Wards Leaving Care: four to five years on

A Longitudinal Study

LONGITUDINAL STUDY OF WARDS LEAVING CARE: FOUR TO FIVE YEARS ON

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EXECUTIVE SUMMARY

This report presents the findings of the fourth interviews with the cohort of young people involved in the longitudinal study of "Wards Leaving Care" (Cashmore & Paxman, 1996). The first report presented the findings of the first three interviews with young people who left care and were discharged from wardship in New South Wales over a 12-month period during 1992/3. They were interviewed for the first time just before they left care, and then three months, and 12 months after leaving care. Forty-one of the 45 young people involved in the earlier interviews were interviewed for the fourth time 4–5 years after leaving care when they were in their early 20's.

This report focuses on the circumstances and outcomes of these young people 4–5 years after leaving care. It compares their circumstances and experiences with the overall circumstances of other young Australians their age, and with each other (the ones who do well with those who do less well). These comparisons help to provide some answers to the following questions and address the issues of equity, need, 'progress' and outcomes for young people leaving care.

The report focuses on three main questions:

- *What is life like for young people who leave care aged 16-18? How do their circumstances at and after leaving care compare with those of other young people their age in the general population?*

- *Is it possible to predict how well these young people fare 4-5 years after leaving care and to improve the chances of them faring well?*

- *What are the implications for policy and practice to improve the chances of them faring well?*

How do young people leaving care compare with other young people their age in the general population?

Young people who remain in care until they reach 18 rarely have the emotional, social and financial support that is available to most young people their age from their families. Some young people had returned to their parents' home or to a relative, mostly for short stays, and some had been able to stay on with their foster carers beyond care or returned there after leaving care. But by the time the young people in this study had been out of care for 4–5 years, most were in some form of independent accommodation or were sharing with other young people, including partners, friends or siblings. They were much less likely than young people their age in the general population to be living with their parents, much more likely to have been in some form of transitional housing and less likely to be at the same address as they were five years before.

Compared with their age-mates in the general population, the young people leaving care were less likely to have completed Year 12, and 4–5 years after leaving care, they were much less likely than their peers to be in full-time work and/or education, and more likely to be unemployed and to receive government income support. Most had a history of part-time and casual work in poorly paid and low-skill jobs. Those who had completed Year 12, however, were more likely to be employed, to be employed full-time or in full-time education than those who did not complete Year 12. A number of the young women were more likely than their age-mates to have taken another path -- into early parenthood. Many, including some of the young mothers, were interested in further study to qualify them for more skilled jobs.

Not surprisingly, because fewer were in full-time work, the overall median gross weekly income for the young care-leavers was less than that of their age-mates and a number had debts and few had savings. While about two-thirds said they were as well off or better off than their peers and two-thirds said they could make ends meet, a significant proportion said they had to go without or cut back on various goods and services, particularly dental services, telephone, and clothes. Three in four young people could name someone (including partners and their families, foster carers, family, or charities) they could call on for help if they ran into financial difficulties but some were not prepared to do so and others said there was no-one they could ask.

Most (two-thirds) were in contact with one of their parents, mostly their mothers, but only a few used their parent's home as a secure base to return to and a number were still coming to terms with and reassessing their relationship with their parents. Foster families provided stability and a sense of security for some young people while others had found some stability but did not feel close to their carers, and other young people had limited social support networks before and after leaving care. Half the young women had married or were living in de facto relationships, mostly with children. Some of these young people found supportive relationships with their partner's family. Several, however, found little support or safety, and instead fled violent relationships. A small group, mostly young men, were quite isolated, reporting that there was no-one they could call on for support or to share special events with.

The *overall* picture for these young people 4–5 years after leaving care is one of mobility, poor quality accommodation, unemployment, early parenting, difficulties in 'making ends meet' and establishing and maintaining relationships, limited support and family contact, loneliness and mental health problems. Their overall outcomes were significantly associated with the level and sources of social, emotional and financial support they thought were available to them at that time. Clearly the circumstances and life chances for these young people are significantly poorer and the challenges and hardships considerably greater than for other young people their age in the general population. What is less clear is the extent to which this

disadvantage accrues before they enter care. Regardless, the experience of being in care has not compensated sufficiently for earlier disadvantage and young people leaving care are significantly disadvantaged on leaving care and beyond, compared with their age-mates.

What predicts how well these young people fare 4-5 years after leaving care?

Young people leaving care are, however, not a homogenous group, and some were clearly doing well, and most were doing better or as well as they were 12 months after leaving care. How well these young people were faring 4–5 years after leaving care was a function of a complex interaction of factors relating to their in-care experience (and their experiences before coming into care), the timing and circumstances of their transition from care, and the extent of the supportive network they had around them in the period after leaving care. There were factors at each "phase" – in care, leaving care and after care – that were significantly associated with more positive outcomes for young people 4-5 years after leaving care. The most significant in-care factors were stability and, more importantly, a sense of security in care. Young people who reported that they had felt secure with or loved by both family members and their carers had the highest "overall outcome" scores. Neither the age that children entered care nor the age they became wards was associated with later outcomes.

Young people who were at least 18, felt that they were ready to leave care, had already completed their secondary schooling, had support from those around them and were able to maintain some continuity in their relationships and living arrangements were doing much better than those who were discharged from care earlier with little preparation or support and without having completed their secondary schooling. This latter group included some of the young women who had children and who had left school early, had little social and emotional support and difficult relationships to contend with.

What are the implications for policy and practice to improve the chances of them faring well?

What can be done to improve their life chance and what supports do they need in making their transition from care and in the 4-5 year period after leaving care?

Stability during childhood and adolescence is likely to be a necessary but not sufficient condition for feeling secure, and for more positive longer-term outcomes. The question then is how to translate stability into security to provide a safety net of supports around young people. The most likely means is through the continuity of relationships, acceptance, and the normality of their daily lives - and continuity which does not end on their 18th birthday.

At the time they leave care, the major issue is the need for young people to negotiate a number of major changes in their lives earlier, with fewer resources, and in a much shorter period of time than other young people

their age. There are several ways of assisting young people leaving care. These include delaying or staggering the transitions, planning for and preparing young people for the transitions to ensure they have the life skills to manage greater independence, and making sure that they have adequate support and continuity of connections and relationships. It is clear, however, that the various inter-related needs of young people leaving care cannot be met by any single government department. Since they have been in the care of the state and are more vulnerable and lack the supports their age-mates have, they need, and have a right to expect, some priority of access to (State and Commonwealth) government services. This includes priority access to affordable and stable housing, income support, assistance with the costs of education and further training, dental treatment, physical and mental health care, access to information and their files, and guidance and support.

Limitations and caveats

It is important to reiterate the earlier qualifications on the findings from this cohort of young people and to note the legislative reforms and forthcoming changes in policy in relation to leaving and after care provision. As outlined in the first report, the young people who were interviewed over the four occasions in this study were representative of the overall cohort leaving care during that 12 month period in relation to their age, gender, location, Aboriginality, the age that they entered care and the types of out-of-home care placements they had experienced (Cashmore & Paxman, 1996). There was also little attrition in their numbers over the four interviews (Chapter 2). They were, however, different in terms of their stability in care, and also their possible access to services after leaving care as a result of their participation in this study. These differences in stability in care and after-care support mean that the findings derived from this group of young people underestimate the adverse experiences and difficulties for young people leaving care in the overall cohort.

There have, however, been legislative and policy changes since the young people in this study left care which might be expected to improve the situation of care-leavers. The *Children and Young Persons (Care and Protection Act)* 1998 came into effect in December 2000 and includes specific provisions for leaving and after care planning and assistance for young people between the ages of 15 and 25 years who have been in out-of-home care. Specialist after-care services, established in the mid-to late 1990s, more specialist out-of-home care workers and various policy and practice reforms, might be expected to result in improved outcomes for children and young people while they are in care – with likely payoffs in relation to their after-care outcomes. The extent to which these expected benefits accrue in the medium to long-term does, however, need to be subject to proper evaluation.

1   LIFE 5 YEARS AFTER CARE

This report presents the findings of the fourth interviews with the cohort of young people involved in the longitudinal study of "Wards Leaving Care" (Cashmore & Paxman, 1996).

The first report (Cashmore & Paxman, 1996) presented the findings of the first three interviews with young people who left care and were discharged from wardship in New South Wales over a 12-month period during 1992/3.[1] The objectives of the study, funded by the New South Wales Department of Community Services, were:

(1)   to examine the circumstances, experiences, and difficulties of young people leaving wardship at the time of leaving care and subsequently;

(2)   to document their perceptions of the events and experiences of being in care;

(3)   to evaluate the service needs of young people leaving care and the extent to which these needs are being met by Departmental and non-departmental services;

(4)   to examine any relationships between outcomes and young people's individual characteristics, family histories and experiences in care.

The aim of the current study was to follow up the young people interviewed earlier on three occasions – the first time just before they left care, and then three months, and 12 months after leaving care – and to see how they were faring 4–5 years later. This report outlines the findings from the fourth interview, comparing the circumstances and outcomes of these young people against their circumstances and experiences in care and soon after leaving care.[2] It also compares the circumstances of these young people with those of other young Australians their age, and with young people leaving care in other countries, and with each other (the ones who do well with those who do less well). These comparisons help to provide some

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[1] The project comprised several parts. The first was a prospective longitudinal interview study of young people leaving care. It involved a series of three interviews with state wards with the first interview just before they were discharged from wardship, and the second and third approximately three months and twelve months after discharge. The second part was the inclusion of two comparison groups, involving one interview with young people the same age as the wards but who had not been 'in care'. The first comparison group comprised young people living 'away from home', mostly in refuges or in supported accommodation; the second group included young people still living at home with their parent(s). In effect, they provided respectively a 'disadvantaged' and an 'advantaged' point of comparison. The third part was a study of the departmental files of the total group of young people leaving care within the one-year period. This was to allow a comparison of the young people leaving wardship who were able to be interviewed with those who were not. The fourth part of the project involved interviews with the caseworkers (District Officers) who were dealing with the young people in the leaving care interview group at the time of their discharge.
[2] In the earlier report, the views of their case-worker were obtained but few of the young people had contact with their former case-workers by the time of the fourth interview (Cashmore & Paxman, 1996).

answers to the following questions and address the issues of equity, need, 'progress' and outcomes for young people leaving care. While the overall picture of young people's circumstances and outcomes after leaving care is fairly bleak, these young people are a mixed group and some clearly fare better than others (Cashmore & Paxman, 1996; Stein, 2004). As Gilligan (2001) points out, understanding why some children and young people "make favourable progress in unfavourable circumstances may tell us more about how to help people exposed to potentially damaging experiences" (p. 5).

1.1 THE VALUE OF A LONGITUDINAL STUDY

Research over several decades and from different countries (England, Ireland, US, Australia, Canada, Sweden) across various jurisdictions has painted a very consistent picture of the adverse circumstances and outcomes for young people 'ageing' out of care. These findings have been reviewed and well summarised by Stein (2004) who conducted the first longitudinal study of young people leaving care in England (Stein & Carey, 1986).

The advantage of a longitudinal study is that it can provide a picture of young people's experiences and circumstances over time rather than a snapshot at one point of time. It can examine the extent to which there is change or stability and continuity over time – and the change *within* individuals, as well as the variation between them (Farrington 1991; Sanson et al., 2002). That was the aim of the current study – to see how well young people were faring 4-5 years after leaving care, taking account of their circumstances and experiences in care and soon after leaving care. It is unusual in that few studies have followed young people for periods longer than 18-24 months after leaving care (Stein & Carey, 1986; Biehal et al., 1995).[3]

The basis of this study is what these young people said about their experiences and their circumstances in relation to their housing, education, employment and relationships as well as their views and recommendations for forms of support. The rationale for this approach is that it takes their perspective seriously and gives them "voice". It would not have been possible without the cooperation of these young people and their willingness to share their experiences with us.

Research questions

The report focuses on three main questions:

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[3] Studies on young people leaving care have mostly been either small-scale studies of young people in the immediate period after leaving care or retrospective, based on the views of case-workers or workers in specialist leaving care programs views or asking young people some time after they left care about their experiences on leaving care. More recently, there have been some larger-scale longitudinal studies in the United States (Courtney *et al.* 2004; Pecora *et al.* 2003).

- *What is life like for young people who leave care aged 16-18? How do their circumstances at and after leaving care compare with those of other young people their age in the general population?*

- *Is it possible to predict how well these young people fare 4-5 years after leaving care and to improve the chances of them faring well?*

- *What can be done to improve their life chance and what supports do they need in making their transition from care and in the 4-5 year period after leaving care?*

First, we need to ask what is different for young people when they leave care, and what is different for these young people at this point in their lives compared with other young people their age. What changes for them at age 18 or on leaving care and what challenges do they face? How do these challenges differ from those faced by other young people their age?

There are several main differences between young people leaving care and other young people their age. The first set of differences concerns the experiences they have had that brought them into care and their experiences while they were in care. The second concerns their legal status and the change in that status at the time their order ends, and the uncertainty of support following that change of status. The third concerns the timing, the number of changes and the abruptness of the transitions they need to make in a short time.

1.2   WHAT IS DIFFERENT FOR YOUNG PEOPLE WHO HAVE BEEN IN OUT-OF-HOME CARE COMPARED WITH THEIR SAME-AGE PEERS?

Clearly the experience of being removed from their parents' home and placed in out-of-home care, together with the circumstances which led to this, mean that children and young people in care have had a ' poor start' (Cicchetti & Toth, 1997). The losses and disruption that this involves are unfortunately exacerbated for many children and young people by further movement and disruption during their time in care. Multiple placements, changes in schools, neighbourhoods and communities, irregular contact with their families, the loss of friends and numerous changes of workers undermine continuity of care, stability, and young people's sense of security and identity. As Stein (2005) points out, this "makes the lives of many young people living in care qualitatively different from those living in families, whether lone, two-parent, extended, or geographically mobile, where there is some constancy within the family group, or, more specifically, a 'redeeming and warm' relationship with at least one person in the family - a key association with the resilience of young people from disadvantaged backgrounds (Rutter, 1998)" (p. 7). In addition, the stigma often associated with being in care and the lack of control over their lives mean that these young people have little sense of control or experience in making decisions, and also low self-efficacy. In Stein's terms, their lives are "seemingly

controlled by others: *abandoned* by family, *excluded* from school, *put* into care, *sent* to a children's home, *assessed* by social workers, *placed* with foster carers" (p. 12).

Despite these problems and the 'bad press' that out-of-home care often receives, most children and young people say that they are "better off in care" than being left in their original home (Cashmore & Paxman, 1996; Delfabbro, Barber & Bentham, 2002; Festinger, 1983; Kufeldt, Armstrong & Dorosh, 1996; Sinclair, Baker, Wilson & Gibbs, 2005). Consistent with the reports from children and young people, various studies that have compared children who have been returned home with those who have remained in care have also found that the outcomes for those in care were better than for those who returned home especially if they were stable in care (Barber, Delfabbro & Cooper, 2003; Davidson-Arad et al., 2003; Gibbons et al., 1995; Sinclair et al, 2005; Taussig, Clyman & Landsverk, 2001; Wald, Carlsmith, Leiderman, & French, 1988). The recent research on the effects of early experience on brain development clearly demonstrates how important nurturing relationships and sensitive and predictable care are for healthy physical and mental health and overall well-being, as well as the long-term adverse outcomes of prolonged 'toxic stress' (Shonkoff, 2005).

While out-of-home care can provide a turning point for children and young people by offering new opportunities, by removing them from damaging family circumstances, and providing stable and secure care, many young people leaving care have not had the benefit of stable, secure care or of new opportunities and extra supports to help them recover from a 'poor start'. Research here in Australia and in Canada, England, Ireland, and the United States has consistently shown that overall young people leaving care have low levels of educational attainment, and high rates of unemployment, mobility, homelessness, financial difficulty, loneliness and physical and mental health problems (Biehal, Clayden, Stein & Wade, 1995; Broad, 1998; Courtney, Terao & Bost, 2004; Kufeldt & Mckenzie, 2003; Maunders, Liddell, Liddell & Green, 1999; Pecora et al., 2003; Raman, Inder & Forbes, 2005; Stein & Carey, 1986; Stein, 2005). Some, however, do well and there is now increasing interest in and research that is trying to understand why some young people do well, others less well, and some very poorly after leaving care. Indeed this is the focus of this study - on ways to predict what the next life-phase will be like for young people leaving care and on ways to improve the chances of its going well.

1.3   WHAT CHANGES FOR YOUNG PEOPLE LEAVING CARE?

At 18, on attaining legal adulthood, or on the expiry of the court order, young people leaving care face a number of changes in a short period of time, often with little support. The change in their legal status means that they are no longer under the statutory responsibility of the state welfare authority and that their carers no longer receive financial support for providing care and accommodation and are not expected to provide further care and accommodation although some do continue to do so. Young people who are

discharged from care are therefore generally expected to leave their foster care placement and move to independent accommodation, and to look after themselves in relation to living skills and income support. While young people may have received some preparation for these changes, they generally have little control the timing of these changes which are mostly determined by the young person's 18th birthday or the discharge date from care. They may be excited about the prospect of having greater independence but also ambivalent and anxious about the removal of the 'official safety net'.

All state responsibility for these young people does not end at this point, however. In response to the increasing recognition of the difficulties that many of these young people face, there have been changes in the legislation in various states in Australia and in overseas jurisdictions that require or allow state welfare authorities to provide support to these young people. In New South Wales, Part VI of the *Children (Care and Protection Act) 1998* includes provisions that require the Minister to provide or arrange for assistance "as the Minister considers necessary having regard to their safety, welfare and well-being". Young people leaving out-of- home care are eligible for this assistance until they reach the age of 25. This assistance may include the "provision of information about available resources and services, and assistance based on an assessment of need, including financial assistance and assistance through obtaining accommodation, setting up house, education and training, finding employment, legal advice and accessing health services, and counselling and support" (s.165 (2)).

The recent *Children (Leaving Care) Act 2000* in England and Wales goes considerably further, introducing new duties in relation to assessing and meeting needs, planning for leaving care, providing personal advisers or mentors, and providing financial assistance, support and accommodation. "Its main aims are to: delay young people's transitions from care until they are prepared and ready to leave; strengthen the assessment, preparation and planning for leaving care; provide better personal support for young people after care; and improve the financial arrangements for care leavers" (Stein, 2005, pp. 25-26).

The reasons for providing some continuing support are clear; this is what is needed to help young people leaving care who are generally poorly equipped for the challenges they face in making the transition to greater independence or interdependence and adulthood, earlier, more abruptly, and with considerably less support than others their own age.

1.4   WHAT CHALLENGES DO YOUNG PEOPLE LEAVING CARE FACE COMPARED WITH OTHER YOUNG PEOPLE THEIR AGE?

The maximum age at which young people leave care is governed by the legal age of adulthood (18 years) but a number of young people leave care earlier than that, either effectively by default or by choice, especially when they have problems at school or in their placement. This means that they

often leave school, need to find somewhere to live and set themselves up in independent living, have to find work or some means of supporting themselves, and are negotiating and re-establishing relationships with their family and others at the same time - and all within a short period of time. Some also need to manage becoming parents at an early age. Their experiences in and before coming into care mean that many are not well-equipped to manage these multiple transitions and their abrupt change of status and the uncertainty of financial and other forms of support from others means that they are generally not well-resourced to do so.

In general, the situation for most young people their age in the general population in various countries stands in stark contrast to the circumstances of young people leaving care. Young people in Australia, the UK, and northern America are staying on at school longer, working part-time while studying, leaving home years later and returning home when they need a safe base to return to. Their economic dependence has been extended, and even those living independently often get a fair amount of support from their families. Increasingly, young people are delaying partnering, marriage and child-bearing into their late 20s and 30s (Cohen, Kasen, Chen, Hartmark, & Gordon, 2003; Jones, 2002).

Overall, then, the evidence from a large number of studies summarised by Stein (2004, 2005) and others shows that young people leaving care "have to cope with the challenges and responsibilities of major changes in their lives – in leaving foster care and setting up home, in leaving school and entering the world of work or, more likely, being unemployed and surviving on benefits, and in being parents – at a far younger age than other young people. In short they have compressed and accelerated transitions to adulthood" (Stein, 2005, p. 17). In addition, they often lack adequate resources to help them cope.

The main differences then between young people leaving care and their same age peers in the general population concern the earlier timing and the number and accumulation of changes that they have to make with fewer resources. The adverse experiences that have brought them into care as well as the losses associated with their separation from their family, and difficult experiences while they are in care put them at a considerable disadvantage compared with their peers. The fact that they have to navigate these changes at an earlier age than their peers means that they are less likely to have developed the skills to do so successfully (Graber & Brooks-Gunn, 1996), and that they are also 'out of sync' with their peers, and therefore likely to see themselves as somewhat different from others their age. More importantly, the sheer number of changes they have to cope with, and the cumulative effect of these changes, are likely to overtax their capacity to cope, especially given the limited resources and support they can call on (Coleman & Hendry, 1999; Graber & Brooks-Gunn, 1996; Rice et al., 1993).

Given these differences and challenges, it is hardly surprising that young people leaving care have a more difficult time and fare less well than others their age. What is perhaps more important is to understand how and why some young people negotiate these changes more successfully than others. It is likely, as Graber & Brooks-Gunn (1996) propose, that this will be a function of their development before the transition, the timing of the transition for the individual, their experience of it, and the context and circumstances in which it occurs; in other words, how well young people were doing before they left care, the timing of their leaving care, and their experience of it, and the circumstances and level of support and resources available to them at the time and after leaving care.

The focus of this study is therefore on three main questions:

- *How well do young people leaving care in New South Wales cope with the challenges of leaving care? How do they compare with young people their age in the general population?*

- *Why do some fare better than others after leaving care? What factors predict those who do well compared with those who do less well?*

- *What can be done to improve their life chance and what supports do they need?*

2   RESEARCH METHODOLOGY

2.1   THE YOUNG PEOPLE

Forty-one of the 45 young people who participated in the first three interviews were interviewed on the fourth occasion, four to five years after they left care. The first three interviews were conducted three months before, three months after and 12 months after they were discharged from wardship.

At each interview, the young people were asked whether they were willing to be contacted again for a further interview. All agreed to further contact and provided the name and contact details of a relative or friend who was likely to stay at that address for some time. Forty-one (41) of the 45 young people who were interviewed in the first three interviews were able to be contacted for the fourth interview (4-5 years later) but one refused to participate because he was no longer interested. The young people who could not be contacted had lost touch with the person they nominated as a contact person and other means of finding them via telephone and electoral rolls were not successful. Those who were not interviewed for the fourth time were two young men and two young women. One of the young men who could not be located was last interviewed by phone when he was in a juvenile detention centre in Queensland. At the third interview, the two young women had been living with their foster family or an 'adopted self-selected' foster family.

There was therefore little attrition in the numbers of young people interviewed across the four interviews, with 41 of the initial 47 interviewed four to five years after they left care.

Those who agreed to be interviewed at the fourth interview were widely dispersed, with as many living in rural centres in NSW (*n* = 17, 41%) as in Sydney, Newcastle or Wollongong (*n* = 17, 41%), and 17 per cent (*n* = 7) living interstate. Those who moved interstate did so for work or family reasons.

Table 2.1
Location at 1ˢᵗ and 4ᵗʰ interviews

Location	1st interview *n*	1st interview %	4ᵗʰ interview *n*	4ᵗʰ interview %
Metropolitan Sydney	18	38.3	12	29.3
Newcastle/Wollongong	4	8.5	5	12.2
Rural NSW	25	53.2	17	41.4
Interstate (Qld, SA, Vic)	--	--	7	17.1
Total	**47**	**100.0**	**41**	**100.0**

2.2   INTERVIEW SCHEDULE

The fourth interview schedule followed the format for the three earlier interviews to provide some comparative measures but it also focussed on new areas to capture changes in the young people's circumstances. It included both open-ended and closed quantitative and qualitative questions dealing with the young person's current living arrangements, income support, education, financial and emotional support, their contact with their birth family, and their views on their readiness for leaving care and their expectations of the future (See Appendix 1 for a copy of the schedule).

2.3   METHOD

Most young people were interviewed face to face but in eight cases this was not possible because of distance so the interviews were carried out by phone. Most of the face to face interviews were conducted in the home of the young person but seven were carried out in parks, cafes or the home of a friend, at the suggestion of the young person; one interview was conducted in a gaol. Two young Aboriginal women were interviewed by an experienced Aboriginal woman interviewer who had conducted the earlier interviews with them.

Before each interview, we explained to the young people that we were interested in their views and that what they told us would remain confidential. They were also told that they did not have to answer specific questions if they did not wish to do so.

All the interviews were taped with the consent of the young person for later transcription. The young people were paid $20 for their time and in recognition of their valuable contribution. This study would not have been possible without the cooperation of these young people and their willingness to share their experiences with us.

Qualifications of the cohort and generalisations of the findings

The young people who were interviewed for this study constituted about half the young people who left care in the same 12 month period. As outlined in the Cashmore and Paxman (1996), some young people in the overall cohort left care before they could be asked if they wish to participate in the study, others could not be located, and a relatively small number (n = 9, 9.9%) refused to participate. Comparison of the interview sample with those who were not interviewed in the overall cohort indicates that the interview sample was representative of the overall population of young people leaving care at this time in relation to their age, gender, location, Aboriginality, the age that they entered care and the types of out-of-home care placements they had experienced. Those in the interview group, however, had on average fewer placements once they became wards (5.3) than those in the non-interview group (8.2) and the average length of stay in foster care was longer (55.5 months compared with 30.6 months for the non-interview group). The interview group therefore had somewhat greater stability than the non-interview group, and are therefore likely to have better long-term outcomes given the association between stability, continuity and reported happiness, years of schooling completed, outlined in the previous report (Cashmore & Paxman, 1996).

In addition, young people in the interview group also obtained information and where necessary, were referred to agencies and after-care services for assistance with accommodation, financial support, and counselling where requested. Ethically, we could not deny information and help to young people in need although this may have increased any differences between the interview and non-interview groups in access to services. These differences in stability in care and possible access to services after leaving care between the interview and non-interview group mean that the findings derived from the interview group probably underestimate the adverse experiences and difficulties that young people leaving care in the overall cohort experienced.

3 ACCOMMODATION: MOVING ON AND SETTLING DOWN

When young people leave care, they are generally expected to, and also expect, to leave their foster care placement and move to independent accommodation, and to look after themselves. As Biehal et al. (1995) pointed out, leaving home for most young people is a matter of choice, triggered by employment or educational opportunities, or by the wish to live independently alone, with friends or with a partner. Young people in the general population are leaving home later because the cost of housing and the cost of living, and student allowances and part-time work mean that they cannot afford to live independently. Government allowances and income support also assume that parents will continue to support their adult children until the age of 25. Even when they leave home for independent living, young people often return home several times for 'respite' when financial or relationship problems arise (Kilmartin, 2000). In 2000, for example, 52 per cent of 20–24 year old males and 39 per cent of females in the general population were living at home, having never left home or had left and returned at least once (Australian Institute of Health and Welfare, 2003, p. 252).

For young people leaving care, however, the move to more independent living may be less a matter of choice and one that comes earlier and with less support and without the option of returning to a secure base than is the case for other young people leaving their parents' home. It also often follows a period of greater instability in living arrangements than most young people in the general population have experienced, and this may have implications for their after-care mobility. The findings of the earlier interviews, for example, indicated that young people's mobility after leaving care is associated with their stability in care (Cashmore & Paxman, 1996). The more placements they had in care, the more moves they made in the first 12 months after leaving care.

Where young people live and how often they move is likely to be an important determinant of other aspects of their life after care, such as their opportunities for further education, work and continuing relationships.

The three major questions in relation to where young people live and how they manage accommodation after leaving care follow the main themes outlined in the introductory chapter:

- *What is life like in terms of housing and accommodation for young people who leave care as wards of the state? How do they compare with their age-mates in the general population?*

- *What factors predict where they live, how mobile they are and why they move in the 4-5 years after leaving care?*

- *What forms of support made or might have made a difference?*

Before looking at their living arrangements five years on, it is useful to re-cap on the findings from the earlier report (Cashmore & Paxman, 1996) about where they were living just before and after leaving care and to have an

overview of the overall changes in their living arrangements at each of the four interviews. Table 3.1 shows the living arrangements at the four interviews and indicates the drop in the numbers living with foster carers and family over time and the increase in the number living independently.

Just before they were discharged from wardship, just under half (22, 47%) of the young people at the first interview were still in some form of foster care and one in five (9, 19%) were living with one or both parents (Cashmore & Paxman, 1996; see Table 3.1). Eight young people were still living with their foster carers one year later, although several had had short periods staying with a relative or with friends. Three left to go to college or university.

Eleven young people left their foster homes: seven to move into independent living of some kind (shared rental or supported accommodation), three to live with a friend's family, and one to a juvenile detention centre. Two also moved out for a short time but returned when they found it difficult to cope with independent living. The move from their foster home to other accommodation was planned in all except three cases.

Nine were living with a parent before they left care but a year later only four continued to do so. Most had moved within three months of leaving care into independent living arrangements. In addition, three of the five who had been living with relatives had moved out to live with friends or go into detention within three months. Overall, most young people (n = 34, 83%) moved from their last placement in care within a year or so of leaving care and lived on average in about three different places (mean = 3.3, SD = 3.3)[4] in that first year after leaving care.

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[4] The information provided by two young women who were not interviewed one year after leaving care but were found and interviewed at the time of the fourth interview filled in the gaps in their living arrangements during the first year out of care so the mean number of placements is now 3.3, rather than 2.98, as reported in Cashmore & Paxman (1996).

Table 3.1
Places where young people were living at time of four interviews

	Before discharge		After discharge					
	< 3 months		**3 months**		**12 months**		**4-5 years**	
	Interview 1		Interview 2		Interview 3		Interview 4	
	n	%	*n*	%	*n*	%	*n*	%
Foster homes	14	29.8	13	27.7	8	17.8	2	4.9
Relative foster/ self-selected foster	8	17.0	4	8.5	3	6.6	2	4.9
Natural parent/s	9	19.1	5	10.6	4	8.9	1	2.4
Supported accommodation/refuge	6	12.8	8	14.9	3	6.7	1	2.4
Independent/ shared	6	12.8	12	25.5	19	42.2	31	75.6
Friend's family	3	6.4	5	10.6	3	6.7	2	4.9
College/ workplace	1	2.1	0	--	3	6.7	1	2.4
Detention centre/ prison	0	--	1	2.1	2	4.4	1	2.4
Total	**47**	**100.0**	**47**	**100.0**	**45**	**100.0**	**41**	**100.0**

3.1 WHAT WERE THEIR LIVING ARRANGEMENTS FIVE YEARS ON? HOW DOES THIS COMPARE WITH THEIR AGE-MATES?

Four to five years after leaving care, most young people were in some form of independent accommodation or were sharing with other young people, mostly partners or friends (see Table 3.2). Several others were staying with friends or with friends' family, one was in a refuge and one in prison. One young man was staying with his mother, and one young woman was living with her partner in a house they had built on her partner's parents' property.

Young women were more likely than young men to be in independent accommodation (24/28 compared with 7/13) and less likely to be in the more transitional forms of accommodation such as living with friends or in a refuge. Young women were also much more likely to be living with a partner than the young men were (17/28 compared with 3/13), and much more likely to have children living with them (13/28 compared with 1/13). Two young women and two young men were living alone at the time of the fourth interview, by choice in most cases.

> *I'm in a one-bedroom flat and I love it. I wouldn't go back to living with other people again. I've been there, done that! I lived with my sister but she got married and has had a baby now.*

*By myself. I prefer it though I'm mellowing out and if circumstances change
by some remarkable reason, then that would be very good.*

Table 3.2
Accommodation five years on by gender

	Women	Men
Renting shared place	21	5
Renting own place	3	2
Own house	1	-
Friend's place/family	-	2
Parents/extended family	1	1
Foster family	1	1
Workplace	1	-
Refuge	-	1
Prison	-	1
Total	**28**	**13**

While Australian Bureau of Statistics figures indicate that 47 per cent of 20–24
year olds in the general population were living at home, only 10 per cent of the
41 young care-leavers were still living either with their parents or with other
family members or with the foster carers they had lived with before leaving
care. Only one young woman had not moved at all since leaving care; the
other three young people (one female, and two males) had ventured into
independent or college living but returned.

