

Young people transitioning from out-of-home care and problematic substance use

The views of young people and workers in Victoria

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Existing research findings indicate that young people from state care backgrounds experience higher rates of substance use and misuse than the general population. This study explored the nature of this relationship via semi-structured, qualitative interviews with four young people who had recently transitioned from state care and three workers in the out-of-home care field, plus a focus group with seven out-of-home care and leaving care workers. The findings suggest that a range of individual, interpersonal and systematic factors contribute to problematic substance use. They include the use of self-medication to address past and present trauma, a lack of meaningful and stable relationships, and state care policies and practices that lead to young people experiencing premature and unplanned exits from state care. Some significant implications for policy and practice are identified.

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Young people transitioning from 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 educational, employment, housing and other developmental and transitional opportunities. Care leavers have been found to experience significant health, social and educational deficits, including problematic substance use (Mendes, Johnson & Moslehuddin 2011). This term is defined in this study as the use of alcohol and/or illicit or legal drugs (excluding tobacco) in a way which 'dominates a person's life at the expense of other activities' (Johnson & Chamberlain 2008, p.345), and causes mental and/or physical health, social, legal or interpersonal problems. Nevertheless, care leavers are not a homogeneous group and have varied backgrounds and experiences in terms of the type and extent of abuse or neglect, the age they entered care, their cultural and ethnic backgrounds, their in-care experiences, their developmental stage and needs when exiting care, and the quantity and quality of supports available to them.

The UK researcher, Stein (2008) suggests that care leavers tend to fall into three categories:

- 1) The 'moving-on group' (p.118) who are likely to have experienced secure and stable placements. This group of young people is highly resilient, welcomes independence, and is able to make effective use of leaving and after-care supports.
- 2) The 'survivors group' of young people (pp.118-119) who have encountered significant instability and discontinuity. Positive outcomes for this group tend to correlate with the effectiveness of after-care supports provided.
- 3) The 'strugglers group' of young people (p.119) who have had the most negative pre-care experiences, and are most likely to experience significant social and emotional deficits. After-care support is unlikely to alleviate these problems, but is still viewed as important by them.

HIGHER RISK OF PROBLEMATIC SUBSTANCE USE

Care leavers are disproportionately exposed to key risk factors for problematic substance use, including experiences of abuse and neglect both prior to and during care, poor housing and homelessness, pre-existing mental health problems, prenatal exposure to drugs, exposure to parental substance use, early school exclusion and/or truanting, association with substance-using peers, absconding from parental home or care placements, and earlier initiation of substance use (Barn, Andrew & Mantovani 2005; Lloyd 1998; Mynard 2006; Osborn, Delfabbro & Barber 2008; Scaife, O'Brien, McEune, Notley, Millings & Biggart 2009). As a result, they seem to be significantly over-represented amongst those experiencing problematic substance use (Daley 2008; Neale 2001).

Australian research regarding the use of alcohol and other drugs in care and post-care populations is relatively sparse. Current information on this subject is drawn from broader studies focusing on general outcomes for those who have exited or are currently in out-of-home care. For example, Cashmore and Paxman's (1996) longitudinal study of care leavers in NSW found that young people with substance use problems were more likely to have been discharged from care early (e.g. at 16 or 17 years of age), and with little knowledge of the services available to help them. They also suggested that substance abuse compounded the difficulties faced by the young people as they transitioned from care.

In their follow-up study, Cashmore and Paxman (2007) found that seven out of the 41 care leavers had been involved with drugs and nine had been involved in problematic alcohol use, with four of the participants describing 'serious drug problems' (p.92) resulting in hospitalisation or incarceration. Substance abuse was associated with a lack of educational achievement, homelessness, relationship problems with former carers, exacerbation of financial problems and criminal activity (Cashmore & Paxman 2007, pp. 24, 92).

A further local study found that 35 per cent of care leavers had accessed drug and alcohol services in the past 12 months. This was more than 15 times the average number of Victorians aged 20-29 years accessing drug and alcohol treatment on an annual basis. It was estimated that service usage by care leavers cost the state \$449 per person each year, or \$18,858 per lifetime, compared to only \$29.61 per year, or \$1244 over a lifetime, for other Victorians (Forbes, Inder & Raman 2006; Raman, Inder & Forbes 2005).

