One More Adversity

The lived experience of care leavers in Ireland during the Covid-19 pandemic

Prof. Robbie Gilligan,
Dr. Eavan Brady and Laura Cullen

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Trinity College Dublin
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The University of Dublin

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About the Authors

Professor Robbie Gilligan is Professor of Social Work and Social Policy, Trinity College Dublin. His research interests relate to children and young people in challenging circumstances with a special focus on children and young people in care, and adults with experience of state care in childhood. He is a registered social worker and former foster carer. He serves on the Editorial Boards of a number of journals including *Child Abuse and Neglect*, *Children and Society* and *Journal of Child and Adolescent Trauma*.

Dr Eavan Brady is an Assistant Professor in Social Work in the School of Social Work and Social Policy, Trinity College Dublin. Eavan is a registered social worker and vice-Chair of the *Irish Aftercare Network*. Her research interests are located in the field of child welfare with a particular focus on the long-term wellbeing and outcomes of children in care, care leavers, and children experiencing disadvantage.

Laura Cullen graduated with a Master in Social Work degree from Trinity College Dublin in 2019. She went on to work in Tusla, the Child and Family Agency and now works for the Health Service Executive in an Adult Safeguarding and Protection team in Dublin.

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Introduction

This study explores the lived experiences of care leavers in Ireland during the Covid-19 pandemic. While Covid-19 has undoubtedly been difficult for many groups (Pierce et al., 2020), care leavers are among those who may have faced additional pressures during this period. International evidence suggests that under normal conditions care leavers may already face more difficulties in relation to accommodation, employment, health, and wellbeing as well as facing increased risks of social isolation (Cameron et al., 2018; Gypen et al., 2017; Jackson & Cameron, 2012). A small number of studies examining various aspects of care leavers' experiences during Covid-19 in other jurisdictions suggests that many care leavers did indeed experience specific struggles related to these issues (e.g. Kelly et al., 2020; Roberts et al., 2020).

Leaving care at age 18 is an additional challenge that care leavers must negotiate on top of the normal demands at this age of youth transitions towards greater personal autonomy (across work, education, romance and possibly moving out of home). There is also, however, growing evidence that not all care leavers end up in difficulty and at least some care leavers may fare relatively well *over time* despite the structural and social pressures they may face (Brady & Gilligan, 2019; Hanrahan et al., 2020). The Covid-19 pandemic presented a unique opportunity to learn more about the good and bad experiences care leavers encountered in this historic moment and the resources they drew on as they faced into the challenges and opportunities posed during life in the time of Covid-19. This study also offers potential wider learning about critical aspects of how care leavers negotiate adversity more generally in their lives. To that end, the aim of this study was to explore care leavers' lived experience of life in the time of Covid-19. Its core objectives were:

1. To interview care leavers in Ireland about their lived experience of life in the time of the Covid-19 pandemic.

2. To gain insight into the big and small changes in care leavers' everyday lives that came with the Covid-19 pandemic – both during lockdown and after restrictions began to lift.

3. To learn how care leavers have tried to negotiate their way through those changes, the challenges and opportunities they encountered along the way, and the formal or informal resources they have found helpful.

4. To explore how care leavers made sense of their experience during this unique period in history and their views on whether and how their lives may be different in the future as a result of the Covid-19 pandemic.

5. To provide key messages for research, policy, and practice.

This study was guided by the following research question:

- How have care leavers in Ireland experienced life in the time of Covid-19?

It should be noted that this study does is not an evaluation of service provision; it is a study of lived experience. This report provides an overview of our key findings for stakeholders in the care leaver and children in care systems.

Background to the Research

The aim of this study was to explore care leavers' lived experience of life in the time of the Covid-19 pandemic. The onset of the global Covid-19 pandemic and its associated public health restrictions in March 2020 marked the beginning of extended periods of disruption to the daily lives of people around the world[1]. Various groups at risk of marginalisation have been identified as experiencing particular challenges during the pandemic (Nolan, 2020; Patel et al., 2020)[2]; care leavers are one such group. Whilst undoubtedly a heterogenous population, many care leavers are at risk of poorer outcomes in adult life across multiple domains of functioning and wellbeing (Berlin et al., 2021; Brady & Gilligan, 2018; Melkman & Benbenishty, 2018; Mendes & Snow, 2016, Toivonen et al., 2020). For care leavers, life may entail both 'developmental wobbles' and 'developmental opportunities,' many of which are accelerated as (enforced) self-sufficiency and independence tend to happen at an earlier age for them (Brady, 2020; Mendes & Snow, 2016).

Care Leavers in Ireland

A small but growing body of research shines light on the experiences of care leavers *in general* in the Irish context. Work by Brady and Gilligan (2020a; 2020b; 2019) examined the educational pathways of adult care leavers aged 24-36 and highlighted the diversity of pathways into, and through, further and higher education among study participants. Arnau Sabates and Gilligan (2015; Gilligan & Arnau Sabates, 2017) provided insights into what influences care leavers in Ireland and Catalonia to enter the world of work noting the key role carers (e.g. foster carers, residential care home staff). Both Glynn and Mayock (2019) and Daly (2012) examined various aspects of the leaving care and aftercare experience of care leavers in Ireland while Tatlow-Golden and McElvaney (2015) examined the views of young adults who had been in care in relation to mental health services in Ireland. Further

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[1] See Appendix 1 for information related to public health measures implemented in Ireland.

[2] See Appendix 2 for information related to children and young peoples' experience of Covid-19 in Ireland.

work has been done regarding leisure and extracurricular activities (Gilligan, 1999; 2000; 2008); much of this work relates to children and young people *in* care and is also relevant to the experiences of care leavers. While considerable gaps remain, existing research in the Irish context has examined aspects of various domains of care leavers' lives.

Support for Care Leavers in Ireland

Upon leaving care in Ireland, care leavers may be entitled to support and assistance from the State – this support is known as 'aftercare'. Young people who have been in the care of the State for 12 months between the ages of 13 and 18 are eligible for an aftercare plan and to receive an aftercare service (Child and Family Agency, 2017: 8) until they turn 21[3]. If a young person is in "full time education or accredited training" this may be extended until the age of 23 (Child and Family Agency, 2017: 3). In the early stages of the Covid-19 pandemic, Tusla – the Child and Family Agency[4] introduced guidelines regarding the provision of aftercare supports. These provisions extended the dates on which young people would be due to leave care or exit formal aftercare. The aim of these provisions was to provide support for young adults who were or had been in care to ensure that they were not disadvantaged during the pandemic (Gloster, 2020; O'Mahony, 2021).

International Research about Covid and Care Leavers' Experiences

The arrival of the Covid-19 pandemic in early 2020 seems to have amplified the afore-mentioned vulnerabilities and challenges that many care leavers may face (Greeson et al., 2020; Kelly et al., 2020; Lotan et al., 2020; Roberts et al., 2020; Scottish Care Leavers' Covenant, 2020). A qualitative Welsh study exploring the perspectives of 23 social workers and experiences of 21 care leavers (aged 17-24) during the early months of the pandemic

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[3] See Appendix 3 for more detailed information related to the statutory provisions for Aftercare.

[4] Tusla - the Child and Family Agency - is a statutory organisation that was established in January 2014 under the Child and Family Agency Act 2013. The Child and Family Agency (commonly referred to as 'Tusla') is now the dedicated State agency responsible for improving wellbeing and outcomes for children – www.tusla.ie

identified that while the young people made efforts to cope and maintain their wellbeing, many participants reported increased mental health difficulties during this time (Roberts et al., 2020; Roberts et al., 2021a; Roberts et al., 2021b). Various elements in young people's lives had the potential to serve as risk or protective factors during the pandemic – for example, stable housing/accommodation as compared to problematic or 'unsettled' accommodation. Similarly, issues related to finances and education were experienced as either risk or protective factors by participants. Some young people in this study also reported that feeling cared for and thought about by professionals helped them during a challenging period, while others had experiences of feeling 'forgotten, unimportant, and uninformed' (p. 39).

Researchers in Northern Ireland carried out similar qualitative research examining the experiences of care leavers during the Covid-19 pandemic (Kelly et al., 2020; Kelly et al., 2021). Drawing on data gathered via interviews with 24 care leavers aged 18-25, the authors report that participants experienced disruptions in their lives, for example in relation to contact with birth family and friends, and changes in work and education arrangements. Some participants also experienced 'continuities' in the form of spending more time at home and continued isolation and loneliness. As in the Welsh study, many participants in the Northern Irish study discussed concerns regarding their mental health during the pandemic; for some the pandemic had exacerbated existing mental health concerns. While some of the young people in this study reported that they had learnt strategies to cope during the pandemic (for example, exercising and writing down their thoughts), others found it more challenging and difficult to manage. Greeson and colleagues (2020) surveyed care experienced young people (n=281) in North America and found that 56% reported that the pandemic had a negative impact on their health or mental health care; 56% had also experienced clinically significant levels of depression or anxiety. Similarly, Lotan and colleagues' (2020) survey of 525 care leavers and young people at-risk in Israel found that

almost half of the sample reported high levels of anxiety and depression following the first 'wave' (from end of March to beginning of May 2020) of the Covid-19 pandemic.

Researchers in England are conducting a two-stage study investigating the supports that have been available to care leavers during the pandemic (University of Bedfordshire, 2021). The first stage of the study involved interviews with social care professionals and leaving care managers across England. These interviews have explored how the pandemic and its associated restrictions have impacted on care leavers' lives. While findings of this stage of the study point to some positive adjustments to service delivery and support available as a result of the pandemic (for example, meeting care leavers for social distanced walks/bike rides and running virtual cooking sessions and quizzes), the ways in which the pandemic has exacerbated pre-existing issues for care leavers (e.g. poverty, isolation, mental health difficulties) have also been highlighted. The next stage of the project will examine information system data for young people from local authorities and will involve interviews with approximately 50 care leavers and their key workers to explore their experiences of life during the pandemic (University of Bedfordshire, 2021).