Most young care-leavers (two-thirds) said they got on well with the people they
were living with at the time of the fourth interview and most (90%) were satisfied
("It's OK") or very satisfied ("It's great, really good") with where they were living.
What they commented on most positively were the area, the people and the
community services: having helpful, good or unobtrusive neighbours, being close
to transport, shops, and schools, and feeling safe. Almost half (18/41, 44%),
however, were not sure they would still be there or did not expect to be there in
six months' time because of possible moves for study, work or family reasons or
because the lease was due to expire. Three young women said they did not
know where they would be living because they did not plan that far ahead.

3.2   MOVING AROUND

While the 'snapshots' at each of the four interviews are useful in providing a
picture of where young person were living at those times and a context for their
lives, many of these young people were quite mobile and had moved through a
range of living arrangements. Only four young people (two young women and
two young men) were living at the same address as they were five years

previously (9.7%).[5] In contrast, 57 per cent of males and 47 per cent of females aged 18–25 in New South Wales reported living at the same address in the 1996 census as they did five years previously (Australian Bureau of Statistics, 1998).[6]

Overall, most young people (*n* = 34, 83%) moved from their last placement under wardship within a year or so of leaving care and lived on average in about three different places (mean = 3.3, *SD* = 3.3)[7] in that first year after leaving care. By the time of their fourth interview, 4-5 years after leaving care, young people had lived on average in 8.5 places (*SD* = 4.9) since leaving care.[8] Only one young woman had not moved at all and was still living with the relative who had cared for her since she became a ward at 18 months of age. One young woman who had several children with the same partner had moved only once within the same regional town. At the other extreme, 13 young people (32%) had moved at least 10 times in the five years or so since leaving care, and eight had moved at least 15 times.

The level of mobility of these young people after they left care was significantly related to their stability in care. As the first report indicated, "the more placements young people had during their time in care, the more moves they were likely to make [in the first year] after they were discharged from wardship (*r* = .55, *n* = 45, *p* < .0001)" (Cashmore & Paxman, 1996, p. 111). That association was still evident, though not quite so strong, four to five years later (*r* = .44, *n* = 41, *p* < .005).

Another indicator of stability in care used in the first report (Cashmore & Paxman, 1996) that takes some account of the variability in these young people's placement histories is whether or not they had spent a substantial proportion of their time in care in one placement. Some young people, for example, had a number of placements spread over their time in care whereas others with a high number of placements had at least one stable period before (or less commonly after) a period of considerable instability. Nearly half (*n* = 21/47, 44.7 %) of the young people who participated in the study had spent at least 75 per cent of their time in one placement, with this being more common among those who entered care before age 12 than during adolescence. Those who had a period of stability in care (the "stable" group) had fewer placements in care, and fewer moves in the first year and over the 4-5 years after leaving care than those who did not have at least 75 per cent of their time in care in one placement (the "unstable" group). These differences were significant

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[5] Two were living with their foster carers, one with a self-selected foster family, and one with a relative. An additional two young people living with their parents at each of the first three interviews elected not to be interviewed for the fourth time because they wished to move on and did not consider themselves to have been in or left care.

[6] Australian Bureau of Statistics (1998). *New South Wales' Young People Cat. 4123.1* at http://www.abs.gov.au/ausstats/abs@.nsf/0/2A11AAF06E81B080CA2568A9001393A6

[7] The information provided by two young women who were not interviewed one year after leaving care but were found and interviewed at the time of the fourth interview filled in the gaps in their living arrangements during the first year out of care so the mean number of placements is now 3.3, rather than 2.98, as reported in Cashmore & Paxman (1996).

[8] The median was also around 8.

(Figure 3.1) [9].
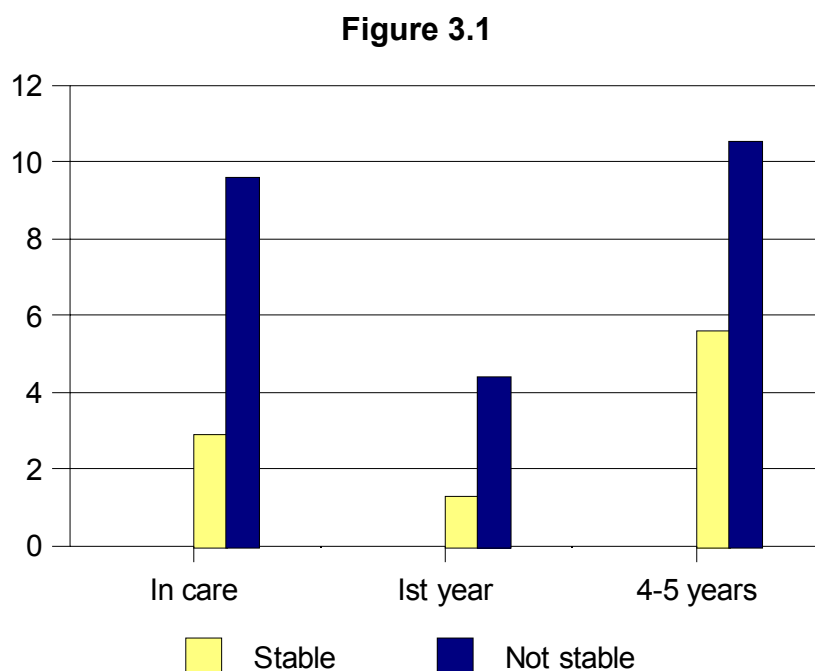
Figure 3.1

Number of moves after leaving care by stability in care

Reasons for moving around. As Biehal et al. (1995) noted, and Australian Bureau of Statistics figures confirm for young people in New South Wales, some degree of mobility is normal for young people in their early housing careers (Australian Institute of Health and Welfare, 2003, p. 297). It is clear, however, that young people leaving care in the current study have a higher level of mobility both before and after leaving care than young people in the general population. Household Income and Labour Dynamics in Australia (HILDA) survey data, for example, indicate that "nearly 40 per cent of young people had lived in five or more dwellings in the previous 10 years" (Australian Institute of Health and Welfare, 2003, p. 297) compared with 75 per cent of young people leaving care in half that time (within the last five years).

It is important, however, to distinguish between 'positive' and 'negative' reasons for moving. Biehal et al. (1995), for example, pointed out that "some moves by young people of this age may be positive…to find job, to be closer to their families, to set up home with a partner and/or a baby…other moves may be for negative reasons - perhaps due to crises in the young person's life, insecure tenure in the private rented housing sector, or an inability to sustain a

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[9] The results of the t-tests were:
- For the total number of places in care: $t(38.3) = 4.67$, $p = .0001$ (unequal variances).
- For the number of places in the first year after leaving care: $t(41.9) = 3.43$, $p = .001$ (unequal variances).
- For the number of places in the first four to five years after leaving care: $t(38) = 3.48$, $p = .001$ (equal variances).

tenancy resulting in eviction" (p. 49). The patterns of movement and the reasons for moving for the young people in the current study were very similar to those reported by Biehal et al. (1995).

The two most common reasons were that many of their living arrangements were short-term, and that they did not get on with others that they were living with or near to or their relationship broke up. A third of the young people in Biehal et al.'s (1995) study had moved "to or from temporary stops with friends or relatives" at some stage after leaving care; for some of these young people, these moves were triggered by crises which resulted in their eviction or being asked to leave or from the need to flee violence or harassment. Similarly, just over a third of young people in the current study had used short stays with friends or relatives when they were unable to find other suitable accommodation within the first 12 months after leaving care, and nearly a quarter (22.5%) did so in the following four years.

Just over half the young people (22, 54%) said they had moved on at some stage because they were not getting on with the person or people they were living with or their relationship ended. These people included parents, siblings, other relatives, partners and friends or acquaintances. As Biehal et al. (1995) reported, some young people had problems with others moving in or taking things, especially when drugs were involved. For example:

> *I lost one place because one of my sister's friends came over and brought these boys back and they trashed the joint, so we got kicked out.*

> *We had a heroin addict living with us – there was no violence but I was just basically unhappy because there was someone in the house taking drugs, overdosed in the house, and he stole our rent money. All sort of stuff went on – it was really unsettling – it was probably the worst experience that I've had in terms of people that I've lived with. (How did you resolve it?) I was trying to convince everyone – there were six of us – to kick him out because it wasn't good – but no one was assertive until he stole our rent money and then one of my flat mates threw all his belongings out – but that was at the end of last year and our lease was cut off because the landlord caught onto what was happening.*

At a more serious level, seven young women (one in four of those interviewed 4-5 years after leaving care) moved at some stage within the first five years after leaving care to flee violence or harassment. Four of these young women fled violent or abusive relationships with partners; in three cases police involvement was necessary following assaults and clear threats to their lives.

> *I had trouble with my son's father – I had to take a run – but he still found me here anyway. At the moment I have problems on and off but he has never seen Peter [son] – he has never seemed interested so I just leave him. (Have you got an AVO against him?) Yes, for 2 years – since Peter was born. We broke up when I was about 3 months pregnant and he was violent – if you didn't have a beer in the fridge for him, that would be it – that would send him right off. I had to get out. It was either me or Peter's health I was risking at the time. Peter wasn't born. (Did he hit you?) Oh,*

he hit me a couple of times and I said "go" and he wouldn't so I had to get the police.

I was too scared to take out an AVO. He said he'd kill me if I did ... get someone else, one of his mates to do it. He said you're not worth going to jail for ... I won't say the words he used. He bent the security door and if it wasn't for the three locks on the door he'd have got in. The people downstairs called the police ... I took out a temporary AVO but at court I wasn't able to speak and they treated me like I was the offender. But I have got a 2 year AVO and a silent phone number and private address now. Not even my mother and sister know where I've been living because he still rings them.

My ex-fiancé. Some of my friends were surprised because they didn't think, knowing me, that I'd put up with anything like that but it starts slowly and he was very good at making me feel vulnerable, that I was the one in the wrong. [Did he ever hurt you?] Yes, it was physical and emotional. The worst was when he pushed me through a plate glass window on the night of his sister's wedding. I had to have internal and external stitches [showed scar].

For three young women and one young man, their problem was with neighbours or landlords and involved sexual harassment and threats of violence. In one case, another resident in supported accommodation made allegations about inappropriate behaviour against the young person; although he denied the allegation and there was no evidence to support it, it was suggested that the young man involved might move on. One young woman reported being both subjected to sexual harassment by her landlord and to violence by her partner. One young Aboriginal woman complained about racism from her neighbours and the landlord.

It was too expensive and it was a racist estate. They were terrible, they tried to say I forged my references.

Four young men also got into trouble and were asked to leave or were evicted because of their fighting, some difficulty in getting on with others or because of the damage they caused. One was "kicked out" of several places and charged with malicious damage after getting angry; he and one other young man spent time in prison or detention.

A closer analysis of the young people who had moved at least ten times since leaving care found that 10 of the 13 (eight young women and five young men) had not been stable in care and all except two had entered care at or before the age of 10. All except two had had periods where they had been homeless, either while they were in care, after leaving care, or both before and after leaving care.

> Kylie entered care as a baby and lived with a foster family with her sister until she was 15. After several arguments, her foster mother did not attempt to stop her leaving home and she lived on the streets, in refuges, supported accommodation and with a series of friends for several years. In her first year after leaving care, she lived in a caravan by herself and then shared a series of short-term rented flats with friends. A year after leaving care she was pregnant and living with her boyfriend. Four years later she had three children and was living with the same partner, the father of all three children. The moves she made with her family in that time were to better or cheaper housing and to places closer to the nearby country centre to make transport easier and accommodate the children's child care and future schooling.

3.3   TRANSITIONAL HOUSING AND HOMELESSNESS

The advantage of a longitudinal study and of obtaining information about the series of places that young people live in is that, like Kylie's story, it provides a much more accurate picture of the number and type of living arrangements young people move through than simple snapshots of where the young people are living at each interview. As Biehal et al. (1995, p. 45) point out, the snapshot picture under-represents the "actual use of various forms of transitional housing" by young people after leaving care. Similarly, a cross-sectional or snapshot approach also underestimates the level of homelessness among young people after leaving care.

Just over half the young people at the fourth interview (21, 51%) reported that they had stayed in some form of transitional or temporary accommodation at some stage over the 4-5 years since leaving care.[10] Thirteen of these young people had been in short-term refuges, generally on more than one occasion, or had lived in longer-term supported accommodation or transition housing for up to two years. Just over one in five (9, 22%) had lived in caravans (in caravan parks or attached to another dwelling) or other forms of temporary housing such as garages. This is much higher than the figure of 0.6 per cent of young people reported in Australian Bureau of Statistics figures for 18-24 year-olds "living in accommodation that could be considered temporary, including caravans, cabins or houseboats, improvised homes or tents" (Australian Institute of Health and Welfare, 2003, Table 21.1, p. 295). In addition, two young people also lived in boarding houses during this period, and another three young people not interviewed for the 4th time also lived in refuges or garages within their first year of leaving care.

Sixteen young people (39% of those who were interviewed at the fourth interview) indicated that they had been homeless at some stage. All of the nine who were homeless after leaving care had also had periods of homelessness in care but seven who were homeless *in* care were not homeless *after* leaving care. Nine of these young people said they had lived on the streets, and 13

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[10] A further four young people who did not participate in the 4th interview also reported at the 3rd interview that they had used transitional or temporary accommodation within the first year of leaving care.

had stayed in refuges or in supported accommodation at some stage but these were generally on a short-term basis. Most (10/16) had also stayed with a series of friends but only seven of the 16 had been able to stay with parents or other relatives. None had returned to live with carers after leaving care and being homeless. Five had also lived in some form of transitional housing or supported accommodation.

Nine had been involved with drugs, and five had either been subjected to violence or had been in trouble because of their own violence or behaviour. Two of these young men had been in detention or prison. This is consistent with the findings of other research which indicates that "homeless young people are more likely to already have, or to develop, a substance use disorder and to have experienced at least one traumatic event (Burhich et al., 2000)" (Australian Institute of Health and Welfare, 2003, p. 293).

While there was little difference by gender, not surprisingly those who had been in unstable care were more likely to have been homeless and stayed in refuges. Only two young people who had been stable in care had experienced homelessness, but 14 of those who had been homeless after leaving care had been in unstable care.

> Jane became a ward at 13 years of age and had 13 placements before leaving care at 18 and returning to live with her mother for a while. These included youth refuges, group homes, the streets, and flatting independently. After leaving care she and her partner both had heroin habits and they did "runners" from rented houses when they could not pay the rent or received eviction notices. She is unhappy living with her partner who is aggressive and does not help with her son but she seems to feel trapped because she has few friends and little support in the country town where they moved to obtain housing support.

Following a prolonged period of transient housing and homelessness, the outcome was more positive for one young man who went through a very unstable time and became involved in drugs and crime.

> Matt became a ward when was 10 and lived in a range of places while in care, including foster care, group homes, refuges, with a number of extended stays with his grandfather. After leaving care, he continued to stay with his grandfather when he was able to but had various stints in cheap boarding houses (which he hated), caravans, and other cheap rental accommodation. He has moved about 16 times since leaving care. He attempted to commit suicide but was found and hospitalised for a couple of days. His partner encouraged him to go to rehabilitation and they both drew support from a religious fellowship. At the 4th interview, Matt had married and was happy living with his wife and child in reasonable rental accommodation.

3.4   RETURNING "HOME"

A common pattern among young people in the general population leaving home to live independently is that they return home one or more times before continuing to live independently. In a large-scale survey of young people in their 20's, Kilmartin (2000) reported that about 35 – 40 per cent of young people aged 20-23 years and 24-26 years were back home, having returned, or were living away from home but having returned home at some stage. The returns to a home base are prompted by a variety of practical and emotional, as well as financial, reasons (Hartley, 1993; Kilmartin, 2000). Hartley found, for example, that:

> *…in the first return home, financial problems (45%), reasons to do with job or education decisions (34%), housing problems (25%) and broken relationships (21%) predominated. (The percentage is greater than 100 as respondents often gave more than one reason.) Financial problems, housing problems and broken relationships were the main reasons for a second return.*

Similarly, Kilmartin (2000) found that young people who had returned home were more likely to have had a relationship break-up, to have experienced financial difficulties, and less likely to have established a relationship and less likely currently to be working (p. 40).

Not all young people leaving care, however, have a secure base to return to when they come up against financial constraints or other problems in their living arrangements. How many young people do return home to parents, to another member of the family or to foster carers after leaving care?

Returning to parents or moving to live with a family member. Within a year of leaving care, four young women had returned to stay with a parent at least once, for periods ranging from a few weeks to several months. All four were able to manage only relatively short stays because they did not get on with their parents and either left or were asked to leave.

By the end of the five-year period, three of these young women and three other young people had returned to live or stay with their parents in the preceding four years. One young woman returned to her mother's place four times, staying for a few months at a time, between various bouts of independent and shared living in the five years after leaving care. As she said:

> *Mum and I can last together for a few weeks, up to a month before we start rubbing each other up the wrong way. She's set in her ways and doesn't want to change her life-style and attitudes and how she does things – even which side, you wash dishes.*

In two cases, their stays were longer - for six to eight months – seeking respite from other unsatisfactory living arrangements or violent partners. The other reason for a return home was an attempt to re-establish their relationship with their parent, most often their mother, or with other family members.

Nine young people had also stayed with a grandparent, aunt or uncle at least once in the five years after leaving care, four within the first year, and mostly

for three months or more at a time. Staying with relatives provided a base for two young men between multiple bouts of living with other relatives, independent living and short-term accommodation such as boarding houses and refuges but it did not work out on a long-term basis. As one of these young men said after leaving his grandfather's home on one occasion:

> I left Grandad's before because there was a generation gap. He's great and I really like him but when we live together, I explode. We both decided it would be better.

Four young people also stayed with one of their siblings but these were all short stays lasting only a few weeks, again mostly because they 'didn't work out'.

In total, in the four to five years after leaving care, 16 (39%) young people had spent some time living with a parent and/or another family member, mostly on a short stay basis.[11]

Returning to live with foster carers. Ten young people were able to return to their former carer's home and use it as a base after leaving care when they needed respite from their forays into independent living or college accommodation.[12] Eight of these young people were living in rural or regional areas, and three were Aboriginal. While nearly all had been in long-term stable care, one young person had not felt emotionally secure although she lived there for much of her life; in two other cases, young people elected to return to carers that they had chosen rather than their designated placement at the time they left care.

Martine entered care when she was 15 and had six short-term placements (children's home, group house, friends, foster placements), which broke down because she didn't like conforming and was rebellious. For the year before she was discharged from wardship, she lived with her former group-house parents/youth workers, which she organised herself. When they moved to a smaller house for financial reasons, Martine moved out into a friend's place but was unhappy there and was able to move back by the end of her first year out of care. She stayed for six months before moving out again to live with some older friends from her church.

The main differences between some of the young people in this group and those who returned to stay with their parents were the length of their return stays, and the reason that they left initially and moved on again. While several young people returned to their former carers for relatively short stays, ranging from one to four months, some returned for longer periods, of one to two years. Most of these young people said they felt close to their foster families, and only two indicated any difficulty in getting on with their former carers - in one case, a result of the young person's drug-taking, and in the other, because of problems with the young person's violent partner. A common reason for these young people moving back 'home' was that they could not afford the rent

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[11] This includes five young people who had stayed with more than one relative in that time.
[12] All but one of these young people were interviewed on all four occasions.

living alone or that others they were living with were not paying their share – similar to some of the reasons other young people their age move back home (Kilmartin, 2000).

> Sam lived in one foster home in the country with his older brother and considers his foster family to be 'his family'. He returned 'home' for two years after a year at college, and then again after a series of short-term shared living arrangements while he was working in Sydney. At the time of the 4th interview, he had been back there for several weeks but was expecting to be there for some time.

Only one of these young people, an Aboriginal young man, had also spent any time staying with one of his relatives after leaving care.

In addition to the young people who returned to their former carers after leaving care, eight young people continued to live there for three to 12 months after leaving care but did not return to live there in the four to five years since.

'A home base'. The likelihood of young people having a 'home' to stay on or return to was clearly associated with the stability of their time in care together with the age at which they entered care (wardship). Nearly all the 15 young people who were in long-term stable care either remained with their carers for at least a year after leaving care ($n = 7$) or returned to live with them during the four to five year period after they left care ($n = 6$); one young woman was not living with her foster carers at the time she left care but kept in close contact with them although she had not returned to live with them.

In contrast, only four of the 16 young people who had been in long-term unstable care returned to or stayed on with their foster carers beyond leaving care. Similarly, only two of the 10 young people who entered wardship as adolescents returned at any stage to their former foster carers. Those who had been in unstable care, whether short or long term, were much more likely to return to stay with parents or other family members; three of these nine who returned to family members also returned to foster carers.

Overall, nearly half the young people (19/41, 46%) either remained with their former foster carer for up to 12 months after leaving care ($n = 9$) or returned there ($n = 10$) for some 'respite' or crisis accommodation care' within the four to five years after leaving care. About a quarter returned to their parents' home or to another family member during this time.

3.5   SUPPORT WITH MOVING AND ACCOMMODATION

About half the young people said moving had made things more difficult for them, and not surprisingly, these young people had a significantly higher number of moves after leaving care than those who said it had not made things difficult (mean moves = 11.5 compared with 6.0, $t (29) = 4.0$, $p = .001$). The two main reasons young people did not find moving difficult were that they were used to moving, even from quite a young age, or that they had had help from friends or family when they had to move and did not have much to move.

In contrast, those who said moving had made things difficult for them referred to the emotional costs of having to find new accommodation, start again, and not feeling settled, together with the financial costs, especially if they had lost things or had them stolen in the move.

> *Yes, it is hard because I just haven't had a sense of security. And because I've moved around so much, I've lost things a couple of times because I haven't had any means taking them with me so I've just had to leave and try to get them later.*

> *Because I never had any family, it was very hard at times. I was earning too much to get assistance from DSS but I wasn't getting enough to get my. But I had friends in the church that I could go and live with -- if I didn't have that, I don't know what I would have been able to do. Most people when times get tough just go back and live with their family but I didn't have that.*

> *It has been hard going into different towns and having to work place with out and make new friends. But moving around has had some advantages -- getting away from trouble.*

> *I've had to sell furniture in Queensland because we couldn't afford to get it moved. At other times, things have disappeared … It is hard if you have no transport of your own. And it's emotionally difficult even if that is what you want to do anyway. But it is more the financial side of it.*

About two thirds of the young people indicated that they would have liked assistance with accommodation and most received some help. "Official" institutions and agencies such as the Department of Housing, Centrelink, non-government agencies, and the Department of Community Services, were the most common sources of assistance (to 23 young people), with family, friends, and church networks providing help to six young people. Fourteen young people received no assistance but seven of these said they did not need it.

Twelve young people specifically referred to assistance from the Department of Housing in relation to cheaper housing, payment of the rental bond, and electricity bond. This was particularly important for several young women who were pregnant or had young children. Some young mothers obtained assisted housing, mostly with the assistance of case-workers or after-care workers, whom they were referred to as a result of their involvement in the study.

The type of assistance that was most appreciated and seen as most important was help with the rental bond, rent assistance, and help with establishment costs (eg, bedding, white goods, and cooking equipment). 'Establishment' assistance with the cost of necessary goods and appliances came from a variety of sources, including foster carers, church networks, charities ("St Vinnies") and the Department of Community Services (DoCS). While several young people were appreciative of the help they received from the Department of Community Services, others had some difficulty in getting help and expressed frustration at the process or did not see DoCS as a likely source of support:

> *DoCS gave me a lot of stuff when I left care and I kept it all and use it now.*
>
> *When I left DoCS at X, they said they would help me with setting up costs -- you know, furniture and stuff, but I just got a letter which said they couldn't give me help unless I had receipts. Why would I ask for help if I had the money to buy it -- Catch-22?"*
>
> *I guess I never thought about DoCS -- I thought at 18, that's it.*

Several young people received help from their foster carers or from family members (mostly their partner's parents) who provided bedding, crockery and cooking utensils, help that was also supplemented by donations from others:

> *When we first moved out, all we had was two chairs and a TV, a single bed and the wardrobe and we've just got things together with people giving us stuff, secondhand.*

Several others had received most of their help from charities:

> *[NGO while in care] paid for my furniture to be moved and two weeks rent and stuff for the caravan the first time I went up to Y. And St Vincents also gave me a cheque for my rent when I couldn't get Austudy over the uni holidays.*

Finding accommodation and help in understanding the lease were seen as less important, except for one young person who needed some particular help with references, because, as he said, "When you're looking and applying for leases, real estate agents and you're unemployed, young, black ... it' s hard even with references, you really need a guarantor".

SUMMARY

What is life like in terms of housing and accommodation for young people who leave care as wards of the state? How do they compare with their age-mates in the general population?

The main difference for young people leaving care is that most who are in foster care are required to or expect to leave what is their 'home' at that stage earlier than their age-mates and with less likelihood that they can use it as a safe base to return to if they run into difficulties. Some young people had returned to their parents' home or to a relative mostly for short stays and some had been able to stay on with their foster carers beyond care or returned there after leaving care. But by the time the young people in this study had been out of care for four to five years, most were in some form of independent accommodation or were sharing with other young people, including partners, friends or siblings. They were less likely than young people their age in the general population to be living at the same address as they were five years before, and much more likely to have been in some form of transitional housing.

What factors predict where they live and how mobile they are?

Young people ex-care were considerably more mobile than their age-mates, and the more unstable or mobile they had been in care, the more mobile they were after leaving care. Their reasons for moving around were mixed, but commonly related to the short-term nature of their accommodation, and the difficulties they had in getting on with others they were living with or near. Those who had problems with substance abuse and/or violent partners also tended to move more often, in some cases to flee violence or harassment. Moves back to parents' or foster carers' homes were generally short-lived and for the same reasons that other young people their age returned home – having difficulty 'making ends meet' and looking for a secure base after the end of a relationship. For young people who had been in care, the other reason for a return home was an attempt to re-establish their relationship with their parent, most often their mother, or with other family members. Those who had been in stable long-term care were more likely than other young people to stay living with or return to stay with their former foster carers after being discharged from care.

What forms of support made or might have made a difference?

The most immediate issue for most young people at some stage after leaving care and their in care accommodation is to find appropriate and secure accommodation, and set themselves up in independent accommodation. For most, this is not a one-off event but their mobility means that they may need to do a number of times. About two out of three young people indicated that they would have liked financial and practical assistance with accommodation, particularly with the rental bond, establishment costs for setting up and rent assistance at some stage. Most received help from formal government or non-government sources or from family or their carers – but not necessarily all the help they needed to buy the essentials such as a bed, bedding, furniture, and a refrigerator and washing machine.[13]

It is also clear that the other form of support that many need is help to deal with the difficulties they may have in maintaining relationships and resolving disputes with those they live with. Since most of these young people have already had more than their fair share of rejection, separation and loss, many deal with the unresolved issues that go with these by 'moving on'. A number also have to move on to flee violent or turbulent relationships. The most obvious long-term investment, however, appears to be stable placement in care since this was associated with less mobility and the possibility of a secure base after care, and with other positive outcomes that are evident later in this report.

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[13] This study has not focussed on living skills training beyond budgeting and managing to make ends meet but an evaluation of leaving care and after care services should include this as well as the planning and preparation for leaving care, which were evidently missing for many of these young people.

4   EDUCATION AND EMPLOYMENT

The transition from school to employment and/or further education is one the major changes and challenges facing young people in their transition to adulthood, and one that is quite different from that faced by earlier generations. In Australia, UK, US, Germany and Canada, longitudinal studies have been reporting similar findings in relation to the diverse, complex and non-linear pathways from school to work for the post-1970s generation of young people (Dwyer, Smith, Tyler, & Wyn, 2003; Wyn, 2004). Few school students now leave school and take up full-time entry-level jobs. The economic restructuring that occurred during the 1970s in post-industrial societies like Australia, the UK, and Northern America (Pawagi, 2002; Wyn, 2004) together with major changes in government funding for post-secondary education has meant that increasingly school-leavers are expected to go onto further education and often combine study with part-time work. Dwyer and Wyn (2001) argue that the "post-1970 generation of young Australians was the first for whom post-secondary education became a policy imperative and an economic necessity" (Wyn, 2004, p. 8).

The focus of this chapter is on the educational and employment pathways and outcomes for young people after leaving care. The pathways for these young people after leaving care were quite divergent and generally more difficult than for young people in the general population. The focus is on three main questions:

- *How do young people leaving care compare with their age-mates in the general population in terms of educational attainment? What barriers to education do they face?*

- *How do they fare in the transition from school to work or further education? How were they managing financially?*

- *What support could they call upon, and what forms of support made or might have made a difference?*

4.1   EDUCATION

Education is generally recognised as an important determinant of young people's well-being, future employment prospects and participation in the workforce and the community. Increasingly society, employers and government policy in Australia and other developed countries expect young people to remain at school and complete their secondary education to Year 12.[14] The change over the last few decades has been marked: in 1980, only 35 per cent of students in Australia beginning secondary school stayed onto

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[14] The Dusseldorp Skills Forum (2002) stated, for example, that 'across developed nations the guaranteed universal provision of 12 years of worthwhile learning is considered crucial to both improving the job prospects of young people and maintaining a dynamic economy with a strong skills base.'

Year 12 but by 2002 the retention rate had increased to 75 per cent (Australian Institute of Health and Welfare, 2003). As retention rates have increased, the 'costs' of leaving school earlier are evident in young people's outcomes seven years after leaving school. In 2001, for example, those who had left school seven years earlier, before completing Year 12, were more likely to be unemployed or not in the labour force than those who did complete Year 12. For every year of school completed after Year 9, the outcomes improve (Australian Institute of Health and Welfare, 2003, p. 276).

4.1.1 The education of children and young people in care

Various government and non-government agency inquiries and research in Australia, the UK, US, and Canada have consistently reported that children in out-of-home care under-perform relative to their class-mates, are more likely to drop-out of school, and are less likely to leave school with appropriate qualifications (Biehal et al., 1995; CREATE Report Cards 2003, 2004; Garnett, 1992; Jackson, 1994, 2001; Stein, 1994).

There is, however, surprisingly little published Australian data on the educational performance of children and young people in care. There have been only a few studies, conducted in Victoria, that have specifically targeted the education of children in residential and out-of-home care (Cavanagh, 1996; de Lemos, 1997; Department of Human Services, Victoria, 2001). Regular reviews and reporting on the education of children and young people in care is not carried out on any systematic basis, and according to the CREATE 2004 Report Card, only two States (Queensland and South Australia) indicated that they could match the data from the various departments to collate the information and compare the educational performance of children in care with those not in care.

The findings were, however, consistent across studies, and consistent with overseas findings documenting the educational disadvantage of children and young people in care. In addition, separate audits of children and young people in home-based care and residential care in Victoria and a data matching study of 281 children in care in Queensland found that children in care were below appropriate age and school norms (Victorian Department of Human Services, 2001a, 2001b; Queensland study cited in the CREATE report card). Most (82%) of the 51 young people who had left school in the Victorian home-based care audit had not completed Year 10, and fewer than half of these young people were employed or involved in an educational or vocational training program.

4.1.2 The educational attainment of young care leavers

The educational attainment of the young care leavers in this study is unfortunately quite consistent with the picture of poor educational achievement that is so evident in other research. This group of young people was clearly much less likely than their 20-24 year-old age-mates to have completed Year 12; only 42 per cent of care leavers compared with about double the proportion

(80%) of their age-mates completed Year 12.[15] One in five (8/41) had not completed Year 10 (Figure 4.1). By the time of the fourth interview, a quarter had no recognised qualifications, having left school without completing their Year 12 studies and not having completed any further study.

