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'It was daunting. I was 18 and I left residential care and there was no support whatsoever': a scoping study into the transition from out-of-home-care process in Tasmania, Australia

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[1]Monash Centre of Health Research and Implementation, Monash University, Melbourne, Victoria, Australia; [2]Baptcare, Melbourne, Victoria, Australia; [3]Warwick Business School, Warwick University, Coventry, England, UK and [4]Department of Communities Tasmania, Children, Youth and Families, Hobart, Tasmania, Australia

Abstract

Young people who leave Out-of-Home Care (OoHC) are a significantly vulnerable cohort. No after-care support program to date has been completely informed by young people and their care team. This scoping study explored the perspectives of young people and their w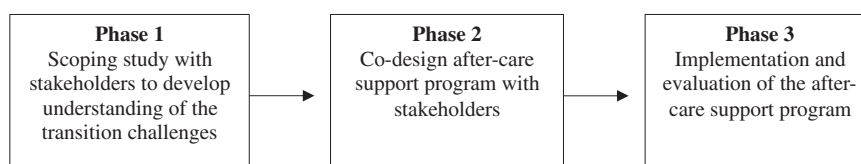ider care team on: (1) challenges surrounding the transition process; and (2) how these challenges can be addressed. Semi-structured interviews and focus group sessions were conducted with 33 stakeholders from OoHC (i.e., young people in care; young people who had transitioned from care; carers; caseworkers and senior OoHC executives). Four themes captured the challenges of transitioning out of care, including: (1) inadequate processes underpinning the transition; (2) instability within the family unit; (3) financial challenges and (4) lack of independence during care. Stakeholders agreed that greater support during the transition process is necessary, including life-skills training while in care and a post-care worker and/or mentor to provide after-care support. These findings provide compelling insights into the challenges that young people transitioning from OoHC experience and possible solutions for how such challenges can be addressed. These findings will inform the development and delivery of a co-designed and specialised after-care support service for this population.

Transition from care in Australia

At present, there are nearly 45,000 Australian children in Out-of-Home Care (OoHC) and approximately 3,300 young people aged 15–17 years that leave care each year (Australian Institute of Health and Welfare, 2020, Table S5.2). Leaving care is formally operationalised as the cessation of legal responsibility by the state for young people residing in OoHC under a child protection order (Mendes et al., 2014a). Young people who transition from care settings (residential, kinship and foster care) have been identified as some of the most disadvantaged and vulnerable young people in our community (Mendes et al., 2014b). Compared to most young people, they are more likely to experience difficulties in accessing support services (e.g., education, employment and stable housing) and consequently, they tend to experience poor outcomes and future trajectories, such as homelessness, mental illness, involvement in the youth criminal justice system, unemployment, substance misuse and low educational attainment (Mendes & McCurdy, 2019; Muir et al., 2019). Most concerning is that approximately 35% of care leavers are homeless in the first 12 months post their transition (McDowall, 2009).

Research has identified several reasons underpinning why young people experience such poor outcomes following their transition from care. A large proportion of young people who leave care (known as care leavers) do not have a 'leaving care plan' to guide the transitional experience. For example, the CREATE Foundation surveyed 605 young Australian people aged 15–17 years who were approaching transition and found that only 190 (31%) had a leaving care plan (McDowall, 2011). Without a care plan, young people lack a sense of structure and organisation to guide their actions, at the point at which they face independence. Further findings demonstrate that as care leavers tend to either return to negative family environments or lack family and other community support networks that young people, not in care, typically utilise to ease their transition into adulthood, they are very dependent on post-care support (Campo & Commerford, 2016). Yet, at the age of 18, these young people experience a sudden end to the formal care system. Specifically, in Australia there are no mandatory legislative provisions for

Phase 1	**Phase 2**	**Phase 3**
Scoping study with stakeholders to develop understanding of the transition challenges	Co-design after-care support program with stakeholders	Implementation and evaluation of the after-care support program

Fig. 1. Phases of the development of the after-care service.

the funding and support of care leavers beyond the age of 18 (Mendes, 2019). Consequently, the financial, housing and social support that they have received comes to an abrupt end.