While the studies reported above are all primarily qualitative in nature, their findings resonate with data collected as part of the quantitative 'LCQF[5]' study in Quebec (n=1136 at T1; n=831 at T2) (Goyette et al., 2020). Findings from this study indicate once again that the pandemic amplified pre-existing challenges experienced by many care leavers in relation to accessing both housing and mental health services and increasing challenges in relation to accessing education and employment.

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[5] The LCQF examines the living conditions and transition from out-of-home care of young people ages 17 to 21. This large-scale research is the first representative study of its kind in Canada - http://edjep.ca/

Relevant wider Studies about Young Adults in Ireland before and during Covid

The current study is the first to explore the experiences of *care leavers* in the time of Covid-19 in Ireland.[6] A further two Irish studies have examined the experiences of young people more widely during Covid. In December 2020, a survey was conducted of *Growing Up in Ireland*[7] study participants in relation to their experiences during Covid. Findings indicated that more than half of 22-year-olds were having difficulty with online learning and many participants in the 22-year-old cohort reported increased low mood. Among those 22-year-olds that were working before or during the pandemic, nearly half had been temporarily laid off or had lost their job (Murray et al., 2021). An additional Irish study carried out by Émon and colleagues (2021) reports on the impact of Covid-19 on 14 secondary school students in Ireland. Participant responses to the pandemic were diverse but were ultimately grouped into 'those who were shielded against the negative implications of the pandemic; those who struggled with worry and anxiety; and those who became discontent as they awakened to the shortcomings of policymaking' (Émon et al., 2021: 1).

A further perspective on care leaver experiences in Covid and more generally can be gained by some findings from the *Growing Up in Ireland* study of twenty-year-olds (O'Mahony et al. 2021). Findings are based on interviews in 2018/9, before the onset of Covid in early 2020. Two findings from this national longitudinal study echo themes already touched on in this brief background discussion – support and mental health. On a point related to accessing preferred sources of support, twenty-year-olds in the *Growing Up in Ireland* study reported that they would 'discuss personal thoughts and feelings' with friends (86%), mother (69%), partner (67%) as the three most favoured options, and professionals (15%) as the least

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[6] In April 2020 Empowering People in Care (EPIC) conducted a survey of *residential care services* in Ireland to assess the impact of the pandemic on staff, children, and young people. Surveys were completed by centre staff and the findings suggest that children and young people living *in* these residential care centres were experiencing particular challenges in relation to disruptions in access with family members and the absence of routine and structure of school (Murphy, 2020).

[7] The *Growing Up in Ireland* study is an Irish national longitudinal study if children. The study started in 2006 and follows the progress of two groups of children: 8,000 9-year-olds (Child Cohort/Cohort '98) and 10,000 9-month-olds (Infant Cohort/Cohort '08) (www.growingup.ie).

favoured option (O'Mahony et al., 2021, p. 100). Twenty-five per cent of participants reported 'an above normal amount of stress' (29% of the twenty-year-old women and 21% of the young men (ibid. p. 139).

The research reviewed above points to varied experiences among the general youth population in Ireland during the Covid-19 pandemic and particular challenges faced by many in the care leaver community in other jurisdictions. The aim of the current study was to contribute to this growing body of work by exploring how the pandemic was experienced by care leavers in Ireland. We hoped to shed light on the ways in which daily life may have changed for care leavers in this period, how they navigated those changes, and how they made sense of their experience. The intention was to learn more both about their Covid experiences and the relevance of these for understanding the wider care leaving experience.

Methodology

Studies of care leavers require multiple approaches using different study designs with different research aims and objectives. In this qualitative study, we sought to investigate the experiences of care leavers in Ireland during the Covid-19 pandemic drawing on data gathered between March and August 2021. A key goal was to capture the *diversity* of experience among care leavers during the pandemic; this study was *not* an evaluation of services. Semi-structured interviews were carried out with 16 care leavers aged 18-27.

The study was promoted on social media and through key voluntary organisations engaged with care leavers. Participants were sought through social media sites and via several key gatekeepers (including *Empowering People in Care* and the *Irish Aftercare Network*) as well as by snowball sampling (Denscombe, 2010). Efforts were made to recruit a diverse sample in terms of gender, ethnicity, age, previous care setting, current accommodation status, and geographical spread. The recruitment process for this study proved challenging and necessitated additional targeted recruitment via individual gatekeepers and within the research team's networks. While the research team cannot be sure of the reasons for these challenges some possible reasons include 1) the potential for young people to have been suffering from 'zoom' fatigue. With many social services being delivered online during pandemic, perhaps they did not want to participate in *another* online conversation; 2) discussing experiences of the pandemic may have been too 'raw' for some as Ireland was still very much in the throes of the pandemic at the time of data collection. The related issue of sample composition is discussed later. It should be noted that before recruitment for this study commenced, ethical approval was secured through two separate processes from the School of Social Work and Social Policy Research Ethics Committee, Trinity College Dublin and from the Child and Family Agency (Tusla) Research Ethics Committee.[8]

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[8] While the study development got under way in May 2020, final and complete ethical approval was not secured until January 2021.

Interviews were carried out by the three members of the research team and were conducted online using Microsoft Teams. Using MS Teams gave participants the option of having their camera on or off during the interview and gave them control over the position of the camera if they opted to have it on during the interview. Interviews were conducted online to limit the need to travel/meet in person given the ongoing requirements to maintain social distancing and limit contact. The 16 interviews varied in length from 43 to 86 minutes. Interviews began with an open question asking participants to tell us about their experience during Covid. In posing such a broad initial question we sought to avoid presuming or implying that certain issues were central, or certain resources were pivotal. Our intention was to give participants the freedom to relate their own unique experiences, without our determining the opening topic. As participants offered their responses, the interviewers drew on the topic guide for the interview and their own knowledge of potential issues by probing as the opportunity presented about matters such as health, loneliness, boredom, mental health, finances, accommodation, and work disruption. Participants were also invited to share what they had learned about themselves and what had helped them to cope during the pandemic. See Appendix 4 to review the full interview topic guide.

Participants were sent the study consent form by email and were asked to review it ahead of the interview. Before the interview commenced, the researcher read through the consent form with the participant and sought verbal consent to each point in the consent form as interviews were being conducted online. This verbal consent was recorded as part of the audio/video recording of the interview. Participants were provided with a *Support Services Information Sheet* via email following the interview in the event that they found any aspect of the interview upsetting or distressing.

All interviews were transcribed in full by a member of the research team[9]. Participants were given pseudonyms and all other identifying information was anonymised. To analyse the data, we drew on principles of *Reflexive Thematic Analysis* (Braun & Clarke, 2006; 2020). Transcripts were reviewed by the first and second authors and a selection of transcripts were coded individually and then together. The first and second authors then reviewed the identified codes across the dataset while engaging in in-depth discussion and reflection in order to identify manifest and latent themes within the data that attended to the study research question.

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[9] In the case of one interview, there was difficulty in accessing the whole recording, and it was only possible to transcribe in full the first 15 minutes of this recording.

Findings

This study investigated the experiences of care leavers in Ireland during the Covid-19 pandemic. Table 1 outlines participant demographic information. The average age of participants was 22 with a range of 18 to 27. Nine participants were female and seven were male. Participants had experienced a range of placement settings including foster care, relative care, and residential care with some living in long-term foster care and others experiencing multiple placement moves and types. It was beyond the scope of the interview and study purpose to gather detailed care histories of each participant. The focus of this study was on the current experiences of care leavers. Some information related to care histories arose incidentally and from these mentions, we are able to report some broad detail in relation to participant care histories. Given the focus on the present, it would have arguably been unethical to ask participants to provide detailed accounts of their care histories as part of the interview process. If we had been able to access this data across the sample, we would have expected to find wide variation with no one case necessarily typifying any of the other ones. There was one participant who had only been in care for a short period when older. There was diversity in the sample in relation to age, gender, post-care experiences, and current accommodation type. While many participants were pursuing or had completed higher education, there were also those who were not currently in any education or training programme. This point will be discussed further in a later section of this report. Similarly, while some participants were in employment at the time of interview, others were not working, and some had never worked. Participants were living in both urban and rural settings and in private rented accommodation, supported accommodation, and with long-term foster carers or relatives. One participant was not from Ireland and was from an ethnic minority group. Two participants were parents. See Table 1 below for further details (presented in a form to protect anonymity).

Table 1: Overview of participant demographic information

Participant (pseudonym)	Age	Gender	Education	Employed	Accommodation	Resident Province
Ruth	24	F	Masters degree completed	Yes	Private rented accommodation	Munster
Neil	24	M	Studying for undergraduate degree	No	Private rented accommodation	Connacht
Daisy	27	F	Studying for undergraduate degree	No	Private rented accommodation	Connacht
Julia	19	F	No	No	Supported accommodation for care leavers	Leinster
Sam	19	M	No	Volunteer	Supported accommodation for care leavers	Leinster
Kim	18	F	No	No	Supported accommodation for care leavers	Leinster
Nicola	22	F	Studying for diploma	No	Rented accommodation – category of rental not recorded	Leinster
Christine	21	F	Studying for undergraduate degree	No	Living with long-term foster carers	Leinster
Simon	21	M	Studying for undergraduate degree	Yes	Rented accommodation – category of rental not recorded	Leinster
Caroline	25	F	Undergraduate degree completed	Yes	Private rented accommodation	Leinster
Mary	21	F	Undergraduate degree completed	Yes	Living with aunt	Connacht
Rachel	23	F	No	No	Supported accommodation for care leavers	Munster
Evan	22	M	No	Yes	Living with long-term foster carers	Leinster
Ross	21	M	Studying for undergraduate degree	No, but completed internship during pandemic	Rented accommodation – category of rental not recorded	Leinster
Jack	22	M	Masters degree completed	Yes	Private rented accommodation	Leinster
Tony	18	M	No	No	Supported accommodation for care leavers	Leinster

The three core themes identified during data analysis are reported below. These relate to i) the challenges experienced by care leavers during the pandemic, ii) those things that helped them to get through, and iii) lessons learned as a result of this experience. In presenting the findings under these core themes, we seek to present experiences reported with sufficient background context to help enrich the account and illustrate that experiences during Covid are often inextricably bound up with earlier experiences.

