

TRANSITIONING TO ADULTHOOD FROM OUT-OF-HOME CARE: INDEPENDENCE OR INTERDEPENDENCE?

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CREATE FOUNDATION

CREATE Foundation is the national consumer body representing the voices of children and young people with an out-of-home care experience. We run programs and services across all Australian states and territories for children and young people in foster care, kinship care, and residential care. Our research reports and articles, submissions and policy development allow us to advocate for a better care system.

At CREATE, we believe that to improve the care system, we need to listen to the people who have experienced the system firsthand. This is why youth participation is the foundation of our advocacy. Everything we do is shaped by the voices of children and young people with a care experience.

Our Vision is that all children and young people with a care experience reach their full potential.

Our Mission is to create a better life for children and young people in care.

To do this we;

- Connect children and young people to each other, CREATE and their Community to
- Empower children and young people to build self-confidence, self-esteem, and skills that enable them to have a voice and be heard to
- Change the care system, in consultation with children and young people, through advocacy to improve policies, practices and services, and increase community awareness

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CREATE acknowledges the Australian Aboriginal and Torres Strait Islander peoples of this nation. We acknowledge the traditional custodians of the lands on which our company is located and where we conduct our business. We pay our respects to ancestors and Elders, past, present, and emerging.

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Thank you to the author of the report, Dr Joseph McDowall, for his continued dedication to creating research that inspires action to improve the care system. Joseph has guided the development of this report from inception to fruition, and we thank him for bringing the voices of young people with an out-of-home care experience to the fore. This report builds upon the extensive catalogue of transitioning to independence research Joseph has written for CREATE, and his insights and ability to comment and chart young people's transitioning experience across the years sets CREATE's work apart.

We extend our thanks to the CREATE Board of Directors for their support and commitment to ensuring that all children and young people with an out-of-home care experience reach their full potential.

A massive thank you to our CREATE staff and volunteers across the country, who worked tirelessly and persistently to reach as many children and young people as possible. This project would not have been possible without our State Coordinators, Community Facilitators, and Youth Facilitators. We are incredibly grateful to the state and territory governments and NGO's who supported this endeavour and encouraged young people to take the opportunity to have their say. This has been an incredible feat of collaboration.

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CREATE represents the voices of around 45,000 children and young people currently in care, as well as those who have transitioned from care up to the age of 25.

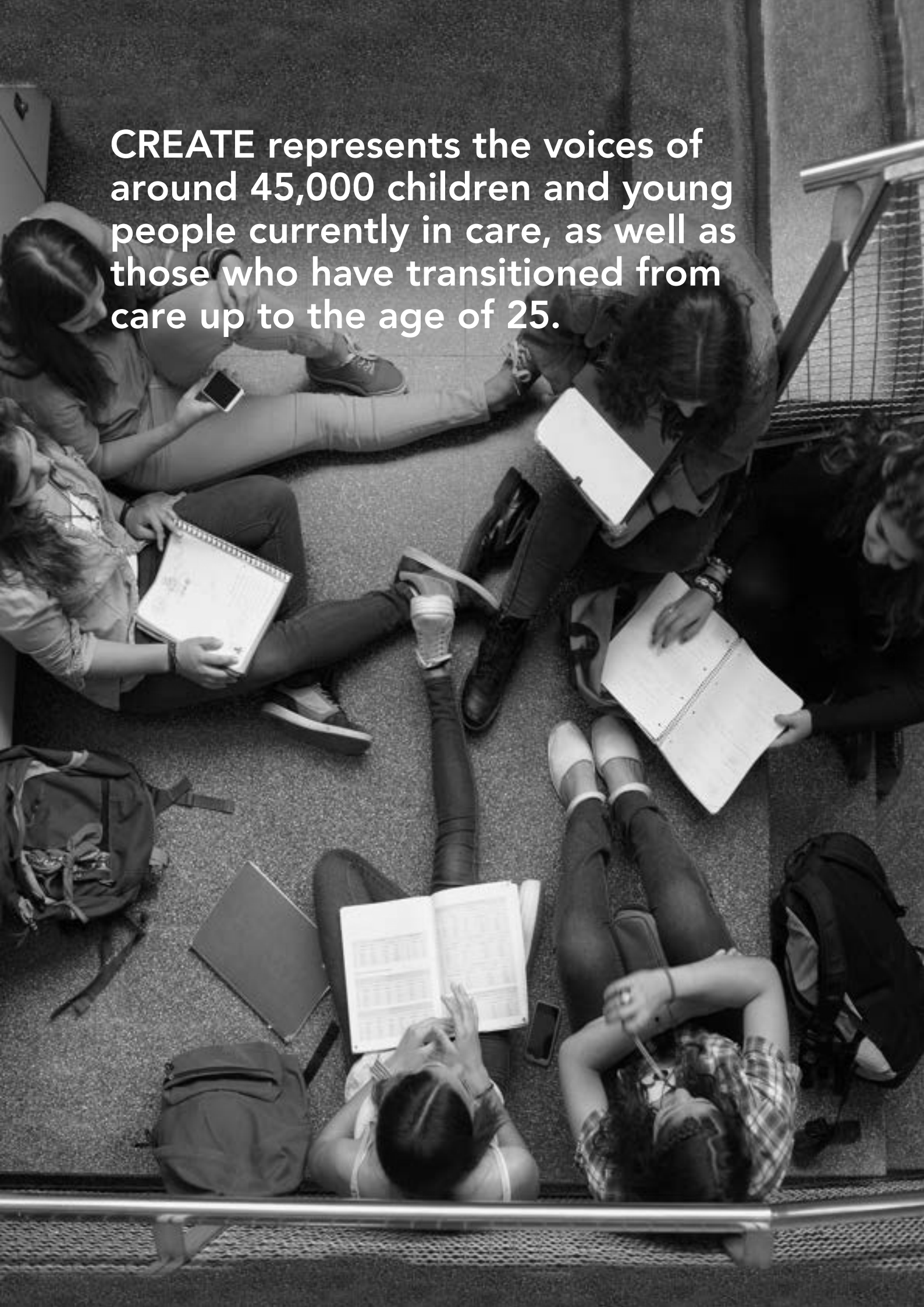


Table of Contents

List of Tables.....	viii
List of Figures.....	ix
Forewords & Biography	x
Foreword: Chairman: Mr Richard Hill	xi
Foreword: Chief Executive Officer: Ms Jacqui Reed	xii
Biography: Author: Dr Joseph J. McDowall	xiii
EXECUTIVE SUMMARY	xv
Background.....	xv
Method	xv
Participants	xv
Survey	xv
Procedure	xv
Study Results	xvi
Key Issues	xvi
Care History and Experience	xvi
Education	xvi
Health and Life Skills	xvi
Leaving Care	xviii
Positive and Negative Aspects of Leaving Care	xviii
Accommodation	xviii
Employment and Finances	xviii
Family Connection	xviii
Outcomes for Aboriginal and Torres Strait Islander Care Leavers	xix
Future Goals	xix
Comparison Between Transition Outcomes in 2009 and 2019	xix
Final Comment: Leaving Care—A Flawed Concept	xix
1.0: INTRODUCTION.....	xx
1.1 Transitioning to Adult-hood from Out-of-Home Care.....	1
1.2 Transitioning from Care in Australia	2
1.3 CREATE's Work in Transitioning from Care.....	3
1.4 CREATE's 2009 Report.....	3
1.4.1 Education and Employment	5
1.4.2 Finances	5
1.4.3 Accommodation	5
1.4.4 Relationships.....	5
1.4.4.1 Birth Family	5
1.4.4.2 Children.....	5
1.4.5 Health and Self-Care	5
1.4.6 Leaving-Care Planning.....	5
1.4.7 After-Care Support.....	6
1.5 Leaving-Care Findings in CREATE's Action-Research Interventions.....	6
1.5.1 CREATE's "What's the Plan?" Campaign	6
1.5.2 CREATE's "Go Your Own Way" Resource	7
1.6 CREATE's National Surveys of Life in Out-of-Home Care	7
1.6.1 CREATE's First Out-of-Home Care Survey 2013	7
1.6.2 CREATE's 2018 In-Care Survey	7
1.7 The Present Study+	7

2.0: METHOD	8
2.1 Recruitment of Respondents	9
2.2 Participants	9
2.3 Materials	10
2.3.1 Recruitment Material	10
2.3.2 Post-Care Survey	12
2.4 Procedure	12
2.4.1 Data Collection	12
2.4.2 Data Analysis	13
2.4.3 Limitations	13
3.0: RESULTS	14
3.1 Key Issues Within the Out-of-Home Care System	15
3.2 Care History and Experience	16
3.2.1 Being Absent from Placement	20
3.3 Education	23
3.3.1 Educational Experience	23
3.3.2 Educational Support	24
3.4 Health and Life Skills	25
3.4.1 Health Issues	25
3.4.2 Life Skills	26
3.4.3 Youth-Justice Contact	27
3.5 Leaving Care	30
3.5.1 Preparation	30
3.5.2 After-Care Support	33
3.5.2.1 After-Care Service Access	34
3.5.2.2 Access to Personal Documents	35
3.5.2.3 Transition-to-Independent-Living Allowance (TILA)	36
3.5.3 The Positive and Negative Aspects of Leaving Care	37
3.5.3.1 Positive Outcomes	37
3.5.3.2 Negative Outcomes	38
3.5.3.3 Leaving Care Evaluation	39
3.6 Accommodation	39
3.6.1 Initial Accommodation	40
3.6.2 Accommodation When Independent	41
3.6.3 Homelessness	42
3.7 Employment and Finance	43
3.7.1 Finding Employment	44
3.7.2 Income	44
3.7.3 The Influence of Leaving Placement on Outcomes	45
3.8 Family	47
3.8.1 Family Connection	47
3.8.2 Parenting	48
3.9 Aboriginal and Torres Strait Islander Young People	49
3.10 Goals for the Future	53
3.11 Final Comments	54
4.0: DISCUSSION	56
4.1 Key Issues for Young People Transitioning from Care	57
4.1.1 What Characterises a Successful Transition?	57
4.2 Care History and Experience	57
4.2.1 Placement Type and Stability	57
4.2.2 Being Absent from Placement	58

4.3 Education	58
4.3.1 Educational Experience	58
4.3.2 Educational support	59
4.4 Health and Life Skills.....	59
4.4.1 Health Issues	59
4.4.2 Life Skills	59
4.4.3 Youth-Justice Involvement	60
4.5 Leaving Care	61
4.5.1 Preparation	61
4.5.2 After-Care Support.....	63
4.5.2.1 After-Care Service Access	63
4.5.2.2 Access to Personal Documents.....	64
4.5.2.3 Transition to Independent Living Allowance (TILA)	65
4.5.3 The Leaving-Care Experience	65
4.6 Accommodation.....	66
4.6.1 Extending Care	66
4.7 Employment and Finances	67
4.8 Family.....	68
4.8.1 Family Connection.....	68
4.8.2 Parenting.....	68
4.9 Outcomes for Aboriginal and Torres Strait Islander Care Leavers.....	69
4.10 Future Goals	70
4.11 Comparison Between Transition Outcomes in 2009 and 2019.....	70
4.11.1 Transition Planning	70
4.11.2 Accessing After-Care Support	71
4.11.3 Health and Self-Care	73
4.11.4 Education	73
4.11.5 Accommodation	74
4.11.6 Employment and Finances	75
4.11.7 Parenting.....	77
4.12 Final Comments: Why leave care at all?.....	77
5.0: REFERENCES.....	80
6.0: APPENDICES.....	94
Appendix A: Participant Information Sheet	95
Appendix B: Consent Form.....	98
Appendix C: CREATE's Post-Care Survey 2018	99
Appendix D: Key Issues Raised by Care Leavers for Improving the Care System	110
Appendix E: Comments About Educational Experience	117
Appendix F: Final Comments on the Care System	121

List of Tables

Table 2.1: Estimated Sample Sizes Proposed for Recruitment in Post-Care Study Based on the Total Number of Young People Discharged from Care 2011–2018	9
Table 2.2: Number of Respondents Living in the Various Jurisdictions When Completing Survey and During Placement	10
Table 2.3: Number of Respondents Reporting Various Disabilities	10
Table 2.4: Distribution of Ages Represented in Post-Care Sample	12
Table 3.1: Key Issues Identified by Care Leavers to Improve the OOHC System	15
Table 3.2: Placement Type Occupied by Respondents When Last in Care	17
Table 3.3: Explanations by Respondents for Why They Were Absent From Placement	20
Table 3.4: Outcomes Experienced by Respondents Following Being Absent From Placement	21
Table 3.5: Sources of Support with Their Education Identified by Respondents.....	24
Table 3.6: Types of Educational Support Valued by Respondents.....	25
Table 3.7: Number of Young People Who Had Youth Justice Contact at the Designated Ages	27
Table 3.8: Reasons Given by Respondents for Their Involvement with Youth Justice	29
Table 3.9: Supporters Providing Assistance to Young People During Contact with Youth Justice	29
Table 3.10: Supporters Spoken With by Young People about Transitioning From Care.....	30
Table 3.11: Per Cent of Young People Whose Leaving Care Plans Addressed the Areas Listed	30
Table 3.12: Supporters Providing After-Care Assistance as Identified by Respondents.....	33
Table 3.13: Accommodation Occupied by Respondents Immediately After Leaving Care Placement ..	39
Table 3.14: Activities Currently Occupying Most Respondents' Time	44
Table 3.15: Supports Identified for Parenting by Young People Who Have Left OOHC	49
Table 3.16: Hierarchy of Future Goals Proposed by Respondents	53

List of Figures

Figure 3.1: Median Age Respondents Entered OOHC in Each Jurisdiction	17
Figure 3.2: Median Duration Respondents Spent in OOHC in Each Jurisdiction	18
Figure 3.3: Median Number of Placements Experienced While in OOHC in Each Jurisdiction	18
Figure 3.4: Median Duration of Last Placement Experienced While in OOHC in Each Jurisdiction	19
Figure 3.5: Per Cent of All Responses (n = 105) Indicating the Need for the Health Supports Listed ..	26
Figure 3.6: Mean Ratings of Ease of Completion of Tasks Associated with the Listed Life Skills	27
Figure 3.7: Mean Ratings by Respondents of How Helpful They Found Supports Covered in Leaving-Care Plans.....	32
Figure 3.8: Respondents' Mean Ratings of Usefulness of Forms of Communication About Leaving-Care Supports	33
Figure 3.9: Per Cent of Respondents Reporting Frequency of Contact with Former Carers and Caseworkers	34
Figure 3.10: Per Cent of Respondents Not Accessing After-Care Support Services or Using Them "A Reasonable Amount"	35
Figure 3.11: Mean Ratings of How Helpful Respondents Found After-Care Support Services	35
Figure 3.12: Positive Outcomes Identified by Respondents Associated with Transitioning from the OOHC System	37
Figure 3.13: Negative Outcomes Identified by Respondents Associated with Transitioning from the OOHC System	38
Figure 3.14: Mean Ratings by Respondents of Satisfaction with Support Received for Leaving Care by Jurisdiction	39
Figure 3.15: Extent of Notice Respondents (n = 156) Received About Where They Would Live After Leaving Care	40
Figure 3.16: Reasons Given by Young People for Losing Their Accommodation	40
Figure 3.17: Supports Needed to Help Retain Accommodation	43
Figure 3.18: Per Cent of Respondents Who Experienced Homelessness During Their First Year After Leaving Care	43
Figure 3.19: Per Cent of Respondents Obtaining Income from Designated Sources	44
Figure 3.20: Per Cent of Respondents Able to Stay with Carer on Turning 18 Years Who Achieved Outcomes Compared with Those Who Left Their OOHC Placement	46
Figure 3.21: Per Cent of Respondents Living with Listed Birth Family Members After Leaving Care ..	46
Figure 3.22: Estimated Frequency of Contact with Birth Family Members Not Living with Respondent.....	47
Figure 3.23: Per Cent of Respondents Indicating Level of Preference for Future Contact with Birth Family Members Not Living with Young People	48
Figure 3.24: Per Cent of Indigenous and non-Indigenous Young People Achieving the Listed Outcomes Following Their Care Experience	50
Figure 3.25: Per Cent of Indigenous and Non-Indigenous Young People Undertaking the Listed Activities Currently and Receiving Income from the Designated Sources	50
Figure 3.26: Per Cent of Indigenous and Non-Indigenous Young People Contacting the Listed Birth Family Members Either At Least Fortnightly or Rarely	51

Figure 3.27: Per Cent of Indigenous and Non-Indigenous Young People Who Wish to Have the Indicated Level of Contact with Designated Birth Family Members	52
Figure 3.28: Per Cent of Indigenous and Non-Indigenous Young People Accessing the Listed Support Services with the Designated Frequency	52
Figure 4.1: Comparison of Outcomes for Transition Planning from 2009 and 2019 Surveys	71
Figure 4.2: Comparison of Outcomes for Accessing After-Care Support from 2009 and 2019 Surveys	72
Figure 4.3: Comparison of Outcomes for Health and Self-Care from 2009 and 2019 Surveys	72
Figure 4.4: Comparison of Outcomes for Education from 2009 and 2019 Surveys	73
Figure 4.5: Comparison of Outcomes for Accommodation from 2009 and 2019 Surveys	74
Figure 4.6: Comparison of Outcomes for Employment Issues from 2009 and 2019 Surveys	75
Figure 4.7: Comparison of Outcomes for Finances from 2009 and 2019 Surveys.....	76
Figure 4.8: Comparison of Outcomes for Parenting from 2009 and 2019 Surveys.....	76

FOREWORDS & BIOGRAPHY





Foreword

CHAIRMAN: MR RICHARD HILL

In 1999, the Australian Association of Children and Young People in Care (AAYPIC) became an independent incorporated organisation called the CREATE Foundation, established to ensure that the voices of children and young people are at the centre of decision-making in out-of-home care. Since then, CREATE's research reports have become an important tool to disseminate invaluable insights from young people about how their care experiences can be improved.

The CREATE Board commends the Chief Executive Officer, Jacqui Reed, and staff across all jurisdictions, who work tirelessly to enable as many young people as possible to have a say about their experiences of transitioning from care. For over 20 years the CREATE Board has been privileged to play a role in the work of CREATE, contributing to significant improvements within the care system, such as the development

of the *National Standards for Out-of-Home Care*. The insights contained within this report highlight important areas within the care system that require continued focus in the coming years.

We're encouraged by the states/territories that have taken the lead in providing access to support services and extending placements to 21. Victoria's recent funding investment in the future of young people has been a welcome announcement. Having a suite of options for young care leavers is essential for their successful journey into adulthood. It is now our collective responsibility to make the necessary changes across all jurisdictions to ensure that young people transitioning from the care system do so confidently, and with appropriate support.

Foreword

CHIEF EXECUTIVE OFFICER: MS JACQUI REED

CREATE Foundation believes efforts to improve the care system must be underpinned by the voices of those who experience the system first hand. As CREATE celebrates over 20 years of standing up for children and young people in care, we can reflect on the progress we have made in a journey that began with CREATE advocating for the development of *National Standards for Out-of-Home Care*, which were introduced in 2011. During this time CREATE has actively campaigned to improve outcomes for young people transitioning to adulthood from out-of-home care. CREATE's first dedicated research on this topic was *Transitioning from Care Tracking Progress* (McDowall, 2009). This seminal report charted the experiences and poor outcomes for young people as they left care and led CREATE to run campaigns, provide training (*CREATE Your Future*), and develop resources (*Go Your Own Way Kits*, *CREATE Your Future Website*, *Sortli App*, and *CREATE Your Future Grant Scheme*), all designed to improve young people's knowledge and engagement in their planning for independence.

Our latest report *Transitioning to Adulthood from Out-of-Home Care: Independence or Interdependence?* (McDowall, 2020) revisits this issue, and measures the impact and progress the various jurisdictions made over the last decade in their transitioning-from-care planning and support. This report's findings are compelling and while only limited change is noted with still much to improve, there are some new

initiatives on the horizon that we are hopeful will continue to build momentum and focus in the area of transition.

There are welcomed improvements for the completion of year 12 (57% compared to 35% in 2009); however, young people with a care experience are still not at the same level as their counterparts who are not living in statutory care. Overwhelmingly, the report highlights the fact that having young people leave care at the age of 18 is out of step with society's norms.

Compiling this report has been a challenging journey, with access to young people being our biggest obstacle. Having limited resources and staff to locate and interview young people was another barrier that made our vision of offering as many young people as possible an opportunity to have a say a difficult reality. Our national and state teams worked above and beyond to ensure that we left no stone unturned to locate and encourage participation. My gratitude and sincere thanks are extended to all staff involved in this project, for their endless enthusiasm and commitment to hearing the voices of young people.

We'd also like to acknowledge Dr Joseph McDowall for his unwavering passion to bring the report to life, and promote the voices of children and young people in a format that can be utilised by researchers and practitioners alike. We extend our thanks and appreciation for his dedication to bringing the issues and experiences of children and young people to the fore.





Biography

AUTHOR: DR JOSEPH J. MCDOWALL

Dr Joseph McDowall has a PhD from the University of Queensland in Social Psychology. He has lectured both there and at Griffith University in the areas of Psychology, research methods, statistics, social skills, and empirical aesthetics. Since 2002 he has been involved in child protection and has provided consultancy services to the Queensland government within the out-of-home care sector and for the Recognised Entities. He joined the Board of the CREATE Foundation in 2008 and is now Executive Director (Research).

Dr McDowall has written three CREATE Report Cards (2008, 2009, and 2011) that have provided a comprehensive review of the state of transitioning from care in Australia. In 2010, Dr McDowall co-authored the solutions paper *"What's the Answer?"* that summarised the views of young people regarding what could be done at various levels to improve the transitioning experience (this was published under the auspices of the Commonwealth Department of Families, Housing, Community Services, and Indigenous Affairs).

Following the introduction of the *National Standards for Out-of-Home Care*, in 2013 Dr McDowall produced the first comprehensive survey of life in the Australian care system from the perspective of children and young people. His report in 2015 drew attention to the issues surrounding the placement of siblings in care, and

another paper (Communities, Children and Families Australia, 2016) addressed the degree of connection to culture experienced by Aboriginal and Torres Strait Islander young people. Also, in 2016, he published an evaluation of CREATE's *Go Your Own Way* resource for young people preparing to exit the care system. Under the auspices of the Queensland Family and Child Commission, in 2018 he produced a report documenting the results of interviews with young people who for various reasons had been absent from their placements while in care.

In December 2018, Dr McDowall completed the report on CREATE's National Survey: *Out-of-home care in Australia: Children and young people's views after five years of National Standards* representing the voices of 1275 children and young people.

Currently, he is an Adjunct Associate Professor at the University of Queensland in the School of Nursing, Midwifery, and Social Work, and a Visiting Fellow at the Queensland University of Technology in the School of Public Health and Social Work. He also is a member of the Australian Psychological Society, the Royal Society of Queensland, and is a Fellow of the Queensland Academy of Arts and Sciences.

EXECUTIVE SUMMARY



Executive Summary

BACKGROUND

In 2009, the CREATE Foundation conducted a study in which a group of young people in care and a corresponding cohort that had left care were surveyed to explore their preparation for leaving the care system, and for the older group specifically, their challenges during the process of transitioning, and in the years following when they attempted to achieve independence. Questions focused on important life domains (e.g., health, education, family, relationships, identity) in a comprehensive review of the transitioning experience (McDowall, 2009).

Since that time, and in the context of increasing concern with the poor outcomes of care leavers by international and Australian researchers, CREATE has mounted various campaigns purposely designed to increase the number of care leavers with plans for their future, as leaving-care planning was identified as an area poorly handled within the protection system (McDowall, 2011; 2016). While these projects gave many young people with a care experience an opportunity to discuss aspects of how they had been supported when transitioning and the challenges they faced, largely due to inadequate preparation for independent life, no extensive review similar to that produced in 2009 has been undertaken in the last 10 years.

The current CREATE project provides the vehicle for redressing this omission. In 2018, CREATE completed a survey gathering young peoples' views of life in care in all jurisdictions throughout Australia (McDowall, 2018). In conjunction with data collection for this national in-care research, it was convenient to offer young people, who had left care during the last five years, the chance to respond to similar questions asked of care leavers in 2009 to identify any changes that may have occurred in recent times.

Specifically, the following areas were explored:

- How do the care experiences of young people influence their outcomes after leaving the system?
- How well are young people prepared for transition from out-of-home care to adulthood?
- What are the outcomes of young people after leaving care in key life domains (e.g., health, education, employment, housing, life skills, and relationships)?
- What supports do young people need and what services do they access to help them post-care?
- What are some of the positive and negative aspects of transitioning, and what goals do young care leavers set themselves for the future.

METHOD

PARTICIPANTS

Initially, invitations were sent by mail to 1,645 young people with a care experience between the ages of 18 and 25 years whose contact details were recorded on CREATE's database as members of *clubCREATE*. In addition, information about the study was included in CREATE's magazines and newsletters, calling for eligible volunteers. When data collection closed, 325 young people had participated in interviews or completed the survey online. Unfortunately, in some jurisdictions, the number of respondents was low (e.g., ACT=10; NT=19; and SA=14). This meant that it was not meaningful to conduct jurisdictional comparisons. Overall, two thirds of respondents were female, 22% were Aboriginal or Torres Strait Islander, while one third experienced some form of disability. Each of the eight age groups in the sample was well represented.

SURVEY

This post-care survey was an extended version of the one first administered to care leavers in CREATE's 2009 Report Card. It comprised a maximum of 136 questions presented on the Survey Monkey platform, with conditional branching to ensure respondents received only relevant questions based on their previous answers. Questions included a set dealing with demographic information, followed by others about the young person's care experience, current study or employment, financial matters, accommodation, family contact, parenting (if relevant), health, youth justice involvement (if relevant), preparation for leaving care, and support since transitioning to independence. Young respondents initially were asked to nominate one or two major issues they felt needed to be addressed to improve the care system. The survey concluded by giving them the opportunity to talk about their hopes for the future.

PROCEDURE

Of the 325 respondents, 57% completed the survey online, 38% by telephone interview, and 5% by face-to-face interviews with CREATE staff. When participating, 14% had a support person with them, mostly relatives (5%), former carers (4%), friends (3%), or caseworkers (2%). For those contacted by phone or face-to-face, questions were presented in the form of a structured interview. Once young people agreed to be involved, the study was explained to them and they provided consent before continuing. For those completing the questions online, the instructions were provided before beginning the survey, and informed consent was deemed to be given when a completed survey was submitted.

STUDY RESULTS

KEY ISSUES

When young people were asked to nominate, based on their experience, critical issues that they felt should be addressed to improve the care system, five areas of concern emerged that summarised their major challenges:

- Support for transitioning (e.g., need help accessing resources; support for mental health and well-being; guidance for independent living);
- Issues with caseworkers (e.g., worker turnover; inadequate training; workers needing to be more responsive to young people)
- Issues with carers (e.g., more trauma-informed training; long-term commitment; more involved in the preparation-for-transitioning process)
- Placement stability and safety; and
- Involvement of young people in decision-making.

CARE HISTORY AND EXPERIENCE

The majority of respondents (42%) had been placed in foster homes while in care, with almost one quarter having experienced residential care. They expressed slight dissatisfaction with the number of placements they had lived in; the more placements, the lower satisfaction. Those who had been in residential care or lived independently were less satisfied than respondents from home-based care. A major factor contributing to feelings of dissatisfaction with care was failure to be consulted about placement changes.

Over half the young people commented negatively about being moved frequently, emphasising the disruption, instability, and inconsistency of rules and expectations, as well as feelings of abandonment and being unwanted. One third of respondents expressed their dissatisfaction by leaving their placement. Their absence could be attributed to either “push” factors (feeling unhappy or unheard, or because they experienced abuse or conflict), or “pull” factors (seeking freedom and normality, and to maintain relationships). Unfortunately, 39% of those who were absent reported that nothing changed in their placement when they returned, or they were subjected to some form of negative sanction without efforts being made to address the problem/s.

EDUCATION

A positive outcome of the current research was the observation that 57% of respondents completed Year 12 secondary school studies, with those in home-based placements, and who had fewer placements, more likely to achieve this goal. Of the 325 respondents, over one third were continuing their studies, 18% at TAFE and 11% at university.

Young people who hadn't completed secondary school gave a variety of reasons including finding the work too difficult, feeling stressed because of lack of support, while 16% of comments referred to placement instability and frequent changes of school. Of additional concern was the 9% of respondents whose schooling ended due to exclusion, suspension, or expulsion.

Carers and friends were the greatest source of support for schooling showing the importance of an educationally-focused care environment and peer support networks. While around one quarter of comments by respondents dealt with obtaining assistance with study content (schoolwork and homework), and 18% could benefit from mental health support, the majority (over one third) indicated that financial aid (e.g., for books, tuition, and/or transport) was a fundamental need.

HEALTH AND LIFE SKILLS

The group rated their general health as reasonably good, but they expressed a strong need for assistance in finding and accessing suitable services (medical, dental, or counselling) when needed. Support for maintaining mental health was assigned a high priority, but the cost of continued treatment was a problem. As well as ensuring that the basic health needs of care leavers are met (through planning), young people indicated that they also would value more information and guidance about nutrition and exercise, and practical help with getting to appointments (transport issues).

Respondents indicated that they managed most basic life skills reasonably well (i.e., preparing meals, maintaining a home, accessing transport). An area that posed some difficulty was making friends, emphasising that consideration must be given in the planning process to maintaining young peoples' positive social networks as critical sources of general life support.

One issue explored in more detail in this survey was youth-justice involvement by young people with a care experience. Of the 305 who responded to the youth-justice questions, 37% reported that they had been involved with the justice system while in care, 21% since leaving care. Involvement while in care included court attendance associated with obtaining orders, and when acting as a witness, as well as actual offending. Females and males were involved in similar proportions. However, Aboriginal and Torres Strait Islander young people reported significantly more youth-justice involvement than expected post-care (31%) in contrast to non-Indigenous respondents (18%). In addition, while in care, those living in Residential Care and Independently claimed significantly more youth-justice contact than expected (56% in each group reported involvement) compared with those in home-based placements (25%). Unfortunately, 14% of respondents reported that they had no support during their youth-justice involvement.



LEAVING CARE

Preparation

In planning for leaving care, almost half of the respondents had spoken with their caseworker, although 26% reported that they had not spoken with anyone. Only 36% indicated that they had a transition plan, and 39% of these had been quite involved in its preparation. The plans in existence dealt well with health, accommodation, setting up a home, and education; however, plans were less effective when it came to obtaining a driver's licence, financial planning, family contact, emotional support, and acquisition of life skills. Respondents mostly rated the content of their plans as somewhat to reasonably helpful, although the handling of financial management, family contact, emotional and cultural support was seen to be of little value. Young people wanted practical support, preferably from mentors who could provide direct assistance.

After-Care Support

After-care support was provided by friends for one third of respondents; previous carers, siblings, and after-care services also were of assistance to reasonable numbers. Young people were more likely to keep in regular contact with carers (about one third saw a former carer at least weekly) than with caseworkers (two thirds had no contact with caseworkers after transitioning).

Relatively few respondents had accessed available services. Not surprisingly, the services that were most used dealt with housing and accommodation, as well as after-care services. Ratings of service helpfulness showed that, when young people accessed a service, they found the assistance useful, particularly for health and dedicated after-care support.

Also, two thirds of care leavers in this sample had sought copies of their personal records, but under half (42%) had not received any response. For many who received documents, the information content had been redacted. In general, respondents felt little confidence that they would be able to obtain their personal documentation if needed. Similarly, 62% of the sample had heard of the Transition to Independent Living Allowance (TILA), but only 43% had applied for this available support. However, when caseworkers were involved in preparing the application, the process worked well.

POSITIVE AND NEGATIVE ASPECTS OF LEAVING CARE

Most commonly, young people were looking forward to leaving care for the freedom it would provide and the opportunities for gaining more control of their lives. However, for 11% of respondents the positive was not having any further dealings with the department. This experience of independence had to be balanced against an underlying feeling (for 40% of respondents) of loss of support from caseworkers and carers, and in many cases their social networks as well. Financial difficulties became prominent, along with concerns over homelessness, and mental health issues including feelings of uncertainty

and loneliness. Overall, young people gave their transition experience a satisfaction rating of 45 out of 100, indicating that the "corporate parent" must do more to ensure this process meets the needs of the young people living through the transition.

ACCOMMODATION

A key finding in this section was that 49% of young people had moved from their carers' household when their orders expired. Only 19% felt they had been notified in time to allow them to prepare adequately for this major change in their lives. Most moved into supported accommodation or found their own flat or house, while 19% returned to their birth family, and 17% were homeless immediately on leaving care. A large proportion of the sample (88%) was either renting their accommodation or paying board and around half found it relatively easy to meet these costs, but 31% would have appreciated some extra financial help, either through higher Centrelink payments or finding employment. Unfortunately, 30% of the young people reported they had been homeless at some stage within their first year after leaving care (37% of these for 6 months or more).

EMPLOYMENT AND FINANCES

Within the present sample of care leavers, one third of young people had some form of ongoing work, while 31% were studying. However, 30% had not found regular, paid employment. Finding a job was rated as somewhat difficult by respondents. Only 20% of the sample reported receiving support with job seeking, which they found reasonably helpful. Overall, 20% were able to support themselves with their wages, while another 21% supplemented part-time work with Centrelink payments. However, 46% were totally dependent on Centrelink. Young people were mixed in how competent they felt managing their money; the greatest assistance needed was with developing and implementing a budget.

FAMILY CONNECTION

A major concern while young people are in out-of-home care is maintaining their connection with birth family members, often with a view to reunification in the future. In this sample of care leavers, at the time of completing the survey, 29% of respondents indicated they were living with a family member. One quarter of these reported being with either their mother or their grandparents; however, over half (55%) were living with siblings. Even for those who were not living with family, almost 40% contacted siblings weekly compared with 28% seeking this level of contact with their mother (and a greater proportion of respondents wanted more contact with siblings than they did with other family members). Overall, 50% of respondents had no contact at all with fathers.

As well as considering their birth families (parents, siblings, and relatives), 16% of respondents had become parents themselves, 10 of the young people when under 18 years of age. Although one third felt they didn't need

any special support for looking after their children, 42% would benefit from help with childcare, as well as extra financial assistance. A particular concern for 15% of the young parents was gaining access to their children who themselves already been taken into care.

OUTCOMES FOR ABORIGINAL AND TORRES STRAIT ISLANDER CARE LEAVERS

The over-representation of Aboriginal and Torres Strait Islander young people in the care system demands that a closer analysis is performed on outcomes for this group (comprising 72 young people in this study) compared with the non-Indigenous sample. Of nine outcome measures, Aboriginal and Torres Strait Islander young people performed significantly poorer on four. They were: (a) less likely to complete Year 12 (40% vs. 61%); (b) more likely to be missing from placement (68% vs. 48%); (c) more likely to be involved with youth justice post-care (31% vs. 18%); and (d) more likely to be parents (23% vs. 12%). On all other outcome measures (e.g., being homeless; having a leaving-care plan; working, engaging in further study, or being unemployed; and levels of family contact), there were no significant differences between the groups. In general, the majority of care leavers were unlikely to access available support services; however, an observation of particular concern was that 80% of Indigenous respondents had not utilised the culturally-aligned assistance available.

FUTURE GOALS

When looking to the future, the aspirations expressed by the care leavers were similar to what would be expected of most young people in Australia today. Of primary importance was getting a job (26% of responses), followed by continuing their education, and setting up their own home. Other common goals included starting a family, travelling, obtaining a driver's licence, and forming friendships.

Respondents' final comments expressed hopes for the care system to be fixed (32%); for it to show more concern for young people and involve them in decision-making (19%); and in particular, to provide better leaving-care support (12%).

COMPARISON BETWEEN TRANSITION OUTCOMES IN 2009 AND 2019

This study provided an opportunity to compare care-leaving experiences from 2009 to 2019, to assess whether any improvements had occurred during the ten years, following various Royal Commissions, inquiries, and changes to the system. Comparison across the life

domains identified in this study showed that there were few measures on which outcomes changed. Five major differences were positive, one negative. For example, in 2019:

- while there were no differences in the number of care leavers with a specific plan for their future, more of those with a leaving-care plan had been involved in its development; ✓
- more care leavers had completed Year 12; ✓
- fewer respondents found it difficult to obtain accommodation; ✓
- more care leavers were working part-time; ✓
- more of the sample were engaged in study. ✓
- the number of care leavers involved with youth justice has increased; X

For all other indicators, no significant changes were recorded, and as was reported in the findings, most outcomes still are consistently poor. This is a disappointing result, given the extensive efforts that have been expended throughout Australia over the last 10 years by governments and NGOs to achieve better results for care leavers.

FINAL COMMENT: LEAVING CARE—A FLAWED CONCEPT

The recent trend in developed countries (e.g., US, UK, and currently in parts of Australia) to extend care to 21 years, while undoubtedly providing necessary additional support for those about to age out of care, raises questions about the arbitrary nature of when "care ends." Indeed, suggestions are being made in some quarters to extend this further to 25 years. Given the consistently poor outcomes associated with care leavers globally, it would seem to be time to rethink the notion of "leaving care." As a construct, its negative implications are overwhelming. From a legal position, statutory orders may expire at age 18 years, but this need not impact on the care provided, which should continue as long as needed (as occurs in the general population).

Changing our thinking and associated terminology would remove the threat of a necessary forced "transition," and the anxiety and uncertainty consequently generated (either through early discussions about leaving, or no discussions at all until it happens). This would go a long way to achieving stability for young people brought into alternate care, and enable them to realise their aspirations in their own time.

1.0: INTRODUCTION



1.1 TRANSITIONING TO ADULTHOOD FROM OUT-OF-HOME CARE

Studies investigating the outcomes for young people leaving out-of-home care (OOHC) indicate that the disadvantage experienced by this group relative to their peers in the general population appears to be a “global phenomenon” (Collins & Tuyen, 2016). International reviews (e.g., Mendes & Snow, 2016; Stein & Munro, 2008) present multiple studies from all over the world painting the same picture that those moving from care to independence “have more accelerated and compressed transitions than their peers, and are more likely to be disadvantaged in respect to their main pathways to adulthood: education, training and employment, accommodation and health and well-being” (Stein, 2016, p. v). Because “the road to adulthood has lengthened”, as Benson (2014, p. 1765) observed when referencing the US context, vulnerable care leavers risk missing out on support services (e.g., for mental health, juvenile justice, foster care, and special education) since their eligibility to access these can end before the need for assistance is recognised. Parry and Weatherhead (2014) describe the issues for many young people as “too much, too soon” (p. 269).

Experience with a care system appears to generate problems in most countries around the world where research into child protection has been conducted. Even in Nordic countries that rate highly in child well-being statistics, young people transitioning to adulthood from care experience disadvantage (Kääriälä & Hiilamo, 2017). Cameron et al. (2018) compared the outcomes for a cohort of young people who had been in care with their peers who had not in three countries: Britain, Finland, and Germany. Areas explored included education, employment, family, health, and welfare. These authors noted that:

Surprisingly, despite variations in welfare system and differences in the scope and quality of available data, trends were similar in each of the countries, suggesting that none provide adequately for the needs of care experienced young adults. The findings point towards the need for a revised conceptualisation of the notion of “independence” which has to take into account the manifold and changing relationships between individuals and the state. (p. 163)

Interestingly, these findings mirror calls made much earlier to redefine “the concept of independent living by moving away from self-sufficiency to *interdependence*...This new definition emphasizes the importance of connection as not only normal but necessary for providing the context of healthy growth and development” (Propp et al., 2003, p. 265; *italics added*).

Poor outcomes for care leavers, compared with young people in the general population have been recorded irrespective of the type of care system providing support. For example, Gypen et al. (2017) conducted a systematic review of 32 quantitative

studies comparing two care-system typologies (Child Protection Oriented systems, such as UK and Australia, vs. Family Service Oriented systems found in Nordic countries). Young people who exited both systems showed disadvantage compared with peers in the general population in the domains assessed including education, employment, annual earnings, housing, mental health outcomes, substance abuse, and criminality. This disadvantage can be exacerbated in locations where services are not available, as Fryar et al. (2017) showed in their review of support provided (or not provided) to care leavers in the various US states. However, as Jones (2014) had demonstrated, even when “wrap-around” services that provided individualised guidance for each young person were accessible, 63% of the respondents reported feeling only “somewhat prepared” for independence and 15% were not prepared at all, with over one third dissatisfied with the specialist services. These findings suggest that providing support for care leavers is complex; therapeutic interventions are needed to help overcome the inherent disadvantage that led to the young people being brought into care initially.

Lemus et al. (2017) pointed out that the young people they surveyed had clear plans for the period immediately after leaving care, particularly concerning their education, employment, housing, and transportation. But they were less certain about what might happen in the year following transition. The authors argued that “foster youth may have difficulty identifying concrete steps to make plans a reality despite their ideas for the future” (p. 48), and that the challenges they face during “transition to adulthood may thwart their ability to successfully attain their educational goals” (p. 54). Some of these barriers were identified by Sulimani-Aidan (2017b) and included “weak and unsupportive social ties, obligations to their biological parents, and poor personal capital” (p. 332).

While each individual entering into adulthood undergoes a series of personal, social, and psychological transitions (Bridges, 2009; Dima & Skehill, 2011), young people differ in how effectively these changes are managed. These differences are of particular relevance when considering transitioning from care. Building on work first conducted in the *Moving On* study (Biehal et al., 1995), Stein (2008) identified three groups of care leavers in terms of their outcomes and benefits from the supports available: (a) those “moving on” who were well prepared for the future and could move on from their past, expressing resilience that allowed them to be less dependent on leaving-care services; (b) the “survivors” who saw themselves as tough and able to look after themselves, but benefitted from personal and professional support after leaving care, particularly in areas concerning accommodation, money, and personal problems; and (c) the “strugglers” who evidenced significant problems and lacked essential personal support to the extent that aftercare services were unlikely to be able to help

them overcome initial barriers.

Subsequent research has tended to concentrate on a broader dichotomy in care leavers, possibly combining the first two categories for comparison with the third. For example, in Pinkerton's (2011) review, he observed that "whilst significant numbers of care leavers may go on to flourishing lives, significantly more do not" (p. 2413), the poor outcomes resulting from accumulated negative pre-care and in-care experiences. This observation is consistent with Refaeli's (2017) categorisation of young people four years after they left residential care facilities as either "surviving through struggle" or "struggling to survive."

Häggman-Laitila et al. (2018), in their review of 21 qualitative studies from 12 countries, showed that the research reviewed emphasised the range of disadvantage faced by care leavers. As is commonly reported, many young people were unprepared for leaving care; had not acquired survival skills; lacked support from family, carers, or institutions; and faced challenges in education, housing, employment, finances, relationships, access to health care, and adapting to cultural norms. However, these authors showed that the body of research also revealed two types of responses different care leavers exhibited when reacting to this disadvantage. Five of the studies reviewed found that respondents tended to emphasise the possibility of a new beginning when leaving care (a more optimistic viewpoint), while nine found that young people saw the transition as representing a negative life change (appearing somewhat pessimistic). A similar dichotomy was reported in Baker's (2017) study where some respondents claimed "they were not ready for such a big move and approached it with trepidation. Others eagerly looked forward to it" (p. 40). How such predispositions form is a question that needs further exploration. Some insights have been offered through work on resilience (e.g., Ungar & Theron, 2019).

If care systems are to do more than simply minimise the likelihood of further harm befalling young people by removing them from birth parents, they must attempt to redress the effects of trauma young people have experienced during their developing years (Bailey et al., 2019; Gatwiri et al., 2018; Mayer, 2019; McCormack & Issaakidis, 2018). Part of this process involves establishing positive relationships with individuals the young people can trust. As Baker (2017) explained, such connections made while young people are in care show that they are being supported, and they could rely on receiving "help with achieving what mattered to them whether it was education or enjoying their free time" (p. 40). Because each young person has a different set of experiences and challenges, support that is individual, flexible, and focuses on relational ties is preferable to general formal service delivery, as Malvaso et al. (2016) argued.

However, at the time of transition, young people in OOHC care can experience something of a dilemma. Berzin et al. (2014) explained the situation facing care leavers:

Their experiences of the child welfare system reflect an understanding that support from this service system is commensurate with being a child, and being free from the system is about being an adult. (p. 630)

However, this view that adulthood requires a break from this system and from these supportive relationships may cause foster youth to prematurely lose these support systems that other youth are receiving during this time. (p. 631)

How can young people be encouraged to retain relationships with people and/or communities who matter to them in the care system for long-term support, while at the same time striving for independence and self-sufficiency ("Well, it's up to me now"; Bengtsson et al., 2018)? Results from Berzin et al.'s (2014) study suggest that the care system must advocate for broader notions of independence (viz. interdependence) that allow relative autonomy but encourage care leavers to seek help when needed. This is likely to be achieved by engaging young people in the policy forming process (Mendes & McCurdy, 2019; Stott, 2013; Woodgate et al., 2017). As Baker (2017, p. 40) observed, "effective services must always start with, and continue to champion, the voice of young people."

1.2 TRANSITIONING FROM CARE IN AUSTRALIA

Listening to the voices of children and young people in care in Australia is not straightforward. Because of the federated system of government, care systems throughout Australia operate under different legislation and policy frameworks; how this applies to transitioning from care has been mapped by the ACT Community Services Directorate (2018) under the Third Action Plan of the *National Framework for Protecting Australia's Children 2009–2020* (Council of Australian Governments, 2009). A key initiative within this *National Framework* was the establishing of the *National Standards for out-of-home care* (Department of Families Housing Community Services and Indigenous Affairs [FaHCSIA], 2011) that articulated plans for achieving a nationally consistent approach to supporting effective transition from OOHC.

The various jurisdictions have conducted projects under the *National Framework* relevant to their particular interests concerning transitioning from care. For example, Beauchamp (2014a; 2014b) conducted a review of policy and practice provisions for transitioning throughout Australia. She was able

* As an observation, it cannot be overstated that, if these suggestions were seriously implemented, most of the challenges facing young care leavers would be overcome. Why is this not happening?

to condense six key actions* that could improve outcomes for young people leaving care:

1. Give young people the option to remain in OOHC until they are 21;
2. Develop a consistent and effective framework for leaving care planning;
3. Provide priority access to government services including social housing, health, and assistance with the costs of education and training;
4. Increase investment in specialist after-care support services, including a focus on young parents;
5. Increase availability of accommodation options that meet the needs of young people transitioning from OOHC;
6. Strengthen processes for data collection, monitoring, and evaluation.

In 2012, the Victorian government commissioned *Beyond 18*, an innovative, longitudinal study of transitioning. Data collection occurred in three waves: 2015–16; 2016–17; and 2017–18. Collection began with 202 young people 16–19 years, and annual surveys also were conducted with carers and caseworkers. Three reports have been produced summarising the findings (Wave 1: Muir & Hand, 2018; Wave 2: Purtell et al., 2019; Wave 3: Muir et al., 2019). Two of the points made in the Wave 3 report give an overview of the outcomes:

- A significant proportion of care leavers in *Beyond 18* were struggling with post-care life. There were also indications that many would continue to struggle in the future. This was consistent with the findings of past Australian and international research on care leaver outcomes, as previously discussed.
- Strong social relationships and ongoing and consistent post-care support—from key workers, partners, friends, and former carers—could be a crucial enabler of life stability and help care leavers navigate life challenges. (Muir et al., 2019, p. 3)

Even though this work focussed on one Australian state, as the authors indicate, these observations mirror findings from all over the world.

1.3 CREATE'S WORK IN TRANSITIONING FROM CARE

In 2008, the CREATE Foundation began a series of studies focusing on the experience of young people transitioning from the OOHC system in Australia (McDowall, 2008). This research coincided with the establishment of the *National Framework for Protecting Australia's Children 2009–2020*, including the *National Standards for Out-of-Home Care* that set expectations governing the transitioning process.

Most of CREATE's studies have reported on how young people responded to campaigns designed to explore ways of improving the leaving-care transition to independence. For example, Lunn, McDowall, McCorry, and Reed (2010) presented results from focus-group discussions with young people from all states and territories seeking a greater understanding of the issues challenging care leavers in the three major phases of transition: the *Preparation* phase; the actual *Transition* period; and the *After-Care Independence* phase.

In subsequent years, based on data collected from young participants, particularly regarding the deficiencies noted in the preparation for leaving care, CREATE developed two major interventions designed to help young people better plan for their future as independent members of the community. The first of these, titled "*What's the plan?*" (McDowall, 2011), comprised a social-marketing campaign that provided resources for care leavers to support them in raising the need for developing a leaving-care plan with carers and caseworkers. The second intervention, building on findings from CREATE's previous studies, involved the distribution of "*Go Your Own Way*" Kits, a set of resources including a template for a leaving-care plan designed to facilitate a dialogue between young people and their caseworkers regarding their preparation for transitioning (McDowall, 2016).

Relevant findings from these studies will be summarised in Section 1.5. Importantly, such work arose from data reported in CREATE's first project that captured the views of young people who had left the care system (McDowall, 2009). The current research is a follow-up to this work to determine changes to leaving-care outcomes that have occurred over the intervening 10 years.

1.4 CREATE'S 2009 REPORT

CREATE's 2009 report (McDowall, 2009) compared the views of a group of 275 children and young people then currently in care, with the experiences of 196 who had aged out of the care system. Young people in the care-leavers' group were asked about their care experience (age entering care, time in care, number of placements, and time spent in last placement). These data indicated that young people entered care at an average age of 8.8 years, remained in care for 7.9 years, experienced 5.7 placements (during their last five years in care), and remained in their last placement for 3.5 years (McDowall, 2009, p. 53). Jurisdictional differences were suggested, but the samples in ACT, NT, and TAS were small.

Respondents in the 2009 study were asked a series of questions about their education, employment, finances, accommodation, relationships with birth family, health and self-care, leaving-care planning, and after-care support. These life domains formed the basis of the present follow-up survey, to allow comparisons of outcomes. Details of the earlier study

... providing support for care leavers is complex; therapeutic interventions are needed to help overcome the inherent disadvantage that led to the young people being brought into care initially.

can be found in the report available on CREATE's web site (McDowall, 2009); however, key results will be highlighted here to establish a framework in which the current findings can be interpreted.

1.4.1 EDUCATION AND EMPLOYMENT

Of those in the 2009 sample who had left care, 35% had completed year 12 education. Common reasons given for not remaining at school included: They didn't like the experience (11% or 18 respondents), they had been suspended or expelled (8%), or they left to take up employment (8%). Around equal numbers (27%) saw their school experience as positive or negative.

For the cohort that had completed or left school ($n = 246$), 29% reported being unemployed and looking for work. This compared with 15% who had found full-time employment, and 13% part-time employment. In addition, 11% were continuing studies at TAFE, while 3% were undertaking university degrees. An important result was that 8% of the females in this group identified they were occupied as parents. Finding work was difficult for 44%, while 38% did not find the supports available very helpful.

1.4.2 FINANCES

When asked about their sources of financial support, 54% of the 188 young people who responded indicated they depended totally on Centrelink payments. An additional 16% did casual work and topped this up with government benefits, while 26% of this group lived on their earnings. Views were mixed as to the need for assistance with financial management. Overall, almost half the group reported not requiring any specific help in managing their money; however, 15% felt that some advice would be useful, and 20% could have benefitted from more training in this area. Support needed to be available for the 21% who found financial management quite difficult.

