

Care Leavers' Experiences of Transition and Turning Points: Findings from a Biographical Narrative Study

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1 Introduction

There is a growing international interest and engagement in the process and outcomes of young people leaving state care. Within the United Kingdom (UK) this had led to legislative reform, policy development, advances in practice and improvements in information and research. Yet despite those developments, poor outcomes and high risk of social exclusion continue to be characteristic of these young people's life trajectories. However it is important to note that this is not the case for all care leavers. So what is it in the lives of these young people that determine their experiences of transition from youth to adulthood? What is it that makes the difference between those who on leaving achieve good outcomes, such as self-confidence, educational qualifications and stable relationships, and those who do not? Are there particular turning points in care leavers' lives that provide opportunities for improving their life chances? Are there particular ways that services can provide better supported care careers?

This article reports on doctoral research that set out to throw light on the transitions of care leavers and consider the place of key turning points in care leavers' accounts of their own lives. It starts by considering contemporary thinking on normative youth transitions as a means of considering what might be expected as successful or unsuccessful outcomes for children under the care of the state. The main message is that while there are some normative psycho-social coping indicators associated with the transition to adulthood, care leaving is likely to reflect the increasingly fluid and multiple pathways that characterise contemporary youth.

The biographical narrative interpretive method (BNIM) that was undertaken with eight young people is then briefly described. All eight young people had left the care of one local public authority, a Health and Social Care Trust (Trust), in Northern Ireland, a regional jurisdiction within the UK. The findings are then summarised to show that as care leavers experience the biographical events in their lives, their 'care career', they also experience changes in the way they make sense of their lives which form a 'subjective pathway'. An underlying pattern to these subjective pathways begins with 'loss of felt security', moves to 'finding stability' and culminates in 'actualising self'. Movement between these phases is presented as not dependent on pivotal turning points but rather the gradual shifting of subjectivity.

In conclusion the paper suggests that the findings point to the importance of using legislation, policy, services and care practices to provide in-care and leaving care experiences that facilitate the development of a positive subjective pathway. It also suggests that attachment, resilience and humanistic social psychology could provide useful theoretical underpinnings to that work.

2 Youth transitions

Over the last decade the literature on youth transitions has shifted away from the conceptualisation of transitions as being orderly, logical steps that cohere into a linear, progressive movement towards adulthood; from school into the labour market and from birth family home to own housing and home life. Adulthood brought with it autonomy, the capacity to take responsibility for oneself and others, the opportunity to gain economic independence and the chance to benefit from, and contribute to, the wider society. Jones (2002) argued for a working definition of youth as a period of semi-independence during which transition to adult independence occurred. She noted that for some this transition was accelerated whilst for others it was extended. Working-class young people tended to have the accelerated transitions and as a consequence were at greater risk of negative outcomes whether in the labour market, parenthood or independent living. So for example working class young people left school at sixteen with few academic qualifications, went into low paid employment, became parents at a young age and lived in social housing. This she argued was a reflection of structural inequalities rather than personal agency.

Thomson and colleagues (2004) took this analysis further and presented youth as characterised by being uneven, not just divided by class but with a range of different groups of young people having different experiences of transition. They also describe transitions as being fragmented because the traditional markers associated with adulthood such as, leaving home, getting a job, getting married and becoming a parent are increasingly uncoupled from each other. MacDonald and Marsh (2005) characterise this changed nature of youth transitions as being marked by false starts, backward steps, unpredictability and circularity. In this way youth has come to be seen as a much more diversified and fluid period of the life cycle.

From this perspective young people are regarded as having greater capacity to carve their own identities and pathways towards adulthood. This has been captured using various terms such as 'lifestyles' (Miles, 2000), 'choice biographies' (Bullen et al., 2000), 'critical moments' (Thompson et al., 2002) and 'careers' (MacDonald et al., 2005). McAlister and her colleagues (2009) suggest that children's journey to adulthood is one of continuous transition across a range of dimensions. "It is transition on several levels – physiological, social, institutional and emotional" (McAlister et al., 2009:4). However, even within this diversified field MacDonald and Marsh (2005) contend that a broad concept of transition is still valuable as it helps in understanding how individual agency, local cultures and social structural constraints come together to impact on social divisions and inequalities.

