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INVITED COMMENTARY by Philip Mendes

on 'Beyond safety and permanency: Making well-being a focus of policy and practice for children in state care' by Mark E. Courtney

Mark Courtney's argument in his paper *Beyond Safety and Permanency* seems to reflect the fact that most child welfare systems are crisis driven, and tend to prioritise the rescuing of children and young people from abuse and neglect, rather than the provision of holistic support to those already in substitute care and/or those transitioning from care. In short, Mark is questioning whether child welfare interventions are effective and actually produce better outcomes for the children who are rescued than if they had been left with their original carers.

My particular interest is in leaving care policy and practice, and hence I will concentrate my comments on Mark's third category: foster youth transitions to adulthood.

His reflections on the US system are relevant to us because:

- Both the US and Australia share similar federal legislative frameworks for state care whereby the individual states maintain distinct child welfare systems;
- Research depicts care leavers in both countries as being disadvantaged and having significantly reduced life chances in areas such as housing, mental and physical

health, education and employment, and family and community relationships;

- Both countries have failed to provide consistent and adequate national standards and funding for care leavers, although the US Foster Care Independence Act does at least provide a national benchmark even if there is significant variation in individual states;
- Both place greater emphasis on preparing young people to be self-sufficient, rather than the state acknowledging its responsibility to provide ongoing support to care leavers (Mendes 2005).

The International research summarised by Stein (2008) suggests that both countries need to address three components of the care experience in order to improve outcomes: improving the quality of care; a more gradual and flexible transition from care; and more specialised after-care supports.

The first is improving the quality of care as positive in-care experiences are essential in order to overcome damaging pre-care experiences of abuse or neglect. This involves providing stability and continuity, felt security in care in terms of being loved and belonging, a positive sense of identity, assistance to overcome educational deficits and holistic preparation (Cashmore & Paxman 2006). As Mark Courtney argues, those young people who are enjoying good social, emotional and educational progress prior to leaving care are far more likely to succeed in their post-care lives. But we can't just measure children's progress at the age of 15 or 16 years and then stop because, if we do, it is a bit like a football team which plays two quarters of a Grand Final, but fails to play the last two quarters which actually decide the outcome.

The second component is the transition from care which includes both preparation for leaving care, and the actual moving out from the placement into transitional or half-way supportive arrangements from approximately 16-21 years. This transition needs to be less accelerated and instead become a gradual and flexible process based on levels of maturity and skill development, rather than simply age. Care leavers need to be given the same psychological space as all young people to explore a range of interpersonal and identity issues well into their twenties.

The third component is ongoing support after care till approximately 25 years of age. This may involve a continuation of existing care and supports and/or specialist leaving care services in areas such as accommodation, finance, education and employment, health, and personal and family support networks. These services have been introduced in most Western countries as a result of a number of factors, including the influence of the United Nations Convention on the Rights of the Child, and also hard economic evidence of the costs of failing to support care

leavers given that they make significant and on-going demands on income security, housing/homeless support, health and welfare, criminal justice, and other crisis intervention systems.

In summary, we need to end any notion that care ends at 16-18 years of age. And we need to end the assumption that leaving care and after-care supports are simply half-hearted add-ons to be offered separately, if at all, to in-care supports.

Rather, for those children who enter long-term care, we need to be planning from the very beginning the preferred outcomes for these children as they transition at 18-21 years. This means incorporating leaving care and post-care supports formally, both via legislation and policy into the existing care system, and so ensuring that the state care parent provides the same ongoing financial, social and emotional support and nurturing offered by most biological families.

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