

I'll make it work

Young people's views of leaving care in Queensland

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Young people leaving state care are undoubtedly among the most vulnerable groups in society. Despite their susceptibility to a range of problems in young adulthood, few Australian studies have examined how young people feel about leaving care and the supports they feel they will need. This paper presents selected findings from the Commission for Children and Young People and Child Guardian's third survey of children and young people in foster and kinship care conducted in Queensland in 2009 which attracted 2727 responses. The paper focuses specifically on the views of 124 young people aged 16 to 18 years. Young people were surveyed on a range of issues including: leaving care, their health and wellbeing, education, placement histories, and perceptions of both their current placement and the care system in general. Findings indicate that most are optimistic about managing independent living but anticipate needing a range of supports, especially financial assistance and help finding accommodation. Over half would prefer to continue living with their foster or kinship care family and more than three-quarters would like ongoing contact with the family after they leave care.

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CONTEXT OF THE STUDY

LEAVING CARE

Current figures estimate the number of young people aged 15-17 years who exit out-of-home care in Australia to be around 2,400 per year (Australian Institute of Health and Welfare [AIHW] 2010). Although they have experienced multiple disadvantages stemming from their abuse or neglect prior to entering care, and their sometimes negative experiences whilst in care (Mendes 2009), these young people are expected to attain independence far younger and far more quickly than their peers. Unlike their peers, who tend to remain at home well into their twenties, and who have the option of a gradual or extended transition or the opportunity to return home in times of difficulty, most in care leave their care family permanently to begin independent living at 16 or 17 years of age (Stein & Dixon 2006). Furthermore, as many have lost contact with their biological family or do not have a close relationship with their care family (Bruskas 2008), this transition frequently occurs without the emotional, financial and practical supports typically afforded by families (Stein 2006).

The indications are that care leavers often commence independent living feeling isolated, insecure and overwhelmed. A substantial body of international and Australian evidence shows that, compared to their peers who have not been in care, those leaving care are more susceptible to mental health problems and are less likely to have completed secondary schooling, or be participating in tertiary education or full-time employment. In addition, they are more likely to be unemployed or engaged in part-time or casual work in poorly paid and low skills jobs, and to experience homelessness and early parenthood (Bruskas 2008; Cashmore, Paxman & Townsend 2007; Fowler, Toro & Miles 2009; Stein & Dixon 2006; Tweddle 2007). Research results also demonstrate higher rates of criminality among care leavers compared to the general population (Bruskas 2008; Fowler et al. 2009; Stein & Dixon 2006; Tweddle 2007), along with poorer subjective health and greater dependence on government assistance (Schneider, Baumrind, Pavao, Stockdale, Castelli, Goodman & Kimerling 2009; Tweddle 2007). In Australia, the financial lifetime cost, alone, of such disadvantage has been estimated at \$738,741 per care leaver (Forbes, Inder & Raman 2006).

Clearly, not all care leavers fare poorly and several studies have been conducted to investigate the factors that have the potential to ameliorate poor 'starting points' (Stein & Dixon 2006) and improve long-term outcomes. These factors include stable and positive placements; personal strengths such as resilience and self-belief; the availability of mentors or advocates; extended support from carers and after-care support workers; and, contact with biological family either during or after care (Maunder, Liddell, Liddell & Green 1999). The importance of placement stability, along with completion of school, was also identified by Cashmore and Paxman (2006) in their longitudinal study of 47 care leavers in New South Wales. However, they found that the most significant predictors of positive outcomes four to five years after leaving care were felt security and continuity throughout care, and social support beyond care. The researchers note that such findings underscore the importance of fostering a sense of security and belonging to ensure that young people have a network of supports when they leave care.

Research studies have also highlighted how important leaving care or transition plans can be in identifying and securing specialist post-care supports and services (Moslehuddin & Mendes 2006; Ofsted 2009; Stein 2006; Stein & Dixon 2006). In Victoria, for instance, a study of 60 care leavers found that those with a plan were twice as likely as those without a plan to be in stable housing and three times more likely to be employed (Forbes et al. 2006). More recently, researchers concluded from interviews with 77 care leavers in Victoria and Western Australia that leaving care plans had been instrumental in doubling care leavers' chances of a 'smooth' as opposed to a 'volatile' transition to independence (Johnson, Natalier, Mendes, Liddiard, Thoresen, Hollows & Bailey 2010). Given these benefits, it is unfortunate that investigations into the prevalence of leaving care plans have revealed that, more often than not, young people either do not have a plan or are unaware of the existence of such a plan (CCYPCG 2008; McDowall 2009; Stein & Dixon 2006).