Building on the concepts of individual agency and structural factors, Thomson and colleagues (2002) introduce the added factors of timing and chance. They examine the concept of 'critical moments' and explore how they impact on social inclusion as reflected in young people's biographies. They use a working definition of critical moments as simply events that either the researcher or the interviewees see as having important consequences for the interviewees' lives and identities. Fundamental to their approach is recognition of the relationship between individual agency, circumstance and social structure.

Developing the concept of critical moments, a longitudinal study was carried out by Henderson and colleagues (2007) who followed a group of young people from five socio-economically contrasting sites in Britain over ten years from 1996. They report that young peoples' construction of their biographies changed over time in response to conditions and experience. In addition, they contend that the resources available to young people are

structured by time and timing, with new opportunities and constraints emerging over their life course. In reflecting on ten years' experience of this longitudinal study, Holland and Thomson (2009) note that the analysis became increasingly attuned to social processes that were not explicitly voiced in young people's self-narratives. They suggest that the accumulation of narratives provides a way of gaining insight into the 'life as lived' as opposed to the 'life as told' – a deeper structure beneath the young people's experiential accounts.

3 Care leaving as youth transition

When approached from within the contemporary thinking about youth set out above, the key question ceases to be how well are care leavers doing against normative benchmarks and becomes what are the defining characteristics of care leaving as one youth transition amongst many. A consistent finding from the literature on care leavers is an apparent uniformity in that they experience what has been described as 'accelerated and compressed' transitions (Stein, 2006). Stein suggests that the majority of care leavers still move to independent living at the age of 16-18 years whereas most of their peers remain at home until well into their twenties. Dixon and Stein (2005) refer to leaving care as a final event with no option to return at times of difficulty. Stein (2006) refers to all this as the 'expectation of instant adulthood'. Care leavers do not enjoy the same extended and varied range of pathway options available to their general peer group. The result is poor outcomes on a range of indicators and a literature on care leavers' transitions full of suggestions for improvements to their circumstances.

Allen's (2003) study revealed a number of areas in which policy and practice required changing in order to improve care leavers' transitions. These include: improving professional support; ensuring that education, employment and career services meet the particular needs of care leavers; and the development of informal support. She also highlights the need for financial support and the development of services to tackle young people's emotional and behavioural problems. Clayden and Stein (2005) suggest that mentoring offers a different but complementary relationship from family and statutory support to assist care leavers cope with the significant challenges of transition.

Gilligan (2008) emphasises the need for a long term and reliable social network and suggests that youth resiliency is enhanced by positive school experiences and building capacity for initiative, self-confidence and self-esteem. Pinkerton (2011) uses the concept of social ecology to extend social support theory to harness the concepts of social capital and resilience in a way that links formal family support interventions to adolescent coping. Fundamental to this model is the adoption of a whole child/whole system perspective. Wade (2008) also suggests that support networks are influential for practical help and emotional reassurance and that processes to strengthen these networks should be an important feature of pathway planning for care leavers.

Stein (2006) develops the concept of transition and suggests that it traditionally includes three distinct but related stages: leaving or disengagement; transition itself; and integration into a new or different social state. He suggests that care leavers miss out on the leaving or disengagement stage which gives young people an opportunity to have time for freedom, exploration, reflection, risk-taking and identity formation. Research by Dima and Skehill (2011) confirm that care leavers experience both social and psychological transitions which take place at different paces. Their findings show that, socially, care leavers leap directly into the third phase, adulthood, while psychologically they still need time to deal with the ending, separation and in-between phases of leaving care.

Cashmore and Paxman (2006) suggest that care leavers generally do not have the continuing source of emotional, social and financial support that is available to most young people in their transition to early adulthood. In their view, care leavers face the challenges of making various transitions with fewer resources, less support, at an earlier age and in a less graduated way than young people of the same age in the general population. They suggest that 'felt' security in care and continuity and social support beyond care are the main predictors of good outcomes four to five years after leaving care. This is resonant with Dixon and Stein's (2005) analysis in Scotland across a range of dimensions including education, employment, training, accommodation and well-being. They contend that the mediating factor between care leavers' poor starting points and good outcomes is having reliable and accessible support, whether provided by formal leaving care services, informal family and friendship networks, or a combination of both.