Pie chart segments:
- 37.5% 15 — Year 10-11
- 20.0% 8 — < Year 10
- 42.5% 17 — Year 12
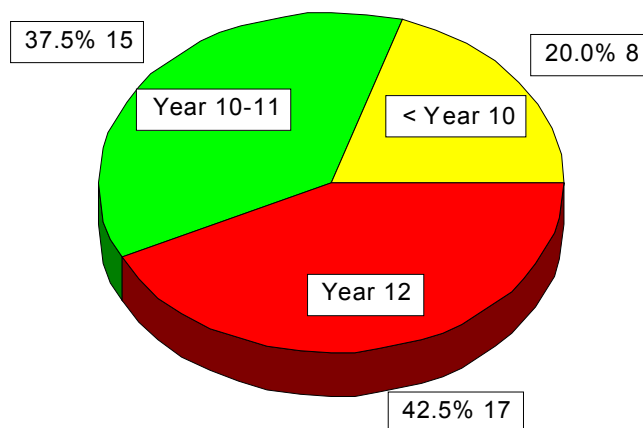
Figure 4.1
Last year of school completed 4–5 years after leaving care

Three-quarters (30/41) had completed at least one course or were engaged in further study after leaving school although for the majority, these courses were quite short and limited in scope. For eight of these young people, the course was required vocational training to meet Centrelink requirements (for example, office skills, child care or hospitality). Sixteen young people had completed at least one course at TAFE but again these were mostly short-term vocational course (such as hospitality, and computer and office skills). Three were engaged in longer-term courses which resulted in recognised qualifications for more highly paid occupations (eg., welding, forestry, wool classing). Only three (7.5%) were studying at university but another had applied to go to university the following year, and her employer was willing to pay her fees. Another young man wanted to go to university to prepare for human resources work but could not afford the university fees and associated costs.

Not surprisingly, the likelihood that these young people were engaged in further studies was linked to their completion of Year 12. Of those who completed Year 12, all except one had gone on to do some further study. In contrast, only about half of those who had not completed Year 12 had done so. Their interest in further education was not, however, linked to completing Year 12: just as many young people who had not completed Year 12 (82%)

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[15] Australian Bureau of Statistics figures for 1999 and 2000 cited in Australian Institute of Health and Welfare (2003), p. 274, Figure 20.4.

indicated they were interested in further study as those who had (76%). Several young people indicated that they wanted to go to TAFE to complete Year 10 or Year 12.

Do you think you might go on to get more education or training?

I want to finish my certificate in hospitality and then hopefully get into uni and go into primary school teaching, or go into the defence forces.

One day I want to go back and do Year 10 at TAFE, but not yet.

When the kids are older, I want to do my HSC by correspondence or at TAFE. If not, I'll just keep doing hospitality courses and get that one first.

I'm not really interested in studying any more. I'm happy to work and make money. I just enjoy it.

I don't like book work and the problem is I really don't know what I want to do, and until I do figure it out, I'm not going to do any courses.

4.1.3   Barriers to education

The fact that so many of these young people (33/40, 82%) indicated their interest in further education or training and that those who had left school before completing Year 12 were just as interested belies any suggestion that they left school because they were not interested in getting an education. While it is possible that they recognised the importance of a good education only after leaving school, it is important to understand why they left school early, and what they think could have been done at the time to support them to stay at school.

In a review of the research on the poor educational performance of children in care, Sinclair (1998) identified five pathways contributing to educational failure for children in care (the 'looked after' population). These are the children's pre-care experience, broken schooling (including changes in schools, and a high rate of suspensions and exclusions), low expectations, low self esteem and lack of continuity of caregiver.

In line with research findings about the disruptive effects of instability in care on children's socio-emotional adjustment and educational attainment (Jackson & Martin, 1998), the more placements young people had had while in care, the fewer years of schooling they had completed ($r = -.55$, $n = 40$, $p < .0001$). Those who had not completed Year 10 had had an average of 10 placements in care whereas those who had completed Year 12 had experienced significantly fewer placements (an average of 3.4 placements) ($F(2, 36) = 7.1$, $p = .003$). Further analyses using the measure of stability in care (see Figure 4.2) indicated that young people who had had at least 75 per cent of their time in care in one placement ('stable group) were significantly more likely to complete Year 12 than those not in stable care (69% compared with 25%: $\chi^2 = 12.7$, 2 df, $p = .002$).
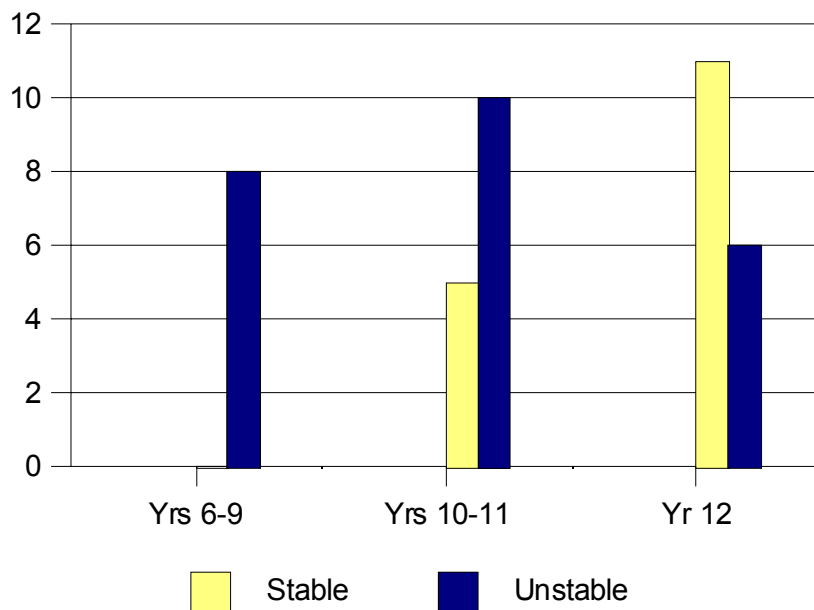
Figure 4.2
Last year of school completed by stability in care

The number of years of schooling completed was not, however, significantly correlated with the number of schools attended although the trend for the number of secondary schools attended was in the expected direction. On the other hand, those who had had behaviour problems, and been excluded from school or been 'missing or truant' were, on this measure of school continuity, less likely to have completed Year 12 than those who did not. The more school-related problems reported either by young people or recorded on their files, the fewer years of schooling they completed ($r = -.49$, $n = 40$, $p = .002$). Similarly, the more problems they had had in care (including running away, abuse in care allegations, committing offences), the less likely it was that young people had completed Year 12 ($r = -.64$, $n = 40$, $p < .0001$). Only one young person who had 'gone missing' from school and from his care placement completed Year 12.

The comments of the young people are very instructive and consistent with the themes reported by Jackson (2001) citing a number of autobiographical sources. Jackson noted that "the prevailing tone is one of regret for missed opportunities, talents undeveloped, avenues blocked off", with most blaming themselves but some expressing fierce resentment (p. 22).

The main reasons that the young people in the current study said they left school early were that they were struggling with other problems and were either not interested in school or unhappy and doing badly.[16] For example:

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[16]   While a small proportion of young people in the general population (about 20%) gave similar reasons ('did not like school', 'not doing well') for leaving school before completing Year 12 (in 1999), the main reason (65%) was to get a job / earn money or take up an apprenticeship or training offered elsewhere (Australian Institute of Health and Welfare, 2003, p. 275).

I was having trouble at home and everything, and I just didn't want to learn, and I just gave up basically.

I was just a mess with drugs and that. I didn't have my head screwed on and you think you know everything. When you get out in the world, you realise you don't have a clue.

I never excelled at school anyway because of all the stuff that happened to me whilst I was at that age – it disrupted my life – if I started Y7 again probably and did it properly all over again, then I probably would have done really well but I just hated it – I just wasn't academic.

Several others referred to specific problems at school such as being bullied or not being able to understand and keep up with the work, particularly following their return to school after a change of school or a suspension.

I hated it! I was by myself. I couldn't speak English properly and all the girls used to pick on me. It was terrible.

I was being continually harassed by the teachers (Because you are Aboriginal?) Yeah, and because I got shit from other students and stuff – it was a really difficult time.

When I was in Year 7, I was kicked out, then when I went back I didn't finish Year 7, didn't do Year 8. I was put straight into Year 9 and I just couldn't handle the work and I didn't like being in an all boy's school.

Again, these findings are consistent with the findings of other studies in Australia and elsewhere. Being bullied and being suspended or expelled were major concerns for the children and young people in care aged 9 to 17 who were surveyed as part of the CREATE report cards on education in 2003 and 2004. About half of the 278 children and young people in the 2003 survey identified bullying as "the thing they would most like to change about school", and 43 per cent said they had either been suspended or expelled from school. A number of these children and young people indicated that they thought the bullying was "because they were different" and they "felt very hurt and angry that the school was not doing more to protect them from bullying and to punish the bully" (CREATE, 2003, p. 46). In the Chapin Hall study based in Chicago, adolescents in care were more than twice as likely to be suspended, and nearly four times more likely to be expelled from school as their peers (Courtney, Terao, & Bost, 2004). In the UK, 'Looked after' children have been found to be ten times more likely than their peers to be suspended and nearly four times more likely to be bullied; for example, "6 out of 10 children and young people in care" were bullied, compared with "1 in 6 of all children and young people" (Social Exclusion Unit, 2003).

The problems children in care experience at school in relation to bullying, behaviour problems, and difficulty keeping up with the work indicate somewhat different reasons for leaving school early, compared with their peers who were not in care. While a small proportion of young people in the general population (about 20%) gave similar reasons ('did not like school', 'not doing well') for leaving school before completing Year 12 (in 1999), the main reason (65%) was to get a job / earn money or take up an apprenticeship or training offered

elsewhere (Australian Institute of Health and Welfare, 2003, p. 275). For children in care, there are a number of reasons not to stay; for other children, it seems that there are positive reasons for leaving.

4.1.4 Possible useful educational supports

When asked whether there was anything else that could have helped them to stay at school, a number of young people in the current study made suggestions but an equal number indicated that there was not much anyone else could have done at the time. For example, one young woman who indicated that her problems at school were drug-related said that she did not think there was anything anyone could have done.

I think I thought I knew it all! It was better to let me go and learn by experience. I think I've turned out a better person for what I've been through.

Several said they had been keen to get out of school and earn some money and that they could not have been convinced otherwise at the time.

Other young people, however, commented on the types of support they thought they had missed out on, in both emotional and practical terms. For example, several young people commented on the non-caring attitude they detected on the part of the teachers and their caseworkers.

> *I understand they have so many other kids that they have to look out for but I would have done better if I stayed at school. They could have at least tried to talk me into staying – let me look at it in another way. (Would you have listened?) Yes – if they said it the right way. They basically said, "If you don't want to stay – go". I was really happy in primary school – all my friends were there and I wanted to go on with them. But because it was in Suburb X and I lived in Suburb Y – they yanked me out mid-year – same curriculum but different subjects and I had to catch up and get into it and that was difficult. In high school, I begged them to send me to AAA High School – most of my friends were going there and I knew I'd be happy there. I know if I went there, I would have been happy and had one school – but no, they sent me to BBB High. I didn't go to school for about a year after Year 7.*

> *Basically the school could have given me more support. The support I had at school was shocking – my high school years would have to have been one of the worst stages of my life (Did your foster mum know this?) I tell her now about what the kids used to do at school and she has changed her whole perspective on that – she is getting involved in meetings at the public school so what happened to me won't happen to other kids.*

> *Well, I guess so – one-on-one counselling [would have helped]. The boring part of it was coming from me. I needed someone to stand beside me.*

Their comments and their call for support are consistent with research findings in the United States and England about the value of supports in keeping young people in education, if not in school. Croninger and Lee (2001), for example, found that positive relationships between students and teachers can be critical

in supporting adolescents and preventing them from dropping out of school. Similarly Jackson and Martin (1998) found that young people who had succeeded in school while in care had the support and interest of a positive adult role model. The positive experiences of some young people in care (see 4.1.5) highlight the importance of support for those who did stay at school and go onto further education (Martin & Jackson, 2002).

In practical terms, several young people indicated that some recognition of their problems with reading and writing, and some financial support and tutoring would have been very helpful.

> *Realise I couldn't read! I can read now but my writing is still shit-house. I was 14 before I'd even learned my alphabet ... ABC's. How come they didn't pick up on it? [Were you good at covering it up?] Yeah, I tried my best. [At covering up?] Yeah.*

> *I didn't have much choice – I was requested to leave because my writing standard was not good enough to complete Year 10. [Did they offer you support?] No. I got the best record the school had ever got in a maths competition the year before but I wasn't good at writing. [So you're good at science and maths?] Yeah, I got a commendation for science the year before.*

Eleven young people who had started at least one course since leaving school or were currently studying also indicated that they had dropped out or were thinking of doing so for various reasons. These included not being able to afford the course materials or tools, losing interest in the course they had chosen or a change in circumstances such as becoming pregnant. For example:

> *I was doing a secretarial course and I hated it but I also couldn't really do it properly because I didn't have a typewriter or computer to practice on, and everyone else did.*

Very few – only six out of 40 – were aware that they could receive support from the Department of Community Services to support them in their studies although this issue had been raised with them in previous interviews, and some remembered this or what their case-worker had told them: "Yes, the first time I spoke to you, you told me and I have since spoken to the DoCS people [*Do you always go back to the Z Office?]* No, but they always call that Office if I'm not at Z." Four young people indicated that they had had received support for education and training through the Department of Community Services which included financial support and help with fees or course materials.

4.1.5   Education success stories

The focus to date on the educational experiences of these young people has been on the barriers to completing secondary school and the difficulties they have encountered, including lack of stability and problems in care, interrupted schooling, bullying, inadequate recognition of their needs and lack of support. Some young people, however, had more positive experiences and more

educational success, and their 'stories' highlight some of the key factors identified by Jackson and Martin (1998) in educational success.

Ten young people were enrolled as students at the time of the fourth interview (five at TAFE, three at university, and two were trainees (one as a pilot, one in food management). Several young people who were studying at university had a combination of positive factors in common that presumably contributed to their educational success. They had entered care under the age of five, and had lived with the same families in long-term stable foster care where they felt they belonged. They attended school regularly and had had few changes of school. They had good support networks and each had found a sense of community – either in a church or Indigenous community. There were significant adults in their lives who offered consistent support and encouragement and acted as a mentor and role model. Karina and Jim, however, both had particular barriers that they had to overcome – uncertain financial support for further education in Karina's case and racism at school in Jim's case.

Karina lived with her foster family for 16 years and really liked it there, seeing them as her real family. Karina planned to go onto university when she was in Year 11 and chose to change schools and her living arrangements for Year 12. After her HSC, she was really worried about what she'd do. She became very depressed because she didn't know how she was going to be able to afford to pay the fees and study. Her foster parents certainly couldn't afford to help her but the woman she lived with during Year 12 collected money from her friends and the church community to raise the deposit for her fees. A year after leaving care, she was enrolled in full-time business studies and lived on campus and was very happy there; she joined the drama society and worked part-time in the college cafe. Four years after leaving care, she had moved to Sydney and was renting a flat with another student. She was still part of the church community which has provided her with an identity/ base/ security.

Jim was brought up in a non-Aboriginal foster family but had close ties with both his foster family and his Aboriginal kinship group. He completed his HSC at a university-bridging course because he had a lot of problems with racism at school. He also completed a computer course and at the last interview was in the second year of a three year journalism degree at the University of Darwin by correspondence. He is involved with Aboriginal school students, tutoring them and helping them to establish a cultural centre at their high school. His foster parents have always supported his decisions and welcomed him home after he moved out for a short-time.

Their experiences stand in stark contrast to those of a number of young people who had little stability in care, struggled with school work and found little to help them, were subjected to bullying, 'acted out' or 'skipped school' and left school early.

4.2   BEYOND SCHOOL: WORK/ STUDY ACTIVITY

Next to leaving home, the biggest transition young people make during late adolescence and "emerging adulthood" is to leave school and move into the workforce and/or further education. The transition has, however, changed markedly over the last few decades and has typically become more extended, more divergent and less linear (Bynner, Elias, McKnight, Pan & Pierre, 2002; Curtain, 2003; Dwyer, Smith, Tyler & Wyn, 2003). The successful transition from education to the workforce increasingly depends on completing school and engaging in further education and training. The decline in the size of the youth labour market means that very few young people move directly from school to work via the traditional entry level or 'stepping stone' jobs for young people (apprenticeships and clerical/secretarial jobs) as was common for earlier generations (Bynner et al, 2002; Jones, 2002). These positions have been replaced by sales, hospitality and other service sector jobs, which are often part-time, relatively poorly paid and generally not on a career track. And increasingly, some young people, unfortunately, have great difficulty making the transition into the workforce, blocked by their lack of educational qualifications (Curtain, 2003).

The pathways for these young people after leaving care were quite divergent and generally more difficult than for young people in the general population. At the first interview, three months before they left care, mostly at 18 years of age, nearly two-thirds (64%) of these young people were studying or working, and 36 per cent were unemployed. Three months after leaving care, 45 per cent were studying (or about to begin a new course), 19 per cent were working, and 26 per cent were unemployed. Four young women (8.5%) were pregnant or had a child, and were not in paid work, and one young man was in

a detention centre. Twelve months after they left care, few were still at school, and more of them were unemployed than studying or working.

Four to five years after leaving care, these young people were on a variety of pathways, with some in full-time employment, some parenting, and others neither employed nor studying (Figure 4.3). Just over half were working either full-time (8 women, 3 men), part-time (5 women, 1 man) or casually (one woman, 3 men). Those in part-time or casual work were mostly employed at fairly low levels which meant that some were also on unemployment benefits. Only one young woman was engaged in full-time study; another two students were studying and working part-time. In total, only one in four young people (14, 24%) were either in full-time work, full-time study or both part-time work and study compared with over 70 per cent of 20-24 year-olds in the general population (71% in 1997 and 77% in 2002, Australian Institute of Health and Welfare, 2003, p. 285).

Nine (four young women, five young men) were unemployed at the time of the fourth interview and nine young women were caring for their children (33% of the young women). Overall then, 44 per cent of these young people were either unemployed or "not in the labour force. Again, this figure is at variance with that for the general population of their age-mates, as indicated by several large-scale general population surveys of young people (Australian Institute of Health and Welfare, 2003; Curtain, 2003; Pawagi, 2002). For example, the Dusseldorp Skills Forum report indicated that only 23 per cent of 20-24 year olds were not in full-time education or full-time work; in contrast, as Figure 4.3 shows, the figure for young care-leavers in the current study was three times that, at around 70 per cent (Curtain, 2003). The main reason that young people in the general population were neither studying nor in the labour force was that they had parenting/childcare responsibilities, as did 33 per cent of young female care-leavers in this study. A lack of training and qualifications and inadequate resources to undergo further training or education also appear to be the reasons that the young people in the current study were under-employed and 'stuck' in lowly-paid part-time jobs.
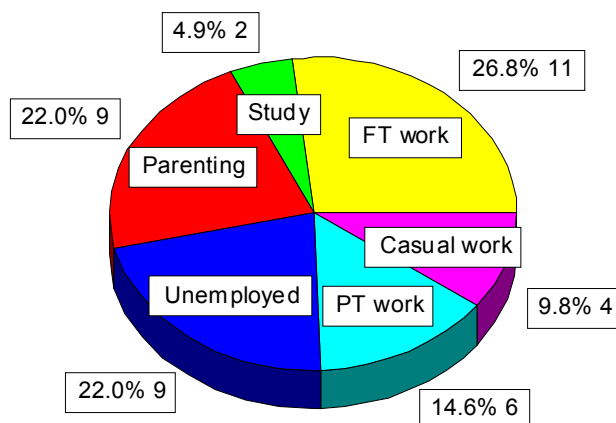
Figure 4.3
Main activity / income support at 4th interview

Those in full-time work were working in a range of occupations, including sales, retail, accounts and agriculture, and most were happy with their work and saw these as long-term positions, rather than as short-term jobs. For example:

> *I'm happy with where I've got to. They're great people and I feel lucky that at 22 they've appreciated what I can do and given me a role managing people who are older than me, and been there longer than me. [Long-term?] Yes, but only because I want the experience in the role I'm in so that if I do move out, I can move on to a similar role. I don't feel experienced enough to go elsewhere yet. These guys are happy to train me, I know the company so we're all quite comfortable with the idea that if I went into something new, I'd have the experience to go on.*

> *I was just recently promoted to funds manager – I look after getting money for investments. [Do they train you here?] Yes. [Have you done any studying at TAFE or Uni?] No, but I have applied to study at uni next year. [In business studies?] Yes [Would the company pay for your fees?] Yes. You have to pay for it first up and if you pass they pay for it. [Do you see it as a long-term job or are there any reasons you might move on]) At the moment the company I work for is going through a merger with a huge bank up here – there are funds managers for each of the mergers but one company does not have a funds manager and hopefully I'll move over into that role as funds manager.*

> *It's hard work and you're lifting 14kg boxes and walking several kms a day up and down so I've got muscles where I never thought I'd have muscles. It's quite physical but I love it.*

The story for those in part-time and casual jobs, however, was generally less positive.

I'm not getting enough hours and the pay is too small.

I work between 8 and 30 hours a week. Last week I was part-time but this week I am casual. [Would it be better to be part-time so you have sick leave, holiday leave etc?] Yeah but they don't put many people on part-time anymore. [Are you happy with the work you're doing?] No, it isn't the work I want to do but it took me 2 years to get it.

Some employers are really unreasonable – we were never <u>asked</u> to do the extra hours (at retailer X), but we were told that the door is locked and we will not be allowed out before the job is done. The manager said this – he doesn't care if it takes us 3 hours, he doesn't care – we will not be paid and the door will be locked and we will not be allowed out. It was almost like saying you are hostages until your work is done (Did you tell the union this?) Yeah – we have put in a complaint – the union has backed down and said it is up to us. I kept a diary of hours worked and paid for and not paid for – so I hope I'll get paid eventually.

I have been applying for jobs since I started there – I've applied for something like one a week for 3 years in this area and I have had 5 interviews in that time. (Why do you think you aren't getting them?) I have no idea but I know they have a hell of a lot who apply for them. I know one had 300 applicants for a position – some you don't even hear back from. Most of the real estate ones I've applied for, you hear back from them. This time last year I was going around to real estate offices every two weeks and knocking on their door and they just said nothing's going.

The importance of completing Year 12 is evident from the figures on these young people's work activity 4 – 5 years after leaving care, and is consistent with recent findings from several large-scale surveys of young people in Australia (Curtain, 2003; HILDA, 2002; McMillan & Marks, 2003). In the current study, young people who had completed Year 12 were more likely to be working or studying at the time of the fourth interview than those who had not completed Year 12; 15 of the 17 young people (88%) who had completed Year 12 were working or studying compared with only 7 of the 24 (29%) who had not completed Year 12. Young women were also more likely to be working or parenting than young men, half of whom were unemployed. In the Household Income and Labour Dynamics in Australia (HILDA) survey of 2,250 15-24 year old Australian young people, those who had completed Year 12 were up to three times more likely to be employed than those who failed to finish high school (Pawagi, 2002). Similarly, McMillan and Marks (2003) and Curtain (2003) found that young people who had completed Year 12 were much more likely to be in full-time work or education and training than those who had not completed Year 12.

Young care-leavers were more likely than their age-mates in the general population to be unemployed, and less likely to be in full-time work, training and education.

Those who had completed Year 12 were, however, more likely to be employed, to be employed full-time or in full-time education than those who did not complete Year 12.

4.2.1 Pattern of work activity since leaving care

More important and informative than the snap-shot in time at the fourth interview is the overall pattern of work activity for these young people since they left school and since they left care. Just over half of these young people had been working or studying throughout the four to five year period since they left care, or for most of that time with some brief periods of unemployment or gaps between training and employment (Table 4.1, Figure 4.4). Just under half had had little or no employment, apart from short-term casual jobs or jobs they were required to take as part of their obligations for receiving unemployment benefits. Six of the nine young women who had children had had little or no employment throughout this period (Table 4.1).
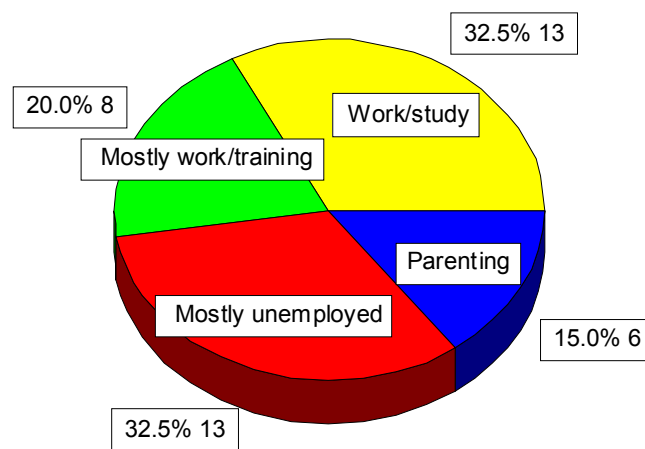
Figure 4.4
Labour force activity since leaving care

Table 4.1
Work activity throughout period since leaving care by gender

	Women	Men	Total
Work or study throughout	8	5	13
Mostly work/training	5	3	8
Mostly unemployed	8	5	13
Parenting	6	--	6
Total	**27**	**13**	**40**

By definition, those who had been in work, education or training throughout the four to five year period gained employment or entered some form of further education or training almost immediately after leaving school. Several, like the young woman quoted below, however, had a short period of unemployment and uncertainty before getting their first job. They were mostly in full-time positions at the time of the fourth interview and, as outlined earlier, were generally happy and saw themselves as having long-term work prospects.

> After Year 12, I was unemployed for 6 months – I think I was too scared to get a job – and that is how I ended up getting the traineeship through the CES. (What were the 6 months like?) Horrible. I persisted with the CES – they gave me a long list of all the traineeships available and I'd travel around to interviews until I got a clerical traineeship and they wanted to keep me on when it was finished. And now I've gone onto being a funds manager.

In contrast, those who had been unemployed throughout most of their post-care period had patchy work activity, mostly in short-term, poorly paid positions that had few longer-term prospects. Five young people who had been working just after discharge were no longer working. Two had been retrenched, one was pregnant, and one had left her job as a result of sexual harassment. Another young man discontinued his apprenticeship because of back problems but continued with his part-time job at a child care centre and was about to start a course in child care at TAFE. As one young woman said:

> I'm a jack-of-all-trades, and a master of none – from one end of the scale to the other. I've been a waitress in a strip club. At a dry cleaners. I've done promotional work, sales, customer service, bar work, waitressing in horrible little Italian restaurants. [How long did most of them last?] Not long, three months or something, then I either get bored with it or I think the boss is an absolute idiot or they don't pay me properly or I'll annoy them or they'll annoy me. I think it's more because it's not work that I like to do. If it was something I really wanted to do...

Even when they were in training positions, these often did not lead to longer-term work.

When the 12 month traineeship finished as a shop assistant in a newsagent, they are not obliged to keep you on and so I got 4 hours a week which was better than nothing. (Were the employers good whilst you were on the traineeship – did they train you properly and teach you a range of skills?) To a certain extent – it wasn't a real advantage on my part because I already knew how to up and run it because I worked in the same newsagent before. When the traineeship finished, they put on someone else because it is cheaper to have a trainee than staff – so he really got a good deal out of it all (Did you feel exploited?) Yeah, but you just deal with it.

I took a traineeship – I wish I never did. I was out of home and living at a refuge and I thought a traineeship would be good because I could work up to manager but I chose the wrong profession anyway.

I used to think it might be long term and they'd train me to move up but I think they just throw you in the deep end and aren't all that worried about keeping you.

The other group of young people with a chequered or non-existent work history were young women with children. Several young women who had three or four children had not been in the labour force at all; others had worked at various times but often found it hard to get a job when they were pregnant. In the words of one:

[Have you worked at all since I last saw you [three years ago?] No. [Did you want to?] Yes, I even looked [for work] when I was pregnant but they don't employ pregnant workers. [What work were you looking for?] Clerical work. They said we'd employ you but you'd only be here for 4 months and then you'd have to leave [What about before you were pregnant?] I still looked for work but there was nothing coming up and I rang every place I could.

Some were keen to work when their children started school but the availability, cost and concerns about the quality of child care were seen as barriers before then.

If I work during the day, a lot of what I'd earn would have to go on child care and so I'd rather stay home with her and take the $60 from the government. That's better than getting $300-400 and paying a lot of that to child care where she might not get looked after properly. I'd be ringing up every 10 minutes saying, "Is she all right?" And a lot of child care centres here are booked out.

Once again, those who had completed Year 12 were much more likely to be in the labour force throughout the period than engaged in marginal activities compared with those who had not completed Year 12 (Table 4.2). Sixteen of the 21 young people who were employed or studying for all or most of the time since they left care had completed Year 12 but only one person who was unemployed and only one young woman who was unemployed and then caring for a child had done so.

Table 4.2

Labour force and work activity since leaving care by last year of schooling

	Yrs 6-9	Yrs 10-11	Yr 12	Total
	Last year at school			
Work or study throughout	--	2	11	13
Mostly work	--	3	5	8
Mostly unemployed	6	6	1	13
Parenting	2	4	--	6
Total	**8**	**15**	**17**	**40**

The experiences of these young people seem then to be quite consistent with the findings of the longitudinal survey results cited by the Dusseldorp Skills Forum. Their study concluded that "young people who, in their first year after school, have been mainly in either part-time work, unemployment, or outside the labour force are much less likely to make a successful transition to full-time employment" (Curtain, 2003, p. 7). Again, those who had completed Year 12 were much more likely to be in the labour force whereas 'non-completers' were more likely to be engaged in 'marginal activities' (ie 'not engaged in full-time education, training or fulltime paid work').[17]

This picture is clearly summarised by Biehal et al. (1992) in their survey of young care leavers in England:

> *It is clear that the low level of educational attainment of most of the care leavers in our study left them ill prepared to compete in an increasingly competitive youth labour market. They were vulnerable to periods of unemployment punctuated by training schemes and short term employment.* (p. 21)

4.3   WORK ASPIRATIONS

More than half of these young people (23, 59%) said they thought they had a very good chance of getting a job in the future; about a quarter (10, 26%) said "some chance but not a lot". Six young people either said they did not know or rated their chances as low or non-existent. Again, not surprisingly, those who had completed Year 12 and/or were currently employed, especially full-time

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[17] The Dusseldorp Skills Forum prefaced the report '*How Young People are Faring*' with the following concern: "For Indigenous young people the prospects are much worse. 45 per cent of Indigenous teenagers and nearly 70 per cent of young adults were not in full-time learning or work in 2001. This report by Aboriginal and Torres Strait Islander Services (ATSIS) highlights the profound risk of disconnection to learning and work these young Australians face and the urgency of a strong policy framework to address their skill development, education and labour market needs" (Curtain, 2003, p. 3).

positions, rated their chances higher than those who had not completed Year 12 and/or were not in full-time employment. For example, 18 of the 21 young people who were employed or studying and nine out of the 10 employed full-time said they thought they had a really good chance of getting a job in the future; so also did 14 of the 16 who had completed Year 12 compared with the overall figure of 59 per cent. Again, this is consistent with the findings from the large-scale HILDA survey: young people engaged in labour force activity were twice as likely as young people not in economic activity to say that they were satisfied with their job opportunities (62% compared with 30%) (Pawagi, 2002, p. 17).

When asked what sort of work they would like to do in the future, these young people named a wide range of occupations (youth work, child care, legal work, teaching, computing and electronics, building and project management, pilot, chef, business or clerical work, farm work, horticulture and veterinary work) and were well aware that they needed to develop their work skills and experience, and in most cases, to go on to do further studies either at TAFE or at university to achieve this. These aspirations are very similar to those of the children and young people surveyed for the *2004 Create Report Card* , and nearly 70 per cent recognised that "their desired career would require further study or training post-leaving school" (p. 11); nearly half indicated that they would consider enrolling in university.