Similarly, Owen and Lunken (2000) found that 19 per cent of their sub-sample of 14-18 year olds recently discharged from care in Victoria had engaged in drug or alcohol use or abuse in the final 12 months of their order, and Mendes (2010) found that five of 18 Victorian rural care leavers reported significant substance abuse as a response to stress or emotional pain. Another Victorian study examined the

level of 'risky health behaviour' (use of tobacco, illicit drugs and alcohol) in a sample of 614 young people across Victoria. Among children aged 10 years or more, 52% were classified as being at low risk for risky health behaviours (use of tobacco, illicit drugs and alcohol), although a relatively high proportion of children were classed as medium risk (30.2%) and high risk respectively (14.8%). They found that children in residential care had poorer outcomes than those in home-based care with respect to risky health behaviour (Wise & Egger 2008).

Overall, the Australian out-of-home care literature suggests that young people leaving state care use and abuse substances at higher rates than the general population, and that those in residential care placements fare worse than those in foster care.

A national study found that 30 of 43 young people had engaged in at least experimental drug use, primarily involving marijuana (Mauders, Liddell, Liddell & Green 1999), whilst another national study suggested that a disproportionate number of male Indigenous care leavers were addicted to petrol sniffing or extreme alcohol use (Morgan Disney 2006). And a study of the housing experiences of care leavers in Victoria and Western Australia found that those who had volatile housing transitions were twice as likely as those who had smooth housing transitions to have a substance abuse problem. Substance abuse was identified as a key factor that contributed to problematic outcomes in housing and social relationships (Johnson, Natalier, Mendes, Liddiard, Thoresen, Hollows & Bailey 2010).

Overall, the Australian out-of-home care literature suggests that young people leaving state care use and abuse substances at higher rates than the general population, and that those in residential care placements fare worse than those in foster care. However, most of the existing studies have not captured the first-hand experience of young people leaving care, instead relying on secondary analysis methods and arbitrarily categorising the substance use problems experienced by young care leavers. Nevertheless, the literature does appear to confirm a correlation between higher degrees of social support, placement stability, 'felt security' and lower levels of problematic substance use (Cashmore & Paxman 2007).

The international research in this area largely parallels the Australian studies in that information pertaining to substance

use was collected as part of a wider range of data. The research either utilised samples of young people who had left care (Barth 1990; Courtney & Dworsky 2006; Ward, Henderson & Pearson 2003), or were still in care (Baker, Kurland, Curtis, Alexander & Papa-Lentini 2007; Dale, Baker, Anastasio & Purcell 2007; Kohlenberg, Nordlund, Lowin & Treichler 2002; McCrystal, Percy & Higgins 2008; McMillen & Tucker 1999; Newburn & Pearson 2002; Vaughn, Ollie, McMillen, Scott & Munson 2007). Most of these studies found that young people in care and leaving care engaged in higher levels of substance abuse than the general population. Australian and international research findings also suggest that young people from state care backgrounds access, or require access to, drug and alcohol support services at higher rates than the general population (Barth 1990; Daley 2008).

In summary, our review of the existing literature indicates that while young people transitioning from care may not always use substances at greater rates than the general population, the likelihood that they will begin using substances earlier and experience problematic substance use (i.e. substance abuse or dependence) is higher. A number of factors associated with problematic substance use in the state care context are identified in the literature, including being in residential care, contact with substance-using peers, school absence, a lack of 'felt security', and unplanned and earlier transitions from state care (Cashmore & Paxman 2007; Thompson & Auslander 2007; Vaughn et al. 2007; Wall & Kohl 2007; Ward et al. 2003). Finally, the review also demonstrates that despite a moderate body of research focusing on the experiences and outcomes of young people in state care, there are no Australian and few overseas studies which specifically investigate the impact of transitioning from care on young people's substance use (West 1995).