The Challenges for Care Leavers of Life during Covid

Life goes on during Covid: things happen – bad and good, linked to Covid and not linked to Covid. For the care leaver however, what Covid brings on top of what life brings may pose additional challenges that are not faced by their peers who have no care experience. Many of the things that happen may carry an extra twist in their tail as they play out in the lives of care leavers because of their special circumstances. The death of a loved one, the loss of a job, and the break-up of a relationship are challenging for anyone. However, for a care leaver, Covid may make these experiences additionally challenging since many care leavers may have to negotiate these without the supports that other young people may be able to draw upon. Ross (21), a student, recalled the impact of the loss of his grandmother, who had cared for him as a child, early in Covid:

> *It started off ok, but then things got very difficult very quickly. My grandmother passed away… last March and it got more difficult after that, because she was the woman who raised me first, before I went in to foster care. So…. and, like, the summer… is sort of easier during the summer because like I could see my friends more easily and regularly… so I sort of had a support network there.*

Initially, Ross drew on the support of friends, but things became more complex when college life went online in the new term because of the Covid social distancing restrictions.

But then once I got back into college, because everything's online, it was quite isolating. Because it was just me staring at a computer listening to the lecture. I wasn't surrounded by my friends and things and that got quite difficult very quickly. I felt very, very alone... Like there were times where it was a bit of a struggle for me.

From his interview, it was clear that Ross's granny had been a huge force in his life. She had been caring for him and his younger sibling until they had to come into Tusla foster care when he was aged 10 because of his granny's health issues. Not only had she been his carer but she was also the person who inspired his interest in the arts, an area to which his degree was closely connected. There had been other influential figures in his life, but his granny was very significant.

Ross vividly describes how his sense of loss at her death in March was amplified as the year wore on. The move to study online and the enforced social isolation cut him off from the protective support of meeting friends in person. Covid drove home the fragility of his social supports in the midst of his grieving for the loss of his great childhood supporter. As this all sank in for Ross after the first Christmas of Covid - and the first Christmas without his grandmother - he became overwhelmed.

I don't know what it was, but like post-Christmas was the worst I've ever felt in my entire life. I don't know what it was ……. I think it was just the build-up of everything over the past year sort of just hit me like a truck. I just felt like I couldn't function properly for like weeks at a time. And like, again, I couldn't see my friends… I couldn't really talk to anyone. I just I felt like there was no one there. And with being in care, like moving around so much I always have this permanent sense of displacement. I don't really have a fixed support system. So then when I'm just stuck myself it feels like there isn't really anyone I can reach out to. Like, I do have my aunts there. They were working… well up till everything closed…. but then I just felt like I didn't have anyone even though I did… And it just felt like, I don't know entirely what it was… It

just felt like a culmination of everything hitting me. And then it was like, I just shut myself off from everything, which I know wasn't a good thing to do, but I didn't know how else to deal with that.

Across the sample, there were a number of other references to participants processing the loss of a family member during or soon before Covid. Grieving is not easy, and in these examples in the study, Covid added another layer of complexity. For example, the interview with Nicola (22) illustrated how bereavement could prove additionally challenging for care leavers, and more so under the stress and isolation of Covid. Her account shows how bereavement and grief can expose previous fissures and tensions in the young care leaver's family relations.

Oh, another bombshell, that is relevant to the aftercare situation. My dad, like my biological father who I did not live with for a long time, we lost contact when I was 13, he passed away in May of last year, after me not speaking to him since I was 13, there was no reconciliation or anything. He died of [illness] [...] *I've never cried about it or anything because I hadn't actually seen the man since I was a teenager.*

For several of the participants Covid had brought comparable existential challenges with implications magnified by care leaver realities. Jack (22), another student, recalled how Covid exposed in more or less subtle ways a sense of exclusion for him as a care leaver. All around him there were hints of how his personal family situation was fundamentally different from that of many others. When his grandad died from Covid, Jack faced the dilemma of working out the right etiquette in responding to the death. The issue was complicated because he is cut off from his family, again all part of the story of his having been in care:

My granddad actually died from Covid last year and because I'm not a part of the family I wasn't invited, I wasn't told that he had died, I had to find out from someone

else and it was just… I think people who are connected to their families don't really get that… and there was that awkwardness of should I mourn, or should I not mourn? I wasn't really that close to him, that kind of thing. So, there was that kind of stuff that really stuck out to me. Everyone always talked about seeing their families again or even the ads on tv would be like specifically about 'going to see their grandad' or something but it was like ok you know for me that would be my friends and going to see them again.

Not only did Jack have to cope with the loss of his grandfather and the complexity of his family ties, he also had to adjust to being a social outlier in terms of society's norms and expectations about family ties. While he could seek to cushion in some way the absence of family ties through friendships, dealing with the material impact of Covid on his work opportunities and income – 'the financial stuff' in Jack's words – remained challenging. He continued to work as a residential worker in a care setting for young people which was a positive for him. However, due to Covid he got fewer shifts which meant less income, but having a job also meant he was not eligible for the 'Pandemic Unemployment Payment' – PUP[10]:

Because I was still working, I couldn't apply for the PUP payment, but I was only getting half my shifts because they had redeployed all the workers because services had closed and it's like I think for a lot of people - not every person with a family but for a lot of people they depend on family for financial resources…. I was lucky with [the university] *they were really great… but I didn't have as much options as someone that could ask their mam or dad if they had financial struggles because I think that Covid definitely affected me financially a lot. I remember people were saying they were saving a lot of money and I was like 'how are you saving money?'*

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[10] The Covid-19 Pandemic Unemployment Payment (PUP) is a social welfare payment for employees and self-employed people who lost all their employment due to the Covid-19 public health emergency (www.citizensinformaiton.ie).

While fortunate to get some support from his university, Jack did not have the possibility, like others, of calling on the 'bank of mam and dad'. He faced the financial squeeze of being forced to work half time without the cushion of PUP or a subsidy from parents. Covid could be ruthless in highlighting the financial and other risks that less access to family support can pose for care leavers. Like others, Jack found that Covid brought many uncertainties in its wake. For him, this was not just about family issues or money, but also about accommodation. He worried that catching Covid could have additional consequences for him in terms of his accommodation, whether he could end up out on the street:

> *I was worried that if I did catch it* [Covid] *in work – cos it was so easy to catch it at one point you know – I'd be so worried that if I did catch it and my landlady, if I did have it, would my landlady tell me to leave and then it was like where am I gonna go?*

Rachel (23) was another participant for whom Covid had sharpened her grasp of the realities of her life. She recalled how she has lived in many care settings across two countries, including eight foster homes and three residential centres since the age of 11 in Ireland. This has left her with a profound sense of uncertainty about the notion of 'home'. The following extract from Rachel's interview powerfully illustrates this point:

> *So, like nowhere has been home. like this house, it's not home, I can't paint the walls. I can't put up what I want to. I can't have pets like. So, this isn't even a home and I'm 23 years old... you know what it's like? When a bird builds its nest, and off pops a storm and blows it all away, that's what life is like, you have to start up and build your nest again, just for it to blow away again, like a repeat session, and birds never have a home either, they are constantly on the go, until they die, until they go squat on the pavement. And that's exactly what it is.*

Against this background, the interviewer asked Rachel how Covid had been for her. Having checked how candid she could be, Rachel went on to give a vivid picture of her Covid experience – how it mixed with other ongoing issues in her life for example, health, relationship challenges and more. Covid brought the threat of added loneliness:

R: *Is this the kind of thing where I have to watch my language?*

I: *No, it's definitely not. I want you to feel free and comfortable... let's begin with a broad question, tell me how Covid has been for you this past year?*

R: *Shit*

I: *Tell me why it's been shit…*

R: *Well, it was my birthday. My friend was in the hospital for my birthday. She's just out two days, two days after spending so long in hospital. So, like I couldn't do nothing, couldn't see my family, just stuck at home 24/7. Because I had court as well because of my abusive ex. It was just even harder, really, because I couldn't go out and I couldn't do what I wanted. So, like altogether it was just like, what's the point... like, I live in the city centre, so like, there's no beaches or anything like that... and I am asthmatic, have a lot of health problems with my heart and my lungs. It's not like I can sit on a bus for hours on end just to go to a beach, or even just get out of the city. Yeah. And no friends... so the actual lockdown, like being locked in... it was very, very lonely.*

The interviewer then asked about an average day for Rachel:

I: *Can you tell me, Rachel, what an average day looks like for you?*

> R: *I wake up, I have a fag, I go for a pee, and I lay in bed watching TV.*

> I: *And for the last year it's been like that.*

> R: *The majority of it, yes.*

> I: *What do you watch on tv?*

> R: *Anything. I don't like documentaries or black and white movies.*

Due to her health and wider circumstances, Covid proved an immersive experience for Rachel. For others, with access to more diversion through educational and other opportunities, Covid still brought challenges. Like some other participants, Daisy aged 27 had to face Covid at an age when she no longer had access to aftercare support. Not only might those older care leavers miss out on the possibility of formal support linked to after care, Covid also threatened access to the informal supports to which they had been accustomed:

> *I definitely have a friends' support network, you know,* [for] *someone that I could meet up and go for a hike or a walk or a coffee or whatever, and Covid has put a halt to all those things, even like outlets for me would have been going to the gym or for a swim or something like that, and Covid has really halted all of that stuff* […]

And, as Daisy discovered, spending lots of time at home because of less socialising or recreation represented a potential threat to mental wellbeing. Having time on your hands, she learned, can give rise to the risk of overthinking everything:

> *With Covid, you're at home a lot, you sit around, and you think about things so much. I think the more you think about things, the more you analyse them, maybe the more*

you like - I'm not saying that they're not relevant or anything like that - but you definitely maybe make them bigger. And I do think that has been a challenge of Covid. There's been a lot of time to sit and think and obviously all that stuff impacts your mental health.

