

Wards leaving care

Follow up five years on

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Young people 'ageing out of care' have to manage multiple transitions – leaving 'home', moving into independent accommodation, leaving school and trying to find work or some other means of support, becoming financially independent, and often becoming parents – at a much younger age and with fewer resources and supports than other young people their age. This paper presents the findings of the fourth interview in the follow-up to the Longitudinal Study of Wards Leaving Care study in New South Wales, and focuses on three main questions. How were these young people faring 4-5 years after leaving care compared with other young people their age? How were they faring compared with their circumstances and outcomes 12 months after leaving care? What predicted better outcomes and not-so-good outcomes? While the pattern of low levels of educational attainment, and high rates of unemployment, mobility, homelessness, financial difficulty, loneliness and physical and mental health problems was consistent with that from other research in England, Ireland, Canada and the United States, some young people were faring quite well and much better than others. Understanding why is important in trying to support young people leaving care. The paper highlights some of the implications for policy and practice.

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Young people in Australia, like those in other developed countries, are staying on at school longer, working part-time while studying, leaving home much later and returning home when they need a safe base to return to. Their economic dependence has been extended, and even those living independently often get a fair amount of support from their families. Increasingly, young people are delaying partnering, marriage and child-bearing into their late 20s and 30s (Arnett 2000; Jones 2002; Wyn 2004).

In stark contrast, young people leaving care at 16 to 18 years of age 'have to cope with the challenges and responsibilities of major changes in their lives – in leaving foster care and setting up home, in leaving school and entering the world of work or, more likely, being unemployed and surviving on benefits, and in being parents' – at a far younger age than their peers in the general population (Stein 2005, p. 17). The difficulties for these young people have been exacerbated by a major decline in the youth labour market, the extension and cost of youth training and higher education, and the reduction in universal welfare benefits for young people underpinned by the federal government's expectation that parents will continue to support their children at least to the age of 25 (Wyn 2004). This means that young people leaving care have to face these major transitions with less resources than other young people their age, especially given what for many has been a 'poor start'.

While out-of-home care can provide a turning point for children and young people by offering new opportunities, by removing them from damaging family circumstances, and providing stable and secure care, many young people leaving care have not had the benefit of stable, secure care or of new opportunities and extra supports to help them recover from a 'poor start'. The losses and disruption that being removed from their families involves are unfortunately exacerbated for many children and young people by further movement and disruption during their time in care. Multiple placements, changes in schools, neighbourhoods and communities, irregular contact with their families, the loss of friends and numerous changes of workers undermine continuity of care, stability, and young people's sense of security and identity.

Research here in Australia and in Canada, England, Ireland, and the United States has consistently shown that young people leaving care have low levels of educational

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attainment, and high rates of unemployment, mobility, homelessness, financial difficulty, loneliness and physical and mental health problems (Biehal et al. 1995; Broad 1999; Courtney et al. 2005; Kufeldt & McKenzie 2003; Maunders et al. 1999; Mendes & Moslehuddin 2006; Pecora et al. 2003; Raman, Inder & Forbes 2005; Stein 2004; Stein & Carey 1986). These findings have been reviewed and well summarised by Stein (2004).

Some, however, do well and there is now increasing interest in trying to understand why some young people do well, others less well, and some very poorly after leaving care. This was one of the main aims of the fourth interview of the New South Wales *Longitudinal Study of Wards Leaving Care* – to see how the young people were faring 4–5 years later. This paper outlines the findings, comparing their circumstances and outcomes with those of other young people their own age, and with their circumstances at the earlier interviews.

THE STUDY

Forty-seven (47) young people aged 16 to 18 under a wardship order, and due to be discharged from care over a 12-month period (September 1992 to August 1993), agreed to participate in the study. All 47 (29 young women and 18 young men) were re-interviewed for the second interview, 3 months after leaving care, but two could not be contacted for the third interview, 12 months after leaving care, and a further four were 'lost' before the fourth interview ($n = 41$).