Clearly their aspirations and recognition of what they need to do to attain these are not very different from those of other young people their age. What differs is their access to the resources and other pre-requisites. Apart from work experience and further education, the areas in which these young people recognised they needed to do more or to get some help were in basic literacy and computing skills, obtaining (or keeping) their driver's license, and in increasing their confidence and motivation.

> *Youth work - next year I'm going to concentrate on getting unpaid work-experience so I'll have a better chance at the end. Then I'll complete my uni degree.*

> *Get into uni. I'd like to have an aptitude or IQ test because apparently when I was younger, I was very slow in picking things up, but I reckon I'm pretty smart and pretty 'cluey' now so I'd like a test for my own benefit. I've got my life sorted out now.*

> *Legal work if I could do some further study, but in the meantime some night work just so we have two incomes.*

> *I'd really like to work with animals, mainly horses. Working with a vet as a vet nurse. I know I'd have to finish the course and move somewhere where I could get a job.*

> *I wouldn't mind truck driving ... other than that just farm work or light mechanic work.*

> *Don't know. Anything - I'll do anything [In the city?] Yeah, that would be good. [The land?] Yeah - I was going to join army reserves at one stage but I didn't pull my finger out. [Is it still an option?] Yeah.*

Five young people, four of whom were young mothers, were uncertain about their future work directions at this stage. For example, one young mother said: I'm happy being a mum at the moment.

4.4 INCOME SUPPORT

The main sources of income for these young people were work and various forms of government income support, including unemployment benefits, parenting allowance, and sickness or disability benefits. Nearly half gained at least some, most or all of their income from work, and for about a third this was from full-time work. Almost half relied upon government income support for some or all of their income. Family members or partners contributed to household income for six young people, five of whom were young women with children. A further seven young women with children were receiving parenting allowance as their main source of income.

Table 4.3
Income support at 4th interview by gender

	Women	Men	Total	12 mths post
Work	8	5	13	9
Austudy	1	1	2	7
Unemployment/ sickness benefit	4	4	8	19
Work + benefit	3	1	4	1
Work + family	2	1	3	--
Parenting allowance	7	--	7	4
Partner/family	3	--	3	3
Prison	--	1	1	2
Total	**28**	**13**	**41**	**45**

About a third of the young people who had been receiving some form of government income support said they had had problems or had to wait too long in getting it organised. For example:

> *When I first moved here, I changed my details like you have to and my rent details had changed – which means my rent assistance changes. I was entitled to more and I wasn't getting it. They didn't pay me the right money for one month so I had to be back paid.*

> *They are so bad at keeping records. I'm so scared of changing my details like if I get a job 'cos it will affect my Austudy. I will be scared of doing that because I'm finally getting what I'm meant to and it will change.*

Several who had problems initially had worked out ways to circumvent this, by getting to know someone in one of the offices who was able to help or by "letting them know" about their background in care.

Four to five years after leaving care, work and government income support of various types were the main sources of income. Nearly a third (13, 32%) gained their income from work and just under half (19, 46%) received government income support as either their main or supplementary source of income. In comparison, the proportion of young people aged 22-24 years in the general population receiving income support ranged from 21 per cent to 25 per cent (Australian Institute of Health & Welfare, 2003, pp. 288-291). Their greater reliance on government income support compared with their peers in the general population is consistent with the findings of research in both the US and England (Biehal et al., 1995; Courtney et al., 2004; Goerge, Bilaver, Lee, Needell, Brookhart, & Jackman, 2002).
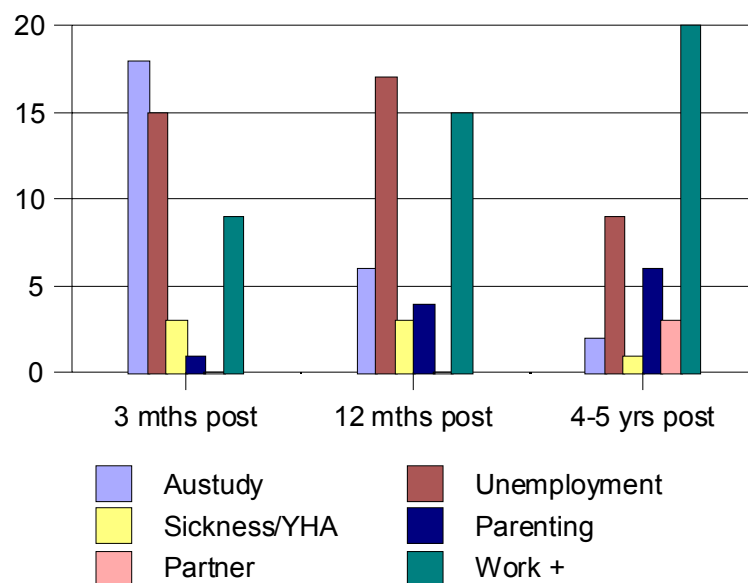
Figure 4.5
Main source of income support after leaving care

The main change since the 12 month post-care interview (Table 4.3 and Figure 4.5) was the increase in the number of young people who were working and the drop in the number on unemployment benefits, largely as a result of seven young women moving from Jobsearch to the parenting allowance, four from Austudy to work, and three from Jobsearch to work. This probably reflects increasing maturity and also the change in pathways, including parenthood, and the support for some from partners and their families.

As Table 4.4 shows, the gross weekly income reported by these young people is considerably lower than that for their age-mates in the general population. Their average weekly income was $315 (*SD* = $161) and the median was

$250 per week. While 50 per cent of young people aged 20-24 years in the general population had a gross weekly income of $400 or more, the figure for the young people after leaving care was just half that – only 25.8 per cent. This is likely to be a reflection of the greater proportion who are not in the labour force, and where they are, the largely unskilled nature of the work most were doing if they left school without completing secondary school.

Table 4.4
Gross weekly income for care-leavers and age-mates in general population

	Care-leavers at 4th interview %	20-24 year-olds in general population* %
$ 1 – 119	3.2	8.1
$120 – 199	29.0	15.6
$200 – 399	41.9	26.2
$400 – 599	16.1	28.6
$600 – 799	9.7	14.6
$800 +	--	6.8
Total	**100.0**	**100.0**

* Source: Australian Institute of Health and Welfare (2003), p. 286.

When asked whether they thought they were 'better off', 'about the same' or 'worse off' than others their own age, two-thirds said they were at least as well off ('the same', 40% and 'better off', 27.5%) as their peers; one-third (32.5%) said they were 'worse off'. The single best predictor of how well off they saw themselves was, not surprisingly, their source of income. Most (86%) who were working or living with a partner in full-time work said they were doing at least as well as their peers whereas those who were unemployed and on government benefits were more likely to say they were 'worse off' (58%) or 'about the same' (41%).[18]

> Better off - mainly because of the numbers of hours I work. I own my own vehicle and have paid it off.

> Now that I've been promoted I'm probably better off than most of my friends – a lot more than someone my age would be earning – and my husband has a full-time job and he is being trained as a manager…. [Does being married help – having two incomes?] Definitely.

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[18] This association was significant (X^2 = 16.3, 2 *df*, *p* < .0001 when reduced to 3 x 2 table); the odds ratio that young people who were working will say they are at least as well off or better off as their peers is 7.6 times that for young people who were unemployed or on benefits.

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> *Worse off. I'm way worse off because people my age have usually got jobs by now.*

But the group they compared themselves with also clearly affected their views about how well off they were.

> *Worse off - because I'm not working, but if you compare me with someone who's got a habit, then I'm better off.*

> *Worse off. Other kids in families are well off and can go to university and their parents pay their fees. But me, I've got to pay my own fees.*

> *Even with the kids we are better off – [Why is that?] Because Tony has a good paying job and we don't blow money on garbage – like we go out, we have fun, we buy the kids things and what not but we would be better off than some people our age.*

Their comparisons were also not made purely on economic terms. For example:

> *Better off – because I'm fully independent and all my friends live at home with their parents, and their parents give them everything, bought them their car or put money towards it. They get their lunch made still, you know, it's just ridiculous and none of them could say they were independent.*

> *If I didn't have kids, I'd be better off but there aren't too many 22 year-olds with kids but I'd go without a lot to have them.*

Young people who had been in care were more likely than their age peers to be unemployed and to receive government income support. Their median gross weekly income was less than that of their age peers.

4.5 MONEY MANAGEMENT

A year after they left care a number of young people said they sometimes had difficulty 'making ends meet' and had to 'cut back on' or 'go without' various goods and services. Several years on, some young people were better off but others were still struggling or were finding it more difficult than before, especially if they were unemployed and had children. About half (20, 49%) said they had debts and no savings, and six of these young people said they were then not able to make ends meet; two were young women who had been in similar straits at the time of the earlier interviews. Several had relatively large debts which they were still trying to repay – either as a result of previous over-payments from Centrelink, large phone bills, or as a result of disputes with real estate agents over unmet rent or disputed bonds.

Most (26, 63%), however, said they could usually 'make ends meet'. Some still had debts but these were mostly more manageable repayments on cars, phone bills, or Housing Department debts or later HECS debts which were not yet due. Only eight young people said they had savings and were debt-free; seven had no savings and no debts. Not surprisingly, those who had savings

and/or no debts were more likely to say they could make ends meet and that they were better off than others their age or just as well off.

Having some difficulty managing financially on limited incomes is not uncommon for young people, especially for those who have been in care. Other research has highlighted the financial difficulties and hardship of young people after they leave care as a result of inadequate incomes, poor living skills, lack of experience in budgeting, and limited supports to fall back on when they need extra money (Biehal et al., 1995; Broad, 1998, Stein & Carey, 1986). For some young people, drug and alcohol problems also exacerbated their financial problems.

Table 4.5 shows the percentage of young people who reported having to 'go without' or cut back on various goods and services 4-5 years after leaving care, together with their responses 12 months after.

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Table 4.5
Percentage of young people 'going without' or 'cutting back' on living items 12 months and 4-5 years after leaving care

	12 months %	4-5 years %
Medicine	15.8	12.5
Use of electricity	24.4	--
Food	28.9	25.0
Heating	33.3	--
Getting around	--	30.0
Dental services	44.4	47.5
Use of telephone	48.9	47.5
Clothes	68.9	52.5
Social life	68.9	62.5

The financial constraints on the use of goods and services were similar for young people 12 months and 4-5 years after leaving care, with about the same proportion of young people saying they had to 'cut back' or 'go without' meals,[19] medical and dental services, telephone services, clothes, and going out. Again the indications are that these young people are more likely to be worse off than their counterparts in the general population; according to the HILDA data, for example, about 10 per cent of young people aged 18-24 years surveyed in 2001 had gone without meals because they were short of money compared with 2 to 3 times that proportion of the young people in this study (Australian Institute of Health and Welfare, 2003, p. 292).

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[19] The HILDA data indicates that about 10% of young people aged 18-24 years surveyed in 2001 had gone without meals because they were short of money compared with 2 to 3 times that proportion of care-leavers (Australian Institute of Health and Welfare, 2003, p. 292).

Various strategies were used by these young people to manage their limited finances. Transport concession cards, special Telstra payment cards and bars on outgoing or long distance calls were used to reduce and manage the cost of transport and telephones. Several had had their phone service cut off because they had not been able to pay the bill. Most looked for doctors who bulk-bill on Medicare or attended hospital clinics or casualty services but the cost of medicines for chronic conditions, especially for their children (eg with asthma), was very difficult for several young people to manage.

The service that young people commonly went without was dental treatment. In the absence of free public services, dental treatment was minimal both for the young people themselves and for their children. Fifteen young people (36%) said they do not go to a dentist at all or had not been 'for years'.

> We go to the dental hospital and there is a huge waiting list. [20]

> Medicare is good because you don't have to pay anything but if I have any dental problems it's a worry –it is a concern because of wisdom teeth and I would have liked braces.

> Going to dentist? I go without - I haven't been for 3 years ... only go on vouchers.

> I haven't been to the dentist for years because I can't afford it. I'd love to be able to get some of my teeth fixed and capped -- I've got about 5 or 6 chipped teeth.

> I don't go to the doctor very often – but I don't need to. Haven't been to a dentist for years.

> They have cut back the funding for dentist treatment so unless you're in dire agony and your teeth are falling out of your head, that's the only time you see them, and even then you have to wait. To take the kids to a dentist will cost a fortune – they won't go until they're school age.

The lack of dental treatment is very concerning because many of these young people had had minimal dental treatment while they were in care and were unable to afford the dental care they needed to restore and maintain their teeth in good condition. The lack of dental care for their children is equally concerning.

4.6   SOURCES OF FINANCIAL SUPPORT

When asked whether there was anyone they could turn to for help if they were 'stuck money-wise', most (31, 75%) were able to name one or two sources of support or emergency assistance, and most of these had already done so. Five said they would prefer to go without than ask anyone for help with money although there were people they could ask.

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[20] Figures supplied by the NSW Health Department show there were 162,303 patients on waiting lists in August 2004 - 84,866 for assessment and 77,437 for care. (*Sydney Morning Herald*, Special report, "Dental crisis exposes great divide", February 15, 2005).

Ten young people, however, said there was no-one they could ask. This was either because those they could ask had little or no spare money or because there was no-one they felt they could ask.

> *Ben's parents are on the pension and in the same situation as us. Up here Sam is the only friend I really have here and she has four kids to feed.*

> *No, no now. [Your [foster] parents?] No, I've asked them enough.*

> *I have friends and stuff but I don't like to ask them because they don't have much money neither – same with Mum and my sister – they don't have a lot of money.*

> *I don't know that I'd like my Mum [foster mother] to know that I was having trouble managing.*

> *Not now – I'm pretty much on my own.*

For those who indicated there were people they could ask for help, partners and their partner's family were more likely sources of financial support than their own families of origin, and former foster families were more often named than their parents.[21] Friends were not a common source of support because again they were often in similar circumstances or because moving around meant there were few who could be asked. When specifically asked whether they would or might use or try particular sources of finance if they 'ran short of money' (Table 4.6), asking people they knew (parents, foster carers, relatives and friends) was again the most common response. Nearly half also said they would possibly go to a charity or to a government agency and most of these young people had already done so. Using a credit card and gambling were less common measures but three young people said they had previously had a problem with gambling.

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[21] The main sources of support mentioned were partners ($n = 4$) or their partner's family ($n = 6$), former foster families ($n = 5$), family members ($n = 5$ including siblings, $n = 2$; members of their extended family, $n = 2$; parents, $n = 1$), friends ($n = 2$), and workers ($n = 1$).

Table 4. 6
Source of support if needed money

	Yes	Maybe	Total	
	n	*n*	*n*	%
If you ran short of money, would you:				
Ask parents/foster	12	5	17	41.5
Ask relatives	8	2	10	24.3
Ask friends	5	5	10	24.3
Ask NGO/charity	5	15	20	48.7
Ask DSS	4	9	13	31.7
Use credit card	5	7	12	29.2
Ask DoCS	4	6	10	24.3
Gamble	1	7	8	19.5
Do anything illegal	2	1	3	7.3

Note: The number of respondents was 41. Percentages relate to the number of cases, not the number of responses because respondents generally mentioned more than one source of support.

Several young people also received some assistance from several specialist after-care services, after referral through the project. This obviously means that they received help that they would have been unlikely to receive without their involvement in the research study but ethics prevailed over the robustness of the research design.

SUMMARY

How do young people leaving care compare with their age-mates in the general population in terms of educational attainment? What barriers to education do they face?

Consistent with the findings of other research on the educational performance and attainment of children and young people in out-of-home care, the young people leaving care in this study were less likely to have completed Year 12 than other young people their age in the general population. As students, they were more likely to have had behaviour problems, to have been subject to bullying, and to have been absent from school through suspensions, exclusions and truancy. While the overall picture is somewhat bleak, this is not uniform. Just over 40 per cent completed Year 12 and several went onto university and some went onto further education but were less likely to do so than their same age peers.

How do they fare in the transition from school to work or further education?

Four to five years after leaving care, the young people in this study were much less likely than their peers to be in full-time work and/or education. Most had a history of part-time and casual work in poorly paid and low-skill jobs. Apart from the small number of young people who were engaged in tertiary education courses, most had taken short-term courses in hospitality and technical areas to meet Centrelink requirements rather than lead to serious qualifications. Those who had completed Year 12, however, were more likely to be employed, to be employed full-time or in full-time education than those who did not complete Year 12. A number of the young women were more likely than their age-mates to have taken another path -- into early parenthood. Many, including some of the young mothers, were interested in further study to qualify them for more skilled jobs.

How were they managing financially?

Young people who had been in care were more likely than their same age peers to be unemployed and to receive government income support. Four to five years after leaving care, nearly half relied on government support for all or part of their income support. Not surprisingly, because fewer were in full-time work, their overall median gross weekly income was less than that of their age-mates and a number had debts and few had savings. While most (two-thirds) said could make ends meet, a significant proportion said they had to go without or cut back on various goods and services, particularly dental services, telephone, and clothes.

What support could they call upon and what forms of support made or might have made a difference?

Four to five years after leaving care, three out of four young people could name someone (including partners and their families, foster carers, family, or charities) they could call on for help if they ran into financial difficulties but some were not prepared to do so and others said there was no-one they could ask. About two-thirds said they were as well off or better off than their peers but the best predictor of this was whether they had a full-time job.

Few had been aware or were aware at the time of the fourth interview that they could seek support from DoCS for educational and other expenses. A number indicated interest in pursuing further education but would clearly need support to do so (Jackson, Ajayi & Quigley, 2005). They expressed regret at not having stayed at school to enable them to get better jobs but the difficulties they were facing at school and as a result of their earlier experiences meant they could not or were not interested in focusing on education. Supportive relationships with an adult – a teacher or carer or worker – did, however, make a difference to some of these young people in terms of how well they fared educationally and in employment (Stone, Gray, & Hughes, 2003).

5 RELATIONSHIPS AND SOCIAL AND EMOTIONAL SUPPORT: FAMILY, FRIENDS AND CARERS

Stated simply, relationships are the "active ingredients" of the environment's influence on healthy human development. They incorporate the qualities that best promote competence and well-being – individualized responsiveness, mutual action-and-interaction, and an emotional connection to another human being, be it a parent, peer, grandparent, aunt, uncle, neighbor, teacher, coach, or any other person who has an important impact on the child's early development. Relationships engage children in the human community in ways that help them define who they are, what they can become, and how and why they are important to other people (National Scientific Council on the Developing Child, 2004).

Young people who remain in care until they reach 18 rarely have the emotional, social and financial support that is available to most young people their age from their families. While their immediate families may not have been available as a reliable source of support, many young people in care and beyond still try to maintain or rebuild a relationship with their parents, siblings and members of their extended family, and some build strong relationships with foster carers and other supportive adults and networks. This chapter focuses on the extent to which these young people have been able to draw on support from those around them; it is guided by two main questions:

- *What is different for young people leaving care in terms of their relationships and social and emotional support compared with the circumstances of their age-mates in the general population? Who can they call upon for support in the transition from care to after-care, and after leaving care?*

- *What factors were associated with young people having stronger social support networks?*

- *To what extent do they feel satisfied with the level of support available to them?*

5.1   FAMILY CONTACT

Nearly all the young people (38/41, 93%) had had some contact with their families since the third interview, most commonly with their mother and siblings, although the frequency and value of that contact varied markedly. Just over half said the level of contact they had with their family was sufficient but nearly half wanted more contact. Of the three young people without any family contact, two wanted more contact than they were having.

5.1.1   Parents

Twelve months after leaving care, two-thirds of the young people (65%) were in contact with at least one of their parents, mostly their mother. Four to five years later, the figures were very similar: two-thirds (28/41, 68%) were in contact with at least one of their parents, and again that was mostly with their mother (17, 41.5%). One young man was living with his mother, and as outlined in Chapter 3, six young people had returned to live or stay with their parents some time during the intervening period, for varying periods, mostly to seek respite from other unsatisfactory living arrangements or from violent partners.

Only five (12%) were in contact with both parents, and fewer than one in three (12, 29%) saw their parent/s either weekly or monthly. The level of contact for the remaining third was relatively infrequent, with only irregular or occasional contact just once or twice a year (Figure 5.1). Several lived some distance from their parents and could not afford to see them more often or did not wish to. For example, one young woman said:

> One of the reasons for moving up to Queensland was to get away from all that, my family and so-called friends and all the hassles.
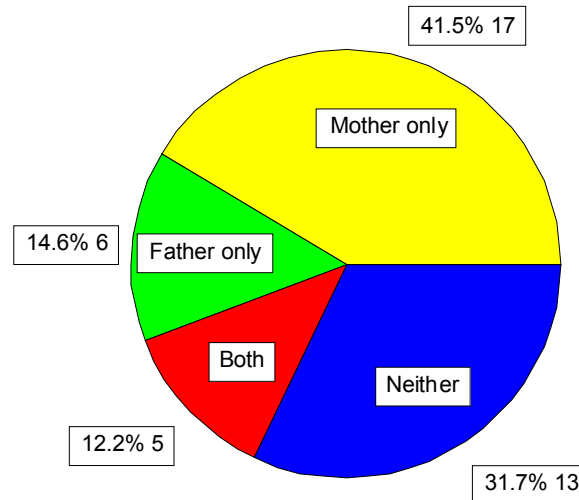
Figure 5.1a
Contact with parents
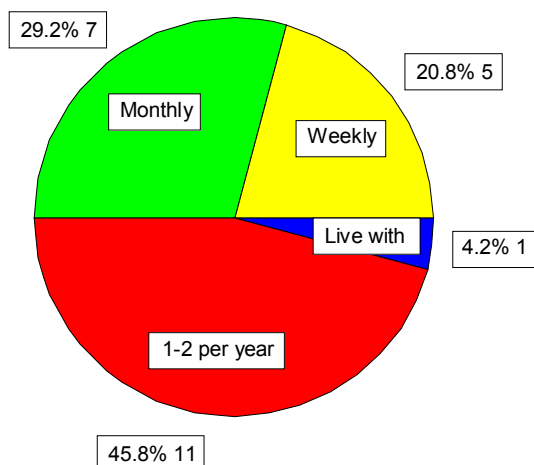
Figure 5.1b
Frequency of contact with parents

Seven young people had no contact at all with either parent, and for a further 12, contact was not possible with one or both parents because they had died. Six young people did not know the whereabouts of their parent/s - or in three cases even who their father was – and were seeking information from others or help from the Salvation Army or other agencies to find them. Some had unresolved conflict, including several young women whose mothers had continued to support the father or stepfather who had sexually abused them, resulting in their entry into care. As Biehal et al. (1995) commented, the history of the relationship and the pain of rejection often resurfaced in young people's disappointment in their parent's incapacity to admit to the earlier difficulties. Two young people, for example, expressed their resentment and disappointment in the following ways:

> *I haven't seen her for years but I don't want to. I don't like my mother! I haven't had anything to do with her for 12 years now. I haven't spoken to her - that's my choice and until she grows up, I'm not prepared to. My mother is like a 16-year-old. I just don't have any time for her. She's caused me a lot of pain, but I only hold it against her that she can't say sorry for what she's done and she just wants to blame everyone else for her own mistakes. And I don't believe in that. I believe if you've done it, you say so.*

> *I've tried to make amends with them and they stuffed up. I don't care anymore. They pretend nothing happened – that they are innocent and that pisses me off.*

Reassessing relationships. While most young people retained contact with the parent they had been seeing just after leaving care, some young people had reassessed their relationships with their parents, with several resuming contact with parents they had not been in contact with for some time, and others dropping contact. Those who resumed contact or were intending to do so included three young women who had been sexually abused and 'excluded'

from their families. As one said:

Yes. I'm thinking of getting in contact with my Mum. I don't know where she is. I'll probably need some help to find her. I've rung the people who help to find missing people through the Salvation Army but I've just got to get all the information together. [When were you last in contact?] When I was about 11 ... but then when I wrote to her when I was 16 and when I knew her address, my step-father wrote back telling me "how beautiful I was and that he'd forgiven me".

For another, renewed contact was precipitated by a serious car accident in which her brother was injured. This young woman was still struggling with her contact with her [offending] father and the rest of the family.

I've had quite a bit of contact with my family in the last year ... my younger brother had a car accident and was in hospital for quite a while which brought everyone together a bit, but it's backed off a bit now. We spent Christmas, Boxing Day with my natural family at my uncle's house. That was probably the last time I spent time with them. Although that was nice and I don't want to miss out on those family times, at the same time, it also annoys me that I have to pretend that nothing happened. And I'm annoyed that all my relatives accepted us pretending nothing happened.

The other young woman was particularly excited by regaining a relationship with her mother after years of being excluded.

That's the other exciting thing - I have contact with my mother now – I don't know if you remember but when I was sexually abused, she didn't believe me and then just before I went away this year, we had contact. I rang her up and was talking to her and stuff and she had split up with her husband [abusive stepfather]. So now we have contact and I see her all the time and she came to the wedding with my sister and they really like my husband. … Because we don't really know each other as friends, let alone mother and daughter, we are having to start from day one and take it as it comes but we seem to get on really well – there have been times when things have not gone very well but we have been able to handle that in a mature way. I was a kid when I last knew my mum and now it is hard for her too because I am an adult. (She missed out on all those years?) Yeah – it has been hard for her – she has gone through a lot of guilt because the same thing that happened to me has happened to my sister. [With the same man?] Yeah [After you?] Yeah. After he got out of jail, he did the same thing to my sister.

Several young people who were reassessing their relationship had decided to drop contact with a parent, because of serious conflict between them or because they were no longer willing to make all the effort with what they perceived to be little in return.

Every month so far for a while now I've contacted my birth mother by phone, and sometimes I visit her by bus, but I'm going to give it a break for a while... She never comes down here.

It's been really difficult with Mum. She hits me and told me I should have an abortion so I moved here to get away.

Overall, about a third of the young people had a relatively positive relationship with their parents and a third had a very poor or non-existent relationship. Others recognised that the relationship was never going to be close but that it was better than no contact. One young woman, for example, had had no contact with her father for years and was pleased to have re-established contact with him:

> *He lives in Queensland but he surprised me by coming to my graduation. I write to him but not very much because we are still strangers and I think we've accepted that it will be that way. But we don't have to get too emotionally involved, just keep in touch, I guess. I mean we can't try and make up for all those lost years but I just write and say "Hi, what are you doing?" His letters are very un-emotive which annoyed me at first but now I don't care anymore – it is at least nice to have contact.*

5.1.2   Relationship with siblings

Young people's relationships with their siblings were quite mixed. About one in five had close relationships and were in regular contact; these were mostly young women who were close to their sisters, and in several cases either lived with them or had done so before or after leaving care. Another group had less frequent or only occasional contact, mostly because of distance and also because of age differences. Five young people had various siblings and half-siblings, some in their 30s and 40s, that they had just 'discovered' through contact with other family members or by access to their file. The third group had little or no contact by choice or by exclusion. Several young people had very conflictual relationships with their siblings or had little to do with them after falling out over money or shared living arrangements.

> *I haven't spoken to him for a few years now since I left there and he reckoned I owed him money.*

Several young women had lost contact with their siblings when they had gone into care after being sexually abused and had not been able to address the reasons for their removal with their siblings.

> *I'd like to see more of my brother and sister. It's a bit difficult because they don't really understand why I don't get on with Dad, and it's a bit hard knowing how to address that with them now they're getting older. If I address it, I'm not sure what to say. If I don't, then I don't really want a lot of contact with them because it's too hard. [They've never asked you?] No, well they were told when I left, 'Well that's what kids do. They grow up and move out of home'. I was 14 and they were 7 and 8.*

One young woman later met her younger brother who only then became aware of her actual circumstances, having been told by the family that she had 'been into drugs' and 'become unruly'.

5.1.3   Extended family

A relatively small group of young people (11, 27%) maintained regular and frequent contact – either weekly or at least monthly – with grandparents or

aunts and uncles, and in some cases had lived with them while they were in care and for varying periods since leaving care.

5.1.4 Deaths in the family

A notable feature of these young people's lives was the number who entered adulthood without both parents being alive. By the fourth interview, 12 of the 41 young people interviewed at that time - and an additional two young people interviewed in the earlier interviews - had at least one parent who had died (11 mothers, and 5 fathers). This includes two young people whose mother and father had both died, and two where the father's whereabouts were unknown or 'unavailable'.[22] In total, this represents 29.8 per cent of the original 47 who were interviewed for the first wave.[23] This high proportion is consistent with the findings of two other recent studies in Sweden and the US. A survey of over 700 17-18 year-olds leaving care in three states in the US found that 17 per cent reported that at least one of their parents was dead and a further 18 per cent did not know if their parents were alive (Courtney, Terao & Bost, 2004). In Sweden, a population study based on census data found that by the age of 25, 36-37 per cent of all young people who had spent "five years or more in foster care … had lost at least one parent", most commonly their mother, compared with 7 per cent of their peers in the general population (Franzen & Vinnerljung, 2006).

The very high exposure to parental loss was also exacerbated for several young people by the deaths of grandparents or siblings they had been quite close to. In addition, four of these young people and a further three had also been close to foster carers who died at some stage while they were in their care or just after they left care.

5.2 FOSTER CARERS

About 60 per cent of the young people who had been in foster care or in a small group home had had some contact with their former carers over the four to five years since they left care. For 12 young people, this was only casual or occasional contact to keep in contact or in several cases to re-visit and re-establish contact with their former carers.

> *I got a Christmas card from Amy and Sam Foster (foster family - they've moved inland somewhere). I rang them up and said "Hi, how are you going?" But I don't ring them a lot. I only ring them every so often, you know, every 6 months or so. "Just hello, I'm still alive".*

> *I call one of my foster carers or she calls me every 3 months or so.*

> *I went back to see the Abbotts that I stayed with when I was about 15 – they were the ones who kicked me out when I was in care but they weren't too happy to see me again. So I didn't stay very long.*

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[22] In one case, the father was charged with the mother's murdered and imprisoned.

[23] In six cases in the current study, their mother's death, especially combined with the incapacity or unavailability of their father, had been a precipitating factor in their entry into care but six parents died while their children were in care and in two cases, after they left care.

Most of these young people had not been in long-term care with these carers. Several who had not had contact wished they could do so but were unsure whether they would still be welcome.

> *I haven't heard from or had any contact with any of them, and that's probably a sad thing and I feel bad about that because a lot of them were good to me. I'd like to get in contact but I guess I'm a bit scared that they won't want to know me given that so much time has gone by.*

Nearly a third of the young people (12, 29%), all of whom had been in stable and mostly long-term foster care, had regular and fairly frequent contact with their former carers, and in three cases were either living with their foster parents or self-selected carers or spending considerable time there and using it as a secure base. Nine of these young people felt that they were part of the family and could call on them for support and also offer support in return. Several called their foster parents 'Mum' and 'Dad'.

> *I see Mum about twice a week – I miss the kids – it is very quiet living on your own – I go over there and look after the kids and Mum when she is sick. Dad died about two years ago and she went through a bad patch after that. I have the kids over here when Mum is stressed out — so I drag the kids away from her and she will go out to dinner with my (foster) sister.*

> *I'm treated as part of the family ... birthday and Christmas presents like all the other kids. Um ... if I'm not there for something, I'm missed. I live just around the corner from them now and so I see them probably once a fortnight, and I keep in touch - ring them, and quite often we call around for an hour or so. I get home a bit late after work to have meals with them.*

> *I'd like to see them (foster parents) more often but they both work. Dad's got two jobs and Mum's got one, plus looking after my younger sister and brother, and that's pretty hectic. And they live about an hour and a half's drive from here.*

Three young women who had been in long-term stable care for ten years or more were more equivocal about the level of contact and commitment from their former foster carers and, like some of the young people in Biehal et al.'s (1995) study, were very hurt by the uncertainty of their commitment. For example:

> *My foster parents didn't go to my graduation and I was really, really angry and upset at them for that because I thought that because I was their daughter I meant something to them and I was thinking "Oh great, they are only my foster parents and they don't really care about me" – and I was really angry at them.*

> *I'd like them to make more effort so it wasn't up to me to initiate it all the time. I just feel like they don't make any effort. I know it's mean to say it because they probably love us to death but I get the feeling now that we have moved out that we've gone back to being foster children. I don't know how to describe it and it sounds mean but that's how it truly feels. I mean ... just like little things for my birthday. They just don't make an effort.*

There was also some feeling of competition in some cases with the foster carers' children, both in terms of how welcome they were there and how well they were doing.