Covid disrupted the work lives of huge swathes of the population nationally, and this was also reflected in our sample. Evan (22) lost his job in a supermarket during Covid because the business model changed due to the popularity of home delivery. Initially, he had thought the routine of work would help him get through the challenges of Covid:

[Supermarket name] *was only up the road from me and I had a routine every day and I kind of thought if I stick with this through Covid I'll be doing well, I'll probably get through Covid cos I was meeting friends as well and I was able to do things at the weekends. I think as soon as I left* [the job] *that kind of stopped me from applying for other jobs. Because it was pretty hard to apply for* [the first job]*, like you had to do an interview and an online survey and different things and then I just kind of got into a patch where I thought 'I don't want to work' 'I don't want to do anything' 'I want to stay at home' and then it hit me that I need to be out there and do things and meet with friends. So yeah, getting a job is one of the main things at the moment, especially during Covid like.*

Covid had not only robbed Evan of his job, but also of the confidence and motivation to apply for other jobs. It took him quite some time to regain these and to realise how significant having a job was for him in terms of money but also in terms of meaningful occupation.

Our participants generally saw Covid as a threat to themselves and others. They also saw themselves as striving to reduce the risk for everyone by their behaviour. We found that participants were broadly positive about their encounters with professionals and services.

But there were also some exceptions, some voices of dissent. Dissent could be about how they found contact with services, or about official versions of the whole Covid story. These comments reflect a thread of distrust in authority and officialdom which the wider Covid story has also amplified or uncovered.

We found one young man who remained a disaffected sceptic in the face of the evidence about Covid. Tony (18) was not shy about expressing his views:

T: *No like I just… like Covid… it's just to be honest, my opinion is just that it's a load of bollocks. It is. It doesn't even make sense like why would you close a load of bleedin' places down for a virus like, there's loads of viruses out there not just the Covid, like there's flus, there's everything like.*

I: *And do you know anyone who's got sick with it?*

T: *I don't know anyone that actually got sick, no. Not that I'm close with, maybe a few people that I'd know maybe had it, but I wouldn't have talked to them. No one that I talk to has had it I don't think.*

In the case of Rachel (23), she had many hours on the clock as a service user in the care system. Now in adulthood she struggled with the notion that she was not yet fully free to make her own decisions, even in relation to whether she could decorate her accommodation.

Another participant with some dissenting views was Neil (24), a student, who expressed disillusionment about how he was treated by authority figures, feeling that he was prone to

being stopped too often by An Garda Síochána[11] whenever he was out and about during Covid:

> *I get hassled by Guards quite a lot on the street, also there are a lot of checkpoints around my house, so there is quite a big paranoia there, cos they will drive past me and pull up on the side of the street and hassle me… I'm so used to, like, authority figures kind of singling me out.*

Neil had found Covid quite a challenging time and had experienced isolation, loneliness, and mental health difficulties – an experience shared by many other study participants during the pandemic. Arguably his sense of being 'hassled' by the Gardai added to the challenges he was facing. Kim (18), who had limited support after leaving care as she was formally in care for under 12 months (the qualifying limit for after care in Ireland), also reported struggling with her mental health:

> *There's days where I've sat in bed and just never came out for a good few days whereas me clothes have been all on the floor and I just sat there and was like how am I gonna do this, do you know what I mean?*

Taking stock of the overall challenges posed by Covid for care leavers, Jack (22) reminded us of the important point that care leavers do not all share the same care experience. He noted the relevance of the type of care setting where the young person had lived for possible later experiences. In his view, those who had been in residential care were more likely to be more isolated than those from foster care, particularly where the fostering relationship was characterised by framework of 'one of their own'. They may have fewer people to call on for support in their social network:

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[11] An Garda Síochána is the national police service of the Republic of Ireland - commonly referred to as 'The Guards' – www.garda.ie

I'd say probably… it would depend on the place they were in, but I would say young people that had residential care experience like me, I'd say they are going through a tough…. considering they can't really go back to a foster family to say hello or anything like that, and with Covid guidelines there's no way they are going back to a residential to meet up with staff… and I would say similar to me there are those experiences that if you do catch Covid where do you go if the money runs out like? What happens then? Like not having that foster family or biological family support, but then I would maybe say for young people who are in foster care or who have had foster care experience they might have really strong ties with that foster family so it's not as isolating, I guess, or they might have them as a back-up, I know that's not the case for everyone, but it's definitely more likely than for someone from residential care.

In recounting the challenges that they faced, participants reflected on some quite profound issues in their lives: bereavement, loss, loneliness, the meaning of 'home', mental health concerns. They spoke about the challenges that Covid had added to their lives, how it had brought into sharper relief the new and existing uncertainties and difficulties they faced before and during Covid. Some had managed to absorb these challenges, but in some cases, they remained more disaffected than reconciled.

What helped Care Leavers during Covid?

While the young people we spoke to undoubtedly experienced many challenges during the Covid-19 pandemic, they also mentioned different things that helped them during this period. Support from friends and family (foster and / or biological) proved important for a number of participants. The support could take different forms. For Rachel (23), her friendship with Cathy was a vital source of support in her life – and especially during the Covid-19 pandemic. They had first met when in care together in the same residential centre:

I: *Who in your life who are your main support people, like, when you're having a really crap day who are the people you turn to talk to?*

R: *Cathy*

I: *She's one of your closest friends?*

R: *Yeah, we met in residential. She's the one I tell everything to.*

I: *She's there beside you now, is she?*

R: *Yeah, she's on my blow-up mattress.*

I: *And are you ok with her hearing this interview?*

R: *Yeah, she knows everything about me, she knows like* [...]

I: [And] *what has helped you cope over this past year, as hard as it's been?*

R: *I video call Cathy every day no matter what. So, we like to sit there and have a laugh. And then I have my TV. That's about it.*

I: *Sounds like it's been really hard.*

R: *It's been hard, but it's been fun.*

It is notable that Rachel is more upbeat at this point of the interview when thinking of how her friendship has helped her as compared to when she was discussing the challenges and stresses that lay in her experiences of the care system and Covid. Rachel reminds us that people may have mixed views about the Covid experience overall – 'it's been hard, but it's been fun'.

Christine (21), a student, had a different take on how relationships and connection helped during the pandemic. In contrast to Rachel, Christine was living with her foster carers at the time of interview – carers that she was placed with at the age of five. Christine notes that coming together as a 'family unit' every evening during the pandemic helped her, particularly when she was feeling isolated; this was something that they did not do before the pandemic as she was living away from home to attend university and her foster parents were working:

I had a family unit, and we made a point of like sitting down every evening and having dinner together, which was something we obviously couldn't do before this because I would be in college, my parents [foster carers] *would have been in work. And also, like I have a brother, he's a year older than me, and he was in work as well all the time, so we never got time together. So, I think, having that, like the family unit and then also, I think, I have two dogs, and so, bringing them out and just spending time with them and I think that was what kept me going; just having company in the house really, and knowing that we were all in the same boat.*

While this experience is perhaps more 'typical' of young people who do not have care experience, it remains an important perspective to include here as it reflects the diversity of experience within the sample as well as the ways in which routine, relationships and connections could help during the pandemic.

Daisy's (27) experience of an acute mental health crisis points to the critical role of professionals as a source of support for care leavers during the pandemic. Daisy reports that thanks to the alertness and support of a very good friend, she was admitted to hospital for two days due to her mental health difficulties. Upon discharge, Daisy had received support from her local mental health team:

> *I was really fortunate like the local mental health teams were fantastic, they're a group of psychiatric nurses and you know they'd ring you and they'd check in with you, and you know that they're available and even stuff like that is a bit of a safety network for you because you kind of know, look, if things are really bad I can ring this person, they can't fix everything, but they might be able to, you know, help me or guide me.*

Given her age, aftercare services and supports are no longer accessible to Daisy though she notes that she feels she would benefit from this support, contrasting her experience with that of those without care experience:

> *Because of my age, I'm 27, I'm not in aftercare anymore, but I suppose I still would probably require some of the supports that I would have had when I was in aftercare, and they're just not accessible to me anymore. So that's a challenge as well* […] *for say most people my age a lot of my peers, even the ones that don't live at home, they still have that support network or family to fall back on. So, it's like, Listen, if everything goes to hell, I can ring mom, I can ring dad, I can call my sister, I can call*

> *my brother, whatever the case may be, an aunt, an uncle and I can ask for a little bit of support, and like that's a luxury that care leavers don't have.*

Aftercare workers and other professionals (including a lecturer mentioned below) were identified by some participants as a source of support during the pandemic, particularly in relation to practical issues such as housing. Simon (21) discussed how his aftercare worker helped him to secure an apartment to live in during the pandemic noting that his aftercare worker is 'one of the best':

> *He's* [aftercare worker] *one of the best I have ever worked with basically. 100 percent. He's been there, but not overly there… I do my own thing, if I need him, I give him a message, it is like working with a friend, he works well with me, and I work well with him.*

Julia (19) also described her aftercare worker as '*being a really good support*'. Julia experienced multiple placements when in care and left her final residential care home to move to supported accommodation for care leavers in a new county the year before the Covid pandemic hit. She reported initially being quite isolated in this accommodation and finding it difficult not being able to visit old friends due to the travel restrictions that were in place due to Covid. As well as her aftercare worker, Julia notes that she gets on 'really well' with her key worker who works with her in her accommodation.

