

Moving from dependence to independence

A study of the experiences of 18 care leavers in a leaving care and after care support service in Victoria

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Young people leaving state out-of-home care are arguably one of the most vulnerable and disadvantaged groups in society. Many have been found to experience significant health, social and educational deficits. In recent years, most Australian States and Territories have introduced specialist leaving care and after care programs and supports, but there has been only limited examination of the effectiveness of these programs. This paper examines the experiences of a group of young people involved in the leaving care and after care support program introduced by St Luke's Anglicare and Whitelion in the Victorian town of Bendigo. Attention is drawn to the impact of some of the key program initiatives around accommodation, employment and mentoring. Some conclusions are drawn about 'what works' in leaving care programs, including particular implications for rural policy and practice.

Acknowledgement

I am grateful to the Helen McPherson Smith Trust for funding the research project on which this article is based, to Sue Meade and Karen Masman for their assistance with interviews and data analysis, and to St Luke's Anglicare for their ongoing collaboration.

Young people leaving state out-of-home care are arguably one of the most vulnerable and disadvantaged groups in society. Compared to most young people, they face particular difficulties in accessing age-appropriate developmental and transitional opportunities. Care leavers have been found to experience significant health, social and educational deficits, including homelessness, involvement in juvenile crime and prostitution, mental and physical health problems, poor educational outcomes, and inadequate social support systems (Cashmore & Paxman 2006; Maunder et al. 1999; Mendes 2009a).

In recent years, most Australian States and Territories have introduced specialist leaving care and after care programs and supports. The particular focus of this research is on Victoria which legislated via the *Children, Youth and Families Act 2005* for the provision of leaving care and after care services for young people up to 21 years of age. The 2008-09 State Budget allocated \$3.17 million, growing to \$3.65 million recurrently, to support care leavers, which is in addition to the existing Office of Housing program funded annually to \$1.2 million. The Act appears to oblige the government to assist care leavers with finances, housing, education and training, employment, legal advice, access to health and community services, and counselling and support, depending on the assessed level of need, and to consider the specific needs of Aboriginal young people. The government is currently establishing a Post Care Support, Referral & Information Service in each region which includes mentoring, post care support, and information and referral, including financial assistance via brokerage (Department of Human Services 2008).

In addition, a number of Victorian non-government services have independently established their own leaving care programs, often without government funding. This paper specifically examines the services provided by St Luke's Anglicare, which is based in the rural city of Bendigo. St Luke's introduced a holistic Leaving Care and After Care Support Service (LCACSS) in 2003 with the initial assistance of the Colonial Foundation for a two-year period. This service provided a range of assistance including case management, housing support, family reconnection, and living skills education. St Luke's placed a particularly strong emphasis on providing 'secure and safe housing' as a key

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component of their service (St Luke's Youth Services 2005). This is because research has established that accessing and maintaining stable and suitable accommodation is a crucial component of any successful transition from care to independent living (Johnson et al. 2009).

The LCACSS appeared to be successful in facilitating successful transitions for young people from care to independent living. As a result, the service was able to gain ongoing funding from the Victorian Department of Human Services and the Office of Housing (St Luke's Youth Services 2002, 2005).

The operations of the LCACSS, however, demonstrated some continuing service gaps in areas such as employment support and social connections/relationships. St Luke's and their partner, Whitelion, then acquired funding jointly from the Department of Human Services and the Colonial Foundation to introduce a two year Employment and Mentoring Program in August 2007 (St Luke's Anglicare & Whitelion 2007, 2008).

The employment support program was introduced because employment outcomes for care leavers tend to be particularly poor. The research evidence suggests that many care leavers need to be assisted via a structured, supported, employment program and work placement program in order to successfully pursue their career goals, and access the labour market (Dixon 2007; Mendes 2009b). The program aims to:

... provide opportunities for care leavers to experience the world of work through the exploration of vocational interests; to foster the young person's sense of self through participation in employment; to assist the young person to access employment through targeted and supported work placements; and to support the young person to maintain active engagement in the workforce (St Luke's & Whitelion 2008, p.15).

The employment coordinator uses the established Whitelion model which involves engaging with the young people and preparing them for jobs through interview techniques, developing résumés, and presentation skills. The coordinator then matches the young person with an appropriate employer, and continues to support the young person whilst they are working.