Forty-one (41) young people therefore participated in the fourth interview, and the overall findings are reported by Cashmore and Paxman (2006a, 2006b).¹ The interviews were generally face-to-face and taped with the consent of the young person for later transcription. Most occurred in the young person's home but some were carried out in a variety of locations that included parks, cafes, schools and departmental offices. A few were conducted via telephone because of the cost and very long distances involved, with a number of young people having moved interstate by the time of the fourth interview. Two young Aboriginal women were, by their choice, interviewed by an experienced Aboriginal woman interviewer. The young people were paid \$20 per interview for their time and in recognition of their valuable contribution.

The semi-structured interviews included qualitative and quantitative questions asking about the young people's current and past living arrangements, their education and employment experience, their contact with their birth family, the availability of financial and emotional support, and their physical and emotional well-being. Several summary measures were constructed to measure *stability in care* (number of placements, and *stability* based on having spent at least 75% of their time in care in one placement); *continuity on leaving care*, coded according to whether they

Table 1. How young people were faring 4-5 years after leaving care compared with other young people their age in the NSW population*

Education	Much less likely than their 20-24 year-old age-mates to have completed Year 12: 42% of care-leavers compared with 80% of their age-mates. More likely to have had behaviour problems, to have been subject to bullying, and to have been absent from school through suspensions, exclusions and truancy.
Accommodation	More likely to be living in independent accommodation sharing with other young people, including partners, friends or siblings, and less likely to return to a 'home base' unless in stable long-term care. Less likely to be living at the same address as they were five years before, and much more likely to have been in some form of transitional housing.
Employment	More likely to be unemployed or in marginal and unskilled employment: 44% either unemployed or 'not in the labour force' <i>cf</i> 23% of 20-24 year-olds. One in four were either in full-time work, full-time study or both part-time work and study <i>cf</i> 77% of their age-mates.
Manage financially	Lower gross weekly income than that of their age-mates: only one in four reported a gross weekly income of \$400 or more <i>cf</i> one in two of their age-mates. One in three said they were worse off than others their age. More than one in two said they went without or cut back on dental treatment.
Social support and family relationships	About one in three young people had at least one parent who had died by the time of 4 th interview; only one in eight were in contact with both parents, and a third had little or no contact with their siblings. Limited social support for number of young people leaving care, with a significant minority reporting that there was <i>no-one</i> they could call on for support or to share special events with.
Partnering and parenting	Much more likely to have been pregnant or given birth before the age of 20 (one in three <i>cf</i> only 2% in general population). Even more likely to have had children by the age of 24 (57% <i>cf</i> 6.2% in general population).
Mental health	Elevated risk of mental health problems: nearly half had or were still having mental health problems including suicidal ideation, depression, substance abuse or a diagnosed mental health disorder. But most faring better 4-5 years later than just after leaving care.
Hopes and expectations - identity	In line with the traditional markers of independent adulthood: a good job they were interested in, getting married and having their own home, having children, and for some, travelling. Just over half - more women (60%) than men (38%) - expected that they could achieve their goals. Higher hopelessness 'scores' than the norm for about 20% of young people leaving care.

* Based on available figures for young people in New South Wales (Australian Bureau of Statistics 1998), and in Australia (Australian Institute of Health and Welfare 2003).

had to move home on leaving care or were able to stay on until the second, third or fourth interview, respectively; *felt security*, a simple additive scale based on a number of questions (see Cashmore & Paxman 1996, 2006a) about their sense of being loved and of belonging, and of having had their needs met while they were in care; and a measure of *social and emotional support* based on their reports of who they could call on for support four to five years after leaving care (e.g. parents; older adults such as grandparents and aunts/uncles, foster carers, partner's parents, and workers and older friends/mentors; partners; siblings; similar aged friends; and other networks such as church, sporting or other community organisations, and people at work). The final measure was their overall outcome, a summary measure of how well they were faring four to five years after leaving care, comparable to McGloin and Spatz Widom's (2001) measure and Pecora et al.'s (2003) 'success index'. This was calculated by giving each young person a score of 1 ('successful') or 0 ('not successful') for each of the various domains of 'adult functioning', and adding these to give a score ranging from 0 to 7. The domains (and the criteria for 'success' warranting a score of '1') were: employment (employed or studied throughout or through most of the period after leaving care); stability of housing (never homeless); education (completed Year 12 or involved in further education, e.g. TAFE, university); substance use (no self-reported problems with alcohol or drugs); mental health (no reported depression or suicide ideation); criminal behaviour (no admissions/self-reports, no convictions); relationships (not violent or troublesome).