1.4.3 ACCOMMODATION

Findings from the 2009 study regarding accommodation on leaving care raised concerns. Of the 190 respondents, 51% had to leave their placement when their care orders expired; 41% of this group not knowing where they would go after leaving. This probably contributed to 35% reporting that they had experienced homelessness in the first year after they left care.**

Before leaving care, over one third of young people expressed a desire to live alone when becoming independent (McDowall, 2009, p. 57). However, only 18% of care leavers lived alone; 52% shared accommodation with friends or partners, while 13% moved back to live long-term with birth-family

members. The observation that 39% of respondents found it quite hard to obtain suitable accommodation indicated that this was an area that needed special consideration for those transitioning.

1.4.4 RELATIONSHIPS

1.4.4.1 BIRTH FAMILY

In CREATE's 2009 report, connection with birth family was explored for the total sample; responses from those who had left care were not treated separately. Evidence suggested that siblings were the family members most frequently contacted and were the family members with whom the young people wanted to have more contact in the future; fathers were the least frequently contacted. However, it was notable that over half (56%) of the respondents did not have contact with any birth-family member.

1.4.4.2 CHILDREN

Just over one fifth (23%) of the post-care group reported being parents in 2009. While 38% claimed they didn't need any special parenting assistance, 30% would have appreciated support. Of those who had received help, 43% felt it had been quite useful.

1.4.5 HEALTH AND SELF-CARE

A substantial number of participants in the post-care group (39%) indicated that their health was quite good, with 7% believing it to be poor. Females tended to use medical services more than males; overall, 39% found managing their health quite easy (with 10% indicating difficulties). Of the daily tasks provided for evaluation, preparing healthy meals and finding transport were rated the most challenging.

Questions also were asked about youth justice involvement. More males (46%) than females (22%) reported they had some involvement with police, courts, or detention.

1.4.6 LEAVING-CARE PLANNING

Members of the post-care group were asked about their experiences preparing for leaving care. Almost one in five (19%) had not spoken with anyone about what might happen in the future; caseworkers (30%) and carers (18%) provided most information to the others. Having a personal leaving-care plan is now an expectation of all young people in care when transitioning to independence (a requirement emphasised in the *National Standards for Out-of-Home Care*). In 2009, 40% of those who had left care did so knowing they had a plan. However, one third of this group reported little involvement in the planning process.

Young people with leaving-care plans felt that these documents tended to cover, reasonably well, accommodation needs, education, obtaining

** "Homelessness" here was defined as being without safe and adequate housing for more than five nights. Respondents reported an average of three homeless episodes in that first year, for a total period of around one month.

household goods, and health issues; but other areas such as family contact, emotional support, and connection to culture were not adequately addressed for large numbers of respondents. When evaluating the helpfulness of their plans, numbers of respondents who found the plans “not at all” or “a little helpful” ranged from 36% concerning life-skills preparation, to 61% for finding a job and obtaining a driver’s licence (McDowall, 2009, p. 63). Overall, 57% of the post-care group were unhappy with the way their transition to independence had been conducted, even to the extent that, for 22% of them, nothing special was done to mark this milestone in their lives.

1.4.7 AFTER-CARE SUPPORT

After leaving care, respondents received most support from friends rather than through official channels. They were more likely to maintain contact with former carers than with caseworkers (31% continued at least monthly contact with carers, compared with 18% who exhibited a comparable connection with caseworkers). Young people were given a list of organisations providing after-care support (e.g., OOHC Placement agencies, Transition-from-care services, Youth services, Housing services, Health services, and CREATE) and were asked which services they used. Health services were most frequently accessed, but the specialist Transition-from-care services were not used as much as was expected. Evidence suggested that this might have been the case because the Transition-from-care services were perceived as more difficult to access and less helpful than the other supports available.

Regarding other actions associated with leaving care, 51% of respondents had tried to obtain their personal files and documents, with 30% of these finding the process quite hard. Access to the Commonwealth governments *Transition to Independent Living Allowance* was variable with 29% of respondents reporting no knowledge of this support, and almost another quarter indicating they had not tried to obtain the allowance. While 23% felt they had received sufficient information to prepare them adequately for transitioning to independence, of those respondents who sought assistance, 37% found the support that was offered to be of little help. Overall, young people expressed reasonably positive views about their leaving care support, with 29% quite happy with how they had been treated.

1.5 LEAVING-CARE FINDINGS IN CREATE’S ACTION-RESEARCH INTERVENTIONS

As well as advocating for children and young people in OOHC by reporting what they say about the care system, CREATE also has undertaken interventions designed to improve the experience of young people in care, and to enhance their outcomes when transitioning. Two significant pieces of work have

been undertaken in which interventions have been implemented for a period of time and their outcomes subsequently evaluated. Together, they give insights into how the care system has responded over recent years to the needs of those transitioning to independence.

1.5.1 CREATE’S “WHAT’S THE PLAN?” CAMPAIGN

Following CREATE’s 2009 *Transitioning-from-Care* report, an action research, social-marketing campaign was conducted. The aim was to increase the number of young people who reported having a plan for their future when leaving the care system (McDowall, 2011), by establishing a dialogue between the young people and the significant adults in their lives.

Before beginning the intervention, a brief benchmarking survey of 161 young people in OOHC aged 15–17 years found that 32% reported having a leaving-care plan. Unfortunately, in spite of employing some innovative reminders of the need for planning (e.g., a calendar with monthly prompts to address issues that were considered important), the “What’s the Plan?” program did not result in a significant increase in the number of young people who reported having a leaving-care plan. After more than 12 months spent continually providing young people with information about transitioning, encouraging them to talk with caseworkers about developing a plan, and getting involved in the planning process, of the 605 participants, 31% confirmed they had a leaving-care plan at some stage of development. When only the 17-year-olds were considered (those preparing to age out of care within months), 44% indicated they had a plan. However, only half of those with a final plan had their own copy of the document.

The young people with a leaving-care plan, when asked how involved they had been in planning for the future, indicated that they had been somewhat involved, but not as active as their carers (McDowall, 2011). This was particularly the case for those in kinship care who showed the lowest level of engagement in transition planning possibly because, being placed with family, the same imperative for achieving independence in the immediate future was not apparent.

Considerable variability for both placement-type and jurisdiction was evidenced in the confidence young people expressed in the helpfulness of their plans for addressing a variety of life issues they were likely to confront when independent. For example, in seeking employment, managing money, looking after themselves, and contacting family, those in residential care appeared better prepared (were more confident based on the plans they had) than were the young people in kinship care (McDowall, 2011, Figure 2). The conclusion was drawn, from the differences observed across jurisdictions, that the system needs to do more to ensure that all young people, when leaving care, have comparable levels of confidence in

their transition plans in all relevant life areas. Similar variability across jurisdictions was recorded with respect to knowledge of TILA; numbers of 17-year-olds aware of this support ranged from 30% in WA to just over 80% in ACT, with the overall average being 58%.

1.5.2 CREATE'S "GO YOUR OWN WAY" RESOURCE

On reflection, it was considered that placing the onus on the young people to assert their rights for a plan might have been unrealistic, given the inherent power differential in the caseworker-child relationship. Therefore, a second study was designed and implemented that provided a tangible resource (a plan template and checklist) for both caseworkers and the young people to use together as a focus for the planning process. The effectiveness of this resource (the "Go Your Own Way" Kit) was evaluated after 18 months of use in each jurisdiction across Australia (McDowall, 2016). While it was intended that all 17-year-olds leaving care in 2014, as identified by government records, would receive a kit, only 52% of the sample studied ($n = 369$) received one. This disappointing outcome was due to the variable processes by which the packs had to be distributed; however, this result inadvertently allowed comparison of two matched samples (those who received or did not receive a kit) in terms of having a leaving-care plan. Significantly more of the group working with a kit reported having a plan compared with those who did not receive a kit (e.g., 47% compared with 34% respectively); but still fewer than half had a plan for their future, and only 48% of young people with a plan actually had their own copy.

1.6 CREATE'S NATIONAL SURVEYS OF LIFE IN OUT-OF-HOME CARE

1.6.1 CREATE'S FIRST OUT-OF-HOME CARE SURVEY 2013

Between 2012 and 2013, CREATE undertook the first survey of the views of children and young people in OOHc regarding their life experiences in all jurisdictions except WA (McDowall, 2013). In this study, 325 of the sample of 1,069 children and young people were aged between 15 and 17 years. As well as being asked about all significant life domains in their care experience, this group also received a set of questions similar to those used in previous surveys, focused on their impending transition from care. The percentage of young people who had spoken with an adult about transitioning ranged from 40% in NT to 82% in SA. Similar numbers to what had been found in CREATE's previous surveys (viz. 33% overall) reported knowledge of some form of leaving-care

plan, ranging from 20% in VIC to 44% in QLD. About half of those with a plan had been quite involved in its development with one third likely to talk with carers (compared with 11% who would confide in caseworkers) about any concerns they may have when approaching transitioning.

1.6.2 CREATE'S 2018 IN-CARE SURVEY

Conducted concurrently with the present post-care study was the follow-up national survey to the 2013 research that CREATE reported in McDowall (2018). In this study, 409 young people aged 15 to 17 years participated. Any concerns about transitioning were more likely to be raised with carers (28%) than with caseworkers (19%). However, although leaving-care planning is required to begin at least at 15 years, only 24% of this cohort reported knowing about a transition plan. That percentage rose to 40% when data from the 17-years-olds were analysed separately. Again, about half were reasonably involved in the planning process.

1.7 THE PRESENT STUDY⁺

CREATE's National Surveys included transition planning as one domain of life in care, but mainly concentrated on planning outcomes. Because leaving care had not been investigated in depth since 2009, it was decided to conduct a follow-up project based on CREATE's 2009 post-care survey. The aim was to explore, across all states and territories, the following major questions:

1. How do the care experiences of young people influence their outcomes after leaving the system?
2. How well are young people prepared for transition from out-of-home care to adulthood?
3. What are the outcomes of young people after leaving care in key life domains (e.g., health, education, employment, housing, life skills, and relationships)?
4. What supports do young people need and what services do they access to help them post-care?
5. What are some of the positive and negative aspects of transitioning, and what goals do young care leavers set themselves for the future?

⁺ This project was reviewed and approved by the Bellberry Human Research Ethics Committee in accordance with the *National Statement on Ethical Conduct in Human Research* (National Health and Medical Research Council, 2015)

2.0: METHOD



2.1 RECRUITMENT OF RESPONDENTS

In Australia at present, no official records are maintained of those young people who have exited the OOHC system on reaching the age of 18 years (when statutory orders cease). Data are published by the Australian Institute of Health and Welfare in *Child protection Australia* (e.g., Australian Institute of Health and Welfare, 2020) indicating the numbers who are discharged from care each year. In the 15–17-year age group, between 2011 and 2018, there were 24,997 young people discharged. Only a proportion of these would have been in the group expected to “age out” of the care system. No information is available regarding the number in this specific cohort; however, if it is assumed that one third would be in the 17-year age group and consequently transitioning to independence, there would have been approximately 8,300 young people in the population of care leavers between 18 and 25 years in Australia in 2018. Based on these numbers, appropriate random sample sizes were calculated to achieve a 95% confidence level with a $\pm 5\%$ confidence interval (Australian Bureau of Statistics, 2018; see Table 2.1).

However, with no official records of who these young people are, or how they might be located, it was not possible to produce any random samples from the various jurisdictions to identify individuals who could be invited to participate in this research. Hence, the calculated sample numbers were used only as an aspirational guide. Various sampling approaches were adopted. Over the years,[#] CREATE Foundation has maintained a database of the contact details for who have become members of *clubCREATE*.^{##} As of June 2017, there were 3,293 members in the 18–25

age group. From these members, where numbers in the various jurisdictions exceeded desired sample sizes, individuals were randomly sampled to produce the overall cohort that received a posted invitation to participate in the study. In total, information sheets and invitations were sent to 1,645 young people. This mail-out was conducted in conjunction with the data collection for CREATE’s National Survey in August 2017 (McDowall, 2018).

As well as an initial approach through the mail, invitations were posted on CREATE’s web site, in the *clubCREATE* magazines, and in newsletters to relevant agencies within the child protection sector. However, by the end of November 2017, only 101 responses had been received. It was decided then to try to reach young people directly using the most recent phone number available to conduct structured interviews. Unfortunately, in many cases, this was a carer’s phone number and the young person had moved on.

2.2 PARTICIPANTS

Data were collected until the end of 2018. During this period, 325 young people completed the survey. Obtained samples for each jurisdiction are shown in Table 2.2. Specifically, these numbers indicate where young people were residing at the time of completing the survey, and where they were placed while in care. These data indicate there was limited movement of young people throughout Australia after leaving care. The location during placement will be used for any comparisons conducted in this report.

Table 2.1: Estimated Sample Sizes Proposed for Recruitment in Post-Care Study Based on the Total Number of Young People Discharged from Care 2011–2018

Jurisdiction	Number Discharged Aged 15–17 years 2011–2018*	Estimated Number Aging Out [#]	Intended Sample Size (95% CI $\pm 5\%$)
ACT	421	140	103
NSW	9451	3150	343
NT	553	184	124
QLD	4749	1583	310
SA	1447	482	214
TAS	551	184	124
WA	6336	2112	326
Total	24997	8332	1761

* Based on data compiled from AIHW Child protection Australia 2011–2018.

[#] Estimates calculated as one third of number in 15–17-year age group.

[#] In 2019, CREATE Foundation celebrated its 20th year as the peak body in Australia representing the voices of children and young people in out-of-home care.

^{##} *clubCREATE* is a membership program that all children and young people with a care experience, who participate in CREATE events and programs, are eligible to join. Membership entitles them to invitations to special events, participation in empowerment programs, receipt of personalised birthday cards, and a copy of a quarterly magazine. Membership continues until the young person’s 26th birthday.

Table 2.2: Number of Respondents Living in the Various Jurisdictions When Completing Survey and During Placement

Jurisdiction	Number When Completing Survey	Number During Placement
ACT	11	10
NSW	64	64
NT	15	19
QLD	78	74
SA	14	14
TAS	27	28
VIC	73	72
WA	43	44
Total	325	325

Overall, 66.8% of respondents were female, 32.6% male, and two identified as non-binary. The majority (73.5%) claimed to be Anglo-Australian, with 22.2% identifying as Aboriginal, Torres Strait Islander, or both. The remainder came from a variety of Other Cultures, including Maori, Chinese, Samoan, Filipino, and Indian. All reported that the main language spoken in their household was English. One third indicated they experienced some form of disability, with the most common being psychiatric (mental illness), ADHD, intellectual disability, and Autism (see Table 2.3). A total of 58% of those reporting a disability claimed they were receiving some form of support. Table 2.4 shows that each of the eight ages in the sample were well represented.

2.3 MATERIALS

2.3.1 RECRUITMENT MATERIAL

Young people with a care experience, for whom postal addresses were available, were mailed information about the study and an invitation to share their views on their experiences since leaving care. Copies of the *Participant Information Sheet*, *Letter of Invitation*, and *Consent Form* are shown in Appendices A and B respectively.⁵ Those who responded were sent a link to the survey.

Table 2.3: Number of Respondents Reporting Various Disabilities

Disability	Number of Young People	%*
Psychiatric	32	29.9
Specific Learning/Attention Deficit Disorder	32	29.9
Intellectual (including Down Syndrome)	29	27.1
Autism (including Asperger's Syndrome)	24	22.4
Physical Disability	12	11.2
Speech Disability	9	8.4
Acquired Brain Injury	5	4.7
Neurological (including Epilepsy)	5	4.7
Hearing (Sensory)	5	4.7
Vision (Sensory)	4	3.7
Deaf/Blind (Dual Sensory)	2	1.9

* Percentages based on the number of respondents who reported a disability (n = 107)

⁵ This two-stage process was instituted to utilise the capacity of Survey Monkey to allow respondents to have a break and later resume completion of the online survey.



Table 2.4: Distribution of Ages Represented in Post-Care Sample

Age (Years)	Number of Young People	%
18	54	16.6
19	50	15.4
20	49	15.1
21	40	12.3
22	32	9.8
23	28	8.6
24	40	12.3
25	32	9.8
Total	325	100.0

2.3.2 POST-CARE SURVEY

This post-care survey was an extended version of the one first administered to care leavers in CREATE's 2009 Report Card (McDowall, 2009). It comprised a maximum of 136 questions presented on the Survey Monkey platform; question logic allowed conditional branching to be used so that respondents received only questions relevant to them, based on information provided in answers to previous questions. For example, if young people had not been homeless, or were not parents, they did not receive further questions on these topics. A copy of the survey is presented in Appendix C. Questions included a set dealing with demographic information, followed by others about the young person's care experience, current study or employment involvement, financial matters, accommodation, family contact, parenting (if relevant), health, youth justice connection (if relevant), preparation for leaving care, and support since transitioning to independence. Before beginning the specific questioning, young people were asked if they could identify one or two key issues that they felt needed to be addressed to improve the care system. Finally, they were asked about their aspirations for the future.

A mixed-method approach was used, with some questions requiring a quantitative response involving rating scales, while others encouraged the respondents to use their own words to explain answers. Questions scored quantitatively employed either standard 6-point rating scales (e.g., 1: *Not at all important*; 6: *Very important*) or "sliders" where an estimate out of 100 was given to a measure (e.g., "How do you rate your health?"; 0: *Very poor*; 100: *Very good*). It was found that this type of scale was easier to administer in telephone interviews.

2.4 PROCEDURE

2.4.1 DATA COLLECTION

The procedure for recruiting participants was detailed in Section 2.1. Methods of completing the survey varied depending on choices made by respondents. Online completion took one of two forms. Initially, respondents completed a consent form in which they provided an email address to which the survey link could be sent. Data collection began in August 2017. By the end of October 2017, 45 surveys had been completed. At that stage, reminders were sent more widely to individuals and key stakeholders at agencies in the child protection sector; anyone who expressed interest and met the criteria of being aged between 18 and 25 years, and who had lived in OOHC for at least 6 months was given a web link to the questions. *Participant Information Sheets* were provided on CREATE's web site, adjacent to the survey link. This second approach made the process more streamlined and respondent friendly. For these surveys completed independently, informed consent was considered received if a completed survey was submitted.

In addition, members in the designated age group on the *clubCREATE* database were contacted and invited to participate in the study by interview. When a young person agreed to be involved, the instructions were read to them and their understanding checked at each stage before proceeding. It was explained that they could withdraw at any time without consequence, and that their information would be treated confidentially, and all responses would be de-identified for reporting. Respondents were informed that, after completing the interview, they had the option of providing their contact details for entry into a prize draw for \$100 vouchers (four in each state and two in the territories) and a national prize of an iPad tablet as an incentive to participate. Personal contact details were recorded separately from survey



responses. During interviews, questions were read to respondents and their answers recorded directly into Survey Monkey either as scale scores or as a verbatim account of comments made, where appropriate. Successful completion of the interview and the young person's approval for CREATE to retain the record was deemed an indication of consent.

Through these additional approaches, in the final months of data collection, another 280 surveys were completed. It is clear from the experiences in this study that a mixed-mode data collection approach is beneficial, providing a variety of methods likely to facilitate the participation of the greatest number of respondents. Of the 325 respondents, 57% completed the survey online, 38% by telephone interview, and 5% through face-to-face interviews with CREATE staff. When participating, 14% had a support person with them, mostly relatives (5%), former carers (4%), friends (3%), or caseworkers (2%).

2.4.2 DATA ANALYSIS

De-identified survey responses were transferred from the Survey Monkey platform for detailed analysis. Quantitative data were explored using the IBM SPSS Version 26 software for Macintosh. Mostly cross-tabulated analyses were conducted comparing frequencies or percentages. Where mean responses were calculated, analysis of variance (ANOVA) was used for both between groups and repeated measures analyses. Qualitative text responses were subjected

to variations of thematic analyses where appropriate (Braun & Clarke, 2006; Maguire & Delahunt, 2017; Vaismoradi et al., 2013). In all cases where these analyses occurred, two researchers reviewed the data to establish themes; final categories were determined by consensus.

2.4.3 LIMITATIONS

It was hoped when beginning this study that sufficient numbers of young people with a care experience would be available to produce a sample that would allow jurisdictional comparisons to be made on all measures. Unfortunately, although a reasonable national sample was obtained[^], in some areas young people proved difficult to locate. Without the assistance of records such as those retained in the National Youth in Transition database in the US (Children's Bureau, 2012), or accessing the impressive array of contact methods available to researchers as described by Pergamit (2012)[®], respondents here were drawn solely from young people who had some connection with CREATE during their time in care. It is not known what level of response and/or non-response bias was present in this study. As in most survey work, particularly when sampling volunteers, the possibility of some form of bias always is a consideration.

[^] If this sample were drawn at random from an estimated population of 15,000, it would meet the requirement for a $\pm 5\%$ confidence interval at the 95% confidence level. However, this sample was not random as it comprised volunteers.

[®] Pergamit (2012) had access to the US *National Youth in Transition Database* as well as other commercial and government databases (e.g., banking and employment systems), motor vehicle registrations, criminal justice records, education systems, and information on families.

3.0: RESULTS


A sepia-toned photograph of a person sitting and reading a book. The person is wearing a light-colored, long-sleeved sweater. The book is open, and the person's hands are visible holding the pages. The background is a plain, light-colored wall.

Table 3.1: Key Issues Identified by Care Leavers to Improve the OOHC System

Issue	Number of Comments	% of Young People*
More support for leaving care	64	29.0
Caseworker issues	41	18.6
Carer issues	34	15.4
Placement stability and safety	30	13.6
More involvement in decision-making	27	12.2
Better communication	17	7.7
Mental health support	16	7.2

* Percentages are based on the number of young people who made a comment (n = 221). Some young people mentioned more than one issue.

3.1 KEY ISSUES WITHIN THE OUT-OF-HOME CARE SYSTEM

Before beginning the specific questions in the survey/ interview, young people were given the opportunity to highlight any issues they felt should be addressed to improve the experience for those living in care. It was hoped that any topics raised without prompting would be of considerable salience for the young respondents. Of the total number of participants, 220 chose to mention 332 issues that were important to them. Any concern identified by a young person should receive attention; the full list of issues is provided in Appendix D. Those that were mentioned by at least 5% of respondents are listed in Table 3.1.

Here it is clear that, for respondents striving to achieve independence after leaving the care system, the most important issue for 29% of them concerned more support for the transitioning process. As the following comments indicate, this can include preparation for leaving care, access to services post-care, and the particular support of extending care to provide a more gradual transition.

When young people turn 18, [the department] should still be supporting the young person, as they transfer from foster care/refuge, etc., into independent living. (Male, 21 years)

There is no clear pathway to leave care. There is no possible way to plan a secure, safe exit from care [when] you have no idea where you're going until your birthday! Unless you go back to the family you were removed from in the first place. I have not been eligible to apply for accommodation through [name of service], and when I finally was allowed the week before I turned 18, I had to sit through three hours of interviews at three different agencies saying the same stuff and then ended in a refuge. I want to go to university in a few weeks but now I'm homeless. (Female, 18 years)

Letting people know that there are companies out there that can help and support you in the future. That there are resources to help and sup-

port you to live independently. (Male, 22 years)

More priority for young people that are 18+; not just about buying 17-year-olds stuff, but teaching them to live independent. (Female, 19 years)

More focus on mental health; education on life after care; planning short term/long term future goals that are more executable; accessing all necessary support services; [and] connecting with family members. (Male, 24 years)

More care support until you are 25 years; this includes more help with housing, job security, [and] support with family connections. There are so many problems in the OOHC system. (Female, 22 years)

Homelessness after leaving care; life skills. (Male, 23 years)

They didn't care about my education and [there] was no support to help me with it. Only cared about finding a house which I couldn't even afford. Felt [they] would only support me if I had a baby. When you turn 18, they drop you. (Female, 19 years)

Another area of concern for the young people was their experience with caseworkers, including the extent and appropriateness of worker training, the amount of contact, and the turnover of staff.

High caseworker turnover, leading to further instability. Limiting and restricting policies and procedures such as having to conduct WWCC and police checks on friend's parents if you want to sleep at your friend's house. Caseworker's lack of mental health knowledge and insight into behaviours, e.g., being labelled as bad and naughty for self-harming. (Female, 22 years)

Intensive trauma-informed training for all people involved in young people's lives. Stability of placements. (Male, 24 years)

Recruitment process of caseworkers and carers;

need people who do it for the right reasons and do it for empathy. Often your experience will come down to the worker you get. (Female, 22 years)

There should be more training for social workers working with young people. Every social worker comes in with a good heart but burn[s] out too quickly which causes break down in kids and young people. (Female, 18 years)

Training for workers. Some workers have their heart in the right place but don't know what they're doing; they can potentially mess up young people in care. Greater awareness of different things. I was bulimic and suffering, but one of the workers thought that I wasn't suffering from mental health but instead imitating another person. They need to read through case histories and actually understand the full thing; case workers need to listen to young people. (Female, 18 years)

Limited contact that caseworkers have with clients and young people. Sometimes they don't see you for six months or never, they dump a lot of information on you and never follow it up and then disappear. They leave without warning and telling the young person they support. They don't tell you, "I'm leaving, contact this person" or which supervisor to contact in their absence. They don't leave you any information. (Female, 21 years)

Instead of reunification being first priority and main goal, take the child's best interest into account. The turnover rate for CSOs is ridiculous, children in care need someone they feel comfortable around and who knows the family and the background. Children in care need someone who they can rely on and that someone should be their CSO. (Female, 18 years)

In addition to highlighting issues with caseworkers, a number of respondents expressed thoughts about the role carers can play and how they can be more supportive:

Lack of understanding with foster carers who take one look at our file and think they know more about us than we do. (Male, 20 years)

Intensive trauma informed training for all people involved in young people's lives. Stability of placements. (Male, 24 years)

1. Foster carers commitment. Often carers take kids in and then decide the kid is too difficult and then they get rid of them. If you make a commitment to take a child in to your home, then that's a lifetime commitment not just short term. 2. Transitioning from care: Now we have [name of service] it's gotten better, but young

people are still leaving care without the skills they need. 3. When it comes to activity approvals, it becomes a very long process if you want to do something exciting. But having to jump through hoops, it takes all the excitement away. They need to allow us the excitement of doing something. The hoops we need to jump through are ridiculous. (Female, 22 years)

Throughout their comments, many young people expressed the need to have greater involvement in making decisions that directly affected their lives, which often required better, more honest communication:

More Involvement of the children and young people in all decisions regarding them; increased honesty and opportunities to support safe independence options. (Female, 22 years)

Voices need to be heard and ideas need to be considered, so that important decisions regarding factors that may possibly have substantial benefits in relation to the young person's aspirations, goals, and necessities, are made correctly. (Male, 21 years)

Communication - asking the kid what they want and need. Making sure kids go to a person that is suitable for their particular needs and situation. Not just putting them with any carer just because they are easy and quick. (Female, 20 years)

Needs to be more honesty between youth worker and social workers with the care they give; stability, staying in one place is necessary. (Male, 18 years)

3.2 CARE HISTORY AND EXPERIENCE

The first set of questions in the survey focussed on the experiences young people had while living in the care system. Overall, the young people in this sample came into care at a median age of 7–8 years, resided in care for a median of 9–10 years, experienced a median of 5–6 placements, and left care at a median age of 17–18 years. Table 3.2 indicates the type of placement the young people were living in when last in care. The majority had been in Foster Care (42.2%), with almost 17% in Supported Accommodation or Independent Living. A higher proportion than in the care population had been placed in Residential Care (23%). The median duration of final placements was 1–2 years. Placements had been managed by government departments for 48% of respondents; 26% were supported by non-government agencies; and the remaining 26% were unsure of who provided assistance. Data from within jurisdictions are summarised in Figures 3.1 to 3.4.

Table 3.2: Placement Type Occupied by Respondents When Last in Care

Placement Type	Number	%
Foster Care	137	42.2
Kinship Care	42	12.9
Permanent Care	9	2.8
Residential Care	74	22.8
Semi-independent supported accommodation	23	7.1
Independent living	31	9.5
Other	9	2.8

On a scale of 0: *Very dissatisfied* to 100: *Very satisfied*, young people indicated how they felt about the number of placements they had lived in. Respondents scored an overall mean of 45.4 (slight dissatisfaction). A significant correlation confirmed a moderately strong negative relationship between number of placements and feeling of satisfaction with care placements (the more placements, the lower the satisfaction).¹ Young people who had lived in

Residential Care or Independent Living (including Semi-Independently and Self-Determined) were significantly less satisfied with their care journey than were those respondents who had been in Kinship or Foster Care placements.² Another factor contributing to dissatisfaction with the system was the observation that 70% of respondents had not been consulted about placement changes.

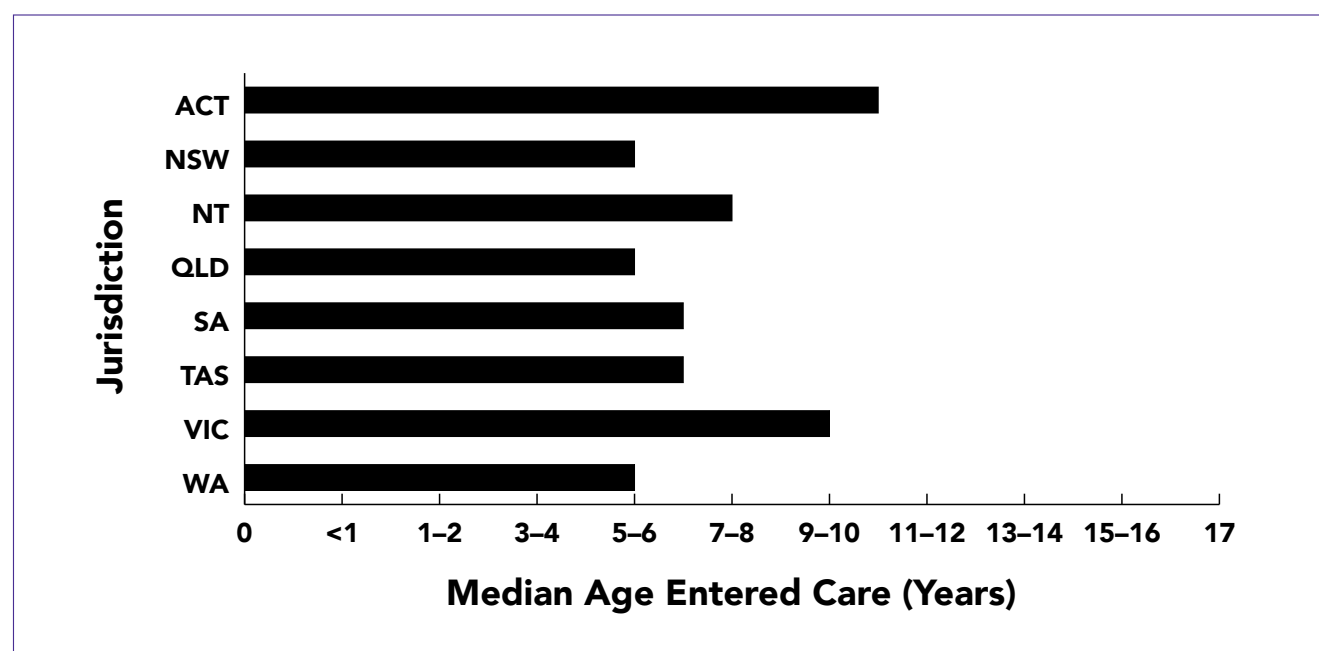
Figure 3.1: Median Age Respondents Entered OOHC in Each Jurisdiction

Figure 3.2: Median Duration Respondents Spent in OOHC in Each Jurisdiction

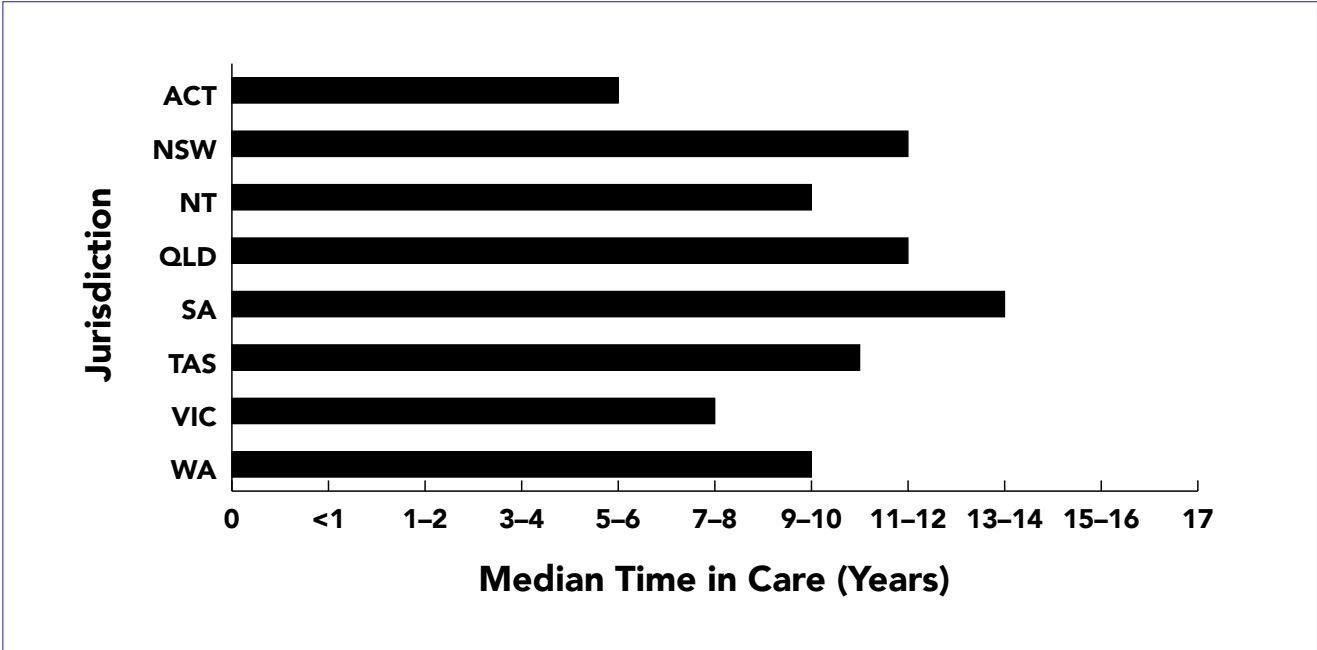


Figure 3.3: Median Number of Placements Experienced While in OOHC in Each Jurisdiction

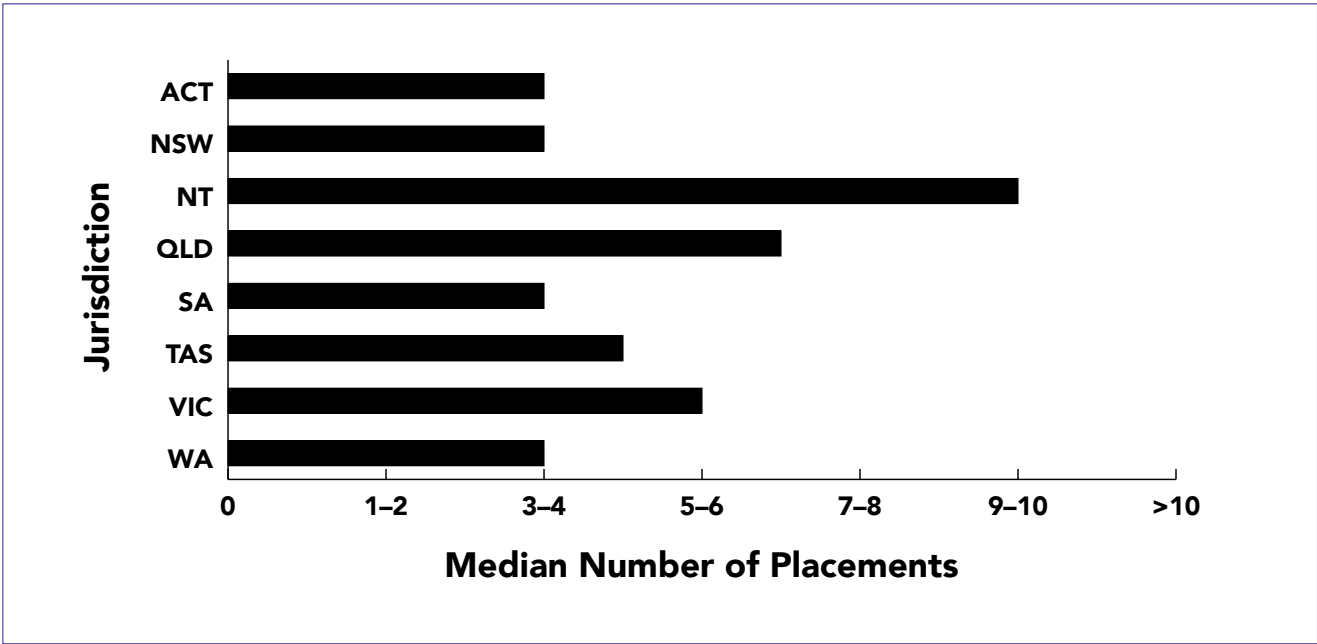
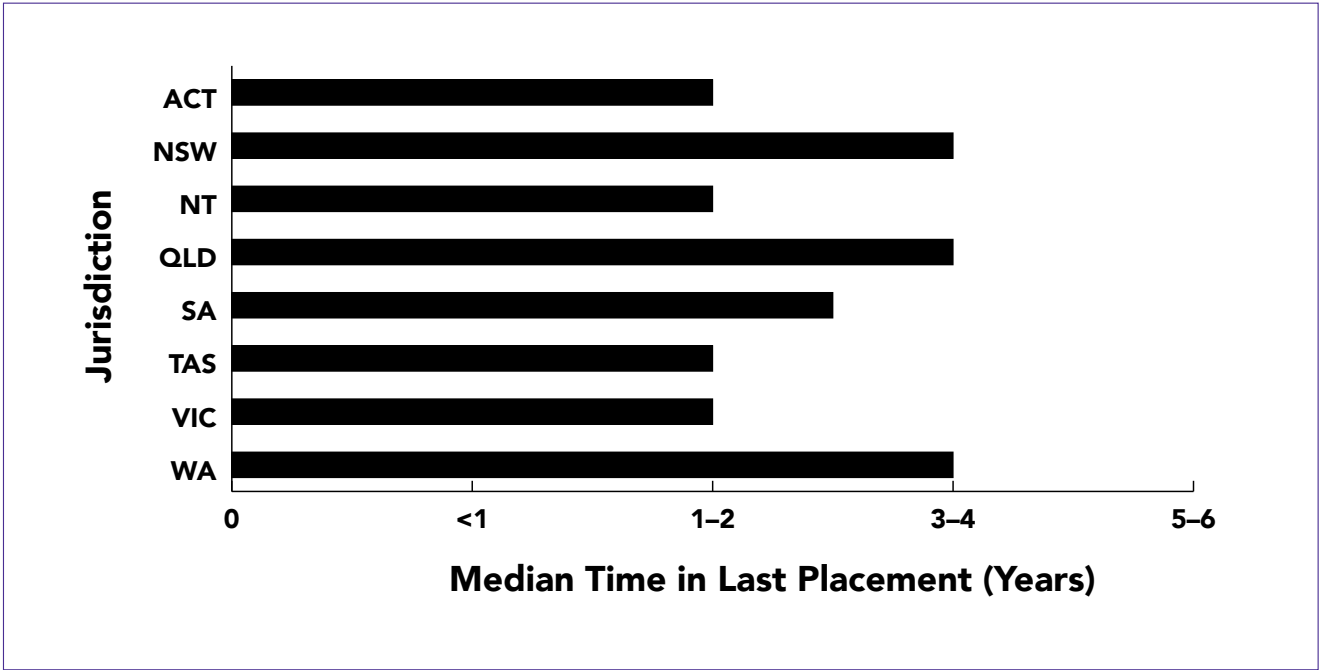


Figure 3.4: Median Duration of Last Placement Experienced While in OOHC in Each Jurisdiction



Comments made by young people explaining their feelings about placements emphasised the negative aspects of being moved frequently (57% of 156 statements) and the positive outcomes of stability (31% of comments). Young people felt “lucky” if they had lived in only one or two placements:

I think it is very disruptive to a child’s life to be regularly moving them from one home to the next. This results in insecure attachments. Grief. Feelings of abandonment. (Female, 23 years)

Moving around was terrible. Anytime I got comfortable I had to leave. I got screwed over so many times, had six different youth workers, then it would instantly change. Three of them got fired. (Male, 18 years)

It was a bit of a head wreck—I was scared at the time. It’s a bit too much for kids to be moving all the time. It takes a lot to find a great foster house which I did, so in a way I’m happy about that. (Female, 23 years)

Unstable life, no safety barriers or safety nets to fall back on. No consistency, continued relationship breakdowns, constant change, and the fear of never being normal. (Male, 21 years)

Too many places, all with different rules. Too confusing trying to remember all the rules and never knowing what I can and can’t do. When you start making mistakes then you end up getting moved to the next place. (Female, 19 years)

A lot of kids who come into care are usually shipped around to different people; and in mine and my brother’s case we were very lucky to only have the one. (Male, 24 years)

Because I was one of the “lucky ones” who only had one placement and got to be placed with my sisters. (Female 22 years)

Other common responses referred to feelings of being unwanted and unloved because of the treatment received in care (18% of comments); poor experiences with carers or caseworkers (15% of comments); while others felt similar problems had carried over into their adult life (12% of responses).

For many years I was neglected, unloved, and not wanted by my parents. So, I guess being moved around so much and being passed on from people to people or organisation to organisation made me feel even more unwanted and unloved. (Female, 24 years)

Having multiple placements undermined my self-worth, left me dislocated, put a lot of pressure on me to fit into new settings often, damaged my chances to maintain friendships, put my schooling in a precarious position. Having so many placements played directly into my loss of identity and belonging anywhere. (Male, 25 years)

Sometimes the foster families didn’t feel like they were doing it for the right reasons. (Female, 18 years)

People didn’t understand where I was coming from. They didn’t understand how it affected me. Carers didn’t understand and always thought I was lying and didn’t give me the chance to succeed into the future. (Male, 22 years)

Table 3.3: Explanations by Respondents for Why They Were Absent From Placement

Explanations	Number of Comments	% of Young People*
Feeling unloved, unhappy, unheard	88	52.4
Experiencing abuse, conflict	72	42.9
Maintaining relationships	30	17.9
Seeking freedom, normality	28	16.7
Other	8	4.8
Not actually missing	3	1.8
Total	229	

* Percentages based on number of young people who reported they were absent from placement (n = 168).

Just some of the comments I got from workers—my rights and voice were taken away. They kept saying because I was young, I couldn't make decisions. (Female, 22 years)

Unstable life, no safety barriers or safety nets to fall back on. No consistency, continued relationship breakdowns, constant change, and the fear of never being normal. (Male, 21 years)

I had 50 placements over eight years and in no way did that create any stability. And I find it very difficult to accept any form of stability in my adult life today. (Female, 21 years)

However, sadly, stability is not necessarily the panacea for defining a successful placement:

I only had one long-term placement in all my time in care. I am dissatisfied with this long-term placement because I experienced abuse during this time, and I wish that I was removed from my placement permanently instead of put into respite. (Female, 20 years)

3.2.1 BEING ABSENT FROM PLACEMENT

Another indicator of respondents' satisfaction with treatment they received while in care was the number who reported they had been absent from a placement without telling carers where they were. Overall, 52% of respondents had been missing from their placements for at least a day, with 33% absent for over one week. Analyses revealed that a significantly lower satisfaction was expressed by those who had been absent compared with those who had never gone missing.³

Young people were asked to explain what had led them to leave their placements. Thematic analysis of their comments revealed four main reasons that emerged from comments made, as shown in Table 3.3. A few respondents did not consider themselves to be "missing" but were treated as such:

I used to leave my residential care placement on weekends to stay at my partners place. Although I offered his contact details/address and suggested a police check for the residents in the

house, and it was his parent's house, I was reported to the police every weekend as "missing." (Female, 24 years)

The most common cluster of responses focussed on personal feelings of being unloved, unwanted, unhappy, and largely unheard (52% of 168 respondents). The next most prevalent reason concerned attempting to escape from abuse, violence, or conflict in the placement (43% of respondents). The other two explanations described experiences where the young person was seeking a desired outcome, rather than avoiding unpleasant situations (e.g., maintaining family connections and relationships with friends, and looking for agency and normality).

Bad treatment and I felt isolated and I knew [the Department] didn't care about me. In fact, I felt that no one cared, and to be honest I found out that they didn't care. (Female, 25 years)

I was fed up not being listened to. (Male, 20 years)

Emotional and mental abuse. I was being bullied so bad and my case workers wouldn't listen to me when I kept asking to be moved/re-placed. (Female, 24 years) Didn't get on with other young people. Didn't feel safe in the residential due to other young people living in the residential. (Male, 21 years)

I always went to friends or somewhere else after school and I would stay for as long as I could before being found. I was over being picked up by different people that I didn't know after school or catching a taxi by myself. I was scared of males so living with different ones all the time or getting in a taxi driven by a male wasn't an option for me, but no one listened. (Female, 23 years)

I wanted to reconnect with family and find out the truth about them. (Male, 18 years) Peer pressure from other kids in my placement, which then led to reconnecting with my family and I continued to go on missing persons to see them. (Female, 19 years)

Just wanted to have freedom, live my life, eat what I want, go to bed when I want, watch TV when I want, use my phone when I want, have the freedom of choice to decide what I want to do. Also, I liked having a break from all the political correctness and fakeness. (Male, 21 years)

Most of the time it was because...I felt like my safety was at risk and the workers couldn't do anything to protect me from the other girls. I wasn't happy with the girls I was living with; I felt like I wasn't being listened to by child protection and youth workers. I wanted to feel "normal", getting away from all the rules and staff. (Female, 20 years)

Young people were asked to describe in their own words what happened when they were located. No prompts were provided; it was assumed that any outcomes mentioned would be ones salient for the young people. A total of 201 responses were provided that could be categorised into five major themes, as indicated in Table 3.4. The issues raised are not mutually exclusive; percentages indicate the proportion of respondents who addressed the various themes.

A little over half of the respondents (55%) referred to being returned to the current placement; 28% of these involved the police, while one quarter of young people indicated they returned of their own volition. This compared with 13% of reports indicating that the placement was changed. Of concern was the 39% of young people who indicated that either nothing changed in the placement, or some form of negative sanction was applied.

I was yelled at by my carers when I arrived home and called names. They were very frustrated with me that I had gone missing and made me feel a lot of guilt for the trouble they had said I caused by going missing. They informed me that a police report had been made but they were still paid as my carer even though I had not

been in their care during the time I was missing. (Female, 20 years)

People told people where I was. I got grounded as a result and wasn't allowed to see anyone. I wasn't even allowed to leave my room. (Male, 22 years)

I got in quite a bit of strife each time. There wasn't much understanding or communication. There wasn't much understanding about why I was running away, and how we could stop it from happening again. (Female, 24 years)

When I ran to my old out-of-home care placement, the parents called the teacher I was living with. I got in trouble and was told off. The teacher told me she was scared and had everyone worried. So, I apologised, and we went home, back to her place, and I apologised to everyone and went to bed. I was 13 years old when I decided to run away. (Male, 24 years)

Nothing really. They just said are you OK? I said "Yep." There was nothing else to it. They probably wanted to ask lots of questions, but I didn't want them to know where I was or where I had been. It all came down to trust. I didn't trust them. (Male, 20 years)

As well as being moved to a new placement, outcomes seen as positive in 7% of young people's comments included people talking to the young person and listening to what they identified as issues of concern:

They took us back in, sat us down, apologised profusely, and then told us about a plan that they had made to ensure their relationship issues would not impact us kids. (Gender-fluid, 25 years)

Everything went back to normal and they started to listen to me. It was like I needed to prove a point. (Female, 19 years)

Table 3.4: Outcomes Experienced by Respondents Following Being Absent From Placement

Outcome	Number of Comments	% of Young People*
Returned to same placement	92	54.8
Some form of negative outcome	38	22.6
Nothing (including no search)	28	16.7
Returned to new placement	22	13.1
Positive outcome	12	7.1
Further absences	9	5.4
Total	201	

* Percentages based on number of young people who reported they were absent from placement (n = 168).

Finding suitable accommodation is fundamental for young people transitioning from care as it sets a secure base from which they can control their lives. Unfortunately, not all care leavers achieve this ...

A total of 30% of respondents indicated that [being homeless] had been their experience ...

The police came and asked me what was happening. I told them I would not go back and this is when my caseworkers were forced to listen to me. I was then put into independent living and staying at friends' houses while they sorted something out. (Female, 24 years)

The police took me back to the foster carer and then within a few weeks [the Department] organised for me to go into a group home. (Male, 21 years)

I was in contact with [the Department] but refusing to go back to my aunt. I wanted to go to my grandparent's house and eventually they approved for me to be able to go there. (Female, 23 years)

A few comments alluded to the outcome likely to result if no positive action is taken on a young person's return, to address the problems that led to their absence from placement:

Put you in the same house so I ran away again. I didn't feel safe there. The girls said they were going to bash me. I couldn't go to school either 'cause there was a missing person's report on me and when I showed up for school they called the police. (Female, 19 years)

3.3 EDUCATION

3.3.1 EDUCATIONAL EXPERIENCE

A critical aspect of a young person's life that is initiated in childhood and continues into adulthood is their education. Respondents were asked about their educational experience while in care, and if they were continuing their studies post-care. Overall, respondents gave a mean rating of 52 for their school experience while in care (scale: 0: Very poor; 100: Very good). There were no significant differences among Jurisdictions.⁴ However, the young people who had been living independently gave a significantly lower value to their school experience (43) than did those who were in home-based placements (Foster, Kinship, and Permanent Care; rating = 57); Residential Care ratings also were lower (47).⁵

A majority of young people (57%) had completed Year 12, while 31% had finalised Years 10 and 11. Differences were noted again based on Placement Type, with 67% of young people who were in home-based placements completing Year 12 compared with 41% in each of the Residential and Independent-Living groups.⁶ In addition, more young people who had experienced between one and four placements completed Year 12 than expected statistically (68%), compared with those who reported five or more placements (47%).⁷ Over one third of respondents (35%) were continuing their education; of these, 18%

were completing Year 12, half were undertaking a TAFE certificate or diploma, and 32% were working on a university degree (11% of the total sample).

Most young people (56%) left school as the expected progression after completing Year 12. Of those who did not complete secondary school, 13% left because they found the work too difficult and did not enjoy school. Another 3% obtained employment; however, of concern was the 9% of respondents who reported ending their schooling because they were excluded, suspended, or expelled. The other 20% gave a variety of reasons that they felt made it too difficult for them to remain at school; 29% of comments referred to the stress young people experienced and the lack of support available to help them cope, while 16% attributed their unsatisfactory educational experience to placement instability and frequent changes of school:

I left school because of social anxiety and constantly having to move schools due to moving placements, but I have since returned. (Female, 19 years)

Home life was too chaotic; couldn't maintain schooling while learning how to live independently with no support. (Male, 24 years)

Weren't supported by the workers at the resi to go to school and the young people there made it hard. (Female, 19 years)

Was told I didn't need it. (Male, 20 years)

I missed 12 months of schooling due to moving placements, therefore I couldn't keep up. (Female, 24 years)

Unstable placement that resulted in my becoming homeless. (Male, 18 years)

Being homeless at times was mentioned in 7% of comments as was becoming pregnant and starting a family. Bullying featured in 9% of responses:

I had my son—became a mum. (Female, 19 years)

Severe bullying from other students who knew I was in care which led to physical assaults at school, so I left half-way through year 9. (Female, 24 years)

The range of difficulties experienced by one respondent reveal the challenges confronting some young people in care when attempting to achieve an education:

I was homeless and paying 80 dollars a week for bus tickets. I was addicted to nicotine, I showered and used the public toilets, I slept on a wet couch and smoked wet dumpers outside of a butchers' for at least 6 months. I stole towels and other clothes off people's lines, I'd eat from

bins and rely on the occasional pie from my girlfriend at the time. I'd use the sink and the soap dispenser in the public toilets to wash my clothes, and I still went to school every day, without anyone knowing my position. It all got too much, I just kept going downhill. My life eventually fell into turmoil. I wasn't able to keep on top of things. My troubles outweighed my happiness and I became overwhelmed. I had to give up on my education because I could no longer do everything by myself. It was really quite sad, because all I wanted was to complete year 12, for I would've been the first and only family member to do so. I just wanted to prove to them, the world, and myself that I was different, but because of dilemmas and the predicament I was placed in, it was difficult to even make attendance. (Male, 21 years)

3.3.2 EDUCATIONAL SUPPORT

Young people were asked who, other than their regular teacher, had provided support for them with their studies. Responses provided a number of insights (see Table 3.5). First, the largest proportion of comments (almost 20%) nominated the carer as the greatest source of support, showing the importance of a positive care environment in facilitating educational engagement. Friends also were valuable in providing assistance with schoolwork, indicating that peer networks could be effectively utilised in this context. Of concern was the 18% of respondents who could not identify anyone outside of the school environment who provided educational support.