Support provided to ease transition in Australia

There has been a recent commitment by both government and non-government groups in Australia to better support care leavers during the transition process (Johnson et al., 2010; McDowall, 2011, 2013, 2016; Meade & Mendes, 2014; Mendes et al., 2014c). However, there is currently a lack of published literature regarding the impact and implementation of such programs in Australia. Nonetheless, the limited programs have yielded some improvements in care leavers' transition from care. For example, the Leaving Care and After Care Support Service (LCACSS), which provided case management, housing support, family reconnection and independent living skills education for care leavers, was found to facilitate stable housing options for care leavers in regional Victoria (St Luke's Youth Services, 2005). In addition, the Stand By Me Program (Berry Street, 2017), while no longer implemented, improved leaving care planning and housing outcomes for young people by providing intensive, holistic and flexible support from age 16. Despite the promise of such programs, they are now more than 10 years old or have ceased implementation, and have not been completely informed by the voice and experience of the young person. That is, young people were not consulted or involved in the design and development process of these programs, from the ground-up.

Voice of the young person

There has been an absence of participatory research methods that invite young people to assist in the design and development of after-care support services. While prior research has invited young people to examine their transition experience (e.g., Lushey & Munro, 2011; Mendes, 2010), this information has not been used to support the development of an after-care support program. This is despite the fact that it has been well established that young people have a *right* to express their views about matters that concern their lives and to be included and consulted in the development of programs that are designed for them (Munro et al., 2011). Including young people's voices in this way and acknowledging them as experts in their own life increase their agency and have the potential to shape how services are designed and delivered to this population (Grace et al., 2018; Smales et al., 2020). Research shows that young people are more likely to engage with a program or service when they have been included in its developmental process, as it better meets their needs (Thabrew et al., 2018). In the OoHC context of frequently changing carers, placements and disrupted relationships with biological family, young people lack a consistent adult figure who can advocate on their behalf or educate, guide and support them through the transition process (La Valle et al., 2012). Therefore, these young people need to be given the agency and opportunity to meaningfully contribute their voice, leading to

more creative, relevant, useful and tailored services that truly meet their needs (Munro et al., 2011).

Current study

The current study forms part of a larger research project conducted in partnership between Monash University, the Department of Communities Tasmania and Baptcare, a community service organisation in Australia (please refer to Figure 1 for more information). This study forms Phase One, which employs a qualitative research design to scope from young people and their wider care team the following: (1) what are the current challenges surrounding the transition process; and (2) how can these challenges can be addressed? Tasmania, Australia was selected as the region of focus as it provides a relatively homogenous sample given the small numbers of young people in and leaving care, the latter totalling only 56 in 2018–2019 (Australian Institute of Health and Welfare [AIHW], 2020; Department of Communities Tasmania, 2019). Given how fragmented and different the OoHC transition process can be across the respective States and Territories, we felt it was important to encapsulate and understand one region, with the goal to corroborate these findings across other regions in Australia. The findings of this phase of the project will inform a series of co-design workshops to guide the development and delivery of a specialised after-care program for care leavers.

Method

Ethics

Ethics approval was obtained from the Monash University Human Research Ethics Committee. This paper was written following the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist (Tong et al., 2007) which is supplied in Supplementary Table S1 (please refer to online Supplementary materials).

Participants

This purposive study sample was structured to represent the key stakeholders involved in the process of young people transitioning out of care. A multi-modal approach to recruitment was adopted, including via word of mouth through the Tasmanian Department of Communities, relevant community service organisations and online advertisements. The total sample size of 33 stakeholders comprised of those who have assisted in the delivery of OoHC transitional support, such as case managers ($n = 7$) and carers ($n = 6$; three foster carers and three kinship carers), young people in care ($n = 6$), care leavers ($n = 6$) and senior executives that inform the policies surrounding transitions from care ($n = 8$). This sample size was considered to be adequate as saturation was reached in each participant group with no new themes emerging during the final interviews. No participants withdrew from the study after agreeing to participate. The young people were from various placement types, including foster ($n = 3$), kinship ($n = 3$) and residential ($n = 6$). Their average age upon entry into care was 13 years (SD = 1.40),

Table 1. Descriptive statistics of participants

Participant group	Age	Sex
Young person in care	M = 16.86 (SD = 1.57)	5/6 females
Young person out of care	M = 23.6 (SD = 2.7)	4/6 females
Caseworkers	M = 39.57 (SD = 12.49)	6/7 females
Carers		6/6 females
Foster care	M = 50.00 (SD = 21.93)	
Kinship care	M = 65.66 (SD = 3.79)	
Senior executives	M = 45.24 (SD = 9.86)	8/8 females

M refers to Mean, and SD refers to Standard Deviation.