Although limited in number, studies have also identified numerous benefits associated with enabling young people to remain in care beyond the age of 18. The authors of two such studies in the USA and Australia found that young people who experienced a delayed transition enjoyed higher rates of school completion and participation in tertiary education, increased earnings and delayed parenthood, compared with those who left care earlier (Cashmore & Paxman 2006; Courtney, Dworsky & Pollack 2007).

JURISDICTIONAL INCONSISTENCIES

In Australia, a coordinated response to the needs of care leavers is hindered by the considerable variability across jurisdictions regarding legislation, policies and programs designed to support these young people. Little consensus

exists in terms of the age at which planning for leaving care should commence, the nature of supports provided to young people during and after their transition from care and the time at which statutory responsibility for care leavers is relinquished.

At the national level, support for care leavers has been targeted as a key priority by the *National Child Protection Framework* (Commonwealth of Australia 2009) as well as the *National Standards for Out of Home Care* currently being developed by the Department of Families, Housing, Community Services and Indigenous Affairs. In addition, recent policy developments in all jurisdictions have ensured that formal transition planning and support for young people leaving care is now a statutory requirement. However, the timing of this planning still varies across states and territories. In Queensland, as in the Northern Territory, South Australia, Western Australia and Tasmania, it is recommended that planning for leaving care commences at or around 15 years of age. At this time, a *Leaving Care Plan* is required to be developed in consultation with the young person that identifies their likely needs and articulates the types of supports required to meet these needs. In other jurisdictions, this planning is expected to commence at least 18 months (ACT) or 12 months (New South Wales and Victoria) prior to leaving care.

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In his review of post-care entitlements in Australia, McDowall (2009) notes that most jurisdictions now provide financial support for care leavers up to the age of 25 years. The exceptions are Victoria, where care leavers are entitled to support until they turn 21 years of age, ACT where support is provided for up to 5 years from the time that a young person leaves care, and Queensland where the duration of support is not expected to exceed 12 months from the date of leaving care.

THE ROLE OF THE QUEENSLAND COMMISSION FOR CHILDREN AND YOUNG PEOPLE AND CHILD GUARDIAN

The Commission for Children and Young People and Child Guardian (the Commission) promotes and protects the rights, interests and wellbeing of children and young people in Queensland and has a special responsibility for children and young people in state care. In exercising this responsibility, the Commission undertakes a number of functions including administering the Community Visitor

Program. Community Visitors (CVs) regularly visit and listen to children and young people in state care to see that they are safe and receiving appropriate care, to advocate on their behalf to help resolve any concerns or grievances and to offer support if required. Serious issues that cannot be resolved locally are referred to the Commissioner for further action.

In addition, the Commission has a dedicated complaints function that is able to address any complaint that relates to a child or young person in the child protection system who is dissatisfied with the services they are receiving. The Commission also takes a broader role of monitoring child protection at a systemic level. Information is gathered from a variety of sources, including from CVs and complaints, but also through reviews, audits, analysis of departmental administrative and performance data and the Commission's own primary research activities. The Commission uses this information to work with key stakeholders to improve the way the child protection system operates, to advocate for changes to policies and legislation, and to monitor and report on outcomes for children and young people in the child protection system.

The Views surveys

Central to the Commission's primary research activities are the *Views* surveys of children and young people in state care and youth detention. The Commission regularly conducts these surveys because it firmly believes that the views and experiences of children and young people in state care and youth detention must be heard and seriously considered in order to continuously improve the effectiveness of Queensland's child protection and youth justice systems. Insights gained through the surveys provide an invaluable perspective on the effectiveness of Queensland's child protection system. They help the Commission to identify individual and systemic risks to children's and young people's safety, wellbeing and rights, as well as providing first hand information on the availability and responsiveness of programs and services. The survey findings also help inform child protection policy and practice decisions and contribute to a range of departmental performance indicators.