> *You know, I've always felt a bit in competition with Miriam and it sounds terrible to say this but now she's not doing so well, I don't feel like I am the black sheep so much.*

> *Like at Easter, I didn't hear from anyone so I went for a drive over there [to foster carers] and turned up, and they were sitting there with their parents and John (foster brother) and Merrony and they didn't invite us. And so that sort of thing makes me feel that we're fostered and they're not.*

5.3 PARTNERS

Half the young women but only two of the 14 young men were married or living in a de facto relationship. One man and three young women were engaged. This is a much higher rate of marriage than for young people of the same age in the general population, especially for the young women: In contrast, only 4 per cent of the general population of young people their age were married,[24] and a further 7 per cent were in a de facto relationship (Australian Bureau of Statistics, 2004).

Most (15/19, 79%) who were married, engaged or in de facto relationships had children, and in most cases, their partner was the parent of their children.[25] Two young women with children were living as sole parents, having left partners who were violent. Two other young women who had married were in their second or third relationships after leaving violent partners. Five young women had taken out Apprehended Violence Orders against former partners, and in two cases those partners were in gaol.

As Biehal et al. (1995) also found, the young people who were married, engaged or in de facto relationships were less likely than those who were single to have other social support and less likely to say they had ever known a place they would call 'home', suggesting that they were looking to establish their own home now that they were 'independent'.[26] But at least two of these relationships were quite turbulent and difficult and appeared to provide little emotional support to the young women involved. For some young people, however, their partner's family provided a new base for social support.

> *I get on really well with Peter's mother. We think of each other as friends and I can go and talk to her about anything, and she can come and talk to me. With my problems though, I've always been a person who likes to work things out for myself.*

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[24] 46.6 per 1000 (4.6%) of females aged 20-24 years, and 25.4 per 1000 (2.5%) of males of the same age were married (Australian Institute of Health and Welfare, 2003, p. 250).
[25] Only one young man was married with children; the rest were young women.
[26] The odds ratio for those who were single having moderate to strong social support was 3.8 compared with those who were married ($p = .05$). Similarly, the odds ratio for those who were single saying they had ever lived in a place they called 'home' was 4.2 compared with those who were married ($p = .05$). There was also a trend ($p = .10$) for those who were single to have been more secure in care than those who were married or living in a de facto relationship.

Half the young people (11 young women, and 10 young men) were single without children. Most were in a relationship but not one they were ready to settle into as yet.

> *Still a lot of me to deal with first but after that. I want to do other things first - like travel.*

> *Yeah, but I've got plenty of time. Matthew and I have spoken about marriage and his sister is a year younger than me and she's married and has kids. But I don't know - I've just had so many wrongs and not too many rights, and at the moment I'm just not prepared to be like that and I'm not prepared to do it. We don't have the room and I just don't have the patience for it. And to me, marriage is not something you need a piece of paper for.*

> *We hope to get married in a couple of years, and then we'll think about children. We have talked about it but I'm so used to being free and easy, and I'm still young! He's not clucky yet, and neither am I. Probably have a couple of kids later.*

Several young men, however, were still 'getting over' relationships that had broken up or ended and were not contemplating further relationships at that time.

> *I don't think I'll ever have another relationship again. I just can't do it any more.*

> *Not at the moment - I don't really think about that. I've had a couple of bad relationships, one where a girlfriend died and then the break up of the engagement so I'm sort of steering clear of relationships for a little while.*

> *Just broke up with girlfriend – been going out for about 9 months and there was talk of engagement and then it just died!!*

5.4   FRIENDS

Just over a third of the young people (15, 36%) indicated that they had few, if any, friends their own age that they could call on for support. There seemed to be two main probably related reasons for this: their mobility and their lack of trust in others. A number of those who had been very mobile had had some difficulty sustaining or managing relationships with friends and with those they had shared accommodation with; they had moved on, in many cases feeling 'burned' or 'ripped off'.

> *I keep in contact with one school friend but it is only birthday cards and Christmas cards. I'm too slack to ring her – it was hard because she went onto uni and I didn't and she made uni friends.*

> *Not really. I've lost contact. Life just enfolds you.*

> *I don't have close, close friends. I've been burned too many times to have that. But like, my boyfriend's my closest friend. We're really good mates. [When you say you've been burned too many times was that in care or afterwards?] In care ... and out of care. And being ripped off – but I think, "Oh, shit happens" and I just get on with it. I shrug my shoulders and keep on going.*

Some who had been in small towns for a short period or moved to Sydney had not yet established new friendships.

> *No, I don't have anyone[to talk to]! [Would you like to?] Yeah, sometimes I just wish I had someone my age that I could talk to. Town A's like who you know, and they've all grown up together and gone to school together and they don't accept you or want to take you in. Tom (husband) doesn't know many people here either.*

> *I've only been working for a short while [just moved to Sydney]. I would like to have more friends I suppose – basically I have to be with someone for a while to make friends – I can make instant friends – get people to talk to me and stuff but it takes me a while to feel comfortable around them even though they think I am.*

On the other hand, some young people had 'old' friends as well as 'new' friends through boyfriends, and new networks of people at work, university, church, and in sporting groups and the armed forces. These young people were more likely to have been in long-term stable care than those who had few friends (10/14 with good friendship networks in stable care compared with 4/15 with few friends) and they had also been less mobile after leaving care.

5.5 PROFESSIONAL SUPPORT AND WORKERS

Nine young people who had not been in long-term stable care indicated that they had had some occasional contact with former workers on their own initiative – either to ask for help or to maintain contact – in the four to five years since they left care. In two cases, their former workers – in one case, a former children's home staff member, and the other a Department of Community Services caseworker - had become more like friends and mentors.

When asked whether there was anyone that cared for them, several, including these two, mentioned former workers and one mentioned a worker from one of the AfterCare services who had provided considerable support over several years. For example:

> *I think Robert [former DoCS Officer] does in his own way! [Laughing]. He gives me lectures but he does it because he cares.*

Several young people without good support networks indicated that they would have appreciated more support early on.

> *I would have loved someone from care back then being hard with me and directing me – obviously I made a bad decision but there was no follow-up and I went off on the wrong course.*

> *Because I never had any family back then, it was very hard at times. Most people, when times get tough, just go back and live with their family, their mum, and I never had any of that kind of stuff and at times it was really hard.*

5.6   SATISFACTION WITH SOCIAL AND EMOTIONAL SUPPORT

Young people were asked several questions at both the third and fourth interviews about their social networks, who they thought cared about them, and whether they were happy with the level of support they could get from their family and friends.

Twelve months after leaving care, most young people (82%) indicated that they were satisfied with the level of support they had from family and friends and that there were people they believed cared for them and loved them.[27] Four to five years later, two thirds (67%) indicated satisfaction with the level of support they had; those who were satisfied at 12 months were also likely to be satisfied four to five years later (r = .55, n = 38, p < .001). Those who had been in stable care were more likely to say at the third and fourth interviews that they were satisfied with the level of support they had than those whose time in care had been more disrupted.[28]

When asked who they thought cared about them four to five years out of care, young people, and especially young women, first mentioned their current partner (18 young women, 3 young men), and then former foster carers (10), their children (7), parents (6), siblings (6), grandparents/aunts/uncles (5) and workers (2). Sadly, three young men said there was no-one that loved them or cared about them. All three had felt rejected by their families and foster carers, and two had spent time either in juvenile detention or in prison. With the exception of nine young people, including these three young men, most felt there was someone they could call on for a bed and for help if needed. Christmas and birthdays were difficult times for a number of young people who spent the time alone or did not see them as times for celebration.

> *I don't usually celebrate my birthday – I prefer not to. It's just a horrible time of the year.*

> *I usually spend Christmas alone. I don't go to my family because it's too emotional. My Dad always gets brought up and I usually end up going psycho, and people don't like that.*

> *I'm not really fond of Christmas and birthdays because those were the times when I used to get beat up the most – "Son, behave yourself – wack - anything you did slightly wrong, I got beaten up for – so I've never actually considered it as that much of an important time. As a kid, I remember it as the time I was most afraid; it was the time Dad would punish me more harshly – it was a special time and we shouldn't ruin it.*

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[27]   One young man who was not satisfied said: "I don't get much support from family or friends or anything. Not really happy about that but I'm not a person who says "help me". It's not really part of my repertoire."
[28]   At the 4th interview, the odds ratio for being satisfied if they had been in stable rather than unstable care was 7.5: χ^2 = 4.71, 1 *df*, *p* = .03. At the 3rd interview, the odds ratio was 8.3: χ^2 = 5.11, 1 *df*, *p* = .03.

5.7 'FELT' EMOTIONAL SECURITY AND SOCIAL SUPPORT

Twelve months, and again four to five years after leaving care, young people were asked about the people they felt they could call on for social and emotional support and whether there were people they felt cared about them and loved them. Two summary measures scales were constructed: 'felt' emotional security (third interview) and level of social support (fourth interview).

At the third interview, young people were asked a number of questions (listed below) about their sense of being loved and of belonging, and of having had their needs met while they were in care. This was based on Thoburn's (1994) model - and Schofield's (2002) more recent framework - which both included a 'sense of belonging' as well as security.

'Felt' emotional security

Was there ever anyone you feel loved you?
Was there anyone ever you felt secure with?
Do you feel as if you were listened to?
Did you miss out on things other kids had?
Did you miss out on affection?
Did you grow up too fast – bad thing?
Did you ever live anywhere you could call home?

The young people's responses to these questions were coded and combined to create a simple additive scale termed "**perceived or 'felt' emotional security**". This was categorized as 'positive', 'moderate' and 'negative' according to the prevalence of positive or negative responses to the questions listed in the text box above. A positive 'score' indicates positive responses across all or nearly all the questions (n = 13); a 'negative' score indicates negative responses across all or nearly all the questions (n = 13). Sadly, eight young people said there was no one that they felt had ever loved them or that they felt secure with. For example, one, with some bravado, said:

> It doesn't worry me any more. I don't really care any more. I might get cut again but it's just what happens over the years.

A moderate 'score' (n = 19) indicates a mixture of positive and negative responses across the range of questions. The particular people that young people nominated as those they felt secure with or loved by were also noted.

A second summary score was calculated for the '**level of social and emotional support**' young people reported during their fourth interview four to five years after leaving care, coded according to the source and strength of

support. Six possible sources of support were noted:

- parents
- other adults such as grandparents and aunts/uncles, foster carers, partner's parents, and workers and older friends/mentors
- partners
- siblings
- similar aged friends and
- other networks such as church, sporting or other community organisations, and people at work (including the armed forces).

These sources of support were coded as "supportive" if the young person referred to them in positive terms rather than as problematic.[29] The various possible sources of support were then added to provide a simple score of the total sources of support, with a maximum of 6. The median score was 3, and these scores were then split into three categories around the median:

- 'weak' – little or no support: scores ranging from 0 to 2 ($n = 15$)
- 'moderate' – score of '3' ($n = 12$)
- 'strong' – scores ranging from '4' to '6' ($n = 14$).

Only one young woman, Marion, had the maximum possible score of '6':

Marion had been estranged from her family but was rebuilding her relationship with her mother and her sisters, and was about to marry. She had good friends, a very strong church-based network and a positive and continuing relationship with the couple who had been her carers in a group home while she was in care.

Jane was typical of one of the young women with a moderate support score:

She was married and had support from her husband and his family who lived nearby but she felt quite isolated in a small country town with few friends. She had had no contact with her mother or her siblings since she was 16, and her father was dead. She had no continuing relationship with any of her former foster carers and had no community networks.

David was one of six young people who indicated that he could not count on support from any source, and one of 15 young people in the 'weak' social support group:

David had no contact with any members of his birth family, his later adoptive family or any of his former foster carers or workers. He had 'burned his bridges' with his foster carers and said there was no one he could call on for help. He was in gaol and had no friends he trusted either in gaol or outside, because they had, in his words, all 'ripped him off'.

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[29] Lincoln (2000), for example, points to the importance of the perceived value of different sources of social support and the potentially negative side of some social interactions. One young woman, for example, described the support she received from her family in the following terms:
I don't want any more of the support my family give. If it was real, true support – but it's not. They say 'stop', I say 'go'.

5.7.1 Relationship between stability in care and 'felt' emotional security

There was a strongly significant and positive relationship between the number of placements young people experienced in care and their 'felt' emotional security in care (reported 12 months after leaving care). The more secure they said they felt, the fewer placements they had had while in care ($r = - .58$, $n = 44$, $p < .001$).[30] Young people in the most secure group had on average 2.3 placements while in care compared with those in the 'insecure' group with an average of 9.5 placements; the moderate group had an average of 5.5 placements (see Figure 5.2).[31] In addition, young people whose files or comments indicated that they had been rejected by their families had more placements in care than those who were not 'rejected' (an average of 7.2 placements compared with 3.1: $t = 2.7$, 33 df, $p = .01$). Those who had been rejected also had had significantly more problems in care than those without any indication of rejection (an average of 2.4 compared with 1.3: $t = 2.5$, 46 df, $p = .018$).
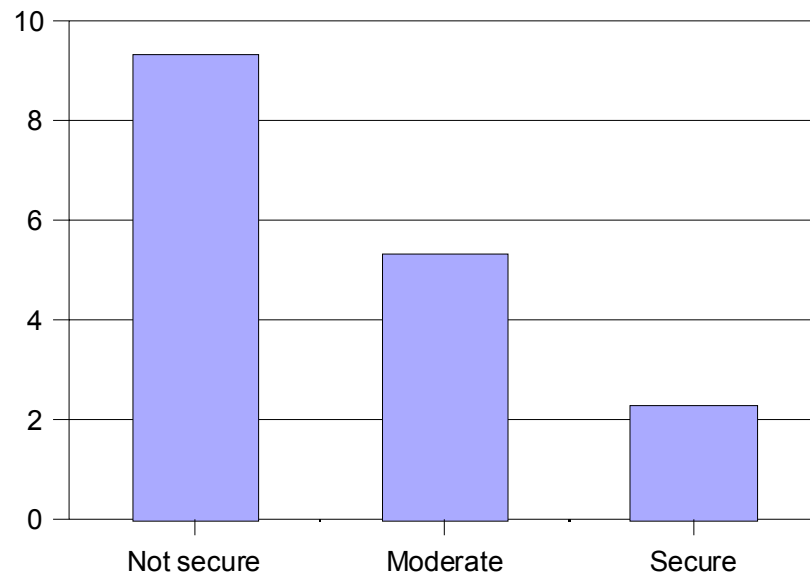
Figure 5.2
Mean number of placements in care by 'felt' emotional security

Similarly, young people's 'felt' emotional security was related to their stability in care (Figure 5.3). Only one of the 12 young people in the 'secure' group had not had at least 75 per cent of their time in care in one placement, and most (10/12) had been in long-term care. Only two of the 14 in the 'not secure' group had been in stable long-term care; most (12/14) had not been in stable care.

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[30] This correlation was still significant after controlling for the number of problems these young people had had in care ($r = - .47$, $n = 41$, $p < .001$).
[31] This difference was statistically significant: $F (2, 41) = 10.5$, $p < .001$.
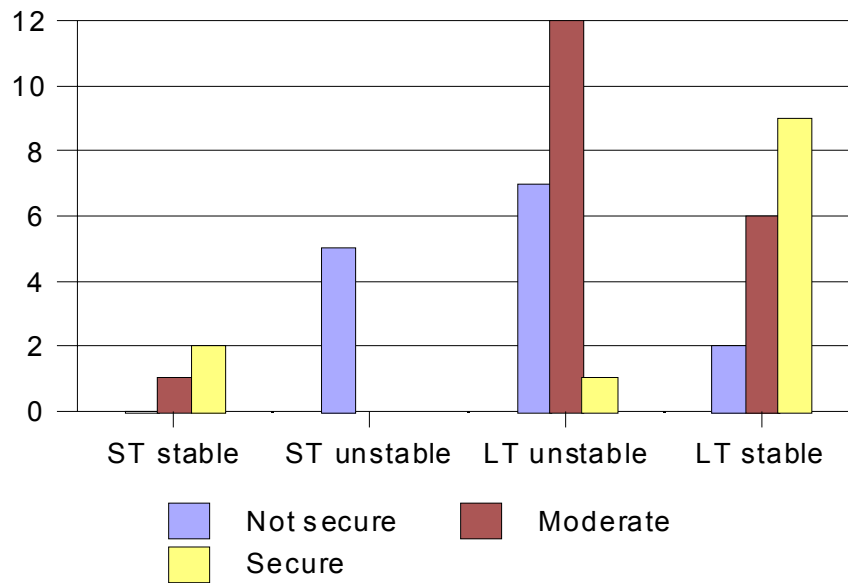
Figure 5. 3
'Felt' emotional security by stability in care

5.7.2 Relationship between 'felt' emotional security in care and social support after leaving care

Young people who had felt secure during their time in care were also more likely to have wider sources of support four to five years after leaving care than those who did not feel secure (Figure 5.4).[32]

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[32] The one-way ANOVA was significant ($F_{(2, 38)} = 7.8$, $p = .002$) but the only significant post-hoc comparisons were between those who had *not* been secure in care and those in the moderate or secure groups.
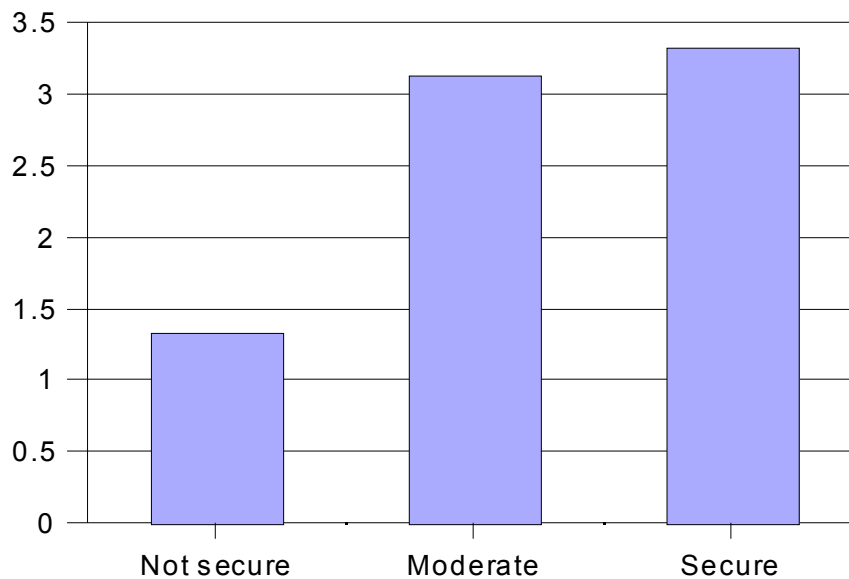
Figure 5. 4
Mean number of sources of social support
by 'felt' emotional security in care

In summary, it appears that stability in care and 'felt' emotional security both have some 'carry through' to the level of social support young people report having after leaving care. There are several reasons why this might be the case. First, if they felt secure reflecting back on their time in care 12 months after leaving care (at the third interview), and could name people they had felt loved and cared for them, it is likely that they still had support from these people at this time. Second, those who were in stable care and felt secure during their time in care were more likely to trust and seek help from others after leaving care. Many young people who had had hurtful experiences at the hands of their parents and been rejected by their families and others, without some 'compensating' stability and security from other sources, had real concerns about trusting others and expecting support from them. As one young person commented in relation to trust and the support he had received from his foster carers:

> My foster mum's been great -- a great influence and support. During
> counselling I started to learn that I've always lived -- without realising it --
> expecting everyone to go... Because that's happened all my life... So now it
> doesn't bother me so much. Now I understand that people do stay forever...
> So my foster family have taught me that -- it's been a big eye-opener.

SUMMARY

What is different for young people leaving care in terms of their relationships and social and emotional support compared with the circumstances of their age-mates in the general population? Who can they call upon for support in the transition from care to after-care, and

after leaving care?

There is increasing evidence that close personal relationships and social and emotional support throughout children's early years and adolescence are essential contributors to their healthy development (Roth & Brooks-Gunn, 2000; Resnick et al., 1997). For most children, the relationship with their parents provides a secure base for their development but for children in care, this is generally clearly problematic. About one in three young people had at least one parent who had died by their time of the fourth interview, and only five were in contact with both parents, in stark contrast to the circumstances for other young people their age in the general population. While two-thirds were in contact with one of their parents, mostly their mothers, a number of young people were coming to terms with and reassessing their relationship with their parents. Only a few used their parent's home as a secure base to return to.

For some young people, foster families provided stability and a sense of security, and for the 'lucky minority' this continued even when their formal care arrangement ended at age 18. While these young people had found 'a family for life' through the care system, others had found some stability but did not feel close to their carers.

Others had more limited social support networks before and after leaving care but half the young women had married or were living in de facto relationships, mostly with children. Some of these young people found supportive relationships with their partner's family. Several, however, found little support or safety, and instead fled violent relationships. A small group, mostly young men, were quite isolated, reporting that there was no-one they could call on for support or to share special events with.

What factors were associated with young people having stronger social support networks?

Young people who felt secure during their time in care were more stable in care and less mobile after leaving care. They were more likely to have wider sources of support four to five years after leaving care than those who had not felt secure. It is likely that their experience of greater stability and security meant they were more likely to stay in contact with people, including older adults they could rely on for some support, and more likely to trust and seek help from others after leaving care. Those who had stronger social support networks were also more likely to be still single four to five years after leaving care, suggesting that those who had less support elsewhere were looking to establish a home for themselves.

To what extent do they feel satisfied with the level of support available to them?

Unfortunately, and not surprisingly, those who felt less secure in care were more likely to have very limited or no social networks after leaving care and to be less satisfied with their level of social support. Those who were more satisfied with the level of social support also reported that they were happier

than those who were less satisfied, consistent with the findings of the Cummins et al (2002) on the impact of personal relationships on self-reported well-being. As Lord Richard Layard, Professor of Economics at the London School of Economics, commented when asked what makes people happy, "the most important things are relationships" … and in particular, "relationships with the family or with your close personal partner; then work …; and then relationships in the community. [33]

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[33] ABC Radio *Background Briefing* Radio National *Happiness: Richard Layard at the LSE* Sunday 17 April 2005. Available at: http://www.abc.net.au/rn/talks/bbing/stories/s1349351.htm

6   YOUNG PARENTS

The "compressed and accelerated transitions to adulthood" for young people leaving care include an additional transition for many young women who are or have been in care – becoming parents at an early age. Parenthood presents particular challenges for these young women but also provides them with an alternative pathway to adulthood.

The relatively high proportion of young women in care or just out of care who become parents in their teenage years is a consistent finding in a number of studies in the UK (Biehal et al., 1995), US (Courtney et al., 2004; Courtney & Dworsky, 2005), Canada, Denmark and Sweden (Vinnerljung, Franzen and Danielsson, 2006). Biehal et al. (1995) reported, for example, that nearly a quarter of young women leaving care in three different local authority areas in England had had a child by the time they moved to independent accommodation or were legally discharged from care. In a large study of young people 17-18 years of age still in care in three states in the US, Courtney, Terao and Bost (2004) found that about a third of the young women indicated that they had been pregnant, with over two-thirds saying their pregnancies were unwanted. In a related report, Courtney and Dworsky (2005) reported that the young adults in their Midwest Study of young people ex-care (31.6% of females and 13.8% of males) were more than twice as likely as their 19-year-old counterparts in the general population in a large-scale national study of young people to have at least one child, but no less likely to be living with their child if they had one. The young women were, however, more likely to be living with one or more of their children than their male counterparts.

The high proportion of teenage pregnancies and early parenthood among young people in care and ex-care is also consistent with the findings of other studies which indicate that a number of factors over-represented among children subject to child welfare intervention – low socio-economic status, poor educational attainment, father absence, child sexual assault, risk-taking and behaviour problems – increase the likelihood of early child-bearing (Ellis, Bates, Dodge, Fergusson, Horwood, Pettit, & Woodward, 2003; Jaffee et al., 2001; Miller, Benson & Galbraith, 2001). In a unique national cohort study in Sweden, Vinnerljung, Franzen and Danielsson (2006) found, however, that young people who had been in care or experienced child welfare intervention were between two to five times more likely to become parents before the age of 20, even after taking into account various background and demographic factors. This was especially so if they entered care in their teens but much less the case for children who had spent up to 16 years in long-term care.

In the current study, nearly a third of the young women were pregnant or had a child within 12 months of leaving care (Cashmore & Paxman, 1996). Consistent with the findings of other studies, this proportion is much higher

than that for young women in the general population who had become pregnant or given birth before the age of 20 (2%).[34]

The focus of this chapter is on the group of young people, and in particular the young women who became parents by the fourth interview, 4-5 years after they left care. The main questions addressed are:

- *How do young people leaving care compare with their age-mates in the general population in terms of pregnancy and parenting?*

- *What factors were associated with them becoming parents at an early age?*

- *How were they faring?*

- *What support could they call upon and what forms of support made or might have made a difference?*

6.1 PARENTHOOD 12 MONTHS OUT OF CARE

Eight young women in the current study had a child and one was expecting one by the time of the third interview (12 months after leaving care). The youngest at the time of the birth was 15, and two were 16. Like the young women in Biehal et al's (1995) study, most were in independent accommodation; one was living with her partner's family and one was in supported accommodation. Six of the nine young women were living with the fathers of the children. Three were not living with at least one of their children – two of the children were fostered, and one was in respite care. Only one had completed high school.

As outlined in the earlier report, "only four of the seven young women whom the Department knew to be pregnant or to have a child reported receiving any assistance, and they were not particularly satisfied with the extent of that assistance. …They did not receive emotional support in relation to their pregnancies or the care of their children. Indeed, five of the nine were worried that their children might be taken into care, as they had been themselves" (Cashmore & Paxman, 1996, pp. 144-145).

6.2 PARENTHOOD 4-5 YEARS OUT OF CARE

By the time of the fourth interview when they were 23-24 years old, another six young women and two of the young men had had children; another young woman was 6 months pregnant. Seven of the nine young women who already had a child or were expecting one within 12 months of leaving care had had further children, and in four cases either two, three or four more.[35] In total, 16

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[34] UNICEF's (2001) study of *Teenage Births in Rich Nations* indicates that the number of births to women under 20 in 1998 was 18.4 per 1000 (just under 2 per cent). Australia's teenage birth rate was in the mid to high range of the 28 countries compared, with Sweden at 6.5 per 1000 and New Zealand at 29.8, UK at 30.8 and the US the highest at 52.1 per 1000 (or 5 per cent).
[35] Two young women who had each had three and four children indicated that they did not want further children and one had already had 'her tubes tied'.

of the 28 young women interviewed at the third or fourth interview had had a child or were expecting one, and two of the young men had also each fathered a child by the fourth interview. There were 34 children in total (one child had died and the death was attributed to SIDS).

Consistent with the earlier over-representation and with the findings of other studies, the proportion of young women ex-care who had had children by age 24 is considerably higher than in the general population of young women of this age. The birth rate for women aged 20-24 years in 1999 was 60.8 births per 1000 women (ie 6.1%); for the young women in this study, the figure was 57 per cent (16/28) (Australian Bureau of Statistics, 2005).[36] Most (11 of 16) were living with a partner and their child or children. Of these, five were married, five were in a de facto relationship and one was engaged; two others were also engaged but were not living with their partner.

6.2.1   Factors predicting early parenthood

Consistent with the findings of other studies that young mothers are more likely to be disadvantaged than their counterparts without children, there were a number of factors, both in care and since, that differentiated them from the other young women in this study who had not had children.[37] They had had on average double the number of placements in care (5.9 compared with 3.0) [38] and had also tended to move more often since leaving care than those without children (on average 10 moves compared with 7), [39] particularly in the year after leaving care. They also had had about double the number of problems in care such as school exclusions, and running away in care than those without children,[40] and were more likely to have admitted committing or being convicted of a crime,[41] reminiscent of the problem-prone trajectory of some young women who become parents at an early age (Miller-Johnston et al., 1999). More significantly, they had felt less secure in care than the other young women without children: none of the young women who had not yet had children were in the 'insecure group' compared with half those who had had children.[42] They were also significantly less likely than those without children to have completed their secondary education; only two of the 16 young women with children had completed Year 12, one of them after having her child, compared with nine of the 12 young women without children.[43] There was, however, no difference in the age that young women with and without children entered care or became wards; unlike the young mothers in

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[36] The comparable figures for young fathers are not available.

[37]   Since there were only two young fathers, they were not included in these analyses but their circumstances are outlined in the next section.

[38] This difference is barely significant at .05: t = 2.01, 22.9 df, p =.056, unequal variance.

[39]   This difference is just significant at .05: t = 2.2, 2 df, p =.05.

[40]   Those with children had on average 2.4 problems in care compared with 1.2 for those without children: t = 2.45, 26 df, p =.021.

[41]   Five young women who had had children indicated that they had committed or been convicted of a criminal offence whereas none of those without children did so: χ^2 = 6.41, 2 df, p = .041.

[42]   The difference between the two groups of young women with and without children was significant: χ^2 = 11.4, 2 df, p = .003.

[43]   The difference between the two groups was significant: χ^2 = 11.35, 2 df, p = .003.

Vinnerljung, Franzen's and Danielsson's (2006) national study in Sweden, these young mothers were not more likely to have entered care as teenagers.

6.3   THE YOUNG MOTHERS

Not only were there significant differences between the young women with and without children in their circumstances in care and just beyond, there were also, not surprisingly, significant differences in their life-style and circumstances once they had children.

6.3.1   Accommodation and living conditions

All 15 young mothers and the one mother-to-be and one father were living in independent or shared accommodation 4-5 years after leaving care, as were most (9 of the 12) young women who did not have children. Most (10 of the 16) were living with their partner and with their child or children; in all but two cases, this partner was the father of their child or children. Two young mothers were single parents, living alone with their children; two others were living with their children as well as with siblings or a friend.

One young woman whose only child was in care was living with a new partner, and the other father whose child was living with the child's mother was living with peers in shared accommodation; both had little or no contact with the child. The following discussion therefore does not include these two young parents whose children were not living with them and who had no current parenting responsibilities. It focuses on the 14 young mothers and the one mother-to-be who was then six months pregnant.

Most of these young mothers were reasonably satisfied with where they were living, and some were very happy, especially if they felt that the area accommodated their needs and those of their children. For example, one young mother with three children said:

> *I enjoy it here because the kids are in pre-school now and they've settled down and they need to adjust to the new baby. It's fine, except it's a bit small now with three children – only a two bedroom flat.*

And another:

> *We love it – it is a really nice area and all that kind of stuff – it is right in town near the river – we have lovely neighbours and it is just like our own house – although it isn't – if you know what I mean – because we have settled in now and feel at home.*

Several young women in Department of Housing accommodation in regional centres, however, were unhappy with the quality, location or safety of their housing.