Table 2. Participants' selection of post-care options

	Option 1: Post-care worker	Option 2: Life-skills training	Option 3: Counselling	Option 4: Mentor
Kinship carer	2			1
Foster carer	3			1
Young person in care	3	3	1	
Young person not in care	2	2	3	3
Executives	2	1	1	5
Caseworkers	7	1	1	1
Total*	19 (58%)	7 (21%)	6 (18%)	11 (33%)

*More than one option was allowed.

with a mean duration in care of 4 years (SD = 1.25), with the exception of one participant who had been in care since birth (16 years). The mean age and gender of participants are presented in Table 1.

Procedure

Written informed consent to participate in a focus group (for senior executives) or an audio-recorded one-on-one phone interview (for the remaining participant groups) was obtained from participants. The interview schedule was devised to gain an in-depth understanding into the inherent difficulties in the OoHC transition process (e.g., 'what were the challenges you faced when transitioning?') and recommendations to improve the transition process (e.g., 'what could be done to address these challenges?'). Initial consultations with participants demonstrated that their identification of solutions was somewhat limited. To help probe the discussion, participants were also provided with four options of post-care support, derived from previous research and earlier consultations with relevant stakeholders. Participants were asked which option would best support young people and why. The options included: (1) Post-care worker to support the young person through their transition; (2) Life-skills training to expand the young person's basic life skills required as an adult (e.g., driving lessons, cooking demonstrations etc.); (3) Provision of therapeutic support and (4) Support via a mentor who had successfully transitioned from care. Participants could select more than one option.

One-on-one, semi-structured interviews were conducted via the phone with the case managers (M = 38.9 minutes, SD = 9.2 minutes), carers (M = 41.7 minutes, SD = 7.4 minutes), the young people in care (M = 26.1 minutes, SD = 10.4 minutes) and young

people out of care (M = 40.4 minutes, SD = 9.39 minutes), while a focus group session was conducted with the senior executives at the Department (131 minutes). Interviews and the focus group were conducted by two postdoctoral female research fellows trained in qualitative research methods. Participants were not previously known to the researchers. Field notes were taken during the interview and later compared to each interview transcription. Carers and young people were reimbursed with a $40 gift card for their time.

Data analysis

The qualitative analysis was guided by a thematic analysis approach (Maguire & Delahunt, 2017). This approach was chosen to allow overall analysis and theme generation to be conducted across the different participant groups. Data analysis was conducted simultaneously with data collection so that saturation could be adequately assessed. Data saturation was achieved within each group by the 33rd participant as no new themes were uncovered. Interviews were transcribed verbatim and were read thoroughly by the researchers to familiarise themselves with the data. Each transcript was double coded in NVivo (qualitative data analysis software), independently by two researchers where the most common and recurrent aspects of the data were grouped together. Descriptive labels were assigned to data that conveyed the same meaning to help organise the data into meaningful groups/themes. Both coders then engaged in a cooperative discussion (interrater agreement = 0.96) to decide on the most important and recurrent aspects of the coded data to form the main overarching themes. At this stage, a total of four main themes were agreed upon. Another researcher from the team also coded the data, and the primary coders examined these newly coded transcripts to cross-check all codes, themes and sub-themes to ensure research integrity and minimise any researcher bias. Participants also provided feedback on the findings. This cross-checking and participant feedback confirmed consistency across the findings of the data and resulted in the removal of one sub-theme. The final set of themes and sub-themes are detailed in the results section.

Results

Four major themes captured participants' perspectives of the challenges associated with transitioning out of care, including: (1) inadequate processes underpinning the transition; (2) instability within the family unit; (3) financial challenges and (4) a lack of independence during care. In terms of solutions, the results presented are based on participants' open-ended responses coupled with their evaluation of the four transition options, including: (1) post-care worker; (2) mentor; (3) access to counselling and (4) life-skills training.

Current challenges of the transition process

Inadequate processes underpinning the transition

Stakeholders acknowledged that the current transition process is inadequate to facilitate positive outcomes for young people due to a myriad of factors. Four sub-themes emerged: (a) poor formal care planning; (b) high caseworker caseloads; (c) lack of housing support and (d) lack of ongoing support once the young person leaves care.