METHODOLOGY

RESEARCH DESIGN

The *Views* research uses self-report surveys to gather the views and experiences of children and young people. The surveys, tailored to reflect respondents' different care settings and literacy and language competencies, are repeated at regular intervals with cross-sections of children and young people, thus enabling trends in responses to be identified and monitored over time. The surveys were initially developed in 2006 following focus group

consultations with children and young people living in state care in Queensland. The surveys have also been informed by existing research in the field, particularly the seminal work of Cashmore and Paxman (1996), Delfabbro, Barber and Bentham (2002), and Barber and Delfabbro (2005) that explored the views of children in out-of-home care in South Australia. Several government agencies have also been consulted about the survey content, especially items relating to health and education. In 2009, 1949 surveys were received, 1180 from young people aged approximately 9 to 18 years of age and 769 from children aged approximately 5 to 8 years of age. In addition, 778 surveys were received from carers who responded on behalf of children aged less than 5 years or those who, because of a disability, were unable to express an opinion.

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INSTRUMENT

The survey for young people aged approximately 9 to 18 years who are in foster and kinship care is a 79 item instrument comprising closed and open-ended questions. Questions in the survey seek information on young people's background characteristics, health and well-being, education, placement histories and perceptions of current placement, as well as perceptions of Child Safety Officers, and the care system in general. The final section of the survey specifically for 16 to 18-year-olds focuses on leaving care.

PARTICIPANTS

Young people living in foster and kinship care at the time of the survey period who were visited by the Commission's Community Visitors (CVs) were invited to participate in the survey. Of the 1180 surveys received, 133 were from young people aged 16 to 18 years. Of this group, 126 completed the final section of the survey on leaving care. Population data suggest that the sample is largely representative of the general population of children and young people in care in Queensland in terms of their age, sex, cultural background and placement type (AIHW 2010).

PROCEDURE

Surveys for young people were distributed to all CVs who administered the questionnaires over a three month period, 1 April to 30 June 2009, during their scheduled visits. To

promote consistency in survey administration and questioning techniques, CVs received appropriate training and resources. Young people were assured that participation was voluntary, they could withdraw from the survey at any time and they could not be identified from their responses. In some cases, young people chose to complete the survey independently once the CVs had assisted with the completion of the demographic component of the survey. Surveys that were completed during a scheduled visit were returned to the Commission by CVs. Surveys completed after the visit were returned in the reply-paid envelopes provided.

DATA ANALYSIS

Frequency and descriptive statistics were used to identify patterns or trends among responses. Depending on the nature of the variables, inferential statistics using chi-square analyses and Kruskal–Wallace or Mann–Whitney tests of significance were employed. An alpha level of 0.05 was used as the level for significance.

FINDINGS

Results presented in this paper focus primarily on responses to leaving care questions. Also reported are respondent characteristics and findings reflecting aspects of care that the literature suggests may be influential in post-care outcomes. These include factors such as placement history, health and sense of safety and security. For the most part, these data are presented in the form of frequency and descriptive statistics. However, where statistically significant, associations between variables are also reported. For the purposes of the following discussion, unless otherwise stated, the term 'foster care' or 'care' denotes both foster care and kinship placements.

RESPONDENT CHARACTERISTICS

The mean age for the 16 to 18-year-old cohort was 16 years and 10 months. The group comprised slightly more females (51%) than males (49%). More than two-thirds (68%) lived in foster care, one-quarter (25%) in kinship care while the remaining 7% were in specialist foster care. The majority were of Caucasian Australian background (67%), 24% were of Aboriginal or Torres Strait Islander background, while 9% were from 'other' backgrounds, including countries such as New Zealand and Vietnam. The substantial proportion of Aboriginal and Torres Strait Islander young people is consistent with the general over-representation in Australia of these groups in care (AIHW 2010).

More than one-fifth (21%) of young people reported having a disability. This proportion is similar to that found in other Australian research such as a study of 60 care leavers in Victoria in which 22% were reported to have had an intellectual disability and 23% a significant physical disability or illness (Raman et al. 2005).

The full breadth of disabilities among the group is unknown as only 21 young people commented on the nature of their disability. Of the disabilities that were reported, the most common were learning disabilities, Attention Deficit Hyperactivity Disorder (ADHD), Autistic Spectrum Disorder, and Aspergers Syndrome. In addition, 9% of young people indicated that they were currently taking medication for ADHD.