The mentoring program was introduced due to research evidence that care leavers are often socially excluded from mainstream social and economic systems. They lack the social support networks typically utilised by young people as they make the transition from child welfare dependence to adult independence. Many face independence alone and isolated without a safety net of extended family, friends and wider community supports such as neighbours, school teachers, sports coaches, and religious or cultural associates (Cathcart 2002; Mendes 2009c; Trethowan 2008).

The mentoring program aims to:

... foster the young person's sense of self; support the young person to establish independent living skills; assist the young person to access employment, education and training opportunities; and support the young person to maintain engagement and achieve positive outcomes while addressing issues of isolation, loneliness and alienation (St Luke's & Whitelion 2008, p.13).

The mentoring coordinator recruits and screens mentors for the program, identifies young people who are interested in the program, trains the mentors, and then organises community days for the young people and the mentors to meet each other. She then facilitates matches between young people and the mentors, and continues to support the mentor once the match is made.

... research has established that accessing and maintaining stable and suitable accommodation is a crucial component of any successful transition from care to independent living.

To date, however, there has been only limited examination of the effectiveness of the various leaving care and after care programs introduced by government and non-government providers (Bromfield & Osborn 2007; London et al. 2007). And there has been no specific examination of the experiences of care leavers in rural and regional locations. To be sure, some international and local researchers (Biehal et al. 1995; Cashmore & Paxman 1996) explored the effectiveness of leaving care supports in rural areas, but did not specifically distinguish in their findings between the experiences of city and rural care leavers. Maunders et al. (1999) and Allen (2003) refer briefly to the lack of services for care leavers in rural and remote areas, whilst the Centre for Excellence in Child and Family Welfare (CECFW) (2005) note conversely that rural care leavers were more likely to be involved in their local community than city care leavers. In addition, a review of the Commonwealth Transition to Independent Living Allowance suggested strong demand from rural care leavers for assistance, and some evidence that distance was a barrier to accessing support (Department of Family and Community Services 2004).

This study of the St Luke's LCACSS provides an opportunity not only to examine 'what works' in leaving care programs, but also to ascertain whether rural care leavers experience a specific locational disadvantage (Alston 2005) in accessing social and economic services and opportunities.

METHODOLOGY

This article forms part of a larger study of the effectiveness of the St Luke's LCACSS which involves consultations with key stakeholders, including service providers, members of the Leaving Care Alliance which oversees the LCACSS, and service users. Here we present the findings of the first round of interviews conducted with 18 young people between December 2008 and May 2009. A second round of interviews is being conducted in the first half of 2010.

Approximately 40 young people receive support annually from the LCACSS. The 18 interviewees were chosen purposively (Alston & Bowles 1998) because they had recently commenced involvement in either the employment and/or mentoring program, and one of the aims of the research was to evaluate the impact of those new programs. All young people who were approached agreed to participate in the research.

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All but two of these 18 young people had previously lived in out-of-home care services provided by St Luke's. The two exceptions had been in kinship placements. These young people had been referred to the LCACSS six months before their protective order expired. A Living Skills Assessment Tool was completed at this time to examine progress in the following areas: literacy, numeracy, money management, communication skills, education and work, social survival skills, knowledge of housing and community resources, domestic living skills, nutrition, hygiene and grooming, risk behaviours, self care and identity. This Tool was then used jointly by the existing case manager and the LCACSS worker to identify any areas of concern, and to develop a leaving care Living Skills plan. Both workers also attended the End of Order Review meeting with the young person six weeks prior to order expiry. The LCACSS worker was then involved in a final handover with the case manager and young person, which included some sort of ritual or celebration for the young person (St Luke's Anglicare & Whitelion 2008). Looking After Children records are not specifically provided as part of the referral process; however, basic information regarding family networks and leaving care preparation is provided in the referral.

A qualitative, exploratory design was used to explore the perspectives of the young people. In-depth, semi-structured

interviews using both closed and open questions were used to uncover the following information: age at and reasons for entering care; out-of-home care experience; preparation for leaving care; transition from care; and post-care experiences including accommodation; education, training and employment; self care, financial support and independent living skills; personal and social support/networks; emotional and mental health; particular issues confronting care leavers in regional, rural or remote settings; and overall reflections on leaving care programs and supports. Interviewees were also asked to comment specifically on their participation in the employment and/or mentoring programs.