Activities based around hobbies, interests and fitness provided an important boost to morale for many of the participants during Covid. In some cases, people found new outlets through their connections, for example roller-skating in the case of Jack (22). In other cases, they relied on interests that were long a part of their lives.

Sam (19), who was living in supported accommodation at the time of interview, was very deliberate in his search for new hobbies. He was very aware of how they could

help combat the difficulty of having too much time alone and too much time to worry. Hobbies brought the benefit of distraction:

> *I decided to start doing new hobbies, so I started badminton … because... when I am alone I started thinking about like you know stuff, you know, bad… things, so I started new hobbies like badminton and gym and like you know* [charity] *volunteering, and I try to keep myself busy in summertime because it keeps my mind fresh.*

Jack's (22) love of music provided an important distraction from Covid, as did his ability to compose new material. Indeed, he found Covid a stimulus to his creativity. His music was also a way of staying in touch with his much-valued musical friends.

> *I kept my hobbies up* [during lockdown] *thankfully. I play piano and guitar so I could do that in the house so that was great. I got to keep that up. There were definitely some days when lockdown hits and you don't want to do anything for a while, you know,* […] *It* [Covid] *definitely helped my creativity. And I think because I was kind of like burnt out, like everyone was a bit burnt out with lockdown, like not having my usual outlet, which was seeing friends or whatever, if I was ever sad like not seeing friends and meeting up with them…. I was channelling more into my music which was great, so I definitely wrote… I was way more creative when in lockdown than when not in lockdown* […] *I ended up having loads of material and I have really great musical friends and they really like it and it's just really great to have something at the end of this.*

For Evan (22) who was living with his long-term foster carers, it was more a case of starting from scratch in finding a hobby. Having lost his job, and the opportunity to play his regular team sport during lockdown, he could see the need for a hobby that might bring him in touch with other people. His foster dad had a collection of cameras, and this stimulated

Evan's idea of trying out photography, given that he had previously managed to get some good shots on his phone. Evan reflects on how his interest in photographing animals all started:

> E: *It was more so my* [foster] *dad because like a few years ago he used to be really big into photography, and like he has old cameras and all and my sister still uses some of them … and then I just, you know, decided I'd get into it cos I had a good eye for it, like I used to take photos on my phone and I kind of got good photos and I was thinking you know maybe I got this from my* [foster] *dad so I decided to get a camera and use it and it turns out I am really good at it so I just continued doing it.*

> I: *Brilliant. Fantastic. So, which is the photograph that you like the best? What animal, or is it a wildlife photograph you like the best?*

> E: *Yeah, it's a wildlife… it's one of a fox sitting on the bank. Yeah so, it's really cool yeah* […] *the foxes down in* [area name] *are kind of tame so they sit on the bank all day but like there's a few times I've gone down there and waited about three hours for a photo like. So, it's a waiting game but it's worth it in the end.*

In the case of Ross (21), an internship that he completed as part of his degree course gave him a great boost during Covid. He was greatly encouraged by the support and mentoring from the director of the cultural institution where he was placed, and in addition he made some new friends – a valuable step for any care leaver who may not find it that easy to form new friendships at that age.

> *The director* [was] *just the most friendly and helpful person I've ever met. When I was leaving, one thing he reiterated to me strongly was 'Ross if you ever need help with anything like if you need a job reference or if you are in for a job when you don't understand what they're talking about just, like, get in touch with me. I'll go*

through it, and I'll help you no problem. We are here to help you in the future'. So, like definitely him and there was another intern there as well who I'm quite good friends with now. So, I definitely have some made new connections thanks to my internship.

For Mary (21) who moved back from college to live with her aunt at the start of the pandemic, a number of 'small' steps or opportunities helped her make some positive lifestyle changes. Covid had begun to lead her down the wrong road with eating and sleep patterns – but then College-related steps helped her get back on track:

M: *Last year* [2020] *it was like eat whatever was in sight! I decided to have a little bit of a lifestyle change, because for the year I didn't do any exercise, I barely went out walking… I just drove everywhere.*

I: *And was that because you were nervous about the virus….?*

M: *I don't know. I think it was a bit of laziness and a bit of not wanting to meet people on the road. But this last month now one of our lecturers contacted us and asked if we would be interested in doing the* [exercise initiative[12]] *for the college, cos every year they do it, and I said, you know what I will do it. And ever since then I love going out now, I changed my whole lifestyle, I am going walking every day, and I am changing my diet a little bit, and mood-wise it definitely did help me getting out in the fresh air, not being stuck in the room studying all the time it definitely helps clear your mind and you're not thinking 'what if, what if' I think staying inside and worrying did no good for me.*

I: *What about your sleep Mary, was that affected at all because of Covid?*

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[12] The detail of this exercise initiative has purposely been suppressed to preserve participant anonymity.

M: *I have always been a bad sleeper, a light sleeper, it doesn't take much to wake me up, but I think I was sleeping much longer than I usually do, cos I wasn't really doing anything, but the last two or three months it has been better, I am getting up now early without an alarm, but I think it's cos I am in more of a routine now.*

I: *And is that since September since you've been back at college?*

P: *Yeah definitely.*

It is notable that 'simple' things such as joining a group exercise initiative led by one of her lecturers had a positive effect on Mary's physical and mental health, and the very process of getting back into college routines for the new academic year was also a positive prompt in helping regain more positive sleep patterns. Our participants demonstrated how support in Covid may come from diverse sources. The exercise initiative had potential value for every student but given the potentially more limited range of support figures in care leavers' lives, arguably such initiatives carry additional value for care leavers.

While the factors that helped our participants during Covid are perhaps similar to those that helped those in the wider population, it is notable that the added layer of being 'care-experienced' at times meant that assistance did not always come from the 'usual' sources. For example, in the case of Daisy where she did not have the 'safety net' of 'mam and dad' the support of mental health professionals (and her friend) was pivotal in her recovery. The opportunity to undertake an internship gave Ross a focus to his days during Covid but also paved the way for new friendships and potential future mentoring opportunities that may otherwise not have been available to him due to his small network and difficulties in making friends. Care leavers may have to cast the net wider to find supportive adults in their lives, and sometimes rely on professionals rather than family.

What Lessons did Care Leavers learn about themselves?

While the young people we spoke to shared a lot in relation to those challenges they faced during Covid and how they overcame them, there was a strong sense from all participants that they had learned something about themselves as a result of living through the Covid-19 pandemic. For some participants, this involved a greater awareness of the absence of a 'safety net' but also an opportunity to figure things out for themselves and develop a sense of independence. Ruth (24) transitioned out of aftercare, finished college, and moved house all in the first few months of the pandemic. She feels that while her experience of care was positive, her relationships with her foster carers and birth parents are not so strong that she could lean on them for support. Nevertheless, she shows how this challenging set of experiences helped her find an inner resourcefulness:

Even though I had a really positive experience in care, I wouldn't have a strong enough relationship with my foster family or my birth parent anymore to kind of go back there, so I suppose it was tough, but it was also a good chance for me to figure out what I wanted and where I wanted to go, and I really kind of felt like I had to stand on my own two feet for the first time.

For others Covid revealed things that were actually important for them. Jack realised the importance of friends and discovered his ability to manage a busy life:

I kind of learned that like I really do depend on my friends for a lot, that social interaction, I definitely learned that I need that a lot. I learned more about what my interests are in life, I learned that stuff like the music that I do that's way more important to me than I thought originally, and I learned that just that I can kind of tackle a lot more stuff than I thought … and I can kind of juggle stuff a lot better than I thought I could.

Many participants, when asked what they had learned about themselves, noted that they felt a renewed sense of their own resilience having navigated both their in-care and post-care experiences *as well as* the Covid-19 pandemic. Daisy (27) reflected on how resourceful she is and how adaptable she now realises she is. She articulated a strong sense of pride in who she is and in her experiences:

> *I always knew I was resilient, but I feel like I will cope with any challenge that comes my way. I really do. I think no matter what happens, I don't think that it'll always be plain sailing, I think I will maybe cry about it, or I will have a moment where I think I can't go on, but I think there is nothing that I can't bounce back from. I think I have realized how resourceful I am, how well I'm able to adapt, and it gives me more empathy and understanding, and I suppose I'm proud, like I am a care leaver and there's a lot of us who. There's a lot of us who don't make it, I don't mean that in a bad way but there's a lot of us who just repeat the cycle, because you know what, sometimes it's really hard to change the cycle. It takes a lot, you know, I think that in itself, like, even though it's difficult and it's challenging, and I would love to see things change. I am so glad that despite all of the obstacles I have faced, like I am here, I am a year off graduating and there's so much things that I can do, I have so much experience that I'm able to hopefully help or pass on to other people, you know, and yeah I'm just proud of myself, definitely. This year has taught me that I am proud of myself and I'm resilient and I can bounce back.*

For others still, there was a sense of developing new insights into their ability to set and maintain boundaries in circumstances that are incredibly challenging. Mary (21) had moved home from college at the start of the pandemic to live with her aunt who cared for her and her brothers. Mary's aunt has health concerns that made her particularly vulnerable and Mary notes being very worried about this and the potential for bringing Covid into her

aunt's house. Mary reports realising that while she sees herself as a 'people pleaser' she does have the ability to say 'no' in certain circumstances:

> I: *Was that a constant worry, that you'd pass on Covid to those you live with?*

> M: *Yeah. Exactly. Yeah.*

> I: *It's amazing, you have such personal agency, the ability to realise that and to say 'no', especially when it is to do with your friends and going out…*

> M: *The thing is though I am very bad at saying 'no.' I am a people pleaser, but I think what this has taught me is that sometimes – and I know this is going to sound a bit dramatic – but when it is life or death sometimes you have to say 'no' when someone's life might be at risk. Usually that's very hard for me, like I'm very bad at saying no to people, like I am always trying to make people happy, I'm like 'of course, absolutely, no problem', so that's one thing I've learned how to do properly – to set boundaries and be like no I can't do it.*

Study participants reported having learned things about themselves that arguably would stay with them in the post-pandemic world. Realising the potential to set boundaries, developing a renewed sense of resilience, and opportunities to 'figure things out' were important 'take aways' for many participants following the challenge of living through a pandemic.

