned to, and protected from harm within, his or her family, whanau, hapu, iwi, and family group, the child or young person should live in a new family group, or (in the case of a young person) in an appropriate family-like setting, in which he or she can develop a sense of belonging, and in which his or her sense of continuity and his or her personal and cultural identity are maintained:

(g) Where a child or young person cannot remain with, or be returned to, his or her family, whanau, hapu, iwi, and family group, the principle that, in determining the person in whose care the child or young person should be placed, priority should, where practicable, be given to a person—

(i) Who is a member of the child's or young person's hapu or iwi (with preference being given to hapu members), or, if that is not possible, who has the same tribal, racial, ethnic, or cultural background as the child or young person; and

(ii) Who lives in the same locality as the child or young

15

person:

(h) Where a child or young person cannot remain with, or be returned to, his or her family, whanau, hapu, iwi, and family group, the principle that the child or young person should be given an opportunity to develop a significant psychological attachment to the person in whose care the child or young person is placed:

(i) Where a child is considered to be in need of care or protection on the ground specified in section 14 (1) (e) of this Act, the principle set out in section 208 (g) of this Act.

Cf. 1974, No. 72, s. 4

Definition of Child or Young Person in Need of Care or Protection

14. Definition of child or young person in need of care or protection–(1) A child or young person is in need of care or protection within the meaning of this Part of this Act if–

(a) The child or young person is being, or is likely to be, harmed (whether physically or emotionally or sexually), ill-treated, abused, or seriously deprived; or

(b) The child's or young person's development or physical or mental or emotional wellbeing is being, or is likely to be, impaired or neglected, and that impairment or neglect is, or is likely to be, serious and avoidable; or

(c) Serious differences exist between the child or young person and the parents or guardians or other persons having the care of the child or young person to such an extent that the physical or mental or emotional wellbeing of the child or young person is being seriously impaired; or

(d) The child or young person has behaved, or is behaving, in a manner that–

   (i) Is, or is likely to be, harmful to the physical or mental or emotional wellbeing of the child or young person or to others; and

   (ii) The child's or young person's parents or guardians, or the persons having the care of the child or young person, are unable or unwilling to control; or

(e) In the case of a child of or over the age of 10 years and under 14 years, the child has committed an offence or offences the number, nature, or magnitude of which is such as to give serious concern for the wellbeing of the child; or

(f) The parents or guardians or other persons having the care of the child or young person are unwilling or unable to care for the child or young person; or

(g) The parents or guardians or other persons having the care of the

Sink or Swim

Massey University

Deborah Yates
Graduate Student
School of Social Policy and Social Work
Massey University
Albany Campus

Date

Dear .... ,

"Discharged to Independence: Personal Accounts of Young New Zealanders after Leaving State Care"

I am writing to invite you to take part in a research project I am doing as part of my studies at Massey University.

.... has given me your first name only and has offered to approach you about the possibility of taking part in my study.

About the study

I want to interview young adults who were "discharged from the care of the Director-General of Social Welfare" to independence in the last 6 months to 2 years. There may have been a custody order or a guardianship order, or an extended care agreement which was terminated.

If this applies to you, I'd be very interested to hear from you about this experience - what help you got to prepare for independence, how you have been getting on since and what could have been done differently.

This would most likely need one long session - 1 to 3 hours - or more if you've got a lot to tell me. We can decide between us where it would be and when.

The study will report only on the views of young people such as yourself. I will not be asking other people about you or looking at your files.

The results of the research will be written up by me as a thesis for my degree (Master of Arts in Social Policy) and I hope it can be used to help other young people in care in the future.

About me

I worked for ten years as a care and protection social worker, policy advisor and social work trainer. After leaving CYPFS I worked in an alcohol and drug counselling centre, where I still work part-time.

I have two daughters who are now in their twenties and lots of nieces and nephews.

If you want to know more about me or the study, you can contact Neil Lunt (443 9384) or Judith Morris (443 9774) at Massey University. They are my supervisors.