The interviews were conducted at St Luke's offices in Bendigo. Ethics approval was obtained from the Monash University Standing Committee on Ethics in Research Involving Humans (SCERH). An independent interviewer was appointed by Monash University who had had no previous contact with the young people. NVIVO software was used to code the data and identify and analyse key themes.

DEMOGRAPHICS AND OUT-OF-HOME CARE EXPERIENCE

The 18 young people interviewed for this study ranged in age from 18 to 22 years. Nine were female and nine were male. Three were of indigenous background. Five of them were already parents, and two had already lost their own children into state out-of-home care. Thirteen of the 18 were receiving Centrelink payments including Newstart allowance, youth allowance, disability support pension and parenting payment. The others were either in paid work, or did not state their means of support.

The age at which they entered care varied from 4 years to 16 years. Most entered care between 12 and 15 years. Reasons given for entering care included parental substance abuse and mental illness, physical or sexual abuse by parents, and conflict with parents. About seven had a relatively stable care experience with five or fewer placements. But the others experienced considerable placement instability with three having 20 or more placements. These numbers are particularly high given that most of the young people (13 out of 18) only came into care between 11 and 16 years of age.

TRANSITIONING FROM OUT-OF-HOME CARE

The young people's experiences of leaving care varied from good to poor.

Most of the young people had end of care review meetings through which they received some financial assistance. This seems to have included the \$1000 transition to independence allowance provided by the Department of Families, Housing and Indigenous Affairs, and an additional flexipack payment provided by the Department of Human Services at the end of

their protective order. The funding generally totalled approximately \$2000-\$3000, and enabled them to purchase basic furniture items such as a bed, fridge, table, cutlery, television, DVD player, microwave, and washing machine. One young person also received funding to buy clothes and learn to drive.

However, some of the young people found these one-off grants insufficient to meet their needs, stating that when money ran out, they had no family members they could rely on for additional financial assistance. For example, Interviewee 9 had stored her bed with a friend and it was destroyed in the Bendigo bushfires, and Interviewee 13 lost a number of his possessions in a house robbery.

The interviews didn't specifically seek the young people's views on their experiences of individual relationships with workers whilst in care or leaving care. However, they were invited to reflect broadly on the quality of assistance provided. Most of the interviewees described St Luke's as playing a positive role in assisting them during the leaving care process. Examples of assistance cited included helping to access accommodation, progress educational opportunities, organise driving lessons, purchase groceries, taking to medical appointments, talking through issues, and general personal support. Interviewee 1 described the help from St Luke's as:

... wonderful. I love them to bits, they've helped me out quite a lot.

Interviewee 4 stated:

I think I will be involved with St Luke's till I die. I love it because I always know that I can turn to someone. I know they're not here 24/7, but there is always somebody I can talk to.

The key theme seemed to be that St Luke's provided consistent support over time which enhanced their resilience, whilst other workers, carers and family members tended to come and go. One of the indigenous young women also received support from the Victorian Aboriginal Child Care Association which helped her to access accommodation.

Conversely, a number of interviewees were critical of the Department of Human Services (DHS) which they described as generally unhelpful, and attempting to accelerate the leaving care process regardless of whether the young people were sufficiently mature to live independently. For example, Interviewee 1 commented:

DHS were very unorganised and treated me very badly. I was pretty much just left to the sidelines to do my own thing, and eventually they told me three months after I had left care that St Luke's were going to help me, but this was only after I'd spent ages trying to get through life myself.

However, in contrast, Interviewee 13 said that his DHS worker was excellent, and 'more like a friend than a worker'.

A number stated that they were frightened and unprepared when they moved into independent living. Interviewee 3, for example, said:

I was scared stiff. I've always had other people around and when I first moved out I was in the house by myself. Every sudden noise during the night was like, what was that. And I got a little bit paranoid so I would sleep all day and stay up all night.

Similarly, Interviewee 7 was:

... scared and overwhelmed. I was totally unprepared. On the first couple of nights I had a panic that some of my neighbours were getting too rowdy, and I went to my grandmothers.

Interviewee 17 stated:

I didn't have something, but knew that I couldn't just call them. I could do what I wanted to do, but I also realised that they weren't there and I was by myself.

Many (care leavers) face independence alone and isolated without a safety net of extended family, friends and wider community supports ...

Interviewee 5 wanted to live independently and was 'rapt' to be leaving the care system. But she now admits that she wasn't:

... prepared enough to be on my own. I went downhill straight away. I had nobody to help.