A Final Thought on the Study Findings

The findings illustrate the range of challenges faced by the study participants arising from Covid (challenges that often had links to earlier experiences). It is striking how adept participants were at finding a way forward, often with support from a range of sources, and often non-professional sources. While mainly optimistic in spirit, they were also conscious of the actual or potential fragility of their circumstances. They knew that they did not have the same back up to call on that they believed that their peers without care experience had available. The findings are also a reminder that need does not fade with increasing age.

Discussion

At first sight, Covid may seem to pose the same existential and practical challenges for care leavers as for everyone else. The impact of Covid is widely shared and understood - threats to mental health and general wellbeing, threats to income, risk of isolation, risks of disruption to sleep and other routines (Nolan, 2020; Patel et al., 2020; Pišot et al., 2020). Covid also often seems to prompt a fundamental reappraisal of one's place in the world. Despite these widely shared experiences, the research evidence also shows that Covid frequently served to reinforce and amplify, rather than disrupt existing inequalities for the wider population (Ali et al., 2020; Darmody et al., 2021; Murray et al., 2021) and for care leavers (Goyette et al., 2021; Kelly et al., 2020; Roberts et al., 2020). Our own findings fit with this 'twin track' picture of the impact of Covid - disrupting routines and amplifying perceived inequalities. Participants in our sample often reported a sense that they were facing Covid challenges with fewer personal supports or resources than their peers who had not come from the care system. While on the surface they all (from both care and non-care backgrounds) seem to share similar challenges, the impact of these challenges may differ depending on the level of back-up supports or resources the person can call upon in their given situation. For example, a relationship break-up may mean quite different things depending on whether the person does or does not have a strong support network. Being suddenly forced to change accommodation may again mean different things depending on whether the person has the option to go back to their family of origin to regroup, or the ability to gain access to key resources. It is in the detail of these differences of how Covid disruption plays out in practice that the presence or absence of inequality can be observed between care leavers and their non-care experienced peers.

In the accounts of our participants, the extent and capacity of their support network, or their access to positive support from family members could not always be taken as given. Many participants seemed well aware of how fragile their supports or how flimsy their safety net might prove to be when tested. If things remained on an even keel in their lives

they might manage, but some certainly reported a nagging doubt as to where they could turn if things came unstuck. And for some, this fundamental uncertainty did seem to eat away at their morale and confidence, as they dealt with the present and contemplated the future. While the study was focused on their experience in the time of Covid, it was striking how often pre-occupations from their past and concerns about their future surfaced in conversations primarily intended to be about their lives in the 'present'. The study thus became in many ways a window not just onto their experience of Covid, but also a window onto their wider lived experience of the legacy of having grown up in care as this played out over the life course.

While there may be differences in how Covid challenges affect care leavers and others in Covid times, it is also important to acknowledge that our data suggests that there is no single care leaver pathway through Covid. Similarly, the data from our interviews gave us glimpses into the range of wider journeys of our participants since leaving care *before* Covid, and these also strongly suggest that there is no single template that captures the overall care leaver experience. Importantly, our study found a wide range of variation in experiences of care leavers both during and beyond Covid. Further, the glimpses into the past – good times and bad – were a reminder of how earlier and recent experiences continued to exert influence despite the passage of time.

Several factors linked to earlier experience seem to have influence. The issue of support and resources the young adults could call upon from others in their lives has already been mentioned. Another important influence was the young person's identity – or sense of self – as a care-experienced person. The confidence that they had accumulated – or not – helped shape their progress. For some, their identity as a care-experienced person carried a burden of uncertainty as to where they would find support in the future. One participant who had aged out of eligibility for aftercare was particularly pre-occupied with where she would find support in times of future difficulty. While not a widespread issue in the sample, this

example is an important reminder of how for some the legacy of care experience may be lived out many years beyond the formal age limits of care and aftercare.

Covid brought 'big' and 'small' disruptions, with both types posing significant challenges, a finding that resonates with evidence from Kelly and colleagues' (2020; 2021) study of care leavers and Covid in Northern Ireland. Loss of daily routines, loss of participation in recreational and sporting activity, loss of regular engagement in normal 'in person' educational and work settings might be considered some of the 'small' disruptions, whereas romantic relationship break-ups during or on the edge of Covid, or loss of stable accommodation arrangements represented 'big' disruptions as noted earlier with a potentially deeper existential impact for the care leavers involved. The symbolic significance of these 'big' disruptions seemed to run much deeper for the participants than they might sometimes for their peers who had not been in care. The loss of relationships or stable accommodation could carry greater consequences and symbolism for the person involved beyond the considerable immediate practical and emotional impact. Overall, whether a disruption was considered 'big' or 'small' depended on the experience and judgment of the individual involved.

Lessons from the Study for a Wider Understanding of the Care Leaver Experience

While our study shows the challenges that our participants faced, it also demonstrates vividly their capacity and agency, how resourceful they often were in negotiating these challenges and finding relevant supports. They were often thrown back on their own immediate resources and coping strategies by Covid. Many found strength in new physical activity routines or new hobbies. Also vital were existing or renewed friendships, positive ties to family and carers, and connections to work and study. But there was also a broader picture that reaches beyond Covid.

We have identified two key messages across all of what the participants said. Firstly, *relationships* were of the utmost importance in their lives - in Covid times and beyond. On

balance, respondents found relationships to be a source of strength and support in their lives. Notwithstanding that point, there were also instances where relationships were a source of stress and frustration. Either way, relationships were significant, in their presence – and sometimes in their absence. The second message related to the *risk of precarity* – emotional and material – facing the participants, an issue that has also been identified in earlier studies on care leavers more widely (Boddy et al., 2020; Glynn & Mayock, 2021). While many were doing quite well during Covid and in the lead-in period before its onset, there are two important qualifiers to this point. There were some who found aspects of their emotional and/or material stability somewhat fragile at the time of interview. For others, the risk of emotional or material precarity in the future was a worry, even if currently things were reasonably stable. As with other studies examining care leavers' experiences during Covid in other jurisdictions (Kelly et al., 2020; 2021; Roberts et al., 2020; 2021a; 2021b), it was striking how often concerns about threats to mental health were mentioned by participants – as a current or recent issue, or as a challenge in the future. Overall, there were some interviews where emotional and material precarity was palpable, some in which one of these might have been more to the fore, but even in those accounts where things seemed positive on both fronts, there seemed little room for complacency.

The best protection against adversity and precarity in their different guises seemed to lie in access to support systems in the participants' lives. From what they told us, these could take many different forms – family ties with some members from their own biological family, or connections to former carers, or friendships, or the connections arising from their status as student or worker. In addition, there were benefits flowing from engagement in sporting and other community programmes. While many of these activities were suspended during Covid, the link even if dormant, still seemed to provide some support and comfort during lockdown whether through contact with fellow club members or through anticipation of eventual return to activity. Other support systems mentioned included Tusla, education and mental health systems with assistance from aftercare workers, educators and mental health professionals being referenced for the contributions they had made in various cases.

Overall, however, a striking feature of our findings was how much participants stressed support from *non- professional* sources. Support by professionals working within formal systems was clearly valued by many, but informal support from family and friends seemed of major significance for all participants, even when accessing this was not so straightforward. Our findings on this point echo recently released *Growing Up in Ireland* findings on the experiences of 20-year-olds which highlight the importance of informal support in the lives of the study participants (O'Mahony et al., 2021, p. 100). As we noted in the introductory background section, young people strongly preferred friends, mothers and partners as confidants rather than professionals who were ranked as the least preferred category and chosen by only 15% of respondents. While informal actors providing support may be greatly valued, broader research evidence suggests that resilience in the face of adversity seems likely to depend on support from multiple systems rather than a single actor (Ungar & Theron, 2020).

A Study of both Covid and Care Leaving

While focused on Covid time experiences, this study is also one of the first to shine a person-centred light across wider issues in the lived experience of younger adults who spent time in the care system growing up in Ireland. Existing studies of care leavers in Ireland mostly focus on a younger age group or on a specific aspect of experience. The data reviewed here cover a wider canvas, albeit with a relatively small but viable sample. Our findings underline the need for further research to gain insights about a wider range of the experiences and circumstances of care leavers both soon after leaving care *and* in the years beyond that early transition. The design and scale (and level of resourcing) of the current study generates evidence that is illustrative rather than representative of the experience of all adults who have spent substantial time in care. Nevertheless, it offers interesting threads for further investigation and policy reflection.