HOW WERE YOUNG PEOPLE FARING 4-5 YEARS AFTER LEAVING CARE COMPARED WITH OTHER YOUNG PEOPLE THEIR AGE IN THE GENERAL POPULATION?

The findings of this study are quite consistent with the findings from a number of studies over the last two decades in the UK, US, Canada and Australia that have clearly demonstrated how poorly equipped young people leaving care are to cope with the transitions they have to make in a short period of time (Courtney et al. 2005; Sinclair et al. 2005; Stein 2004). Table 1 provides a summary of the comparisons across various aspects of their lives for this cohort of young people leaving care with other young people their age in the general population in New South Wales or Australia, based on available figures (Australian Bureau of Statistics 1998; Australian Institute of Health and Welfare 2003; Cashmore & Paxman 2006a).

These comparisons clearly indicate that many young people leaving care are not faring well relative to other young people their age; as a result, their life chances are diminished by poor educational attainment, marginal employment, short term and poor quality accommodation, poor mental health, and limited social support. What is less clear is the extent to which this disadvantage accrues before they enter care.

Regardless, the experience of being in care has not compensated sufficiently for earlier disadvantage and young people leaving care are significantly disadvantaged on leaving care compared with their age-mates.

HOW WERE YOUNG PEOPLE FARING 4-5 YEARS AFTER LEAVING CARE COMPARED WITH 12 MONTHS AFTER LEAVING CARE?

In relative and equity terms, it is clear that the circumstances and life chances of young people after they have left care are significantly poorer and the challenges considerably greater than for other young people their age in the general population. There are, however, some indications that some of these young people were faring better at the fourth interview 4-5 years out of care than they were 12 months after leaving care. As Table 2 shows, on a qualitative measure of how well these young people were faring (based on an agreed coding by both authors and interviewers), about half were faring quite well, with two-thirds of these judged to be doing better at the fourth interview than they were at the third. Half had significant problems in one or more of the areas included in Table 1 but only five were seen to be doing worse than they were at the earlier interview. The common thread for those who were faring well, and comparatively better than they had at the earlier interview, was that they were more settled in employment or in work and training, and had the support of an older adult. There was little difference in how mobile they had been in the time between the third and fourth interviews, but those who were doing better had fewer placements in care and had made fewer moves overall since they left care.

Five young people (three young men and two young women) were coded as faring worse at the fourth interview than they were at the earlier interviews. Their stories and their circumstances were quite different with few common threads. The three young men relied on casual employment and both young women had children without a supportive

Table 2. How young people were faring 4-5 years after leaving care compared with 12 months out of care

	Female	Male	Total
Faring well			
Better than at 12 months	8	4	12
Same as 12 months	5	2	7
Significant problems			
Better than at 12 months	5	1	6
Same as 12 months	8	3	11
Worse than at 12 months	2	3	5
TOTAL	28	13	41

partner. None had strong social support and three had significant problems with drugs and alcohol.

WHAT PREDICTS HOW WELL YOUNG PEOPLE ARE FARING 4-5 YEARS AFTER LEAVING CARE?

While the overall picture of their circumstances and outcomes after leaving care is fairly bleak, these young people are a mixed group and some clearly fare better than others (Cashmore & Paxman 1996; Stein 2004). As Gilligan (2001) points out, understanding why some children and young people 'make favourable progress in unfavourable circumstances may tell us more about how to help people exposed to potentially damaging experiences' (p. 5).