A few of the young people were more ambivalent. Interviewee 12 stated that he was both scared and excited when leaving care, but it had been a 'natural' progression to 'live by myself and then after a while get used to it'. Similarly, Interviewee 11 said that he was very happy to leave care, but also experienced some social isolation because he had 'nobody to talk to'.

Overall there was a strong view that out-of-home care workers needed to put away the textbooks and listen more to young people and their hopes and aspirations in order to develop individually tailored leaving care plans that reflected their particular needs. It was also strongly recommended that regular monitoring and support be maintained during the initial transition period. Young people suggested that workers visit fortnightly or even two or three times a week, depending on individual circumstances, and

that on call workers also be available to help if required. Equally, it was important that young people accept the help offered and not act antagonistically and push the workers away.

HOUSING

Most of the young people reported that they had been successful in attaining secure and stable accommodation. Some of the current housing arrangements include a student share house, boarding with ex-foster carers, renting a room in a private house, sharing with friends, living with partners, living alone in a unit or apartment which can be associated with social isolation, and living with a parent or grandparent.

At least seven of the young people had received formal housing assistance from St Luke's either via the direct provision of transitional accommodation, or alternatively by helping them to access other forms of housing. A few had also received financial support from DHS. Others were assisted by family members, or had located housing through their own initiative.

However, a minority had experienced some housing problems. A few of the young people are currently residing in temporary accommodation, and appear quite transient. For example, Interviewee 3 had lived in eight separate places since he left care, and Interviewee 5 had lived in four separate places since she left care. Others found shared housing problematic. For example, Interviewee 13 had to move on two occasions because his neighbours or flatmates were either violent or heavy drinkers, and Interviewee 10 was seeking a transfer due to being assaulted by her neighbour.

Interviewee 9 was living along with her 22-month-old daughter with an ex-carer, but was frustrated by her lack of independence and wanted to move. She expressed disappointment at the alleged lack of support from St Luke's in obtaining alternative housing. She argued that the government should provide public housing for single mothers, rather than trying to assist homeless people who were 'using drugs and didn't really want to be helped'.

EDUCATION, TRAINING AND EMPLOYMENT

Educational outcomes were generally poor. Only three of the young people had completed the Year 12 Victorian Certificate of Education, including one who achieved an outstandingly high Enter score of 96. One person was currently completing Year 12, one finished Year 11, seven finished Year 10, one completed Year 8, and one completed Year 7. The other three persons had attended Kalianna special school which is for children with a mild to moderate intellectual disability. One young person stated that he could neither read nor write.

However, nearly all the young people had undertaken further study at the Bendigo Regional Institute of TAFE (BRIT) or

elsewhere in areas such as fashion design, general adult education, hospitality, conservation, child care, welding, baking, hairdressing, food handling, and information technology. A number of these people aspired to further study to attain higher professional qualifications.

Most of the young people were currently involved in either part-time paid employment or work experience. One young person was working full-time. Some of the areas of work included car repair, kitchen hand, waitressing, cooking, data entry, brick laying, and crushing boxes.

Fifteen of the 18 young people were currently participating in, or had recently participated in, the St Luke's employment support program. Most had only been involved for less than three months, but two of them had participated for nearly a year. A number of the young people stated that the St Luke's program had contributed significantly to positive educational and/or employment outcomes. For example, Interviewee 1 commented in relation to successfully securing part-time work:

The employment worker mentioned that she had seen an advertisement up in the window of Spotlight saying 'hand in résumés'. So she took me up there so that I could hand in my résumé. She also spoke to the manager of the store to ask her if there was a possibility of me being there, and got us introduced.

Interviewee 5 commented that St Luke's had been very helpful in helping her attain part-time work in a restaurant: 'You can ring them any time and they're actually doing something'. Interviewee 15 stated that St Luke's had been very supportive with her hairdressing training, including providing over \$500 to purchase her equipment. However, Interviewee 12 was critical of the St Luke's program because they had found him an 'absolutely crap job that I didn't like'.

SELF CARE, FINANCIAL SUPPORT AND INDEPENDENT LIVING SKILLS

The independent living skills of the young people varied from good to poor. Most were reasonably adept at shopping, cooking, cleaning and washing. A number had been taught living skills by their parents or substitute carers, and this helped them to adjust when they left care. Others believed they did not have sufficient skills to live independently. Interviewee 7 stated that he had ongoing problems with vacuuming his house, completing his washing, cleaning up after dinner, and eating food before it went stale. Interviewee 8 stated that she kept forgetting to clean her house, and could only cook spaghetti bolognese or toast.