THE VICTORIAN DEMOGRAPHIC AND POLICY CONTEXT

There are currently over 34,000 children living in out-of-home care in Australia, including 5,283 in Victoria, of whom approximately 95% live in home-based care (either foster or kinship care), and only 4% in residential care (Australian Institute of Health and Welfare [AIHW] 2010, p.42). It appears that 2,406 young people aged 15-17 years were discharged from out-of-home care in 2008-09, of whom 568 were from Victoria (AIHW 2010, p.41).

The Victorian Department of Human Services provides substance abuse guidelines to community service organisations that deliver residential care services. These guidelines recommend a 'zero-tolerance' approach towards the use or possession of illicit substances by young people in residential care, and require workers, where possible, to prevent substance use or confiscate illicit substances from young people under their care. The guidelines also require

service providers to refer young people with substance abuse issues to drug and alcohol treatment services (Department of Human Services 2002).

Victoria has only recently introduced uniform legislative and policy responses to address the needs of care leavers. Following an earlier critical report from the Victorian Auditor General, the Victorian government introduced a Leaving Care Service Model Project in 1998 which aimed to strengthen support for young people leaving care aged 14-18 years. However, this project did not lead to any specific funding for transitional or after-care programs. Later, the Office of Housing introduced housing and support programs in all regions, including an Indigenous-specific initiative managed by the Victorian Aboriginal Child Care Agency. In addition, a mentoring program was provided for some care leavers (Centre for Excellence in Child and Family Welfare 2006).

The most problematic period of substance use for each participant occurred either during their transition or after their transition from state care.

Finally, Victoria 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 includes funding for both service delivery and brokerage support for individual care leavers to cover accommodation, education, training and employment, and access to health and community services. The Government has recently established mentoring, post-care support and flexible funding support for young people transitioning from care or post-care in all eight regions of Victoria. This is in addition to the existing Office of Housing program which is funded annually to \$985,000, and enhanced funding of \$3 million over four years for that program from the national partnership agreement on homelessness (Finegan 2010; Trombin, 2008).

However, prior to the introduction of these state-wide services, many young people left care in Victoria with little ongoing support to assist with their transition to independence. As we shall see from the findings of our study, this lack of assistance arguably contributed to negative outcomes for care leavers, including experiences of substance abuse.

METHODOLOGY

This study aimed to uncover the key factors which impact upon the problematic substance use of young people transitioning from out-of-home care. Transitioning was defined as the period immediately prior to and following the exit of a young person (planned or unplanned) from state out-of-home care.

A qualitative, exploratory design was used to explore the perspective of professionals who had worked in the state out-of-home care field, and young people who had transitioned from out-of-home care in Victoria. Given the untraceable nature of the study population (recent care-leavers), a convenience sampling method was used. The CREATE Foundation in Victoria (a care leavers' support service) and the Self-Help Addiction Resource Centre (SHARC) (a youth alcohol and drug supported accommodation service) were selected as sampling windows for the purpose of the research. While such a sample is not representative of the entire population, it is sufficient to gain 'valuable insights' into the issues faced by young people transitioning from state care (Alston & Bowles 2003, p.88).

The sample consisted of three groups of participants. Group one comprised a group of four recent care leavers in Victoria aged 18-22 years who had spent at least twelve months (cumulative) in state out-of-home care and who had experienced problematic substance use at some time, but would not present intoxicated at an interview. Group two consisted of practitioners who had worked in the out-of-home care field in Victoria, including seven workers involved in the Victorian Statewide Leaving Care Forum.

Group three involved three individuals with experience in the out-of-home care field.

In-depth, semi-structured interviews using both closed and open questions were used to explore the individual substance use narratives of the young people in group one, with an emphasis on periods of increased or decreased substance use and links with the period of transitioning from care (see Table 1 for summary). A semi-structured design was also used with the professionals in group two who were invited to participate in a focus group to explore their experiences of substance use by young people in state care, and particularly during the transition from out-of-home care. Semi-structured interviews were also used with group three to examine their perceptions of the relationship between substance use and transitioning from care (see Table 2 for summary of two groups). Ethics approval was obtained from the Monash University Standing Committee on Ethics in Research Involving Humans (SCERH). A thematic approach was chosen for analysing the data which involved applying Sarantakos's three phases of coding (Alston & Bowles 2003) whereby the data collected guided the analysis.