Policy Implications of the Study

Lived experience research has the capacity to keep policy 'honest' (Dixon et al., 2018; Staples et al., 2019). Policy is effective for groups at risk of marginalisation when it is responsive to the range of lived realities faced by group members. In this study we found a range of experience as participants sought to negotiate their way between the tensions of stability and precarity in their lives. Adversity was present or not far away, and support was a vital buffer to its worst effects. Informal support proved very important, underlining the importance of cultivating and preserving family and community links for children in care so that those ties are active on leaving care at age 18 and beyond. Emotional support flows through these relationships, which can be nurtured by professional encouragement. Material support in terms of timely and tailored accommodation and other supports is also important – health care (especially mental health care) being a priority example from the evidence in our own and other findings. Notably, the Welsh study (Roberts et al., 2020) reported above also identified mental health issues as a concern for care leavers although participants also reported difficulties in accessing relevant support.

It is important to celebrate the capacity and achievements of study participants as they manage their way in life over time. Our findings underline the need to take a longer-term life course policy view in terms of delivering the right forms of support and back-up to care leavers. The need for support is not tied neatly to some biological age cut-off point. Tusla deserves great credit for its flexibility in putting a stay on exiting care at age 18 during the early phases of Covid (Gloster, 2020). It seems desirable that such flexibility should become a hallmark in testing out other policy measures in support of the progress of care leavers. It also seems important to sensitise all public officials to the needs and capacities of care leavers who, in a special sense, are children of the state.

The variation of experience captured in the sample and the data indicates the need for policy and provision that is sufficiently flexible and accommodating to reflect the range of

needs and realities found across the sample and by implication, most likely to be found with even greater diversity across the wider population of adults with care experience.

Based on our study, we believe it would be timely to consider how best to provide supports to reflect the diversity of needs and capacity in the population of care leavers. Linked to this question of how best to provide support are the issues of the types of support and supporters involved. Care leavers may come to rely on different forms of support provided by public officials / professionals in their formal capacity - social care workers, aftercare workers, social workers etc, or by 'informal actors' - family members, friends, colleagues in community projects or workplaces who may offer advice, support. These forms of support have important practical and symbolic value helping care leavers negotiate challenges and feel that they can find the support they will need when they need it. Support is often transmitted through positive relationships which emerged as such an influential theme in the experience of our participants.

We propose a broad approach based on six key issues relating to i) a focus on the importance of informal support given how it is valued by young adults; ii) priority support for care leavers with additional needs; iii) a focus on mental health support; iv) the supportive value of recreational activity and interests in the progress of care leavers; v) a review of eligibility and age conditions for after care support; and vi) strengthening the evidence base for policy making and the delivery of support.

1. *Ensure a focus on building supportive connections within family and community systems for all children in care and care leavers:*
    - o Our findings provide resounding evidence of the importance of *informal* supportive relationships through family, friendship, and community ties for care leavers (and for young people while in care). They also resonate with recent findings from the *Growing up In Ireland* study of the preference of young adults to seek support from informal sources (O'Mahony et al., 2021).

o While direct formal support from professionals is also clearly valued, our findings suggest that a primary focus of social workers, foster carers, social care workers and aftercare workers should be helping care leavers and young people in care to build supportive connections with adults and peers so that supports from such sources might be available to care leavers across their adult lives.

2. *Ensure necessary levels of formal support reach the most isolated and vulnerable:*

o This study underlines the range of experience across the care leaver population during Covid and beyond. While some care leavers may enjoy good levels of support from different sources, our findings also serve as a reminder of the potentially stark consequences where support is weak or missing. When care leavers have weakened or absent family / community ties, it is important that formal services are effective in addressing their support needs.

3. *Deliver meaningful and engaging mental health support to the care leaver population:*

o While the case for service and support models in mental health to be better aligned with the needs of older teenagers and young adults generally is recognised, the importance of serving the specific and additional needs of young people in care and care leavers should also be noted in this context. This has been acknowledged in the latest national policy document on mental health *Sharing the Vision: A Mental Health Policy for Everyone* (Department of Health, 2020, p. 29) and we propose that the additional mental health support needs of young people in care and care leavers should receive further attention in a) the upcoming national audit of child and adolescent mental health services by the Inspector of Mental Health Services for the Mental Health Commission (2022), and b) ongoing development of aftercare policy and provision.

4. *Support the recreational interests of care leavers to promote their health, wellbeing and resilience of care leavers:*

    o   While there has been growing appreciation of the importance of recreational (sport, arts, volunteering etc.) activities in the positive development of young people in care (Gilligan, 1999; 2000; 2008), findings from this study provide clear examples of how care leavers find these activities can support their health and wellbeing in important ways.

5. *Review eligibility age limits and conditions for after care support beyond age 18:*

    o   While recent reforms in aftercare support have led to substantial improvements in provision, it seems desirable to review the impact of reform and the scope for fine tuning improvements. Our data highlight potential challenges linked to loss – or prospect of loss - of support at certain age limits regardless of actual circumstances at the time, and the possible continuing additional support needs of certain sub-groups of care leavers (lone parents, those in precarious accommodation, those facing mental health challenges).

    o   As part of such a review, we would also suggest exploring the potential of *extended care* as a policy option. This involves a joint agreement between the young person and the authorities for the young person to remain voluntarily in care for a further period beyond age 18, often as a measure to serve care leavers with certain additional needs. This policy approach is being applied / developed in many jurisdictions across the world (Gilligan, 2018; van Breda et al., 2020).

6. *Inform policy and provision for care leavers through a strong evidence base on the life course experiences of care leavers using well focused administrative data and research:*

    o   The recently announced national research and data project examining the lives of children in care and adults who were in care (Department of Children, Equality, Disability, Integration and Youth, 2022) opens up the welcome

possibility of a rolling programme of funded research and data development relating to care leaver outcomes and experiences.

- o Drawing on implications from our own study and findings, we would suggest that an agreed research agenda be developed which could include:
    - A range of study topics - for example:
        - Influences on longer term positive outcomes for care leavers.
        - Equity in aftercare provision.
        - Evaluations of specific aftercare measures.
        - The additional needs of sub-groups of care leavers (parents, care leavers with additional health needs etc).
    - Rigorous and varied methodological approaches (including peer research).
    - Publicly available quality administrative data on annual cohorts of care leavers as they progress through the early years of transition from care (building from National Child Care Information System data for children in care).

Strengths and Limitations of the Study

This study captured the experiences and perspectives of a diverse sample of 16 care leavers aged 18 to 27. The open framing of the initial interview question deliberately gave participants the opportunity to focus on what was of most relevance for them. While the sample may be perceived as small, the cumulative breadth and richness of the narratives that each participant shared shed light on the complexity and diversity of experience among care leavers during this unique period.

While planning for the study began in May 2020, it was March 2021 before recruitment for this study commenced due to various issues including the length of time it took to secure ethical approval. While initially this appeared to be a limitation of the study, due to the

subsequent lockdowns that followed the initial lockdown in March 2020, we were in fact able to explore the evolution of participants' experiences of life during Covid and to gain more considered insight into those ways in which these experiences had shifted and changed over time.

Interviews were carried out online using Microsoft Teams due to the various public health restrictions that were in place. It is possible that this may have impacted on the data collected during interviews. However, this approach may also have enabled some people to participate who may not have been able to do so if interviews were conducted in person due to time issues and location. Participants may also have felt more comfortable being interviewed from home.

We would also wish to acknowledge several limitations of the current study. The sample size is relatively small, although not especially so as seen from within the qualitative research tradition (Young & Casey, 2018). While there is diversity in the sample, inevitably certain experiences and perspectives may be over-represented or under-represented and elided. We recognise that there is a likely over-representation of young care leavers in higher education in the achieved sample. Having said that, there are some contextual factors that should be borne in mind:

- Firstly, the high rate of family placement in Ireland (92%) may lead to a greater emphasis on / support for pursuing further / higher education in those placement settings and may therefore influence educational progress beyond the care leaving age (Tusla, 2021, p. 72).
- Secondly, a considerable proportion of care leavers remain with their foster carers beyond age 18, 71% remaining at point of discharge at age 18 in 2020 (Tusla, 2021, p. 91). While there is no data on how long these young people remain with their foster carers, these rates are still likely to influence educational participation at that stage (stability, carer encouragement and support etc).

- Thirdly, Tusla reports substantial rates of educational participation by care leavers receiving aftercare – 76% of the 18-20 and 72% of the 21-22 age cohorts receiving aftercare in 2020 (Tusla, 2021, p. 102). (It should be noted however that those receiving aftercare is not the equivalent of *all* care leavers for whom such data are not available).

- Fourthly, it should also be remembered that in 2019 Ireland had the third highest rate of completion (94%) of at least higher secondary education among young adults aged 20-24 years in the EU. This compares with the EU average of 84% (then including UK) and 86% for UK alone (Central Statistics Office, 2020).

In attempting to explain this pattern of likely over-representation of those in further / higher education, possible reasons may also include our heavy reliance on social media as an 'open access' route to recruitment with a view to securing a more diverse range of experience in our sample. While the intention was to offer a route to participation reaching beyond those linked to formal services or organisations, and to circumvent barriers imposed by Covid conditions, it seems that this strategy did not have the desired effect, and our dual track social media and advocacy organisation recruitment pathways ultimately resulted in the achieved sample. Arguably, Covid conditions and lower educational attainment may have served as barriers to trust and participation for a study that relied on relatively 'impersonal' recruitment processes, where eligible prospects for recruitment could not be briefed directly in person by one of the researchers as might sometimes be possible in other circumstances. Covid conditions made it difficult to rely on more personal or 'direct' approaches. Perhaps participants with greater educational attainment felt more familiar with and more trusting of the proposed interview format (online) and the overall study purpose etc. Timing of the study in the Covid context and available resources for the study clearly imposed constraints on the scope of the study. It is also of interest that researchers in some other recent studies have noted challenges in recruiting care leavers (two before Covid: Cudjoe et al., 2022; Häggman-Laitila et al., 2020; one during Covid: Kelly et al, 2020).