> *It's cheap. Nursing mothers is great, and a few good friends around but the good things, and being cheap, don't outweigh the bad things – I don't like the place, I don't like it here. I don't want to stay … because we have problems here with the neighbours.*

Another was also concerned about the neighbourhood:

> *Too many drug addicts around this area and I don't want my son involved with drug addicts so I'm thinking of moving.*

A more significant problem, however, for some of these young mothers was the turbulent and violent nature of their relationships with their partners or former partners. None of the young women who had not yet had children were involved in violent relationships and only one had any history of such relationships. In contrast, 11 of the young women with children were or had previously been in difficult or violent relationships.[44] Several had had to flee violent relationships. For example:

> *I had trouble with Dan's father – I had to take a run – he still found me here anyway. At the moment I have problems on and off but he has never seen Dan – he has never seemed interested so I just left him. (Have you got an AVO against him?) Yes, for two years – since he was born. We broke up when I was about 3 months pregnant and he was violent – if you didn't have a beer in the fridge for him that would be it – that would send him right off. I had to get out – it was either me or Dan's health I was risking cos at the time Dan wasn't born. (Did he hit you?) Oh he hit me a couple of times and I said 'go' and he wouldn't so I had to get the police. His mother is an alcoholic.*

> *If dinner wasn't on the table right then, at 6 o'clock, then that was it, I was in trouble. The only meat I was allowed to cook was lamb. He ripped out some of my hair by the roots and it was bleeding and he hit it up against the concrete render.*

Several were still living with difficult or violent partners. For example:

> *He is extremely protective of me and Jarrad – he doesn't want me to go out – he is a dictator – he would not trust me, thinking I'd go off with someone or something like that. I don't know, it's just his paranoia from all the drugs he has been taking. He is very, very paranoid.*

On a positive note, however, several young mothers said they were happy in stable relationships with their partner and father of their child or children, in some cases after leaving more difficult relationships. One, for example, when asked what decisions she felt good about having made, said:

> *Getting married, having kids, getting away from DoCS, and settling down.*

6.3.2   Income and employment

At the time of the fourth interview, most of these young mothers were engaged in full-time parenting supported by a parenting payment and/or their partner but five were working at least part-time. Only one was in full-time employment on shift work in a factory while her partner worked the other shift. Most (13 of the 15) young mothers who were caring for children had not worked at all or had been mostly unemployed since leaving care and were

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[44] The difference between the two groups of young women with and without children was significant: χ^2 = 13.4, 2 *df*, *p* = .001.

receiving a parenting allowance or other income support. As indicated earlier, only two had completed Year 12 – one had returned to TAFE to do so. The 12 young women without children, in contrast, were more likely to have completed Year 12 and 10 of the 12 had been mostly working or studying throughout the period since leaving care.

A number of the young mothers, however, were keen to get more education and better jobs once their children were at school. In the meantime, the long hours of work and the cost and lack of available child care for those who could not call on partners, family or friends to look after the children were major barriers to work.

> I've just applied for management in [the current company] and I thought that would be good but since then I've realised they are pigs to work for – unless you want to do 80 hours a week and get paid for 35 they don't want to know you, and with this one [looking at her daughter], I can't do that.

One young mother was also concerned about the quality of child care:

> We could use the extra money. I said to Alex "I'd much rather have a job so there's two incomes coming in" ... it's not that she's [daughter] going to have a bad future but I just don't want her to miss out on anything. But if I work during the day, a lot of what I'd earn would have to go on child care so I'd rather stay home with her and take the $60 or so from the government. That's better than getting $300-400 and paying a lot of that to child care where she might not get looked after properly. I'd be ringing up every 10 minutes saying, "Is she all right?" And a lot of child care centres here are booked out.

One had changed jobs to accommodate her child-rearing responsibilities:

> I'm not doing night packing any more – I didn't like getting home at 3am and having to get up at 6.30 with Max. But I picked up hours on the checkout. They can call me in anytime [Who looks after Max?] Pre-school every Friday or Grandma's or, if it is a 3-hour shift, he will go to his Nanna's.

Others were not considering further work because they wanted to stay home and look after their children.

> I don't mind working but I am not a career minded person. If I have children I'd rather be a mum.

Most indicated that they needed to get more qualifications or skills and hoped to do so when they were ready. Eleven of the 16 young mothers were interested in further education. As Pawagi (2002) pointed out, better skills and qualifications are essential since without them "young women in this situation, whether a sole parent or partnered, may be more vulnerable to future economic dependence and marginalisation" (p. 17).

6.3.3   Making ends meet

As indicated earlier, most of these young mothers were living with partners but this did not necessarily provide them with the necessary financial support to help them meet the expenses of raising children. Only one young single mother said she was not able to make ends meet, but half those living with partners said they were having trouble making ends meet, all or some of the time. They were somewhat more likely than the young women without children to be finding it difficult to manage financially[45] and were less likely to say they were better off than others their own age.[46] None indicated any regret about having their children, however.

> *If I didn't have kids, I'd be better off but there aren't too many 23 year-olds with kids. As I said to Barry, though, I'd go without a lot to have them.*

Several young mothers had long-standing and ongoing problems in managing financially but others had difficulties as a result of a particular combination of circumstances including the costs of paying for and running a car because of the lack of transport in the area where they were living.

> *We've been through a very bad patch lately with Jamie being sick, through Christmas and the bills coming in, and they overpaid me for maternity allowance and family allowance by $317, and I have had to repay $100 last month, and still have more to pay. So that's just put us right down. We owe Barry's Mum the $120 for the car for this month still. I can't stand having bills there to pay and just like to get rid of them. We've never been through this before. I had that with Roger but I said to myself then that I'm never going to let myself go that low again.*

Similarly, needing a car but not being able to buy a full-size fridge made things more difficult for one young family:

> *We ran short this week and I had to borrow $5 today and have to get an extension on a bill payment that came today. Judd just bought a car and we are trying to get ahead. But it is really hard with just a bar fridge. We have to buy food day-to-day – I really need a freezer because I can't buy meat in bulk – it is cheaper that way. We get discounts on meat at work but I can't use that because I can't store it.*

Kaya's problems were more recurrent and she and her partner had long-standing and sizeable debts with little means of meeting them:

> *It's been difficult because we've always had to run from back rent which means packing up quietly and quickly and getting the hell out of there. We are in arrears with this place because it has taken 7 months to get any work down around here.*

On the other hand, some young mothers and their families were managing quite well and considered themselves to be better off than others their age.

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[45] Just over half (8/15) of the young mothers said they could 'usually' make ends meet compared with 10 out of the 12 young women without children (p = . 06).
[46] Only two young parents said they were better off than others their age compared with over half 97/12) of the young women without children: χ^2 = 6.97, 2 df, p = .03.

Even with the kids we are better off. [Why is that?] Because Greg has a good paying job and all we do is smoke and we might have a drink occasionally but we are not into dope or that sort of stuff so we don't blow money on garbage. Like we go out, we have fun, we buy the kids things and what-not but we would be better off than some people. Of course there are some people who are going on to be doctors but we are going okay.

6.3.4 Social and emotional support

An important factor in these young parents' lives was the extent to which they could call upon others for social and emotional support, and advice, if not financial help. While most had partners, not all were supportive and just over half (8 of the 15 young mothers) reported that there were few, if any, people they could call on for social or emotional support. Indeed, these young mothers were significantly less likely to have 'moderate' or 'strong' social support (see chapter 5) than the young women without children, although arguably many of them needed it more.[47]

There were various sources of support for these young women, including family members, former foster carers, friends, neighbours and community groups but only three young women had a strong social network across a range of these sources. Several young mothers renewed or increased their contact with their families once they became parents but this was often complicated by unresolved issues and questions about their own childhood and removal from their families of origin. For some of these young women, past suspicions and conflicts re-emerged and made family contact very difficult. In two cases, the young women suspected that their mothers or other family members had reported their children to the Department for possible abuse or neglect so increasing the conflict and distance between them. One young woman who had a history of turbulent relationships with her family and friends said:

> *It's been really difficult with Mum. She's hit me and told me I should have an abortion. [When did she hit you?] When I was six weeks pregnant.*

Three young mothers had no contact at all with either parent and two had contact only with their father, but were close to siblings and grandparents, and relied on them for some support.

On the other hand, several young mothers gained considerable support from their partner's family, if not from their own. Two were living in houses either owned by or close to their partner's parents in rural areas and gained both financial and emotional support from these relationships. Several young women also retained a close and supportive relationship with their former foster carer who assumed the role of grandparent to the children and in one case was fostering one of the children.

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[47] No young women who had not had children were in the 'little or no social support' group: $\chi^2 = 7.54$, 1 *df*, *p* = .006.

A few young mothers also had supportive relationships in their neighbourhood or joined playgroups or parents' groups in the community. As Biehal et al. (1995) pointed out, this provided "a release from stress and isolation, help with parenting skills and with managing relationships with partners" (p. 139).

I've got neighbours who are really nice. She helps me out with the boys, and helps me out when I have trouble. She's got her own kids - three of her own and her boyfriend's got one.

Although one young mother found the nursing mothers group in a country town very helpful in helping with her difficult relationship with her partner and what she thought may have been post-natal depression, she was well aware of how different her life was from the other mothers in the group:

I look at the mothers at nursing mothers – and their husbands work and they're home with the kids and they own their houses. Living in housing commission is quite embarrassing in this town – we are on the wrong side of the tracks – literally. … It has taken me five months for them to get over my nose ring, and I have two tattoos on my shoulders … I am the only 'individual' there – they all go to nursing mother meetings dressed like they are going to church – really conservative.

6.4   COPING WITH PARENTHOOD

Not surprisingly, given the differences in their financial and other circumstances, these young parents were fairly diverse in their experience, opportunity and capacity to parent. Three of the young mothers and one father each had a child who was not living with them – two children were in foster care, one was living with his maternal grandmother, and the other was living with the child's mother. Two of these mothers had other younger children living with them, by other fathers. One of the children in foster care had very regular contact with her mother but the other had not had any contact with his mother for some time.

As Biehal et al. (1995) reported in relation to the young parents in their study, these young people had found purpose in their role as parents. They commented that becoming parents meant they had had to grow up and that there was now someone to love; some said that they now had a family life for the first time in their lives. For some, it was quite a stabilising influence, as others have reported (Biehal et al., 1995; Broad, 2005; Spence, Podmore & Lam, 1999). One young father, for example, who had a history of involvement in offending and drug use, settled down with his girlfriend and the child he had fathered after re-establishing contact with them again after several years.

Being a parent, and a good parent, was important and typically a source of pride. They were keen to do better than their own parents had. Eight young mothers and two young fathers said that they thought that their own experiences in care had and would affect the way they would rear their own children. For example:

> *In the good sense, it's taught me not to treat my kids the way we got treated. I'd never hit my kids the way my Mum hit me. I'd never starve Darryn the way my Mum did us, I'd never lie to them like they lied to me.*

> *Yes. Very much. I treat him with so much respect. I treat him like a person with feelings, how I'd want to be treated. I didn't get treated like that. I was always an outsider - I was the one who was taken into the foster home. I'll never let him feel like that. He's so loved.*

Others either hoped or did not think that it would have an effect although several expressed some concern about that.

> *Hopefully not – it is hard to say. Bit concerned about parenting skills, emotional stability and contact with extended family – mostly concerned about emotional things.*

Their comments are very similar to the comments made by the young mothers and mothers-to-be in public care in Corlyon and McGuire's (1999) study in England. These young women reportedly focused more than pregnant adolescents and teenage mothers in the school sample, who had not been in care, on "giving praise, being good fun, and having the chance to do things differently following their own bad experiences" (p. 147).

6.4.1 Child protection concerns

As indicated in the earlier report, two young women had had children who were in care (Cashmore & Paxman, 1996). In both cases, the children were born when their mothers were still in care and both acknowledged that they had not been able to cope with being a mother at that time. One had since had another child and the thought that this could happen to this child was something she occasionally thought about, with the memory of her caseworker coming to the school and 'telling her off' when she discovered she was pregnant at 16.

Five other young mothers said they had been worried that their children might be taken into care. In four cases, the Department had become involved in an assessment or in following up reports from family members or from one of their workers following a request for assistance from the parent. Three said that the Department had threatened to take their child into care, and were upset that, given their own experience in care, they saw this as being more concerned with control and monitoring than helping to meet their needs as young mothers.

> *The way DoCS came across to me was if you don't do as you're told, then we will take the kids.*

Only two of the young parents were aware that they could obtain some support from DoCS; they received financial assistance to buy baby clothes and equipment. Most of the others indicated that they were not prepared to ask for help because of their fear of unwanted intervention and the possibility that their children might be taken into care.

> *I don't trust them.*

> *I don't want their support at all.*

> *If went in there and said I need help getting baby stuff, they are going to say "you have way too many kids – you can't afford to have that many kids – your kids are going without. That's why I don't want anything to do with them.*

In one case, seeking help had in fact led to the realisation of this fear:

> *They threatened to take Judd into care - I was feeling stressed so I went to DoCS because I had to see my DO [case-worker] and she notified me. She said Judd was overweight and under stimulated. I demand feed. I got A and B [two refuge workers] to come with me to say he was the most loved baby and he was happy and contented and nothing was wrong with him.*

Again, their comments are very similar to those of the young mothers in other studies (Biehal et al., 1995; Corlyon & McGuire, 1999; Spence, Podmore & Lam, 1999), but may also be realistic given the attitudes and experience of some workers, and the clear need for assistance for some young parents (Rutman, Strega, Callahan & Dominelli, 2002).

SUMMARY

The young mothers in this group of young people who had left care were clearly more disadvantaged on the whole – in care and since leaving care – than their peers who had not yet had children. They were much more likely than their age-mates in the general population to have had children and to be married or in a de facto relationship. Compared with the young women who had left care but not yet had children, their time in care was more troubled in that they had felt less secure, they had more behaviour problems and were less likely to have completed school, having had more suspensions and exclusions from school. They were also more likely to have been in or to be still involved in violent and turbulent relationships with their partners since leaving care and since becoming parents.

Some, however, were doing very well. They were in stable relationships with a supportive partner, and also had the support of older adults including family members, former foster carers, their partner's family and friends or community networks. Their relationship with their own mothers was for many conflicted and ambivalent because having children of their own had aroused strong feelings about the importance of parenthood and the need to understand why their own parents had not been able to care for them. They were determined to do it better than their own mothers had and to prove that being in care did not mean that they were destined to continue the inter-generational cycle.

Even for those who were clearly struggling, and perhaps especially for them, pregnancy and parenthood provided them with a new sense of purpose and an alternative pathway to adult status, a means of accessing a socially valued adult identity (Musick 1993).

The stories of two young mothers provide the best illustration of the diversity and the factors that were important in promoting or impeding positive outcomes. Kaya was doing very well and had a range of supports around her. She was

determined to complete school in order to get a better job and was already managing quite well financially because her partner and father of her children had a good job. Jayne, however, was struggling to cope with the demands of motherhood with little money, a history of substance abuse problems, and with a difficult and violent partner and a lack of supportive relationships.

Doing well and not so well

Kaya was living with her fiancé and three children in a large regional centre near where she grew up. They were planning to marry the following year and she was happy and liked being a mother. Her partner had a good job and Kaya was happy with their lifestyle and capacity to make end meet. They were renting a house, had enough furniture for the whole house, and a car and a small boat. She was planning to do her HSC the following year by correspondence and was keen to do further studies and work when the children were at school. She did not want any more children. She was in contact with her immediate and extended family who were supportive and close by.

Jayne was living in a country town with her husband and infant son in Department of Housing accommodation. She was caring for her son full-time and had had a few casual jobs since leaving care. She was receiving parenting allowance and her husband was unemployed. Her relationship with her husband was difficult and he provided her with little support and was aggressive and domineering. She had few friends in the town and little contact with her family. Her relationship with her mother was strained and her mother also provided little support, upsetting Jayne because she did not come to her grandson's first birthday celebration. Both Jayne and her husband had problems with substance abuse until their son was born, and Jayne said she went to DoCS for help and was told they could not help her. She was therefore unwilling to seek help especially since her son was reported to the Department for suspected neglect but nothing happened after the investigation.

7 MENTAL HEALTH, HAPPINESS AND FUTURE EXPECTATIONS

Young people who have been removed from their families and placed in care have virtually by definition had childhood experiences that may have sequelae in their later wellbeing and life satisfaction and that put them at some disadvantage compared with their peers. These may include mental health problems including depression, substance abuse, and lower life satisfaction and feelings of wellbeing (Buchanan, 1999; Cheung, & Buchanan, 1997; Higgins & McCabe, 2003). They may need to understand why they entered care and come to terms with their parents and other family members. This section deals with these aspects of the mental health and wellbeing among the young people four to five years after they left care, and the extent to which these were associated with their in-care experience of stability and emotional security, and their level of social support. In particular, it focuses on particular adverse outcomes such as suicidality and self-harm, substance abuse, as well as more positive aspects such as self-reported happiness, identity and sense of direction. It is guided by three questions:

- *How do young people leaving care compare with their age-mates in the general population in terms of mental health and well-being? How do they fare in the transition from care to after-care?*

- *What factors were associated with their mental health outcomes after leaving care?*

- *What support could they call upon and what forms of support made or might have made a difference?*

7.1 SELF-HARM

Young people were asked at each of the second, third and fourth interviews whether they had seriously thought about suicide since the last interview, and if so, whether they had intentionally harmed themselves or attempted suicide.

Twelve months after leaving care, more than one in two young people (57%) reported that they had at some stage thought about committing suicide, and more than one in three had actually tried to do so (Cashmore & Paxman, 1996). For young people who had had no long-term placement while they were in care, the proportion who had tried to commit suicide was even higher – 50% compared with 23.8% who had been in a long-term placement). Similarly, young people who entered wardship as adolescents were also more likely to have attempted suicide – 58.3 per cent compared with 30.3 per cent of those who entered wardship earlier). Only three young people had considered suicide for the first time only *after* they were discharged from care

but less than half who had considered suicide while in care had received any counselling (Cashmore & Paxman, 1996).

By the fourth interview, four to five years after leaving care, 71 per cent of these young people reported that they had thought about or acted upon suicidal thoughts *at some stage* before or after leaving care, and nearly half that number (37%) said they had actually tried to do so (Table 7.1).[48] The positive aspect, however, is that fewer young people reported that they had attempted suicide in the four to five years preceding the fourth interview than in the shorter intervals between the earlier interviews.

Table 7. 1
Suicidality after leaving care

	Interviews after leaving care							
	3 months		12 months		4-5 years		Ever*	
	n	%	*n*	%	*n*	%	*n*	%
Suicide attempt	12	28.6	16	35.6	5	12.5	18	37.5
Thought about it	14	33.3	9	20.0	11	27.5	12	28.6
Neither	16	38.1	20	41.7	24	60.0	12	28.6
Total	**42**	**100.0**	**35**	**100.0**	**40**	**100.0**	**40**	**100.0**

* Includes while in care

Those who reported that they had tried to harm themselves in the 4 – 5 years after leaving care had commonly hit a low point about the age of 20 to 21, often in the aftermath of a relationship breakdown or the death of a friend or someone who was very close to them.

> *When I was about 21, living with my parents. I was in a really bad relationship at the time, and that came to a crashing end, and I had someone die, and . . . I'd left work because I was drinking all the time, and other stuff. So I just took everything I could find, Ratsak, the lot, and my parents didn't even realise. A student friend of mine found me at my parent's place, passed out.*

> *When I was 20. I'd taken the tablets and my sister found me and took me to the hospital. [Why did you do that?] Because I found out that Max was lying to me, and sleeping with someone behind my back. [Did you want to be found?] I wanted to be found dead!*

> *Yes, attempted twice - once because my ex-friend said I deserved*

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[48] While the difference was not significant, there was a trend for the young men to have been more likely to attempt or think about suicide than the young women, consistent with the findings of suicide research (Beautrais, 2000; Brent, Baugher, Bridge, Chen, & Chiappetta, 1999); 10/28 young women in the current study reported never having thought about or attempted suicide compared with only 2/14 young men.

everything that I got from my Dad. The other time it all got too much. I couldn't find a job, I'd applied for 35 jobs and sent my resume out to and I got 5 job interviews but for some reason, I never got the jobs, never got a reason why. And another deal I was supposed to get fell through so I started laying into walls and things with my fists, and punching windows hoping I'd bleed to death. There was a helluva lot of blood. (How long ago was that?) I was 21.

This is consistent with the literature on the precipitating factors in suicidality among young people which indicates that stressful life events, and in particular the breakdown of a romantic attachment, as well as a personal history of social disadvantage and family conflict, were associated with suicidality (Beautrais, 2000; Fergusson, & Lynskey, 1995a, b; Hassan, 1996).

There is considerable debate about the level of depression and suicidal ideation among the broader population of young people in Australia (Eckersley, 1999; Eckersley & Dear, 2002), but it is highly likely that young care-leavers here, like their counterparts overseas, have an elevated risk of psychological distress, depression, mental health problems and suicidal ideation (Turner, Finkelhor & Omrod, 2006).[49] Children and young people in care have a relatively high incidence of mental health problems that commonly go untreated (Bath, 2005; Richardson, 2002).[50] A considerable body of research provides evidence linking abuse, childhood adversity, family dysfunction, stressful life events with suicidal thoughts and behaviour among young people (Beautrais, 2000 for a review). Beautrais, Joyce and Mulder (1997), for example, found that young people aged 13-24 in New Zealand who made medically serious suicide attempts had "elevated odds" of parental separation, poor parental relationships, parental violence, alcoholism or imprisonment, being 'in care', and sexual and physical abuse. Like the young care-leavers in the current study, "they were more likely to have no formal educational qualifications, to be unemployed, to have an annual income of less than $10,000 and to have moved within the previous six months" (Mental Health Branch, Commonwealth Department of Health and Family Services, 1997, p. 25).

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[49] Much of the available population data on suicidal ideation and mental health problems among young people is based on hospitalisation figures and young people presenting for treatment but most young people in care and after leaving care do not present for or receive treatment (Australian Institute of Health & Welfare, 2003; Rickwood, Deane, Wilson, & Ciarrochi, 2005). One study of 1500 Queensland university students found that a high proportion of students surveyed (62%) reported varying degrees of suicidal thoughts or behaviour *in the previous year*; the proportion who had told someone they wanted to kill themselves or had come close to taking their own lives (15%) or attempted suicide (7%) was much lower (Schweitzer, Klayich, & McLean, 1995).

[50] See Richardson (2002, p. 41) for example: "Looked-after children are particularly vulnerable to mental health problems, including severe and enduring disorders, not least because they have suffered abuse or neglect, disadvantage or parental bereavement, disability or serious illness before coming into public care. Once looked after, their access to mental health services is often poor, because of poor communication between health and social care and other agencies, poor health assessments, changing placements or disrupted schooling. Care leavers, too, are vulnerable, with many having serious mental health problems but finding it hard to get appropriate help."

7.1.1 Suicidality, in care stability and security

Two thirds of the young people who reported having attempted suicide had no history of stable care, and three-quarters did not have a sense of security. However, only the relationship between 'felt' security and suicidality was significant: young people who were more secure in care were significantly less likely to have thought about suicide or done anything to harm themselves.[51] All except one of the 12 young people who said they had never thought about suicide were in either the 'secure' or 'moderately secure' groups (Figure 7.1).

Similarly, young people who had been rejected by their families, based either on information on their files or on what they said, were also more likely to have thought about suicide or acted on it. More than three-quarters of those who reported that they had attempted suicide (14/18) had been rejected by their families compared with only a third (8/24) of those who said they had never thought about or attempted suicide.[52]
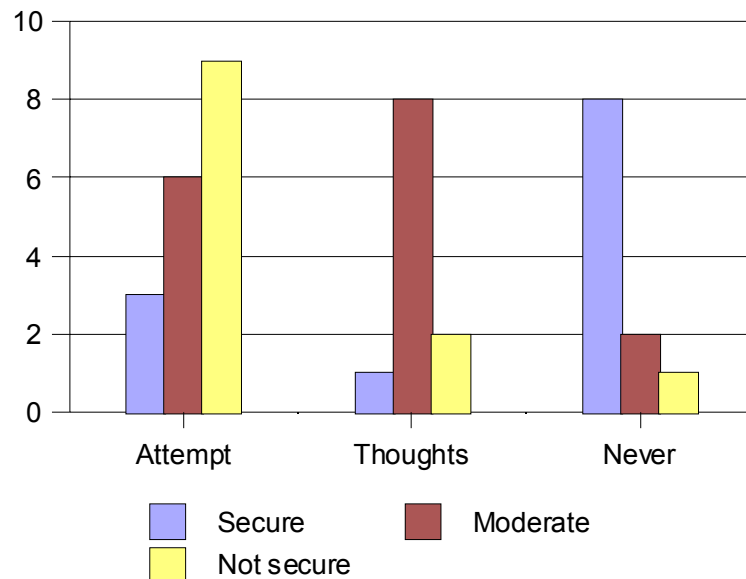
Figure 7.1
Suicidality by 'felt' emotional security

7.1.2 Social support and suicidality

The positive note, however, is that fewer young people reported attempting suicide at the last interview, 4-5 years after leaving care, than in the preceding interviews. This is consistent with the lower (more positive) mean scores for the Beck's Hopelessness Scale at this time compared with the earlier interviews.[53] Social support and family responsibilities also seemed to play a

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[51] χ^2 = 15.2, 4 *df,* *p* = .004.
[52] χ^2 = 8.5, 2 *df,* *p* = .014.
[53] The mean score at the 4th interview was 3.6 (*SD* = 2.9) compared with 5.1 (*SD* = 3.9) at the 3rd interview: *t* = 2.2, 33 *df,* *p* = .035).

role, consistent with Frederico and Davis' (1996) review of the factors which protect or mitigate the risk of suicide among young people. Young people who reported more satisfaction with the level of support they had from family and friends were less likely to have had suicidal thoughts or to have acted on them. Four of the five young people who had attempted suicide in the preceding 4-5 years had little or no social support compared with nearly half who had thought about it, and only a quarter of those who had neither thought about nor attempted suicide; the figures for those who were *satisfied* with their level of support showed a similar trend. Several who said they had seriously thought about it at the fourth interview said that what stopped them was either having a child or thinking about the effect on others.

> *Yes, thought about it only. I haven't done anything because of my baby. That's the only thing really that would stop me. But I feel pretty bad sometimes, pretty frustrated, really low.*

> *Yes, always been a part of my thinking – it's a way out – a few months back I scared the hell out of myself – I thought this was it – I'd come to the end. I was just about to do it and I started thinking about things and I started thinking about myself – feeling worthless – you know what I am going to do – no one cares. Then you realise, hope they do.*

7.2 MENTAL HEALTH, SUBSTANCE ABUSE AND HELP-SEEKING

Seven young people (four young women, three young men) indicated that they had been diagnosed with mental health disorders including depression, post-natal depression, manic depression, and bipolar disorder and had been receiving treatment since leaving care.

One of the young women and three other young men had serious drug problems that had resulted in one going to prison and another to hospital and then into rehabilitation.

> *Yes - speed, coke .. I'm trying to get off drugs because that's what got me in here [prison] .. [To get money for drugs?] .. yeah. [Now?] I'm a lot better. I 'jumped off' and was really sick but now I feel much better, more energy. Been 'dry' for 12 months now.*

> *Yes - I was on Serepax but I had to get off it because I was having mind blackouts and I couldn't remember a lot of things. The Salvos said I'm a pill junkie and need rehab. I said, "Look without any help from doctors I cut down by 5mg just like that. I risked a seizure. I've been abusing Serepax and tabs etc since I was 14. It's going to take a while ... months but I'm feeling a lot better now.*

Nine young people, including five who were taking drugs, said they sometimes or often drank too much or had done so but had now cut back. Health problems and family responsibilities were their main reasons for cutting back.

Only one or two beers a week now and I can't afford it anyway. I knew I was close to being an alcoholic. I just wanted to drink myself to the point where I didn't wake up the next morning. That's why I was drinking - I was kind of hoping I'd either drink myself to the point where I'd die of alcoholic poisoning or I'd have a stroke or heart attack. [You don't feel like that any more?] No, I've got my girl-friend now and other things to think about.

I used to go out every Thurs, Fri and Sat night and get drunk every night, but I'm not allowed to do that any more. [Why is that? Who said that?] The hospital told me. I ended up in hospital a couple of weeks ago with ulcers ... throwing up blood. He said, "I'll put it to you bluntly. Give up drinking before it turns life threatening which it could do". I really needed to hear that. I'll still have a couple every now and then but I won't sit there for hours. Might only have a quick beer.

The young people in this study who reported thinking about suicide or acting on it were more likely to report substance abuse problems. Only one of the nine young people who said they drank too much had *not* thought about suicide or acted on those thoughts. Similarly all but one of the seven young people who said they used drugs – and some in a serious way – said they had thought about suicide or attempted it. This is consistent with the body of research findings and large-scale mental health surveys of young people in which adolescents with depression and other mental health problems report a high rate of suicidal thoughts and other health-risk behaviour, including smoking, drinking and drug use (Beautrais, 2000).[54]

7.2.1   Help-seeking for mental health problems

Overall, nearly half the young people in this study (19/42) indicated that they had had or were still having mental health problems including suicidal ideation, depression, substance abuse or a diagnosed mental health disorder. But one in three (6/19) had not had any professional help (including psychiatric help, counselling, rehabilitation or medication). Thirteen (5 males and 8 females) had sought counselling, including three who were under the care of a psychiatrist; six were on medication for depression, manic depression and bipolar disorder; three were both on medication and having counselling. Their attitudes towards counselling varied, with some who had had counselling finding it helpful while others were ambivalent; several who had not had counselling wanted to do so but others said they would talk with friends or former foster carers about how they were feeling rather than go to a 'stranger'.

That was nearly 5 years ago now and it [counselling] was really helpful then because I didn't really have anyone then that I felt all that comfortable to talk to like that and say how I felt. It was a bitch of a time and he was

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[54]   The relationship between substance abuse and suicide is not clear-cut: There appear to be two schools of thought, one claiming that problems directly associated with alcohol and drug abuse or dependencies can cause individuals to suicide, others contending that the use of such substances is symptomatic of underlying psychosocial problems which need to be addressed successfully in order to reduce both the substance abuse and the propensity to self-harm (Australian Government Department of Health and Ageing, 1997). Available at: http://www.mentalhealth.gov.au/resources/nysps/causes.htm accessed at 15 May 2005.

someone to talk to.

Had counselling when I broke up with my girlfriend. (Was it helpful?) I guess I could have worked it out for myself. And I talk to my foster parents about it but usually after a while not when it was happening. My sister was really helpful.

I have thought of having counselling but then I thought "What's the point of sitting in front of a stranger and telling them everything?"

I talk to friends about depression and anxiety. It all boils down to how you deal with it. For me, I'm not going to go to a counsellor because I know what they will say – they might give me some insight – but it all boils down to who you are.

You know, I could go and speak to someone when there's a problem but when it's not bad on that day I don't like remembering and going back over it because then when you leave, you actually do have a problem.

Several young mothers had gained help from Nursing Mothers' or similar groups for post-natal depression and sleep problems, and one young man had the support of his former partner and her church to go into a drug rehabilitation program; he said he was no longer taking drugs or drinking by the fourth interview.

[How did you get over it?] I just did – I realised it wasn't the way to go. I was involved in drugs and shooting up and drinking. Then I went to rehab. Marianne [partner] organised it for me.

Several other young people were interested in getting counselling or other help but did not know how to go about finding the sort of help they wanted or could not afford it.

Yes. I've thought about it many times in the past but never really knew how you did it. I think a lot of it is just that I don't know what is the effect from my past and how much it's just a normal part of what you go through in life ... Cameron [partner] says to me 'Well why don't you tell me what you're going through?' and I say, 'Well I can't. I'm experiencing it but they can put it in words for you. I have looked on the internet for counselling services in our area but most of them are marriage counsellors, and it's really hard to find someone who really understands what I've been through.

I want to but I need DoCS to pay for it. … I know I have a lot of anger and hatred inside me but I can't tell Bruce [new partner] about it in case he does something about it.

While young people indicated that they sought and found various sources of support helpful, the overall level of social support available to them and their satisfaction with that support were both associated with better mental health outcomes. Young people who were satisfied with their social support were significantly less likely to have had problems with drugs, alcohol or suicidality than those who were not satisfied.[55] Conversely, those who reported mental

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[55] The odds ratio for young people having had a mental health problem was 5.1 if they were not satisfied rather than satisfied with the level of social support unstable care: $\chi^2 = 3.8$, 1 *df*, *p* = .05.

health problems had significantly fewer sources of support than those without such problems. [56]

7.3 REPORTED HAPPINESS, IDENTITY AND A SENSE OF DIRECTION

At both the third and fourth interviews, young people were asked to rate how happy they were on a scale from '1' (not happy at all) to '10' (very happy). They were also asked to complete Beck's Hopelessness Scale.