RESULTS AND DISCUSSION

The young people in group one had entered care as a result of a range of factors including parental substance abuse, conflict and breakdown in family relationships, and parental suicide. Their ages at entry to state out-of-home care varied from 7 to 16 years, but they reported having negative care experiences, and all had exited the system prior to their eighteenth birthday.

The four care leavers described an unplanned and premature

Table 1. Group one participants

	Sarah	Rebecca	Melanie	Ben
Age/gender	21 female	18 female	19 female	22 male
Type of Placements	Foster; group foster; kinship	Residential; foster	Foster	Foster; kinship
Number of Placements	More than 10	28	one	two
Age at entry/exit years	7/14	13/16	16/17	9/15
Initial substance use	10 years of age	12 yrs	14 yrs	12 yrs
Peak substance use	16-18 years of age	13-17 yrs	17-18 yrs	16-22 yrs
Type of substance use	Cannabis, alcohol, speed, ecstasy, chroming, benzodiazepines	Cannabis, alcohol, speed, ecstasy, chroming	Cannabis, alcohol, ecstasy	Cannabis, alcohol, speed, ice, cocaine, magic mushrooms, heroin

Table 2. Group two and group three participants

	Group Two : Focus Group	Group Three : Semi-structured interviews
Participants	seven	three
Gender	five female, two male	two male, one female
Length of experience	five weeks - 20 years	nine months – 20 years
Work experience	Leaving care services, Department of Human Services placement coordination, and foster carer	Leaving care mentoring, therapeutic residential care, standard residential care, and child protection

transition from care, followed by experiences of homelessness after exiting care and prior to their eighteenth birthday. For example, Ben said:

I just rebelled; I was over them. I think I'd spoken to my sister and said that I wanted to go live with her and she agreed, yeah it's all right. I'm not too sure if they told them (foster family). But nah, I just took off.

Sarah commented:

I ran away from the foster home and then I went to a youth refuge.

That time they (the Department of Human Services) sent me back to Queensland and said 'we really mean it, don't come back', [laughs] because I just kept causing them trouble. 'We'll send you to another state where you can't get in trouble down here and we don't have to deal with you.' Yeah, basically 'We're going to send you back to your Mum. Whether or not she picks you up is none of our business.'

Similarly, Rebecca stated:

Yeah, well I was just sick of residential care. I was just sick of it. So I would go and sleep in the streets and, you know, go see my mates during the day and then at night sleep on the streets, and then go back to the resi the next day ... I was on the streets; DHS pretty much said they didn't want anything to do with me. I turned around to them, and I went to them and said, look I've got no place to stay, and rah rah rah. They said, well you've got to sort it out. You're 16 now; you can do whatever you want to do. If I was a regular kid with my biological parents I could go and do whatever I wanted to, so that's the way they saw it. So I was on the streets and I met my foster mum through a friend of mine ... I was living on the streets for four, five months, till my foster mum took me in.

The case studies cited suggest that those young people who were particularly at risk of an unsuccessful transition from care were the least likely to participate in a formal leaving care process. As noted earlier, these experiences would appear to reflect the absence of ongoing state support for care leavers in Victoria prior to the introduction of state-wide programs over the last 12 months.

There was no consistent temporal relationship between entry to care and initiation of substance use – that is, half of the young people had begun to use substances prior to their entry while the remainder began experimenting after entering state care. Three of the participants described a history of familial substance abuse, although only one young person recalled witnessing her mother using substances. The young care leavers described substance use which was initially social and progressed to abuse or dependence. Cannabis, alcohol and speed were by far the most frequent substances used by the young people.