PLACEMENT HISTORIES

The mean age at which the group had entered care was 7 years 10 months, and the mean length of time spent in the current placement was 5 years 7 months. The mean total length of time spent in care was 9 years. The mean number of placements experienced by the group was 3.4; however, 23% had experienced five or more placements, including one young person who reported experiencing 28 placements. Reports from young people indicated that more than three-quarters (78%) had not experienced a failed reunification with the birth family. Of the 22% of young people who reported having been returned home, only four reported being returned home 3 or more times.

LIKELY PREDICTORS OF POST-CARE OUTCOMES

All but one of the young people (99%) reported feeling safe in their placement. All felt they were treated well by their carer and 98% felt that their carer listened to them 'all' or 'most' of the time. When asked to rate their happiness in their current placement on a scale from 1 (really unhappy) to 10 (really happy), the mean rating was 8.9.

Despite the high incidence of reported disabilities, the vast majority of young people indicated that they were in good health. As Table 1 shows, 93% considered themselves to be 'very' or 'pretty' healthy. The vast majority also reported that they were happy (95%) and felt loved and cared for by someone (98%) 'all' or 'most' of the time. Most (69%) young people reported that they were still attending school, and of those who were not, half indicated that they were enrolled in other training or education (such as TAFE).

Table 1: Young people's responses – likely predictors of post-care outcomes

	Percentage
Healthy (very to pretty)	93%
Happy (all or most of the time)	95%
Loved and cared for (all or most of the time)	98%
Worry (all or most of the time)	44%
Worried about placement change	15%
Attending school	69%
Participating in other education training (if not attending school)	50%
Better off since coming into care	96%

Less positive were the findings that 44% of the young people reported worrying about things 'all' or 'most' of the time and that 15% were concerned that they may have to change placements in the near future. Regardless of their concerns, however, young people viewed foster care as a positive experience with 96% reporting that they were better off since coming into care.

LEAVING CARE

To determine if young people were being prepared for leaving care, they were asked if anyone has spoken to them about what will happen to their care situation when they turn 18, if they have a Leaving Care Plan and if so, if they were involved in its development. They were also asked if they think they will manage independent living, if they would prefer to remain with their care family after they turn 18, and to identify the types of help they will need when they leave care and the supports that may be of assistance.

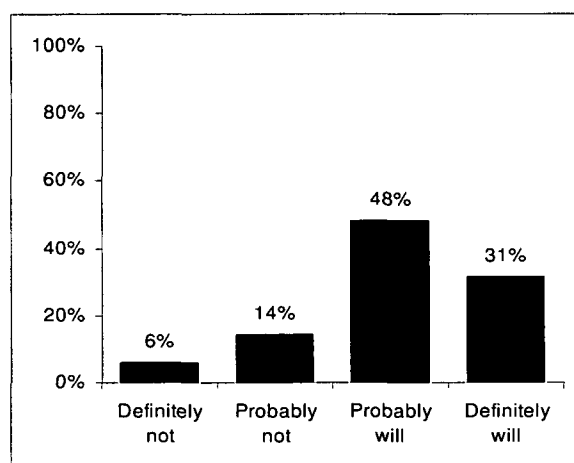
Preparation for leaving care

Although the majority (71%) of the group reported that someone had spoken to them about what will happen to their care situation once they turn 18, only 37% reported having a Leaving Care Plan. A further 30% did not know if they had a Plan, while the remaining 33% reported not having a Plan. Of those who reported having a Plan, 95% indicated that they had been involved in its development.

Managing independent living

Responses from the majority of young people suggest they are optimistic about managing independent living once they turn 18. As can be seen in Figure 1, 31% reported that they will 'definitely' manage and a further 48% felt that they will 'probably' manage. The remaining 20% were less optimistic. As Figure 1 shows, 14% felt they will probably not manage and 6% felt they will definitely not manage.

Figure 1: Perception of ability to manage independent living after turning 18



Many young people who were optimistic about managing independent living commented on the skills they possessed that would assist them; for instance:

I know how to cook and pay bills and go to Post Office.

Because my foster mum has taught me how to live.

I am very mature with the way I live.

One confident young person simply stated:

I'll make it work.

In contrast, comments from those who felt they were unlikely to manage included:

Don't know how I'll get income.

Need lots of help in everyday tasks.

Too early!

Further analysis of data revealed that confidence in managing independent living was associated with three variables – disability, ADHD and worry about placement change. Chi-square tests confirmed that respondents were significantly less likely to be optimistic about managing independent living if they had a disability ($\chi^2(1)=13.509$, $p=.000$), were taking medication for ADHD ($\chi^2(1)=9.563$, $p=.002$), and were worried about having to change placements ($\chi^2(1)=8.285$, $p=.004$). There were no other associations between confidence in managing independent living and other variables, including placement type (foster or kinship care) and having a Leaving Care Plan.