Respondents also were asked if they could suggest any practical support measures that might help them in their studies. Table 3.6 lists the number who chose the alternatives provided. The need for financial support attracted the greatest response with 36% of young people's selections indicating they needed help paying for books, transport, or extra tuition. Another 27% requested more help with the content of their studies, either in class (15%) or at home (12%); a further 18% could benefit from counselling support.

The last question concerning education asked young people for any final comments about their educational experience. The responses could be categorised broadly as positive (31%) or negative (69%). Comments give valuable insights into the range of issues confronting individuals; the full list of responses provided is included in Appendix E. Exemplars highlighting the diverse experiences of two young people are presented below:

I'm blessed and very fortunate to have been given all the opportunities and support in my life so far, from my carers, relatives, and school communities. I can only hope that my future in studying and other areas of life can be as fruitful and fulfilling as it has been so far. (Male, 19 years)

The last question concerning education asked young people for any final comments about their educational experience. The responses could be categorised broadly as positive (31%) or negative (69%). Comments give valuable insights into the range of issues confronting individuals; the full list of responses provided is included in Appendix E. Exemplars highlighting the diverse experiences of two young people are presented below:

Table 3.5: Sources of Support with Their Education Identified by Respondents

Supporter	Number of Young People	% of Comments
No One	29	17.5
Carer	33	19.9
Other Member of Carer Family	7	4.2
Birth Parent	6	3.6
Other Birth Family Member	4	2.4
Teacher Aide	15	9.0
Specialist Tutor	10	6.0
Counsellor	16	9.7
Friends	31	18.7
Other *	15	9.0
Total	166	100.0

* Other supports included four caseworkers, four agency workers, and three mentors, as well as partners and course advisors.

Table 3.6: Types of Educational Support Valued by Respondents

Type of support	Number of Young People	%
Don't need extra support	17	7.9
Financial support (books, tuition, transport etc.)	76	35.5
Extra help with schoolwork	32	15.0
Help with homework	25	11.7
Control of bullying	14	6.5
Counselling support	38	17.8
Other*	12	5.6
Total	214	100.0

* Other included four respondents who wanted safe and secure accommodation; five needing specialist tutoring; two who mentioned help with children; and one who would benefit from a new laptop computer.

I'm blessed and very fortunate to have been given all the opportunities and support in my life so far, from my carers, relatives, and school communities. I can only hope that my future in studying and other areas of life can be as fruitful and fulfilling as it has been so far. (Male, 19 years)

I found that the education support I received when I had to attend court for various reasons was exceptionally poor. Given my circumstances I was unable to succeed to the best of my abilities, missing a significant portion of my schooling year in grades 10, 11, and again in grade 12. When I had requested to be able to take work home with me, while I mentally recovered from court battles or significant family struggles, I was denied every time. There was not a very good level of understanding for my situation and there was limited, if any, mental health support. It was extremely difficult to access the school's guidance counsellor and even more difficult to be granted assignment extensions when I had to attend court. I was refused any support/extensions unless I was able to provide written evidence that I had to attend court, or a supporting statement to say I really just needed time off; to put it simply, to get my head straight. Unfortunately, due to the department's inability to answer a phone or return a call, I was never able to provide said supporting statements/written evidence as they were never available for comment, meaning I had to manage to somehow produce assignments I had never even learnt about, overnight. To summarise, there was very little support for my mental state, a severe lack of understanding, and terrible communication between the department and the school. (Female, 20 years)

3.4 HEALTH AND LIFE SKILLS

3.4.1 HEALTH ISSUES

Another factor that significantly contributes to a successful, independent existence is the young person's good health. When asked to estimate their overall standard of health (scale: 0: Very poor; 100: Very good), respondents gave a mean rating of 65, indicating a reasonably good level of health (38% scored at 80 and above; 9% at 20 or below).

Most young people reported accessing health services monthly (26%), with 18% needing this support more frequently and 29% using services once or twice a year. A total of 8% of respondents had not accessed any health services since leaving care.

Although the health of the group overall seemed reasonably good, it was important to identify any particular supports required to ensure young people were receiving adequate care for their specific needs. Figure 3.5 presents a summary of responses to the question regarding the supports needed to address health issues. Of greatest need was help with finding and accessing a suitable service, whether medical, dental, or a counselling service. Support for maintaining mental health was assigned a high priority, but comments were made about the cost of services. Mentioned several times was concern with being able to continue treatment after the 10 counselling sessions covered by Medicare expired. Young people also wanted more information and guidance about nutrition and exercise, and practical help with getting to appointments (transport issues).

The following comments are included to give an indication of the types of problems young people face and where more support would be valued. It would seem ideal if many of these issues could be addressed pre-emptively before the support of the care system was lost:

To get into a proper doctor where I feel comfortable. (Female, 24 years)

Counselling (after using up the free sessions it's really expensive). Help to get a diagnosis (I don't know the process and it's really expensive). Feeling like you have no one to go to who won't need you to tell your story over for them to understand you. (Female, 20 years)

I don't know. I need to know what food goes with what so I can eat healthy. I don't like exercise but will go to the gym. Low self-esteem and scared about being around others. (Male, 19 years)

I have quite a few medical conditions, I find it really hard to be able to afford specialists costs as well, then medication not covered by the PBS. (Female, 24 years)

Need to get off the drugs. We end up in the wrong crowd. I did nothing with my parents. One year into care, I was smoking dope and I still do. (Male, 19 years)

The medical bills are getting pretty hefty. Also some advice on the pros and cons of health insurance, bearing in mind that any issues already being treated aren't covered by a new health insurance cover. I don't really have anyone to

provide that advice and if I go to an insurance broker they are a broker so typically they are trying to seek something so they will say it's good. I would like non-bias advice on whether or not health insurance is useful. (Female, 20 years)

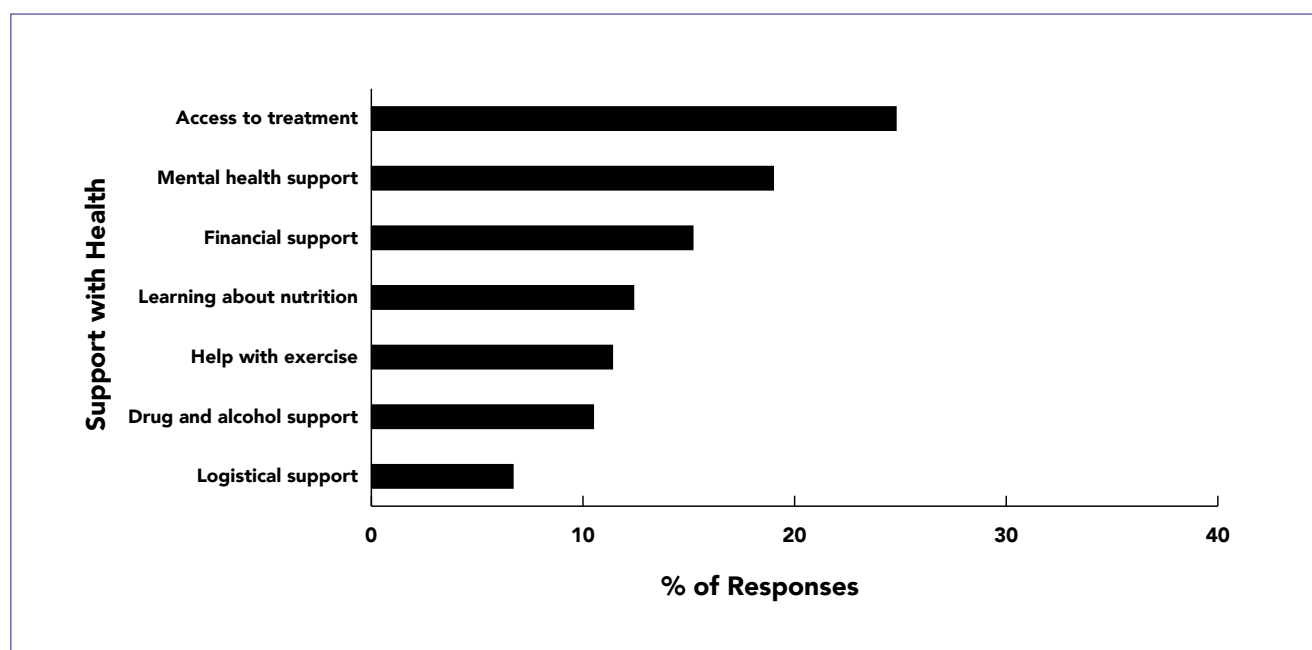
Company at the gym. Support network of people that were overweight people that want to get thinner together. (Male, 18 years)

I need a counsellor. I haven't eaten for the past four days. I only had a coffee. I just can't eat. I'm meant to go to the dentist every month for my braces, but I haven't been in over a year. (Female, 18 years)

3.4.2 LIFE SKILLS

As well as being able to look after their health, to be successful at living independently young people need to function effectively in areas that require basic life skills (e.g., preparing healthy meals, looking after their home, finding and using transport, and establishing and maintaining social relationships). Respondents were asked to estimate how easy they found completing these tasks in their daily lives (scale: 1: Very difficult; 6: Very easy). The mean ratings assigned by respondents to each of these activities are shown in Figure 3.6. With looking after their health as a benchmark, it can be seen that respondents reported finding transport the easiest to achieve; but, even though they felt they could relate to people reasonably well, they had most difficulty making friends. This suggests that more attention could be directed to providing supports to help establish and maintain young care leavers' social networks.

Figure 3.5: Per Cent of All Responses (n = 105) Indicating the Need for the Health Supports Listed



3.4.3 YOUTH-JUSTICE CONTACT

One issue of concern is the link increasingly being observed between a young person's care experience and possible youth-justice involvement. Young people can have a youth-justice connection by being victims of abuse, as well as being perpetrators of an unlawful activity. From this cohort, 37% of the 305 who answered the question reported that they had been involved with the justice system while in care, 21% since leaving care. Two thirds of these young people

who "cross-over" between youth justice and OOHC were female (matching the sample proportion for that sex). Table 3.7 lists the distribution of ages at which youth-justice involvement occurred. Closer examination of the data showed that, of the total 134 young people who had a youth-justice experience, 52% had that contact only while in care, 18% only after leaving care, but 30% both while in care and after.

Figure 3.6: Mean Ratings of Ease of Completion of Tasks Associated with the Listed Life Skills

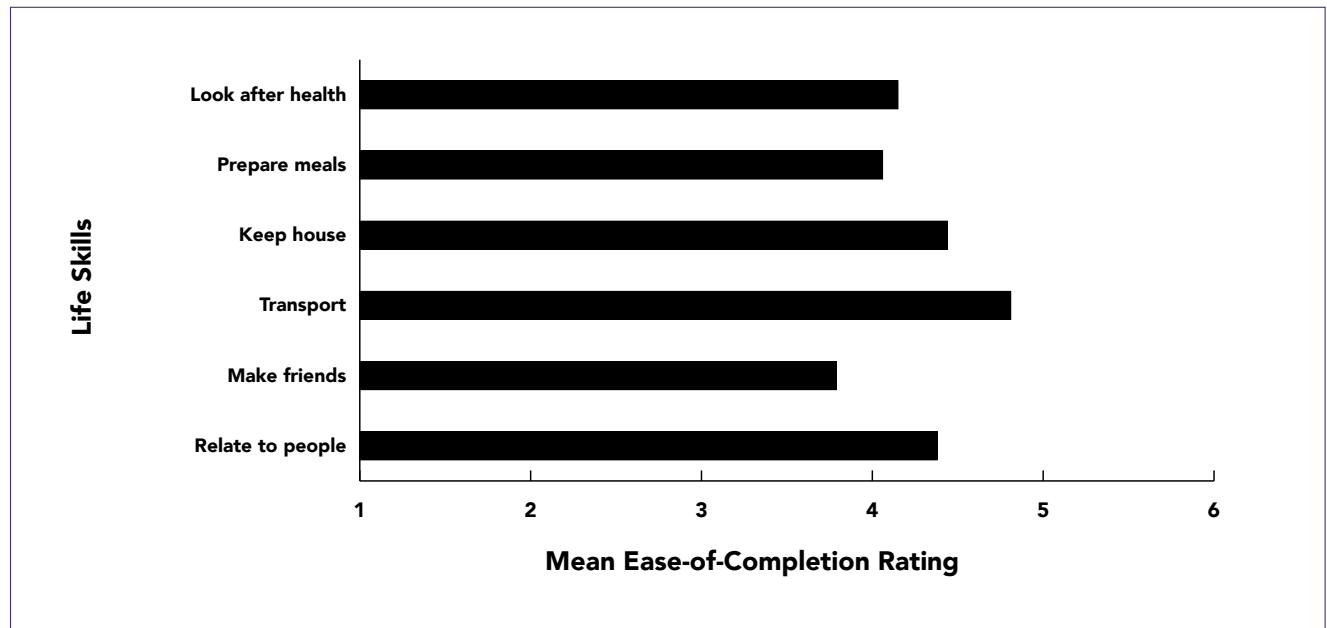


Table 3.7: Number of Young People Who Had Youth Justice Contact at the Designated Ages

Age (Years)	Number of Young People	%
8 years or younger	5	3.7
9-11	6	4.4
12-14	40	29.9
15-17	52	38.8
18-20	23	17.2
21-23	6	4.5
24-25	2	1.5
Total	134	100.0

Comparisons were made of the number of respondents with youth-justice involvement, both while in-care and after-care. They were also made between the Sexes (female, male, intersex), Cultural Groups (Indigenous, Other Cultural Group, and Australian—No Special Group), and Placement Types while in care (Home-based [including Foster, Kinship, and Permanent Care], Residential Care, and Independent Living). Overall, respondents reported significantly more youth-justice contacts while in-care than they did post-care.⁸ No significant difference in youth-justice connections was found between females and males in each of the care situations (In-care: $F = 37\%$, $M = 38\%$; Post-care: $F = 21\%$, $M = 23\%$). However, Aboriginal and Torres Strait Islander young people reported significantly more youth-justice involvement than was expected statistically post-care (31%) than did non-Indigenous (18%); this difference was not significant during time in-care.⁹ Differences also were found when comparing in-care and post-care results based on where the young person was placed during care. While in-care, those living in Residential Care and Independent Living arrangements claimed significantly more youth-justice contact than expected statistically (56% in each group reported involvement) compared with those in Home-based placements (25%); but this difference was not significant post-care (Home-based = 18%; Residential = 28%; Independent = 28%).¹⁰

Respondents were asked to discuss what type of involvement they had experienced with the youth justice system. In total, 109 young people provided 132 comments, but these were split between describing actions that led to their involvement, and outcomes of that involvement. As shown in Table 3.8, 19% of the responses referred to situations that were not caused by the young people but were largely consequences of things that had happened to them (e.g., attending care-order hearings, pursuing action against domestic violence, seeking violence protection orders, and acting as a witness). Of the remaining responses, 57% mentioned their behaviours that led to action by the police and consequent court appearances; the final 24% focused on the results of the youth-justice interaction. The percentages recorded in Table 3.8 give an indication of the range of offences and outcomes experienced by the young people, and which problems were most likely to lead to youth justice involvement.

For young people involved with youth justice, having people to support them while interacting with the system is a distinct advantage. However, 14% of respondents in this study, with youth-justice experience, reported that they were not supported by anyone during the process. As seen in Table 3.9, those who were supported mentioned various individuals who filled this role. One quarter of responses ($n = 210$) identified a current or former caseworker, 20% referred to current or former carers,

and 18% had access to a legal representative (solicitor or lawyer). Family members, in total, were nominated in 17% of examples; friends in 8% of cases.

When rating the adequacy of the support they received (scale: 0: *Totally inadequate*; 100: *All that I need*), young people gave a score of 62 (44% at 80 and above; 17% at 20 and below) indicating a somewhat positive view of the support provided, but with room for improvement. Commenting on what others could have done to make them feel more supported, young people provided 46 suggestions. Most called for more or better support workers (35% of comments), but one fifth stressed the need for better communication and more information about what was happening, to know that the people involved cared about the young person (11%), and to feel listened to and heard (9%). Examples of these wishes included:

I think the workers from my placement and child safety could have been a bit more supportive as they just provided transport to and from my youth justice appointment. They never came in and supported me. (Female, 21 years)

People could have helped me more and gave me more support. Have a larger support circle as well. (Male, 18 years)

More emotional support, I feel very stressed. I want to be told what's actually happening. (Female, 21 years)

Not being told charges disappear at 18. This is a myth that led me to not be able to gain employment until after 21. (Male, 24 years)

People didn't know what to do (despite their hearts being in the right place). They didn't communicate with me and I wasn't complying with their suggestions, mostly because they didn't understand what I was going through. (Female, 18 years)

Wanted support workers to spend more time explaining things. (Male, 21 years)

I did have a lawyer in court, but I didn't take much notice. I was mostly one of the instigators for a riot inside. I got forced to see someone I didn't want to see—a psychologist—she made me talk about things I didn't want to... she kept pushing buttons. One day I spoke to her in confidence... she then told my youth workers and others at a meeting. Trust went out the window and I have trust issues with everyone. (Female, 25 years)

Table 3.8: Reasons Given by Respondents for Their Involvement with Youth Justice

Type of Involvement	Example	Number	%
Consequential			
(n = 25)	Care Order Process	15	60
	Domestic violence	6	24
	Seeking Protection Orders	3	12
	Witness	1	4.0
Behaviours			
(n = 75)	Assault	14	18.7
	Stealing	13	17.3
	Police obstruction	13	17.3
	Property damage	10	13.3
	Absconding	9	13.3
	Drugs and Alcohol	6	8.0
	Un-licenced driving	4	5.3
	Self-harming	2	2.7
	Fraud	1	1.3
	Multiple	3	4.0
Outcomes*			
(n = 32)	Charged	8	25.0
	Arrested	4	12.5
	Detention	9	28.1
	Bail	1	3.1
	Good behaviour bond	4	12.5
	Community service	3	9.4
	Probation	3	9.4

* The outcomes listed were not intended to be mutually exclusive, but to indicate the range of results experienced by young people when involved with youth justice.

Table 3.9: Supporters Providing Assistance to Young People During Contact with Youth Justice

Supporter	Number of Responses	% of Young People*
Current or former carer	38	39.2
Current or former caseworker	49	50.5
Parent(s)	11	11.3
Siblings	11	11.3
Grandparent(s)	7	7.2
Other relative(s)	4	4.1
Legal representative	34	35.1
Advocate	9	9.3
Counsellor	13	13.4
Teacher	2	2.1
Friend(s)	16	16.5
Total	194	

* Number of individual young people supported with youth justice interactions was 97. Percentages were calculated on this base. Several respondents received support from various sources.

Table 3.10: Supporters Spoken With by Young People about Transitioning From Care

Supporter	Number of Responses	% of Young People*
No One	84	25.8
Carer	88	27.1
Caseworker	155	47.1
Birth Parent	32	9.8
Siblings	33	10.2
Grandparent	19	5.8
Other Relative	13	4.0
Other Agency Worker	34	10.5
After Care Service	44	13.5
Teacher	13	4.0
Counsellor	26	8.0
Lawyer	1	0.3
Indigenous Community Member	1	0.3
Friend	44	13.5
Total	503	

* Percentages are based on the number of respondents ($n = 325$).

Table 3.11: Per Cent of Young People Whose Leaving Care Plans Addressed the Areas Listed

Supporter	Number of Young People	%
Accommodation	94	87.0
Cultural support *	11	55.0
Driver training	84	77.8
Education	97	89.8
Emotional support	82	75.9
Family contact	77	71.3
Financial planning (budget)	83	76.9
Health	94	87.0
Life skills	82	75.9
Setting up house	95	88.0

* Cultural support percentage was based on the number of Indigenous young people who had a leaving care plan ($n = 20$). All other percentages were based on the total number of respondents with a plan ($n = 108$).

3.5 LEAVING CARE

A major section of the survey explored the process respondents followed when transitioning out of the care system. What information did they have, and how prepared did they feel to achieve independence? First, they were asked who had spoken to them about what was likely to happen when they left care. Overall, 26% of the young people reported that they had not spoken with anyone. The remaining 241 respondents listed 503 discussions with various supporters; most talked with their caseworker (31%), while another 17% consulted with their carer. After-care-service workers and friends also were involved in providing

information about transitioning (approximately 9% each). Others approached by respondents are listed in Table 3.10.

3.5.1 PREPARATION

According to the requirements of the *National Standards for Out-of-Home Care* preparation for leaving care must begin, at the latest, when the young person is 15-years old. Only 24% of this sample (303 respondents answered this question) could report that someone had spoken with them about transition by the time they reached 15 years. By comparison, 20% had discussions at 16 years, 37% when 17 years, and

19% received information after they turned 18 years.

Of the young people who answered the planning questions ($n = 303$), 36% indicated they knew they had a leaving-care plan to guide their transition to interdependence; 43% did not have a plan, and 21% were unsure. Of those with a plan ($n = 108$), 39% rated their involvement in its preparation as at least 80 out of 100 (0: Not at all involved; 100: Very involved). This was equivalent to "Quite involved" on a 6-point scale. Conversely, 17% scored their involvement at 20 or below ("Little involvement").

Respondents who had leaving-care plans were asked about which life domains they covered, and how helpful the young people had found them when attempting to live independently. Table 3.11 shows the percentage of young people whose plans included reference to the various areas of importance. These data indicate that plans were highly likely to deal with health, accommodation, setting up a home, and education. However, inclusion of areas such as obtaining a driver's licence, financial planning, family contact, emotional support, and acquisition of life skills were less well represented, with about one quarter of plans lacking reference to each of these issues.

Young people with a leaving-care plan were asked to rate how helpful they found the proposed supports, using a 6-point scale (1: Not at all helpful; 6: Very helpful). The mean helpful ratings for each domain are shown in Figure 3.7. Content relating to areas including Accommodation, Driver training, Education, Health, Life skills, and Setting up their house were found to be between "Somewhat" and "Reasonably" helpful, but the treatment of Cultural support, Emotional support, Family contact, and Financial planning was not all that useful. The group with plans rated the planning process at 54 out of 100 (0: Very dissatisfied; 100: Very satisfied) indicating that many improvements could be made. Of the reasons given for feeling the way they did ($n = 99$), 30% expressed positive experiences with the planning process, while the remainder reported negative outcomes. The most serious complaints claimed that the plan didn't address the young person's needs (17%), the planning didn't begin early enough and was too rushed (13%), it involved insufficient help from caseworkers (11%), or respondents didn't feel ready to begin planning (10%) and were not involved in the process (7%). Comments summarising these views include:

Positive

I was happy with the way they finally did things. They did take into consideration my future. (Female, 23 years)

I felt like I got something done. We went

through lots of information so I could feel like what it was going to be like. (Male, 20 years)

My caseworker did more than enough to make sure it went as smooth as it could. My carers at the time did not help or make me feel welcome to come back to visit at all. (Female, 19 years)

I felt that I knew a lot of the stuff that was on my plan and I was comfortable with the level of information I had. I knew what and when something was going to happen. (Male, 21 years)

Negative

I took over a lot of the planning because my caseworker wasn't doing anything or answering my calls. I had to do everything with my SILS worker who had to advocate for me so that my caseworker would do something. Due to my last minute decision and stress a lot of areas were not covered in my planning. (Female, 20 years)

Even though they kept me involved with the completion of it, they gave me information that they thought I would follow when I listened to what they told me, but they didn't explain it so I could understand, i.e., insufficient understanding. (Male, 23 years)

When I did move out from my carers after aging out, I struggled a fair bit in my own place. My mental health actually went down the toilet and it was an immensely dark time for me. I found it hard to seek the support I needed. I was surrounded by a good group of friends and I'm doing really well now. (Female, 22 years)

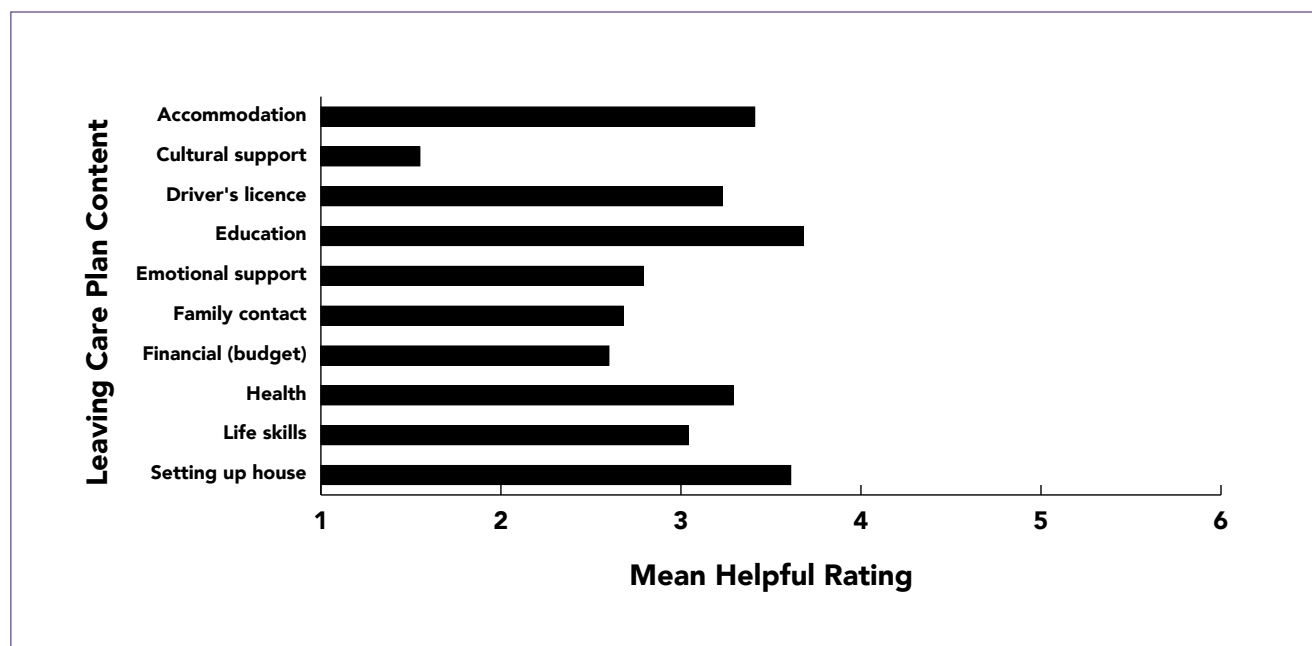
They did my transition when I was 17 and a half. Not when I was 15/16. Would have not of hurt to plan it out earlier so we could cover more and also plan/change the plan a lot better. (Male, 20 years)

There wasn't really a process. I was told to ask for some furniture. I did; that was approved. I was given the furniture and that was the end of the process. (Female, 23 years)

I had other problems that I was preoccupied with—suffering mental illness so not capable of expressing positive or useful emotions towards it. (Male, 18 years)

Some things were good, but my best friend had died by suicide less than 3 months beforehand... I wasn't ready nor did I have enough support. (Female, 19 years)

Figure 3.7: Mean Ratings by Respondents of How Helpful They Found Supports Covered in Leaving-Care Plans



Note. Rating scale: 1: Not at all helpful; 2: A little helpful; 3: Somewhat helpful; 4: Reasonably helpful; 5: Quite helpful; 6: Very helpful.

It also was of interest to determine whether any event had occurred to officially mark the end of a young person's care experience. Overall, 105 young people responded to this question, providing 144 answers. It is unknown if the other 220 in the sample had nothing to report or could not remember any special occurrence; however, 28% of the responses obtained indicated that nothing special happened. Another 28% did meet with their caseworker, and 13% had a final case review. A letter or card from the department or caseworker was received by 9%, while carers had some form of dinner or party in 22% of cases.

To determine the preferred method of receiving information about transitioning from care, and details of services that are available post-care, young people were asked to rate how useful they thought a range of communication approaches might be. These are listed in Figure 3.8, which shows the mean ratings received by each. The most useful method was having a mentor to help navigate support options, followed by having opportunities for hands-on practical experience with the supports and services available. CREATE's Go Your Own Way resource was rated third highest; but using written material (brochures, flyers), role-playing in small groups, having web-based material, workshops, and even specialist mobile apps were not seen as being as useful. The differences were statistically significant.¹¹

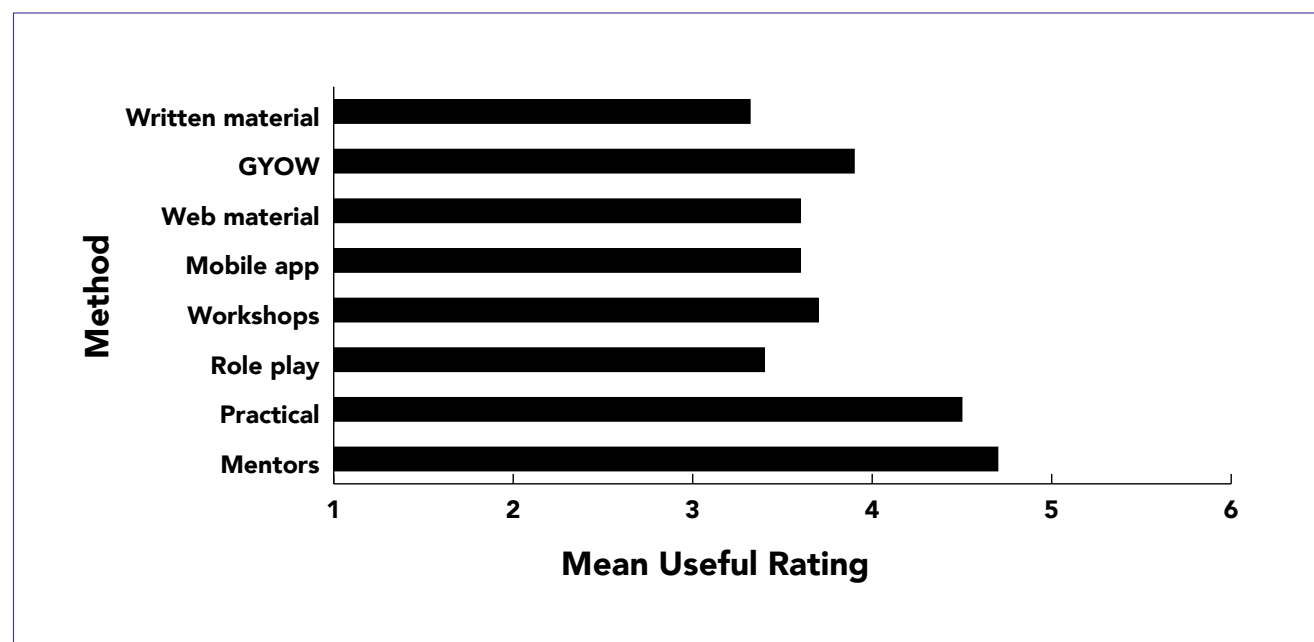
Respondents were given the opportunity to suggest any other ways of receiving information about leaving care. Only 24 comments were provided; two stressed that caseworkers were the best source of information because they knew the system and one suggested using videos in the media (presumably social media). Other comments did not address the methods of communication, rather they reiterated the importance of having mentors (four) and the essential role of life-skills training (five comments). Examples of suggestions include:

Media based info (like videos) on looking for accommodation, work and study etc., managing money and income. What to do in certain emergencies, e.g., run out of money for Go Card or even some house hold tips like basic cooking, shopping, cleaning etc. It's all about kids and their videos these days. (Gender fluid, 25 years)

It would have been good to have been taught life skills whilst being in care. Stuff like how it is important to wash your uniform regularly for work, and cooking skills, basic car care, general driving information. (Female, 24 years)

Caseworker is best because things may have different meaning. Need to have someone who can explain actual meanings behind things. (Male, 18 years)

Figure 3.8: Respondents' Mean Ratings of Usefulness of Forms of Communication About Leaving-Care Supports



Note. Rating Scale: 1: Not at all useful; 2: A little useful; 3: Somewhat useful; 4: Reasonably useful; 5: Quite useful; 6: Very useful.

Table 3.12: Supporters Providing After-Care Assistance as Identified by Respondents

Supporter	Number of Responses	%*
Foster or Kinship Carer	89	27.4
Caseworker	58	17.8
Another OOHC agency	40	12.3
After-Care Service	69	21.2
Accommodation Service	31	9.5
Indigenous Community Service	3	0.9
Birth Parent(s)	59	18.2
Siblings	79	24.3
Grandparents	49	15.1
Other Family Members	32	9.8
Friends	110	33.8
Total	619	

* Percentages based on number of participants (n = 325).

3.5.2 AFTER-CARE SUPPORT

Questions were asked about the support young people had received after they had left care, including who had provided them with the most assistance, and what type of services had they accessed? Only 6% of the 325 respondents claimed that no one had helped them since leaving care. For those who could nominate supporters, one third (34%) referred to friends, 27% identified their final carers, 24% were helped by siblings, and 21% by workers in after-care services (see Table 3.12).

Young people were invited to nominate any other

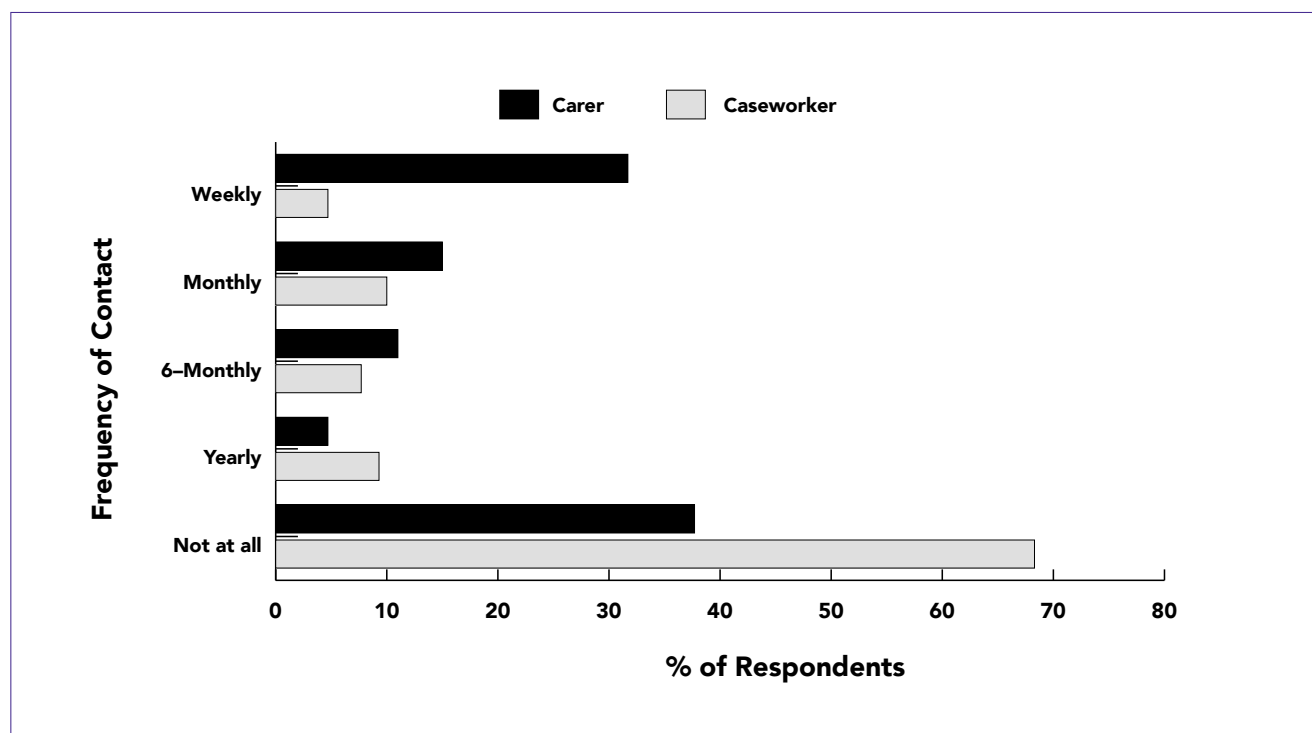
sources of assistance they had received after leaving care; another 78 comments were received. Of these, 24 mentioned support from CREATE; 11 were appreciative of help from partners; 11 were supported by in-laws or family friends; nine referred to specialist agencies; eight were in touch with former carers or caseworkers; eight had seen psychologists or therapists; and three had accessed disability services. Other supporters mentioned included Centrelink, the Ombudsman, youth justice, and one referred to community assistance.

It was expected that carers and caseworkers would provide a base to which young people could return

for support if needed when transitioning to independence. To explore the continuity of these relationships after care, respondents were asked to estimate how often they contacted their former carers and caseworkers once out of the care system. Figure 3.9 shows the frequency of contact with these previous supporters grouped into four broad categories (Weekly, Monthly, 6-Monthly, Yearly) or

not at all. Contact with former carers shows a dichotomy between those young people who see carers regularly (weekly or more frequently) and those who don't see them at all (32% compared with 38% respectively). This is different from contact with caseworkers with whom 68% of respondents had no contact after transitioning.

Figure 3.9: Per Cent of Respondents Reporting Frequency of Contact with Former Carers and Caseworkers



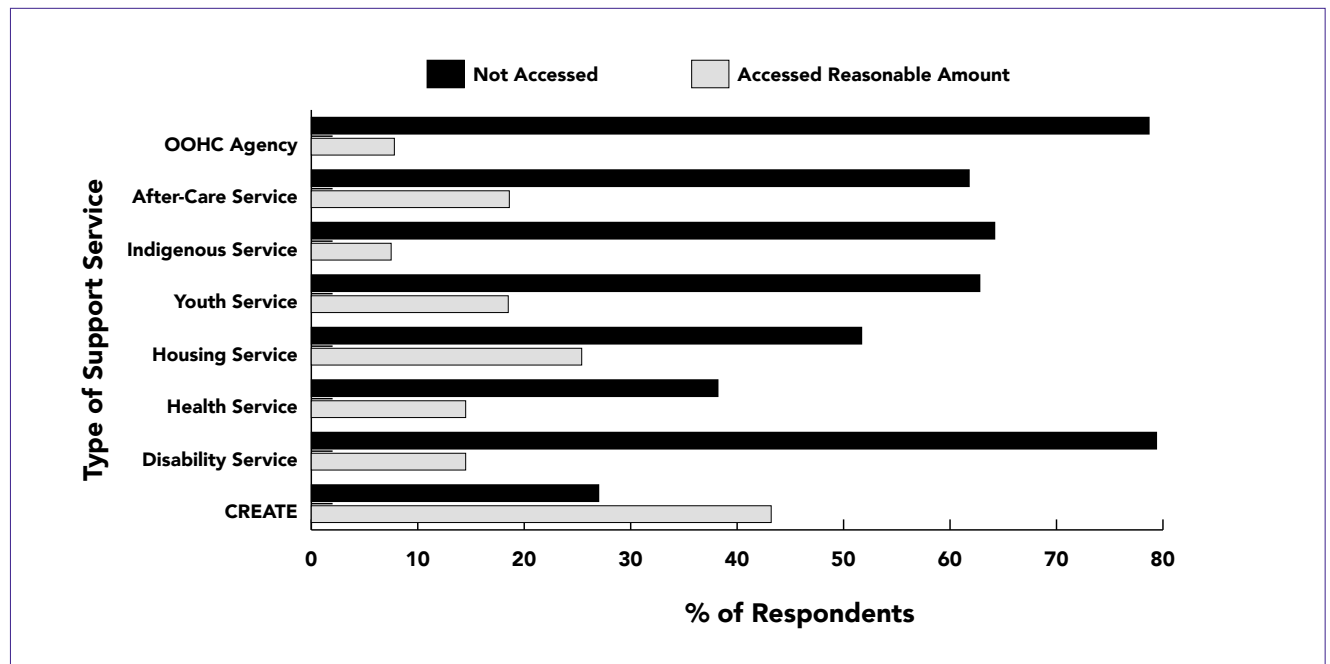
3.5.2.1 AFTER-CARE SERVICE ACCESS

During the transitioning process, young people can access a range of support services to help them achieve a level of independence. However, one difficulty that care leavers have is finding out what services are available. States and territories offer a number of such services, but a comprehensive list is difficult to obtain. Organisations such as the Care Leavers Australasia Network (CLAN) publish material on their website (<https://www.clan.org.au/>), and CREATE provides resources (e.g., *Go Your Own Way* Kits and the SORTLI/Resolve app), but how many of the available services do young people access and how helpful do they find the support? Figure 3.10 presents the list of service types young people were asked about in this survey, and shows the percentage of respondents who had never accessed the services, compared with the percentage who reported using the service at least “Reasonably often” (i.e., a score

of 4, 5, or 6 on the 6-point scale: 1: *Not used at all*; 6: *Used very often*). It is clear that large numbers of young people are not seeking support from the services that are available. Not surprisingly, the services most accessed by the small number who have used services were those dealing with housing and accommodation, as well as specialist after-care services.

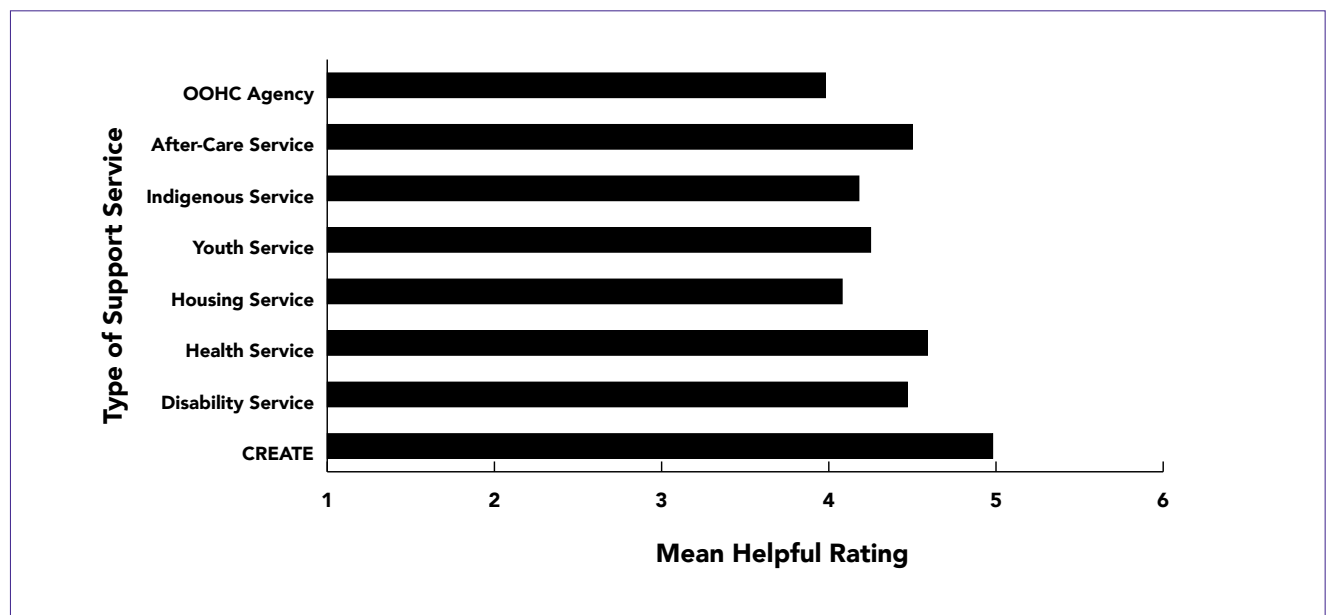
Those young people who had used a service were asked to indicate, on a 6-point scale, how helpful they had found the support they obtained (1: *Not at all*; 6: *Very helpful*). The mean helpfulness ratings obtained for all services were between 4 and 5, indicating that, if the services were accessed, young people received assistance that they found useful (see Figure 3.11). Health services and the dedicated after-care services were seen as being the most valuable.

Figure 3.10: Per Cent of Respondents Not Accessing After-Care Support Services or Using Them “A Reasonable Amount”



Note. “A Reasonable Amount” included respondents who scored 4, 5, or 6 on the scale: 1: Not used at all; 6: Used very often.

Figure 3.11: Mean Ratings of How Helpful Respondents Found After-Care Support Services



Note. Rating Scale: 1: Not at all helpful; 6 Very helpful. The mean for Indigenous services was calculated over the 22 Indigenous young people who had accessed support services.

3.5.2.2 ACCESS TO PERSONAL DOCUMENTS

As part of the transitioning process, young people are entitled to obtain copies of personal documents (e.g., case file information, family story records, birth certificate etc.). Over one third of respondents (34%) had not asked for any documentation; of those who had requested information, 42% had received their records, 58% had not. Given their poor success rate at retrieving personal documents, it is not surprising that the young people who tried rated their

experience as 56 out of 100 (0: Very difficult; 100: Very easy). Overall, respondents expressed limited confidence that they would be able to obtain their personal records if desired, scoring their confidence at 49 out of 100 (scale: 0: Not at all confident; 100: Very confident). Comments made by young people with regard to obtaining their records reflected the dichotomy between respondents who found the process easy and supportive (36% of 76 comments), and those who had problems with lengthy delays in obtaining documents (29%). In many cases these

documents were then found to have missing information or content redacted (11% of responses). Some of the issues discussed included:

Didn't really have to do anything. They just showed up. Sucks to be the person that had to go through and collate all the files. They're the real MVP. (Female, 22 years)

They just gave this to me when I turned 18 [talking about the child history folder]. (Male, 19 years)

My previous caseworker worked in that department ... therefore I was able to be told when it was ready. She also supported me and wanted someone to be there with me while and when I did read through it. (Female, 19 years)

Obtaining my department file went without a hitch; however, trying to obtain my agency file has been quite difficult. I am still waiting for it almost a year after requesting it. (Male, 20 years)

I got my case file easy but I feel that it is missing quite a lot of information as it only has my care plans in it. (Female, 18 years)

Time consuming. The department made it very difficult, I had to call them a lot, and remind them. (Male, 24 years)

Miscommunication; took three months to get file because former caseworker didn't know that I was allowed the file, for reasons unknown. (Female, 23 years)

I only have a section of the file, which leaves lots of gaps, and reading file notes which were derogatory and incorrect towards me. (Female, 24 years)

3.5.2.3 TRANSITION-TO-INDEPENDENT-LIVING ALLOWANCE (TILA)

Another support available to care leavers is the allowance of \$1,500.00 provided by the Australian government for young people attempting to move to independent living. Respondents in this study were asked if they knew TILA was available, and if so, had they applied for the funds, and how easy did they find the process. It was encouraging that 62% of the 296 who answered the question had heard about the allowance, but only 69% of these (i.e., 43% of the

sample who responded) had applied for this valuable support. The applicants rated the ease of following the process at 78 out of 100 (0: *Very difficult*; 100: *Very easy*), indicating that the task was seen as quite easy. Comments made by young people about the TILA process reiterated that the system was relatively easy to navigate (15% of the 118 points made), others explaining that they had no problems because caseworkers assisted or lodged the application on their behalf (34% of responses) with another 25% indicating that agencies provided the same service for them. Difficulties or challenges were noted in 24% of the young peoples' comments. Examples of responses include:

I got some quotes of the things I wanted and gave them to [the department] and they arranged for them to be delivered. (Female, 22 years)

Very easy, with caseworker support during the process. (Male, 20 years)

Was too difficult myself and wasn't easy to find information online or elsewhere. But when I got my after-care worker it was easy because she helped a lot. (Female, 22 years)

I had workers I knew help me do it so I found it quite easy to do. (Male, 23 years)

I was told about it by the Create Foundation and my caseworker from [agency] applied for it for me and I got it. (Female, 22 years)

You have to provide cheques of everything you are going to buy. If I didn't have an after-care worker's support I would not have been able to do that on my own. I am very good with budgeting, however the process of knowing how to do the whole cheques etc.—I would not have been able to do that without assistance. (Female, 22 years)

First time I applied I was found to be ineligible due to living with birth parent after care. Applied again recently and was eligible, and it was not difficult to apply. But it was difficult to use the funds for what I needed to, because the agency only used a corporate credit card, which came with processing fees and couldn't be used for paying a car loan. (Male, 25 years)

3.5.3 THE POSITIVE AND NEGATIVE ASPECTS OF LEAVING CARE

3.5.3.1 POSITIVE OUTCOMES

Each young person was given the opportunity to list three factors that were considered to be positive outcomes of transitioning from care, and three that were disadvantages or challenges. All responses were collated and thematically analysed. For the positive aspects of leaving care, the top 10 themes were identified, based on the number of times the issue was mentioned in the 570 responses. Some of the categories appear related (e.g., Freedom and Independence) and could be clustered more broadly. However, based on the statements of the young people, an attempt was made to capture subtle variations in meaning, as signified by the illustrative quotes. Figure 3.12 presents the percentage of comments dedicated to the themes identified. Clearly, a sense of freedom was paramount in the minds of the young people. Interestingly, this is consistent with a common description used in the US, where transitioning is seen as “emancipation” from care (Berzin et al., 2014). Related themes included Independence, controlling their personal Relationships, managing their Own Space, and not needing to ask for Permission to do activities.