In a review of research studies completed since the mid-1980s within a resilience framework, Stein (2006) identifies three pathways followed by care leavers. These can roughly be described as young people who are 'moving on', those who are 'getting by' and those who are 'going under'. These findings lead him to caution that applying a social exclusion framework to all care leavers as it may mask such important differences between groups of care leavers. He suggests that in broad terms the different pathways are associated with the quality of care young people experience when in care, the preparation they get for making their transitions from care and the support they receive after care. In order to promote the resilience of care leavers, more comprehensive service responses are required across their life-course. These include: better quality care; more stability; holistic preparation; a positive sense of identity; assistance with education; opportunities for more gradual transitions; and the provision of better quality and more extended support (Stein, 2008).

4 Research Method

Reflecting the greater understanding of care leaving as a youth transition, the central question posed in the research was: how do young people articulate their experiences as they make their transitions from care to independence and adulthood? Its aim was to achieve an understanding of the experiences of care leavers from their own perspective. The specific objectives were:

- to document care leavers' accounts of their experiences of transition;
- to explore care leavers' perceptions of key turning points of biographical change in their lives;
- to examine care leavers' perceived levels of control, social support and coping at key turning points of biographical change in their lives;
- to inform the development of policy, services and care practices for care leavers in a fashion that meshes with young people's own accounts.

Drawing on Thomson and colleagues' (2002) definition of critical moments, the term 'turning points' was used in this research to represent changes in the care leavers' experiences that were deemed by them or the researcher, or both, to represent significant changes in the direction of their lives or perspectives. The focus of the research was on young people leaving care in one Trust area in Northern Ireland. These care leavers qualified for the provisions of the Children (Leaving Care) Act (NI) 2002 which is the legislative framework for children

and young people leaving care in Northern Ireland. They were categorised as 'former relevant' and 'qualifying' children within the legislation which covers care leavers aged 18 to 21 years or 24 years if they are in education or training. These care leavers are eligible to receive continuing services from the Trust although legally they were no longer in state care and so they were free to go their own way without support. In the Trust from which the sample was drawn services are provided by the Leaving and After Care Division, known locally as the '16+ Service'.

This population was targeted for four reasons. Firstly, as a result of the researcher's employment, the population was accessible to the researcher. Secondly, as it focused on young people who were no longer in state care participation in the research did not impact in any way on their legal care plans. This was important from an ethical perspective. The research had to have ethical approval both from the University where the researcher was studying and from the regional research ethics committee. Thirdly, in that the young people were still eligible to receive services from the Trust any learning from the findings which informed policy, care practices and service provision would be timely and relevant to themselves. Finally, by confining the research to this age range, some consistency could be achieved in terms of the care leavers' age related experiences.

In order to gain access to the participants, snowball sampling was used. Snowball sampling is a non-probability sample in which the researcher makes initial contact with participants who are relevant to the research topic and then uses them to establish contact with others (Bryman, 2004). Initial contact was secured by inviting potential participants to take part in the study through a number of means: contact with the Trust's Service User Group who represents the interests of children and young people who are in the care of the Trust; a media release; information in the Trust's Annual Report; a posting on the Trust's website.

Two interviews were conducted with each of the participants. In order to secure the care leavers' care stories and their current and past experiences the first interview was based on an inductive approach and conducted in accordance with BNIM procedures (Wengraf 2011). This interview was supplemented with a second non-BNIM interview. This was based on a deductive approach to explore areas of interest to the researcher suggested by the first interview or the relevant literature. Wengraf (2011) confirms that a supplementary non-BNIM interview is congruent with the BNIM model. As suggested by Braun and Clarke (2006), it is important that the methods match what the researcher wants to know and that these decisions are made, recognised, and acknowledged.

The choice of using a biographical approach for the first interview was made on the basis that inviting participants to look back across their life course in a free flowing way enables them to share both their inner experience and how they interpret, understand and define the world around them (Bryman, 2004). Biographical methods ascertain how experiences are interpreted by individuals. This perspective is reinforced by Buckner (2005) who contends that the value of biographical interviewing lies in its exploration of the participants' subjective experience in relation to their immediate and wider social relationships and contexts. Ritchie (2003) contends that biographical methods are one of the most naturalistic methods of generating data. This is echoed by Buckner (2005) who states that biographical narrative is closest to the participants' lived experience. The openness of BNIM to whatever the interviewee chooses to say provides a means to get closer to their lived experiencing as they make sense of it, combining dominant, suppressed, contradictory and forgotten perspectives. The BNIM interviewing model as detailed by Wengraf (2011) was adopted as it provided a very explicit

procedures to ensure fieldwork consistency. It had not, as far the researcher knew, ever been used with care leavers before.