Poor formal care planning

All participants agreed that transition care plans were lacking in strategy and completion. The workers noted that the plan was developed by themselves rather than in an agreed upon format from the Department, and the extent to which it was completed was worker-dependent, meaning significant variability in completion:

> We don't actually have a specific transitional plan for young people, other than notifying them that they are transitioning, and asking them what they want to do or where they want to go. It's very worker-dependant as to how that looks. It's not clear as to what they need. [Caseworker_1]

> It was so rushed and happened all a bit too fast. They were just like, "ok you're moving here now", and I just went with it. I didn't have anywhere else to go. It was the only option. [YP_OutOfCare_2]

High caseworker caseloads

The high caseload of caseworkers was identified as a significant issue, which prevented successful transition planning. Staff identified that at any one time, they could have in excess of 24 cases, making it almost impossible to facilitate any planning for transition:

> At the moment I have 13 short-term cases and 11 long-term cases. It's pitiful. And I'm pretty stock standard. There's a lot to do with young people for their transition, like getting them into Medicare. That takes time. The ones that are successful have someone other than their child safety officer who can help. [Caseworker_3]

> If you're parenting 20 kids, when are you going to have the time to spend the intensive amount of time you need to with each teenager? [Caseworker_5]

Caseworkers identified that a successful transition is one in which the worker was skilled enough to ensure that the young person could effectively enter the community:

> If you don't get a good transition, it's because you may have a worker who may not be quite so good or simply doesn't have capacity and time to spend with you as they need to. [Caseworker_6]

Lack of housing support

A consensus shared among the participants was the lack of available housing for young people when they transition, which meant that the plans could not be fulfilled:

> It's hard to start documenting what the plans are when you're not sure where they're going to live. There's not enough support and accommodation out there. [Caseworker_4]

> Stable housing is a major challenge. I am still struggling with it now even after all these years. Between 18 and now, I've ended up couch surfing at least five times. [YP_OutOfCare_3]

In some cases, housing was not even available for the young person by the day they were meant to leave care, forcing them to enter short-term, crisis accommodation that was intended for homeless people:

> I was told that now that I am 18, I had to get out. I didn't really have anywhere to go so I had to go to the shelters [YP_OutOfCare_1]

Lack of ongoing support for the young person once they leave care

Carers and caseworkers found it very difficult to ensure the care plan was adhered to when the relationship with the young person ceased at age 18. Thus, once the young person transitioned, and contact ended, the plans were often abandoned:

> That's the other thing with the leaving care plan - the worker is setting that up, but once they turn 18, they're gone. So, they're not there to check how things are going. [Foster Carer 1]

> They told me that I would get support to try and find alternative housing, but I never saw any support. They don't follow through. [YP_OutOfCare_3]

Young people agreed that the absence of ongoing support is a very challenging aspect of the transition process:

> It was daunting. I was 18 and I left resi care and there was no support whatsoever. [YP_OutOfCare_1]

> I'm worried about the support I'll be receiving when I'm independent. Most of the support I'm getting now is coming from my case worker from another program, but I won't have that support when I leave care. [YP_In_Care_1]

Instability within the family unit

Another major challenge identified by stakeholders was the instability associated with the family unit, including the inability to return to the care placement or challenges reconnecting with biological family. Three sub-themes emerged: (a) unable to return home; (b) carers misinformed and (c) problems with biological family members.

Unable to return home

Stability of the familial unit, or lack thereof, was a key reason why young people may struggle with their transition into adulthood and the community. In contrast to most young people, care leavers reported that they did not have the option of returning to their foster carers or residential care home once they left:

> I've always said to these children, I'm not an open house, I'm not just a house for you to come and go when you want to. You walk out my doors, that's it. [Foster_Carer_2]

> They don't have the choice to come back to care they just have to keep going. [Executive 1]

Carers misinformed

Carers felt that they were not treated as the guardians of the young people in their care which meant that they were not privy to the planning process and thus, could not facilitate it:

> I'm their caregiver and I consider myself their parent, but decisions are being made without consulting me – it's strange that these conversations are happening with other adults. [Foster_Carer_3]

> I'm not her guardian, I'm just her foster carer. [Foster_Carer_2]

Problems with biological family members

Participants noted that when young people tried to reunite with their family after leaving care as they had nowhere else to go, it usually ended badly:

> Family involvement in the transition process is really crucial. There was a boy who wanted to contact his family when he left, but they did not want to be involved. He lost his family and there was no one else there for him because he was 18. [Executive 1]