Other themes, as shown in Figure 3.12, focused more on the future; several comments highlighted opportunities young people now had and the advantages of achieving adulthood (including being able to continue a relationship with their carer). However, two concerning results were the number of comments relating to young people not having to

deal with a department anymore (11%), and the 6% who felt they had escaped an unsafe care environment. Examples of comments (apart from single word answers expressing “freedom” or “independence”) relating to the positive themes include:

Being able to set up my own life. (Female, 21 years)

I learnt that I could do things by myself, I didn't have to rely on anyone anymore. (Male, 18 years)

Being able to go over friends/family's places without permission and being rejected. (Female, 22 years)

Ability to do what you wanted without a parenting body watching your every move. (Male, 20 years)

Being able to grow and succeed. (Female, 22 years)

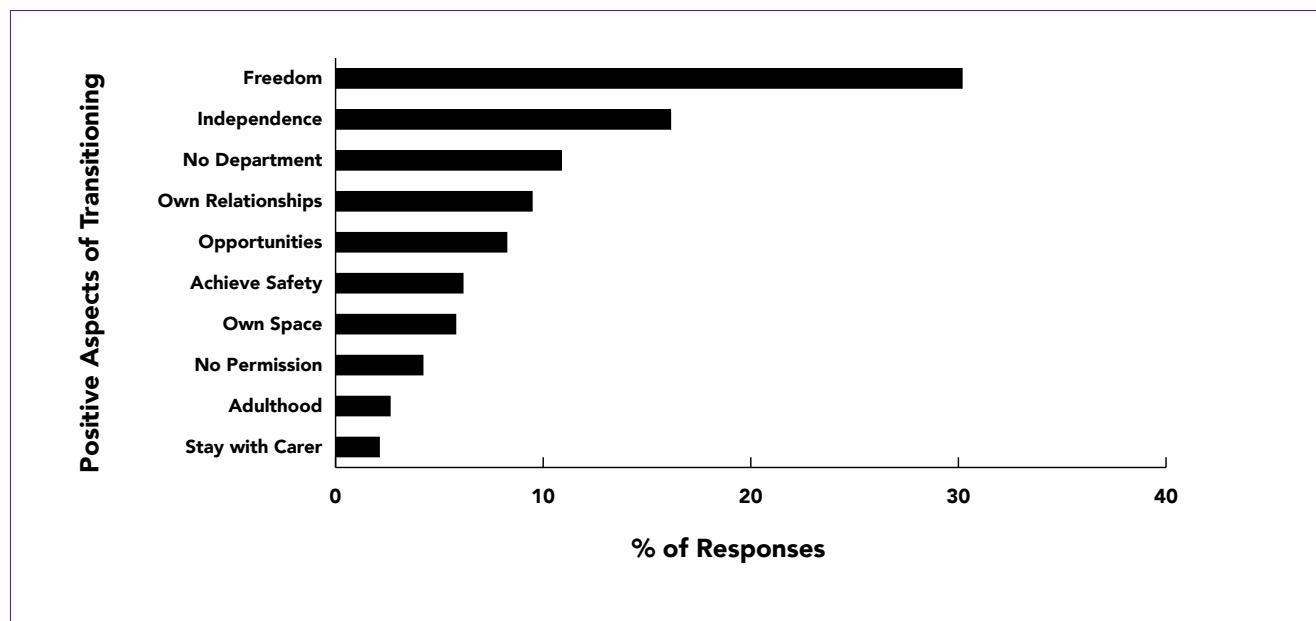
Hopping off to a whole fresh new start. (Male, 20 years)

I don't have to deal with crap anymore or being abused. (Female, 18 years)

Not having constant worries that your placement will break down. (Female, 23 years)

Was able to continue living [with carer], which enabled me to do a trade. If I had to go out and live on my own, there is no way I could have done an apprenticeship. (Male, 22 years)

Figure 3.12: Positive Outcomes Identified by Respondents Associated with Transitioning from the OOHCS System



Note. Percentages are based on 570 responses from young people.

3.5.3.2 NEGATIVE OUTCOMES

However, as well as experiencing many positive outcomes, young people also articulated a range of negative experiences associated with leaving care; the top 10 problems encountered are shown in Figure 3.13. The overwhelming feeling expressed in 40% of the 453 responses was loss of support from caseworkers, carers, and, in many cases, their social networks of friends.

Financial difficulties also featured prominently in responses, as well as a general feeling of being inadequately prepared for the transition, in several cases because of the added responsibilities the young people hadn't realised they would have to bear. Nine per cent of responses reported concerns with homelessness, and over 10% in total referred to feelings of uncertainty, loneliness, and mental health problems. The following comments highlight these issues:

Left stranded without care, didn't have the support I needed. (Female, 18 years)

That you don't get the support that you did when you were with the department. (Male, 18 years)

Not being able to see the people from my agency that I bonded with. (Female, 20 years)

Leaving residential care and the support they provided. (Male, 21 years)

That's when nan and pop stopped contact with us. So, I lost contact with my nan and pop when I stopped living with them. (Female, 21 years)

Knowing that I was now on my own and that the financial support was no longer available. (Female, 22 years)

Financially it is so difficult paying for things. (Male, 18 years)

My foster carer stopped receiving financial support and I couldn't help financially to make the difference. (Female, 21 years)

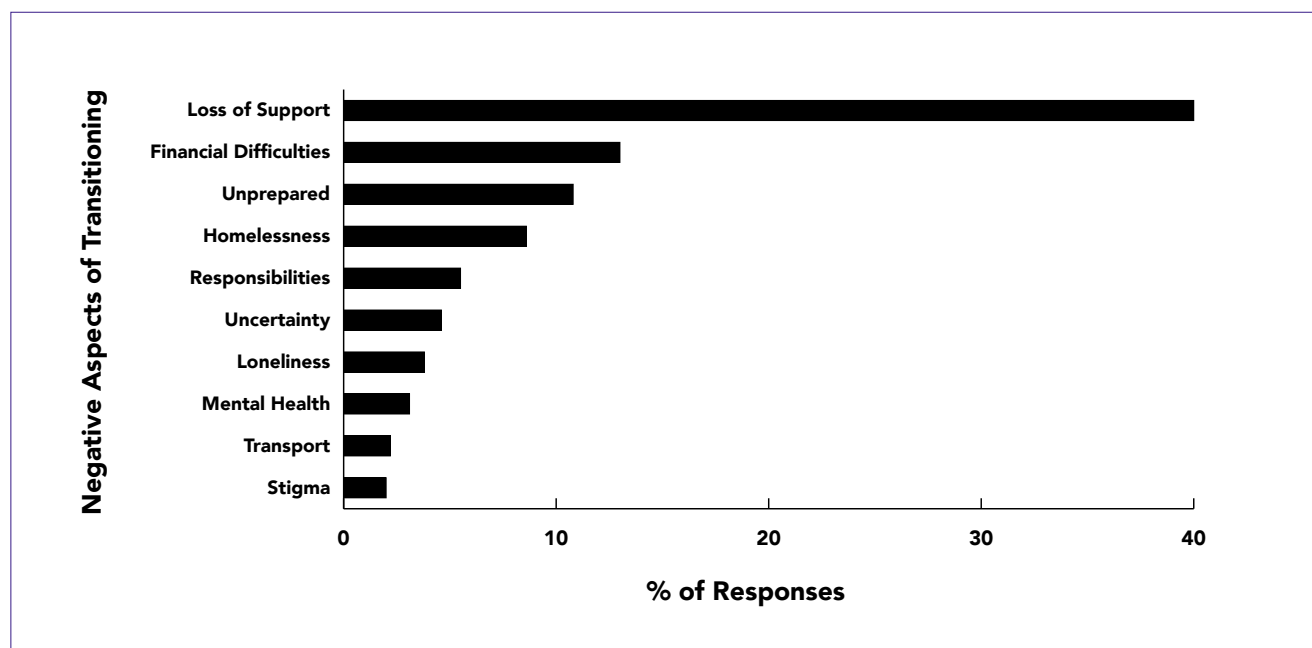
Being homeless and struggling to find housing. (Male, 20 years)

You feel a bit lost. You're in the real world now you have to think for yourself. (Female, 25 years)

The sense that you're all alone. Because for the previous three years you have been told that you have to be independent when you're 18. Every single time I got something wrong I felt like a complete failure. Whereas it is actually normal for us to fail. (Female, 23 years)

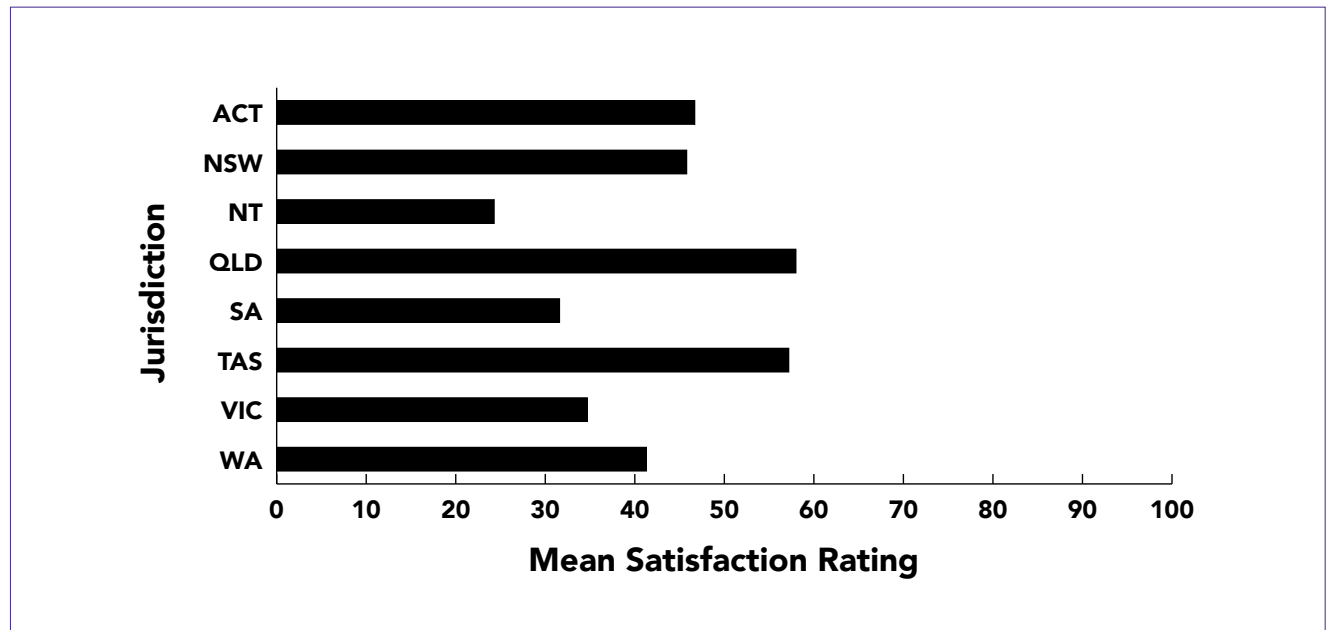
Fear of someone really listening to me to help take the guilt away which I now know I should not have carried. (Male, 22 years)

Figure 3.13: Negative Outcomes Identified by Respondents Associated with Transitioning from the OOH System



Note. Percentages are based on 453 responses from young people.

Figure 3.14: Mean Ratings by Respondents of Satisfaction with Support Received for Leaving Care by Jurisdiction



Note. Rating Scale: 0: *Very dissatisfied*; 100: *Very satisfied*). See Table 2.2 for the sample numbers in each Jurisdiction.

Table 3.13: Accommodation Occupied by Respondents Immediately After Leaving Care Placement

Accommodation	Number of Young People	%
Former carers	6	3.8
With birth family	30	19.2
Flat/house alone	28	18.0
Flat/house shared	15	9.6
Supported accommodation	35	22.4
With friends	16	10.3
Homeless/shelter	26	16.7
Total	156	100.0

3.5.3.3 LEAVING CARE EVALUATION

The final question in the transitioning from care section of the survey asked young people to rate how they felt about the support they had received for leaving care (0: *Very dissatisfied*; 100: *Very satisfied*). The mean score received was 45 out of 100. Scores attributed to jurisdictions ranged from 24 to 58 (see Figure 3.14). Although these differences were statistically significant, because of the small numbers in some of the samples, the results must be interpreted with caution. However, the consistently low values indicate that the issues raised by the respondents here must be addressed; corporate parents must assume more responsibility for ensuring satisfactory outcomes for young people during the difficult process of transitioning from care.

3.6 ACCOMMODATION

Finding somewhere to live is a major concern for young people when transitioning from care. Will they be able to remain with carers who, for many, provided a stable placement, or will they have to (or choose to) leave and find alternate accommodation? Respondents were asked if, when their care orders ceased, they had to leave their placement. Almost half (49%) indicated they moved from their carer's household. The amount of notice these young people received about where they would be living in the future varied considerably. As can be seen in Figure 3.15, 36% of respondents had received little information about where they would be living after leaving care; another 28% had found out within one month of having to move on. Only 19% claimed they were told within an appropriate timeframe to allow

for adequate preparation for such a major change.

3.6.1 INITIAL ACCOMMODATION

For the young people who indicated they had left their placement after aging out of care, Table 3.13 shows the locations where they initially found a place

to live. The majority (22%) moved into supported accommodation, while another 18% found their own flat or house. However, 19% returned to their birth family, and 17% identified as homeless immediately on leaving care. A small number also returned to live with former carers.

Figure 3.15: Extent of Notice Respondents (n = 156) Received About Where They Would Live After Leaving Care

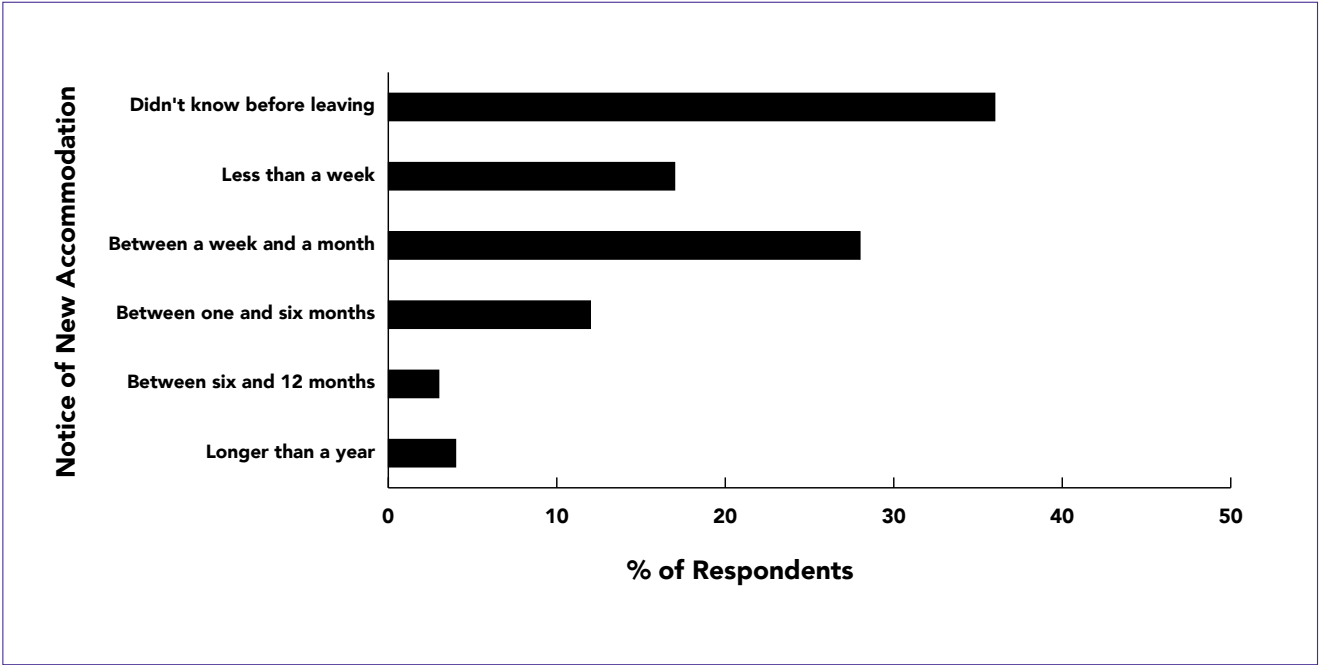
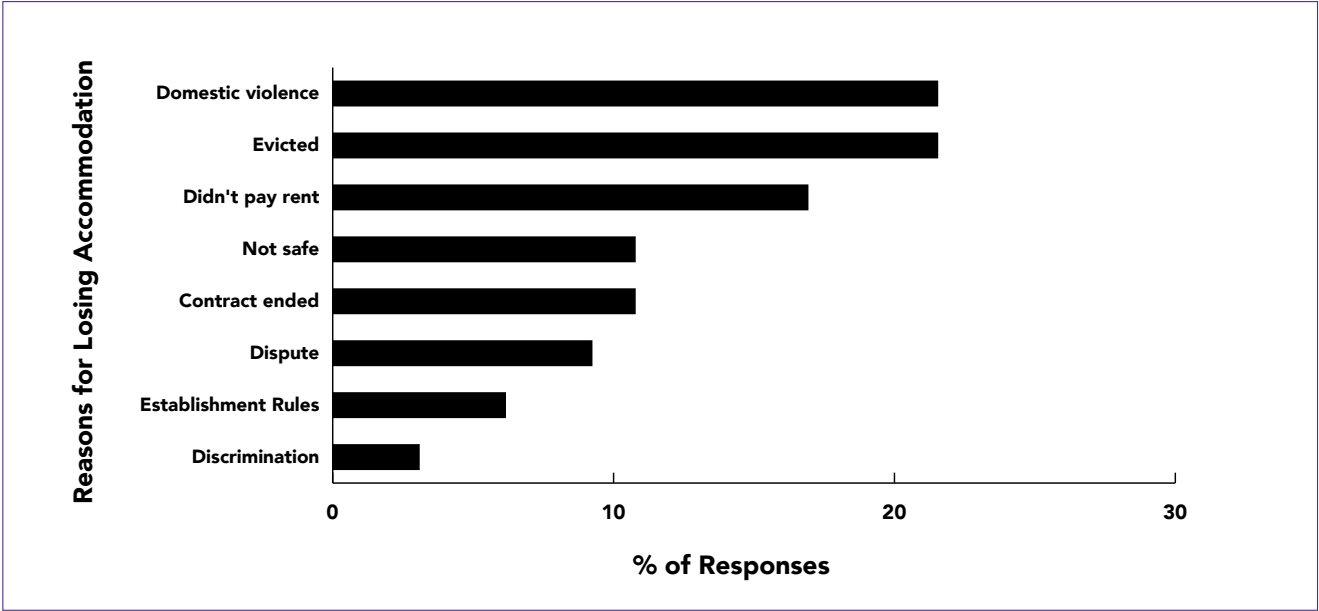


Figure 3.16: Reasons Given by Young People for Losing Their Accommodation



Note. Percentages based on 65 responses.



3.6.2 ACCOMMODATION WHEN INDEPENDENT

A positive finding was that one third of young people who had left their placement reported that they had lived in only one or two locations since leaving care; however, 20% had lived in seven or more. As an indicator of stability, 28% had lived at their current location for more than two years. When asked to rate the ease of finding suitable accommodation (scale: 0: Very difficult; 100: Very easy), respondents gave a mean score of 50, indicating mixed experiences, with 26% scoring 20 and below, and 29% scoring 80 and over.

At the time of completing the survey, almost one quarter (24%) were living alone, 20% with a partner, and 20% with birth family members. Overall, 14% were living with former carers, 17% with friends, and 5% had their own family.

Being able to keep suitable accommodation after finding it is also important. Young people were asked if they had ever lost a tenancy or been forced to leave their accommodation; one quarter reported that they had experienced this treatment. Reasons given are shown in Figure 3.16. Apart from contracts ending, evictions for causing damage, or not paying rent, an unacceptably high number reported accommodation loss resulting from domestic violence and relationship breakdown. Some of the young people's comments illustrate the complex issues:

Domestic between me and my partner. It caused my neighbour to have a heart attack and they were in hospital for a week. (Female, 18 years)

My carer asked me to leave and find other accommodation, because she wanted the room I was occupying to have other foster children. (Female, 20 years)

An old lady who complained to [housing agency] about my music being upload[ed] at daytime when I was not working at Maccas. (Male, 24 years)

Our landlord sold the house for some tasty profits. Worked out well as I was about to attend college and wouldn't have the income to keep renting, so I moved back in with my (foster) family for a while. It was awesome. (Female, 22 years)

I am staying at my mums. She keeps kicking me out, but I keep going back. (Male, 19 years)

I had 12 month youth accommodation arranged where I rented a share house for 12 months with another teenager, and after that was up I found it extremely difficult to find other accommodation because no one wanted to lease accommodation to a teenager that had no parents to sign as a guarantor and especially a child in care that has come into the real estate with a support worker. It was always assumed that I would be wild and party, and trash the house, which I never did at any stage. (Female, 23 years)

I went to juvie and was kicked out during that time. (Male, 19 years)

I wasn't safe and couldn't afford it on the allowance I was on. They helped pay till I was 18 then just stopped and I couldn't afford it anymore. (Female, 19 years)

Most young people in this sample were renting their accommodation (64%); 24% paid board, and four young people had taken on a mortgage. Seven per cent indicated they were not directly paying for accommodation, but several of these stressed they were contributing by helping with the shopping and other bills. Overall, when asked to rate how easy it was to meet their accommodation costs (scale: 0: Very difficult; 100: Very easy), young people gave a mean rating of 68, with almost half (49%) scoring 80 or over, and 13% at 20 or below.

A final question about accommodation asked young people to indicate what support they thought would help them ensure they had somewhere to live. A total of 103 suggestions were provided; these responses are summarised in Figure 3.17. A total of 11% expressed satisfaction with their current situation, needing no extra help. However, the majority (31%) could certainly use financial assistance to make payments, with another 7% specifically referring to increasing Centrelink support, as well as benefiting from help with budgeting (11%). Another 12% nominated finding employment as the sustainable way to ensure financial independence. In addition, respondents discussed the advantages of having, for example, a support worker or mentor to help with a variety of life skills or being able to access more affordable housing. The following examples highlight the range of concerns experienced by young people:

Not really. I'm doing good. I just need to not get myself in trouble. (Male, 19 years)

It would be nice if I could get a grant to help to pay off some of my debts. I have a car and rent a house. I work full time and I don't have much time to myself. (Female, 23 years)

Budgeting support, shopping (where to go to find the discounts), financial support. Catch up on my electricity bills and car payments. Mental support; some private therapy sessions would do me wonderful. (Male, 21 years)

I have just recently gotten a job so I'm hoping things improve. Centrelink payment was not enough to pay my rent and bills and afford food. So, Centrelink payments could have been more. (Female, 20 years)

Help with filling in forms and things like that. And knowing what you have to do to fulfil your contract. Help with transferring from one contract to another. (Male, 22 years)

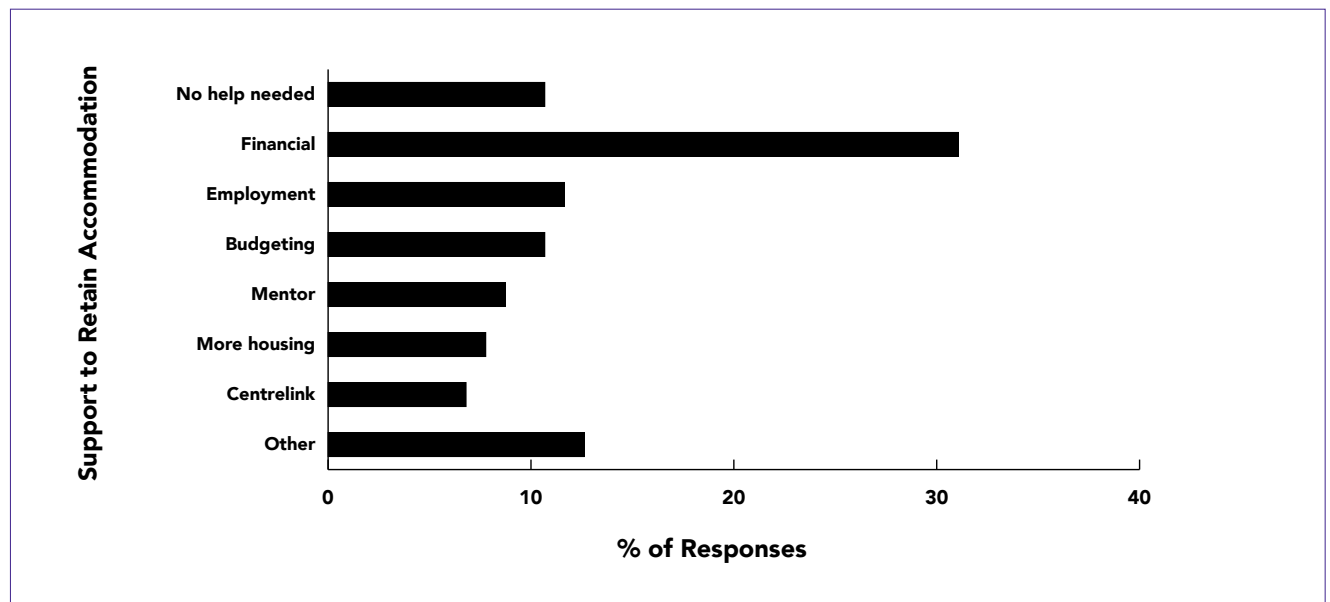
I am living with family until I get my own place through housing which is what I really want. I think my caseworker should of put me on the housing list before I left care. I self-placed from the age of 16 with boyfriend's family. My case manager knew where I was as I checked in. Nothing was done about housing, nothing was budgeting, or managing money or how to live out of care. I had to find out my own way. (Female, 19 years)

3.6.3 HOMELESSNESS

Finding suitable accommodation is fundamental for young people transitioning from care as it sets a secure base from which they can control their lives. Unfortunately, not all care leavers achieve this; a proportion will be homeless at some stage during transition. Young people were asked to report if they had been homeless within the first year after leaving OOHC.* A total of 30% of respondents indicated that this had been their experience, with 23% having five or more homeless episodes. As shown in Figure 3.18, 2% of respondents were without appropriate housing for one week; by contrast, 37% were homeless for six months or more. At the time of completing the survey, 14% of the sample was still homeless.

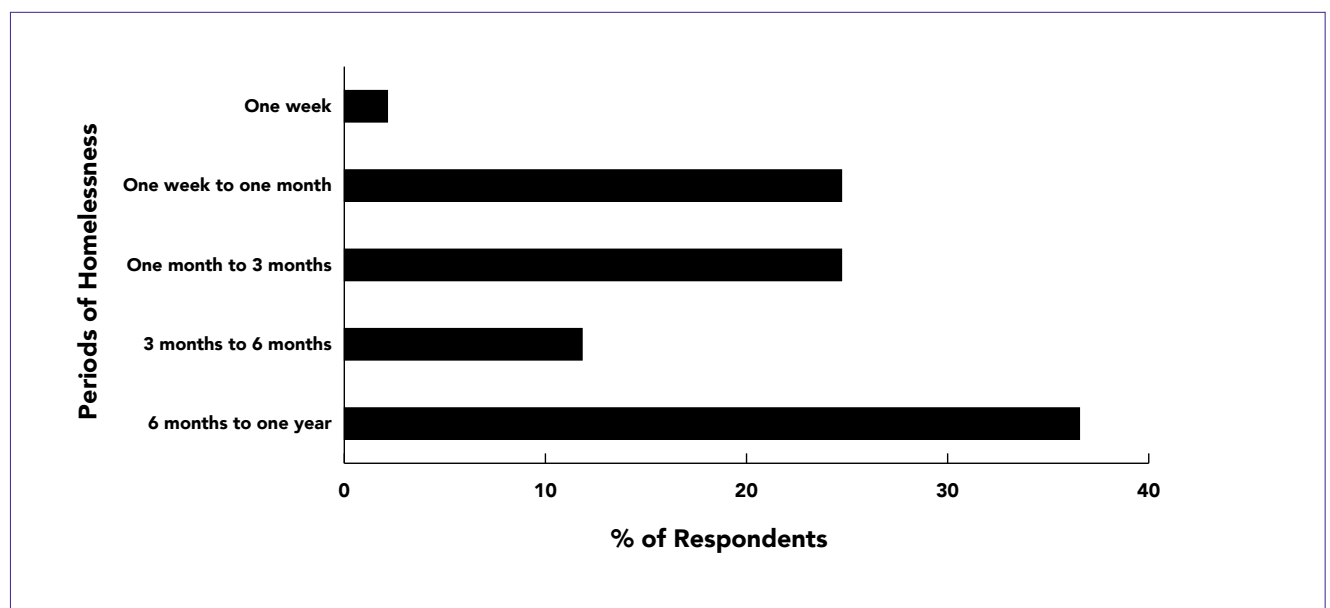
* "Homeless" here was defined as being without safe and adequate housing for more than five nights, perhaps staying with friends (but not registered on their lease), or in refuges, and shelters.

Figure 3.17: Supports Needed to Help Retain Accommodation



Note. Percentages based on 65 responses.

Figure 3.18: Per Cent of Respondents Who Experienced Homelessness During Their First Year After Leaving Care



3.7 EMPLOYMENT AND FINANCE

An important aspect of being independent in society today is acquiring financial support to obtain the basics, i.e., food and shelter. Earning money through gainful employment, however, can be difficult for young people in certain areas. Therefore, there are options to assist them to become more “job ready” through further education, or through payments to support them until they can find suitable work. It was of interest to determine the proportion of care leavers

who took up these various options. Table 3.14 presents the range of activities young people are undertaking and the numbers engaged in each. Based on these data, at least one third of the sample has ongoing work, with almost another third (31%) studying. In many cases involving study, this activity is facilitated through the young person being engaged in part-time employment as well. Another group (7%) identified as parents whose responsibility was looking after their children. It is concerning that 30% of respondents had not found regular, paid employment.

Table 3.14: Activities Currently Occupying Most Respondents' Time

Supporter	Number of Young People	%
Full-time work	40	12.5
Part-time/casual work	66	20.6
Volunteer work	11	3.4
Looking for work	56	17.5
TAFE/completing school	64	20.0
University	34	10.6
Parent*	21	6.6
Nothing	28	8.8
Total	320	100.0

* Note. As will be seen in Section 3.8.1, 48 young people identified as parents. The 21 listed here indicated that looking after children was their main daily activity.

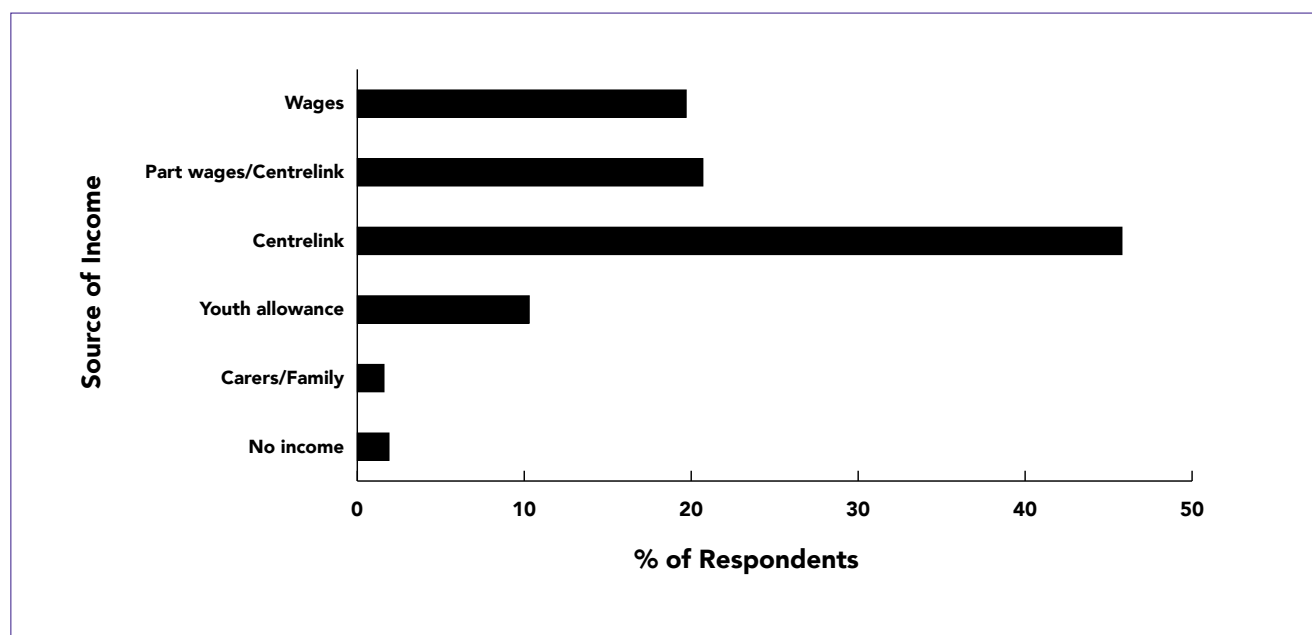
3.7.1 FINDING EMPLOYMENT

Young people were asked to rate how easy they had found the process of finding a job (scale: 0: *Very difficult*; 100: *Very easy*). Only 45% ($n = 147$) chose to answer this question. A mean rating of 42 showed that respondents found this task somewhat difficult (22% scoring 80 and above; 37% at 20 or below). Of these young people, 44% had received support with job seeking; they rated the assistance they received at 60 in terms of how helpful it had been (scale: 0: *Not at all helpful*; 100: *Very helpful*), with 31% scoring 80 and above and 16% at 20 and below. Young people appreciated the support they had but would have benefitted from more.

3.7.2 INCOME

Employment is one source of income for young people; however, other formal and informal financial supports are also available. Figure 3.19 indicates the sources from which young people derived most of their income. Overall, 20% derived income only from wages, while another 21% obtained income from part-time work supplemented by Centrelink. Just under half (46%) were totally dependent on Centrelink payments. Another 10% obtained youth allowance to support their studies. Six young people reported having no income, and five were supported by former carers or family.

Figure 3.19: Per Cent of Respondents Obtaining Income from Designated Sources



Managing money or budgeting is often mentioned by young people as being difficult when they are attempting to function independently. Respondents here were asked to rate how easy they found this task (scale: 0: Very difficult; 100: Very easy). A mean rating of 54 was obtained, indicating a mixed response (28% scored 80 and above; 21% at 20 and below). Young people also were questioned as to what additional supports could be provided to make money management easier. A large proportion of respondents (45%) were adamant they did not require any extra help. When presented with a list of possible supports, 42% of the responses from the 178 young people, who said they would appreciate assistance, indicated they would like more training in developing a budget; 47% referred to help in implementing a budget, while 11% needed assistance navigating the bureaucracy of Centrelink. Comments made by respondents regarding their money management were insightful:

Counsellor told me how to budget and save. I had no idea how to budget before my counsellor. She taught me the importance of savings and setting goals, to stick to a strict budget. My son's worker at [the] Benevolent Society set up a savings account for my son and to put money in there to save for my son's future. (Female, 21 years)

Figuring out ways to get the things I want by saving. Figuring out ways to spend less money to get the same things that I need so I have money left over. (Male, 22 years)

Financial counselling is fine—some people need it—but when you do not have enough money to pay bills, then it is not enough to have financial counselling. I pay my bills, but I do not eat. (Female, 24 years)

Having a drug habit makes it hard to manage money. [Would you like any support with that?] Not really, I can handle it myself. If I did need help, it's not that hard to find help. (Male, 18 years)

I guess I need some help in paying my bills and rent on time. Someone to help me spend my money in the right places. (Female, 21 years)

Not going through it just before you leave, but from when you start getting payments. Knowledge and understanding about debt collectors, loans, interest etc. so [you] don't put [your]self in a black hole and end up homeless. (Male, 19 years)

I'm doing okay. I just get a bit too excited with cool things and I have very expensive hobbies. My partner is also at Uni at the moment and has been without work or income for a year, so money is a bit tight. But we're doing okay. Read "The Barefoot Investor" and we're killing it. (Female, 22 years)

Support them in getting a job as well as Centrelink, and help them manage spending money and saving money, and the difference between the two. (Male, 18 years)

Reflections from one 25-year-old female epitomise the problems many young care leavers face financially, and underpin her hope for change:

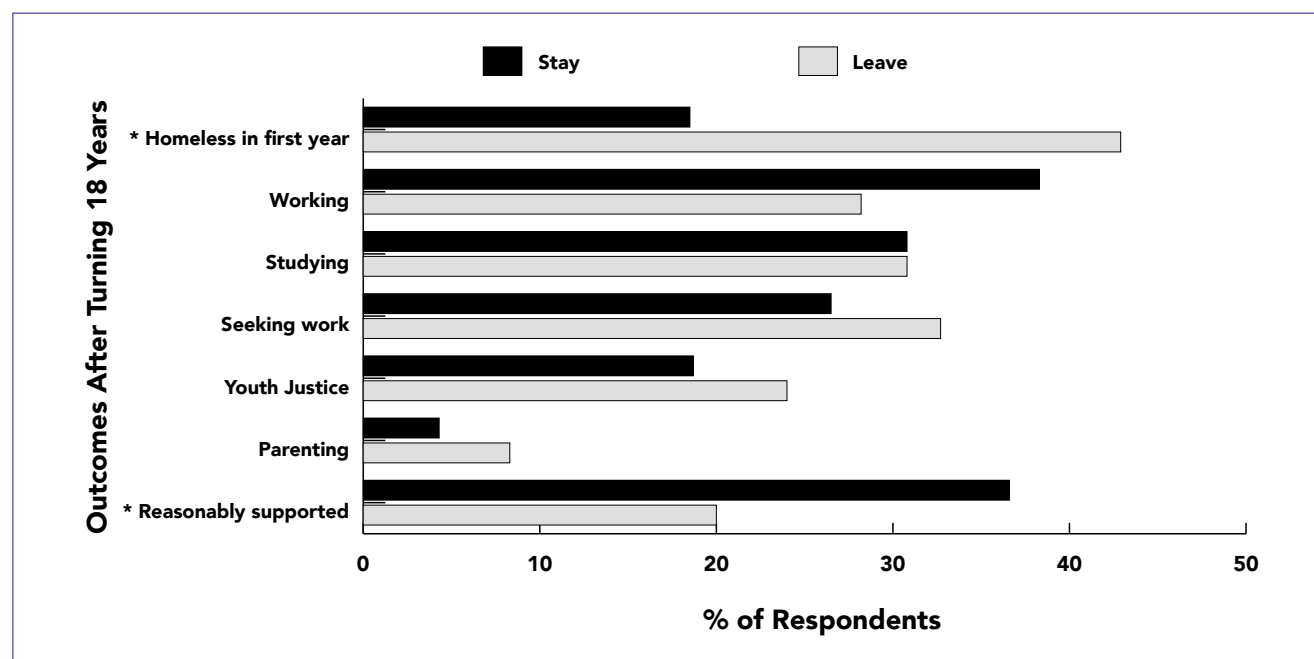
It's challenging. Bills fly in two at the same time. Shit, how do I pay this...? Food, electricity, rent... I make sure I do my rent first... When I was 18 and figuring where I would go, I got numbers of people to call (like Salvo's) if I need help... Moving on your own really sucks. I was homeless at 19; I went to a youth homeless place who help you find shelter and then a women's and children's shelter and motels and it was frustrating. I'm still saving to try and find a rental... I struggled and hopefully other young people don't go through the same thing. (Female, 25 years)

3.7.3 THE INFLUENCE OF LEAVING PLACEMENT ON OUTCOMES

Given the recent research internationally highlighting the advantages of extending care to 21 years rather than 18 years (Courtney et al., 2018; Munro et al., 2012), it was of interest to explore any differences in achieved outcomes in the first year after orders ceased between the group that remained with carers compared with the cohort that left the placement looking for alternate accommodation. Information was not collected on how long young people in the Stay group remained with their carers. Therefore, any differences can be interpreted as merely suggestive of the possible influence of remaining in a supported placement and not experiencing the disruption of trying to find somewhere else to live at that critical stage of life. The differences in major outcomes are illustrated in Figure 3.20. Those who left placement on turning 18 years were more likely to be homeless at some stage in the following year than were the young people who remained with their carer. Conversely, significantly more respondents from those that were able to continue in their placement felt reasonably well supported for leaving care than from the cohort of young people who were required

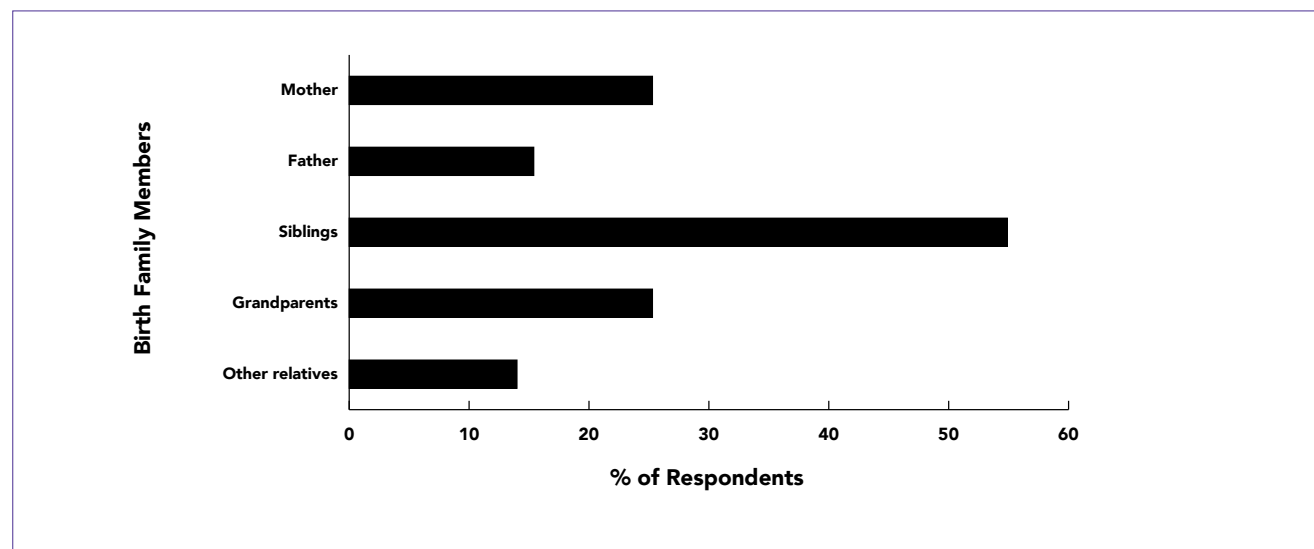
to live independently.

Figure 3.20: Per Cent of Respondents Able to Stay with Carer on Turning 18 Years Who Achieved Outcomes Compared with Those Who Left Their OOH Placement



Note. The differences marked * were statistically significant. Number of respondents who remained with carer = 162; number who left placement = 156.

Figure 3.21: Per Cent of Respondents Living with Listed Birth Family Members After Leaving Care



Note. Other relatives include aunts, uncles, cousins, nephews, and a stepfather. Total number living with birth family members = 91

3.8 FAMILY

3.8.1 FAMILY CONNECTION

Maintaining birth family contact can be a major issue for many young people brought into OOHHC. While in care, any contact between young people and their families is mediated by other parties (carers, caseworkers); after leaving care, young people can choose for themselves. Respondents were asked if they were living with any members of their birth family, and if so, which ones. In total, 29% of young people indicated they currently were living with a family member. The distribution across family members is presented in Figure 3.21, which shows that, while one quarter were living with either their mother or grandparents, 55% of respondents reported that they were living with their siblings. The fact that such living arrangements are established post-care with sisters and brothers, reinforces the view that attention must be directed to maintaining sibling connections while young people are in care. This can be achieved either by co-placement, or by ensuring that supportive mechanisms are in place to maintain these connections.

For those young people who do not live with family, it was of interest to determine the level of contact they maintained with the family members specified when living independently. Respondents in this category were given the opportunity of documenting the frequency of contact, on average over the last 12

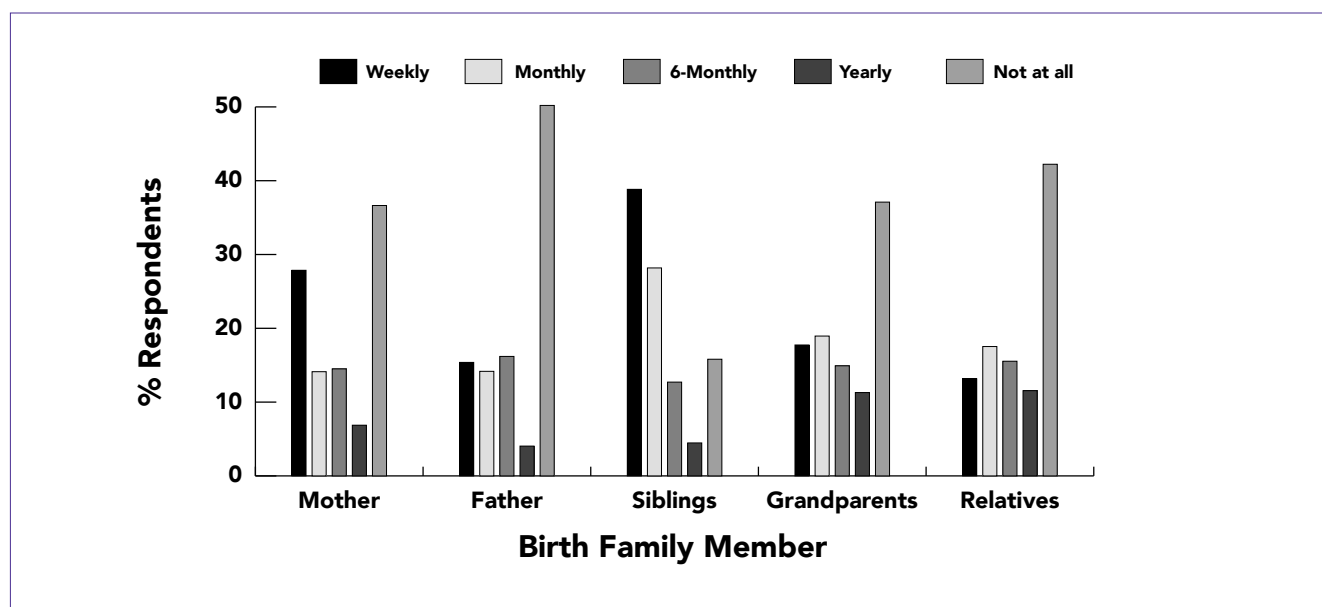
months, with their Mother, Father, Siblings, Grandparents, and Relatives (scale: 1: *Weekly*; 2: *Fortnightly*; 3: *Monthly*; 4: *Once in 3 months*; 5: *Once in 6 months*; 6: *Once a year*; 7: *Not at all*). The responses are summarised in Figure 3.22.

Again, the pattern of contact for siblings differs from that of other family members. Almost 40% of respondents contacted siblings not living with them weekly, and only 16% indicated they never connected with these siblings at all. This compared with contact with their birth mother, where 28% made contact weekly, and 37% did not communicate with their mother at all. Fathers did not play a part in the lives of half of the respondents in this study.

When asked to indicate their satisfaction with the level of contact they had with family, the majority of young people were happy with the contact they were having at present, as seen in Figure 3.23. However, a significantly greater number of young people expressed a wish for more contact with siblings than for any other category of family member.¹²

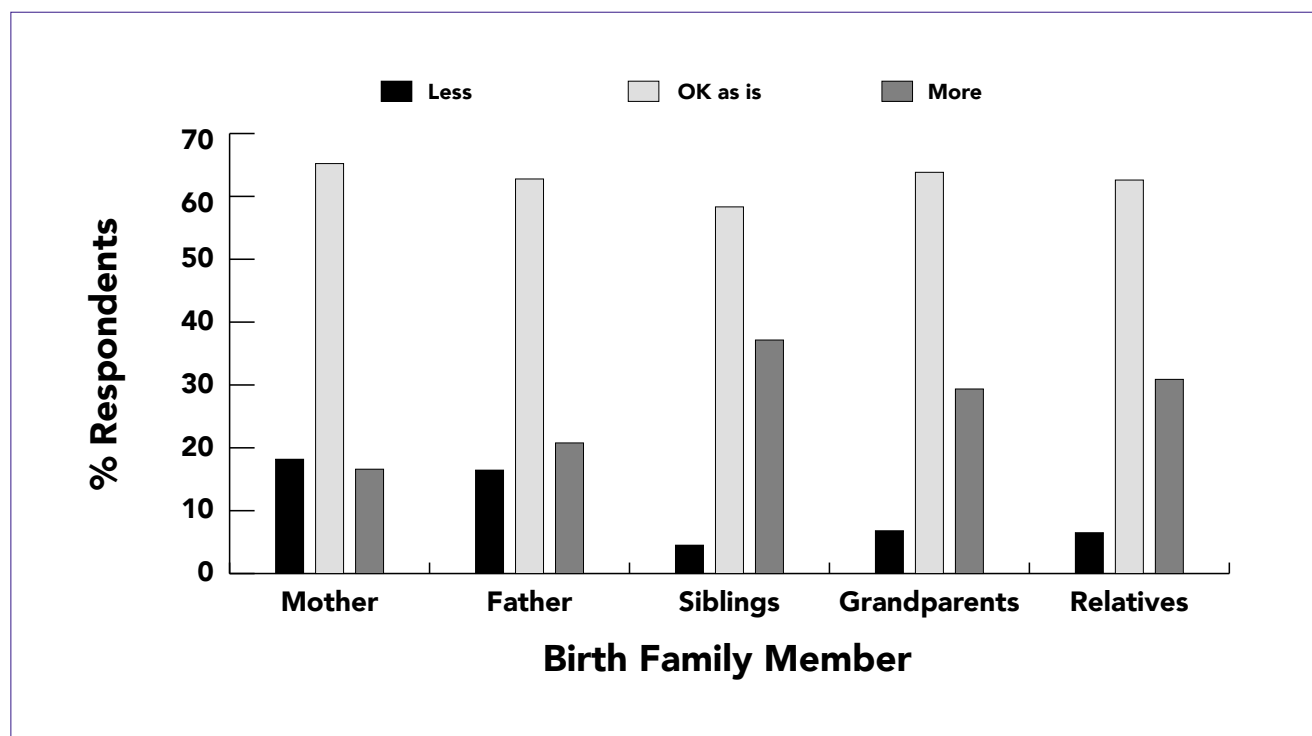
Most respondents (60%) did not require any special support to maintain connection with the family members with whom they chose to stay in touch. Those who could use some help mentioned transport difficulties (47%), financial problems (42%), and access to counselling to discuss contact (32%) as areas of concern. The following comments made by young people reflect the range of issues:

Figure 3.22: Estimated Frequency of Contact with Birth Family Members Not Living with Respondent



Note. Percentages are based on the numbers who knew of family members: Mother = 262; Father = 247; Siblings = 291; Grandparents = 248; Relatives = 251.

Figure 3.23: Per Cent of Respondents Indicating Level of Preference for Future Contact with Birth Family Members Not Living with Young People



I don't need support now but think if I saw them more when I was in care we would be closer now. (Female, 19 years)

I would just like to have more contact with my little brother in foster care. I have him on FB but he doesn't reply. He did at one stage, but he doesn't anymore, so I don't know what is going on with him. (Female, 21 years)

I would like my parents to be more interested in my life and reach out to me and value me for who I am in their lives, because I am awesome! (Female, 24 years)

My support worker helps me keep those connections with my family. (Male, 23 years)

Help knowing who my family is. I only know of some of my siblings, my birth father, my birth mother, and my birth mothers mum (my nan). (Female, 25 years)

To know who my family are. (Female, 25 years)

Most of my family lives on the other side of the country. (Male, 21 years)

3.8.2 PARENTING

In response to the question asking if they were parents, 40 females and eight males indicated they had children (representing 16% of the 308 young people who answered this question). These young people shared a total of 74 children; 28 reported having one child, 16 had two, and two each had three and four children. Ten indicated they first became a parent when they were under 18 years of age.

As shown in Table 3.15, one third (33%) of the young people who were parents did not feel that they required any special support to look after their children. However, 42% expressed a need for more childcare, while half that number (21%) felt they could benefit from general financial assistance. An issue presenting a problem for 15% of these respondents was obtaining access to their children who already had been taken into care.

Table 3.15: Supports Identified for Parenting by Young People Who Have Left OOHC

Supporter	Number of Young People	%
No support needed	16	33.3
Childcare	20	41.6
Financial Assistance	10	20.8
Babysitting	9	18.8
Access to children	7	14.6
Toys, clothing, equipment	7	14.6
Parental training	5	10.4
Affordable housing	1	2.1

* Note. Percentages are based on n = 48.

Young parents reported that they obtained support for looking after their children from their partners (24% of 42 responses given) followed by parents (22%) and former carers (12%). When rating how helpful they found parenting support in general (using a scale of 0: Not at all helpful; 100: Very helpful), 62% scored 65 and over indicating that they found the support at least "reasonably helpful." Conversely, over one third would benefit from more effective assistance with parenting.