The second interview involved clarification of the care leavers' self-assessment of the degree of support and control they perceived they had and their perception of how they coped at key turning points in their lives. This spanned the four phases of their care career; pre-care, in-care, leaving care and post-care. A biographical life-line was used as a tool to structure the discussions and the interviews were supported by an aide-mémoire based on Pinkerton's (2006) Leaving Care Coping Wheel which identifies a range of psycho-social and material 'spokes' which must be attended to within the context of a 'rim' of rights and an outer 'tyre' of expectations.

5 Uncovering a 'Subjective Pathway'

By focusing on the care leavers' individual accounts, the research uncovered the significance of changes in their subjectivity and the presence of a 'subjective pathway' alongside the series of biographical events that made up their 'care career'. The term subjectivity is used here to define the care leavers' interpretation of their experiences and the meaning they give to that experience in context of their relationships and their wider social contexts. The findings illustrated that whilst the experiences of the care leavers were personal and unique to them, their lived experience was a function of both the events they encountered and gradual changes in their subjectivity. Pivotal turning points were not reported. Their changes in subjectivity followed three dominant phases: 'loss of felt security', 'finding stability' and 'actualising self'. The phases largely, but not exclusively, mapped onto the admission to care, in-care and leaving and after care stages of a care career. These phases of subjectivity and their implications for policy, care practices and service provision are discussed below.

'Loss of Felt Security'

The first phase of the subjective pathway was the 'loss of felt security'. Although this was experienced by the care leavers at different times during their care career, it was particularly evident at the time of their admission to care. The subjective themes that were apparent at this stage were: loss of security; having love for or feeling loved by family; and powerlessness. The findings showed that there were three key aspects to the care leavers' sense of 'loss of felt security'. Firstly, it presented before they were admitted to care and was reflected in emotions such as feeling sad, confused, different, not wanted and strange. Secondly, despite having knowledge of their neglectful circumstances, the care leavers also felt varying degrees of affection towards their families. This was encapsulated in comments such as "praying every night...please God...can I go back to my mummy" and by another care leaver on absconding from a foster home "I was trying to go home to my mum". Thirdly, the care leavers' feelings towards their families whether positive or negative oscillated over time but remained with them throughout their care careers. This feeling was reflected in comments such as "no matter how angry I was with that man he's still my dad" and by another care leaver gaining entry to a Degree course "I wanted to make my mummy and daddy proud".

A framework to make sense of and respond to these subjective themes is formal attachment theory. As research suggests, attachments are significant for children's social, emotional and cognitive development (Howe 2011). Indeed, the subjective themes were characteristic of the disorganised-insecure attachment style.

The feeling of powerlessness at the time of their admission to care is worthy of specific mention. A number of the care leavers stated that they did not know what was happening or why they were admitted to care. The description given by one care leaver was "I got escorted out of the house by social workers and police officers...it was kind of a sudden thing...didn't know what was happening or where we were going". However, the care leavers simultaneously described their readiness to be admitted to care. This same care leaver said "I kind of wanted it for a while anyway". This confusion resonates with Gilligan's (2006) contention that children in out of home care will feel ambivalent about their birth family and that they will have to come to terms with this in order to prepare for their futures.

This presents the question how the care system can support children with their fractured relationships with their parents at the time when the threshold for admission to care has been met. A related issue is the need to find ways to help children on a continuous basis throughout their care careers to address their feelings towards their birth families. Attachment theory provides a framework for this to be done in a way that would help them make sense of their ambivalent feelings towards their birth families to help them cope into adulthood. Attachment theory provides a framework for the reappraisal of self in relation to attachment figures.

The children's fractured state of attachment with their birth parents presents the care system with an opportunity to assist them form the new relationships they will have to make while they are in care. This points to the need for policy, care practices and service provision to prioritise helping children build relationships with safe others while they are in care. This will require greater attention to be given to promoting the quality of the relationships between the children and their social workers as well as between children and their foster carers. A safe, healthy attachment system can buffer children from the impact of highly traumatic stressful events.