Most rated themselves as being fairly happy, both 12 months after leaving care (mean = 7.4, *SD* = 2.2) and 4-5 years later (mean = 7.6, *SD* = 1.7) but the two sets of ratings were not significantly correlated (*r* = .13).[57] There was, however, a significant relationship between the level of social support these young people had and how happy they said they were at both the third and fourth interviews.[58] Similarly, at both interviews, young people who were not satisfied with the level of social support they had, had significantly higher scores on the Beck's Hopelessness Scale than those who were satisfied.[59] At the fourth interview, young people had significantly lower Hopelessness scores than at the third interview[60] indicating a more hopeful attitude as these young people have got older. Certainly, when asked what they hoped to be doing in five years (aged 27-28), their hopes were more settled than for those of many young people their age who are increasingly delaying settling into marriage, family life and work-life into their late 20s and early 30s (Arnett, 2000). Their hopes and expectations for the next five years were in line with the traditional markers of independent adulthood: a good job they were interested in, getting married and having their own home, having children, and for some, travelling.[61] Just over half (54%) - and more women (60%) than men (38%)[62] - expected that they could achieve their goals but others were more equivocal ('maybe or 'don't really know').

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[56] The mean number of sources of social support at the 4th interview was 1.8 (*SD* = 1.54) for those who had mental health problems compared with 3.4 (*SD* = 1.26) for those without these problems: *t* (39 *df*) = 3.47, *p* = .05.

[57] The mean ratings close to 7.5 are consistent with the theory of subjective wellbeing homeostasis theory which proposes that people have a psychological need for positive self-assessment of life satisfaction or happiness and that the overall average is a set-point around that level (70-80 on a 100-point-scale) (Cummins Eckersley, Pallant, Van Vugt, & Misajon, 2003).

[58] The mean happiness rating for those with strong social support at the 4th interview was 8.5 compared with 7.2 for those with little or no social support: *F* (2, 37) = 3.3, *p* = .05; and at the 3rd interview, 7.9 and 5.8 respectively: *F* (1, 37) = 7.00, *p* < .02.

[59] The mean Hopelessness scale for those who were satisfied with their social support at the 4th interview was 5.1 compared with 2.8 for those who were not satisfied: *t* (35 *df*) = 2.3, *p* < .05; and at the 3rd interview, 8.6 and 3.9 respectively: *t* (40 *df*) = 3.9, *p* < .001.

[60] The mean Hopelessness score was 3.6 at the 3rd interview compared with 5.1 at the 4th interview: *t* (35 *df*) = 2.21, *p* = .035). At both times, suicidality was related to Hopelessness scores, with those who had attempted suicide having significantly higher suicidality scores than those who had not.

[61] The mean Hopelessness scores for young women who had already had children was, however, lower at the 4th interview than for those who had not (4.23 compared with 1.55: *t* (35 *df*) = 2.21, *p* = .035).

[62] While not significant, there was a trend for young women to be more hopeful in relation to the Beck's Hopelessness Scale than the young men: means of 2.96 (*SD* = 2.8) and 4.80 (*SD* = 2.5) respectively, *t* (33 *df*) = 1.8, *p* = .08.

Owning my own house, full-time job, couple of cars, kids …

Travel more around the world, more children, living in Australia but not here. (Do you think you'll be working?) I don't know – I don't mind working but I am not a career minded person but if I have children I'd rather be a mum.

I want to work, I want to get my HSC and I want to be a good mum. In five years' time, be married and celebrating this baby's fifth birthday.

Similarly, when asked what things in their life they felt good about, the positive responses included references to family, children, friends, work, and being independent and having a sense of direction and purpose. For some, however, it was a sense of having survived and come through despite the adversity.

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What things do you feel good about now?

Having got into TAFE – things are clearer – I've got a direction. I know what I want to do and I am going that way now. It's taken a long time to realise what I wanted to do.

I have a good house to live in, good husband, I'm having a baby, I have a job, I am in contact with mum.

The baby ... And my husband ... I love doing my course and I've got two beautiful dogs; they're a joy. I'm just starting to get a sense of security. Everyone's got to have that, but it's taken me a while to be responsible. I've always been a ward of the state and had to answer to someone else but now it's just all up to me.

Family and my daughter, kept good ties with my foster family, I know where I want to go with my career.

Oh yes, leaving the past behind which I thought I never would. I wish I had sooner. [*What parts of your past?*] Getting over my mother - she just gets worse as she gets older. And learning not to trust my sister any more.

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While some young people were keen to leave the past behind, others needed some answers and to reach some resolution with their parents to help them move on. Just over half the young people said there were still things they needed to work out with their parents, and especially their mother, following their time in care, the main issue being the reason they went into care.

Quite a few unanswered questions that Mum's got the answers to. [What sort of questions?] Why she did what she did, why she didn't try and contact me afterwards, why I had to do all the chasing, stuff like that.

Some had found some answers by reading their B-files, but others had found more questions than answers or had been upset and angry by what they found out.

It made me hate her [birth mother] more. I didn't know we were so

neglected. We just thought that she didn't want us but it was actually more, and this is what upset me - when she had all these opportunities to try and make everything better and get us back and she never ever tried to.

Some who had had children of their own were especially keen to understand what had happened; others just wanted to leave it all in the past.

It made me believe that I'm a stronger person than what they are and that I wouldn't back down quite as easy as what they had, and that I'd never ever treat my kids like they did.

I want to forget about the past but a lot of it is starting to come back, especially after having a baby. I thought I was all right but I'm not!

I'd rather leave the past in the past.

The heartening aspect is that most young people were faring better four to five years after leaving care than 12 months after. Their comments also indicate greater feelings of hopefulness than hopelessness and a stronger sense of self-efficacy at this later follow-up interview. For example:

I'm just starting to get a sense of security. Everyone's got to have that, but it's taken me a while to be responsible. I've always been a ward of the state and had to answer to someone else but now it's just all up to me.

Feeling good about? Learning about my family, culture, sticking out uni, keeping in contact with and supporting my foster family.

I feel that in the last six months I've achieved a lot, I've really gone ahead. I'm really good at working things out mechanically, so I'm really pleased with myself over that, with my manual skills and so on. I like to be able to do things and do them well.

Even those who were 'struggling' and 'surviving' rather than thriving, and those who were overcoming earlier adversities, were generally positive in their comments:

I think I've got a bit more will power than a lot of people have got ... when I look at a lot of people, they have no direction and feel happy just plodding along -- I'm not saying that's wrong -- but I think I have a bit more drive and direction and perseverance than some other people have.

Myself. My family. Being independent. Being away from the past lifestyle. Feel good about the future. Feel safe.

There was, however, a small group who were lacking a sense of direction and were conscious of that.

Um . . . that I can't find what I want to do. Cos if I could find what it is that I want to do, then I could start on it but I can't get to the point where I know, "OK, this is what I want to focus on for x amount of time. I don't want to take up a course, get sick of it in like a month . . . and the course goes for six months. That's just a waste of time. But then again, sitting around and doing nothing about looking for what I want to do isn't helping either so I'm sort of stuck there, and don't know what to do, and that can be quite frustrating.

At times I do things that are just totally ridiculous. [Do you think that at the time or only afterwards?] Only afterwards. I'll do it and think "God you're an idiot! What are you doing stuff like that for?" It's usually what gets me into trouble. [Why do you think you do them?] I don't know. [Anything else?] Oh yeah, just general life and the hassles I seem to bring me into strife.

Some were still struggling to find their direction but were hopeful.

Hopefully I'll have a goal ... not a job but a career, something I like doing. Not just for money ... but helping people, counselling. And getting off the pills, and be a good wife, and hopefully be a good mother one day.

SUMMARY

How do young people leaving care compare with their age-mates in the general population in terms of mental health and well-being? How do they fare in the transition from care to after-care?

Overall, nearly half the young people in this study (19/42) indicated that they had had or were still having mental health problems including suicidal ideation, depression, substance abuse or a diagnosed mental health disorder. Fewer than a third of the young care-leavers reported at the fourth interview that they had *not* thought about suicide at some stage or tried to do something to harm themselves, ranging from cutting, taking tablets or poison or deliberately excessive drinking or drug-taking. While directly comparable figures are not available for young people in the general population, it is highly likely that young people ex-care have an elevated risk of mental health problems.

The positive aspect is that fewer young people reported attempting suicide at the last interview, four to five years after leaving care, than in the preceding interviews. Most were faring better four to five years after leaving care than 12 months after. Their comments also indicate greater feelings of hopefulness than hopelessness and a stronger sense of self-efficacy at this later follow-up interview. Their hopes and expectations for the next five years were in line with the traditional markers of independent adulthood and similar to the 'ordinariness' of those reported by Sinclair, Baker, Wilson & Gibbs (2005).

What factors were associated with their mental health outcomes after leaving care?

Several factors were associated with a greater likelihood of mental health problems among young people four to five years after leaving care. Those who had been rejected and had fewer sources of social support, and were less satisfied with that support were significantly more likely to have had problems with drugs and alcohol, and suicidality than those who were satisfied, had more sources of support and had not been rejected. In addition, young people who were more secure in care were significantly less likely to have thought about suicide or done anything to harm themselves.

What support could they call upon and what forms of support made or might have made a difference?

Two out of three of the young people who reported some form of mental health problem had sought counselling or professional help, including rehabilitation, and some but not all had found this helpful. The number of young people seeking formal professional help is fairly high and considerably higher than the proportion who reportedly received professional help while in care (46%) despite the high level of suicidality while in care. Young people' views about professional support – especially counselling – varied considerably with some like the young people reported by Rickwood, Deane, Wilson and Ciarrochi (2005) preferring informal help from friends and family to professional support and others seeking and intending to get professional support, although not necessarily knowing how to go about this. As Rickwood et al. (2005) outlined:

> *One of the most important factors in the help-seeking process is the availability of established and trusted help-seeking pathways. For this reason, friends and family are preferred sources of help for personal and emotional problems. However, there is potential for the identification and development of other relationships whereby help can be sought when the need arises for different types of problems. (p. 22).*

8   DOING WELL VS NOT SO WELL

WHAT MAKES THE DIFFERENCE?

The primary value of longitudinal research is the capacity to follow people over time and try to determine what predicts positive and adverse outcomes, and what the important influences in their pathways are, particularly at key points of transition. In the case of young people leaving care, the transition point is sharp – legally defined and generally abrupt rather than graduated. The main tasks involved – obtaining an independent and reliable form of income support, and finding and establishing independent accommodation – also occur earlier than they do for most young people in the population. This chapter examines the experiences and outcomes for these young people four to five years after they left care, in the light of their in-care experience and the support that was available to them after leaving care. It starts by taking an overall view of how they were faring at the fourth interview four to five years out of care compared with their circumstances 12 months after leaving care.

8.1   DOING BETTER, WORSE OR THE SAME?

A qualitative measure of how well these young people were faring at the fourth interview four to five years out of care compared their circumstances at this time with their circumstances 12 months after leaving care.[63] About half were faring quite well, with two-thirds of these judged to be doing better at the fourth interview than they were at the third. Half had significant problems but only four were seen to be doing worse than they were at the earlier interview. The common thread for those who were faring well, and comparatively better than they had at the earlier interview, was that they were more settled in employment or in work and training, and had the support of an older adult. There was little difference in how mobile they had been in the time between the third and fourth interviews, but those who were doing better had had fewer placements in care and had made fewer moves overall since they left care. The main differences were between those seen to be faring well compared with those having significant problems, whether or not they were doing better or worse at the fourth compared with the third interview.

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[63] The coding on this measure was conducted separately by both authors with agreement on 95% of the cases; the final coding was agreed for all cases following discussion.

Table 8.1
How young people were faring 4-5 years after leaving care
compared with 12 months out of care

	Female	Male	Total
Faring Well			
Better than at 12 months	8	4	12
Same as 12 months	5	2	7
Significant problems			
Better than at 12 months	5	1	6
Same as 12 months	8	3	11
Worse than at 12 moths	2	3	5
Total	**28**	**13**	**41**

Five young people (three young men and two young women) were coded as faring worse at the fourth interview than they were at the earlier interviews. Their stories and their circumstances were quite diverse with few common threads. The three young men relied on casual employment and both young women had children without a supportive partner. None had strong social support and three had significant problems with drugs and alcohol.

8.2 'OUTCOME DOMAINS'

The earlier chapters have delineated some of the associations between in-care placement stability, 'felt' emotional security and various separate outcomes such as work activity, education, and suicidality. In this section, the focus is wider, looking instead across outcome areas to try to understand why some young people fare better than others 'across the board' after leaving care. It takes account of in-care experiences, including placement stability and 'felt' security, as well as the level of support available to young people after leaving care.

An overall measure, based on McGloin and Spatz Widom's model "to operationalize the construct of resilience", [64] and similar to Pecora *et al.*'s (2003) "success index", combined seven separate domains of functioning taking a broad time period into account. There were three reasons for using this measure. First, it focuses on positive rather than adverse outcomes. As McGloin and Spatz Widom pointed out, there is an "extensive literature documenting the maladaptive outcomes associated with childhood

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[64] McGloin and Spatz Widom (2001) compared 1196 people ranging in age from 18 to 41 years who had been the subject of a substantiated abuse or neglect report (1967-1971) with a group of matched controls, using administrative data and follow-up interviews (1989-1995). Overall, 26.6% of females and 17.6 % of males in the abused/neglected group met the criteria for resilience compared with 51.3% females and 32.5% of males in the control group. The comparable figures in the current study are 46% of females (13/28) and 31% of males (4/13).

victimisation" but much "less is known about resilience in abused and neglected individuals grown up" (p. 1021). Second, as McGloin and Spatz Widom point out, "looking at only one domain when attempting to identify successful individuals ignores the pervasiveness of risk and undermines the validity or accuracy of the term 'resilience'" (p. 1022). It is also consistent with Horrocks' (2002) argument that outcome measures should not be separated "where measurable outcomes are so clearly inter-connected with an individual's past transitions, current circumstances and personal factors" (cited by Stein, 2004, p. 111). Third, using a broader time period captures the "dynamic nature of development" and provides a more valid measure than a 'snapshot' of the person at one moment in time (McGloin & Spatz Widom, 2001, p. 1023).

The overall measure of how well they were faring four to five years after leaving care was calculated by giving each young person a score of 1 ('*successful*') or 0 ('*not successful*') for each of the various domains of 'adult functioning', and adding these to give a score ranging from 0 to 7.[65] The domains (and criteria for 'success' warranting a score of '1') are shown in the box below.

" OUTCOME DOMAINS "

- **EMPLOYMENT**   Employed or studying throughout
- **LIVING ARRANGEMENTS**   No homelessness
- **EDUCATION**   Completed Year 12 or further education
- **SUBSTANCE ABUSE**   No self-reported problems
- **MENTAL HEALTH**   No reported depression or suicide ideation *
- **CRIMINAL BEHAVIOUR**   No admissions/self-reports, no convictions
- **RELATIONSHIPS**   Not turbulent, no domestic violence

Adapted from McGloin & Spatz Widom (2001).

Overall, 46 per cent of the young women (13/28) leaving care and 31 per cent of the young men (4/13) in the current study met the criteria for 'success' ('success' on 5 of the 7 domains of functioning); adopting a stricter criterion of success on 6 of the 7 domains meant that 43 per cent (12/28) of the young women but only two (15%) of the young men met the criteria for 'success'. The gender difference in favour of young women is consistent with McGloin and Spatz Widom's (2001) findings for both their abused/neglected group and their control group, and is line with Stein's (2004) conclusion from a review of

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[65] McGloin and Spatz Widom (2001) calculated an overall 'resilience' score by giving each person "a score of 1 (*successful*) or 0 (*not successful*) for each of the domains, and adding across their 8 domains to give a score ranging from 0 to 8. A person was categorised as "illustrating resilience if he or she received a score of at least 6 out of a possible 8, indicating that they were successful across at least six domains of functioning" (p. 1029).

various studies that young women were faring better than the young men after leaving care. It is also consistent with Vinnerljung's (1996) findings of more negative outcomes for a cohort of men than for women who had been in care in Sweden for at least five years during their childhood. The Swedish population study outlined in the same report also found that men who had been in care, much more so than the women, also had significantly higher mortality rates than their age-mates in the general population, especially as a result of suicide and violence (Vinnerljung, 1996).

8.3   IN-CARE EXPERIENCE AND LATER OUTCOMES

Neither the age that children entered care nor the age they became wards was associated with later outcomes (non-significant correlations of .08 and -.12, respectively). Delayed entry to wardship after earlier entry to care was, however, significantly correlated with the 'overall outcome' measure. The longer the time between children's first entry into care and finally becoming wards, the lower their overall 'outcome' score (r = -.36, n = 41, p = .02). The average time between entering care and wardship was 19.7 months (SD = 34.5 months); the median was 5.5 months. Four young men and one young woman entered wardship some seven to 13 years after first entering care (89 – 153 months), and these young people all had very low 'overall outcome' scores ranging from zero to two. They had an average of 11 placements while in care. All were in the long-term unstable group.[66] There were several reasons for the longer 'delays' in the orders for wardship. These young people had typically been placed in voluntary care or short-term care as young children (under the age of five years), followed by repeated attempts to reunify them with their parents or other family members. In these cases, their files also documented "mistaken assumptions that committal to care work had been undertaken"; in one case, the child's file recorded that he had been left in 'legal limbo' for some time. In several cases, their mothers had been unable to provide adequate care because of mental illness alone or in combination with substance abuse.

8.3.1   Problems in care

The number of problems these young people had while in care was associated with young people's overall 'outcome' scores. Information from their departmental B-files in relation to a range of problems in care was combined to provide a total of 'recorded' problems in care. These included truancy or suspensions from school; running away or going missing and being unaccounted for by the department; behavior problems such as anxiety and acting out; juvenile offending; and allegations of abuse in care. The total number of problems in care was significantly and negatively correlated with their overall 'outcome' score (r = -.50, n = 41, p = .001); the more problems

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[66] The average delay for young people in long-term unstable care was over three years (mean = 36.3 months), significantly longer than for young people in the other groups (mean delays all less than 9 months).

these young people had while they were in care, the lower their overall '
outcome ' score. The number of problems was also significantly correlated
with the number of placements in care (r = .42, n = 40, p = .01) [67] and with
their 'felt' emotional security in care (r = -.39, n = 45, p = .007). The more
problems, the more placements, and the less secure they said they had felt.[68, 69]

8.3.2   Stability in care

One of the main findings of the earlier report (Cashmore & Paxman, 1996)
was that the stability of children's placements while they were in care was
associated with how well they were doing a year after they left care. In
particular, young people who had had one placement that lasted for at least
75 per cent of their time in care were more positive about their time in care
and had better outcomes 12 months after they left care. For example, they
were more likely than the young people who had not had a long term stable
placement (lasting for 75% of their time in care) to have completed more
years of schooling, to report better progress at school and to say that their
needs had been met while they were in care. They were also more willing to
ask for financial and emotional support especially from their foster carers, and
indeed to have someone they could call on for such support. They were also
less likely to say that they had missed out on affection while they were in care
and less likely to report having thought about or attempted suicide throughout
and up to 12 months out of care.

As indicated in the earlier report (Cashmore & Paxman, 1996), "it appears
that young people who were in a long-term placement were in Fanshel et al's
(1990) terms 'in better condition at exit' from care than those whose in care
experience was less stable. It also appears that that benefit continued through
to the after-care period. Indeed, the young care-leavers one year out of care
who had been in stable long-term foster placements looked very much like the
'*at home*' comparison group (in the earlier report) whereas those who had not
had the stability provided by a long-term placement were much more similar
to the comparison group of young people who left home early without the
intervention of the Department" (p. 159).

Four to five years after leaving care, stability in care and fewer placements in
care were associated with higher 'outcome' scores.[70] The more placements
young people had had in care, the lower their 'outcome' scores four to five
years later (r = - .63, n = 40, p < .001), a relationship that was still significant
after controlling for the total number of moves after leaving care (r = - .63, n =

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[67] The correlation was .59 for the overall sample (n = 47, p = .001). Barber, Delfabbro & Cooper (2001)
and Leathers (2006) also reported a relationship between behaviour problems, placement changes and
outcomes in care.
[68] Young people in the 'secure' group had significantly fewer problems than those in the 'not secure'
group. The overall analysis of variance for the total number of problems in care was significant (F (2, 42)
= 3.97, p = .026) and post hoc comparisons (p < .05) indicated that the mean number of problems for
the 'secure' group (1.2) was significantly less than that for the 'not secure' group (2.8).
[69] Those who had been in long-term stable care had significantly fewer problems (M = 0.7) than those in
long-term unstable care (M = 2.7) or in short-term unstable care (M = 2.0) (F (3, 44) = 7.3, p < .001.
[70]   Both associations remained significant after controlling for the number of problems in care.

39, *p* < .001). In addition, young people who had been in stable care had significantly higher 'outcome' scores than those who had *not* been in stable care, with the main differences being between long-term unstable care and stable care, whether this was short-term or long-term (Figure 8.1).[71]
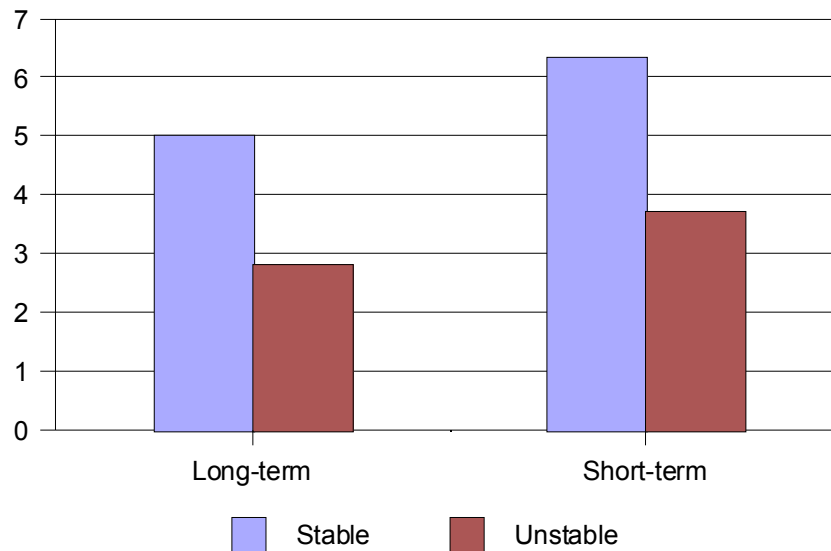
Figure 8.1
Mean 'outcome' scores by stability in care

While it is difficult to disentangle cause and effect, it is clear that the stability of children's placements in care may be critically important for their longer-term outcomes. A lack of stability in care placements in care is commonly accompanied by and compounded by changes in other aspects of their lives. For the young people in this study, the more movements they had had in care, the more schools they attended, and the less likely they were to have completed secondary school. In addition, as we have seen (Chapter 3), the more mobile they were in care, the more mobile they were after they left care. In addition, young people who had more placements in care also had more problems in care and were more likely to have been rejected by their family or by others (other relatives or foster carers). The number of placements is therefore likely to be a proxy for other adverse indicators and associated with other disruptions and changes in the lives of these young people. As we saw earlier, young people who had been rejected by family and other carers had more problems in care, and more placements in care (see section 5.7). [72]

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[71] The overall analysis of variance was significant (F (3, 37) = 5.48, *p* = .003). The post-hoc Bonferroni comparisons indicated that the only significant differences were between those who had been in long-term unstable care and those in either short-term or long-term stable care.
[72] There was also a trend for those who had been rejected to have lower 'success scores' than those who had not (*p* = .10).

8.3.3   The importance of a sense of emotional security

As outlined in the earlier report (Cashmore & Paxman, 1996), the length of a placement was generally a good predictor of its quality, as later rated by the young people involved,[73] but this was not always the case. "In some cases, for example, the break-down of a long-term placement in early to mid adolescence followed quite long periods of difficulty or ill-treatment although all seemed well according to reports in the files until the break-down" (Cashmore & Paxman, 1996, p. 160). Further analyses (Chapter 5), using young people's 'felt' emotional security,[74] indicated that their sense of the emotional security of their time in care was a strongly significant predictor of their longer term outcomes 4 – 5 years after leaving care. Young people who were in the 'secure' group had significantly higher 'overall outcome' scores than those in the 'moderate' and the 'not secure' groups (Figure 8.2). [75]
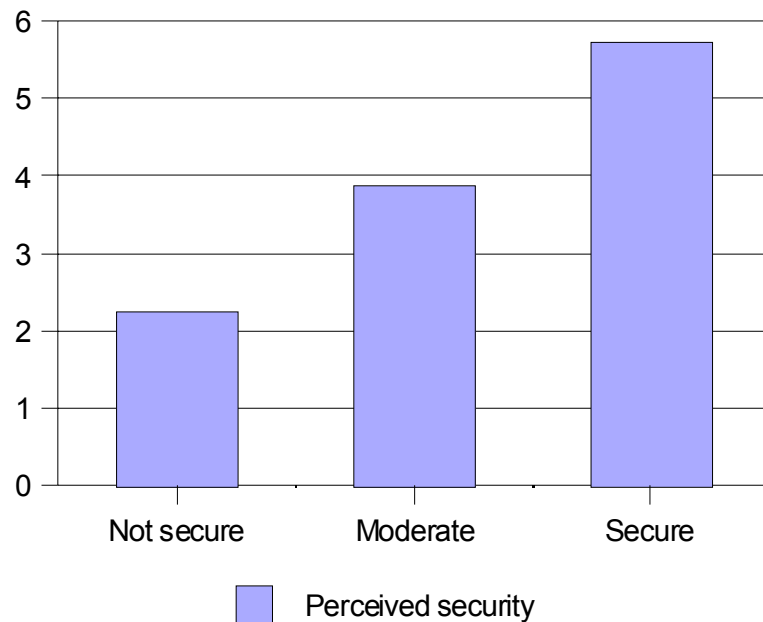
Figure 8.2
Mean 'overall outcome' scores by 'felt security' in care

Young people were also asked 12 months after they left care who they had felt secure with and loved by, and where they felt at home. Young people who nominated both family members and their carers had the highest 'overall

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[73] The correlation (Pearson's r) between the length of placement (across all placements) and the rated security of the placement was .22 (n = 164, p < .01): the correlation with perceived understanding was .26, p <.01 (Cashmore & Paxman, 1996: footnote 11, p. 36). In general, the longer the placement, the more favourable the ratings across a range of areas.

[74] As outlined earlier (see section 6.7), a measure of perceived or 'felt' emotional security was constructed from young people's responses at the third interview to questions about their sense of being loved and of belonging, and of having had their needs met (see Section 5.7).

[75] The analysis of variance yielded significant results, both for the overall test (F (2, 38) = 13.3, p < .001) and the post-hoc Bonferroni comparisons indicated that the biggest differences, not surprisingly, were between those who were most (M = 5.73, SD = 1.27) and least secure (M = 2.25, SD = 1.77) (p < .0001), with those in the moderate group having intermediate but still significantly different overall outcome scores (M = 3.88, SD = 1.71).

outcome' scores, and those who said there was no one that they felt secure with or loved by were the least secure and had the lowest outcome scores (Figure 8.3).[76] Importantly, this also shows that workers can be a valuable source of security for young people, at a level comparable with that of their family.
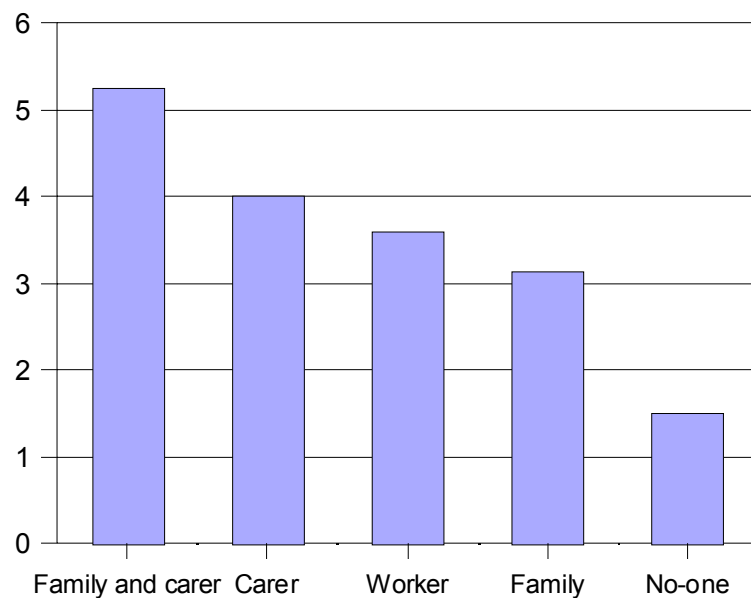
Figure 8.3
Mean 'overall outcome' scores by source of 'felt' security

It is therefore clear that it is not just the actual *stability* of the placement that is important – equally or possibly more important are young people's perceptions of the quality of the placement and their emotional security in care (Lahti, 1982; Rest & Watson, 1984; Schofield, 2002, 2005; Steinhauer, 1991). This sense of security continued to be significant beyond care, predicting young people's outcomes four to five years after they left care.

8.4   LEAVING AND AFTER-CARE EXPERIENCE AND LATER OUTCOMES

8.4.1   Age and attitude to leaving care

While most young people in this cohort left care on the expiry of their wardship order on their 18th birthday, nearly 30 per cent left care earlier than that, at the age of 16 or 17. Those who were under 18 when they left care had significantly lower 'overall outcome' scores than those who left care at 18, consistent with the findings of Dixon and Stein (2005).[77] There was no

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[76] The results of the one-way analysis of variance were significant: F (4, 32) = 2.7 $p < .05$.
[77] Means of 2.5 (SD = 1.4) and 4.5 (SD = 2.1) respectively, t (39) = 2.84, p = .007.

association, however, between their attitude to leaving care at the time - whether they were looking forward to it, scared or ambivalent about it – and their overall outcome score. But those who said 12 months after leaving care that they had not been ready for it were doing more poorly 3 – 4 years later than those who said in retrospect that they had been ready to leave care.[78]

8.4.2 Education and years of schooling completed before leaving care

As outlined earlier, young people's employment history and the odds of young women having children early were related to the number of years of school they had completed – and to further qualifications they obtained after leaving care. The more years of schooling young people had completed *before* they left care, the more likely they were to go on to further education, and the better they were faring 4-5 years later ($r = .69$, $p < .001$).[79]

8.4.3 Continuity on leaving care

One of the main issues for young people leaving care is the requirement or expectation that they will leave their foster home or change their living arrangements upon leaving care, adding to the number of transitions they have to make over a short period of time. Nearly a third of the young people (15/47, 32%) and two-thirds (15/22) of those in foster care just before leaving care were, however, still living with their foster carers three months after leaving care; ten were still there 12 months after; and three were still there or had returned to live there by the time of the fourth interview, 4-5 years later. Several young people were also still in the same supported accommodation at the second and third interviews. Others, however, did not have this option and moved to independent or shared living or other transient forms of accommodation quite early. A further measure – of continuity at leaving care – was therefore constructed to take account of this variation.[80] Not surprisingly, this measure was negatively correlated with the number of placements in care ($r = –.34$, $n = 47$, $p = .02$) and with the measure of stability ($r = –.35$, $n = 47$, $p = .015$) because the place most were staying on at was their long-term placement in care. The summary 'positive outcome' score was significantly correlated with continuity in accommodation after leaving care ($r = .46$, $n = 40$, $p = .003$); the longer they remained at their in-care placement after leaving care, the more positive their overall outcome score.