Comments from some respondents revealed that, with support, they found parenting challenging but rewarding:

Having a support network is the make or break to keeping a family together. (Female, 25 years)

I found it pretty easy becoming a mum because I had support from my Aunt and Uncle. (Female, 20 years)

Parenting is hard. It is the most rewarding job ever. My son saved me. I got clean and put him first. I'm so thankful and have a great partner. (Female, 24 years)

Others are struggling, but have thoughts on how the system could better support young parents:

[The Department] was not helping. They were doing the opposite. They shouldn't use someone else's childhood against them to affect my parenting. They assume that I am my mother because of my mother's past. They haven't given me any family support, and it's not fair, and it's not understanding or nice. A "mums and baby" service, with qualified social worker and nurses, around the clock, to tell them how to care for the baby, rather than take the kid. It's financially draining in the courts, and for the family and the services. Obviously, I am going to fight for my kid. (Female, 21 years)

It's certainly hard watching yourself give the love and support to your child, to then remem-

ber it's something you never had. (Female, 23 years)

Young mothers who are still under care orders themselves should be given the option of being placed in care with their child, rather than having no support and being on their own. (Female 24 years)

That there needs to be more support. Should be a place where parents can walk in and if struggling i.e., development, nappies, wipes etc., should be eligible to get it automatically. (Female, 19 years)

I just want more contact with my daughter. (Male, 21 years)

3.9 ABORIGINAL AND TORRES STRAIT ISLANDER YOUNG PEOPLE

Across Australia over the last five years, the rate of Aboriginal and Torres Strait Islander young people represented in out-of-home care has ranged from 48 per 1000 (in 2015) to 54 per 1000 (in 2019; Australian Institute of Health and Welfare, 2020), a rate now approaching 11 times that for non-Indigenous young people. Given this, it seems appropriate to spend some time comparing the outcomes for Aboriginal and Torres Strait Islander care leavers (referred to here as Indigenous) with those experienced by non-Indigenous young people. In the present study, 72 Indigenous young people completed the survey. Their responses were compared with the non-Indigenous group on all the basic measures. The first set of measures (Figure 3.24) relate to outcomes following the young person's time in care. It can be seen that Indigenous care leavers differed significantly from their non-Indigenous peers on four of the indicators: They were less likely to have completed Year 12; were more likely to have been absent from their placement at some stage while in care; were more likely to be involved with youth justice post-care; and were more likely to have become parents.¹³

Figure 3.24: Per Cent of Indigenous and non-Indigenous Young People Achieving the Listed Outcomes Following Their Care Experience

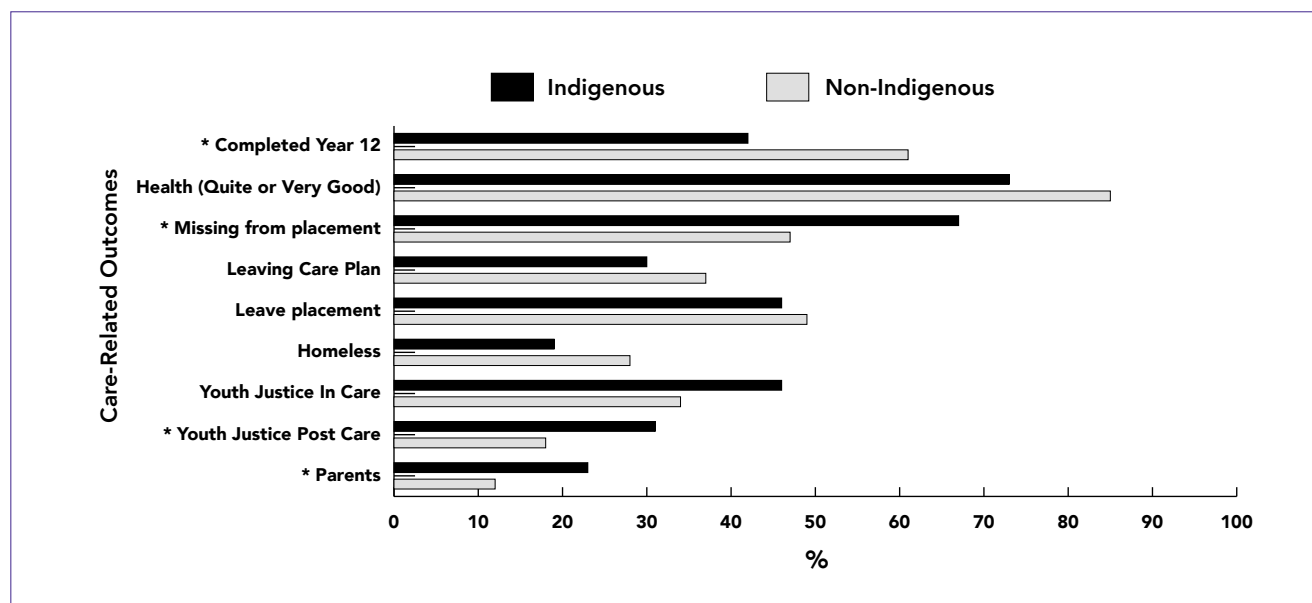
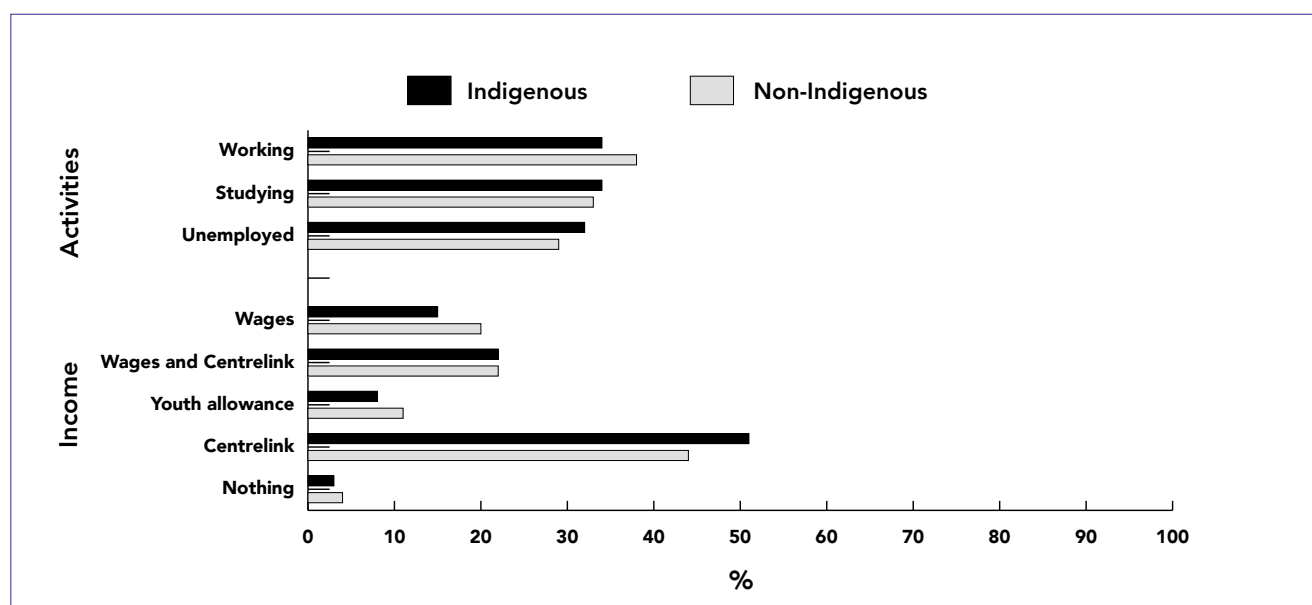


Figure 3.25: Per Cent of Indigenous and Non-Indigenous Young People Undertaking the Listed Activities Currently and Receiving Income from the Designated Sources



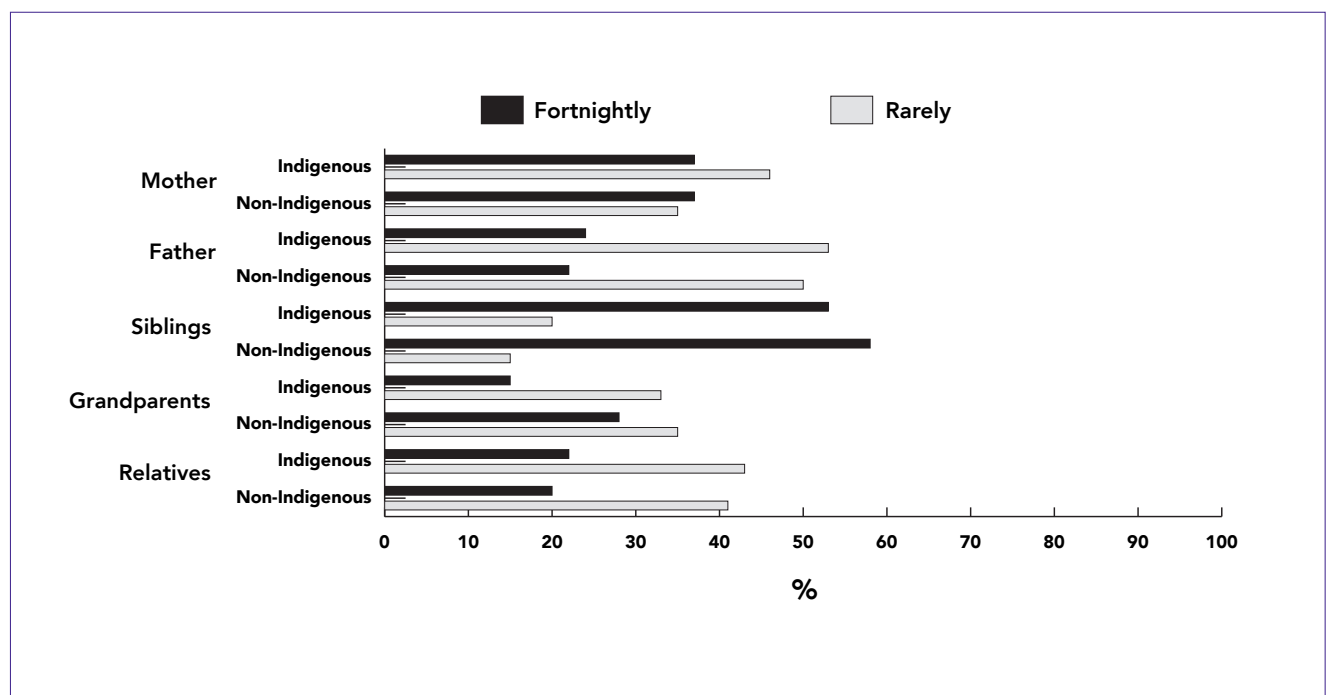
*For statistical analysis see Endnotes.

Comparisons also were made between Indigenous and non-Indigenous young people in terms of the current activities they were undertaking (i.e., working, studying, or unemployed) and their major sources of income (i.e., wages, youth allowance, Centrelink, or nothing). As Figure 3.25 indicates, the patterns observed over both groups were not significantly

different (the overall results were presented in Section 3.5.2.1). Similar results also were found regarding how often family members were actually contacted, and the desired frequency of future contact, with most respondents in both groups relatively happy with current arrangements (see Figures 3.26 and 3.27).



Figure 3.26: Per Cent of Indigenous and Non-Indigenous Young People Contacting the Listed Birth Family Members Either At Least Fortnightly or Rarely



Note. "At least fortnightly" includes Weekly and Fortnightly; "Rarely" includes Once a year and Not at all.

Figure 3.27: Per Cent of Indigenous and Non-Indigenous Young People Who Wish to Have the Indicated Level of Contact with Designated Birth Family Members

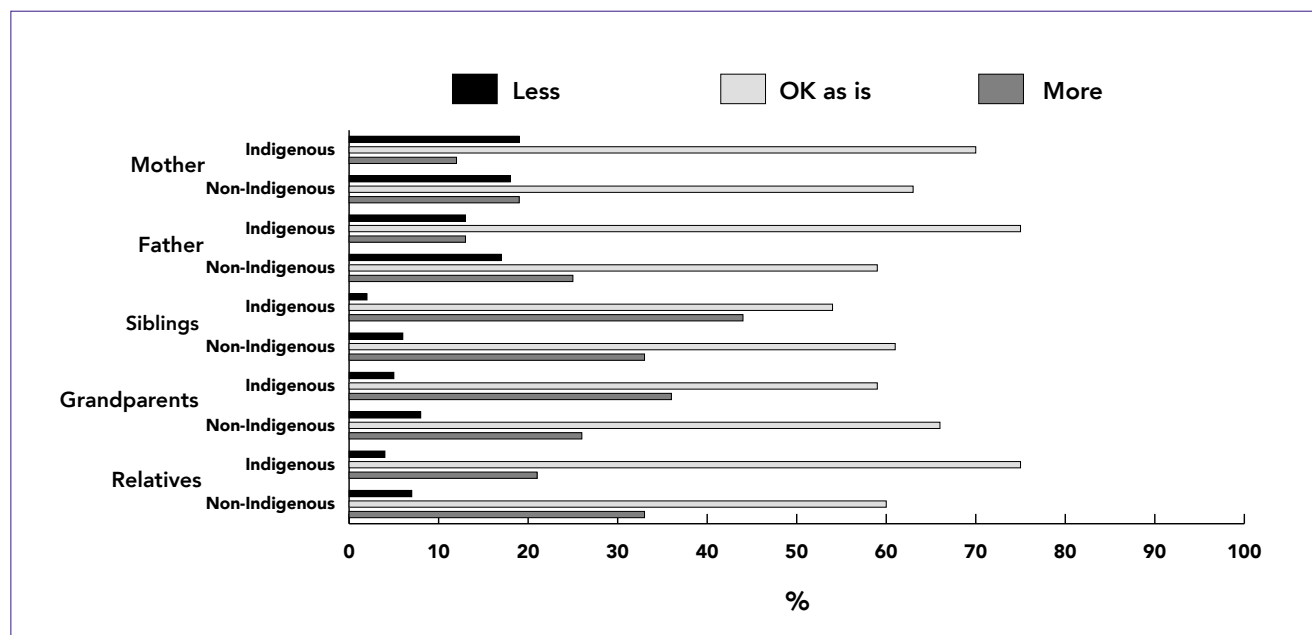
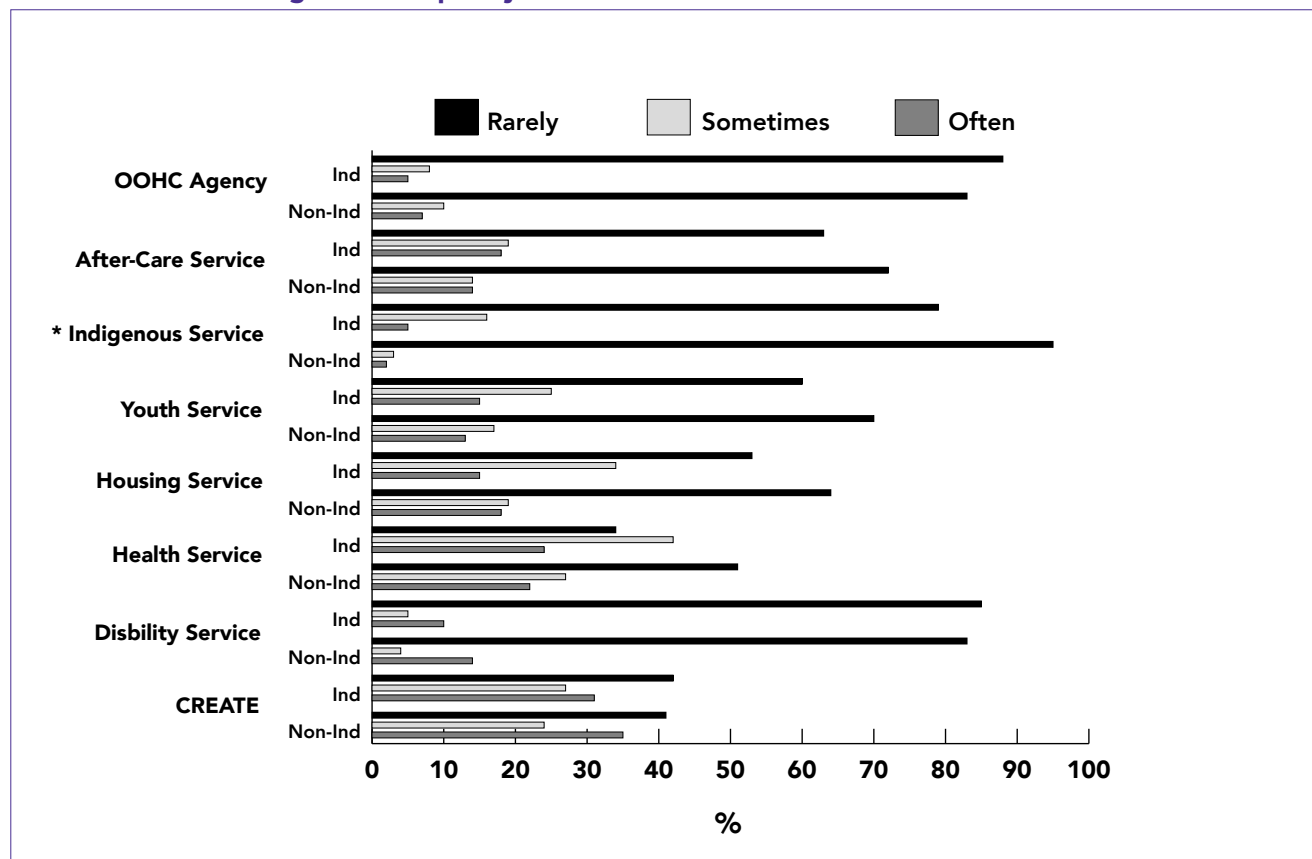


Figure 3.28: Per Cent of Indigenous and Non-Indigenous Young People Accessing the Listed Support Services with the Designated Frequency





*For statistical analysis see Endnotes.

Indigenous and non-Indigenous respondents were compared regarding their ratings of the frequency of accessing various support services while transitioning. Scores on the 6-point scale were grouped into three categories for comparison (scores 1 and 2: *Rarely*; scores 3 and 4: *Sometimes*; and scores 5 and 6: *Often*; see Figure 3.28). In only one area was a significant difference observed. Not surprisingly, more Indigenous young people connected with Indigenous services than did those in the non-Indigenous group; what is concerning about this finding is that almost 80% of the Indigenous respondents had not accessed any specific culturally-aligned services available to support them.¹⁴ The overall extent of access to all other services was not significantly different for the two groups.

3.10 GOALS FOR THE FUTURE

To conclude the survey, young people were asked to nominate three goals that they hoped to achieve in the near future as they moved towards independence. A total of 782 responses were provided that were subjected to thematic analysis. Relatively few young people (1.3%) could not suggest any personal goals to which they aspired. The top 10 dreams that young people expressed are listed in Table 3.16 along with the numbers who proposed each one. Most common, receiving 26% of mentions, was the plan to get a job, 4% within child protection services. Another 17% wanted to continue their education, and 13% hoped to have their own home. The other goals listed were similar to what would be expected of most young people in the general population (i.e., start a family, travel, obtain a driver's licence, and form friendships).

Table 3.16: Hierarchy of Future Goals Proposed by Respondents

Goal	Number of Young People	%
Get a job	202	25.8
Continue education	136	17.4
Establish own home	105	13.4
Start a family	55	7.0
Travel	50	6.4
Get a driver's licence	47	6.0
Establish a relationship	41	5.2
Get a car	26	3.3
Make money	23	2.9
Improve health	22	2.8

3.11 FINAL COMMENTS

The concluding question gave young people the opportunity to provide a statement of any final thoughts they had about the care system after working through the survey.. Overall, 14 nuanced themes emerged from the 143 comments made; of these, 10 expressed a positive view of the care system, although sometimes with reservations:

It is in desperate need of an overhaul in policy, but without it I would not be doing nearly as well as I am today. If I had stayed with my birth mother, I would never have got out of my hometown and would probably be on Centrelink with a child by now. I am so grateful that someone was there to remove me from that situation. (Female, 23 years)

My experience in care was satisfactory, but a lot of my friends didn't have a good experience. I think everyone should have a good experience in care and this could start with carers being more honest with the young person. (Male, 21 years)

Other themes of common concern included caseworker issues, cultural support, placement instability, keeping siblings together, family contact, and mental health support. However, the overwhelming number of responses addressed three issues: fixing the system (31.5% of comments); showing more concern for young people and involving them in decision-making (18.9%); and providing better leaving-care support (11.9%). The comments made by the young people were considered and contain valuable insights into the unique situations each individual confronts in navigating the care system. A list of all detailed comments received are presented in Appendix F. Some examples are included here to illustrate the main themes and give young people the final word:

Communication with the young people is really important, it is their life so allow them to be more involved. The caseworkers and carers should be actively seeking out their involvement. Workers should be bringing up conversations with children and young people about their goals and dreams [and] talking to them about how they can achieve it, at the same time letting the young person know it's not the end of the world if they don't reach all their goals in five years. (Female, 24 years)

I think that there could be things improved: help... young people; listen to what they need; step in their shoes and see what they want. Don't be a bubble and block them out. It will send them down the mental state of breaking down. That was the hardest bit trying to work out if I was here or meant to be somewhere dif-

ferent. The fact of who you choose, who you talk to and what kind of information you want. (Male, 20 years)

If my family kicked me out of home on my birthday, would they be deemed as a bad parent? I cannot understand what I did wrong to be treated with such disrespect and contempt. Child protection knew I was going to be homeless. They knew every services in [city] rejected me based on the fact I was on an order and I have Asperger's, yet nothing could be done. [leaving care service] have not assisted except to place my belongings into storage for 2 months. I worry how I can continue with my studies while homeless. I live in fear everyday as this refuge states I can only stay for 6 weeks. (Female, 18 years)

There is always room for improvement. And never forget that kids are not numbers! We are people, not data correspondent to a larger picture. Get to know us personally, cause reading our file just doesn't cut it! (Male, 21 years)

They need to take how the kids feel more seriously, and just listening to what policy and legislations are there don't always help the kids. It's about understanding that policies aren't always the best for young people. Things are always changing and they need to be more suitable to adapt to the children and young people in out of home care. The needs of young people leaving care are always going to change. The funding package always needs to change, as the needs change. There needs to be the ability to have flexibility and supporting the young people. The process and application is really hard. You always have to chase them up. It's really annoying and you have to go to your MP, or lawyer to get answers and to get them to pay attention. (Female, 21 years)

What needs to improve? Everything. Specifically, a more solid support system which does not allow people to end up homeless. Strong education and mental health system; special physical health support because a lot of people go overboard with their weight; special help for carers and to learn serious life lessons. (Male, 18 years)

Within the child protection sector in Australia, it is acknowledged that special consideration must be given to Aboriginal and Torres Strait Islander (Indigenous) young people because of their extreme over-representation in the care system.

4.0: DISCUSSION



4.1 KEY ISSUES FOR YOUNG PEOPLE TRANSITIONING FROM CARE

4.1.1 WHAT CHARACTERISES A SUCCESSFUL TRANSITION?

Transitioning from care has received considerable attention from researchers and practitioners in recent years with the realisation that young people with a care experience face substantial disadvantage compared with their peers in the general population when approaching adulthood. Within just the last five years, there have been numerous articles and reports produced that deal with specific aspects of the transition to adulthood (e.g., for reviews of the literature see Baker, 2017; Curry & Abrams, 2015; Geiger & Beltran, 2017; Häggman-Laitila et al., 2018; Thompson et al., 2016; van Breda, 2018; Woodgate et al., 2017). Several books also have been published focussing exclusively on the transitioning experience (e.g., Driscoll, 2018; Jones, 2018; Mann-Feder & Goyette, 2019; Mendes & Snow, 2016). How does this transition-from-care research compare with what the young people reported in the present CREATE study?

A critical issue for CREATE's survey participants was lack of adequate support for transitioning from care to adulthood. They wanted more positive relationships with caseworkers and carers that could help them navigate independence in a stable and safe environment in which they were able to have some influence over decision-making. Because of the challenges transition raises, many also wished for more focus on, and support for, their mental health and well-being.

As young people are recognised as the experts in their own lives (Mason & Danby, 2011), it is not surprising that the published research findings mirror these hopes when describing what is necessary for a successful transition. Cameron et al. (2019) have provided a comprehensive summary highlighting similar issues to those articulated by the young people in this survey. Their list includes: A gradual departure from care; strong personal resilience and a positive outlook; good transitional planning; practical skills (e.g., independent living skills); housing support; social and emotional support (through relationships with family members and significant others, mentors, and their peers); effective case management; and tailored programs to assist with employment, education, parenting, cultural connections, and mental health.

Positive relationships are so important. Practitioners have been advised that, when developing interventions designed to maximise care leavers life satisfaction, they should focus on enhancing the young peoples' personal resources, such as strengthening relationships with siblings, partners, and peers, while attempting to reduce any residual harmful aspects of relations with parents (Refaeli et al., 2019). Relationships also can reflect and affect the

delicate balance between independence and attachment. Making this point strongly, Paulsen and Thomas (2018) claim, with reference to care leavers, that "without the felt assurance that the loved one will continue to care after one becomes independent, it is impossible for the loving subject to achieve that independence" (p. 164).

Overall, the more that young people transitioning from care can receive the same treatment as their peers in the general population at the age of 18, the more likely it is that their emergence into adulthood will be comparable. Would anyone be surprised to learn that supportive "protective factors" for those transitioning can include "living with an adult who shares the rent and maintains a positive, consistent presence; being a full-time student; receiving educational and housing subsidies; having reliable means of transportation and communication; and maintaining the same job throughout the transitional year" (Rome & Raskin, 2019, p. 529)?

4.2 CARE HISTORY AND EXPERIENCE

An enduring feeling, which young people held onto from their time in care, was a dissatisfaction with placement stability and being constantly moved around. In addition to this, the lack of consultation before placement changes were implemented was disturbing. Dissatisfaction with this process was particularly strong for young people who had been in Residential Care or Independent Living arrangements. Chambers et al. (2017) showed that defining a placement move can be complex, but argued that young people themselves had to be involved in and informed of the process, and subsequently involved in developing functional guidelines for consistency when considering these changes in policy and research. Irrespective of the time, personnel, or locations involved, perceived disruptions can have significant impact on outcomes, e.g., in education (Clemens et al., 2018) and mental health (Bederian-Gardner et al., 2017). The type of perceived instability also is important (Hébert et al., 2016). However, as other researchers have demonstrated, changes can sometimes have positive results, described as "progress" (versus "non-progress"; Font et al., 2018), and good outcomes sometimes can result from what would appear to be negative experiences (Fawley-King et al., 2017).

4.2.1 PLACEMENT TYPE AND STABILITY

The findings reported here from young people who have left care, and from participants in CREATE's recent national survey of out-of-home care (McDowall, 2018), indicate that special attention must be given to the needs of children and young people placed in residential care. This cohort often is described as being more vulnerable and presents more problems compared with peers. As Leloux-Opmeer et al., (2017) showed, this group also may need specialised care for mental illness, behavioural issues, and learning problems. Lou et al., (2018) argued that

these young people need higher levels of resilience to achieve better developmental outcomes, and that steps should be taken to include resilience-promoting interventions in residential facilities.

However, from what the young people in residential care report, many do not feel they are receiving adequate support from their corporate parent, either while in care or after leaving. More attention must be directed to creating a supportive environment capable of meeting the diverse needs of these young people from adverse backgrounds. As Schofield et al., (2017) explained:

Residential care has much to contribute to young people's lives and its role as "last resort" needs to be reviewed. At a time when policy on residential care is stressing its short term role, it is clear from this study that continuity of care and longer term commitment from residential and transitions staff, often thought of as "family", can enable young people with very different life narratives to construct a positive identity and grow in resilience in the context of security and belonging. (p. 790)

Schofield et al. (2017) emphasised that young care leavers, particularly from residential facilities, need four attributes that will help them enjoy a successful transition: They require *Connection* (close trusting relationships); *Agency* (having some influence over decisions); *Constructive activities* (e.g., through education, sport, employment); and *Coherence* (an ability to accept their past to gain confidence in themselves and their potential). If the residential experience (and indeed the transition for all care leavers) focused on the acquisition of these goals, many of the problems young people confront in their journey to adulthood would be mitigated.

4.2.2 BEING ABSENT FROM PLACEMENT

When young people are unhappy with their treatment in care, they often take direct action and leave their placement. One third of respondents in this study reported being absent from their designated placement (without notification) for over one week. The two main explanations young people gave for going missing were because (a) they felt unloved or unheard, or were escaping conflict, and (b) they were seeking freedom, normality, or maintaining friendships and/or family connections. On being located after an absence, only one fifth could report any positive change that occurred to address the issues that led to their running away.

These observations are consistent with findings in the Australian and international literature dealing with children and young people who experience absence from their care placement. Reasons given for "going missing," include systemic factors, such as family instability (Tyler et al., 2011), placement type (Courtney & Zinn, 2009), and culture (Moss, 2009). More broadly, reasons also include "push" and "pull" factors (Kerr & Finlay, 2006), i.e., situations that young

people in care might run "from" or "to" (Crosland et al., 2018).

These were similar to what young people discussed in the present study. However, as Bowden and Lambie (2015) emphasised, "none of these factors should be considered in isolation, as each factor continually exerts influence on each young person" (p. 266).

Insightfully, as Hill et al., (2016) claimed in the title of their paper, "No-one runs away for no reason." A critical concern for those who felt the need to leave their placement was what happened when they returned. Unfortunately, as reported by many young people here, no positive changes were instituted, if any acknowledgement occurred at all. This common outcome prompted Holmes (2017) to advocate not only for conducting essential return interviews to identify the issues, but also for actively helping the young person to access support services and considering how any thoughts of future absences might be handled. She summarised the benefits of this approach well (p. 241):

Whilst, understandably, great efforts have been focused on understanding how, why and where people go missing, it is important that the topic of incident resolution is given due consideration. If incident resolution is successful, this may have a strong influence on the likelihood of the missing person disappearing again, and on the long-term wellbeing of everyone affected.

4.3 EDUCATION

4.3.1 EDUCATIONAL EXPERIENCE

It has been claimed and demonstrated that education can be a passport out of poverty for children and young people transitioning to adulthood, particularly those with an out-of-home care experience (McNamara, Harvey, & Andrewartha, 2019). Unfortunately, as a consequence of disrupted preparation in secondary school leading to poorer academic outcomes (Clemens et al., 2018; Olsen & de Montgomery, 2018), relatively few care leavers are prepared to transition into higher education. Mendes, Michell, and Wilson (2014) estimated that, in Australia, only about 1% of those who have been in care would access higher education, compared with 26% from comparable age groups in the general population. To improve higher education access, more of those in care must complete their secondary schooling.

One positive finding from this current CREATE study was the number of young people with a care experience who now report completing Year 12 (57%). In 2007, Cashmore et al. (2007) in their longitudinal study of 41 care leavers, reported that, while 36% of the young people had completed Year 12 within a year of turning 18, 42% had reached this milestone 4–5 years after exiting the system

(compared with 80% of their age peers in the general population). McDowall (2009) presented similar findings. The population figure for Year 12 completions is now around 90% (Australian Institute of Health and Welfare, 2019a). While the observed increase in completions from care is encouraging, as is the number (11%) enrolling in higher education courses, effort must be expended to bring these results more in line with population values.

Even more consideration regarding educational outcomes for young people must be given to those either placed in Residential Care or making their own placement arrangements. Research clearly shows (e.g., Pendergast et al., 2018) that nurturing a “sense of belonging at school” can have a positive effect on school attendance and hence educational achievement. However, it is likely that considerable effort will have to be directed to creating this sense of belonging in the Residential and Independent students who rated their school experience below 50%. Results of the current research show Year 12 completion rates at around 41% for Residential and Independent-Living groups. This mirrors findings from two other studies, one in Australia (Australian Institute of Health and Welfare, 2015), and one in the UK (Sebba et al., 2015) that have linked child safety and education data; both reported poorer academic performance by those in out-of-home care, but especially for those located in Residential Care and other non-home-based placements. More recent work (e.g., Maclean et al., 2017; Montserrat et al., 2019) has shown that these differences are persisting.

4.3.2 EDUCATIONAL SUPPORT

The types of educational support needed to improve academic outcomes, and nominated by respondents in this study, also have been well documented in the literature. Carers’ importance cannot be overstated. Tilbury et al. (2014) showed that young people in care who were supported by carers and caseworkers were more likely to be positively connected with school. O’Higgins, in several studies (e.g., O’Higgins, 2018; O’Higgins et al., 2017), highlighted the importance of carers’ involvement in education, and their affirmative aspirations for the young people, for achieving positive educational outcomes. Friends and mentors also have been identified as playing a supportive role in improving academic performance (Garcia-Molsosa et al., 2019). How difficult must it be for the almost one in five respondents in this study who could not identify any person external to the school context who could help them learn?

As well as benefitting from people who can provide content and motivational support in their education, over one third of young people were clear it would help if they had more funds to help pay for books, transport, or extra specialist tuition. McNamara, Harvey, and Andrewartha (2019) emphasised that financial support, even after young people had left

care, was essential to maximise their educational achievements and set them on a positive course for their future. This support could take many forms, including study bursaries, fee remission, and provision of accommodation. Indeed, the current acceptance of the proposal to extend care to 21 (e.g., Courtney & Hook, 2017) by several Australian jurisdictions (e.g., ACT, SA, VIC, and TAS), or moves toward this (QLD support to 19), or limited trials (WA), indicates that most governments realise the importance of young people having a stable physical base during that critical period from which to consolidate their education and transition to adulthood.

4.4 HEALTH AND LIFE SKILLS

4.4.1 HEALTH ISSUES

A considerable amount of attention has been devoted in the literature to the health of children and young people living in out-of-home care (e.g., Bramlett et al., 2017; Cosgrove et al., 2013; Leslie et al., 2010; Nathanson & Tzioumi, 2007; Szilagyi et al., 2015; Webster, 2016) including mental health (e.g., Hambrick et al., 2016; Lohr et al., 2019; Tarren-Sweeney, 2008; Teska, 2017). Not as much consideration has focused on the health needs of young people after they leave care (Butterworth et al., 2017).

The findings regarding health ratings reported in the current study match data obtained from the general population (Australian Institute of Health and Welfare, 2018) where 20% believe their health is “excellent” and 57% feel that it is at least “very good.” This may help explain the observation of Liabo et al. (2017), based on interviews with care leavers, that health was “rarely at the top of any young person’s agenda, although gaps in health care and exceptional care were both described” (p. 182). However, as Baidawi et al. (2014) argued, mental and emotional health issues may become of more concern during the transition process, and yet can be neglected during this difficult period. Havlicek et al. (2013) estimated that transitioning foster youth were two to four times more likely to experience a mental health disorder than their peers in the general population. Power and Raphael (2018) made a similar point by showing that the adverse experiences of care leavers can influence their current and future health condition, and recommended that policies be developed “to address the vulnerable situations care leavers experience associated with skewed income distributions, lack of housing affordability, weak employment standards, and lack of access to higher education typical of liberal welfare states such as the UK” (p. 346).

4.4.2 LIFE SKILLS

Participants in this study reported reasonable

confidence managing the day-to-day activities of getting around, relating to people in general, and housekeeping, as well as remaining healthy. Respondents here seemed to be faring better than those studied by Thompson et al. (2018), many of whom reported a lack of personal care resources (e.g., 68% wanted more assistance with meal planning, 61% more training on both personal hygiene and nutritional needs, and 49% required assistance or resources associated with their personal care). These and other researchers (e.g., Cameron et al., 2019) have highlighted the need for focused assistance with independent living skills for care leavers, but also for those in care to provide adequate preparation for adulthood. In their discussion of supports for transitioning to adulthood, Lee and Morgan (2017) reviewed a major independent living resource (the Casey Life Skills Assessment) in the US, which is used to determine what supports young people transitioning from care need, and how to obtain the identified training and resources. However, they make the point, applicable in Australia as well, that such programs must be more effectively evaluated before being widely implemented on the assumption of being useful. Indeed, as Greeson et al. (2015) observed in a rare randomised controlled study of an outreach program:

Our findings suggest that despite its greatest intentions, this program specifically, and independent living services, more generally, may need to adapt in order to effectively ameliorate foster youth's barriers to accessing and actively engaging in activities to increase social support during and after transitioning out of foster care. (p. 355)

Social support needs also were raised by young people in the present CREATE study; respondents reported that making friends was one of the most difficult skills to master during their transitioning. This is a concern given that considerable attention is devoted in the literature to emphasising the importance of relationships with friends, not only in providing direct support, but also as forming "a 'bridge' between the person's family identity, and emerging individual identity" (Hiles et al., 2013, p. 2066). Since friendships "are critical for healthy development and can serve as a buffer against stigma for youth who have been placed in out-of-home care", it is imperative for caregivers in the system to reduce, as much as possible, the logistical challenges that can be imposed on young people attempting to form appropriate peer relationships (Mann-Feder, 2018, p. 154).

4.4.3 YOUTH-JUSTICE INVOLVEMENT

Much research over many years has discussed the nexus between child protection and youth justice (e.g., Barth, 1990; Courtney et al., 2001; McCord et al., 1960). Indeed, McCord et al.'s early work hypothesised that boys placed in foster care would

exhibit less "adult deviance" than matched controls in the general population; unexpectedly at the time, their findings produced the opposite result. In CREATE's previous post-care survey (McDowall, 2009), the higher than expected incidence of care leavers being involved with the youth-justice system was noted, but questions were not asked about how their post-care experience compared with what had happened in care. Over the last 10 years, much attention has been drawn to the special case of "cross-over kids" (Marien, 2012). Workers in NSW (e.g., McFarlane, 2010, 2018), VIC (Baidawi & Sheehan, 2019; Mendes, Baidawi, & Snow, 2014), and QLD (Atkinson, 2018) have discussed the over-representation of young people with a care experience in youth justice, and AIHW has produced linkage studies that provide up-to-date information on the proportions of young people affected. For example, the latest data (Australian Institute of Health and Welfare, 2019c) show that those who have received child protection services are nine times (and for Aboriginal and Torres Strait Islander young people, 17 times) more likely than their counterparts in the general population also to be under youth-justice supervision. When viewed from the perspective of youth justice, the AIHW report highlights that "More than half of young people in detention (55%) and half of those in community-based supervision (50%) received child protection services" (p. v). However, while the Australian context is the focus here, this "cross-over" or "dual orders" situation is not exclusive to Australia (e.g., Cutuli et al., 2016; Walsh & Jagers, 2017).

Apart from reinforcing a general concern with the large numbers of "cross-over" cases recorded, the present findings also highlight two contributing factors that need particular attention: Placement Type and Indigenous status. While there is some evidence that placement in care for young people who have been maltreated may lead to fewer, serious youth-justice encounters than if they were left with their biological family (Ryan et al., 2016), the literature in general supports the observation that time spent in residential care raises the risk of youth-justice involvement. For example, Malvaso et al. (2017) calculated that placement in residential care increased the odds of future criminal convictions, while Cutuli et al. (2016) showed that being an African-American male, and living in congregate (residential) care generated the highest risk of youth-justice engagement. What is clear in CREATE's present work is the correlation between youth justice and OOH; the effects of placement were greatest while the young people were in-care compared with their experiences post-care. This supports McFarlane's (2018) description of "care-criminalisation," particularly as it occurs within the residential-care environment (Colvin et al., 2018).

The recent, extensive overview by Baidawi and Sheehan (2019) provides a valuable resource to help

practitioners understand the problem and gain perspective on how some of the critical issues can be addressed. Of particular importance is their consideration, through the voices of key stakeholders, of the factors that are likely to keep young people entrenched in the system. One pervading issue they mention is the impact of trauma that, in many cases, is what brought young people into care initially. Bollinger et al. (2017) have discussed the significance of trauma and its influence on an individual's neurobiological development, including limited impulse control, poor emotional regulation, and attachment impairments that can result in offending behaviour and subsequent youth-justice contact. This is the reason that a key recommendation from CREATE Foundation's (2018) consultation with 148 young people was for all personnel dealing with young people in youth justice to receive more trauma-informed training. In this way, if workers are aware of the background issues affecting those coming from the care system, they can compensate for what might seem like unacceptable behaviour being displayed by these vulnerable young people.

4.5 LEAVING CARE

The process of leaving care marks one of the most significant periods in the life of a young person who has experienced out-of-home care. As the work of Lunn et al. (2010) showed, there are three distinct phases to the process: A Preparation phase (which in Australia should begin no later than age 15 years), the Transition period itself (at the age of 18 years), and the After-Care phase that can extend for several years (in many jurisdictions in Australia until the young people turn 25 years).

4.5.1 PREPARATION

Since extensive research began into transitioning from care (e.g., see Stein, 2006 for an earlier review), there have been recommendations that leaving care should be a more gradual process, and certainly not all focused on the young person's 18th birthday (Arnett, 2007; Liabo et al., 2017). This requires that young people are able to talk with a variety of supporters well before their orders cease and they are expected to become independent. A concern from the present CREATE study was that one quarter of respondents had not spoken to anyone about their future, and of the remainder, only one quarter had begun discussions by age 15 years. Half were not informed of what the future might hold until they were 17 years and about to exit the system. For almost half the sample, the caseworker was the preferred confidante.

An important focus of having preliminary discussions should be developing a leaving-care plan that outlines the supports young people can access when approaching adulthood. In this sample, members of which left care at some time in the last seven years,

36% of respondents reported that they had a plan to guide their progression, and 39% of those with a plan had been quite involved in its preparation. This compares with the 40% of 17–18-year-olds who knew of their leaving-care plan as reported in CREATE's recent national out-of-home care survey (McDowall, 2018), and the 40% of the post-care group surveyed by CREATE in 2009 (McDowall, 2009). Clearly, the number of young people transitioning from care involved in planning for their future is still unacceptably low.

Reasons for this limited involvement are likely to fall into two categories: Lack of interest on the part of the young person, or lack of opportunity for them to be engaged. Appleton and his colleagues (Appleton, 2019; Barratt et al., 2020; Hung & Appleton, 2016) presented evidence and theoretical arguments for re-thinking planning as it involves young people transitioning from care. Drawing on the philosophical work of Bratman (2014), they make the point that some young people may not value being required to make explicit, goal-oriented plans. As Appleton (2019, p. 2) explained, there are three issues that need to be considered regarding "pathway planning" for young people leaving care:

First, emerging adulthood is regarded as an experimental period of life, characterised by exploration and instability . . . Second, for young people in transition from care (or 'leaving care' or ageing 'out of care' – I use the terms interchangeably), multiple barriers may frustrate attempts to 'get a life' . . . Third, there is preliminary evidence that at least some young adults who are leaving care may be sceptical about future- oriented planning . . .

Hung and Appleton (2016) even reported that many of their respondents found life- planning an anathema, largely due to their past experiences of disappointment and disillusionment. However, these workers and others (e.g., Lemus et al., 2017; Munford & Sanders, 2015) have stressed that the young person's sense of agency and control must be strengthened, and that voicing their needs must become an integral inclusion in the planning process (Dixon et al., 2019). As Appleton (2019) concludes, supporters of young people transitioning from care need to re-orient their approach "away from our thinking in terms of atomistic goal-planning, and toward considering more fundamental 'building blocks' of planning a life – focused on the interpretive positions young people start from" (p. 14).

Given that individual young people may have their own internal barriers when thinking about what their future might hold, it becomes even more important for the system to provide opportunities for discussions and goal-setting in as varied and inclusive forms as possible before transitioning occurs. Lemus et al. (2017) showed that care leavers were reasonably clear about what they wanted to achieve in the immediate future in specific areas (e.g., over the next



12 months), but thinking of longer-term goals in many life domains became abstract, imprecise, and too difficult for many. The literature is clear that care leavers have aspirations that can be nurtured, and that having aspirations that are achievable is a positive force in establishing their independence. However, to achieve this outcome, they need support, particularly through social relationships and networks; they cannot do it alone (Glynn & Mayock, 2019; Husby et al., 2018; Rutman & Hubberstey, 2016; Sulimani-Aidan, 2017a; 2019). Plans have to be relevant to the young people's needs as indicated by them, and integrated into their lives by involving family and friends. The evidence reported in this CREATE study, where only 14% of young people claimed they were quite involved in transition planning, shows that the processes employed at present to generate engagement are not working effectively. Respondents were clear that their preferred method of working towards independence was through hands-on experience with services under the guidance of some form of personal mentor. This need also has been recognised and addressed in the US through work on natural mentoring conducted by Greeson and her colleagues (Greeson & Thompson, 2017; Greeson et al., 2016; Thompson et al., 2016).

4.5.2 AFTER-CARE SUPPORT

For the respondents in this study, after leaving care, most support came from friends (one third), carers (27%),¹⁰ or siblings (24%). About one fifth had accessed an after-care service. This contrasts with the findings of Ruff and Harrison (2020) where the majority of their 84 respondents (93%) reported accessing at least one formal transition service (although these authors caution that because of their sampling processes, the study could be influenced by selection bias). Generally, the international literature paints a consistent picture that, given the outcomes for young people transitioning to adulthood from care are mostly poorer than their counterparts in the general population, it would appear that the supports available for care leavers are not adequate to meet their needs (e.g., Bhargava et al., 2018; Marion & Paulsen, 2019).

Paulsen and Berg (2016) showed that there were four categories of social support that should be provided for those transitioning: (a) *practical support* (e.g., covering financial guidance and support, housing etc.; the "practicalities of everyday life"); (b) *emotional support* (so that young people know they have someone who loves them and cares for them); (c) *affirmational guidance support* (from someone who can provide advice and feedback to enable young people to self-evaluate and make informed choices); and (d) *participation support* (from someone who can help them with the difficult task of balancing their dependence and independence). This struggle

between self-reliance and help-seeking can create a major barrier to young people accessing support (Samuels & Pryce, 2008).

While social networks can be essential for providing emotional support (Blakeslee & Best, 2019), other assistance also is necessary in the form of practical support from specific services (e.g., health, education, housing, and employment). Targeted after-care interventions also can reduce recidivism in juvenile and young adult offenders (James et al., 2013). Campo and Commerford (2016) produced a valuable needs analysis and overview of some key services for those transitioning in Australia, and strongly advocated for the provision of flexible and well-planned transition support for achieving gradual independence.

4.5.2.1 AFTER-CARE SERVICE ACCESS

A number of questions arise when considering the formal after-care support provided through specialist services: What services are needed? What is the demand for services? Are sufficient appropriate services available to meet the demand? Why might demand be lower than expected? The views of young people collected in this current survey shed light on some of these issues, and confirm other observations reported in the literature. Campo and Commerford (2016) emphasised housing as a critical need, and this was the service that most (25%) of the respondents in the present study accessed. Heerde et al. (2018), in a rigorous meta-analysis, looked at the impact of post-transitional services on outcomes in a variety of areas: housing, employment, education, mental health, and substance use. Nineteen studies were reviewed, and eight extensively analysed. A distinct lack of international, peer-reviewed research evaluating the impact of post-transitional services was noted (the only publications that qualified for inclusion in this study came from the US). The results reported across the domains tested were equivocal; Heerde et al. concluded that their findings:

suggested that participation in transitional programmes may be associated with positive housing, education and employment outcomes, illustrated by small associations between transitional programme participation and these outcomes. (p. e29)

Those who did report accessing services in the present CREATE study found the assistance they received "reasonably" helpful, although as Katz and Courtney (2015) reported, the greatest deficit (apart from not accessing cultural support) was in help with managing finances. However, the overall incidence of reaching out for help by care leavers was relatively low. Similar observations were made by Okpych (2015) following analysis of data that documented the receipt of services from the Chafee Care Independence

¹⁰ About 30% of respondents saw their former carers weekly.

Program across the US, available from the first two years of records in the National Youth in Transition database. He determined that “about half of the 131,204 youth included in this analysis received at least one type of Chafee service, and considerable variation existed in the proportion of youth that received each of the 13 specific types of services” (p. 74). Restated, these findings indicate that over half the care leavers did not access any services at all. Variability in access was influenced by sex, age, race, disability, and location of residence.

Assuming that most young people transitioning to adulthood could benefit from specific assistance in a variety of areas, what are the barriers precluding help-seeking on the part of young people transitioning to adulthood? Schenk et al. (2018) discussed the relationship between a help-seeking orientation (attitudes young people have to help-seeking, largely based on past experience) and two critical forms of social capital. The first type of social capital is based on *bonding* connections and involves relationships with others in their networks, such as relationships between network members who perceive themselves as having a similar social identity (e.g., parents, siblings, other family members, and peers). These bonding connections serve to provide vital emotional support. The second type of social capital refers to *bridging* connections; relationships formed with people who do not share a common socio-demographic identity (e.g., healthcare providers, counsellors, teachers etc.). These connections are useful for facilitating access to essential information. They were concerned with identifying motivators and barriers that might help or hinder struggling young people using their social capital to obtain the support they needed to become independent adults. Their findings reinforced the importance of both forms of social capital, but in particular advocating for enhancing the effectiveness of *bridging* capital through the use of mentors. Others (e.g., Schwartz et al., 2016; Schwartz et al., 2018) also have recognised this need and have experimented with interventions designed to empower young people with the skills and confidence needed to seek appropriate academic and/or career mentors from their own social networks.

Johnson and Menna (2017) have studied care leavers seeking help with mental health issues. Their results confirmed previous findings that young people were more likely to seek help from others who could understand their problems or had experienced similar situations. They identified 12 barriers including the young person’s desire for independence and self-reliance, previous negative help-seeking experiences, and nervousness about raising their problems. Most of the barriers could relate to all emerging adults; however, three issues were unique to care leavers: a desire to forget the past and move on; a distrust of the system; and possible stigma.

Another detailed study of the challenges in help-seeking facing former foster youth was conducted by

Pryce et al. (2017). These researchers summarised potential barriers by categorising them into three groups: (a) *Intrapersonal*, (b); *Interpersonal*, and (c) *Systemic* challenges to help-seeking. The *intra-personal* barriers relate to the individual perception young people have of help-seeking (a weakness, in that they can’t look after themselves and may be too dependent on the system). *Interpersonal* factors can lead to positive or negative outcomes depending on the relational histories young people have with their caregivers (a conflict between viewing help-seeking as essential, but realising that experience has shown it to be inconsistent and unreliable). *Systemic* challenges are exacerbated by multi-level instability within the care context possibly resulting in limitations placed on resources available to the young people, and more generally generating in them a feeling of loss of control or agency in personal decision-making.

Pryce et al. (2017) argued, and the comments of young people in the present study confirm, that the care system, when dealing with those transitioning, needs to change from a focus on the traditional case-management model (care and protection) to incorporate a more flexible approach that is more relationally focused. The question for practitioners and policy makers, to overcome the range of complex barriers to help-seeking, becomes: “How can the system attend to these relationships such that, as appropriate, they can more likely serve as long-term supports to young people as they leave care” (Pryce et al., p. 320)?

4.5.2.2 ACCESS TO PERSONAL DOCUMENTS

In the general community, it is well understood how important personal records are for establishing and verifying individual identity. We share our defining photographs, and protect our personal documents (birth certificates, passports, wills etc.) that are essential for identification. Care leavers have other reasons for wanting to access their records, apart from helping to reconstruct their identity. As Frings-Hessami (2018) explained, the other two main reasons usually are to reconnect with their birth family, and to obtain evidence in their search for delayed justice. Since two thirds of the current respondents in CREATE’s survey had attempted to access their records, it is clear that a considerable demand exists. It is unacceptable that over half of the young people who requested information did not receive a satisfactory response to their application. A few of those who did receive information found the process easy. Unfortunately, the experiences of the majority of care leavers in the present study match the powerful summary provided by Murray (2017) in her advocacy for “supported release” of relevant documentation. More consistency in policies relating to recordkeeping and information release must be achieved across departments and agencies (Greenwood et al., 2019). It is not appropriate to ignore requests from young people for relevant information, to force them to experience lengthy

delays in accessing their records, or to unload onto a vulnerable young person a set of “incomplete, insulting, incorrect, and/or incomprehensible” data (Murray & Humphreys, 2014, p. 215).