Crucial to this first phase of 'loss of felt security' is need for services and care practices to address young people's emotional well-being. Three of the young people in the sample developed mental health issues during their adolescence. As one care leaver said "I done everything from...smoking, drinking, taking drugs". Responding to this requires the development of therapeutic approaches to promote children's resilience such as that introduced into residential care in Northern Ireland following a regional review in 2007 (Macdonald et al 2012). The development of psychological and mental health services for children who are in specialist foster care provision is another example from Northern Ireland of the type of service required. An added benefit of using attachment theory as a framework for intervention is its focus on emotional regulation which is a key aspect of becoming resilient (Miller and Commons, 2010).

'Finding Stability'

The second phase of the subjective pathway was 'finding stability'. This phase was generally associated with the in-care stage and presented through the themes of searching for stability, finding trust, confused identity and fitting in. The care leavers' search for stability was displayed in different ways with some biographies being marked by losing and then reinstating stability with parents, fosters carers and relatives. Other biographies were marked with the search for trust but with care leavers feeling an inability to commit to foster carers. This was reflected in comments such as "I wasn't like committing". In relation to trusting social workers, one care leaver commented "a lot of the time I felt the social workers were always there to trick you out". Some care leavers experienced confused identity about being a

child or acting as an adult caring for their parents or younger siblings: “you were expected to be an adult at that age and you didn’t know how to handle it”. Others experienced feelings of confusion over whether to identify with their foster carers or with their parents: “I was too young to realise the difference between a foster mother and a real mother” and “I didn’t want to hurt my mummy’s feeling by not going home...the life I knew now was with R [*foster carer*]”.

In all cases the need for placement stability was particularly evident. The number of changes of foster care placements was notable, with five out of the eight young people having between four and six placement changes. How they experienced these changes was reflected in comments such as: “bang came to the door...social worker was ...saying you can’t stay here no more”; “I’m happy here in this foster placement and then all of a sudden these foster carers don’t want me no more, they move me on”; “would have liked to have stayed there but it wasn’t allowed because it was short term”. Many studies highlight the need for placement stability (Cashmore and Paxman, 2006; Hannon et al., 2010; Stein, 2008; Stein, 2012). The question this presents for policy, care practices and service provision is how can the stability of placements be enhanced?

This points to the need for consideration to be given to the implications of the distinction between short and long term foster and residential care placements. This distinction creates additional placement moves for children, even when they are well settled. Furthermore, it has implications for the formation of children and young peoples’ attachments.

The care leavers who were placed in residential care engaged in negative behaviours to ‘fit in’ with group living. For these care leavers, not only was residential care unable to buffer their negative subjective experiences in their admission to care stage, but it became an additional source of stress in itself. Their subjectivity was reflected in comments such as: “to fit in you go wild”; “you didn’t feel like you had to respect anyone”; “group dynamics were really, really hard...could wake up...someone new in and that someone new could then break the group in half...group dynamics were the hardest things, were the ones that emotionally wrecked my head”. Out of home care may provide a context that is particularly prone to the emergence of disorganised attachments since it is often discontinuous, fragmented and insensitive to the attachment needs of individual children.

‘Actualising Self’

The third phase of subjectivity experienced by the care leavers was ‘actualising self’. This phase presented through the themes of the care leavers assuming a reflective sense of responsibility and direction for themselves and accepting external support. The term ‘actualising self’ is used to consciously make a link with Maslow (1970) and Rogers’ (1963) humanistic psychology with its focus on the achievement of potential and self-fulfilment as a fully functioning person as that seemed to capture the nature of the subjectivity reported at this phase. Again, whilst this phase was dominant in the leaving and after-care stage, it was also evident in the preceding care stages.

Many of the care leavers in this research came to the realisation that they could use their coping with their difficult circumstances as a springboard for progression. This was conveyed through statements such as: “I didn’t want to be your stereotypical sexually abused foster kid ...”; “I have been in care and that is my qualification”; “You don’t just become a care kid and that’s it, you get opportunities”; “you’ve to lift yourself up...move yourself on...leave some

things behind to be able to succeed". These findings are consistent with Rutter's (2006) view that protection may derive from controlled exposure to risk, rather than its avoidance, and from what people do to deal with stress or adversity. In his view, the notion of resilience focuses attention on coping mechanisms, mental sets and the operation of personal agency. The challenge for policy, care practices and service provision is to strengthen care leavers' resilience along their care pathway.