Using the overall positive outcomes measure outlined earlier, 46% (13/28) of the young women leaving care and 31% (4/13) of the young men in the current study met the criteria for 'success' ('success' on 5 of the 7 domains of functioning); adopting a stricter criterion of success on 6 of the 7 domains meant that 43% (12/28) of the young women but only two (15%) of the young men met the criteria for 'success'. The gender difference in favour of young women is consistent with McGloin and Spatz Widom's (2001) findings for both their abused/neglected group and their control group, and is in line with Stein's (2004) conclusion from a review of various studies that young women were faring better than the young men after leaving care.

A series of bivariate analyses (correlations, t-tests, and one-way analyses of variance) examined the relationship between young people's overall 'outcome' 4-5 years after leaving care and the various aspects of their in-care and after-care experience in separate analyses. The significant factors from these analyses are shown in Table 3, and also those that were included in the final regression model reported in Cashmore & Paxman (2006a).

The main finding is that there were factors at each 'phase' –

Table 3. Significant predictors of after-care outcomes

FACTORS	Sig (p<)
In care	
• No long delay in entry to 'wardship'	.02
• Number of placements in care	.001
• Stability in care (at least 75% of time in one placement)	.003
• 'Felt security' in care (felt more secure) *	.0001
• Rejection by family/foster carers (trend)	.10
• Fewer problems in care	.001
Leaving care	
• Age at leaving care (18 rather than 16, 17 years)	.028
• Attitude to leaving care (say 'ready' 12 months on)	.003
• More years of schooling before leaving care	.0001
• Continuity in 'placement' beyond care *	.003
After care	
• Social and emotional support esp older adult support *	.001
• Availability of financial help	.022
• Stable accommodation (fewer moves) *	.001
• Hopefulness (Lower on Becks' Hopelessness scale)	.008

* These factors were included in the final model as a result of logistic regression analyses.

in care, leaving care and after care – that were significantly associated with more positive outcomes for young people 4-5 years after leaving care. This does not mean that the association between these factors and longer-term outcomes is necessarily causal or that the two are directly linked. It may be that the linkage is indirect. For example, the more problems these young people had while they were in care, the lower their overall 'outcome' score. But those who had more problems also had more placements while they were in care (Pearson $r = .42$, $p = .01$) and felt less secure in care, and both stability and felt security were in turn associated with more positive outcomes. It is clear that these factors are inter-related and that the relationships between them are quite complex.

In-care experience and later outcomes

One of the main findings of the report of the first three interviews (Cashmore & Paxman 1996) was that the stability of children's placements while they were in care was associated with how well they were doing a year after they left care. In particular, young people who had had one placement that lasted for at least 75% of their time in care were more positive about their time in care and had better outcomes 12 months after they left care. For example, they were more likely than the young people who had not had a long term stable placement (lasting for 75% of their time in care) to have completed more years of schooling, to report better progress at school and to say that their needs had been met while they were in care. They were more willing to ask for financial and emotional support especially from their foster carers, and indeed were more likely to have someone they could call on for such support. They were also less likely to say that they had missed out on affection while they were in care and less likely to report having thought about or attempted suicide throughout and up to 12 months out of care.

Four to five years after leaving care, stability and the number of placements were still significant, but 'felt security' in care was a more significant predictor of longer term positive outcomes ($p < .0001$) than stability; the strength of the association between 'stability' and later positive outcomes was markedly reduced when the level of felt security was taken into account. Importantly, young people who reported that they had felt secure with or loved by both family members and their carers had the highest 'overall outcome' scores, but workers also were a valuable source of security for some young people (Cashmore & Paxman 2006b).

Neither the age that children entered care nor the age they became wards was associated with later outcomes. Delayed entry to wardship after earlier entry to care was, however, significantly

correlated with the 'overall outcome' measure. The longer the time between children's first entry into care and finally becoming wards, the lower their overall 'outcome' score ($r = -.36, p = .02$).

Leaving care experience and later outcomes

Three factors relating to the timing of leaving care were significantly related to later positive outcomes (Table 3). Young people who were under 18 when they left care had significantly lower 'overall outcome' scores 4-5 years later than those who left care at 18, consistent with the findings of Dixon and Stein (2005). While their attitude to leaving care at the time they left care was not significant, 12 months later those who said that they had not been ready for it were doing more poorly than those who said in retrospect that they had been ready to leave care. In addition, the more years schooling young people had completed *before* leaving care, the better they were faring 4-5 years later.