Your rights

- You don't have to take part

- Even if you do, you won't have to answer any questions you don't want to answer

- You can pull out of the study at any point

- You can ask any questions about it at any time

- Your real name will not be used

- You can see what I've written and comment on it before I've finished

I realise that talking about your life might be really hard. I would be happy to talk things over "off the record" and about any extra help you need.

Making a decision

I hope you will think about this invitation carefully. Talk about it with someone you trust.

You can talk to me about it or tell me your decision by phoning me on **09 575 7114.** You can leave me a message if I'm not there. It will be confidential. Or you can write to me at the above address.

Or you can ask .... to get me to ring you. You need to give them your phone number and tell them the best time for me to ring you and whether I can leave a message.

If I haven't heard either way by ../../.. I will guess that you don't want to take part.

Hoping to hear anyway,

**Massey
University**

"Discharged to Independence"

CONSENT FORM

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

I understand that I have the right to withdraw from the study at any time and to decline to answer any particular questions.

I agree to provide information to the researchers on the understanding that my name will not be used - unless I give my permission. I also understand that the information I give will be used only for this research and publications arising from this research project.

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 Information Sheet.

Signed:

Name: _____

Date: _____

Sink or Swim

"Discharged to Independence"
Checklist of Topics to Cover in Interview

Care history:
Age at entering and being discharged from care – and now
Reasons for being in care
Feelings about being in care – worked with or dealt to?
Number and type of remembered placements -   short
-    long
Number of localities lived in at approximate ages
Educational attainment
Perceived standard of service from professionals and caregivers involved
Perceived value of living in care
Understanding of the care process – planning and reviews etc
Attempts at family reunification

Attachment:
Brief family configuration
Most important relationships - past
- at time of discharge
- present

Leaving care:
Preparations made for discharge
Discharge plan and participant's involvement or
Circumstances of leaving care
Living situation prior to discharge
Living situation discharged into
Main activity at discharge (eg work, educational programme)
Means of financial support at discharge
Emotional support at discharge
Thoughts on the timing, appropriateness and process of discharge
Feelings about being discharged

Since discharge:
Changes of accommodation since discharge and reasons
Changes of main activity since discharge and reasons
Perceived achievements
Perceived difficulties or obstacles
Main source of emotional support - new and continuing relationships
Assessment of current situation and level of 'independence'
Feelings about being 'independent'.

The future:
Perceived future - hopes, plans, fears

Sink or Swim

Table of Current Levels of Financial Support in and out of Care
As at 1/4/00

Paid by Child Youth and Family

Care payments to caregivers (14-17)	129.42
- pocket money	10.20
- clothing allowance	293.80 quarterly or case per case

Bednight (paid to CFSS, ISS and CSS)	Commercially sensitive

Paid by WINZ

Unsupported Child Benefit (14-17)	$103.20 (non-taxable)
plus	
Youth Care Supplement (14-17)	$26.88

Independent Youth Benefit	$123.86 net

Student Allowance	$123.86 net (single, under 25, living away from home)
plus Accommodation Benefit,	$40 maximum depending on region and circumstances

Figures provided by Child Youth and Family and WINZ

Sink or Swim

YOUNG PERSON'S MOVE FROM CARE TO INDEPENDENCE

Introduction

This section outlines information that should be considered when a young person leaves the care of the Director-General to live independently.

Overview

Depending on a young person's age and personal circumstances a move from care to living independently may be the most appropriate goal. These living arrangements could be private boarding, flatting, or hostel accommodation. In all circumstances, the move to independence should be planned and the young person adequately prepared.

Preparation for independence

Adequate preparation for a young person moving to independence involves the development of skills that promote self sufficiency in the following areas:

- finding a place to live
- finding and keeping a job
- handling money
- making decisions
- taking responsibility
- setting goals.

This preparation can be provided on a one-to-one basis or by way of independent living skills courses available in most centres.

Factors in a successful move

Some factors that influence a successful move to independence include:

- the availability of a family/whanau member or another person to offer a sufficient degree of guidance and support
- the availability of adequate financial support
- positive contact with family/whanau
- satisfactory accommodation and general living circumstances
- the quality of the preparation.