Given that personal records are so important in the lives of care leavers on so many levels, it is encouraging that workers are now attempting to raise the bar to improve the quality of recordkeeping in child safety, and to create a context where records become meaningful, not only for caseworkers, but also for the individuals whose lives they document. Whether the form taken represents an “identity resource” for young people (Humphreys & Kertesz, 2015), or a participatory information governance model that aims to design for “shared ownership, stewardship, interoperability and participation” in recordkeeping (Evans et al., 2019, p. 178), it is essential that information available “should be providing continuity of evidence and memory throughout the disruption of childhood due to care interventions” (Rolan et al., 2019, p. 5, original italics).

There have been early attempts to harness the capacity of the digital domain to produce comprehensive and accessible repositories for the records of children and young people in care. Such an endeavour would appear to be an example of one where best practice from many areas could be integrated to produce a resource that would benefit the young people in care in Australia equally. However, different jurisdictions are developing different digital products (either websites or apps) with different functionality, and varying levels of success, but with the best of intentions. For example, NSW has produced *ChildStory*, partly introduced in 2017, with the claim that “It records and recalls the right information at the right time. This helps a child and their network of people, make the right decisions” (<https://www.facs.nsw.gov.au/families/childstory/what-is-childstory>). Unfortunately, the child-access component, at the time of writing, still is not functional. Alternatively, QLD has produced a less ambitious Kicbox, a simple digital “memory box” to keep all a child’s information in one place (<https://www.qld.gov.au/youth/family-social-support/young-people-in-care/kicbox>). At present it does not include case records. It would be ideal if all states and territories could cooperate in developing digital mechanisms to enable their care populations to have comparable access to their personal records.

4.5.2.3 TRANSITION TO INDEPENDENT LIVING ALLOWANCE (TILA)

The Transition to Independent Living Allowance (TILA) provided by the Australian government to support care leavers has been set at \$1,500 since 2009. Following changes made to the distribution process in 2014, a major review was conducted (Durham & Forace, 2015) to determine the effectiveness and efficiency of the administration of TILA. It might be expected that a scheme designed

to provide an individual with money to assist setting up an independent existence would be popular. However, this is not the case. The present study shows that only 39% of care leavers accessed this support. This is consistent with Durham and Forace’s estimate that the drawdown on TILA (at the time they were writing) was approximately one half of the \$3.512m appropriation.

It would seem that something must be problematic with how the scheme is promoted to young people and what is required for young people to be able to access the funds. Caseworkers reported to Durham and Forace (2015) that the process was relatively easy and comments from several young people in the present study indicated that they didn’t have a problem; but reasons given reveal a potential weakness of the scheme; “The caseworker did it for me.” To be eligible for funding, young people must have a caseworker and a transition plan (which based on the current data, would eliminate about 60% of potential applicants), and contrary to the intent of transitioning to independence, where young people are supposed to be given increasing responsibility, caseworkers are required to control the approved funds, and make the relevant purchases. Clearly, attention still needs to be focused on Durham and Forace’s recommendations to (a) make communications about the scheme simpler to reduce barriers; (b) remove the remaining administrative complexity; and (c) work to increase the demand for TILA so that more young care leavers can receive the needed financial support.

4.5.3 THE LEAVING-CARE EXPERIENCE

Comments young people made about their leaving-care experience, both positive and negative, reveal the complexity of this period in their lives and the conflicted experiences they have. On one hand, some young people relish the freedom and independence that follows being liberated from the authority of the state. They enjoy having control of their relationships and having the agency to take whatever opportunities present themselves. However, this freedom can come at the cost of loss of support, financial strain, homelessness, and the burden of responsibilities. While in this study respondents were not categorised based on their dominant outlook, the issues raised mirror the dichotomy identified by Refaeli (2017) where some young care leavers emphasise the positive aspects of their journey (those “surviving through struggle”) while others tend to focus on difficulties and negative outcomes (the “struggling to survive” cohort). Recent research (e.g., Cameron et al., 2017; Gilligan, 2019a; King, 2019; Ungar & Theron, 2019, among many others) is reinforcing the importance of positive attitudes associated with having a secure base and strong relationships in helping to establish the resilience young people need to maximise the likelihood of a successful transition. The observation that young people in the present CREATE study on average rated the support they

received for transitioning at 45/100 shows that much more needs to be done by the corporate parent to prepare them for their future independence.

4.6 ACCOMMODATION

It has long been recognised that “making a home, finding a job” (Dixon & Wade, 2006) are two essential achievements that can contribute significantly to the future well-being of care leavers. As Rosenberg and Kim (2018, p. 109) argued, “When a youth experiences instability in one of the most basic needs, housing, it makes it difficult to do well in school or find a job. Stable housing is fundamental for transition-aged youth to ensure physical and mental health and pursue long-term investment in education and career for their future.”

Natalier and Johnson (2012) showed that young people transitioning from care in Australia tended to follow two distinct pathways to finding suitable housing. One group achieved a *smooth* pathway where:

Their post-care housing was characterized by a successful first accommodation placement, few moves and support by social networks that offered resources to maintain housing and reserves to fall back upon when something went wrong. Their successful housing outcomes allowed them to use their home as a base from which to start pursuing employment, education and training. (p. 79)

This positive outcome contrasted with the majority of respondents in Natalier and Johnson’s (2012) study who experienced a more *volatile* process, characterised by instability in relationships and housing, lack of adequate preparation for transitioning (two thirds of the volatile group didn’t have leaving-care plans), and being forced into unsafe situations where they had little control over their accommodation options.

Clearly, even the requirements of housing highlight the conflict between expectations of young people to be “self-sufficient” (finding their own place), and their need to develop supportive social connections (to help with the process) (Curry & Abrams, 2015). The work of Mendes and Purtell (2017), in evaluating the *Berry Street Stand By Me* program, reinforced the importance of social support from mentors and family in assisting young people to find suitable (safe and stable) accommodation options. In addition, Lenz-Rashid (2018) found that long-term stable housing was one of the positive outcomes (as well as higher employment and low rates of parenting before age 22) of a transitional housing program that provided young people with living-skills training while still in care.

However, referring to the US, Prince et al. (2019)

made the point strongly that policy differences across jurisdictions contributed to almost one third of the variation in outcomes experienced by young care leavers. For example, if young people lived in a state that allocated a considerable proportion of its budget to housing support, they had a reduced risk of homelessness and incarceration. Alternatively, in states where care leavers had to compete with many low-income renters for limited housing resources, they were at an increased risk of substance abuse and childbirth. While individual-level risks also were significant (e.g., being male, having experienced placement instability, exhibiting behavioural problems, living in residential care), one factor did reduce the odds of homelessness, incarceration, and substance abuse: viz. remaining in foster care beyond age 18.

Although having a stable base could be considered a necessary condition contributing to a successful transition, as Schelbe (2018) demonstrated, it is not sufficient for young people merely to find somewhere to live. The quality of the accommodation is important, as is its location and accessibility. Even if a base is secured, it must be realised that setbacks in other important domains (health, employment) can undermine a young person’s ability to maintain tenancy.

4.6.1 EXTENDING CARE

The need for accommodation can be considered differently at different stages in the transition process, e.g., immediately after orders cease on turning 18 years, and then later in the young person’s emerging adulthood. An important finding from the present study was that over half of the respondents were able to stay with their carers after turning 18. This is consistent with the preference expressed to Tennent et al. (2010) where, even 10 years ago, over half their young participants wanted to remain in their placement after ageing out of care.

Comparisons in the present study of outcomes for those young people who were able to remain in their placement with those who left showed that the former were more likely to be working and less likely to be involved with youth justice (although these trends did not reach statistical significance). Differences that were significant related to the more positive feelings of being supported within the system by those who remained in placement, and the greater likelihood of the “leavers” being homeless at some stage in their first year out of placement. The observation that 30% of current respondents reported this experience is consistent with findings from previous Australian research (Clare et al., 2017).

What many young people are choosing to do, and a decision many carers are supporting (viz. remain in placement), has received much research attention in the last 10 to 15 years, largely stimulated by the seminal work of Mark Courtney in his Mid-West study

(e.g., Avery & Freundlich, 2009; Courtney et al., 2007; Courtney et al., 2018; Peters et al., 2009; Walker, 2016). It has been demonstrated consistently that young people can achieve more satisfactory outcomes in emerging adulthood if their transition is made more gradual by extending their care until at least 21 years, thereby providing a more stable base from which to navigate independence. This policy now has been adopted by many states in the US (United States Government Accountability Office, 2019), and has become standard practice in the UK where it is known as *Staying Put* (Munro et al., 2012).

Recently, there has been a concerted campaign waged to introduce a similar policy in Australia, based on international and local data (Deloitte Access Economics, 2018; MacDonald, 2016; Mendes, 2018). At the time of writing, five jurisdictions (ACT, QLD, SA, TAS, and recently VIC) have provided care leavers with the opportunity to remain in their placement beyond age 18 (QLD supports to 19 at this stage, and ACT is discretionary) by continuing to pay carers an allowance. WA has decided to conduct limited trials. However, this strategy, which amounts to policy inaction (Mendes, 2019), seems more concerned with expenditure control than with determining the benefit of the program. It is disappointing that the other jurisdictions have not seen fit to explore the provision of this fundamental support for their care leavers.

The argument against extended support in some quarters is that even though the advantages for young people remaining in a placement until 21 are universally acknowledged, there is concern as to why the government should spend taxpayers' money funding what many able and dedicated carers are doing already at their own expense.

Two issues need consideration here. First, morally, "ordinary parents" do not usually terminate support for their children when they turn 18; so why should the "corporate parent" (which assumed this role in the lives of young people when they were removed from their birth-family) believe others should take responsibility for the "state's children" as they emerge into adulthood? It would not be a huge impost on governments to continue to provide financial support to carers to maintain a placement for the young people over 18 who choose to remain in their household (several states have shown this is possible). Second, if allowances were extended, more carers might be able to allow young people living with them to remain in placement so that some of those who move on after turning 18 might choose to stay in the supportive environment to which they have become accustomed. A challenge here is for governments and agencies to develop appropriate case-management practices to deal with issues in this extended period (McDaniel et al., 2019), and to redouble carer recruiting activities to replace those who will sign up for another three years supporting their existing charges.

However, there always will be some young people who want to try living independently and choose to leave their placement on turning 18. The needs of these young people, particularly for housing, should not be overlooked. In the present CREATE survey sample, almost two thirds of those who moved from placement were renting, and almost one third expressed a need for financial assistance to help with payments (i.e., rent, board). These young people also should receive the benefits of extended care. Indeed, it would be desirable if the Australian government, as a follow-on from the *National Framework for Protecting Australia's Children 2009–2020* (Department of Social Services, 2018) adopted the US model where the federal government shared the additional costs of extended care with the states and territories. This approach enables a variety of housing alternatives and supportive services to be accessed by young people at least until age 21 (Dworsky & Dasgupta, 2018).

4.7 EMPLOYMENT AND FINANCES

Coincident with finding somewhere suitable to live, young people also need income to pay for the accommodation and obtain other necessities of life. Society's traditionally preferred source of income is individual employment; however, if this is not available, society can provide a safety net until work is found. Data collected in the current survey showed that 30% of respondents had been unable to find regular paid employment since leaving care. At the time of completing this survey, 46% were totally dependent on Centrelink payments. Studies from around the world confirm that care leavers are more likely than their peers in the general population to be on an unemployment trajectory (Kääriälä et al., 2019; Lifshitz, 2017). Low rates of employment and low earnings can persist well into adulthood (Stewart et al., 2014).

Young people need support with job-seeking; in this current sample, 20% had received some support, and most found the process difficult. The literature is clear that higher levels of education are associated with a greater likelihood of finding employment (Cassarino-Perez et al., 2018). However, receiving support from significant adults, including carers, mentors, youth workers, and even potential employers and work colleagues, can be critical in helping young people enter and successfully navigate the "world of work" (Arnau-Sabatés & Gilligan, 2015; Bilson et al., 2011; Gilligan & Arnau-Sabatés, 2017; Marion et al., 2017).

It also has been shown that previous work experience or work experience programs can be valuable in opening up employment pathways that can be pursued by care leavers. Gilligan (2019b) argued that education and engagement in work are better viewed as entwined rather than as separate entities, and consideration should be given in an individual's life as

to which receives the greatest attention at any point in time. A similar position had been taken by Dixon (2016) in her concern for NEET young people (those Not in Employment, Education, or Training). She stressed that a young person's employability can result not only from better education but also through work experience and training programs that "focus on improving young people's work readiness, confidence and motivation as well as more overt work related skills" (p. 27). Gates et al. (2018) were able to show empirically that young people who completed elements of a hands-on work experience program (*Works Wonders*) were more likely to be working when followed-up, compared with those who dropped out. In addition, they reported that "self-determination also increased for young people who completed the group compared to those who did not" (p. 152). This intrinsic motivation could be the most important quality young people can acquire in such programs as it can underpin all their future endeavours.

4.8 FAMILY

4.8.1 FAMILY CONNECTION

As Booth et al. (2012) demonstrated, relationships and the consequential support they provide during adolescence and young adulthood are critical in shaping the transition to adulthood of young people living in a family. This experience is different for young people who have been taken into care. As Cashmore and Taylor (2017) explained, while contact with family remains a right under the *UN Convention on the Rights of the Child* (UN General Assembly, 1989) and in various jurisdictional standards for children and young people in out-of-home care, the degree of involvement can be different depending on how likely it is that the young person will be reunified with birth parents. However, even children and young people who are not likely to return home "need to understand where they come from, who their parents are, and what their cultural background is, as well as allow room for these relationships" (Cashmore & Taylor, 2017, p. 6).

When young people officially leave care, they can choose how much contact they have with birth family members. Of all respondents in the present CREATE study, 7% had returned to live with their birth mother, while 16% were living with siblings. For those not living with family, 40% contacted their siblings at least weekly, compared with 28% who reported this frequency of contact with their mother. The importance of relationships with siblings while in care has been well documented (McDowall, 2015). The fact that many young people are drawn to their families of origin, even after leaving care, adds weight to Healy's (2019) argument that more should be done to develop the caring capacity of families. In cases where there is the possibility that young people may

want to maintain meaningful connections with family, supportive measures should be put in place to help families maximise the likelihood of positive outcomes from these relationships (Collings et al., 2019). However, as Chateauneuf et al. (2018) point out, the success of such connections will depend on how often contact occurs, birth parents' characteristics, and foster carers' attitudes.

It remains a concern that few young people have contact with their fathers. Serious consideration must be given to why this is the case. Zanoni et al. (2014) questioned a commonly held view of a father's role when they asked "Are all fathers in child protection families uncommitted, uninvolved and unable to change?" Unfortunately, in some cases, these descriptors may be true. As Hernández (2019) indicated, there can be a number of barriers to father involvement. In her research, even though 95% of fathers from the families studied were able to be identified, only 63% could be contacted. She cited issues with fathers demonstrating paternity, justice involvement, and substance use as limiting contact with children and young people. In some cases, because of unacceptable behaviour, particularly concerning domestic violence, a form of reparation may be necessary to support young people who want to re-connect with their fathers (Lamb et al., 2018). But also, there were situations where mother-relevant barriers created difficulties, such as where information about the father was withheld from the young person and caseworkers.

However, the behaviour of caseworkers also can lead to the limitation of father engagement. In a comparative survey of social work practice in England, Ireland, Norway, and Sweden, Nygren et al. (2019) showed that, despite some advances in the consideration of mother and father gender roles, "fathers remain largely absent in child welfare practice decisions about the parenting of their children" (p. 148). It has been argued that such bias can begin with social work education (Brewsaugh & Strozier, 2016). Whatever the cause, because of the demonstrated advantages young people in out-of-home care can experience through connection with fathers, advocates for more father engagement emphasise that discrimination against this group of parents should be avoided. Some of those advantages include doing well in school and having healthy self-esteem and self-concepts, as well as being more likely to exhibit empathy and pro-social behaviours and avoid high-risk behaviours such as drug use, truancy, and criminal activity (Campbell et al., 2015). Therefore, workers should aim to treat relationship formation with fathers as standard practice in child protection, attempting to pursue their active rather than passive involvement (Brandon et al., 2017; Icard et al., 2017).

4.8.2 PARENTING

It has been recognised for some time that young people leaving the out-of-home care system are at

greater risk of pregnancy and early parenthood than their peers in the general population (Mendes, 2009). Various estimates place the rate for youth in out-of-home care at two to three times that in the general population (Svoboda et al., 2012) where teenage birth rates have been falling in recent years (Dworsky, 2015). Using data from the 2011 records on the National Youth in Transition Database in the US, Shpiegel and Cascardi (2015) reported that 4% of the males and 10% of the females had children. A later review by these researchers (Shpiegel et al., 2017) increased this rate to 21% for those 19 years and under. Other studies have estimated that one quarter of their samples became parents (Combs et al., 2018; Courtney et al., 2016).

In Australia, the trend for falling birth rates in the 15–19 female population resulted in a rate of approximately 1.2% of that cohort becoming parents in 2017 (Australian Human Rights Commission, 2017). The observation in the present study that seven out of 62 females aged 18 and 19 years (11%) were parents, while not directly comparable with the national figure because of the restricted age grouping, indicates a concerning birth rate.

Teenage mothers in general are considered an “at risk” group (McArthur & Winkworth, 2018); the additional challenges and stress of ageing out of care with little financial, emotional, or parenting support can exacerbate the situation. Radey et al. (2016) showed that while young parents were optimistic regarding their ability to provide for their children, there were systemic failures that led to inadequate preparation of parents for independent living. These researchers emphasised that this group not only had to have their basic needs met, but also required particular social support and training in effective parenting techniques. Clearly, more childcare assistance would be appreciated by the young parents in the present study. It is critical that, in providing the support, agencies do not treat young parents with a care experience differently from those in the general population, the stigma associated with which might lead to them to avoid supportive services (McArthur & Winkworth, 2018).

Radey et al. (2017) made the important point that “providing mothers ageing out with additional opportunities to develop trust, positive relationships with mentors and extended services may help to disrupt intergenerational patterns of maltreatment and promote child and family wellbeing” (p. 981). Intergenerational separation through care experience was a concern for 15% of the current respondents with children. Similar findings were reported by Roberts et al. (2019) who traced 238 children of parents living in or leaving care in Wales. They found that 10% of their sample of children had been separated from their parents and were in the care of local authorities, 9% were living with adoptive carers, and 7% with friends and family. Professionals they

interviewed claimed that care leavers could achieve successful parenthood by “evidencing personal responsibility and demonstrating a commitment to positive parenting” (p. 1). However, other research with practitioners emphasises the need to demonstrate a sensitivity to the young parents’ own experiences in out-of-home care, and to provide targeted intervention services to empower this group with the skills and knowledge to avoid intergenerational maltreatment (Gill et al., 2020).

4.9 OUTCOMES FOR ABORIGINAL AND TORRES STRAIT ISLANDER CARE LEAVERS

Within the child protection sector in Australia, it is acknowledged that special consideration must be given to Aboriginal and Torres Strait Islander (Indigenous) young people because of their extreme over-representation in the care system (Lewis et al., 2019; O'Donnell et al., 2019). Indigenous children are more likely to enter care as a result of neglect than are non-Indigenous young people (Paterson et al., 2019) and have special cultural needs that must be met, particularly concerning type of placement and its adherence to the Aboriginal and Torres Strait Islander Child Placement Principle (Arney et al., 2015). Numerous studies have concentrated on the outcomes for Indigenous young people with a care experience (e.g., Fernandez et al., 2018), and have addressed major problems including health issues (Australian Indigenous HealthInfoNet, 2017; Shmerling et al., 2020); education (Potia et al., 2019); and homelessness (McIntyre et al., 2017). Mendes et al. (2020), in their recent scoping study, articulated a number of policy changes that could be introduced by governments to better support Indigenous young people in OOHc.

Results from respondents in this current study, where comparisons were performed between outcomes for Indigenous and non-Indigenous young people on a variety of measures, showed that Indigenous care leavers were particularly disadvantaged by (a) a smaller proportion completing year 12, (b) being more likely to have been absent from placement while in care, (c) having more contact with youth justice after leaving care, and (d) more likely to be parents. These are all areas that need focused and culturally sensitive support, as well as an acknowledgement that disadvantage or risk is often the result of intergenerational trauma, racism, and cultural loss stemming from historically oppressive colonial child welfare systems (e.g., The Stolen Generation). However, on all other measures in the CREATE survey, the Indigenous young people were not significantly different from their non-Indigenous counterparts. This finding emphasises that, while Aboriginal and Torres Strait Islander young people will always require culturally-safe consideration in the

care system, in many situations the non-Indigenous care population has similar needs, and experiences comparable disadvantage. It could be argued, though not in a positive way, that the care system acts as a great leveller.

4.10 FUTURE GOALS

The main aspirations for their future expressed by respondents in this study, viz. get a job (26%); continue their education (17%); and establish their own home and family (13%), are similar to the goals most young people might have when emerging into adulthood. Certainly, other studies of care leavers have identified continuing education as a focus of young peoples' attention. Mitchell et al. (2015) reported that the three most common goals young interviewees set for the next five years were graduating high school, attending college/university, and starting a career; however, they also were concerned with building relationships and starting a family. These young people were clear they needed personal skills, appropriate resources, and social support. Those surveyed by Cameron (2018) saw education as critical for achieving their hopes in other areas such as finding employment, financial security, and suitable accommodation. Indeed, Jackson and Cameron (2012) have argued that promoting the participation of care leavers in further and higher education should be a goal of caseworkers not just the young people.

As Lemus et al. (2017) have shown, from their survey and interview data, young people transitioning from care tend to be quite confident when describing their immediate plans, but were less clear when thinking about what could happen in the following year. These young people seemed to have difficulty realising the specific actions they would need to take to make their plans a reality, particularly concerning education and finances. Bengtsson et al. (2018) explained the challenges facing the young people as they try to balance their "inner-world-oriented strategies" (e.g., emerging self-reliance) with their "outer-contextual-world strategy" (e.g., through the reforming and building of their social networks).

These ideas have been incorporated into a theoretical perspective by Hyde and Atkinson (2019) in their discussions of Self-Determination Theory (SDT). They stressed the need for young people during transition to have consistent relationships that can provide the motivation and direction, coupled with their own self-determination, for them to engage with support in pursuing their goals. "Gaps in the young people's support networks undermined service engagement, potentially impeding a supported and successful transition to adulthood" (p. 40). The three key needs identified under SDT for young people to be successful in achieving desired outcomes are:

(1) competence, the need to feel confident and effective in one's actions and able to achieve one's goals;

(2) relatedness, the need to be connected to, and cared for by significant others who support the individual's choices; and

(3) autonomy, the need for one's actions to be self-endorsed and in alignment with one's values and interests. (Hyde & Atkinson, 2019, p. 42)

These would seem to form essential guidelines for all agencies and services intending to support young people through the transitioning process.

The expectations young people have for their future have been shown to be a powerful source of resilience and motivation (Sulimani-Aidan, 2015). Their goals and aspirations must be nurtured, not questioned and dismissed. Goal-setting by care leavers has been shown to be challenged by "their weak and unsupportive social ties, obligations to their biological parents, and poor personal capital" (Sulimani-Aidan, 2017b, p. 332). It is imperative that they receive support from professionals and others in their social networks to build meaningful relationships so that they can maximise their opportunities (Sulimani-Aidan, 2018).

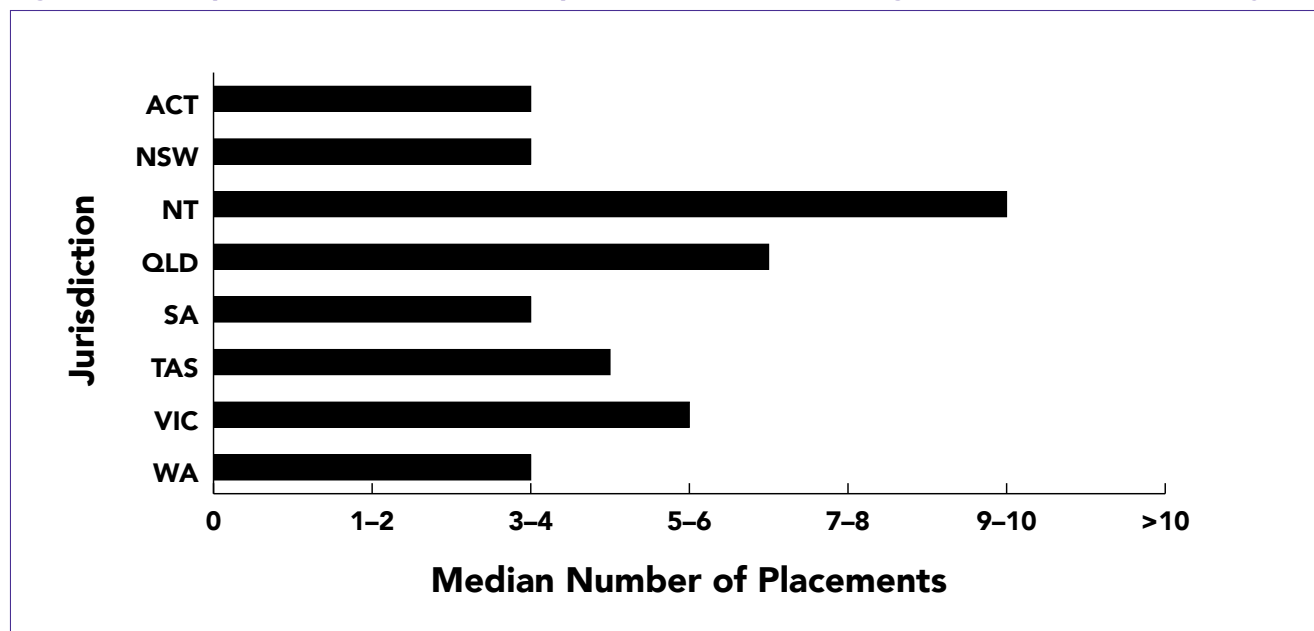
4.11 COMPARISON BETWEEN TRANSITION OUTCOMES IN 2009 AND 2019

As indicated in the Introduction, this study represents a follow-up to a similar but smaller project conducted by CREATE in 2009. To conclude this discussion, it seemed of value to consider how the outcomes of care leavers had changed in Australia over the 10-year period to 2019. Because of the slightly different emphasis in some of the questions, not all domains could be compared. The following section details outcomes achieved in some of the critical areas where comparable data were available from the two studies including: Aspects of Transition Planning; Accessing After-Care Support; Health and Self-Care; Education; Employment; Finances; Accommodation; and Parenting. The comparisons are presented in Figures 4.1 to 4.8.

4.11.1 TRANSITION PLANNING

The most notable improvement in this area was with the number of young people who have become somewhat involved in the planning process. However, the percentages recorded for "Involvement in planning" in Figure 4.1 are of the young people who knew they had a transition plan. If calculated over the total sample of respondents, these percentages

Figure 4.1: Comparison of Outcomes for Aspects of Transition Planning from 2009 and 2019 Surveys



would reduce to 27% (in 2009) and 30% (in 2019) respectively. Unfortunately, the number of young people who were happy with the planning process and felt it adequately prepared them for transitioning is still unsatisfactory. Similar findings have been reported by Park et al. (2020) where, in their study, nearly a third of the young people were either not aware of or not involved in planning for independent living. These researchers found that the likelihood of young people being satisfied with the planning process, which the majority of care leavers who engaged with their caseworkers were, was directly associated with how helpful the social worker was perceived to be. Hung and Appleton's (2016) observation that the majority of their care-leaver participants found the idea of longer-term planning an anathema may reflect more the failure of child safety workers to appropriately engage those transitioning in thinking about their future rather than any inherent lack of interest evidenced by the young people. In Glynn and Mayock's (2018) study of facilitators and barriers to planning participation, none of their respondents discussed being involved in the development of a leaving-care plan or having a copy of the final document. However, one important observation for improved practice emerged: "It was suggested by a number that their aftercare worker ought to have identified their disengagement as a sign of dissatisfaction and adjusted their approach to increase their participation" (Glynn & Mayock, p. 87).

In summarising their findings, Glynn and Mayock (2019, p. 92) identify three key messages for practitioners that are worth reinforcing here:

- These findings suggest that creating and maintaining relationships is critical to engaging young people. A key point is that open and honest

communication is essential for maintaining positive working relationships.

- The findings presented in this paper suggest that some young people may find the sudden demands of engaging with leaving care services to be daunting. Services could, therefore, develop approaches that focus on the incremental introduction of the concept of aftercare and the role of the aftercare worker, utilising existing positive relationships where possible.
- Finally, there is a clear need to conduct periodic reviews of aftercare services and of young people's engagement with those services. In developing a policy for periodic reviews, it is important to consider the frequency of reviews, the question of who should attend and, in consultation with the young person, the range of issues that might be discussed.

4.11.2 ACCESSING AFTER-CARE SUPPORT

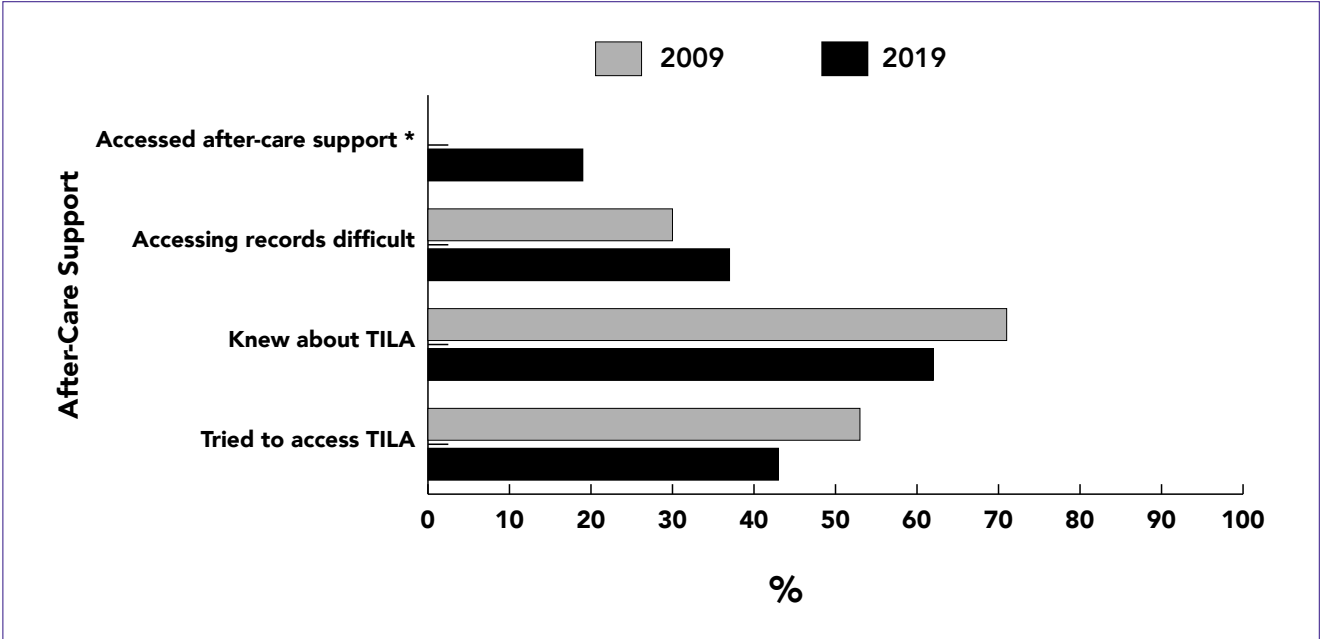
From Figure 4.2 it is clear that, overall, relatively small numbers of young people in this current sample proactively accessed after-care support services. The difficulty in determining actual numbers is that support services tend to be fragmented and focused on regional populations, and no central records are kept to indicate demand, extent, or type of support provided. It would be ideal to have in Australia a dataset equivalent to the National Youth in Transition Database operating since 2010 in the US (Children's Bureau, 2012; Fernandes-Alcantara, 2014). Recent publications indicate the increasing value of having such a resource for researchers and policy makers when evaluating and reforming support provided for young people who have exited the care system

(Children’s Bureau, 2017; Salazar et al., 2019; Watt et al., 2018).

These results also show that there has been a slight increase in the number of those transitioning who are still having difficulty retrieving their personal records and documents (one third overall). Also, the number who knew about the Transition to Independent Living Allowance has fallen, as has the number who tried to access the payment, consistent with the under-spend in this program noted by Durham and Forace (2015). For the young people where caseworkers were available to assist, access was easy. However, many young care leavers did not have this type of help. It is

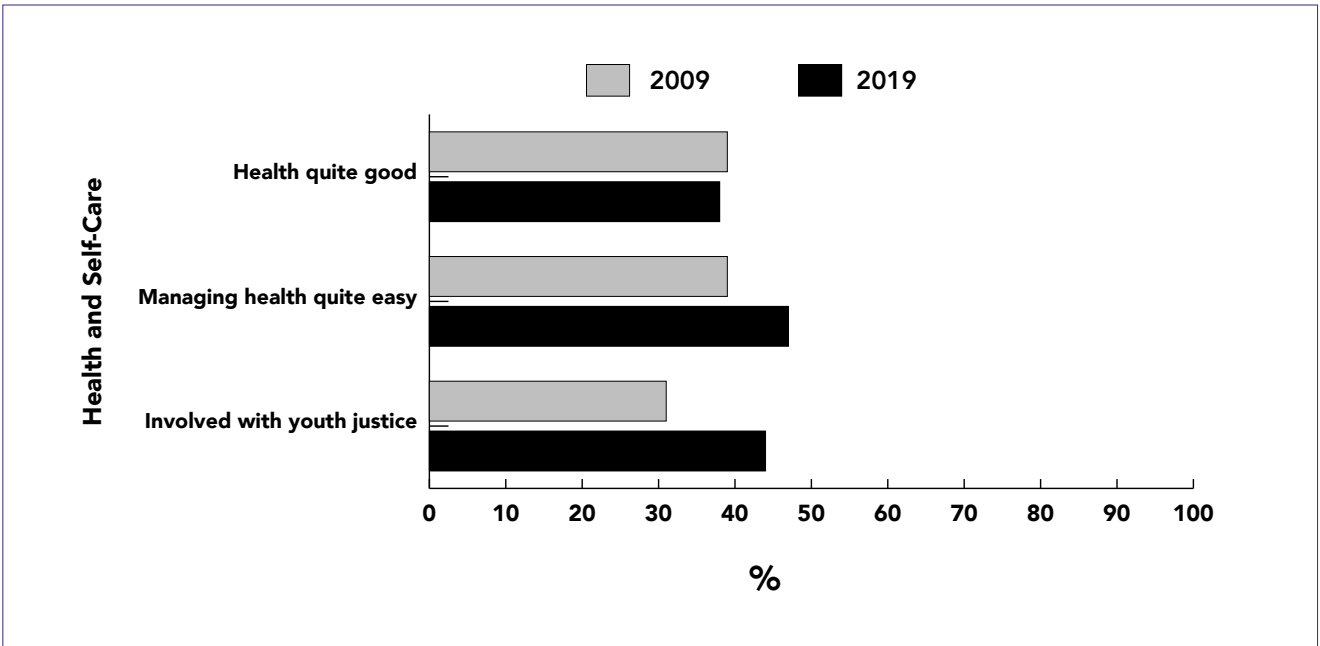
for support of this kind that a mentoring relationship can be critical, such as the one young people in the UK have with their Personal Advisor (PA). The role of PA was introduced in 1989 and availability recently has been extended to all young people with a care experience until age 25 (Department for Education UK, 2018). Similar schemes continue to be trialled successfully in Australia (Department of Social Services, 2017; Purtell & Mendes, 2016), consuming valuable resources, without leading to the necessary governmental commitment to widespread implementation of such a demonstrably effective program.

Figure 4.2: Comparison of Outcomes for Accessing After-Care Support from 2009 and 2019 Surveys



* Note. Unfortunately, a comparable question was not asked in 2009.

Figure 4.3: Comparison of Outcomes for Health and Self-Care from 2009 and 2019 Surveys



4.11.3 HEALTH AND SELF-CARE

Not a lot has changed over the last 10 years in terms of how young people in care perceive their health, with around 40% of young people rating it as “quite good.” This compares with the 57% giving this rating in the Australian population as a whole (Australian Institute of Health and Welfare, 2018). As Liabo et al. (2017) pointed out, health was rarely at the top of any young person’s agenda, but it is clear that it is an area that needs monitoring. It is encouraging to see that more seem to be managing to navigate the system without difficulty, possibly as a result of the actions of concerned carers, liaising with case managers and support workers while the young people were in the system, to ensure they understood the process of obtaining appropriate healthcare. Research shows that the voices of children and young people in care tend to be underrepresented when their health care needs are examined (Smales et al., 2020; Szilagyi et al., 2015), those who have left care can have greater needs, and deserve to have their health, particularly mental health concerns (Butterworth et al., 2017), considered and addressed.

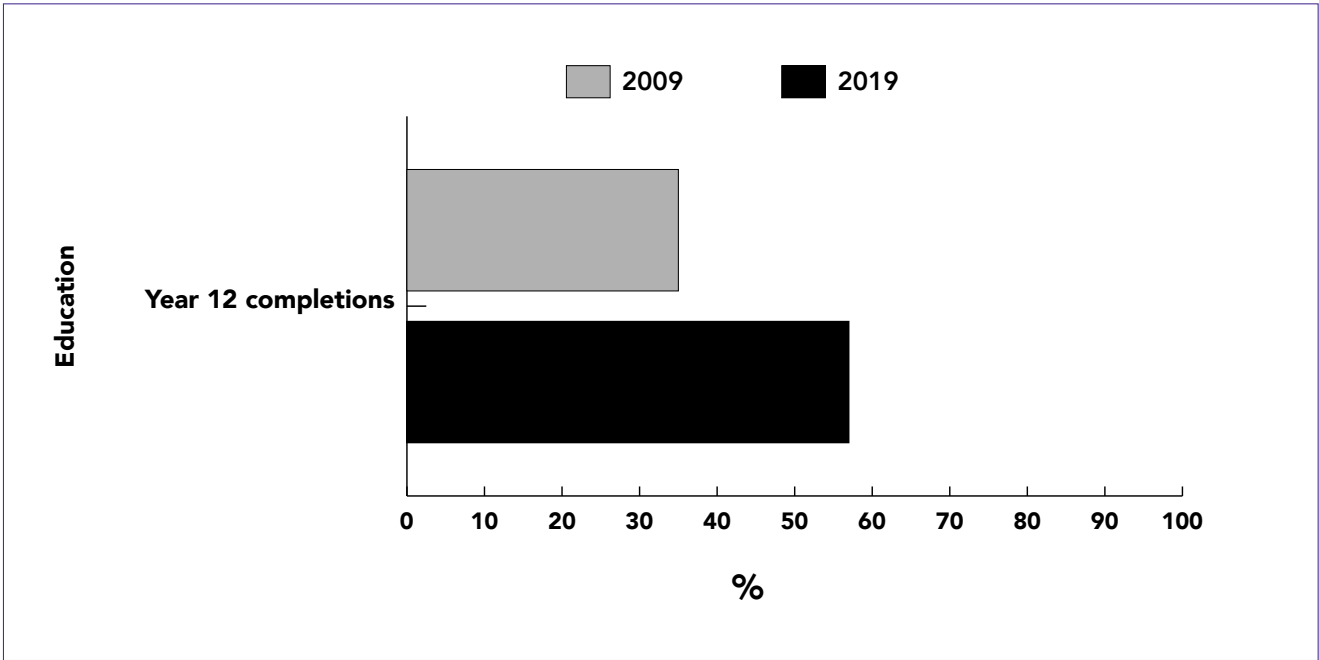
Because of the recent attention regarding dual-order young people (child protection and youth justice), a more detailed analysis of youth-justice involvement was conducted in this study than in 2009. However, when the overall results are compared, the data reveal a concerning increase in the number of young people with a care experience also having dealings with the justice system.¹⁵ Where male engagement seemed more prevalent in 2009, current results show a similar

distribution of involvement over the sexes. To reverse this trend, specific youth justice responses are required for dual-order children (Baidawi & Sheehan, 2019). It will be necessary to address not only individual risk factors (e.g., effects of trauma; poor attachment) and aspects of a care system predisposed to criminalise young people through instability and controlling policies, but also the nature of the transition process itself, making it more gradual, and less precipitous. Different models are needed that address these elements in an integrated way and “look more broadly at the intersection of structural and individual factors, and at how a young person’s sense of identity is bound within this intersection” (Carr & McAlister, 2016, p. 13).

4.11.4 EDUCATION

The most outstanding improvement over the ten years between the CREATE surveys was the increase in the proportion of young care leavers who had completed Year 12. While the 57% achievement is still well below the national 90% for the corresponding age group reported by the Australian Institute of Health and Welfare (2019b), the change from 35% in 2009 is significant.¹⁶ Considerable attention is being focused on the importance of care leavers’ achievements in post-secondary education (Courtney & Hook, 2017; Harvey et al., 2017; McNamara et al., 2019; Salazar et al., 2019); however, the first step in improving opportunities for young people with a care experience is to ensure more are able to complete Year 12.

Figure 4.4: Comparison of Outcomes for Education from 2009 and 2019 Surveys



Better school performance also can serve to mitigate major risk factors for future psychosocial problems affecting young people aging out of foster care. A child's school engagement and subsequent school functioning can be enhanced if teachers and child protection workers collaborate to ensure that such concerns are included as part of the child's personal development plans (Goemans et al. (2018). As Luke and O'Higgins (2018) showed in their review, many factors need to be taken into account when providing educational support to young people with a care experience, including their individual characteristics, socio-economic status, and educational experiences (e.g., earlier attainment, attendance, and type of school). As these researchers concluded: "there is little evidence that being in care is detrimental to the educational outcomes of children in care, but given the heterogeneity of the population, special attention should be paid to different groups of children and their particular needs while in care" (p. 148). These findings confirmed work done in Australia that added another factor to the mix, placement type. In particular, residential care was associated with poor school performance (Maclean et al., 2017). However, as Garcia-Molsosa et al. (2019) maintain, even students in residential care can have their school achievements and well-being enhanced by the implementation of supportive mentoring programs.

To help minimise the educational attainment gap, Berlin et al. (2011, p. 2489) advised that "promoting foster children's school performance should be given high priority by agencies." These same authors further advocated that it would be desirable to introduce targeted interventions designed to improve

foster children's educational achievements, even in situations where placements were relatively stable and carers have considerable formal education (Berlin et al., 2019). Such interventions should occur when children first enter out-of-home care, to enable "catch-up growth," and continue beyond the time they are in care (Clemens et al., 2018). If these early actions are not taken to overcome the educational deficits for those in out-of-home care, Forsman (2020) warned that effects of lower educational attainment can persist into middle age.

4.11.5 ACCOMMODATION

Results from the two surveys over the 10 years concerning accommodation were similar. While there was a slight reduction in the number of young people reporting being homeless at some stage in the first year after leaving care, and a slight increase in those returning to live with their birth family, these differences were not significant. However, there was a substantial decrease in the number finding the process of locating suitable housing difficult, as seen in Figure 4.5.¹⁷ While one quarter of respondents still encounter problems finding somewhere appropriate to live, showing that efforts still need to be directed at minimising the risk of homelessness in this vulnerable population, it would appear that the attention being focused on this critical area in recent years in Australia (e.g., Cripps & Habibis, 2019; Heerde et al., 2020; Johnson et al., 2015; Mendes & Purtell, 2017; Saunders, 2016) is having some impact within the system.

Figure 4.5: Comparison of Outcomes for Accommodation from 2009 and 2019 Surveys

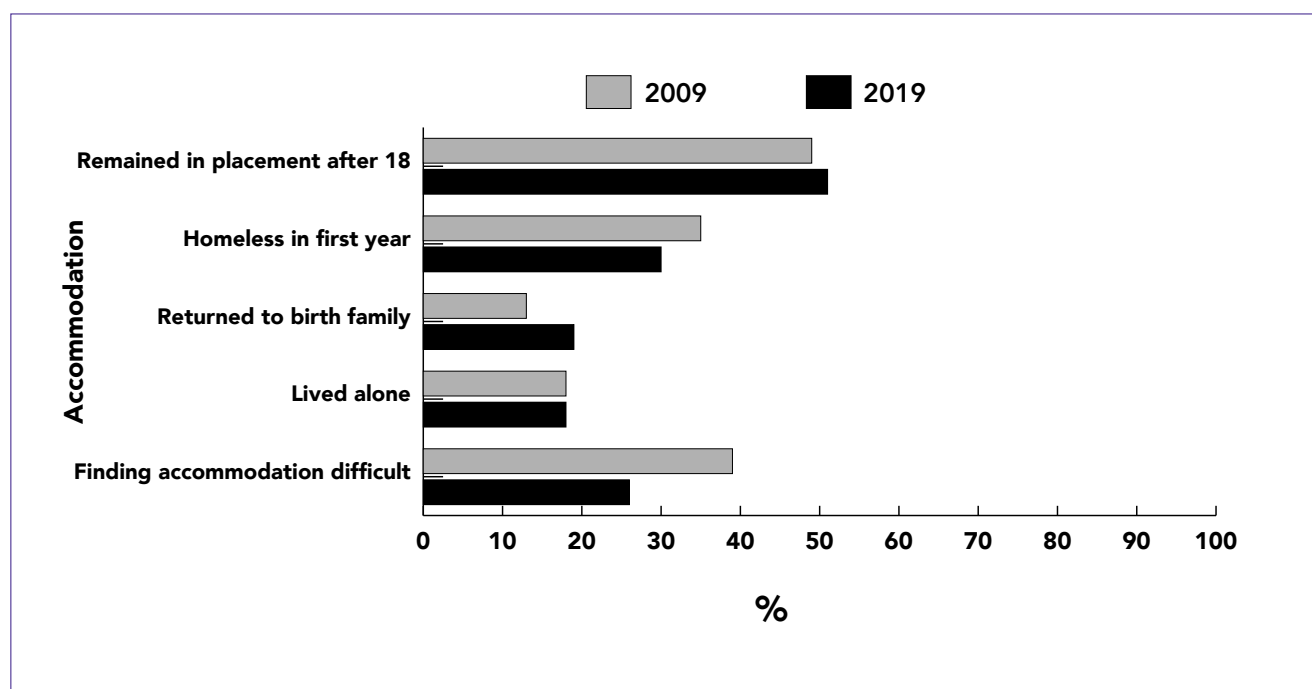
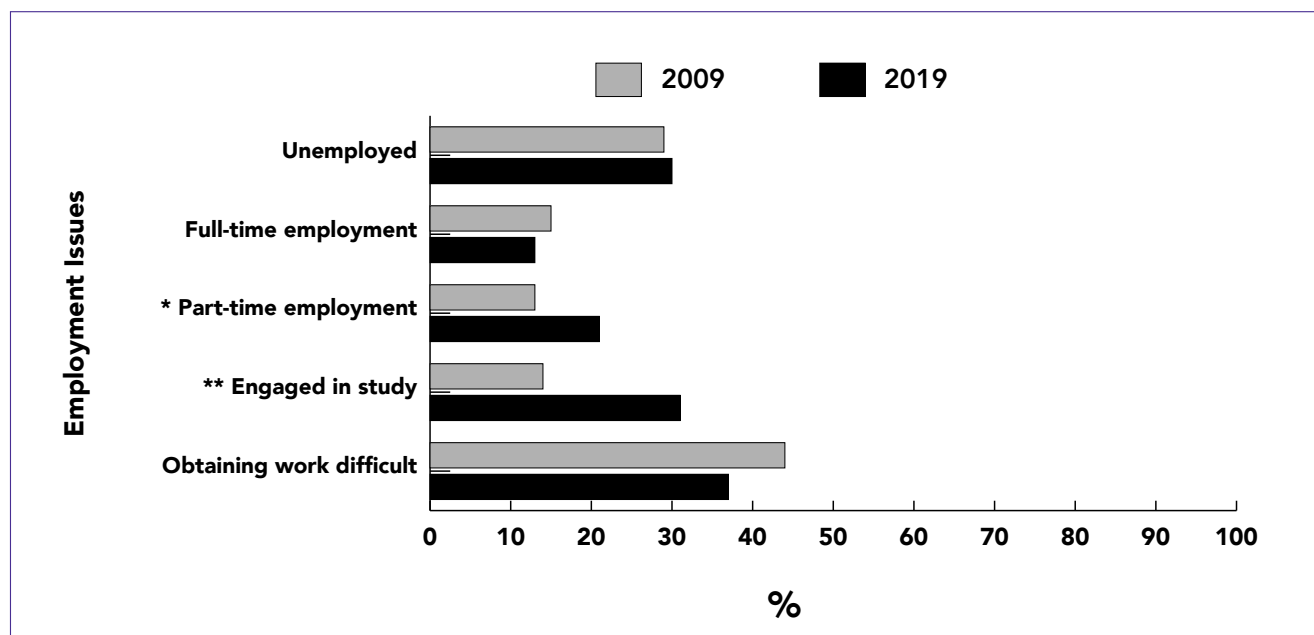


Figure 4.6: Comparison of Outcomes for Employment Issues from 2009 and 2019 Surveys



Note. * $p = .022$; ** $p = .000$

Figure 4.5 also shows that around half of young people in both 2009 and 2019 initially chose to stay with their carer when their orders ended. This would appear to be a consistent pattern that emphasises the need for child safety authorities to answer two questions: Why should a large proportion of carers receive no compensation for continuing to look after the young people after they turned 18, assuming the responsibility that the state relinquished? Also, why should half those exiting the care system not have the option of remaining with their carer if they wish? Is this because to do so would impose too difficult a financial burden on the carer, one that the government could easily alleviate? Indeed, half the jurisdictions in Australia have acknowledged the weight of evidence in favour of extending care to 21 and are working toward this goal. Therefore, why can't all governments stop prevaricating, put the best interests of the young people at the forefront of their deliberations, and develop a national system of extended care support (Mendes & Rogers, 2020)?

4.11.6 EMPLOYMENT AND FINANCES

Comparisons in the areas of employment and finances revealed some notable variations between the two surveys. The numbers who were unemployed, who were engaged in full-time employment, or who reported having a hard time finding work were not significantly different; however, there were large increases in the numbers working part-time and engaged in further study in 2019 (see Figure 4.6).¹⁸

The results obtained in the present CREATE study are consistent with recent findings reported internationally. For example, Barnow et al. (2015) collected data from over 1000 young people who had

left care over a 2-year study period, from five major cities in the US. They found that 35% of their participants had obtained employment, compared with 32% in this study. Even though 20% of the present group were only working part-time, this is still positive, since, as Sanders et al. (2020) indicated, having a job was the best predictor of gaining further employment. Furthermore, Barnow et al. (2015) reported that 40% of their sample had completed their general education or were engaged in post-secondary study; the 30% undertaking further study in this sample are drawn from a base where 57% had already completed Year 12.