Another significant factor related to the timing of transitions was the continuity of their living arrangements; the longer young people remained at their in-care placement after leaving care, the more positive their overall outcome score ($r = .46, p = .003$).

After-care experience and later outcomes

The stability of living arrangements after leaving care was also associated with better longer-term outcomes (Table 3). The more moves young people made after leaving care, as well as in care, the lower their 'overall outcome' score. It seems likely that young people who have adequate and more stable accommodation after leaving care have more opportunities to focus on work, training and relationships than those who are more occupied with finding somewhere to live. It is also likely that those who have jobs, and the support of others including partners, can afford better quality and more secure accommodation.

In line with the importance of 'felt security' in care, young people who reported that they could call upon a range of other people (family members, former carers, networks) for social and emotional support, and for financial support, after leaving care were faring significantly better 4-5 years after leaving care than those whose level of perceived support was less (Table 3). This was also related to the level of 'felt security' in care; young people who had felt more secure in care also felt they had more supports available to them after leaving care. In addition, those who felt more hopeful were also faring better. Of course, the direction of these effects is open to interpretation and may operate in both directions, or in more complex ways. Young people who have the support of others and feel supported may be less likely to be exposed to or experience adverse outcomes, and young people who are faring well may be more likely to attract and retain the support of others. The relationship may also be more complex than this, involving interactions which may

combine in various ways with social support acting as a buffer depending on, for example, young people's sense of security or their trust in others (Gore & Eckenrode 1994).

WHAT ARE THE IMPLICATIONS FOR POLICY AND PRACTICE?

The findings from this follow-up study indicate that how well these young people were faring 4-5 years after leaving care was a function of a complex interaction of factors relating to their in-care experience (and their experiences before coming into care), the timing and circumstances of their transition from care, and the extent of the supportive network they had around them in the period after leaving care.ⁱⁱ This means that improving the long-term outcomes for children and young people who have been in care involves much more than the immediate leaving care transition period. The focus must also extend to the significant predictors that have emerged from this study (which are consistent with other research findings) across the in-care, leaving care, and after care periods (Table 3). The cumulative impact of adverse circumstances, fortunately leavened by positive experiences for some young people, helps to explain why there are no short term 'simple fixes' (Stein 2005). Positive long-term outcomes for young people leaving care and after care are built on a secure base nurtured by stability and quality care for children while they are in care, to help compensate for the adverse circumstances that brought them into care.

In care experience

Stability and, more importantly, a sense of security in care are the 'foundation stones' of more positive outcomes (Stein 2005, pp. 4-5). 'Stability on its own is not the end of the story' and is not necessarily desirable in itself if the child is unhappy or the placement does not meet the child's needs (Jackson & Thomas 1999). It is important because it allows children to 'put down roots' and develop a network of relationships and because it is likely to be a pre-condition for continuity in schooling, friendships, health care, and familiarity with the neighbourhood and local community.

Clearly then the focus for policy and practice needs to be on those factors that promote stability and make children feel more secure. Stability in care is possibly more easily amenable to influence by policy and practice than 'felt security', and there is a considerable literature that points to the factors that promote or hinder stability (summarised well by Jackson & Thomas 1999). Arguably, stability should be the 'default option' in policy and practice, and children should be moved only when it is necessary to do so in their best interests, and not for 'financial or administrative reasons' – as is the case, for example, in Norwegian policy and practice whereby 'children's right to continuity and stability must be the primary goal of all attempts at intervention' (Stein 2004).