Staying with the care family

More than half (54%) the young people indicated that they would like to remain with their care family after they turn 18. More than one-quarter (28%) were undecided, while the remaining 17% did not want to stay. Of the small number of young people who commented on why they wanted to stay with their care family, most saw this as a temporary arrangement until they had their own accommodation, a job or car. For instance:

For a while till I have my own place where I can live.

Until I finish school, then I will live at Uni Campus, but still visit carer.

Yes for a while unless a job comes up away from here.

Until I get my car.

If I need them for support if things don't go right.

Some explained why they would prefer not to stay with the family:

I want my own house and car.

I want to be independent.

Only if cannot return to Mum.

Some who were unsure indicated that it would depend on their future circumstances:

Depends on educational plans.

Depending on my situation.

Depends if I can move to Melbourne and live with my Dad.

Further analysis revealed that wanting to stay with the family was associated with concern about placement change. Chi-square tests confirmed that respondents who wished to remain with the family were considerably less likely to be concerned about placement change ($\chi^2(1)=13.509, p=.000$). Although the ratings for happiness in placement and years in current placement were higher among those who wished to stay with the family, these differences were not statistically significant – ($p=.129$) and ($p=.250$) respectively. There were no associations between wanting to stay with the family and placement type.

Types of help felt to be needed

To gauge the types of help that young people anticipated needing once they leave care, respondents were presented with a range of select response options from which they could choose as many as relevant. These results are presented in Figure 2. One-quarter (25%) selected only one type of help, while 62% selected multiple forms of help. As the figure shows, the type of help most commonly selected was help with finding accommodation (57%) closely followed by income support or financial assistance (56%). More than 40% also anticipated needing help finding employment and help with life skills such as budgeting. Almost one-third (30%) expected to need help with getting into training or education and 22% thought they would need help to get information on health services. A further 16% anticipated needing access to legal services and 12% to counselling services.

Analysis of data revealed a number of associations between types of help perceived as needed and expectations of managing independent living. Not unexpectedly, those who

were not confident about managing independent living were significantly more likely to anticipate needing most types of help but, in particular, help with accessing health services ($\chi^2(1)=6.025, p=.014$), needing help with life skills ($\chi^2(1)=5.945, p=.015$), help with finances ($\chi^2(1)=5.724, p=.017$) and help finding employment ($\chi^2(1)=4.998, p=.025$). In contrast, needing help with getting into training and education and accessing legal services were not associated with expectations of managing independent living.

Supports young people feel may assist upon leaving care

Young people were asked to select from a range of options the types of supports that would be of assistance to them when they leave care. These options were 'stay in contact with care family'; 'have a peer support group'; 'have a mentor'; and 'receive help in regaining contact with birth family (if currently not in contact)'. As many options as relevant could be selected.

Analysis revealed that staying in contact with the care family was by far the most commonly selected type of assistance. As Figure 3 shows, 78% of the young people selected this option. Having a mentor was selected by just over one-quarter (27%) of the group, while around one-fifth (21%) chose having a peer support group. Only 14% indicated that regaining contact with their birth family would help in their transition from care.

Further analysis of data revealed a number of associations between types of assistance and other variables. As could be expected, wanting to stay in contact with the family was more likely among those who want to remain living with the family ($\chi^2(1)=14.401, p=.002$), while the desire to regain contact with the birth family was less likely among this group ($\chi^2(1)=9.703, p=.002$). Having a mentor ($\chi^2(1)=5.339, p=.021$) or peer group ($\chi^2(1)=4.195, p=.041$) were significantly less likely to be considered beneficial by those who were confident that they could manage independent living. There were no associations between types of assistance and placement type.