> She's made contact with a lot of the extended family, which we had protected her from for so many years because they weren't good company. She felt there was no other option so that's how she chose to live this disgusting life back with them. [Foster_Carer_2]

> I had nowhere to go so went back to live with family. I was exposed to mental health issues, abandoned again by mother, and was left to fend on my own . . . again. [YP_OutOfCare_4]

Young people certainly desired for their biological family to have more involvement in their transition process:

> I would like my family to have options. My family was always told when the decisions had happened and that's it. [YP_In_Care_6]

Having the family help to transition would be good. [YP_In_Care_5]

Financial challenges

Difficulties managing money and government allowances contributed to financial challenges following the young person's transition from care. Two sub-themes emerged: (a) unclear process surrounding financial contributions and (b) financial illiteracy.

Unclear process surrounding financial contributions
A lack of clear process surrounding how and why financial imbursements were being provided to young people was a common concern raised by the care team. In turn, carers felt that young people being provided with money with no clear reasoning was a deterrent to them obtaining paid employment:

They can see this carrot being dangled in front of them by getting youth allowance and New Start from the government. Why would they want to do anything else? They're getting more money than they've ever had. [Kinship_Carer_3]

It was also reported among young people that the process involved in organising financial contributions was unclear, which contributed to feelings of anxiety and stress:

I'm a bit worried about setting up accounts through Centrelink and that kind of stuff. My worker pre-signs my forms but who do I contact if something goes wrong? [YP_In_Care_2]

Financial illiteracy
The majority of stakeholders noted that another difficulty young people face at transition is a lack of financial literacy, including skills and knowledge that allow the young person to make informed decisions about their finances:

She's not good with her money. I can just imagine her sitting there in the dark because she hasn't paid her power and she's just cold and scared. [Foster_Carer_1]

They've never had any experience with money or saving money in their life. Everything's been done for them or controlled by Child Safety. [Caseworker_1]

A number of case workers noted that the expenses young people have once they transition from care are more significant than when they are in care, making it difficult to prepare the young person to budget:

After 18 they might have rent to pay and they don't quite know how to budget for that because that wasn't a factor before. [Caseworker_2]

Young people lack independence during care

Young people felt that there is a lack of autonomy provided to them in care. That is, they are not given opportunities to make decisions for themselves or to act in ways that will serve them to live independently (e.g., cooking, paying bills etc.):

We pretty much have grown up with having someone there 24/7 to then being told we are on our own. [YP_OutOfCare_1]

The hardest thing about transitioning is knowing how to be independent. In care, you always have someone checking up on you constantly. You never have to choose what you want to do on your own, you always have to ask permission to do it. When you leave care, it is all on you. [YP_In_Care_3]

Participants noted that this can create difficulty for the young person as they go from the extreme of having very little freedom to extensive freedom:

Once you get that sudden freedom that you've been wanting for so long, it's easy to misuse it. People think that they are going to do whatever they want,

and that could be through how you're eating, or sleeping, or what you're drinking. But that could be why a lot of people don't end up being able to get stable jobs after care. [YP_In_Care_4]

How can the challenges be addressed?

Open ended responses

Participants commonly reported that housing support was required to address the lack of stability young people face when they transition from care. Indeed, this was highlighted as a topic that has been discussed at the national level:

We need housing support. Most people in care end up being moved around so many times. It is really hard to find stability even while in care, let alone after care. It creates a pattern that you follow after care. We end up going from crisis service to crisis service. [YP_OutOfCare_5]

We were recently involved in a national conversation where one of the states is looking to privilege housing arrangements for children in out-of-home-care including looking at developing a project where kids will be able to help design their own place and possibly start the road to home ownership. [Executive 5]

We need a better housing support model … It would be great if they could secure housing before they were 18 and then they were supported to maintain that property and whatever comes along the way. [Caseworker_4]

Stakeholders agreed that life-skills training should also be a priority and operated in tandem to stable housing:

I think that life skills have to be sorted before you provide housing. I don't think we do that particularly well with young people. It would be great to have something like a lead tenant type model of housing where you have someone on site that can pop in and out and help to develop life skills. [Executive 6]

Someone from the system could help us experience things that we wouldn't experience in care but would experience out of care e.g., sorting out a bus time-table, cooking, learning how to do taxes, go to banks, etc. [YP_In_Care_3]

Post-care support was identified by all participants as crucial, including connecting the young person to positive role models in the community:

One of my recommendations is to have ongoing support post-18. They need some ongoing casework support that can support them through the process of independent living. [Caseworker_7]

A bit more support, rather than having nobody talk to me once I turn 18. They say you are 18 now, we don't get paid for you, so we are not going to help you. [YP_OutOfCare_1]

It all comes down to the relationships. We need positive, appropriate, loving relationships with consistent adult role models. [YP_OutOfCare_2]

Finally, young people reflected that extending the leaving care age could be part of the solution:

If we could get support for another three years, it would help us get the relevant skills to transition to an independent adult, give us a chance to finish education, and put us in a better position to transition. [YP_OutOfCare_6].

Four options

In the provision of the four options provided to stakeholders, the large proportion identified that the post-care worker was essential. More detailed explanation is provided below.

Option 1: post-care worker
The provision of a post-care worker was the most popular option among stakeholders for after-care support. Participants felt that a

post-care worker would allow the young person to receive ongoing support, particularly when faced with challenging adult scenarios:

> It would help with all those practical and logistical factors that young people struggle with after turning 18. Transport, Centrelink, etc. When they have a question, they have someone to call. If they don't have family, that's going to be really crucial for their journey after 18. [Caseworker_2]

> They need to focus on your goals and help you strive towards them, rather than just getting you money for different things. [YP_OutofCare_5]

Participants also highlighted the importance of ensuring that the worker stayed consistent between the pre- and post-care transition phase:

> It would be really good if it was the worker that they always had, because that's a big thing for [young person]. She was lucky that she had one worker that clung to her even through job changes and everything. New people irritate her, it's just another person leaving and another person stepping in. [Foster_Carer_1]

> You can't just introduce someone new before they are about to leave care and expect us to keep engaging with them post-care. The earlier the better. It would be best if the post-care worker is someone we already have a good relationship with. A consistent person to see us through. [YP_OutofCare_2]

Young people favoured the idea of having a post-care worker, more so than the mentor, as the worker was in a position to help the young person with their primary needs:

> I have already got life skills. A post-care worker can't give you everything, but I think they could help you a lot more than a mentor could. [YP_In_Care_5]

Option 2: life-skills training
It was recommended that young people while in care should be provided with the opportunity to extend on their practical skills that prepare them for the autonomy they will experience in adulthood:

> A lot of young people leave at 18 and don't have any of the knowledge to do what's crucial in adulthood, so that would be excellent in supporting that transition. [Caseworker_2]

> Help with paying taxes and bills would be good. [YP_In_Care_4]

Some participants suggested that it would be ideal if life-skills training could occur in a group setting:

> I like the idea that they get together in a group because it also helps them meet up with other people. They learn things from each other and they can bounce ideas off each other. [Kinship_Carer_2]

> If there was a hub where we could go to learn stuff where they run skills training classes, with mentors and workers, that would be great. I would have loved that. Young people could get all the support they need like a one-stop shop. [YP_OutofCare_5]

Young people also felt that this should be given more priority while they are still in care:

> I think skills training needs to be done while we are still in care – involve young people in cooking more or learning to drive. Lots of workers can't be bothered and kids have bigger issues to worry about so everything gets pushed to the side. [YP_OutofCare_4]

Option 3: counselling
While counselling was not a favoured option, participants felt that young people should have access to it if they want to address previous trauma and stress associated with life transitions:

> The therapeutic support availability is a fantastic idea because if people are ready after turning 18 to begin processing their trauma, that actually provides opportunities to break trauma cycles and inter-generational trauma cycles. I think that's really, really important. [Caseworker_2]

> I think that any young person who has come from care should automatically have unlimited and free access to counselling support if they want it. [YP_OutOfCare_5]

Some young people noted that they wouldn't need or find counselling useful for their current situation:

> I don't think I would find it helpful because I don't feel like I would need to see them for anything. [YP_In_Care_6]

Option 4: mentor
The mentor option was the second most favoured option. Participants agreed that the key benefit of a mentor is that they have a personal experience of the transition process to offer advice and support that was genuine and authentic. This would help to form a strong relationship with the young people:

> I think that's a really good idea because they tell you the truth, they know what actually happens, and they know how you actually handle things, instead of just telling you what should have happened. [YP_In_Care_2]

> It is someone who has experienced what I have. They know what I am feeling, they have experienced it, and they may have tips and tricks for me to do it myself. [YP_OutOfCare_1]