Bengtsson et al. (2018) found that, for care leavers in Sweden, their most common daily activity was going to upper secondary school or being in part-time employment. From a larger sample of 254 young people in the US involved in an Independent Living-Employment Services (IL-ES) programme, Zinn and Courtney (2017) reported that three quarters were either working or attending school (with one quarter doing both). While only 62% of respondents in the present CREATE study were involved in school or work, this is significantly more than the 40% who were achieving these goals in 2009.¹⁹

Unfortunately, as seen in Figure 4.7, the financial position of care leavers, as far as it can be assessed from these surveys, has not improved in the last 10 years. None of the differences between the survey results was significant. Around half are still totally dependent on social welfare (30% receiving unemployment relief); clearly assistance with understanding employment options and money management are areas where post-care support would be most valuable. It is one thing to acknowledge

that care leavers are only likely to earn half of what their counterparts in the general population can expect (Okpych & Courtney, 2014), but this type of inequality cannot be accepted and allowed to continue. Perhaps if the care system adopted an

“inequalities perspective” (Keddell, 2020), areas where support would be most likely to reduce entrenched disadvantage could be identified and addressed.

Figure 4.7: Comparison of Outcomes for Finances from 2009 and 2019 Surveys

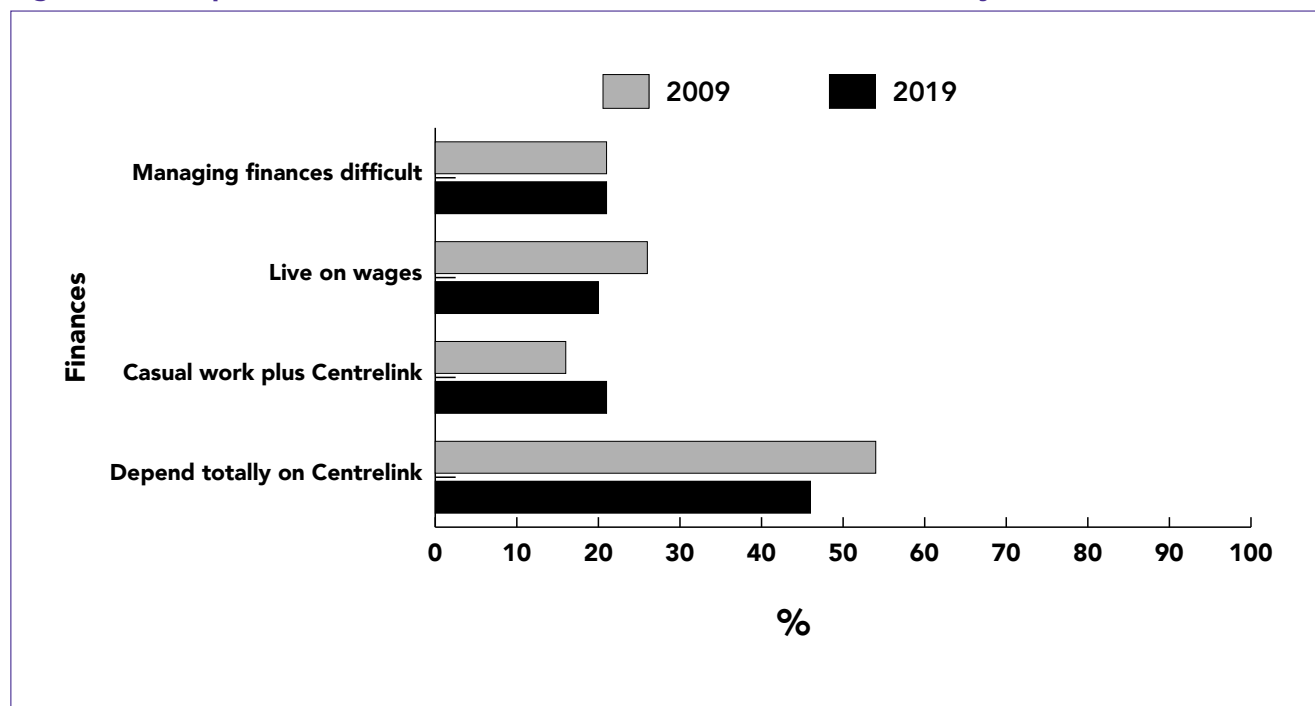
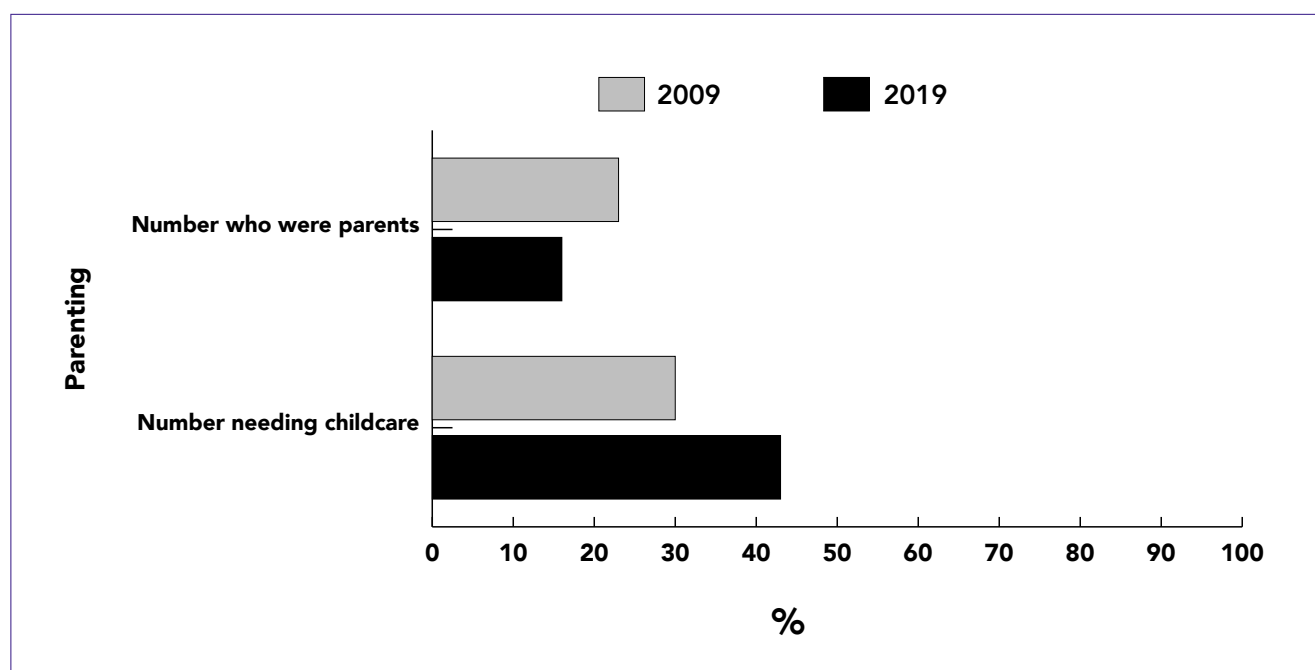


Figure 4.8: Comparison of Outcomes for Parenting from 2009 and 2019 Surveys



4.11.7 PARENTING

A smaller (though not significant) number of respondents in 2019 identified as parents than in 2009 (see Figure 4.8). However, the demand for childcare has increased significantly;²⁰ this has been recognised in other research as well (Eastman et al., 2019). Two factors could account for this increased need. Given the trend for more care leavers to be either studying or working, it would be expected that more of the young parents would be active in these areas as well, and would need extra support in supervising their children. However, it is more likely that the call for childcare assistance is reflecting the aspirations of young parents to be able to be more involved in study or work. Dworsky and Gitlow (2017) found that half of their large sample of young parents with a care experience were working; in the present CREATE study, that number was only one third. Efforts to avoid unwanted pregnancies while young women are in or transitioning from care also must be considered (indeed another advantage of extending care, as discussed by Putnam-Hornstein et al., 2016, is that the extra time can give more opportunity for pregnancy prevention work in life-skills education). However, research shows that those young people who do become parents under the challenging conditions of leaving care “were motivated to improve their lives for their children” because they did not want their children to enter the care system (Schelbe & Geiger, 2017, p. 51). Various supports (e.g., childcare) are needed to achieve this desirable outcome.

4.12 FINAL COMMENTS: WHY LEAVE CARE AT ALL?

During one of the panel sessions at the CREATE National Conference held in November 2019, a profound question was posed: Why is “leaving care” an issue? Why does a care system need to prepare those for whom it is responsible to leave its protection? For young people in the general population, when they turn 18 years, they are considered to have reached adulthood and achieved an additional set of rights and responsibilities that becomes a cause for celebration. It is not expected that they must leave their home to forge an independent life, unless this is what they want.

When young people in out-of-home care reach 18 years, the only real difference from their peers in the general population should be that they are no longer considered children who need the legal oversight of the state; their statutory orders under which they were entitled to “protection” come to an end. Why do societies, including Australia, expect that these vulnerable young people, who in the best-case scenario may have had their childhood disrupted through numerous household changes, but are more likely also to have experienced abuse and neglect, are sufficiently informed, confident, and assertive at 18 to be able to look after themselves, or seek out

the necessary support on their own?

The literature reviewed in this report makes a strong case for continuing to provide placement support to young people with a care experience until the age of 21 years. As Mendes (2019) has argued, all young people in society, be they care leavers or their non-care peers, require continued parenting well beyond the age of 18 years. “Make it 21”, as the current national campaign advocates, is a step in the right direction, supported by copious evidence (see Section 4.6.1). Most jurisdictions in Australia recognise that various forms of support need to be provided until young people transitioning reach 25 years, but only those well prepared can access this assistance. Such time constraints rarely would be imposed on their offspring by parents in the general community. So why does society feel it is appropriate to impose, what Mike Stein (2011) described as “care less lives” on young people with a care experience after turning 18.

It is clear that, when comparing the achievements and struggles of young people leaving care in 2009 with the outcomes for the cohort in 2019, nothing much has changed. It could be argued that this state of limited change or little improvement has persisted over the last 40–50 years (Festinger, 1983). The improved results recorded in secondary education probably reflect the enhanced efforts of educators generally to achieve more successful outcomes for the whole population of young people rather than resulting from specific programs directed at children in care. Inquiries and commissions into child protection that have been conducted within this period also have highlighted consistent systemic failures in providing adequate assistance for most care leavers to achieve successful independence (see Mendes & McCurdy, 2019). If we as a society have not been able to provide the support needed to help vulnerable young people transition from the care system more successfully, after trying for the last 10 years, maybe this is not the goal we want to set ourselves. The wise saying regarding the stupidity of doing the same thing but expecting different outcomes comes to mind.

Australia, and indeed all countries with child-protection systems, need to re-think the out-dated concept of “leaving care.” Young people should never be exposed to a world where it is suggested that they no longer need care and support after a specific age; this is an intolerable notion, but one that is universally accepted within the care framework as the final stage of a seemingly natural progression. In the general population, it is common for young people to leave and return to the family home on various occasions without it being considered “leaving care.” Again, why does society accept that this outcome should be imposed on some of the most vulnerable young people for whom the state previously has assumed parental responsibility?

For the young people who have been brought into out-of-home care, their care relationship shouldn't end when they turn 18, it merely changes. They now have the right to make their own decisions; but if they wish to continue to receive "parental" assistance, as their counterparts in the general population can, that option must remain available. The concept of "leaving care" should no longer exist.

While it is well known that many useful programs, interventions, and initiatives have been proposed and funded over the years, sustained, long-term commitment from governments is difficult to achieve. Support is provided in a piecemeal fashion in the form of trials and pilots. As has been discussed previously, even programs that have been demonstrated to be successful over many years (e.g., *Staying Put* and the Personal Advisor model in the UK) still can only be trialled in parts of Australia, providing needed support to small numbers of young people. It is more good luck than good management if the young people who really need help receive it; support should not depend on where you live and whether or not you were lucky to have a caring social network. All young people with a care experience should be entitled to the same level of support; it should be standard procedure for them to be asked what they need, on a continuing basis.

The *National Standards for Out-of-Home Care* (FaHCSIA, 2011) were introduced to give some consistency to the treatment of young people across care systems; the time has come for policy makers to rethink the care experience as a positive preparation for the remainder of a young person's life. A first step would be to remove the unnecessary disjuncture that occurs now when a young person turns 18 years. In Winnicott's (1960) discussion of "good-enough" parenting within child development, he introduced the concept of "*continuity of being*" as an explanation of how the ongoing relationship with the mother helped forge the infant's identity. Why can't we extend this construct to apply to the emerging adult? The continuity of being (and becoming) still is relevant. For the young people who have been brought into out-of-home care, their care relationship shouldn't end when they turn 18, it merely changes. They now have the right to make their own decisions; but if they wish to continue to receive "parental" assistance, as their counterparts in the general population can, that option must remain available. The concept of "leaving care" should no longer exist. Their transition to adulthood continues in a caring, supportive context.

Extending care placements to 21, and providing access to services until 25, are positive steps that should be supported. However, it should not be necessary to impose an arbitrary age limit on support available. The only difference between care-experienced young people and their peers in the community should be that representatives of the care system (e.g., personal advisers or mentors), not just concerned, immediate family members, will continue to maintain an interest in the young person's welfare and well-being because of their unique history.

Undoubtedly there will be a cost incurred in maintaining this continuing support for as long as needed by young people. However, studies that have

analysed the economics of continuing to provide support after young people leave care (e.g., Deloitte Access Economics, 2018; Forbes et al., 2006; Morgan Disney and Associates and Applied Economics, 2006) all report that the early investment will lead to substantial savings over the life course of the individual. Is it simply the cost (over the short-term political cycle) that is deterring governments from taking action that is clearly in the best interests of young people with a care experience?

This raises the final point that needs discussion: political bipartisanship. Although, all Governments acknowledge the rights of children to be protected within society, the political framework creates a tension between the needs of children and young people and the desire of governments to be seen as financially responsible, by minimising their expenditure on child welfare so that they don't appear profligate. Children and young people must have their needs met whatever the cost. The unprecedented expenditure that has occurred throughout the world in an attempt to maintain economies in response to the devastating impact of the COVID-19 pandemic shows that where there is a will, decision-makers will find a way. All concerned parties within society must work together to ensure that the welfare of our children is accepted as one of the highest priorities. All children have the right to be nurtured by their society; this applies equally to those who receive alternate care from the state. The narrative describing those with a care experience must change to remove any suggestion that this care could ever be left behind.

As the truism (apocryphally attributed to such wise thinkers as Thomas Jefferson, Gandhi, and even Harry S. Truman) maintains, "the measure of a society is how it treats its most vulnerable." Young people with a care experience certainly are among the most vulnerable in our community. Having a united group such as the whole Parliament, representing all political parties, in control of child protection, with a longer-term, strategic view that short-term executive governments can lack, would be most likely to ensure that the real needs of these young people are identified and met.

Care cannot be left behind, and young people can never be expected to achieve true independence. We are all *interdependent* on each other. It is society's responsibility to ensure that young people brought into state care as children continue to feel nurtured, rather than abandoned, by their communities as they emerge into adulthood.

5.0: REFERENCES



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6.0: APPENDICES



Appendix A: Participant Information Sheet Post-Care Group

PARTICIPANT INFORMATION SHEET

1. STUDY TITLE:	CREATE's National Out-of-Home Care Survey 2018
2. INVESTIGATOR:	Dr Joseph J. McDowall
3. ADDRESS:	1 / 3 Gregory Terrace Spring Hill 4004
Contact:	(Bus) (07) 3062 4860
Qualifications:	BSc, PhD, MAPS, FQA
Position:	Executive Director (Research), CREATE Foundation

Dr McDowall has a Bachelor of Science and Doctor of Philosophy (in Social Psychology) from the University Of Queensland. He is a Member of the Australian Psychological Society and a Fellow of the Queensland Academy of Arts and Sciences.

4. INTRODUCTION

You have been asked to take part in this research study because, in the past, you lived in out-of-home care for at least six months. CREATE, as the independent advocate for children and young people in out-of-home care, wants to know how you feel about the care you received, and any thoughts you may have about what might make the care system better for the children and young people who live in it. Although no government in Australia funds this research, the information you share will be passed on to people making decisions so that they can make changes to improve the system. Insights from your experience will be really valuable.

This Participant Information Sheet and Consent Form will tell you about the research project. It explains the purpose of the research, what you will be asked to do, and any risks involved. It also describes how your answers will be used, and with whom they might be shared. Knowing what is involved will help you decide if you want to take part in the research. Please read this information carefully. You can contact CREATE on the numbers listed (Free-Call 1800 655 105) if you have any questions about the study. Before deciding whether or not to take part, you might want to talk about it with a relative or friend. Participation in this research is voluntary. If you don't wish to take part, you don't have to. If you decide you want to take part in the research project, you will be asked to fill out the Consent Form. To do this you need to use this link:

<https://www.surveymonkey.com/r/CNSconsent>

This gives you access to the Consent Forms. Complete the forms by following the set instructions. When the required information has been provided, you will be asked for an email address or other point of contact to which we can send the survey.

By submitting the Consent Form, you are telling us that you;

- I. Understand what you have read;
- II. Agree to take part in the research project;
- III. Agree to our use of your personal information as described.

You may keep this Participant Information Sheet and print off a copy of the Consent Form if you wish.

5. PURPOSE OF THE STUDY

You are invited to participate in a research study, which is being conducted as a follow-up to the large benchmarking survey that many children and young people in out-of-home care completed in 2013. That study was the first survey of children and young people in out-of-home care (OOHC) across Australia; all states and territories (except WA) were involved. This process allowed the voices of those living in the OOHC system, between the ages of eight and 17 years, to be heard regarding their day-to-day experiences in the important life domains of accommodation, health, education, employment and finances, identity, culture, relationships, and life skills. For the current survey, we also are including young people between the ages of 18 and 25 years. This will be the first opportunity these young people have had at a national level to share their views on the system.

Data will be collected from July 2017 through 2018 and CREATE would like as many young people who have a care experience as possible to be involved in this great opportunity to have a say about what is important to them. The online survey will take between 30 and 45 minutes to complete, depending on how much you want to say. Many questions simply require "ticking a box" to answer, while a few will ask you for your thoughts or opinions. We are particularly interested in what young people who have left care and are living independently have to say.

6. STUDY PROCEDURES

This study will involve participation in a survey that will require answering a series of questions about different aspects of your life including your health, education, identity, family and social relationships, social presentation, emotional and behavioural development, and self-care. The survey will be available online, but if you prefer, you can contact CREATE to talk with a staff member and answer the questions by telephone.

You have been sent a letter inviting you to participate in this study that includes a link to the Consent documents. After you complete these forms, you will be asked for your email address to which we will send the survey.

If you don't have an email, you can provide a postal address; we will send a web link and your unique username by post to that address; you can use that information to access the survey.

If you are accessing the survey from an email link, you will be able to pause and log back in later to complete the survey. If the invitation came in the post, use the web-link in your browser to access the survey. However, in this case, no pausing is possible; the survey must be completed in one session. If this is likely to be difficult, contact CREATE with an email address and we will send you an email version.

Young people who wish to participate also can contact CREATE (Free-Call 1800 655 105), provide a telephone number, and CREATE staff will call them back to ask the survey questions at no cost. In all cases only the assigned username will be used to record participation. Responses in the form of digital files will be stored on SurveyMonkey's secure server in the United States with no identifying information connected to that database.

7. RISKS AND DISCOMFORTS

The major risk possible with this study could be some distress induced through the recall of unpleasant events experienced at some stage before or while you were placed

in the care system. Because participation in this study is voluntary, you may stop answering any time if you feel continuing may be unpleasant. If you are doing an in-person interview, CREATE staff conducting the sessions are trained in providing appropriate debriefing for children and young people. Young people responding on-line have the option of contacting CREATE staff if they wish to discuss any aspect of the survey and how it has affected them (Free-Call 1800 655 105). Alternatively, other services are available that may be able to assist (e.g., Kid's Help Line: Free-Call 1800 551 800).

SurveyMonkey allows data collection to be anonymous. For this project, the IP collection function has been turned off (a capacity available in the more expensive versions of the platform). Therefore, there will be no way of identifying the source of a response, apart from information provided in answering questions in the survey.

Participants should note that some data derived from their participation in this study will be sent overseas; the regulatory regimes governing data access and use in other countries may not be the same as those that are in place in Australia. Participants are advised that if they have any questions about this direct them to the Principal Investigator.

8. POSSIBLE BENEFITS

The immediate benefit to young people responding is knowing that issues raised will be brought to the attention of governments and decision-makers so that they can learn what needs to be done to improve the care system, for all those involved with OOHC in the future. From a broader perspective, these data will be useful as an indicator of how child protection is functioning in Australia as a whole, when measured against standards set by the Commonwealth.

9. VOLUNTARY PARTICIPATION/RIGHT TO REFUSE OR WITHDRAW

As indicated before, you must accept CREATE's invitation or "opt in" to be involved in this survey. Participation is completely voluntary and if you begin answering questions but then find, for some reason, that you do not wish to continue, you are free to withdraw from the study at any time. Because they will be incomplete, any data you have provided up to that point will not be used in the final analysis.

If you feel that it would help you in responding to the survey, you can have a support person with you (carer, caseworker, or friend). However, we would like the answers you give to show what you think and feel about your life in care, free of the influence of other people.

10. CONFIDENTIALITY

No identifiable data will be collected in this study. Client information will be used by the researcher to sample respondents. Young people who have been selected will be sent letter by CREATE inviting participation in the survey; following that, all personal information will be removed from stored survey data. Only the Chief Investigator will access the data file; information will not be shared with anyone else. In the final publication of results, if quotes from respondents are used to highlight certain points being made, the young person will be described simply, for example, as "Female, 22 years".

11. RESULTS OF PROJECT

The results of this research project will be published in a major document that will be released in 2018 at a national launch to which key decision-makers will be invited. A copy of the report will be made available online through CREATE's web site (see <http://create.org.au/wp-content/uploads/2014/12/2013-CRE065-F-CREATE-Report-Card-2013-Web-File-web.pdf> for a copy of the report summarizing

the 2013 study). In addition, CREATE provides a specially prepared young person's version of the findings and recommendations sent to all participants who indicate they would like to be informed of the results.

Data will be collected in the form of frequencies and ratings, as well as open responses. These types of results are extremely important in influencing government policy development (given that comparable, accurate information often is unavailable). As well as forming the basis of the national survey report, the data collected may be analysed in different ways and presented in other output. For example, from the previous smaller study, further publications were produced. One paper looked at factors predicting young persons' participation in meetings where decisions were made about their future, while another analysed sibling placements in out-of-home care. In December 2016, a paper addressing connection to culture by indigenous children and young people was published. With more comprehensive data likely to be collected in this study, similar publications are expected to be forthcoming, dealing with the critical issues identified.

CREATE is providing prizes in each state and territory (\$100.00 gift vouchers) and an overall national prize of an iPad. If you would like to enter the draw for these prizes, you can use the link provided at the conclusion of the survey to leave your details for the draw. These data will be stored separately from your survey responses.

12. CONSENT

You were selected at random to receive an invitation to be part of this study. If you do not wish to be involved, you need take no further action. However, if you would like your views to contribute to changing the system for the better, for current and future children and young people, then you need to indicate your willingness to be involved by completing the Consent Form, or through arrangements with the interviewer.

13. ADVICE AND INFORMATION

If you have any further questions regarding this study, please do not hesitate to contact: Chief Investigator:

Dr Joseph J. McDowall at
joseph.mcdowall@create.org.au or

Manager, Policy and Advocacy, CREATE Foundation:
Noelle.Hudson@create.org.au

The Bellberry Human Research Ethics Committee has reviewed and approved this study in accordance with the National Statement on Ethical Conduct in Human Research (2007) – incorporating all updates. This Statement has been developed to protect the interests of people who agree to participate in human research studies. Should you wish to discuss the study or view a copy of the Complaint procedure with someone not directly involved, particularly in relation to matters concerning policies, information or complaints about the conduct of the study or your rights as a participant, you may contact the Committee Chair, Bellberry Human Research Ethics Committee on 08 8361 3222.

INVITATION-TO-PARTICIPATE LETTER

Hi there,

Invitation-to-Participate Letter

CREATE Foundation invites you to participate in our National Survey of young people who have lived in out-of-home care for at least six months.

You may know that CREATE represents the voices of children and young people with a care experience. We need to know what they think about their lives in care so that we can tell governments what is working and what needs to improve.

This time, as well as surveying children in care, we are also asking those young people over 18 to share their unique insights into how they have fared since leaving the care system. The survey asks questions on all aspects of your life, as well as giving you a chance to share any thoughts or ideas you consider important about the care system. It should take you between 30 and 45 minutes to complete, depending on how much you want to say.

First read the attached Participant Information Sheet. If you are happy to continue, use the link below in your web browser to access the Consent Form to show you want to participate. After completing this form, you will be asked for your email or postal address so that we can send you a copy of the survey. We don't store any of your personal details. No one will know who you are, and we will not share your answers with anyone. Your responses will be treated confidentially, and you will be totally anonymous.

If you would prefer to be interviewed, phone CREATE on 1800 655 105 (Free-Call) and we will arrange for a staff member to contact you.

Also, when you have completed the survey, you can choose to enter the draw for one of several \$100 vouchers, as well as an overall prize of an Apple iPad, as our way of thanking you for your involvement.

This is a rare chance for you to have your voice heard; it is the first national survey of young people who are living independently after leaving care. We at CREATE really hope you will get involved to help us address your issues and help improve the care system for the future. Remember: Use the link below to access the Consent Forms.

Dr Joseph J. McDowall

Chief Investigator

E: joseph.mcdowall@create.org.au

Consent Form link: [SURvey/r/CREATEConsentForm](#)

Appendix B: Consent Form

PROTOCOL TITLE: CREATE'S NATIONAL OUT-OF-HOME CARE SURVEY 2018

Consent Form

I,

the undersigned hereby voluntarily consent to my involvement in the research project titled::

CREATE's National Survey 2018

I acknowledge that I have read the Participant Information Sheet about this project that outlines the nature, purpose, and risks of this research study. I understand what is expected of me, and the rights I have as a participant. I freely agree to participate in this research project according to the conditions in the Participant Information Sheet, which I confirm I have read.

I understand that my involvement in this study may not be of any direct benefit to me. I have been given the opportunity to have a member of my family or another person present while I read the documentation.

I understand that I am free to withdraw from the study at any stage without prejudice. If I decide to withdraw from the study, I understand that the information collected about me up to the point when I withdraw will be deleted from the data to be processed.

I have read, or have had read to me, and I understand the Participant Information Sheet.

Name of Participant:

Date:

Appendix C: CREATE's Post Care Survey

Instructions for Participants

This survey is designed to give children and young people in out-of-home care the opportunity to share their experiences with CREATE so that their views can be presented to decision-makers to provide evidence for improving the system in which they live.

It will take about 30 to 45 minutes to complete depending on how much you want to say. All questions, except some asking for text answers, need to have a response. Make sure you allow enough time for you to complete the survey in one session. You cannot log back in.

Your answers will be anonymous (because CREATE has no information about you apart from what you give in the survey). All individual responses are treated confidentially and will be presented in a combined form in the final report. You are not required to provide any information that you feel could be used to identify you.

If at any time you feel you don't want to continue with the survey, you may simply stop answering questions. None of your data will be included in the analyses. Of course, we at CREATE hope you will choose to answer all questions. If it would help, you can have a support person with you while you answer the questions.

As stated, all the information you share with us is confidential UNLESS you say something that makes us concerned about your own or another child's safety in out-of-home care right now. In that case we may have to report that risk. Several questions can be answered using slider rating scales. To activate the scale, click on the disk it to the point you feel best represented your response. You will note that a number appears in the box to the right of the scale indicating the percentage (out of 100) corresponding to your answer. A weak response would fall somewhere below 20, while a strong response would be above 80.

Use the "Next" button to progress through the survey. If you wish to return to an earlier question, use the "Prev" button. Do NOT use the browser navigation arrows to move through the survey.

A progress bar that shows how far you have worked through the survey at that stage is located at the bottom of each page.

In summary, do you understand:

- (1) your responses are anonymous and confidential;
- (2) you can stop at any time if you don't want to continue and your answers will not be used;
- (3) your information will be stored securely and will not be shared with others, unless you say something that raises concerns about your safety of another child;
- (4) your non-identifiable comments will be recorded and might be used in a report and for presentations?

If you are happy to go on, please sign the Consent Form attached and continue with the survey.

* Do you wish to continue? ☐ Yes ☐ No

Survey Process

* What method are you using to complete this survey?

☐ Online survey ☐ Telephone interview ☐ Face-to-face interview

* Do you have a support person with you?

☐ No one ☐ Carer ☐ Caseworker ☐ CREATE Staff ☐ Relative ☐ Friend

* In what state or territory do you live?

* What is your postcode?

* Do you identify as:

☐ Female ☐ Male ☐ Other

*With which particular cultural group do you identify?

- ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Other cultural group
- ☐ No special group ☐ If "Other cultural group", please list country of origin:

* Do you have an impairment or disability? ☐ Yes ☐ No

* Which of the following casuses you the most difficulty (you may select more than one if relevant):

- ☐ Intellectual disability (including Down syndrome) ☐ Specific learning / Attention Deficit Disorder
- ☐ Autism (including Asperger's syndrome; Pervasive Developmental Delay) ☐ Physical disability
- ☐ Acquired brain injury ☐ Neurological (including epilepsy) ☐ Deaf / blind (dual sensory)
- ☐ Vision (sensory) ☐ Hearing (sensory) ☐ Speech disability ☐ Psychiatric (mental illness)
- ☐ If "Other", please say which:

* Are you receiving special support for this condition (e.g., counselling, special education, medication)? ☐ Yes ☐ No

* In which country were you born?

- ☐ Australia ☐ Other country ☐ If " Other", please say which:

* What is the main language spoken in the home where you live?

- ☐ English ☐ Other ☐ If " Other", please say which:

* In what month were you born?

* In what year were you born?

* Are you at present living in out-of-home care? ☐ Yes ☐ No

* Before dealing with specific questions, are there one or two major issues that you think should be addressed to help improve the care system for children and young people? If you have any issues, please list them here. If there are no issues, type "None".

* In what state did you live while you were in care?

* At about what age did you come into care (years)?

* About how long were you in care (years)?

* About how many different placements did you have while in care?

* How do you feel about the number of placements you had?

Very dissatisfied

Very satisfied



* What is the main reason you feel that way?

* How old were you when you left care for the last time?

* What type of placement do you live in at present?

- ☐ Foster care ☐ Kinship / Relative ☐ Residential care ☐ Group home ☐ Permanent care
☐ Semi-Independent supported accommodation ☐ Independent living
☐ Other (please specify)

* How long did you live in your last placement (years)?

* Are you receiving special support for this condition (e.g., counselling, special education, medication)? ☐ Yes ☐ No

* What type of organisation was mainly responsible for supporting your last placement?

- ☐ No support provided ☐ Government department ☐ Non-government agency ☐ Unsure

* Were there any times while you were in care that you went "missing" or were absent from your placement without telling your carers where you were going? ☐ Yes ☐ No

* About how long were you absent or missing?

- ☐ One day ☐ One week ☐ One month ☐ Three months ☐ Six months ☐ Longer than six months

* What led to your leaving the placement?

* What happened after you were located?

* How would you describe your learning experience while at school?

Very poor

Very good



* Are you still attending school, college, or university? ☐ Yes ☐ No

* What year level or program are you completing?

* Who, other than your regular teacher, has helped you with your studies (you may choose more than one)?

- ☐ No one ☐ Carer ☐ Birth parent ☐ Other member of carer family ☐ Other member of birth family
☐ Teacher aide ☐ Specialist tutor ☐ Counsellor ☐ Friend
☐ Other (please specify)

* What support would help you do as well as you can at your studies (you may choose more than one)?

- ☐ Don't need extra support ☐ Financial support (for books, tuition, transport etc.)
☐ Extra help with schoolwork ☐ Help with homework ☐ Controlling bullying ☐ Counselling
☐ Other (please specify)

* What was the last year of schooling you completed?

* What was the main reason you left school?

- ☐ Completed Year 12 ☐ Found employment ☐ Did not like school ☐ Found the work too difficult
☐ Was excluded, suspended, or expelled
☐ Other (please specify)

* What, if any, support might have helped you to continue your education?

* What are you mainly doing now?

- ☐ Full-time work ☐ Part-time work ☐ Volunteer work ☐ Unemployed / looking for work
☐ TAFE course ☐ University degree ☐ Nothing
☐ Other (please specify)

* How have you found the process of finding a job?

Very difficult Very easy


* Have you received any support for finding work? ☐ Yes ☐ No

* How helpful has the support you have received been?

Not helpful at all Very helpful


* Is there anything else you would like to say about your education experience?

* From what source do you obtain most of your income?

- ☐ Wages or salary for working ☐ Part Centrelink / part wages ☐ Centrelink payments only
☐ Youth allowance for studying ☐ No income
☐ Other (please specify)

* How do you find managing your money?

Very difficult Very easy


* What, if any, help do you need to manage you money?

- ☐ Don't need any support ☐ Training in developing a budget ☐ Advice on using a budget
☐ Support in arranging Centrelink payments
☐ Other (please specify)

* When your care order or voluntary care arrangement expired, did you have to leave your placement? ☐ Yes ☐ No

* How long before you left your placement did you know where you were going to live?

- ☐ I didn't know before I left ☐ Less than a week ☐ Between a week and a month
☐ Between one and six months ☐ Between six and 12 months ☐ Longer than a year

* What sort of accommodation did you live in at first, after ageing out of care?

- ☐ Stayed in placement ☐ With birth family ☐ Flat / house alone ☐ Flat / house shared
- ☐ Supported accommodation ☐ Stayed with friends (short-term)
- ☐ Homeless ("couch surfed", stayed at a refuge or shelter)
- ☐ Other (please specify)

* Were you homeless within the first year after leaving out-of-home care. ("Homeless" here means being without safe and adequate housing for more than five nights, perhaps staying with friends, but not on the lease, in refuges and shelters)?

- ☐ Yes ☐ No

* How many times were you homeless in the first year?

* About how long were you homeless in that year (in days)?

* Are you homeless now? ☐ Yes ☐ No

* About how many places have you lived in since leaving care?

* About how long have you lived at your current location (months)?

* How did you find the process of locating suitable accommodation?

Very difficult

Very easy

* With whom do you usually live?

- ☐ Friends ☐ Partner / Boyfriend / Girlfriend ☐ My own children ☐ Birth family
- ☐ Former foster carer ☐ No one (lives alone)

* Have you ever lost a tenancy or been forced to leave your accommodation? ☐ Yes ☐ No

* If "Yes", what led to this happening?

* How do you pay for your accommodation?

- ☐ Rent ☐ Board ☐ Paying off a mortgage ☐ Not paying anything
- ☐ Other (please give details):

* How do you find meeting your accommodation costs?

Very difficult

Very easy

* What support, if any, do you need to keep your accommodation?

* Are you living with any members of your birth family? ☐ Yes ☐ No

* With which members of your family are you living? (Choose as many as relevant.)

- ☐ Mother ☐ Father ☐ Brothers and/or sisters ☐ Grandparents ☐ Aunts and/or uncles
- ☐ Other (please say who):

* On average over the last 12 months, how often would you have been in contact with the following members of your birth family (who do not live with you at present)?

	Weekly	Fortnightly	Monthly	Once in 3 months	Once in 6 months	Once in the year	Not at all	No such person
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sister(s) / Brother(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grandparents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* How much contact (compared with at present) would you like to have with the following members of your birth family? (Select one response for each.)

	Less	OK as is	More	No such person
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sister(s) / Brother(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grandparents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* What support, if any, do you need to keep in touch with your family?

- ☐ Don't need any support
 ☐ Financial support
 ☐ Counselling
 ☐ Transport
☐ Access to phone or internet
☐ Other (please specify)

* Are you a parent? ☐ Yes ☐ No

* Please record the ages (in years) of your children (up to six children can be documented)?

Child 1
 Child 2
 Child 3
 Child 4
 Child 5
 Child 6

* What support, if any, do you need to care for your child / children?

- ☐ Don't need any support
 ☐ Child care
 ☐ Babysitting
 ☐ Parenting training
☐ Toys, clothes, equipment
 ☐ Financial support
☐ Other (please specify)

* Who or what provides your main support with parenting?

* How helpful has been the support you have received with parenting?

Not at all helpful

Very helpful

☐

Is there anything else you would like to say about family or parenting?

* How do you rate your health?

Very poor

Very good

☐

What support, if any, do you need with health issues?

* On average, how often do you access health services (e.g., medical, dental)?

- ☐ Not at all ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Once every 3 months
☐ Once every 6 months ☐ Once a year

* How do you find doing the following things?

	Very difficult	Quite difficult	Somewhat difficult	Somewhat easy	Quite easy	Very easy
Looking after your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparing healthy meals at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Looking after your place)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding and using transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting along with people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Have you been involved with the Youth Justice system (e.g., with police, courts etc.):

	Yes	No
While in care?:	<input type="radio"/>	<input type="radio"/>
Since leaving care?:	<input type="radio"/>	<input type="radio"/>

If involved, how old were you at the time?

* What was the type and extent of your involvement with Youth Justice?

(If no involvement, type "None".)

* Who supported you during your contact with Youth Justice?

- ☐ Not involved with Youth Justice ☐ Current or former carer ☐ Current or former caseworker
☐ Parent(s) ☐ Sibling(s) (sisters/brothers) ☐ Grandparent(s) ☐ Other relative(s) ☐ Advocate
☐ Lawyer ☐ Counsellor ☐ Teacher ☐ Friend(s)
☐ Other (please say who)

* How would you rate the adequacy of the support you received during this process?

Totally inadequate

All that I needed

☐

What actions of others might have led to your feeling more supported?

* Who, if anyone, did you speak with about what was likely to happen when you left care (you may choose more than one person)?

- ☐ No one ☐ Your foster or kinship carer ☐ Your caseworker ☐ Your birth parent(s)
☐ Your sister(s) and/or brother(s) ☐ Your grandparent(s) ☐ Other relative(s)
☐ Another worker in a placement agency ☐ A worker in an after care service ☐ A teacher
☐ A counsellor ☐ An Indigenous community member ☐ Friend(s)
☐ Other (please specify)

* How old were you when someone first talked to you about leaving care?

* Did you have a formal Plan to help you Transition from care? ☐ Yes ☐ No ☐ Unsure

* How involved were you in preparing the plan?

Not at all involved

Very involved

☐

* For aspects of your life covered in your plan, how helpful was that part of the plan?

	Not helpful at all	A little helpful	Somewhat helpful	Reasonably helpful	Quite helpful	Very helpful	Area not covered
Health (including mental health)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accommodation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Setting up household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driver's licence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial plan (budget)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life-skills preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ Other (please specify)

* How did you feel about the planning process before you left care?

Very dissatisfied

Very satisfied

☐

* Why do you feel that way?

* What events happened to mark the time you finally left care (you may choose more than one)?

- ☐ Nothing
 ☐ Meeting with caseworker
 ☐ Case conference or review meeting
☐ Letter from Minister or other departmental officer
 ☐ Farewell from carers/ residential staff
☐ Other (please specify)

* Rate how useful each of these ways would have been for you to learn about leaving care and the support services that are available?

	Not at all useful	A little useful	Somewhat useful	Reasonably useful	Quite useful	Very useful
Written material (brochures / booklets)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CREATE's Go Your Own Way resource	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Web-based information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A mobile app (e.g., SORTLI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workshops with speakers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small group discussions / role playing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practical, hands-on experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentors (people to guide you)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ Other (please specify)

* Who has been helpful to you since you left care (you may choose more than one)?

- ☐ No one
 ☐ Foster or kinship carer
 ☐ Caseworker
 ☐ Another worker from an out-of-home care agency
☐ A worker from an After Care service
 ☐ A worker from an accommodation service
☐ Indigenous community service
 ☐ Birth parent(s)
 ☐ Sister(s) / Brother(s)
 ☐ Grandparent(s)
☐ Other family members
 ☐ Friend(s)
☐ Other (please specify)

* On average, how often do you keep in touch with your former carers?

* On average, how often do you keep in touch with your former caseworkers?

* How much have you used the following types of services since leaving care?

	Not used at all	Used rarely	Used occasionally	Used reasonably often	Used quite often	Used very often
Out-of-home care placement agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialist Aftercare / Transitioning from care service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indigenous community organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CREATE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ Other (please specify)

* How helpful have you found the following types of services to be since leaving care?

	Not at all helpful	A little helpful	Somewhat helpful	Reasonably helpful	Quite helpful	Very helpful	Service not used
Out-of-home care placement agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialist Aftercare / Transitioning from care service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indigenous community organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CREATE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ Other (please specify)

* Have you obtained a copy of your personal case file from the department or agency covering the time you were in care?

☐ Yes ☐ No ☐ Have not asked for a copy

* How have you found the process of accessing your departmental or agency case file?

Very difficult ☐ Very easy

* What factors led to you having that experience?

* How confident do you feel you could access your documents if you wanted to?

Not confident at all ☐ Very confident

* Have you heard of the Transition to Independent Living Allowance (TILA)? ☐ Yes ☐ No ☐ Unsure

* Have you applied for the TILA grant? ☐ Yes ☐ No

* How did you find the process of applying for TILA?

Very difficult

Very easy

* What led to your experiencing the process in that way?

Can you list the names of any other sources of financial help you know about?

* What were the best things about leaving care?

Answer 1

Answer 2

Answer 3

* What were the worst things about leaving care?

Answer 1

Answer 2

Answer 3

Overall, how did you feel about the support you received for leaving care?

Very dissatisfied

Very satisfied

* What plans do you have for the near future, say within the next five years?

Goal 1

Goal 2

Goal 3

Is there anything else you would like to say about the care system?

Thank you and Draw

Thank you for taking the time to respond to CREATE's survey. The information you have shared will contribute to improving the care system for all those children and young people experiencing it in the future. If there are any issues you would like to discuss further, contact either:

Chief Investigator: Dr Joseph McDowall
Email: josephmcdowall@gmail.com

CREATE Policy & Advocacy Manager: Ms. Noelle Hudson
Email: noelle.hudson@create.org.au

Also, if you would like to enter into the prize draw, follow the link below to enter your name and contact details so that we can notify you if you win.

NOTE. Copy and paste this link into your browser to access.

When you have done this, be sure to click Submit to complete the survey.

Thanks again, and good luck!

<https://www.surveymonkey.com/r/prizedraw2017>

Appendix D: Key Issues Raised by Care Leavers for Improving the Care System

Sex	Age	Comments
Male	21	Access to information about their experiences in care. A YP shouldn't have to ask, it should just be told. - quicker turn arounds for permissions and explanations as to why.
Female	18	Caseworker visits, needs to be increased to at least once a month. - more support; in my care experience I've had very little support with accessing a counsellor. I believe a caseworker should be the person organizing.
Male	21	Getting suspended from school and doing your homework. Punishments for not following the rules in residential care (e.g., missing out on activities).
Non- Binary	24	Leaving out of home care at 18—This should be adjusted to 21. There should be better supports in place for those leaving care. More support for young people. When I went through the care system, I was limited by monetary decisions made by support workers, I think it'd be great to provide more opportunities for young people in out of home care.
Female	21	Young people having to leave care at 18 with no foundations— young people leaving care who are in a bad space and gaining access to trust accounts.
Female		[Department] didn't care what was going on in the home in my relative placement. Need to start focusing on mothers that do deserve to have their children taken away instead of the mothers that don't deserve to. It took for me to run away for DCP to realise what was going on in my placement. It was about the 10th time I ran away that they responded.
Female	24	More training for foster carers being able to trust workers and carers.
Female	22	1. A better plan for young people when they turn 18 for housing and a job. 2. More frequent contact and support from case workers.
Female	22	1. Foster carers commitment. Often carers take kids in and then decide the kid is too difficult and then they get rid of them. If you make a commitment to take a child in to your home, then that's a lifetime commitment not just short term. 2. TFC: now we have next step it's gotten better, but YP are still leaving care without the skills they need. 3. when it comes to activity approvals, it becomes a very long process if you want to do something exciting. but having to jump through hoops, it takes all the excitement away. They need to allow us the excitement of doing something. The hoops we need to jump through is ridiculous.
Female	22	1. Kids should be given more information. 2. Parents should have the chance to improve, they should be supported to be good parents rather than just taking the kids away. Definitely all children should know what is going on, have as much information as possible and to have a say about how they feel and what they want. It is a very hard thing to be taken from family so everyone should know what's going to happen before it happens, it should be out in the open. I think it's unfair, I would have liked to know what was going on because it was so out of the blue. It breaks my heart me that my mum didn't even have a chance to do better. I wanted to have a say about where I was living, I wanted to know what my mum was doing and if she was okay and I wanted to visit her.
Female	21	1. limited contact that caseworkers have with clients and YP, sometimes they don't see you for 6 months or never, they dump a lot of information on you and never follow it up and then disappear, they leave without warning and telling the YP they support. They don't tell you I'm leaving contact this person, or which supervisor to contact in their absence, they don't leave you any information.
Female	20	1. More needs to be done about educating staff and others on young people with different cultural background (that are not Aboriginal or Torres Strait Islander). 2. Culture needs to be taken more seriously in the care system. 3. More thinking about the pairing of different people in resis
Female	19	1. Social workers should be consistent and not changed all the time. 2. Make sure you pair children and foster parents together properly that will work out and don't rip foster families apart.
Female	20	1.The lawyers that are assigned to the child in care when they meet up with the children there should be a third person (support person) in the room for that child/n just so there's reassurance that the lawyer and child is on the same page before the layer goes before the court to represent this child. 2. Every child deserves a family and the right to feel safe. I think the children should meet the careers before moving in or making decisions.
Male	20	A lot of the young children are still not being connected with services that could be really beneficial to aid them later in the future.
Female	24	Abusive foster carers.
Female	19	Add more contact with family Why do you need lots of Dr appointments, think she has more Dr appointments than someone not in care.
Male	19	After care services, intake assessments.
Female	20	Aftercare support and follow up procedures. The lack of qualifications and experience amongst foster carers and residential care workers.
Female	25	Aftercare support increase in age limit more unified system, calling so many organisations to try to find which can help with our need.
Female	20	Age—extend age. Client-worker confidentiality—workers often go tell other clients stuff about you.
Female	24	As an Aboriginal person, I would like to see an Aboriginal service so families can get help or assistance.
Female	18	Being more child-focused; stigma around foster kids.
Female	20	Better carers training and workers training
Female	18	Better carers, Better dept. of Child Safety
Male	20	Better matches between young people

Sex	Age	Comments
Female	18	Better outcomes for assaults in care
Female	24	Better planning for young people leaving care to help learn skills for independent living. Try and keep siblings together or at least in contact with each other.
Male	24	Better support for siblings in OOHC.
Female	25	Carer checks, youth empowerment.
Male	19	Carers are not listened to as much as the c/yp.
Female	18	Case managers and carers actually listen to the kid's, siblings', and adult's needs.
Male	20	Caseworkers dealing with leaving care earlier, more caseworkers hired by [department] as there are too many children per case worker.
Male	24	Case workers should listen to the person who is actually in care instead of assuming they know what is best for the person.
Female	19	Caseworkers need to start listening to young people.
Female	23	Child centred care/decision making.
Female	25	Child Safety need to support parents who have been through domestic violence they need to understand what it is like to leave an abusive relationship and how hard it is to leave instead of working out of textbooks. They also need to make sure it's one set of "rules/guides" for all families not one set for one family and a different set for another.
Female	18	Child/children's safety
Female	23	Children's Identity and sense of self such as where they come from, why they are in care their rights while they are in care, what to expect while in care. If the child has a culture, there needs to be culturally appropriate staff and carers willing to provide the appropriate information even if the career is from another culture or religion.
Female	20	Communication—asking the kid what they want and need. Making sure kids go to a person that is suitable for their particular needs and situation. Not just putting them with any carer just because they are easy and quick.
Female	19	Communication between workers and kids improved; more guidance for kids; lots of crime in resis so more rules, regulations and rewarding good behaviour.
Female	20	Communication.
Female	22	Connection to siblings, family, and culture.
Female	18	CSO, caseworkers, CVs change a lot which can be confusing to know where they are from and who you should contact if you need help.
Female	24	[Department] needs to be careful that cases that seem stable are given attention still to make sure everything is okay.
Male	18	Department needs to do more family support—not just care for the child and be critical of the family. Some [department] houses are too strict and have rules that are really difficult to follow.
Female	18	Don't spoil them. Treat them as normal kids who do not always get everything just because they want it.
Female	19	Don't stop payments at 18.
Male	21	Early intervention and family support to support aid and encourage the parents to provide the best quality of life available to the child/young person.
Female	24	Education. Keeping siblings together. Transitioning out of care— having the support, knowledge, and financial assistance to successfully transition into Independence.
Male	25	Everything In every state / territory.
Male	19	Family contact and lack of things to do.
Non- Binary	25	General communication between CSO's and cares/kids etc. CSO's or government people need to look properly at what's happening in a placement as things AREN'T always what they seem.
Male	24	Get stuff; better training. If someone is sick do not leave them in the mess; go and help them. If someone hurt someone, do not kick that person who got hurt out.
Female	21	Good support ??
Female	20	Having more constant CSOs instead of multiple ones throughout your care experience. Making sure a young person and foster carer meet each other before you place them to see if it is a good fit.
Female	21	Having more people with lived experiences working for the Dept. and other agencies.
Male	23	Having more stable homes for children as this is still a big issue.
Female	25	Having one permanent placement. Better family history. Better confidentiality when it comes to files!
Female	22	Help the young people to get an education. Help them to get on the right track.
Female	22	High caseworker turnover, leading to further instability Limiting and restricting policies and procedures such as having to conduct WWCC and police checks on friend's parents if you want to sleep at your friend's house Caseworkers lack of mental health knowledge and insight into behaviours (e.g., being labelled as bad and naughty for self-harming).
Male	23	Homelessness after leaving care, life skills.