Concluding Comment

The aim of this study was to explore the lived experience of care leavers in Ireland during the Covid-19 pandemic. While noting that this study was of lived experiences of care leavers and Covid, and not an evaluation of services at the time, which would have required a different design, we recognise the importance of approaching research on care leavers with many different methods and aims. Covid experiences have varied quite widely across the sample. They have also varied across Covid time within the unfolding personal stories of many of the participants. While Covid has disrupted lives for ill or good, Covid experience also sits with other issues, sometimes being one more in the list of adversities encountered over time. How Covid affects participants relates to their current circumstances in Covid time as well as to threads from earlier experience. Effects of the pandemic were not always negative, with Covid sometimes helping participants to (re)discover strengths within themselves or their social networks. Support was a critical factor in negotiating Covid challenges. The support of professionals was valued, although in the accounts of participants, the support of family, friends and other non-professional contacts loomed larger.

The disruptions that Covid brought added to the sense of precarity that many participants reported. There were three key issues in relation to such disruptions – break-ups in romantic relationships, instability in accommodation, and health pressures. Inevitably the roots of these could sometimes be traced to pre-covid times, but their impact was magnified by how they played out in the Covid period. Pressures were greater and restoring some kind of stability was more difficult.

Our findings demonstrate the capacity of the participants to find support and positive purpose in many contexts. Work and education remained important for many despite disruption and enforced adjustment to operate online; their significance underlines their value for care leavers as indeed for other young adults.

In their individual pathways across the life course, most of the young people were negotiating a recurring tension in their lives between stability and precarity, within and beyond the special measures associated with Covid. Support, routines and the meaning supplied by relationships and connections to work, study and hobbies / sports helped them during Covid and before. Our data reminds us that while care leavers face special challenges on their journey, they also display remarkable agency and capacity in managing those challenges.

It is important that support systems delivered through policy measures and professional practice accommodate the diverse range of capacities, needs and circumstances that our data suggest may be present in the wider care leaver population. Through a stronger evidence base, it will be possible to better align formal supports to the needs of those in the most challenging circumstances. This will also assist in tapering the ending of formal support to avoid 'cliff edge' experiences when young adults age out of eligibility for aftercare support and to ensure necessary 'safety nets' for the most vulnerable, so that support is need rather than age based (Cameron et al., 2018). Formal supports need to attend to income support where necessary, as well as accommodation and health needs. While income and accommodation may already have previously been recognised as important issues for care leavers, this Covid-related study also underlines the significance for care-experienced adults of health needs and support, especially in relation to mental health.

Covid has helped shine a valuable light on care leaver experiences and this study is one contribution to developing a more coherent evidence base as to the experiences, needs and capacities of care-experienced young adults across the life course in Ireland during Covid and non-Covid times.

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Appendix 1: Resources in relation to measures in Irish Government's public health response to the Covid-19 pandemic

Ahern, D. & Roy, S. (2020). *Law and Policy Responses to Covid-19 in Ireland: Supporting Individuals, Communities, Businesses, and the Economy*. Dublin: Trinity College Dublin. Retrieved from:

https://www.tcd.ie/law/2020.21/Covid-19%20Public%20Policy%20Report.pdf

Department of An Taoiseach (2020). Report on the Social Implications of Covid 19 in Ireland. Retrieved from: file:///C:/Users/Owner/Downloads/75567_644ff379-a523-40ef-a9af-20935da0d91c%20(3).pdf

Appendix 2: Resources for information regarding Covid-19 and experience of children and young people in Ireland.

General

Darmody, M., Smyth, E., & Russell, H. (2020). *The implications of the COVID-19 pandemic for policy in relation to children and young people: a research review*. Dublin: Economic and Social Research Institute. Retrieved from:

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Émon, A., Greene, J., & Timonen, V. (2021). Generation covid: Experiences of the coronavirus pandemic among secondary school graduates of 2020 in Ireland. *Cogent Education, 8*(1), 1-14.

Lynch, N., & Kilkelly, U. (2021). "Zooming In" on Children's Rights During a Pandemic: Technology, Child Justice and Covid-19. *The International Journal of Children's Rights, 29*(2), 286-304.

Child Protection

Child Care Law Reporting Project (2021). *Ripe for Reform: An Analytical Review of Three Years of Court Reporting on Child Care Proceedings*. Retrieved from:

https://www.childlawproject.ie/wp-content/uploads/2021/11/CCLRP-Ripe-for-Reform-Report-October-2021.pdf

Appendix 3: Information related to the relevant statutory provisions for aftercare

According to the Child Care Act 1991, as amended by the Child Care (Amendment) Act Child Care Amendment Act 2015 ("the Act"):

- S45a of the Act states that the Child and Family Agency, Tusla "shall…carry out an assessment…of the needs of an eligible child on attaining the age of 18 years or an eligible adult, as the case may be" (Child Care (Amendment) Act 2015). The assessment of need must be recorded by Tusla in writing, and the assessment of need shall include an assessment of the person in relation to education; financing and budgeting matters; training and employment; health and wellbeing; personal and social development; accommodation; and family support.

- As specified in s45b of the Act, Tusla shall, if a need is identified in the assessment of need carried out, prepare an aftercare plan for the relevant child. An aftercare plan shall set out the assistance that Tusla may provide to the eligible child as identified in the assessment of need.

- s45(5) refers to Tusla obligations in respect to the implementation an aftercare plan.

Child Care (Amendment) Act 2015

Appendix 4: Interview Topic Guide

1. Pre-interview

- Review consent form: read through this with participant

- Ask them to confirm for the recording that they consent to all items on the form

2. Introduction to the interview

We are trying to learn about how care leavers managed during Covid – a difficult time for everyone. We are trying to understand what care leavers found challenging and what they found supportive or helpful (if anything)'. Could you start by telling me a little about your experience during Covid?

3. Options to explore general experience of Covid further:

- How have things been for you over the past few weeks?

- Could you tell me a little about what your average day looks like?

- When you look back on the past year, what thoughts come to mind?

- Has life changed a lot for you since the pandemic began? Or are things quite similar to how they were before March 2020?

interviews will progress in various ways depending on if/how these questions are answered

4. Questions about education and work

- Are you working or studying at the moment? If so, where / what?

- Have there been any changes to your work / education plans during the pandemic?

- If working / studying how has this experience been during the pandemic?

- Is there anything challenging about pursuing work / education at the moment?

- Is there anything you like about changes that have occurred (e.g. increased online engagement)?

5. Questions about coping

- Covid has been a testing time for all of us, I wonder if you can tell me about any things that have helped you to cope over the past year?

  o Are these things you did before the pandemic?

  o If mentions people / activities – explore further

- I think we have all had 'bad' days during the pandemic, what kind of things do you do if you are having a bad day?

  o Is this different to what you would do on a bad day before the pandemic?

  o If mentions people / activities – explore further

- A lot of people are spending lots of time on zoom, WhatsApp and so on – do you use online platforms to chat to people? If so, how do you find this?

- Has anything surprised you about how you have coped during the pandemic?

6. Relationships

- Were there any particular people who you have talked to a lot or have supported you during the pandemic?

  o Depending on response, probe / explore further

- Were these people you would have been close to / in contact with before the pandemic?

- Do you spend much time chatting to people online? If so, how is that? If not, how is that?

- When we have conversations like this some people mention family / carers a lot, other don't. You have / haven't mentioned family much, could you say a little (more) about this?

7. Personal Agency

- Did you learn anything new about yourself thanks to this past year?

- Did you discover anything new that you enjoy doing at that you didn't know you enjoyed before the Covid-lockdown?

- During lockdown, what were (are) the main worries you had (have)?

- When we were in the strict lockdown and couldn't go further than 5 kilometres from our homes, what were the places that you missed going to?

8. Housing/accommodation

- What is your housing/accommodation situation like? Do you live on your own? In the city / countryside?

- Depending on response, probe further – e.g. questions re living alone, house share etc

- Have you experienced any changes in your living situation during the pandemic?

9. Health & wellbeing

- How has your health been during the pandemic? Has it changed during the pandemic?

- How have you been feeling in yourself?

- Is there anything that has been worrying you about your health and wellbeing since the pandemic began?

- Could you tell me a little about how you have been sleeping / your daily routine / how your diet has been?

- During the pandemic I think many of us have been worrying a lot, perhaps more than usual. Are there any things in particular that have been worrying you over the past year? How do you manage / what do you do with these worries?

10. Aftercare / Formal support

- Have you had much contact with your aftercare worker during the pandemic? Is this different to how things were before the pandemic?

- Have you been able to get support for any practical things you have needed from your aftercare worker?

11. Wrapping up

- What has changed for you over the past year? How has covid changed your life?

- Are there any things from life during the pandemic that you would like to keep?

- And bits you definitely would like to get rid of?

- Any final thoughts / comments you would like to add?

- Do you think there is anything specific to your being a care leaver that has impacted your experiences during the pandemic?

12. Points of clarification:

- Age

- What are your current living arrangements? (potentially addressed above)

- When did you leave care? (age, date)

- Could you tell me a little about your experiences of the early days after leaving care?

- Could you tell me a little about your care experience in terms of the types of placement you had, length of time you spent in care?

- Living in a rural or urban setting?

- How did you hear about the study?

13. Ending interview
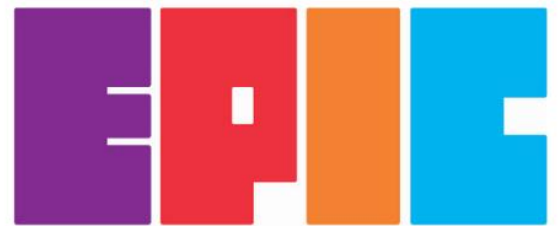   - Thank you for your time!

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
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