If stability is a necessary but not sufficient condition for feeling secure, the issue then is how to translate stability into security so that young people leaving care have a safety net of supports around them that they can trust and are willing and able to access. The most likely means is through the continuity of relationships, acceptance, and the normality of their daily lives – and continuity which does not end on their 18th birthday. Placing children with their siblings and facilitating contact with family members, in line with the child's wishes and best interests, allows children to have some continuity in the relationships that matter a great deal to them. Keeping children at the same school – as far as possible – allows them to maintain their friendships, familiarity and connection with the local community. Ideally, what they need is a family where they are cared *about*, listened to, and treated as one of the family – a place where they can feel at home and that this is 'their home'. Because children in care have almost always experienced the pain and loss of separation or rejection, this may take some time and it will also require a great deal of sensitivity, acceptance, emotional availability, patience and skill on the part of carers and workers. Schofield et al. (2000) provide very good guidance for carers, based on attachment theory, on how to build relationships and provide a secure base for children in foster care (see especially chapter 10). This entails helping children to make sense of their past and to cope with all the issues associated with being in care, but above all to *feel* secure and 'normal'. What children and young people say they appreciate most about being in care is having someone who cares, someone to talk to, and the normal or 'humdrum' aspects of everyday life (New South Wales Commission for Children and Young People 2002; Ward, Skuse & Munro 2005). Relationships are what matter (Sinclair et al. 2005).

Leaving care

The major issue for young people leaving care is the need to negotiate a number of major changes in their lives earlier, with fewer resources, and in a much shorter period of time than other young people their age. There are several ways of assisting young people leaving care. These include delaying or staggering the transitions, planning for and preparing young people for the transitions to ensure they have the life skills to manage greater independence, and making sure that they have adequate support and continuity of connections and relationships.

One possibility would be to support young people in stable foster care beyond their discharge from care. In the UK, for example, the practice of re-designating foster placements as supported lodgings effectively extends support for young people in care; and in the US, some states delay the transition by not discharging young people in care until the age of 21. Recent research findings indicate the value of these approaches (Broad 2005; Courtney et al. 2005; Stein

2004). Courtney et al. (2005) report that young people who remained in care beyond their 18th birthday were ...

... more likely to have received services to prepare them for independent living, to be continuing their education, and to have access to health and mental health services. They were also more likely to be working or in school than those no longer in care even after controlling for a variety of factors that might explain this difference.

In addition,

... females who remained in care were less likely to become pregnant than those who had left. Remaining in care was also associated with a decreased risk of economic hardship and criminal justice system involvement (p. 72).

These findings indicate both significantly better outcomes for the young people involved as well as real cost-benefit savings to the state.

Clearly not all young people leaving care are living with foster carers who are both willing and able to accommodate young people continuing to live with them for extended periods, and not all young people would want to do so. Some foster carers already provide continuing support but others would be keen to continue their support if they could afford to. What might make a difference, according to the foster carers in the Sinclair et al. (2005) study, was financial help, especially for further education and support, as well as a change in policy and in the expectation that young people should move on. What we need now is some analysis in Australia of what would make a difference to foster carers – and to young people – to enable their support to continue.

Appropriate after-care support

While there are a number of pathways from being in care to leaving care and after, and a range of needs that come with these, one universal factor, and one which emerges from a variety of studies, is the importance of positive and supportive relationships. A number of studies have indicated that the presence of at least one supportive adult can make a very significant contribution to the resilience of children and young people in adverse circumstances (Biehal et al. 1995; Schofield 2002, 2003; Sinclair et al. 2005; Stein 2004; Werner 1990). The current study is no exception. The level of social support, as perceived by the young people involved, was associated with significantly better outcomes four to five years after these young people left care. Similarly, in Sinclair et al's (2005) study, one of the three factors predicting how well young people were doing after leaving care in their study was:

... a strong attachment to at least one adult ... no doubt reflecting the success of those who had achieved good relationships with their partner and their partner's family, who had found a member of their family from whom they could get

genuine support or who had a continuing relationship with their foster family (p. 211).

Sinclair et al. (2005) concluded that their findings raise questions concerning current policies for the after care for young people:

Emphasis is rightly placed on education, employment and the development of leaving care teams and various forms of mentoring. *However, the things that are likely to matter most to young people are their relationships, their well-being and the troubles which come upon them* [emphasis added] ...

More specifically, former foster children need to have someone, often a former foster carer, on whom they can fall back, adequate income guarantees when the job goes sour, a guarantee that they will be supported to get the training and keep the accommodation they require, and a chance to talk over the often troubled and confused relationships that continue to damage their lives (p. 212).