Participants also noted that the mentor could also support the young person in developing skills necessary for adulthood:

> I like the idea of mentoring because then there is some capacity to do some of the drop-in life-skills stuff. If one mentor had multiple young people, they could do group cooking to reduce isolation and connect people together. [Executive 2]

> I had a mentor and it was great. He would take me out to different restaurants to explore and try new food. That was so cool. That was the only positive connection that I had. I learnt so much. [YP_OutOfCare_4]

However, stakeholders acknowledged the difficulty in finding the right mentor for this position:

> It has to be pretty intensive. Finding that person might be difficult because to get to the support level that they would need to provide the young person is quite difficult. [Caseworker_3]

> That professional versus chosen organic mentor thing is really hard. One thing that I hear a lot from young people is that they don't want to feel like a job. The mentor would provide a different option, but would have to ensure the mentor has the skills. [Executive 3]

Option 5: alternative option
Some participants could not select one option and instead considered alternatives where several of the options were combined:

> I like the idea of a drop-in support model where after-care support would be based. Then you have the post-case workers in that space for advice, skills and referrals but are also working directly with the kids helping them to transition. [Executive 7]

> Honestly, all of the above because they are all very important. If we are wanting to succeed in setting up these young people for success, we need to invest in this. [Caseworker_7]

> Post-care workers have that mandated responsibility, are pragmatic and can be action-focused. Whereas if the mentor is someone who transitioned from care themselves and a volunteer, there would hopefully be longevity to that relationship. So, you have a formal and informal link to the young person. It would flesh out that safety net so it is not reliant on one person [Executive 4]

Discussion

While some after-care support services have been developed to mitigate the various risks and poor outcomes that young people

experience upon transitioning out of care, no program to date to the authors' knowledge has been informed by, and developed alongside, the voice of the young people and their care team. Therefore, this scoping paper engaged with key stakeholders (i.e., young people and their wider care team) to explore their perspectives on (1) the current challenges surrounding the transition process and (2) how these challenges could be addressed. Stakeholders identified four key challenges, including: inadequate processes underpinning the transition, instability within the family unit, financial issues and lack of independence in care. To address such challenges, stakeholders agreed that the provision of comprehensive community-based supports, such as life-skills training and a dedicated post-care worker or mentor to provide after-care support (i.e., access to housing, counselling etc.) could address such challenges.

Caseworkers and carers agreed that formal transition care plans were consistently inadequate and incomplete, and young people were often unaware of the existence of a care plan. These findings align with previous research where a large proportion of young people in care have been consistently found to not have an adequate or complete 'leaving care plan' to guide the transitional experience (McDowall, 2009; 2011; Muir & Hand, 2018), and young people are rarely involved in the planning process themselves (Muir & Hand, 2018). Stakeholders identified some barriers to the completion of comprehensive leaving care plans, such as high caseloads, lack of available housing for care leavers, and a general lack of ongoing support for the young person once they leave care. Indeed, stakeholders acknowledged that as care ceased at age 18, there was no way to ensure or facilitate adherence to care plans, leaving young people on their own to manage the uncertainty and instability of life post-care. These barriers provide insight into why care plans are often not completed, comprehensive or adhered to, contributing to negative outcomes post-care.

Stakeholders identified that the instability of the family unit poses a challenge to the smooth transition of young people out of care. Due to a range of early or ongoing adverse experiences in their family of origin and subsequent placement in out-of-home care, young people leaving care either don't have the option or do not want to return to either their non-biological or biological family home. Further, those that do attempt to reunite with biological family upon leaving care often have negative experiences. This highlights a significant challenge that is unique to young people leaving care, as they rarely have supportive adult figures in their lives who can advocate on their behalf, educate, guide and support them through the transition process, or readily return to their family at any stage if necessary (La Valle et al., 2012). Therefore, the provision of support needs to acknowledge the agency and goals of the young person and cannot be based on the assumption that they have a wide supportive network of positive role models to fall back on.

Stakeholders expressed a lack of clarity around the process of organising financial contributions to receive post-care, and many care team members questioned how financial reimbursements are provided to young people upon leaving care. This finding is relatively novel, with a lack of acknowledgement or discussion of the uncertainties related to financial contributions of young people in the published literature. Further, stakeholders acknowledged that young people in care experience a lack of financial literacy. Indeed, young people who leave care experience difficulty managing money and expenses. Therefore, a key area for support is the opportunity for young people to learn the necessary skills and knowledge that can empower them to manage money, budget

and make appropriate and informed decisions regarding their finances and expenses.