Figure 2: Help that young people feel they will need upon leaving care

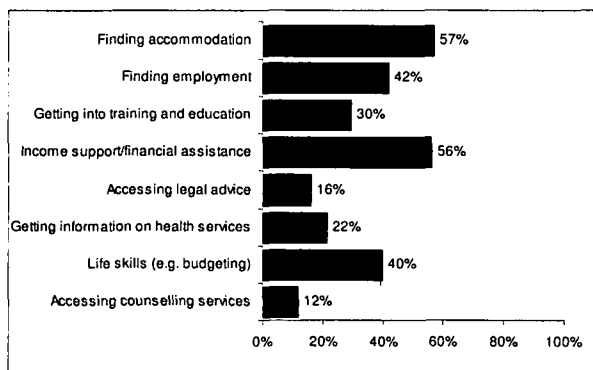
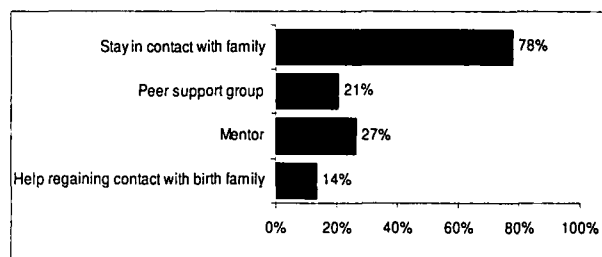


Figure 3: Supports that young people feel would be of assistance upon leaving care



DISCUSSION AND IMPLICATIONS OF FINDINGS

Findings from the study provide valuable insights into how young people in care view leaving care and the factors that may enhance their likelihood of a successful transition to independence. The vast majority of young people felt safe, happy and well treated in their current placement and felt loved and cared for by someone – all important precursors to a successful transition. In addition, most young people were still attending school and, of those who were not, half were engaged in training or alternative education. The very fact that these young people were still living with their care family means that their likelihood of a smooth transition to independence is considerably improved.

It is quite possible that until they leave care, young people have little or no understanding of what to expect or the difficulties of securing much needed supports.

Encouraging, too, is the finding that most young people felt optimistic about their ability to manage independent living. As noted, more than three-quarters of the group predicted that they would probably or definitely manage. However, confidence among this group may well be predicated on the expectation that a range of post-care supports and opportunities will be readily available to them. McDowall's (2009) research, in which notable differences between the expectations of those still in care and the actual experiences of those who had left care were observed, suggests that this confidence may not always be well-founded. It is quite possible that until they leave care, young people have little or no understanding of what to expect or the difficulties of securing much needed supports. With this in mind, McDowall recommends that the transition process should involve opportunities for young people who have exited care to share their experiences with prospective care leavers. This, McDowall (2009) notes, would better equip young people to meet the challenges ahead and to develop a more realistic view of the limits to support available.

Although confident about managing independent living, most young people did acknowledge they would need a range of supports. Accommodation emerged as the primary need with at least half of the group indicating they were unsure of where they will live upon leaving care. Given the current housing situation in Australia, young people's concerns about accommodation are well justified. As Johnson et al. (2010) explain, the competitive private rental

market, limited public housing and limited financial and social resources place care leavers at a considerable disadvantage. The authors stress that unless these structural and personal barriers are addressed, it is likely that many care leavers will continue to experience housing instability and homelessness. To this end, Johnson et al. (2010) propose a range of solutions, including income support, a Secure Tenancy Guarantee Scheme which would cover 75% of rental costs up to age 25, and continued assistance to carers so that they can provide supported accommodation to young people beyond their 18th birthday. Further to their suggestions, an additional consideration for young people endeavouring to rent privately is a government guarantee for landlords, similar to that given by the defence force. Such a guarantee would underwrite any risks associated with property damage and ensure that a property is returned to its owner in good repair.

Many young people in the study also envisaged needing financial assistance, help with finding employment, learning life skills and getting into training and education. Some also predicted needing information on health services, while others thought they would need legal advice or counselling services or would benefit from having a mentor or peer support group. Considering the variety and combination of supports that young people envisaged needing, the findings about Leaving Care Plans are concerning. In other studies, such plans have been found to be a key factor in facilitating a smooth transition from care, yet almost two-thirds of young people in this study reported not having a plan or being unaware of having a plan. The lack of plans points to a substantial disparity between policy and practice in this area and calls for a need for data on the take up of plans to be incorporated into departmental performance measures. Furthermore, if these plans are to be truly effective, McDowall (2009) recommends that they need to be managed by specialist staff who are skilled in working with young people to identify their current and future needs and ensure that necessary supports are in place.

Given the literature on the impact of both placement stability and having a Leaving Care Plan on anticipated post-care outcomes, it was somewhat surprising that there was no association between these variables and that of feeling confident about managing independent living. As McDowall (2009) observed in his study, though, the expectations of those in foster care and the lived experience of care leavers differ markedly so the real impact of these key factors may only be apparent once young people have exited care.