The most problematic period of substance use for each participant occurred either during their transition or after

their transition from state care. At the time of the interviews in mid-2009, all of the young people had reduced or ceased their substance use. Two of them reported that they had been abstinent for seven weeks and over three years respectively, whilst the other two reported social alcohol consumption only. Two of them had accessed alcohol and other drug (AOD) services since leaving care, and one had accessed a care-leavers' support service. None of the young people had been referred to a leaving care support service as part of their transition from care.

... workers argued that young people who remained longer in the care system were more likely to voluntarily engage in strategies to address substance use during or after their transition from care.

Key factors impacting upon problematic substance use

Participants identified a range of individual, interpersonal and systemic factors as contributing to problematic substance use in young people transitioning from state care.

Individual factors included experiences of significant trauma both prior to and during their time in out-of-home care. These included the suicide of family members, witnessing a non-lethal overdose, as well as experiences of sexual assault, rape, physical assault and bullying. The young people appeared to use substances as a means of self-medication in order to cope with distressing personal experiences. One commented:

Well they kept me alive in terms of not killing myself. They made my problems go away. Even momentarily – that was enough. And it didn't matter what situation I was in, as long as I was using it was okay. It's like you don't feel the cold when you're using speed, and you're not scared when you're stoned (Sarah).

The attitudes towards substance use described by the young people correlated with the experimental nature of normative adolescent substance use (Adams, Cantwell & Matheis 2002; Coombs & Howatt 2005). An openness and curiosity towards substance use was prevalent, and workers similarly normalised the notion of experimental substance use during adolescence. However, this curiosity was compounded by a willingness to engage in risky substance use, including experiences of intravenous drug use, solitary drug use, blackouts, overdoses and drug-induced psychoses. Most of this riskier substance use behaviour seemed to occur after the young people had exited the state care system.

The young people described using a variety of methods to access money and substances, including theft, sexual favours, drug dealing and drug manufacturing. However, all of them had successfully reduced their substance use by the time of the interviews. They had initiated these changes as a result of wanting improved health and relationships and generally better life outcomes for themselves. Two of the young people had accessed professional services to support these changes, while the other two had been supported by their partners.

Eighteenth birthday I just went cold turkey and gave up. If I got caught with it or do anything stupid, it's not just juvenile prison anymore, it's the big prison. So straighten myself out, and where am I going to go with my life if I stay on the choof forever? So I'm six months clean now (Rebecca).

The findings show that trauma and other challenging life events encountered by young people in care reinforce substance use as a coping mechanism in the absence of consistent, caring relationships.

Another contributing factor to problematic substance use was the lack of meaningful and supportive relationships with parents, alternative carers and teachers. These negative experiences appear to have contributed to young people leaving the education system at an early age, and resulted in boredom and an escalation in substance use.

I stopped going to school when I was twelve. I just hated school, hated the teachers. Belted a few teachers and I ended up being expelled from four different schools (Rebecca).

Every class the teacher would, without fail, make one of us cry. Like he'd call us stupid idiots, and yell at us (Melanie).

In addition, the young people tended to lose friends who were not involved in substance use, and to gravitate towards substance-using peers. This connection with other users and associated sense of belonging was identified as a key factor in perpetuating substance use.

Feedback from workers tended to focus more on systemic factors such as staffing, zero tolerance policies and leaving care processes. For example, the high turnover and relative inaccessibility of agency and departmental staff in out-of-home care placements were identified as significant. Such conditions create barriers to the establishment of meaningful relationships between workers and young people. Workers commented critically on the minimal qualifications required for residential care staff, as well as the lack of specific alcohol and other drug training in the sector overall.

The residential care workers are often the least qualified workers in the field, because that is seen as your entry point. Yet the paradox of that is that they're working with the most complex intensive kids, not just for five minutes a day, but for 24 hours (Greg, worker).

In addition, the imposition of punitive, zero tolerance policies deterred young people from discussing and addressing substance use, and led to young people absconding from the placement in order to use substances. Workers commented critically on the dearth of harm-minimisation education, and the ineffectiveness of forced referrals to drug and alcohol programs.

Part of the policy is not to return to a unit drug-affected. So what they do is they stay away until they're not. So three days later they'll turn up and the unit is addressing their failure to return to placement, as opposed to the drug use (Greg, worker).