There is a significant body of research detailing how the resilience of children and young people in care can be enhanced (Gilligan, 2008, Stein, 2008a). However, Atwool (2006) cautions that there is a danger of practitioners relying on the concept of resilience without fully understanding what supports children in care need. She contends that attachment theory provides a framework for understanding the types of support that they require. However, the research being reported here suggests that if practitioners are to work on the promotion of attachment and resilience, they would benefit first from having an understanding of the children and young people's subjectivity and in particular at what point they are in working through the three phases. This would enable them establish how children and young people construct their worlds. Uncovering subjectivity would be assisted by the promotion of narrative approaches in social work.

Some of the care leavers were able to develop new objectives and pathways in their transitions by recognising the need to accept support external to their families. This subjectivity was reflected through comments such as: "having the right social worker"; "how good that 16+ Service is...I got a lot of support...and empowered big time to become the person that I am"; "knowing I had...the network of support...I felt I was able to achieve...a comfort". This is in line with research which has drawn attention to supportive social networks as a crucial form of support for young people who are in transition (Gilligan, 2006; Rogers, 2011). This suggests that policies for young people that rely on increased levels of support from parents, which Ward (2008) suggests is the pattern as the welfare state retracts, will not be adequate. To enable parents to provide the required support policy, care practices and service provision should address their unmet, specific needs. This would help strengthen their capacity to support their children while they are in care and it would facilitate attachment work. However efforts should be made simultaneously to strengthen the opportunities for young peoples' supports outside of the family. This would support them in their transitions by promoting the development of their independence and their own abilities to overcome the difficult circumstances in their lives.

The importance of the 16+ Service for the care leavers in this research is worthy of specific comment. The care leavers commented about its support to them, personally, as they negotiated their traumatic experiences. They perceived the staff in the 16+ Service as being there for them unlike their perceptions about social workers in their admission to care and in-care stages. The challenge is how this sustained support can be provided at an earlier stage in the young peoples' care pathway. A fundamental issue is the current structure of the Social Services system in Northern Ireland which may require children to pass through Family Support Hubs to Gateway Teams to Family Intervention Teams to Looked After Teams before they reach the 16+ Service. This structure significantly challenges the ability of children to form meaningful attachments – particularly during the challenging first phase of 'loss of felt security'. It negates the potential for children to receive sustained support from a consistent social worker throughout their care career supporting them to work through their subjective pathway.

6 Conclusion

A fundamental finding of this research was the uncovering of the care leavers' changes in subjectivity as they journeyed through their care pathway. In addition to the events making up their care careers, the young people experienced more slowly emerging changes in their subjectivity. These formed a subjective pathway in which 'loss of felt security', moved on to 'finding stability' and then 'actualising self'. This subjective pathway coincided with, but did not exactly match, the stages of their care careers. The process model of transition necessary for understanding care leaving must combine attention to both the events which occur in the care leavers' career and the associated changes in their subjectivity.

Recognition of this subjective pathway reinforces the place of attachment theory as a primary framework for interventions with children during their admission to care and in-care stages. It provides a vantage point from which to address the subjective experiences of 'loss of felt security' and 'finding stability'. As care leavers journey towards their leaving and after-care stages, the 'actualising self' phase of subjectivity emerges with its links to resilience and humanistic social psychology.

The findings point to the need for the care system to:

- find ways to help children and young people to address their attachments with their birth families on a continuous basis throughout their care careers;
- help children and young people build relationships with safe others including their carers and social workers while they are in care;
- address children and young people's emotional well-being including the introduction of therapeutic approaches in foster care;
- review care placement provision to improve stability for children and young people and promote the formation of their attachments;
- promote the use of narrative approaches in social work as a method of uncovering children and young people's subjectivity;

By returning to source, the care leavers and their worlds, this research showed subjectivity to be a critical factor in understanding care leavers' transitions. This research highlights the transformative nature of the relationship between the events in the care leavers' lives, which are embedded in the structural factors of family, school, training, employment, accommodation and the care system and their changes in subjectivity. In doing so, it suggests that the concept of subjectivity and the use of Biographical Narrative Interpretative Methods have important contributions to make to the theoretical and methodological debates on transitions from out of home care.

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