Responses from young people in the study highlight the strong connection that young people can develop with their care family and the sense of security and support they derive from them. Not only was staying in touch with the family by far the most commonly selected type of post-care assistance, most young people also indicated that they would prefer to remain with the family after they turn 18. Interestingly, there

were no differences in responses between those in foster care and those in kinship care, suggesting that for this group, connection with the care family is unaffected by placement type. Alongside research that demonstrates numerous benefits for young people when they are able to remain with their care family (Cashmore & Paxman 2006; Courtney et al. 2007), these findings underscore the need for flexibility in terms of the age at which young people must leave their care situation. Cashmore and Paxman (2006) acknowledge that not all carers would be able or willing to accommodate young people beyond the age of 18 and not all young people would wish to continue living with the family, but point out that if expectations were changed and support to carers extended, many would be in a position to accommodate young people until they were equipped to leave. Needless to say, a delayed transition from care would be particularly beneficial for young people still at school or undertaking training, for those who have a disability or are experiencing physical, cognitive or mental health issues or for those with limited social networks.

The study revealed that young people were largely optimistic about life after care. How they cope is likely to ultimately depend on a combination of factors, namely their pre-care and care experiences, their preparation for leaving care, and their post-care supports.

While policy documents in some Australian jurisdictions do articulate the need for a flexible approach to leaving care, researchers such as Johnson et al. (2010) claim that, in practice, there remains 'a rigid adherence to discharging young people at 18' (p. 57). They stress that for a more flexible policy to be enacted, it needs to be enshrined in legislation and supported by detailed policy frameworks and benchmarks. Such an approach has been made possible in England and Wales due to the introduction of the *Children (Leaving Care) Act 2000* and, more recently, the *Children and Young Persons Act 2008*. These Acts and associated programs, such as *Staying Put*, make specific provisions that enable young people to remain with their care family until they reach 21 years of age (National Care Advisory Service [NCAS] 2010). Other key provisions include mandatory supports for those aged 18 to 21 years of age, such as financial support and assistance with housing, and the allocation of a personal advisor to regularly visit care leavers, assist with their 'pathway plans', and coordinate supports and assistance. Personal advisors are appointed

until a young person reaches 21 years of age, or 24 years of age if the young person is engaged in training or education.

Peak bodies such as the National Care Advisory Service have reported notable improvements in the support provided to care leavers as a result of the Acts. However, they acknowledge that despite these gains, there still remain 'great inconsistencies in practice across the country, which lead to great disparity in young people's experience of leaving care'. It is hoped that the review of the 2000 Act currently under way in England will bring about consistency in practice to ensure that care leavers throughout the country receive the same support or the support that they need (NCAS 2010).

CONCLUSION

The study revealed that young people were largely optimistic about life after care. How they cope is likely to ultimately depend on a combination of factors, namely their pre-care and care experiences, their preparation for leaving care, and their post-care supports. In this study, for most young people, the care experience appears to have been a positive one in which supportive relationships and a sense of security have been established. To what extent this is sufficient to counteract the disadvantages of a care history is unknown but the literature reviewed suggests that it should lessen their vulnerability to a range of negative outcomes when they leave care. While some young people in the study will also benefit from having a Leaving Care Plan, it is likely that many will exit care not knowing where they will live or what supports are available to them. For this group, a successful transition to adult life may be all the more challenging.

Growing awareness of the difficulties faced by care leavers has seen governments the world over assume greater responsibility for supporting young people's transition to independence. However, the absence of a coordinated, national approach to supporting care leavers in Australia, coupled with a lack of dedicated funding, means that efforts have been inconsistent. Furthermore, the paucity of longitudinal research into the long-term outcomes for care leavers means that little is known about their actual circumstances following leaving care, and the effectiveness of post-care supports.

The financial and emotional costs of failing to assist care leavers are considerable. To this end, the Queensland Commission will continue to listen to young people in care, to advocate on their behalf and to work with government and non-government agencies to bring about the changes needed to enable care leavers to reach their full potential. ■

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Children Australia – Editors, past and present

Children Australia (known prior to 1990 as *Australian Child and Family Welfare*) has been in publication for 35 years. We should like to pay tribute to the editors of *Children Australia* who, in many cases, dedicated themselves to the task for many years:

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