Significantly, none of the young people in this study had contact with alcohol and other drug treatment programs during their time in care.

The limited leaving care programs and supports in Victoria at this time also seem to have contributed to poor outcomes. The young people in this study seem to have lived chaotic lives characterised by disengagement from education and placements, premature and unplanned transitions leading to transience and/or homelessness, and high risk substance use. They were not able to cope with the compressed and accelerated transitions from care demanded by the system, and none of them participated in any leaving care processes or programs.

In contrast, workers argued that young people who remained longer in the care system were more likely to voluntarily engage in strategies to address substance use during or after their transition from care. These positive outcomes were attributed to the presence of harm minimisation policies in leaving care and post-care services, and young people recognising the detrimental impact of substance use on their capacity to attain independence.

SUMMARY AND CONCLUSION

This study suggests that problematic substance use by young people transitioning from care reflects a combination of pre-care, in-care and leaving care experiences. The findings are consistent with earlier, UK-based research on out-of-home care populations demonstrating a correlation between earlier trauma and the use of alcohol and drugs for self-medication (Newburn & Pearson 2002; Ward et al. 2003). The findings show that trauma and other challenging life events encountered by young people in care reinforce substance use as a coping mechanism in the absence of consistent, caring relationships.

Effective drug or alcohol rehabilitation can take a long time, has a high probability of relapse, and requires access to

significant support resources (Johnson et al. 2010). Nevertheless, the four young people in this study seemed to have been able to address the difficulties encountered as a result of their premature and unplanned exits from care and lack of ongoing supports, and to have successfully moderated their substance use within five years of leaving care. As such, they could be characterised as fitting within Stein's (2008, pp.300-301) 'survivors' typology of care leavers. They were all able to utilise informal or professional supports (mainly alcohol and other drug services) to improve their life circumstances.

Young people leaving care have different needs and experiences, but still require the same holistic, ongoing support that is provided to most young people in the community by their natural families.

The findings also confirm the suggested link between lack of 'felt security' and substance use within state care populations (Cashmore & Paxman 2007). The study illustrates the patterns of rejection, abandonment, disbelief and abuse existing in the relationships of the young participants, leading them to value the connection and sense of belonging found with substance-using peers. The notion of substance use providing a sense of identity and belonging has also been highlighted in UK out-of-home care populations (Ward et al. 2003).

This study has some obvious limitations given that it reflects the particular experiences and biases of a small sample of young people and workers. In addition, the experiences of more disadvantaged care leavers currently involved in problematic substance use were not captured in this study. Arguably, further research is needed to illuminate the differences between those care leavers who have improved their life circumstances, and those who continue to struggle for a significant time after leaving care. The particular role that substance abuse may play in contributing to these different outcomes also remains to be understood. However, the findings still suggest some important implications for policy and practice.

The broad conclusion is that we need to continue to monitor and support young people after they formally leave the care system. Young people leaving care have different needs and experiences, but still require the same holistic, ongoing support that is provided to most young people in the community by their natural families. This ongoing support is particularly crucial for those care leavers who may need specialist assistance with substance abuse and other related problems. Conversely, allowing young people involved in

problematic substance use to exit care in a premature and unplanned manner is likely to exacerbate their problems and delay their ability to access support services.

The study also highlights the necessity of ensuring the delivery of AOD-specific training for those working in the out-of-home care sector. At a minimum, workers should possess an understanding of the nature of substance use, knowledge of what constitutes best practice in responding to problematic substance use, and familiarity with AOD services and programs (Biehal, Clayden, Stein & Wade 1995). There is also a need for the Department of Human Services to reconsider the existing zero-tolerance policies which are arguably inconsistent with what is acknowledged as effective practice in addressing substance use problems.

Finally, investment in programs and processes which assist young people to develop meaningful relationships both during care and throughout the transition from care is an essential component of addressing problematic substance use in this population. Changes should aim to reduce young people's exposure to different workers, maximise one-on-one contact with workers or mentors, and improve access to leaving care, recreation and mentoring opportunities. ■

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