Budgeting and bill payment tended to be problematic. Some had registered with Centrepay in order to ensure regular payment of power and phone bills. Two others were registered with State Trustees. Some fell behind in their rent payments for a range of reasons, and St Luke's provided them with temporary financial support in this area. Some

were unable to afford healthy food. A number ended up with major debts including amounts of \$1400, \$2500 and \$3500 owed on rent, mobile phones and pay television. There was a consensus that preparation for leaving care should include more practical advice on budgeting.

Those who were parents faced particular challenges. Two had lost children into state care. One of the others acknowledged that she had 'got pregnant too soon. It's way more difficult than you think it's going to be'. It was also tough trying to meet 'everyone else's standards'.

Attaining a driving licence was also a major challenge. Only four had attained their probationary licence, and two of them had managed to lose it due to accidents. Five others either had their learner permit or were about to sit the exam, but some in this group lacked family members available to facilitate regular driving practice. St Luke's paid for lessons and the cost of the licence for a number of these people. None of the others indicated that they had a licence. A number of the young people suggested that St Luke's could further assist with this task by establishing a driving support program that would provide both driving instructors and people who were willing to practice with learner drivers.

Only two of the young people reported significant involvement with the youth justice system. One young woman was on a good behaviour bond due to stabbing a flatmate, and one young man had spent time in a youth detention centre for assault.

The leaving care and after care support service introduced by St Luke's appears to have made a significant difference to the lives of many of these young people ...

HEALTH

The health of the young people varied. Some reported having good physical and emotional health. But eight of them had a significant physical or intellectual disability, ranging from spina bifida to Perfy's disease to Asperger's syndrome to a range of learning disabilities. One young woman had had two recent miscarriages, and one young man had ongoing 'bleeding from the brain' as a result of an assault.

Fifteen of the young people reported experiencing mild to significant anxiety and/or depression either now or in the recent past which they attributed to their adverse childhood experiences. Eight were taking regular medication to address their condition, and three of them had either attempted or contemplated suicide. For example, Interviewee 2 said:

There's plenty of times I've sat back and thought, why am I here, why do I need to be here? My parents don't love me, who else loves me? There's a couple of times I've nearly knocked myself, but I haven't thought about it enough to sit down and dwell on it.

Interviewee 10 said:

I've always wanted to be just dead. I always say it all the time still. I just feel like it would be easier. I feel life is too hard sometimes and I just want to disappear and be happy, and do my own thing up there.

And Interviewee 8 still had nightmares as a result of her mother standing over her bed with a knife when she was younger.

Nevertheless, a number in this group said they were currently coping okay, and felt they had access to good personal or professional supports. For example, Interviewee 5 said that her St Luke's worker was:

... there for me whenever I need him. I can ring him up at 8pm and ask 'can I cry on your shoulder?' and he's there.

Five of the young people also reported significant substance abuse which tended to be a response to stress or emotional pain. Interviewee 2 stated that he had a major addiction to marijuana which was difficult to break because all his friends smoked. Interviewee 10 stated that she had:

... smoked bonges and drank lots of alcohol from fifteen to eighteen and I have to go for a diabetes test soon because they think I've got diabetes because of all the sugar in the alcohol.

But she had recently completed a rehabilitation program, and was now attending a drug and alcohol counselling program. Interviewee 13 was attending the Youth Substance Abuse Service on a daily basis, but felt that his substance abuse problems were not getting any better.

PERSONAL AND SOCIAL SUPPORT NETWORKS AND MENTORING

Most of the young people receive support from social networks consisting of friends, partners, family and former carers. For example, Interviewee 6 stated that she had four best friends: her mother, her close girlfriend, her partner and her grandmother.

However, a number of the young people felt let down by friends and partners who had proved untrustworthy, and consequently experienced some loneliness and social isolation. They suggested that St Luke's provide more assistance with relationship education, bring together care leavers who were of similar age and background in a support group focused on sport or other common interests, and involve former care leavers in peer mentoring.

Eleven of the 18 young people were currently in, or had recently participated in, the mentoring program. About half

had been involved for less than three months, but the others had participated for up to 12 months. Some of the positive outcomes cited included assisting with self-confidence and maturation, social and communication skills, providing good advice, and just having fun. Interviewee 2 commented:

It's helped me understand life, it's helped me understand people. If I've got a problem with anything personally or physically I can talk to my mentor about it and they help me out with it.