Sinclair et al. (2005) stated further that their case examples provided 'impressive evidence that foster carers can meet this need' (p. 263), as indeed was the case in the current study, indicating again the value of supporting those foster carers who are willing to continue their support.

Where foster carers or a member of the family are not available to play this role, young people leaving care in England and Wales have 'personal advisers' who are mandated under the *Children (Leaving Care) Act 2000* to support them. There are also a variety of mentoring schemes in the UK but these options are generally not available to young people leaving care in Australia (Mendes & Moslehuddin 2004, 2006). Several non-government services in Victoria and Western Australia, however, provide mentors for young people, and specialist after care services in New South Wales, funded by the Department of Community Services, provide some after-care support. This includes helping young people find and re-establish relationships with family members. Re-establishing broken relationships, however, is no easy task and it often takes longer to deal with unresolved issues, including the reasons that these young people entered care, than the available resources allow. There has as yet been little or no evaluation of these services.

The need for an inter-agency approach

Finally, it is clear that the various inter-related needs of young people leaving care cannot be met by any single government department (Pinkerton 2005). Young people who have been in the care of the state need, and have a right to expect, some priority of access to (State and Commonwealth) government services to meet their needs because they are more vulnerable as a result of their experiences and do not have the family and other supports that others their age generally have available to them. They need priority access to affordable and stable housing, income

support, assistance with the costs of education and further training, dental treatment, physical and mental health care, access to information and their files, and guidance and support. Commonwealth funding in terms of income support, rent assistance and meeting the costs of education and training is crucial because so many of these young people are in marginal employment and cannot meet the costs of further education and training.ⁱⁱⁱ As Broad (1999) concluded in relation to young people leaving care in the UK:

The question of financial support to young people leaving care, together with ongoing professional and personal support, is at the heart of any move away from public care. Without such supports and policies of social inclusion, they are being condemned to live in poverty, and will almost inevitably continue to require but be unlikely to receive, high levels of transitional financial and personal support from the state, family and friends (p. 89).

Recent studies of the long-term costs of not providing for young people leaving care make it clear that the costs are not confined to the young people involved, but have wider flow-on effects to their families and communities as well their parenting and future earning capacity (Raman, Inder 7 Forbes 2005). ■

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ⁱ A further 44 young people also due to be discharged from wardship at the same time were not able to be interviewed because they could not be contacted before being discharged (22, 50%) or after they agreed to participate (13, 29.5%); nine young people (20.5%) refused to participate. An analysis of the departmental case files for all the 91 young people leaving care in this cohort indicated that those who were interviewed were representative of the overall cohort in demographic terms (age, gender, age on entry to and on leaving care) but the non-interview group had more placements in care (an average of 8.2 compared with 5.3), and a greater prevalence of behaviour problems, especially 'running away' or 'going missing' behaviour, and school suspensions than the interview group (54% compared with 38%). This means that the findings from the interview group are likely to under-estimate the difficulties that the young people leaving care in the non-interview group faced. In addition, young people's participation in the study means that they also had some access to support that others might not have had. For ethical reasons, we provided young people who needed help with information about sources of assistance available to them.

ⁱⁱ The experiences that children had before entering care, and the reasons that brought them into care, as well as the personal characteristics of these young people – including their temperament and skills – are also likely to be important factors but they were not included in this study.

ⁱⁱⁱ The Commonwealth government currently provides a Transition to Independent Living Allowance (TILA) of up to \$1000 on a one-off basis which can be used to assist young people leaving care. 'This can include making a contribution to the costs involved in starting employment, education or establishing a household. It may also include life skills courses to provide young people with the skills to live independently' (Information from FACS website accessed Dec 2005) (<http://www.facs.gov.au/internet/facsinternet.nsf/content/tila.htm>)

In terms of the establishment costs of young people leaving care, this falls well short of the real costs of setting young people up in an independent accommodation with, for example, a fridge, a bed, bedding, some furniture, cooking utensils, cutlery and crockery as the bare minimum.