The final challenge of the transition process for young people leaving care was the lack of independence during care and opportunity to participate in decisions that affect their lives (i.e., leaving care plan) or act in ways that will serve them when they transition. This may compromise young people's readiness to transition, capacity to be autonomous and contribute to heightened feelings of stress and anxiety as they rarely receive adequate opportunities to learn or practice independent living skills (i.e., cooking, paying bills etc.). This supports previous findings where young people consistently reported feeling 'underprepared' or 'not ready' to live independently and lacking necessary skills to do so (Johnson et al., 2010; Mendes et al., 2011). It is clear that greater attention to providing young people with such necessary skills and knowledge may increase their independence, autonomy and feelings of readiness before the transition process.

Stakeholders agreed that the provision of a range of post-care comprehensive community-based supports, in addition to greater preparation towards transition while young people are still in care, could address the challenges associated with the transition process. Specifically, stakeholders supported the idea of a long-term and consistent post-care worker or professional mentor to provide after-care support to young people as they transition out of care and into the community. Stakeholders identified that young people would require and greatly benefit from the practical/logistical support (i.e., referrals to services and access to housing, employment and counselling support) that could be provided through this avenue to meet the young person's unique needs. A post-care worker or mentor could also provide emotional support (i.e., encouragement, provision of informal advice, positive adult role model, someone to talk to when faced with challenging scenarios etc.). Further, stakeholders felt that it was crucial that young people were also provided with life-skills training to practice and develop varying skills necessary for adulthood (i.e., cooking, managing finances, accessing varying services, paying taxes, driving etc.). These suggestions emphasise the importance of providing young people with long-term, consistent and holistic support for a number of years post their transition, which is supported by previous findings (Campo & Commerford, 2016; McDowall, 2011), and by existing extended care programs in the UK and USA (Courtney & Hook, 2017; Mendes & Rogers, 2020). Indeed, a community-based model of support that is based on strong collaborative partnerships with welfare and community workers may improve the transition process and enhance outcomes for care leavers.

Limitations

This study focused its scoping exploration of the transitional process on one state in Australia. Tasmania was selected as the region of focus as it provides a relatively homogenous sample given the small numbers of young people in OoHC (Department of Communities Tasmania, 2019). However, transitional processes differ depending on the State and Territory of Australia. At present, some regions are supporting young people via extended care programs to transition up until 21 years of age, while others are ending their support once the young person is 18 years old (Mendes & Rogers, 2020). Given how fragmented and variable the OoHC transition process can be across Australia, it is important that the current findings are explored and verified in other Australian regions to ensure consistency and generalisability of the results. Furthermore, these

findings only covered one service in Tasmania, and did not include an Indigenous cohort whose specific cultural needs will need to be effectively addressed throughout the transition process.

Implications

The current findings have provided compelling new insights into some of the key challenges that young people face surrounding their impending transition out of care and novel suggestions to address such challenges. Recommendations from key stakeholders indicate that the provision of a broad structure of community-based supports is warranted and necessary to improve the transition experience and mitigate the risks of poor outcomes post-care. A considerable drawback of current programs that provide transitional support for young people is that they have not been adequately informed or developed alongside the young people, to whom the program is targeted. As a point of difference, these findings will be used to inform, develop and implement a co-designed specialised after-care support service for this population. By involving young people in the design and development of such service, it is envisaged that the service will have increased uptake and greater impact than current programs as it will be informed by the young people themselves (Thabrew et al., 2018). Ultimately, including the voice and opinions of young people who have already or are due to transition out of care will seek to ensure that the intended service is individualised, representative, tailored to their unique needs and accurately fulfilling the demand for such service.

Conclusion

The current findings reiterate previous literature that young people approaching their transition out of care are a significantly neglected and vulnerable group, who experience a myriad of challenges that other young people do not experience. By scoping what young people experience, need and want, this study also uncovered some valuable recommendations to address such challenges, which will be used in the next phase of this larger study to co-design an after-care support program with relevant stakeholders. This work will encourage a shift in how future services are designed and delivered to this population towards empowering young people to share their voice, gain agency over their future and better support their successful transition out of care.

Supplementary material. To view supplementary material for this article, please visit https://doi.org/10.1017/cha.2020.54.

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