Interviewee 5 described her mentor as:

... like a mother. She is older than you, has a different life to you, but actually wants to get to know you, is giving you the time of day and is saying, let's go out and do something. It's something I've never had before. It's not a worker, it's a friend.

However, a couple of the mentoring relationships had not worked as well. Interviewee 7 complained that his contacts with his mentor were too infrequent, and Interviewee 11 had lost his mentor who had withdrawn from the program due to a family illness.

ISSUES FOR CARE LEAVERS IN REGIONAL, RURAL OR REMOTE SETTINGS

The young people expressed varied views about the particular advantages and disadvantages of leaving care in regional or rural settings. Some suggested that it was easier to leave care in the country because the support networks in Bendigo were easily accessible and caring, whereas care leavers in Melbourne might find it harder to locate supports.

Most named transport as a major deficit, arguing that the buses were irregular and inadequate. This was seen as creating a barrier to attaining employment, particularly for those who were interested in travelling to isolated areas to do farm work or fruit picking. But others argued that the bus services had expanded sufficiently, and that bike riding or walking were also good alternatives to bus travel. They also identified lots of job opportunities in the new market place.

Social isolation and loneliness was also identified as a problem, particularly for those living in remote settings. Another difficulty was the stigma associated with being a care leaver in a small community. Interviewee 5 commented that many caravan parks and real estate agents would often not accept care leavers because some had acquired a bad reputation for trashing houses, caravans or properties. Others mentioned that personal conflicts tended to be accentuated in a smaller community.

INTER-RELATIONSHIPS BETWEEN IN-CARE, LEAVING CARE AND POST-CARE EXPERIENCES

This research did not specifically examine the association between out-of-home care experiences and post-care outcomes. We cannot, for example, show any definite correlation between the number of placements for

participants and their educational or employment outcomes. It is possible that, for some of the young people, pre-care experiences of trauma and family instability may have played just as important a role as later placement instability in contributing to learning difficulties.

However, the findings do broadly suggest that those young people who moved most successfully into independent living tended to have relatively stable placements, and were able through these placements and associated positive support from carers and case managers to take advantage of educational opportunities, and to develop effective independent living skills. They also tended to have better connections with the community including, in some cases, positive relationships with their families of origin.

Conversely, others referred to less positive experiences with carers which had led to greater placement instability. This had also reduced their prospects for educational achievement, and their development of living skills, and had contributed to housing vulnerability. Some had also received little, if any, support from their families since leaving care.

Perhaps surprisingly, the experience of this group of care leavers in regional, rural and remote settings does not appear to be so different from that of city care leavers.

DISCUSSION

The findings of this study confirm that care leavers are not a homogenous group. Some were ready to leave care at 18 years of age to live independently with only minimal support. They have managed to acquire stable housing, to take up educational and employment opportunities, and to form supportive social and family relationships. Others, particularly those with significant physical and/or intellectual disabilities, have found it more difficult to cope with independent living. A small number have experienced negative outcomes such as housing instability, large financial debts, ongoing problems with substance abuse, child protection interventions, and involvement with the criminal justice system. They are likely to require consistent holistic support for a number of years to come.

The leaving care and after care support service introduced by St Luke's appears to have made a significant difference to the lives of many of these young people via the provision of a safety net of community-based supports. In particular, the housing program appears to have been instrumental in ensuring that most care leavers in Bendigo are able to attain

some form of stable housing. The employment program seems to have been successful in promoting the participation of most of the young people in some labour market activities, and the mentoring program appears to have contributed to a number of positive social and relationship outcomes.

Equally, the feedback from the young people suggests that there are a number of continuing service gaps which need to be addressed by more specialised assistance. These include managing the effects of physical and intellectual disabilities, parenting skills, social skills and relationships (including contact with family), budgeting and acquiring a driving licence.

Perhaps surprisingly, the experience of this group of care leavers in regional, rural and remote settings does not appear to be so different from that of city care leavers. There are some deficits around transport, lack of employment opportunities, social isolation and stigmatisation, but there are also positives such as stronger community supports and cohesion.

Overall, this study suggests the importance of providing a broad structure of community-based supports for care leavers that attempts, at least in part, to replicate the usual supports that most young people in the community take for granted as they undertake the long transition from dependence to independent living. ■

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