Sex	Age	Comments
Female	19	How a lot of the police treat young people in out of home care. They make them feel like it's their fault they can't live at home and have no consideration for the serious issues they're facing in their lives.
Female	21	How much support young people have when leaving care, and more support is needed when a young person gets involved in drugs and alcohol.
Male	18	I always felt like getting cattle when I moved from placement to placement.
Female	22	I believe a continuity of care is extremely important. One of the biggest issues I faced as a young person in care was the lack of consistency in CSOs. For some young people a CSO is the only reliable adult in their life and with the continuous change of CSO it is challenging to build a relationship. Also, Residential have some of the most complex young people but with the least trained staff. I suggest more intensive training for staff so they are better equipped to handle difficult situations.
Female	20	I believe create does an amazing job with young people and children. Continue talking to children clearly and make sure they really understand what is going on. I remember with [department] they spoke to my younger siblings like they were adults and I had to explain to my siblings what was going on as they didn't understand.
Female	24	I believe kids in care shouldn't be judged for being in care like we do.
Female	20	I believe that Indigenous children should be placed with Indigenous families.
Male	23	I believe that it's important for any guardian or parent to help a young child grow by teaching the youth on respect, responsibility, knowledge of right and wrong, and the concept of working hard, not giving up when the going gets tough, and to keep trying over and over again to be successful and make the best out of your life.
Female	20	I believe there are many areas which could be improved upon. For myself in particular I believe there is a lot of room for improvement during the initial prevention/intervention phase before a child is placed in foster care. I believe this particular area needs significant address to improve the outcomes for children being placed in care to ensure they are being removed from their birth families for the right reasons and significant precautions are put in place to monitor families which are suspected to be "high risk" or who have had a history of involvement with the department. There have been too many child deaths as the result of ill-judgement by the department and other responsible personnel and areas which hold a duty of care to these children over the past 3 years and it is sickening to see that this is currently so prevalent. The department of child safety is supposed to be the firewall to preventing family domestic violence and yet children are dying either at the hands of their own parents, their foster carers, or by means of suicide which simply isn't good enough. One life is too many lives. The other thing I would suggest requires further improvement would be appropriate at being between child and foster carer. With permanency being a hot topic currently, I believe appropriate matching would strongly support a healthier environment for both carer and the child and any other family members involved.
Male	18	I cannot comment on that as I am not 100% familiar with the current system since leaving care. In 2012 they were government secrecy—if a serious incident occurred in placement they should make it public, but the individual anonymous.
Female	18	I don't have issues myself now, but I did have difficulties accessing my own information and actual birth certificate. This definitely needs to be better handled as it can definitely cause troubles for when you grow up.
Male	21	I had a care experience and now my daughter is now in care, but I don't have any visitation rights.
Female	22	I think age is a big one putting higher age group with lower age I think it's not a good idea and I think they also need to look at training for workers to deal with high mental ill or disability clients and leaving care when eighteen. No care or services to help; are on your own so extend the age of transition leaving.
Female	23	I think creating more opportunities for stability for young people in care. It is a major issue with so many factors that may affect instability but things like adoption may help.
Female	23	I think every child needs to be shown real care, not paid care. There's a difference in someone being there because they need their bills paid, as to someone who really goes out of their way to help a situation get better. I also believe that if there is abuse in care that it needs to be dealt with promptly before it's too late.
Female	24	I think staying in care until 21
Male	20	I think that the age of leaving care should be increased to 21 if the child thinks it is important.
Female	21	I think that there is definitely an issue with the out of home care system, there is not many places that will help you with out of home living in [state]. Also a quicker waiting time to be moved carers, if a kid is unhappy with a carer they shouldn't have to wait months to be moved, they have had it hard enough in personal life to be put into care in the first place.
Female	20	I think that there needs to be more of a priority when it comes to young people moving out of the foster care system with their case plans.
Female	24	I think that young people in care should be encouraged to stay home and go to school instead of being allowed to be out on the streets all night and commit crimes.
Female	22	I think the biggest thing is the after-care process. Kids with care backgrounds aren't faring well once they turn 18 and are aged out of the system. The statistics are horrendous, and something needs to be done.
Female	24	I think there needs to be awareness and understanding from carers and workers about the fact that some young people may identify as LGBTQ+. Another issue I think there is a need to ensure that siblings have contact (when safe); face to face is preferred but if it can't happen then the system needs to support other methods for siblings to stay in contact.
Female	18	I think there needs to more preparing young people for when they turn 18 (e.g., teaching more independent living skills, budgeting, paying bills rent, voting etc.)
Female	19	I think there should be more indigenous workers/carers in the care system as well as caseworkers. I also think there should be more privacy for young people when they are in residential care. We don't get respected and treated fairly in residential care which causes issues that end up with the young people getting angry and police being involved.

Sex	Age	Comments
Female	24	I think we should invest in better training for caseworkers and better funding to help young people who leave their foster care placement early (e.g., at 16).
Female	18	I was born in Nov 2000. I have left OOH. However, am still on an order. I live independently. I think more voices need to be heard. The carers have to be supervised more and go through more to be a carer. Every family I went with I was physically abused.
Male	18	I was born Jan 2000—just turned 18. Survey wouldn't let me enter that and still say I'm post care :(Things they need to change. Everything.
Female	21	I was in care with my nan and pop and they pretty much brainwashed us against my mum. So, whenever we went to meetings with [department] and then if they asked if we wanted to see our mum, we would have to say no because nan and pop said if we said yes then we would get split up. I would like them to get the info from us rather than what my nan and pop wanted us to say. My little brother is still currently in care and we're having trouble seeing him and I feel like he is being brainwashed by his carers like we were by nan and pop.
Female	20	In cases where extended support is needed after 18 terminating their support network is a negative. Also, caseworkers changing so much.
Male	20	Increase the leaving care age.
Female	22	Information is very slow to come through. I would ask my residential care worker a question, and sometimes it has to go through house leader, team leader, caseworker or [department] and can take too long for me to get an answer, sometimes with it being forgotten about, even though I know everyone is busy, it made me feel like I wasn't being heard.
Female	18	Instead of reunification being first priority and main goal, take the child/s best interest into account. The turnover rate for CSOs is ridiculous, children in care need someone they feel comfortable around and who knows the family and the background. Children in care need someone who they can rely on and that someone should be their CSO.
Male	24	Intensive trauma-informed training for all people involved in young people's lives. Stability of placements.
Female	20	Issue 1: the transition of leaving care system is appalling and after care support workers need more support/resources/funding. Issue 2: the transition of entering care, I believe counselling services should be offered to children initially entering foster care.
Male	23	It has been a while but there are large amounts of miscommunication with client and protective bodies.
Male	19	It was great when I left care because I didn't have as many restrictions—getting permission to do things and telling Child Safety is I wanted to go to [state].
Female	23	Keeping children in contact with their culture, family, and friends. If it is not safe for the child to be around their parents, there are still other people in their life, such as siblings, grandparents, friends, and friends' parents. There also needs to be a better screening process for foster carers. I know that there is a shortage but that does not mean that someone unsuitable should be employed. For example, I was made to attend the church of a religion that I did not believe in, I was not allowed to join my school soccer team because the carer would not pay for the uniform, and after I asked for help with mental health issues, they packed up my belongings while I was out and I had to leave. This is very mild considering what happened to my older brother and his peers, some of which were locked in sheds for days, some not allowed food, and some were only allowed in the house at night.
Female	24	Kids should stay in out of home care until 21. Kids should be put in one accommodation instead of moving around.
Female	19	Lack of good communication. Everyone asking me the same questions. Rules changing which makes you feel unstable.
Female	20	Lack of knowledge by the foster children of available supports including different funding packages. The constant changing of homes for a lot of foster children.
Male	20	Lack of understanding with foster carers who take one look at our file and think they know more about us than we do.
Female	25	Leaving care. Stability in the system.
Female	23	Leaving care plans. Listening to young people.
Female	18	Leaving care plans/Aftercare Support.
Female	18	Leaving care to 21.
Female	19	Leaving home care planning needs to be improved. Access to grants and TILA.
Female	22	Less changing of workers. So, you don't finally feel comfortable with the worker you have then get given another one several times over in a shorter period.
Male	21	Let me stay till there 21.
Male	22	Letting people know that there are companies out there that can help and support you in the future. That there are resources to help and support you to live independently.
Female	19	Longer hours with family when they visit. I only had one hour, and it wasn't long enough. When parents can't make it to visits they should do a video call.
Male	20	Make more plans—leaving care plans
Female	21	Mental health. Letting children in care know their rights.
Female	23	Mental health issues in children.
Female	22	Mental health, disability.
Female	22	More care support until you are 25 years—this includes more help with housing, job security, support with family connections. There are so many problems in the OOH System.

Sex	Age	Comments
Female	24	More carers and more CSOs.
Male	21	More caring nice workers, foster carers, more places to meet up with foster kids.
Male	24	More communication.
Male	23	More communication between the department and young people and carers.
Female	18	More family contact and if you live in a resi not having so many worker changes.
Male	24	More focus on mental health. Education on life after care. Planning short term/long term future goals that are more executable. Accessing all necessary support services. Connecting with family members.
Female	24	More foster carers with higher level of training, a bigger focus on getting recovery for mental illness and addiction while still in care.
Female	22	MORE FUNDING.
Female	22	More Involvement of the children and young people in all decisions regarding them. Increased honesty and opportunities to support safe independence options.
Male	20	More local caseworkers and more training.
Female	19	More long-term emotional support.
Female	18	More one on one help with case managers. And more consistency with rules in group homes, foster care etc.
Female	18	More options for children in kinship care.
Female	19	More priority for young people that are 18+, not just about buying 17yos stuff but teaching them to live independent.
Female	20	More support. Better training for everyone in the department.
Female	22	More support, around teenagers.
Female	20	More support and communication.
Female	20	More support for all involved so the child(ren) and the foster parent(s). Better system overall.
Male	18	More support for families, and living in one place.
Male	19	More support for kids trying to get permission to do things from the agency.
Male	21	More support for transitioning out of care. Not make us feel like we are being pushed out of the support we still need.
Female	23	More support for young people leaving care.
Female	18	More training for foster carers and young people having a say about what is being done for them.
Male	18	Moving around a lot.
Male	23	My experience was in kinship care and there was a time that I was returned to my parents which was not a healthy decision made by [department]. I was returned to my grandmother within less than a year of returning to my biological parents. I don't know what the system is like now but I think reunification (with parents) should be a more thorough process.
Male	18	Needs to be more honesty between youth worker and social workers with the care they give, stability, stay in one place is necessary.
Male	19	Not get kids hopes up; say we can, then change. Shouldn't hire workers that only work for the money. Shouldn't have workers who have had complaints from kids.
Female	21	None really. I've had quite good support with transition from 18 onwards, because I was in care from a very young age it's all I ever knew.
Female	25	Not enough contact between siblings and CSOs when one of sibling is out of the system.
Female	24	Not really sure. Being there for the children more and someone who is always there for them and helps them get things done like goals. Knows what needs to be done for a child to get them to the next level like getting ID.
Male	18	Not really, it was pretty good when I was in care.
Female	24	Not to get hurt.
Male	18	Nothing, the system worked for me.
Female	25	OK
Female	24	One issue I've realised is that children and young people don't always know what their rights are and what are all the things or support they are entitled to. As I'm now studying certificate 4 in Community Service, we are learning heaps about the rights of children and young people. And the more I'm exploring this topic it's reminding me of all the things I have possibly missed out on. I had no idea what my rights were and what support I was entitled to. I see and hear that is still happening a lot to other children and young people. Not only do children and young people not know what their rights and entitlements are, there is also not every good support for when a child or young person finishes up with a service or program. Example: Out of Home Care Living. When a young person stays in a residential home between 12-25 they learn little life skills like, how to cook and clean, how to budget with their money, how to be sociable, how to get a job, and find a house. But I don't think that there is enough support for when that young person has to leave that housing service. Do those children and young people know where to go when they want further support from community services for whenever they need help? No. I think it's important to know and develop life skills, but it's also important to know what services are out there to assist young people and children for when they leave home and have to discover how to adult on their own.

Sex	Age	Comments
Female	24	People need to listen to us a bit more.
Female	21	Placement stability. No matter what type of order you are on, if you have found a stable placement and wish to remain at that placement whether they move houses or not, you should be allowed. Initial removal process should not be done at school to avoid kids not wanting to go back to school and to help create more stability throughout their education experience.
Female	18	Plans to leave care and rights while within care to change caseworker and case manager if NGO.
Female	24	Post-carer support; parental consent.
Male	25	Post-care unemployment or ongoing low income. Housing insecurity.
Male	19	Pretty happy.
Male	20	Probably more help for younger kids and their needs and guidance with mental state and what they're going through.
Female	18	Raising leaving care age Freedom.
Female	19	Raising the age to 21 is a big movement that I support. And mental health support needs to be adjusted and the programmes should be moulded to suit the specific needs of a specific child, not an all included programme.
Female	18	Raising the leaving care age.
Female	22	Recruitment process of caseworkers and carers. Need to people who do it for the right reasons and do it for empathy. Often your experience will come down to the worker you get.
Female	25	Removal of kids without an explanation.
Male	23	Resi care needs massive improvements. Permanent care needs massive improvements.
Female	19	Residential care workers doing a better job at caring for young people; give young people more agency around life decisions.
Female	21	Separation of siblings A voice for kids in the court system.
Female	25	Sibling contact, increasing leaving care age to 21.
Male	21	Social engagement techniques; budgeting after care.
Female	20	Stability of workers and homes etc. Workers' attitudes towards children in foster care.
Female	25	Stability and connection to family.
Male	24	Support for carers and education.
Female	24	Support for young mothers who are in care with their babies to stay in care together.
Female	23	Support services available after leaving care. Independent living skills for those transitioning into leaving care.
Male	21	Tertiary Education. Support around university.
Female	24	That kids in out of home care should have a say.
Female	25	The age needs to be changed to 21 or 25 and there needs to be more services to help young people who have trauma experience.
Female	19	The age of leaving care at 18 is an issue that will soon hopefully be improved.
Female	25	The department structure needs significant improvements. There are currently too many gaps in which young people continue to fall through. Especially those considered "too hard", as they are often hand-balled around services until they are forgotten.
Male	18	The [department] doesn't address these issues anyway. As a member of the [group] through shear invitations and advocacy, I know that anything a young person addresses will only be listened to but not acted on. This is something that's needs to be improved, but there are too many difficulties to have this improved. You should be addressing the new Permanency Protection Program.
Female	21	The handling of mental health situations and preparing youths for when they leave care.
Female	21	The major issues that I believe there is, in the child youth care system is that there is a lack of children in the system these days. There are more kids on the street than there are in care and I strongly agree that this needs to be addressed in some way or another.
Male	22	The NGO and [department] need to address the child's need instead of worrying about what the parents think, they need to do what's right for the kids instead of trying to rehabilitate parents. They should not be sending children back home to parents as more damage and trauma is inflicted on the child. In my personal experience, I was let down by the care factor of [department], the foster care system, as they sent me back home from foster care to a dysfunctional, abusive, and negligible family, I had to fight for my own justice when I was 22, when [department] and the NGO has full knowledge and did not pursue the closure that I needed.
Male	20	The stigma and the perception of us.
Female	18	The way that discipline wise; there needs to be some form of discipline. I was involved in a car chase and they reward bad behaviour because it's easier for them to deal with. There are no boundaries.
Male	19	The whole thing is f****. Not much respect. even from others; not much caring. To me it seems that they don't really care about their job from the way they react and when something happens, they don't really care.
Female	25	Young people not having enough support when leaving care. Young people who identify as being LGBTQ+ not having enough support from workers and careers as they don't know the best way to support them.

Sex	Age	Comments
Female	20	There are many things wrong with the care system but two main points would be: 1. Separation of siblings and moving from foster home to foster home and not having a sense of love or care in which the children can suffer grave consequences later in life as well as at the time 2. Aboriginal children being abused day in and day out, but the care system says to leave them with their families where they continue to be abused because of "tradition" and needing to be within the Aboriginal community.
Female	22	There is little kids with big kids; like ages they need to get age by age units. Workers with or little understanding about conditions or illness.
Female	18	There is no clear pathway to leave care. There is no possible way to plan a secure, safe exit from care. You have no idea where you're going until your birthday! Unless you go back to the family you were removed from in the first place. I have not been eligible to apply for accommodation through open door and when I finally was allowed the week before I turned 18, I had to sit through three hours of interviews at three different agencies saying the same stuff and then ended in a refuge. I want to go to university in a few weeks but now I'm homeless.
Female	23	There needs to be a national framework, the fact that all the departments do not work together is ridiculous. 2) More stability which helps with connections.
Female	22	There should be more support for kids to choose where they can go. The Department should be more lenient in visitations. Instead of going through a tricky process it should be a simple yes or no with the CSO.
Female	18	There should be more training for social workers working with young people. Every social worker comes in with a good heart but burn out too quickly which causes break down in kids and young people.
Female	19	They didn't care about my education and was no support to help me with it. Only cared about finding a house which I couldn't even afford. Felt would only support me if I had a baby. When you turn 18, they drop you.
Female	23	They didn't really seem to connect with the kids to see what their kids where needing.
Female	18	They don't make foster child comfortable.
Male	19	They need to know what funds they can access instead of not being able to get them.
Male	20	They should be listened to more and have the respect they deserve shown to them more.
Female	18	Things are pretty good.
Female	19	To understand that each child is different and each child needs a different outcome for their situation to address and to see the pros and cons of the child's life now and the outcome that could affect their life and to make sure that the child is aware of that these things are being discussed so it doesn't come a shock that they were being listened to and thought of.
Female	25	Too many to comment on.
Female	18	Training for workers; some workers have their heart in the right place but don't know what they're doing, they can potentially mess up YP in care. Greater awareness on different things—I was bulimic and suffering—but one of the workers thought that I wasn't suffering from mental health but instead imitating another person. They need to read through case histories and actually understand the full thing. Caseworkers need to listen to YP.
Male	24	Transparency and communication to the parties involved in foster care. Situational awareness for wards of the state.
Male	21	Voices need to be heard and ideas need to be considered so that important decisions regarding factors that may possibly have substantial benefits in relation to the young person's aspirations, goals, and necessities are made correctly.
Male	24	Wasn't that involved too much with the department so you can't say.
Female	25	Ways to make sure all kids are safe in foster care; more support for the kids and carers.
Male	19	We were put into resi houses with the wrong people. And foster homes. The carers and their kids had no respect. The first house I went to—mum, her son, and two other foster kids. I got kicked out for having feelings for one of the other foster kids. It was ridiculous. I would hate for other kids to go through that. At five I got put into an abusive home. I got smacked for touching toys.
Female	22	When in case I personally went through, having so many caseworkers and that had made my time in the system full-on because one would learn our difficult case then all of a sudden, we had someone that didn't know how to handle us or did nothing. And it would just go in circles so to have the opportunity to just have a one caseworker for the period, or no more than two altogether, would make things easier as I personally went through 11 from when I was 5 till 18.
Female	18	When people come into care, they should get a plan of what is going to happen, I think it is a case plan. I got a cultural support plan but not a plan of the future.
Female	19	When you get a new carer apply, have more reference and talk to more people that know them.
Male	21	When young people turn 18, [department] should still be supporting the young person, as they transfer from foster care/refuge etc, into independent living.
Male	24	Yes, there be more carer training state-wide.
Female	22	Yes, I am 22 years old and I have had so many issues since leaving care at age 18. I wish there was more support, particularly around the leaving care age and housing.
Female	21	Yes, I believe the check-up system with children in care should be a lot more thorough then what it is at the moment. Children should be able to talk to their caseworker in private or even when attending counselling etc.
Male	18	Young children to have a bigger say in what they can do, and caseworkers need to step up with young people's concerns.
Female	25	Young people in care need to know about their rights And the stigma associated with young people in care needs to be addressed.
Male	24	Youth justice. Homelessness.

Appendix E: Comments About Educational Experience

Sex	Age	Comments
Female	20	A lot moving, change the school regularly. Lost friends. Struggling with new school. New environment, New people. New teachers.
Female	22	After leaving care, I studied for a few weeks of a one-on-one class (2 cool 4 school) and attempted to further my education in community services. But I couldn't continue because of mental health and being homeless. Besides my mental health stopping me, I found it was a good experience.
Male	19	At the moment I just waste my time watching YouTube videos, watching TV. It gets boring real quick. I didn't really like school.
Female	24	Blamed the child protection system as I was traumatized.
Male	18	Care system massively impacted my schooling. I went to school, but I didn't want to be there. First day at Year 8, I ripped three books in half. As soon as I got out of care, everything got better overall.
Female	24	Definitely the recognition that I could have gone further. My studies didn't really come from the school. There is that stigma around foster kids and that thinking that you are not going to amount to much. I think it is important to have that support at home, you know, someone saying "You can do it!"
Female	24	[Department] should of funded me a tutor and I wouldn't of had difficulties at high school.
Male	19	Don't let people pick on you.
Female	20	Everything is provided to me, so I don't have to pay anything (through Careers Australia).
Male	24	Foster parents weren't helpful and [department] weren't involved. CREATE provided advice from staff.
Male	23	From all the education course I've tried to do or complete, I have struggled with, and from what I have learnt from them all, is nothing much because of my brain problems of my past memories fading to black.
Female	25	Had so much going on at school was overwhelmed.
Male	18	I am learning right now to be a freestyle rapper in [location].
Non- Binary	25	I am lucky to have been able to keep my head down because sometimes that's all you can do.
Female	23	I believe the reason my education experience was amazing because the school and department worked as joint parents together. The school would always know everything about what was happening at home. I believe more schools and caseworkers need to work more together.
Female	24	I could barely concentrate on my schoolwork at my three schools because I was busy being bullied all the time, and my teachers didn't help me enough when I needed it. Plus, I had no room in my brain from education when I was too worried about how I was going to be bullied each day at school and at home.
Female	21	I enjoyed school.
Female	23	I feel that if I had been allowed to have a more normal experience early on, such as staying at one school, being able to join clubs, and being encouraged to do well, I would have done better at school. By the time I had a stable home, I already assumed that I would never amount to much, and never tried.
Female	22	I found it isolating and subject to bullying at school purely based on the fact I lived in care.
Female	20	I found that the education support I received when I had to attend court for various reasons was exceptionally poor. Given my circumstances I was unable to succeed to the best of my abilities missing a significant portion of my schooling year in grades 10, 11, and again in grade 12. When I had requested to be able to take work home with me while I mentally recovered from court battles or significant family struggles, I was denied every time. There was not a very good level of understanding for my situation and there was limited if any mental health support. It was extremely difficult to access the school's guidance counsellor and even more difficult to be granted assignment extensions when I had to attend court. I was refused any support/extensions unless I was able to provide written evidence that I had to attend court or a supporting statement to say I really just needed time off, to put it simply, to get my head straight. Unfortunately, due to the departments inability to answer a phone or return a call I was never able to provide said supporting statements/written evidence as they were never available for comment meaning I had to manage to somehow produce assignments I had never even learnt about, overnight. To summarise, there was very little support for my mental state, a severe lack of understanding and terrible communication between the department and the school.
Non-Binary	24	I had a good run in [program]; I appreciated the opportunities that were provided by my Foster-Care organisation; [organisation]. I didn't get a high ATAR, but I am grateful I graduated.
Male	20	I had a very supportive school. I should have stayed there more.
Female	19	I had loads of support.
Female	21	I had to do speech therapy outside of school and my nan and pop got extra work for me to do, but they never made me do it and [department] never checked in to make sure it was being done. [I would have liked them] to checked in a bit more and cared.
Female	22	I have completed two years at university but now I am doing something different
Female	24	I have had to take on courses that offer VET FEE as I cannot afford day care and tuition costs. I was really hoping for assistance, so I was able to further my education, now that I have the time and I am in a more stable environment.
Female	22	I just feel like there should be more planning and encouragement for young people to complete their education. It's hard to go back when you're older.
Male	24	I loved school but was just unable to maintain it.
Female	23	I pushed myself to do well; I just want to live comfortably in a supportive and safe home.

Sex	Age	Comments
Female	23	I received little to no support being a ward of the state. School also became a traumatic experience.
Female	22	I think I'm a rare one. I had a lot of people see potential in me and invest in that potential. I think kids in care deserve more investment than they're getting.
Female	19	I think if I had of had more support at my first high school when I started getting in trouble in my placements which the affected me at school I would of stayed all the way to year 12.
Female	23	I was fortunate to study at a high school that supported me and created a stable environment for me to rely on.
Female	24	I was really bad at it. I found it hard.
Female	20	I was really happy to have youth workers help me complete my homework and encourage me to go to school everyday.
Female	21	I was very fortunate and was able to use my trust account from my father to fund a private school education from grade 5 through to year 12. The school encouraged every student to attend university and obtain a degree, therefore I believe my school and also my foster family and friends had a great impact on my studies.
Female	20	I went into Uni far too quickly and was unable to complete it, as such I have no clear direction towards a permanent job.
Female	20	I wish I could do it over again with the right support systems in place.
Female	23	I wish I could go back now I'm not so angry. I wish I just had one person to tell me it would be okay later in life and that I needed to finish what I was doing.
Female	18	I wish I could have had more support re mental health at school, I felt like worker's mental health approach was degrading and "band-aid solution", instead of addressing mental health problems they wanted to buy me bio-oil and that was their solution. Bullying support wasn't really effective.
Female	21	I wish I had learned more.
Male	21	I wish I had more support. I was smart and the work was too easy for me, so the work wasn't a problem. I was bullied a lot growing up, so I became a bully to prevent me ever getting hurt again. in doing so it created many problems at school, and I was getting suspended a lot and have been expelled from five schools. The principals always worked in conjunction with the counsellor and were left under the impression that I was troubled and should be free to break rules and walk out of class. It was almost as if no one cared, which I suppose made me act out more, whilst crying for attention.
Female	18	I wish I'd had experienced proper schooling in resi care. YP need a lot more support from the Dept. to be able to do their homework and to be able to commit to it.
Female	25	I would advise all young people to stay at school.
Female	25	I would of preferred to be able to stay at the same school so that I had some consistency at school while I was being moved around from home to home, unit to unit, while I felt like I had nothing.
Male	19	I'm blessed and very fortunate to have been given all the opportunities and support in my life so far, from my carers, relatives, and school communities. I can only hope that my future in studying and other areas of life can be as fruitful and fulfilling as it has been so far.
Female	18	I'm just stupid; school would have been good for me.
Male	19	If anyone f***** it up I did. I worry about street kids because they can't go to school. Other services don't know how good they have it. They can get money and support; it's handed to them on a silver platter for free. All they have to do is impress their workers, go to school, don't run away, do as they ask. It's almost like brain washing. Resi can be like prison, like a boot camp. You can't leave. You have to ask even if you are 16 and want to go to a park. It depends heaps on which unit you are at. We don't pay a cent. Our parents don't even pay for it. I could go to Harvard and the agency would pay for it. As much as they give us all this stuff, we are expected to go out into the world and don't know how to live. I'm almost 20 and I don't know how to pay a bill. I got put into my own house and pretty much starved myself because I couldn't feed myself or pay for food. They paid my bills at the start, but I didn't even know how to call a plumber. It's like being given a car and being told "teach yourself how to drive" or being given a gun and told "be the next best shooter."
Female	24	If [department] had changed my school when I started being assaulted and bullied, I might not of needed to leave high school and may of been able to complete my year 12 and have a better chance at other things.
Female	24	If the carers listened to me asking for a tutor, it would of helped more.
Male	22	I'm still deciding what I want to do; I'm not sure.
Male	25	Inspiring teachers, peers, leadership summits, and career plans can make a massive difference. Work exposure and earning an income can be a great motivation to want to learn more . Workplace learning was valuable.
Female	24	It could of been much better. I was let down by schools; also, with bullying not looked into. Targeted for not having right uniform.
Female	25	It has been a challenge, but I never gave up.
Female	25	It is extremely difficult to complete secondary school while in constant crisis. University was an achievement I never thought possible. Now that I'm here, though, I realise that a lot of skills needed to succeed here are not compatible with my upbringing. I feel like a massive failure.
Female	19	It sucked until I had a worker that helped me enjoy it again.
Female	21	It was a bit difficult when I went into care and didn't have a family set-up. School wasn't a priority in that situation.
Male	21	It was extremely boring.
Male	20	It was good until I was in year 12.

Sex	Age	Comments
Male	20	It was hard at times; felt like sometimes the world was against me but not completely.
Female	22	It was hard but I stuck in and finished.
Male	20	It was shit cos I was excluded for being a foster kid.
Female	20	It was shit. It was disruptive. I went to nine different schools—I just left. It felt like people didn't notice if I was there or not.
Male	21	It was terrible because of the bullying, but that also gave me the opportunity to focus on my studies and do well.
Male	21	It was up, it was down, but I got through it with the support of my workers and family.
Male	19	It's been hard to get paid jobs since I left school (just finding a job generally). I got kicked out of TAFE but I'm not sure if I want to go back.
Female	23	It's really hard to work when you have a small child because childcare costs are very expensive, and it takes up a lot of my Centrelink and income. There should be more support for kids in care with learning disabilities.
Female	24	Just I had to do it all myself.
Female	20	Lack of communication between school and the department, meant that I struggled at school.
Female	21	Loved TAFE because it was hands on also. School wasn't very fun because every time I had a "bad day" I had to go to the counsellor.
Female	21	Moving placements meant that I had to move schools a lot.
Female	25	Mucked around a lot in school. Didn't like my subjects, I couldn't do it. Caseworker thought it would be good to do TAFE and work experience. Did that (two courses) and did dog grooming for two weeks. Missed out in Year 10 about how to do resumes and lots of homework and couldn't catch up. Asked for a tutor and that didn't happen. Caseworker said "we'll work something out" but nothing happened. Youth worker tried to help but other kids kept interrupting. Couldn't concentrate because of mental health as well. Exams weren't too bad but in Year 11 I struggled massively. Did 100 hours horse racing work experience working 5 am to 12 then meant to go back to school, but what's the point of going to school for two hours. Asked social worker for other work experience but couldn't focus because I had to catch the bus and I couldn't have help visit me at the residential. If there was more funding young people would be happier with help with their schooling—they paid for horse riding—but I think they need to focus funding more on school. You get treated differently; it's embarrassing getting picked up by residential workers and when you get in trouble, and that's why I got picked on—I know someone who died because she got picked on because she is in foster care. I wish I could go back but now I have to come up with my own money for the courses and it's too hard.
Female	20	My education was encouraged by my carers. They had high expectations of me. I was really pushed to meet these expectations.
Female	19	My education was tough because I was living by myself in the most important years of my high school years 11 and 12.
Female	20	My performance at school was greatly impacted by my mental health decline. I would have achieved better grades if I had support for my mental health and more understanding and less pressure from my carer.
Female	18	My school experience was horrible.
Female	22	My support service really helped me get through my senior years at school. I would suggest that the department communicate better with the school, so teachers have a better understanding as to why sometimes the young person doesn't have the correct supplies or uniform.
Female	22	Need a good support system. Consent in school. Funding for school camps.
Male	21	No, I think I've said it all. My high-school experience was okay because they supported me when I went into care.
Female	21	Not having additional support really negatively impacted me and my education.
Female	20	Not particularly. It was a bit miserable.
Female	23	Not really, besides going to two different primary schools and three different high schools.
Female	24	Not really. More support would be better. Having someone to support you and guide you that you can look up to. Going out into a whole new world without parents takes a lot of courage.
Male	23	Overall well supported and willing to go.
Female	19	School itself was great and they were more supportive, but outside of school I wasn't listened to or supported to go.
Female	24	Schools should be providing a healthy meal for every child every day. Non-religious youth workers also at schools in the [state], as not everyone will be comfortable with this.
Female	18	Sending a child to a boarding school is a great idea. I went and had a great experience.
Female	22	Serpentine Jarrahdale Grammar School I owe so much to them.
Female	25	So, more education options to support schooling.
Male	18	Someone living in care in [program] MUST have a mental examination by a professional to see if it is suitable for them to continue doing program]. If they are not capable mentally at that time, they should be given some time off to help them develop some capability of doing [program]. Otherwise, if they are not ready, it is just going to create more mental harm and damage to the individual and create more mental harm to others around them with their state of mind/mental energy.
Male	18	Sometimes I got help with moving towards TAFE; always knew that working with children is my passion.

Sex	Age	Comments
Male	19	Teachers at alternate schools need to put more effort into the kids.
Male	21	Teachers were unhelpful. Some were good. Didn't mind school, teachers didn't go at my pace, too fast.
Male	24	That all agencies, government and non-government, need to sit down and work out an education plan with all young people. We want to study, and we want to attend school, but they need to help us with it.
Male	20	The experience would be an easier one with counselling and additional help with uni fees and transport.
Female	19	The school in youth justice was very helpful. I had choices to pick what I want at your pace.
Female	18	The school supported me.
Male	20	The school was bad.
Female	25	The support and advice I received from direct care staff (from my long-term family group home placement) has stayed with me throughout my adult life. They taught me that knowledge is power and always pushed me to be my best.
Female	23	There needs to be more support. Tutors etc.
Female	22	There needs to be transparency with [department] and teaching staff, as confidentially as possible. So that teachers are aware of the impact my trauma had on my ability to concentrate and participate in school. However, this requires a caseworker to have that level of insight and the interpersonal skills to discuss this with teaching staff and the organisational skills to make time amongst their busy caseload to do so.
Female	18	There was not nearly enough support for me to succeed in school by [department].
Female	22	They work with our carers about our proper education.
Female	24	Too so many different schools, it was difficult to trust, settle in, and make friends.
Male	23	Too many schools.
Female	23	Tutoring should be more available.
Male	24	Was good.
Male	22	Was very poor. If only I had the carer I had last I would actually be something I'm proud of.
Female	18	Why is a young person in care with Autism who has completed year 12 and seeking university over-looked/rejected for a placement in a student placement, yet others that are using substances and have poor attendances get placements without question?
Female	20	Wish I stayed in school.
Male	20	With the constant moving around, I found this really disruptive to complete school. The only stability I got was the last four years of my time in care. However, I felt this was too late because then my carers were more focused on getting me ready for life after care and not on school; more so the skills on independence.
Male	19	Wonderful, supportive teachers. Supportive at TAFE.
Female	24	Would have benefited from more financial support (i.e., paying for activities through ESP as I missed out in these activities due to carer not wanting to pay).
Female	22	Would like to of finished my TAFE course.
Female	18	Year 12 is difficult enough. Adding the stress of living independently made it more difficult.

Appendix F: Final Comments on the Care System

Sex	Age	Comments: Any Other Thoughts
Male	19	Caseworkers don't have much time to communicate to kids and carers "left in the dark"; see them "once in a blue moon"; too many jobs (children on case load), new caseworkers all the time; people don't get a say in their placement; hard to see people when you live far away from your friends.
Female	19	Caseworkers need to actually check up on the children more than every couple of months. and respond to the kids within a week.
Female	21	Child Protection should have a national approach.
Female	24	Communication with the young people is really important, it is their life so allow them to be more involved, the caseworkers and carers should be actively seeking out their involvement. Workers should be bringing up conversations with children and young people about their goals and dreams talking to them about how they can achieve it (at the same time letting the young person know it's not the end of the world if they don't reach all their goals in five years).
Female	24	Covered it!
Female	19	[Department] needs to focus on the kids themselves as individuals and not just focus on their records or case files,
Female	20	Don't move young people around as much.
Male	18	Encouraging siblings to be together needs to get better, the care system should not allow separation.
Female	25	Fix the system.
Female	23	Foster care is only reason I am here today thank god for everyone that fosters.
Female	19	Get more feedback from current and ex GOM to mould a system that better their lifestyles in care!
Female	19	Had a good experience with the care system.
Male	18	Having one house, and all things that normal young people have.
Female	25	Having tutors when doing courses. Like beauty courses.
Female	21	Help the kids and young adults. Don't just leave them on their ass.
Male	19	I don't know, just do a better job. It feels like they didn't. Be more understandable and don't say you understand when you don't.
Female	22	I feel as though they need to focus on the kids more, like I get they take as for safety reasons but once they do that, they stop really caring in my opinion.
Female	21	I had a good experience of the care system. I really liked my caseworkers, resi workers, and foster carers. They were all good to me.
Male	24	I had a positive experience and lived in a good family home.
Female	22	I miss my worker [worker's name].
Female	22	I reckon they are a whole bunch of idiots who need to pull their fingers out of their asses and realise what they are doing to people and actually focus on what the kids are saying and if the kids bring up that they are being hit they need to really look into it rather than sending them away or to a counsellor. They did this to me after I walked into their office with a black and a bloody nose.
Female	20	I think I have said all I can think of for 1am on a Friday morning.
Female	22	I think I've covered everything.
Male	20	I think that there could be things improved- helping young people. listen to what they need. Step in their shoes and see what they want. Don't be a bubble and block them out. It will send them down the mental state of breaking down. That was the hardest bit trying to work out if I was here or meant to be somewhere different. The fact of who you choose who you talk to and what kind of information you want.
Female	20	I think the lack of systematic support and follow up sets children who leave care up to fail. I think the department is understaffed and unequipped to handle the volume of cases.
Female	19	I think there should be more access with family in care. I would like to see my little sister more, but I don't know where she is and that she will remember me.
Female	18	I thought it was bad until I had to do it myself. It was great. But you can't put old heads on young shoulders.
Female	23	I will be forever grateful for CREATE working tirelessly to create better outcomes for children and young people in and out of care.
Female	21	I'm very thankful that I was in care, it was a much better upbringing then I would if had if I stayed with my mum. More families and children need to be looked into more closely when a claim is made. More parents need to get better checked before kids go back.
Female	18	If my family kicked me out of home on my birthday would they be deemed as a bad parent? I cannot understand what I did wrong to be treated with such disrespect and contempt. Child protection knew I was going to be homeless; they knew every services in Melbourne rejected me based on the fact I was on an order and I have Asperger's, yet nothing could be done. Leaving Care have not assisted except to place my belongings into storage for 2 months. I worry how can I continue with my studies while homeless. I live in fear everyday as this refuge states I can only stay for 6 weeks.
Male	24	It could be improved a lot.
Male	19	It could be more supportive and not so strict.

Sex	Age	Comments: Any Other Thoughts
Male	23	It definitely needs to be fixed.
Female	23	It is in desperate need of an overhaul in policy, but without it I would not be doing nearly as well as I am today. If I had stayed with my birth mother, I would never have got out of my hometown, and would probably be on Centrelink with a child by now. I am so grateful that someone was there to remove me from that situation.
Female	25	It just plainly sucks donkey's balls.
Female	25	It looks like it may get better, I hope it does. I could write an essay on the damage that happens to young people when OOHC adds trauma to previous trauma.
Female	24	It needs a bit of an overhaul.
Female	23	It needs improvement, more young people need to be given the opportunity to succeed.
Female	18	It needs to be changed.
Male	25	It needs to be fixed to support all kids experience in the homes.
Female	18	It needs to be improved.
Female	23	It needs to be wiped out and started over. It is a predatory system.
Male	21	It needs to change dramatically. I call the Frankenstein system. The reason behind this is because they've taken a person and thrown them into an abnormal environment where they expect the young person to react normally to situations and have control of emotions. Like Frankenstein, expected to carry out daily duties normally in a world/ environment that is abnormal to him.
Female	22	It sucks.
Female	25	It sucks. The whole thing is based on bullshit!
Male	18	it was a good experience.
Female	18	It's bogus but I understand that they are trying their best. I just wish that they would offer more support with mental illness.
Female	23	It's disgusting.
Male	20	It's okay, but there's always room for improvement.
Female	25	It's so shit.
Female	18	It's a joke.
Male	20	It's a shit place to grow up.
Female	19	It's a system that keeps failing.
Male	18	It's broken; stop trying to band-aid over something that needs to be stitched.
Male	18	It's shit.
Female	19	It's wrong how they split up me and my sister. We were really close. She wasn't just my sister she was my best friend. She was moved to [city] and I was moved to the country. She hasn't been the same without having her big sister, me, around.
Female	19	Just because it's a charitable service doesn't mean you can do it half-hearted.
Female	24	Just have more structure. Be there for the kids more. Help the parents better themselves so their kids have people to look back on, knowing it hasn't destroyed them. Making sure they fulfil their goals and desires. Help kids see their families so they don't forget who they are. Indigenous kids need culture so they know who they are. They get it harder because their parents are more for the grog. Educate them.
Female	23	Kids need more help with finding accommodation, furniture, food, finding work (definitely).
Female	19	Kids need permanent care and should be able to have families that make them feel like they belong.
Male	20	Learn more about life skills. I think it's broken and needs a total overhaul of how they treat the kids but also how they treat the parents. Try to help the parents as well as the kids.
Female	25	Leaving care was tough and scary; it did a lot of damage to me mentally. I think a lot of people should have a lot of support when leaving care, you're trying to find yourself. If I need help now would caseworkers help me now? The care system totally sucks they should have had more support on all levels and more funding on all levels they should have had more security. The funding sucked. They need to do more creative stuff to reflect on their life—help to do things like cook for myself. I didn't need cleaners in a residential I could have done it myself. The system needs to change so young people can do it for themselves. More pocket money; when you come home from running away, they treat you like dirt, they punish you. You have to stay in your room all day or they give you kitchen chores all day. It was horrible. The punishments are too damn harsh; no wonder people want to run away.
Female	20	Make sure you assess the carers to be sure they are not hurting the kids. If they aren't treating kids right, they shouldn't ever get kids again.
Female	25	Maybe a mentor would be good, a buddy system. Being able to make friends. Making it easier for young people to connect to each other.
Female	24	More young people need to be involved. Care and protection should have a board of young people to consult on system issues.
Male	21	My experience in care was satisfactory, but a lot of my friends didn't have a good experience. I think everyone should have a good experience in care and this could start with carers being more honest with the young people.

Sex	Age	Comments: Any Other Thoughts
Male	19	Need a new system.
Female	18	Need to get their shit together.
Female	19	Needs a major overhaul.
Female	22	Needs help more than the kids.
Female	18	No one supported me at all when I left care. Now I would say that it's about a 70/100. They need to check in more with the kids and carers. Kids tell workers things, but they don't check in and get heard.
Male	19	No support for interstate after-care. Example: QLD says you live in VIC so we can't help, but VIC says you used to live in QLD so it's their job to help; deflect responsibility.
Female	21	No. More financial.
Female	22	Please give the kids lots and lots of information about their situation. The young people are so stressed, and it really needs to be looked into.
Non-Binary	25	Please, I beseech you, listen to your people. You are supposed to be there for them. Not anyone else, them.
Female	18	Raise the leaving care age to 21.
Female	20	Recruiting process for foster carers needs to be looked at and the blue card process strengthened. There needs to be more cultural awareness for A & TSI YP and their carers, and a push for more A & TSI carers.
Male	19	Resi is a great place but only if the workers make it a great place.
Female	20	Sometimes it's the little things like culture that matter! A good care experience is not determined by whether the child drives, has an education or is surrounded by friends. It's determined by whether that child has an identity and has not lost themselves in that system. Education and all the others can come later but that may never happen if you spend all your life questioning the blank spaces from your past. Child protection must work harder to keep children and young people informed and involved in their own life. "Little" things like culture, birthday pictures, keeping their report cards, school pictures and other pictures make the biggest difference because it gives you something to date back to.
Female	19	That it needs work and they need to listen to what's wrong about the system and change it now, don't worry about the budget.
Male	25	The care experience for me has left me with enduring low self-worth, poor sense of identity, feeling defeated and like I have no bonds to people outside my family.
Female	18	The care is important because it keeps children safe, but I think they could definitely approach things better, such as not lying to the young people as we find out anyway and it just makes us angry. More rewards for good behaviour and less consequences for bad behaviour and more one-on-one time with your case manager.
Female	22	The care system needs a bigger focus on mental health; not just listen to young people but also act on the advice.
Female	24	The care system needs to be fixed.
Female	18	The department needs to listen to both foster carers and young people in care, and not to jump to conclusions before taking action that may affect relationships in the family. This may help prevent situations for example the Tia-leigh Palmer.
Male	24	The foster care system is based off the RSPCA's system of strategic care. A number and file system; the largest difference being that we are dealing with people and not animals being put down.
Male	24	The government needs to seriously listen to young people about what is affecting us, where we want to go and what support we need post-care. We are the country's future and we can't thrive without the support.
Female	24	The system always provides false hope about the children being reunited with their parents and it consistently has a bad impact on their lives when parents don't show up.
Female	20	The system is overworked and as such is failing many children; that is due to the system, not the workers. Many people do not understand this, so keep doing your best cause you have a hard job to do and you're doing well despite that.
Female	18	The system needs to be more accountable to the mistakes the NGOs make that they agree to fund. Management needs to be personally accountable for the massive mistakes under their leadership. Case notes shouldn't be the only thing referred to as truth as case workers often make notes to cover themselves.
Male	22	The workers that are employed by the care system lack empathy; without that, they cannot truly relate to us and help us truly heal. They need to spend less time ticking boxes and using the time for the children, that would be much more productive.
Male	21	There is always room for improvement, and never forget that kids are not numbers! We are people not data, correspondent to a larger picture. Get to know us personally, cause reading our file just doesn't cut it!
Male	24	There needs to be a lot of improvement.
Female	23	There needs to be more funding put into the care system, the lack of support for young people because the workers caseloads are too big. The constant movements of placement are sometimes worst abuse than when the child was at home. Department and NGOs really need to work together and not against. Most importantly it takes a village to raise a child, so the message to all workers is work together for the best wishes of the child, not just for the KPIs.
Female	22	There needs to be more support to keep siblings together. More support in process of leaving state etc.
Female	22	There should be a medical allowance that covers you till you're 25 that you can access for anything that is necessary: medication, surgery etc. but all for YP with a care experience. We shouldn't have to access TILA for medical reasons. I fear going to the dentist because it's so expensive.



Sex	Age	Comments: Any Other Thoughts
Female	24	There was and is a lot of information or services that could've or could be helpful to me now. I wish I was told about an out-of-home care plan once I left the system and about the T- something allowance. I wish I had been more supported when I left the care system and I wish I was cared for better when I was in the care system. But I wasn't and I'm not. So, I still feel lost with how to do life and how to be adult and how to be sociable. There's a lot of help I've been missed out on and am missing out. I wish I knew where to go to get the help I'm searching for. I wish I wasn't having troubles financially since I was a teen, because foster carers and others decided to stop paying for the things I needed and wanted. I wish I knew then what I'm learning about now in the care system for other children and young people. I really wasn't well looked after in the care system and I've been left to fend for myself and I don't know how. It's caused a lot of pain for me.
Female	24	There will always be room for improvement but it is good to see more and more young people are provided with a detailed T21 plan etc.
Female	18	There's too many children like me falling thru the cracks who think there's nothing worth living for anymore.
Male	19	They focus too much on trying to keep us happy rather than trying to really help us. They will give us stuff but not teach us how to pay a bill, how to transfer money, how to save money. We have to put it in money boxes and then it gets stolen so it doesn't encourage us to save.
Female	18	They need to change! The care system needs to be much better. Carers need to support the YP more and the caseworkers need more training. Carers need more support from the caseworkers in how to prepare the YP for independent life. The YP need to be given the opportunity to speak up if they are not happy about something and know that they will be listened to.
Female	18	They need to overlook the systems.
Female	21	They need to take how the kids feel more seriously, and not just listening to what policy and legislations are there that don't always help the kids. It's about understanding that policies aren't always the best for YP. Things are always changing, and they need to be more suitable to adapt to the CYP in out of home care. The needs of YP leaving care is always going to change. The funding package always needs to change, as the needs change. There needs to be the ability to have flexibility and supporting the YP. The process and application are really hard. and you always have to chase them up. It's really annoying and you have to go to your MP, lawyer to get answer and to get them to pay attention.
Female	18	They really need to support the kids that are in there more. There is a lot of judgement from some of the workers.
Female	22	They should help before they leave care and get them set up for their life. I don't want them going through what they put me through. My brother recently left care and they said he was going to help him get a house but after he turned 18 they didn't help him.
Female	25	They're just assholes.
Female	18	To the workers: Put yourself in the kid's shoes, be in the mind of the child because it JUST doesn't happen. Be there for each other; the care placement should be like a family.
Female	18	Raise the care age. And try not to move the kids around too much.
Female	20	We need more money and funding. Carers have to pay for everything, and they can't afford it.
Male	20	What needs to improve? Everything. Specifically, a more solid support system which does not allow people to end up homeless; strong education and mental health system, special physical health support because a lot of people go overboard with their weight, special help for careers and to learn serious life lessons.
Female	20	Why is every state's system different ??
Female	20	Wish they understood kids more.

Endnotes

¹ A Pearson Product Moment Correlation Coefficient of $-.62$ ($p = .000$) was calculated between the number of placements respondents reported and how they felt about the number of placements they had experienced.

² A univariate ANOVA comparing mean ratings of respondents' Satisfaction with Number of Placements by Placement Type was significant: $F(4, 310) = 10.1$, $p = .000$. M Kinship = 65.0, 95% CI [54.2, 75.9] and M Foster = 53.8, 95% CI [46.8, 60.7] were higher than M Residential = 34.8, 95% CI [27.7, 41.8] and M Independent = 27.2, 95% CI [18.9, 35.4].

³ A univariate ANOVA comparing mean ratings of respondents' Satisfaction with Number of Placements by Absence from Placement was significant: $F(1, 321) = 48.1$, $p = .000$. M Absent = 32.5, 95% CI [27.4, 37.5] was lower than M Not Absent = 60.0, 95% CI [53.8, 65.9].

⁴ Mean rating for educational experience: ACT: 42.4; NSW: 58.0; NT: 54.3; QLD: 53.0; SA: 40.7; TAS: 52.3; VIC: 50.0; WA: 52.7. One-way ANOVA result: $F(7, 313) = 0.69$, $p > .05$.

⁵ A univariate ANOVA comparing mean ratings of respondents' perception of Learning Experience by Placement Type while in care was significant: $F(2, 310) = 5.3$, $p = .005$. M Home-based = 57.4, 95% CI [52.7, 62.1] was higher than M Independent = 43.2, 95% CI [34.1, 52.2]. M Residential = 46.9, 95% CI [39.1, 54.8].

⁶ Comparison of number of respondents who completed Year 12 while living in Home-based placements, Residential Care, and Independently was significant: $X^2(2) = 21.7$, $p = .000$.

⁷ Comparison of number of respondents who completed Year 12 having experienced 1–4 placements compared with those who reported five or more placements was significant: $X^2(1) = 14.0$, $p = .000$.

⁸ The McNemar Test for related samples comparing the number of respondents who reported Youth Justice Involvement (or not) while In-Care or Post-Care was significant: $X^2(1) = 23.0$, $p = .000$.

⁹ Percentage of respondents with Youth Justice involvement: No Special Group: In-care = 34%; Post-care = 18%; Indigenous: In-care = 46%; Post-care = 31%; Other Cultural Group: In-care = 50%; Post-care = 21% (but there were only 14 in this sample). Comparison of Indigenous with non-Indigenous groups only: In-care: $X^2(1) = 3.6$, $p = .06$; Post-care: $X^2(1) = 5.2$, $p = .022$.

¹⁰ Percentage of respondents with Youth Justice involvement: Home-based placement: In-care = 25%; Post-care = 18%; Residential: In-care = 56%; Post-care = 28%; Independent: In-care = 56%; Post-care = 28%. In-care: $X^2(2) = 29.8$, $p = .000$; Post-care: $X^2(2) = 2.3$, $p = .313$.

¹¹ A one-way repeated-measures ANOVA (with Greenhouse-Geisser correction) was conducted comparing the perceived Usefulness of methods of communicating information about leaving care: $F(6, 1721) = 44.8$, $p = .000$.

¹² Mean proportions wishing for more contact: Mother = .13; Father = .15; Siblings = .34; Grandparents = .23; Relatives = .24. Cochran's Q test: $X^2(4) = 66.6$, $p = .000$

¹³ Comparisons of Indigenous and non-Indigenous respondents' frequency of achieving the following outcomes: Complete Year 12: $X^2(1) = 8.5$, $p = .004$; Absent from Placement: $X^2(1) = 8.7$, $p = .003$; Youth Justice Involvement Post-Care: $X^2(1) = 5.2$, $p = .022$; Parents: $X^2(1) = 5.3$, $p = .021$.

¹⁴ Comparison of Indigenous and non-Indigenous respondents' ratings of extent of access to Indigenous services (1: Not used at all; 6: Used very often): M Indigenous = 1.7, $SD = 1.3$; non-Indigenous = 1.2, $SD = 0.8$; $F(1, 280) = 19.9$, $p = .000$.

¹⁵ Comparison of number of respondents who reported Youth Justice involvement in 2009 and 2019 showed a significant difference: $X^2(1) = 9.6$, $p = .002$.

¹⁶ Comparison of number of respondents who reported completing Year 12 in 2009 and 2019 showed a significant difference: $X^2(1) = 20.4$, $p = .000$.

¹⁷ Comparison of number of respondents who reported finding suitable accommodation difficult in 2009 and 2019 showed a significant difference: $X^2(1) = 9.2$, $p = .002$.

¹⁸ Comparison of number of respondents who reported working part-time $X^2(1) = 5.3$, $p = .022$) and engaged in further study $X^2(1) = 19.7$, $p = .000$) in 2009 and 2019 showed significant differences.

¹⁹ Comparison of number of respondents who reported studying and/or working in 2009 and 2019 showed a significant difference: $X^2(1) = 23.8$, $p = .000$.

²⁰ Comparison of number of respondents who required childcare in 2009 and 2019 showed a significant difference: $X^2(1) = 5.5$, $p = .019$.



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