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[78] Means of 2.5 (*SD* = 1.9) and 4.4 (*SD* = 2.3) respectively, $t(36) = 314$, $p = .003$.
[79] Whether young people had completed Year 12 or gained a further qualification by the 4th interview was part of the overall measure of positive outcomes and although this was related to the number of years of schooling, these were not the same measure.
[80] The coding of this variable '0' for those who had to move home on leaving care; '1' for those who stayed on until the second interview, three months after leaving care, and '2' and '3' for those who stayed on or used their in-care placement as a secure base at 12 months and 4 –5 years respectively after leaving care.

8.4.4 Accommodation and mobility after leaving care

Like in-care stability, stable accommodation *after* leaving care is likely to be a pre-requisite for positive long-term outcomes. For the young people in this study, their 'overall outcome' score was strongly and negatively correlated with the number of moves they made in the 4 – 5 years after they left care ($r = -.71$, $n = 41$, $p < .001$).[81] The more moves they had made, the lower their 'overall outcome' score. It seems likely that young people who have adequate and more stable accommodation after leaving care have more stable relationships and more opportunities to focus on work, training and relationships than those who are more preoccupied with finding somewhere to live and having to adjust to new living arrangements. It is also likely that those who have jobs, and the support of others including partners, can afford better quality and more secure accommodation, as outlined in Chapter 3.[82] This is supported by the higher 'overall outcome' scores for those who were living with an older adult (extended family, foster carer or self-selected quasi foster care with a friend's family) or in shared independent accommodation compared with those in more transient accommodation.[83]

8.4.5 Social, emotional and financial support after leaving care

As outlined earlier (Section 5.7), young people's responses to the range of questions concerned with the level of social and emotional support they felt they could call upon after leaving care was an important aspect of their after-care experience. The overall level of social and emotional support they reported at the third and fourth interviews was coded as 'strong' and positive, 'moderate', or 'minimal'. For example, as outlined earlier, Marion was categorised as having strong positive emotional support despite a difficult and strained relationship with her mother. This was on the basis of her continuing close contact with her former self-selected foster family, a good relationship with her husband and their joint involvement in a strong church network. In contrast, David was categorised as having little or no social support: he had not seen his adoptive family for many years, had 'burned his bridges' with his former foster family, and did not trust any of his friends because he felt they had 'ripped him off'. Those who were categorised as having 'moderate' social and emotional support fell between these extremes and generally had some support from some quarters but this was not as strong or as extensive as those in the 'strong' support group.

Like 'felt' emotional security, there were significant differences in 'overall outcome' scores associated with the three levels of social and emotional

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[81] In addition, the younger they were when they left care, the more moves they made after leaving care ($r = -.42$, $n = 41$, $p < .006$).

[82] The number of moves young people made after leaving care was negatively correlated with the number of sources of support they reported were available to them ($r = -.39$, $n = 40$, $p = .016$).

[83] The mean 'overall outcome' scores for young people living with an older adult (foster carer, extended family member, and self-selected friend's family) were 5.4 ($SD = 1.8$), for those in independent/shared accommodation 4.0 ($SD = 1.9$), and for those in and transient accommodation (caravan, refuge, prison, squatting with friend) 1.5 ($SD = 1.7$): F (2, 38) = 5.35, $p = .009$. The exception to living with an older adult was the low score for one young person living with his mother.

support reported by young people 4 – 5 years after leaving care.[84] As Figure 8.4 shows, the greater the social and emotional support, the higher their 'overall outcome' score. This is also confirmed by the strong correlation between the <u>number</u> of sources of social support they reported and their 'overall outcome' score ($r = .67$, $n = 41$, $p < .001$). In particular, those who had a positive relationship with an adult – their former foster carer, their partner's family, a member of their family, or a trusted worker or mentor in a church or other community – had significantly higher overall outcome scores than those without the support of an adult.[85] Similarly, Sinclair, Baker, Wilson and Gibbs (2005) found that a relationship with an adult was positively associated with better outcome and well-being scores, and lower 'trouble' composite scores.

Similarly, young people's overall 'outcome' score was related to the perceived availability of financial support. Those who said there was no one they could turn to for help if they ran short of money had significantly lower 'outcome' scores than those who said they could call on family, foster carers, or partners and their partner's family or who had multiple sources of help (Figure 8.5).[86]
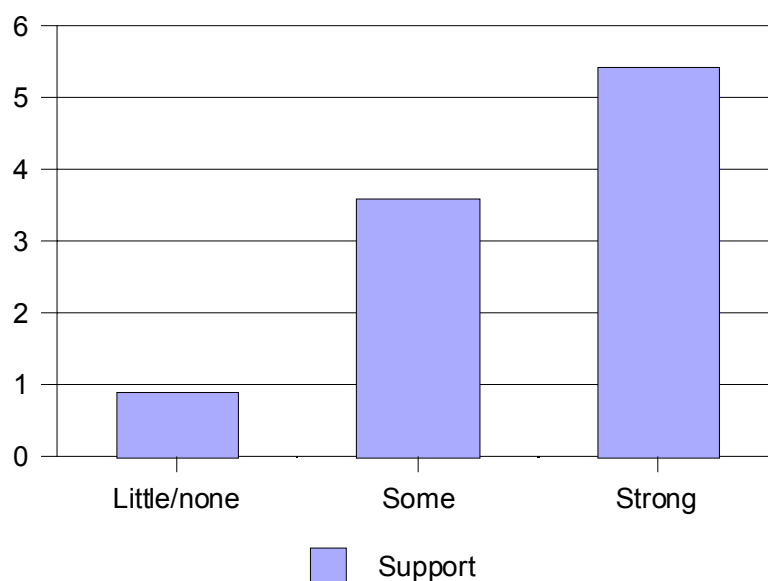
Figure 8.4
Mean 'overall outcome' scores by level of social support

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[84]   A one-way analysis of variance was significant: $F_{(2, 38)} = 20.4$, $p < .001$; all the pair-wise post-hoc comparisons were significant at p < .005.
[85]   Means 4.8 ($SD = 2.0$) and 2.9 ($SD = 1.8$) respectively, $t_{(39)} = 3.06$, $p = .004$.
[86]   A one-way analysis of variance indicated overall significance: $F_{(4, 38)} = 3.28$, $p = .022$; the pair-wise post-hoc comparisons involving ' no one to ask' were significant at p < .05.
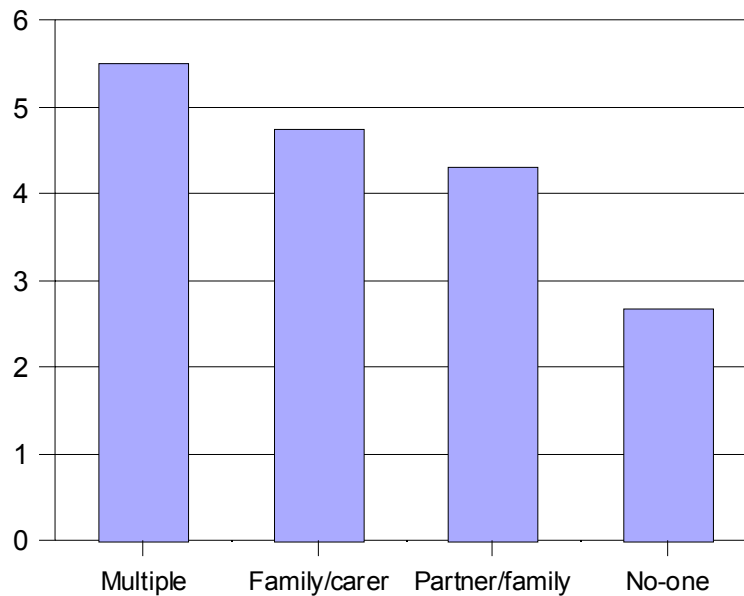
Figure 8.5
Mean 'overall outcome' scores by sources of financial help

Clearly then, the outcomes for young people 4–5 years after leaving care were significantly associated with the level and sources of social, emotional and financial support they thought were available to them at that time. The direction of that effect is of course open to interpretation and may operate in both directions or in quite complex ways. Young people who have the support of others and feel supported may be less likely to be exposed to and experience adverse outcomes, and young people who are faring well may be more likely to attract and retain the support of others. The relationship may also be more complex than this, involving interactions which may combine in various ways with social support acting as a buffer depending on, for example, young people's sense of security and their trust in others (Gore & Eckenrode, 1994).

8.4.6 Feeling hopeful

Another factor that was related to young people's 'overall outcome' score was their mental attitude and sense of hopelessness or hopefulness about the future, as measured by Beck's Hopelessness Scale and outlined in their comments about the mistakes they had made and what they thought they had done well. Young people's scores on the Beck's Hopelessness Scale, both at 12 months and 4 – 5 years after leaving care, were negatively correlated with their 'overall outcome' score (at 12 months: $r = -.51$, $n = 38$, $p < .001$; and at 4 – 5 years, $r = .-44$, $n = 37$, $p < .008$). Young people who had greater feelings of hopelessness and more negative expectations of how things would work out for them in the future had lower 'overall outcome' scores.

8.4.7   Having children

Young women who had had children within 12 months, and also within 4-5 years of leaving care, had significantly lower outcome scores than those who had not, but this may be a function of other factors. As outlined in Chapters 5 and 6, those had had children had also been less stable in care, were less likely to have completed Year 12 and were more likely to have had relationship difficulties and to lack social support.[87]

8.5   PREDICTING OUTCOMES FROM IN-CARE AND AFTER-CARE EXPERIENCE

The preceding analyses examined the relationship between young people's overall 'outcome' and the various aspects of their in-care and after-care experience in separate analyses. The significant factors from these analyses are shown in Table 8.1.

In this section, regression analyses were used to predict the outcomes for young people four to five years after leaving care, taking into account the fact that many of these factors were highly correlated with each other. The in-care factors included the number of problems (including behaviour problems) they had while they were in care, and whether they completed secondary school before leaving care. The post-care factors were their self-reported level of social and emotional support, whether and how long they were able to stay on in their in-care placement beyond their discharge from care, and the number of times they changed accommodation after leaving care. Not surprisingly, given the results of the preceding analyses of variance, stability in care and 'felt' security, together with the numbers of years of secondary school completed <u>before</u> leaving care and the level of social support after leaving care, were significant predictors of 'overall outcome' four to five years after leaving care (the overall model accounted for a very high 65 per cent of the variance). Importantly, however, stability in care was not a significant factor <u>after</u> the other three factors were taken into account (See Appendix 2).

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[87]   Mean outcome score for those who had children within 12 months of leaving care was 2.9 (SD = 1.72) compared with 5.05 (SD = 1.44) for those without children: t (26) = 2.9, p = .008; and within 4 – 5 years of leaving care: 5.9 (SD = 1.4) and 3.2 (SD = 1.7) respectively, : t (26) = 4.40, p = .001.

Table 8.1:
Significant predictors of better outcomes

Factors		Sig (*p* <)
"In care" factors:	• No long delay in entry to 'wardship'	.02
	• Fewer placements in care	.001
	• Stability in care (at least 75% of time in one placement)	.003
	• 'Felt' security in care (felt more secure)	.0001
	• No evidence of rejection by family/foster carers (trend)	.10
	• Fewer problems in care	.001
Leaving care	• Age at leaving care (18 years rather than 16, 17)	.028
	• Attitude to leaving care (say 'ready' 12 months on)	.003
	• More years of schooling before leaving care	.0001
	• Continuity in 'placement' beyond care	.003
After care	• Social and emotional support esp older adult support	.001
	• Availability of financial help	.022
	• Stable accommodation (fewer moves)	.001
	• Not having children within 12 months and 4–5 years of leaving care	.008/ .001
	• Hopefulness (Lower on Becks' Hopelessness scale)	.008

The final and most efficient model which included 'felt' security, the number of years of secondary schooling completed before leaving care, the level of social support after leaving care, and continuity beyond care (or alternatively, the total number of moves after leaving care) was highly significant, accounting for 85 per cent of the variance - a remarkably high percentage. All four factors were significant (at least *p* < .02) after taking account of the other three. The total number of moves after leaving care was the biggest contributor,[88] and as indicated earlier, was significantly predicted by the number of placements in care.

These analyses indicate that 'felt' security in care and educational attainment before leaving care, as well as stability of accommodation and level of support after leaving care, are highly significant predictors of young people's 'overall outcome' four to five years after leaving care. While both stability and 'felt'

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[88] The partial η^2 value was .52 for the total number of movements compared with values of around .18 - .20 for the other three variables.

security were powerful predictors of 'overall outcome' scores, 'felt' emotional security was found to predict outcomes over and above stability but stability was not significant over and above emotional security. This means that while stability in care is important, 'felt' emotional security makes more difference to long-term positive outcomes than stability alone. The association between stability and security is likely to be a complex one. For example, it may be that young people whose behaviour and temperament made them 'more suitable' for foster care were able to remain in more stable placements and were also able to make more successful transitions in various aspects of their lives after leaving care. It is also likely that secure and stable care sets them up with better support networks and the opportunity to develop their skills. Similarly, educational attainment probably operates as a proxy for stability and perceived or 'felt' security in care, with those who completed 12 years of schooling being more likely to have had stability in care and to have felt more secure in care.

Significantly, aspects of their after-care experience were also associated with better longer-term outcomes. Some of these young people had found their own supportive network after leaving care, and some had a range of people including older adults they felt they could call on, such as family members, former carers, a known and trusted worker, a church or other community group and workmates or people they had come to know with specific skills.

8.6   PATHWAYS FROM CARE TO AFTER-CARE OUTCOMES

Predicting the long-term outcomes for young people after they have left care using *variable-oriented* analyses is important but it does not provide a full picture of the reality of these young people's experiences. The following case studies or *'person-oriented'* analyses outline the stories of these young people's lives, and give some shape, coherence and colour to their lives and experiences (Cohen et al., 2003; Magnusson & Bergman, 1990). They outline the different pathways or patterns of outcome and transitions and highlight some of the predictive factors outlined above – delayed entry to care as a ward, their involvement in supportive networks, and the importance of stable accommodation. They also show the complexity of the associations between these young people's experience in care and their long-term outcomes. Importantly, they also highlight the differences in the experiences, the outcomes, and the needs of young people in care, leaving care and after-care, a crucial supplement to the statistical analyses and overall descriptive analyses.

There were at least five different pathways in young people's journeys in, through and after care. Two involved fairly straightforward associations between their in-care experience and the after-care trajectory – in one case positive and the other negative. In Gilligan's (2001) terms, these pathways followed fairly predictable courses. The others involved somewhat different trajectories – one starting poorly with later recovery, another starting well but looking unexpectedly difficult after leaving care, and the other a 'bumpy ride' which was managed with some difficulties.

Well 'supported' young people. The first group of ten quite well 'supported' young people were on a fairly straightforward and positive pathway. Nearly all were young women; only two were young men. Two were Indigenous. They had relatively stable and mostly long-term placements and secure in-care experiences with relatively few problems in-care and few problems after-care; four young women had come into care as adolescents. They were faring well four to five years after leaving care, with upper range 'overall outcome' scores (4 to 7). All were either employed or full-time parents supported by a partner. They could usually make ends meet and thought they were doing as well as or better than others their own age. Importantly, they all either had a significant 'mentor' or belonged to a 'community' such as a church or sporting group, and four to five years after leaving care, they had a supportive network of family and friends that they were willing and able to turn to for help (Stone, Gray, & Hughes, 2003). Few of these young people had children. Jade is typical of the young people in this group.

> *Jade became a ward when she was 14 after being sexually abused by her father, and rejected by her mother and sisters. By her choice, she was placed in a non-government children's home for the whole time she was in care rather than in foster care. She developed a very positive and supportive relationship with one of the children's home workers and had a committed departmental caseworker who made repeated, and finally successful, applications for her to go on an exchange trip overseas and to be set up in semi-independent living on her return in a transition house with the same agency. She had an extensive support network which included members of her church, her former worker, and other friends but she had no contact with her family.*

> *By the fourth interview, Jade had had a variety of work experiences working in rural areas, and was planning to do a child care course. She had had no problems in relation to substance use or criminal involvement, and she had never attempted or thought about suicide. She had never been homeless and had been either working or studying throughout her time in care and after leaving care.*

The 'strugglers'. The second group of eight young people – the 'strugglers' or 'victims' in Stein's (2004) terminology – faced a number of difficulties throughout. Half were young men and three of them, and one of the young women, entered wardship some years after entering care for the first time. Their pre-care and in-care experiences had not provided them with a positive grounding and they were facing serious challenges in their life after leaving care with little or no support. All had lower-end 'overall outcome' scores (0 to 3). They were all were either unemployed or parents, and were having to 'cut back on' or 'go without' number of necessities and services. Few were in long-term relationships and most were in or had been in turbulent relationships. They lacked a supportive network of friends or older family members and in a number of cases had troubling unresolved family issues. None had been in stable care, and none said they had felt secure or that they had been loved in care.

Shane first came to the notice of the Department when he was two years old. He was placed with his aunt when he was three and lived there until he was 12. He was assessed as being temperamentally difficult and emotionally insecure. He was suspended from school and his aunt could no longer cope with his behaviour. A series of temporary respite care and refuge placements followed and then a number of attempts to restore him to his mother, then his father, and his aunt. He became a ward when he was 13, and had several stints in residential care and a detention centre.

He was discharged at 16, because the Department said there was nothing more they could do for him. He did not complete Year 9, and has had a series of casual jobs. He has a history of problematic relationships with house-mates and family members whom he feels have rejected him. He had been homeless and stayed at refuges on a number of occasions before and after leaving care. He said he has had problems with substance abuse and had attempted suicide on at least one occasion, and felt that no one really loved or cared about him.

The 'recovery' group. The third and a small group of young people – the 'recovery' group – had had a difficult time in care and during the first two or three years after leaving care, but had recovered from a negative pathway that, for some, involved homelessness, and substance abuse and crime. Most had had some stability in care but all had left school early for various reasons including pregnancy, learning difficulties, or the death of their foster carer. The positive factors that helped turn the tide for them appear to have been a caring partnership and a supportive network. Four to five years after leaving care, these young people's circumstances had improved and they were faring quite well. Several young women had children. Some had gone back to try again at further education or were planning to do so. The most marked example of recovery was Jason.

Jason became a ward at nine because his mother (an ex-ward herself) couldn't look after him. He had a range of placements, including foster care, residential care, refuges, independent living and at various times he lived with his grandfather. He was very mobile after leaving care, living in at least 15-20 places since the third interview. He went through a very difficult and unstable time and was involved with drugs and crime. He attempted to commit suicide but was found and hospitalised for a couple of days. His girl-friend, Ellen, encouraged him to go into rehabilitation. They both joined a religious fellowship where they found support and guidance.

At the fourth interview, Jason was married and living with Ellen and the daughter he had fathered some years earlier. He had completed a commercial cooking course at TAFE and had had a few short-term jobs. He was thinking about becoming a chef or starting his own mowing/cleaning business. Although they were in debt, he was happy and positive about the future.

The 'downward' group. Two young men comprised the fourth and smallest group of young people who appeared to be on a 'downward track' after what looked like a good start. They had both been in one long-term stable foster care placement in different regional centres, each with one family since they

were quite young, and where they said they had felt secure. There were few indications until they left care of any difficulties with their foster families, at school or in their communities, except that one was unsettled by his older brother leaving the foster home and left early himself. After leaving care, both were working but started using drugs recreationally, got into debt and had difficulties in their relationships with their former foster families.

The 'survivors'. The fifth and largest group – termed 'survivors' by Stein (2004) **–** included young people who were generally coping with their circumstances, although they were generally not doing as well as those in the 'supported' group. Most had been in long-term care but none had experienced stable care that they also felt was secure. Most were young women with children. They were mostly satisfied with how they were doing considering their experiences. Some of these young people talked about having had a difficult time at about the age of 21, elicited in some cases by the death of someone close to them or by the break-up of a significant relationship. They tended to be quite articulate about their sense of autonomy and responsibility. For example:

> *For the life I've lived – and I'm not using my past as an excuse whatsoever – but for the life experience I've had, I reckon I've done pretty well! I could be a junkie in a gutter. I could be a lot worse but I'm not! So I say to people how about you lay off the expectation bit and be happy for what I am.*

SUMMARY

Clearly, young people leaving care had diverse experiences in and out of care and a range of different outcomes four to five years after leaving care. Some young people were faring well. They had a reasonably reliable source of income support through employment or through parenting benefits and partner support. They had adequate and stable accommodation, somewhere they felt comfortable and secure. They could usually make ends meet, and they had a supportive network of family and friends. They had no significant physical or mental health problems. On the other hand, there was a group of young people who were not faring so well. They had some significant problems to deal with. These included drug and alcohol (ab)use, domestic violence or difficult and turbulent relationships, and mental health problems such as depression. Unfortunately, they did not have a supportive network of family and friends that they could call on for help and they were also struggling financially.

How well young people were faring after leaving care was predicted by aspects of their experience while in care and after leaving care. These included their age when they left care, the stability and continuity of their placements in care, and the extent to which they had felt secure in care, as well as the number of years of schooling completed before leaving care, and the level of social support after leaving care.

How these various aspects of actual stability inter-relate and how they are linked with and possibly translated into 'felt' security is not clear and likely to

be quite complex. While actual stability in care is clearly important, it seems likely that it is really a means to an end – having a secure base and a sense of belonging and identity, and a capacity to form trusting relationships. Indeed the associations are likely to be considerably more complex than the current models and analytical techniques allow for (Gore & Eckenrode, 1994) and certainly more complex than these multivariate analyses can reveal.

But it is the lived experience of stability and their 'felt' security and development of meaningful and trusting relationships that are likely to matter most for these young people. This is consistent with Thoburn's (1994) and Schofield's (2002, 2003) models and with earlier findings about the importance of children's felt security (Lahti, 1982; Rest & Watson, 1984; Steinhauer, 1991). It is also in line with Andersson's (2005) recent finding that the adults who were doing best after spending time in care as children had had a "lasting and significant relationship with at least one parental figure in the family or with one of the two families they had been dependent on" (p. 48). Similarly, Sinclair, Baker, Wilson and Gibbs (2005) found that the presence of a strong relationship with an adult – their partner's family, their foster carer or an older family member - predicted good outcomes, greater well-being and lower 'trouble scores'. What these young people, and children in out of home care in other research, have said is that they want someone who cares <u>about</u> them, not just <u>for</u> them and not because they are paid to do so (Commission for Children and Young People, 2002; Schofield, 2002; Sinclair, Baker, Wilson & Gibbs, 2005). As Gilligan (2001) stated: "For young people in care the worst aspect of the experience may be the sense that at the end of the day nobody really *cares* about *you*" (p. 3). This is also reminiscent of Bronfenbrenner's "dictum that every child needs someone who feels the youngster is remarkable" but as Maluccio, Fein and Davis (1994) point out, it needs to be 'operationalised' (p. 496).

9 SUMMARY AND IMPLICATIONS FOR POLICY AND PRACTICE

The findings from this follow-up of a cohort of young people four to five years after they left care provide an uncommon insight into the longer term outcomes and experiences of these young people. The analysis of the factors that predict better outcomes points to what needs to be done to improve the life-chances for young people leaving care. These concluding comments bring together the findings across the various aspects of these young people's lives, using the sets of questions addressed throughout the report and highlight the implications for policy and practice with an emphasis on those things that might be able to be changed.

It is also important at this stage to reiterate the earlier qualifications on the findings from this cohort of young people and to note the legislative reform and forthcoming changes in policy in relation to leaving and after care provision. As outlined earlier, the young people who were interviewed over the four occasions in this study were representative of the overall cohort leaving care during that 12 month period in relation to their age, gender, location, Aboriginality, the age that they entered care and the types of out-of-home care placements they had experienced (Cashmore & Paxman, 1996). There was also little attrition in their numbers over the four interviews (Chapter 2). They were, however, different in terms of their stability in care, and also their possible access to services after leaving care as a result of their participation in this study. These differences in stability in care and after-care support mean that the findings derived from this group of young people underestimate the adverse experiences and difficulties for young people leaving care in the overall cohort.

There have also been legislative and policy changes since the young people in this study left care. The *Children and Young Persons (Care and Protection Act)* 1998, which came into effect in December 2000, includes specific provisions in Part 6 (ss 165 – 170) for leaving and after care planning and assistance for young people between the ages of 15 and 25 years who have been in out-of-home care. Under s.165(2) of the Act, young people may obtain information[89] about available resources and services and, based on an assessment of need, assistance in obtaining accommodation and setting up house, assistance with fees for education and training,[90] as well as help in accessing health services, finding employment and legal advice. Specialist after-care services were established in the mid-to late 1990s and

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[89] Under ss 168-169, young people are also entitled to access, free of charge, to personal information in any records kept by the designated agency or the authorised carer and to documents such as their birth certificatem school reports and health records.
[90] The Act allows the Department to continue to provide financial assistance to support the placement of a young person beyond the age of 18 so that they can complete their secondary schooling.

Departmental regions have since received additional funding to provide brokerage funds to assist young people after they have left care. Various policy and practice reforms, including more specialist out-of-home care workers as a result of the increased funding for out-of-home care services, might be expected to result in improved outcomes for children and young people while they are in care – with likely payoffs in relation to their after-care outcomes. The extent to which these expected benefits accrue in the medium to long-term does, however, need to be subject to proper evaluation.

9.1 HOW DO YOUNG PEOPLE LEAVING CARE COMPARE WITH OTHER YOUNG PEOPLE THEIR AGE IN THE GENERAL POPULATION?

The findings of this study are quite consistent with the findings from a number of studies over the last two decades in the UK, US, Canada and Australia that have clearly demonstrated how poorly equipped young people leaving care are to cope with the transitions they have to make in a short period of time. The *overall* picture is one of mobility, poor quality accommodation, unemployment, early parenting, difficulties in 'making ends meet' and establishing and maintaining relationships, limited support and family contact, loneliness and mental health problems (Courtney et al., 2005; Stein, 2004). As Sinclair et al. (2005), concluded:

> *Some of those who had left foster care for independent living were clearly, on any definition, doing well. They were, however, in a minority. Many more had not achieved stable housing; were marginally, if at all, involved in employment; and were vulnerable to a wide variety of trouble, including, pre-eminently, loneliness, unemployment, depression and lack of money. These results are in keeping with those produced by a long line of research. (p. 210)*

In absolute terms, then, many young people leaving care are not faring well and their life chances are diminished by poor educational attainment, marginal employment, short term and poor quality accommodation, poor mental health, and limited social support. In relative and equity terms, it is clear that their circumstances and life chances are significantly poorer and the challenges considerably greater than for other young people their age in the general population. What is less clear is the extent to which this disadvantage accrues before they enter care. Regardless, the experience of being in care has not compensated sufficiently for earlier disadvantage and young people leaving care are significantly disadvantaged on leaving care compared with their age-mates. Table 9.1 provides a summary of the comparisons across various aspects of their lives for this cohort of young people leaving care with their same age peers in New South Wales or Australia (Australian Bureau of Statistics, 1998; Australian Institute of Health and Welfare, 2003). [91]

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[91] These comparisons are drawn from the earlier chapters of the report and are mainly based on figures from the Australian Bureau of Statistics (1998) and Australian Institute of Health and Welfare (2003).

Table 9.1
How young people were faring 4-5 years compared with other
young people their age in the general population?

Education	Much less likely than their 20-24 year-old age-mates to have completed Year 12: 42% of care-leavers compared with 80% of their age-mates. More likely to have had behaviour problems, to have been subject to bullying, and to have been absent from school through suspensions, exclusions and truancy.
Accommodation	More likely to be living in independent accommodation sharing with other young people, including partners, friends or siblings, and less likely to return to a 'home base' unless in stable long-term care. Less likely to be living at the same address as they were five years before (10% compared with about 50% of their same-age peers), and much more likely to have been in some form of temporary housing such as caravans, refuges etc (22% compared with 0.6% of their age-mates).
Employment	More likely to be unemployed or in marginal and unskilled employment: 44% either unemployed or "not in the labour force cf 23% of 20-24 year-olds. One in four were either in full-time work, full-time study or both part-time work and study cf 77% of their age-mates.
Manage financially	Lower gross weekly income than that of their age-mates: only one in four reported a gross weekly income of $400 or more cf one in two of their age-mates. One in three said they were worse off than other young people their age. More than one in two said they went without or cut back on dental treatment.
Social support and family relationships	About one in three young people had at least one parent who had died by their time of 4th interview; only one in eight were in contact with both parents, and a third had little or no contact with their siblings. Limited social support for number of young people leaving care, with a significant minority reporting that there was *no-one* they could call on for support or to share special events with.
Partnering and parenting	Much more likely to have been pregnant or given birth before the age of 20 (one in three cf only 2% in general population). Even more likely to have had children by the age of 24 (57% cf 6.2% in general population).
Mental health	Elevated risk of mental health problems: nearly half had had or were still having mental health problems including suicidal ideation, depression, substance abuse or a diagnosed mental health disorder. But most faring better 4-5 years later than just after leaving care.
Hopes and expectations - identity	In line with the traditional markers of independent adulthood: a good job they were interested in, getting married and having their own home, having children, and for some, travelling. Just over half - more women (60%) than men (38%) - expected that they could achieve their goals. Higher hopelessness 'scores' than the norm for about 20% of young people leaving care.

Despite their disadvantages, greater vulnerabilities, and the limited support available to most, young people leaving care have to manage multiple transitions – leaving 'home', moving into independent accommodation, leaving school and trying to find work or some other means of support, becoming financially independent, and often becoming parents – at a much younger age than their peers. It is hardly surprising then that many young people leaving care fare poorly when their limited resources and under-developed capacities are 'over-taxed' by the early timing and accumulation of changes within a short period, especially when a substantial proportion are dealing with mental health problems that emerge at the time that the transitions have to be negotiated (Graber & Brooks-Gunn, 1996). What is surprising perhaps is that some young people do fare well under difficult circumstances. Understanding why, and what makes a difference, is an important foundation for developing policy and practice that is more effective in improving the life chances of young people making the transition from care.

9.2 WHAT PREDICTS HOW WELL YOUNG PEOPLE ARE FARING FOUR TO FIVE YEARS AFTER LEAVING CARE?

Young people leaving care are, however, not a homogenous group, and as Sinclair et al. (2005) concluded, a minority of the young people in their English study "were clearly, on any definition, doing well" (p. 210). In the current study, about four in 10 young women and fewer than two in 10 young men met the criteria for overall positive outcomes based on the constructed score, adapted from that used by McGloin and Spatz Widom (2001). The 'person-oriented' analyses outlining various pathways from care to after-care outcomes painted a more differentiated picture but again some young people were clearly doing better and having a less difficult time than others. Understanding why and what makes the difference, and "how individuals navigate the developmental transitions is at the crux of understanding risk and resilience across the lifespan" (Graber & Brooks-Gunn, 1996, p. 768). It is also critical, as Gilligan (2001) pointed out, to working out how to improve the life chances of children and young people "exposed to potentially damaging experiences".

The findings from this study indicate that how well these young people were faring four to five years after leaving care was a function of a complex interaction of factors relating to their in-care experience (and their experiences before coming into care), the timing and circumstances of their transition from care, and the extent of the supportive network they had around them in the period after leaving care. This is in line with the framework outlined by Graber and Brooks-Gunn (1996) highlighting the factors associated with an individual's development before the transition, the timing of the transition, their experience of it, and the circumstances and context within which it occurred. The experiences that children had before entering care, and the reasons that brought them into care, as well as the personal characteristics of these young people – including their temperament and skills – are also likely to be important factors but they were not included in this

study. The significant predictors of better longer-term outcomes for young people after they left care that have emerged from this study across the in-care, leaving care, and after care periods are summarised in Table 9.2. The following discussion will focus on the key factors[92] in these three periods, and the implications of these findings for policy and practice.

Table 9.2
Significant predictors of after-care outcomes

"In care" factors	- Delayed entry to 'wardship' – the longer the delay, the poorer the outcome. - Stability in care (at least 75% of time in one placement) – continuity * 'Felt security' in care - Rejection by family/foster carers - Number of problems in care
Leaving care	- Age at leaving care (18 years rather than 16, 17) - Attitude to leaving care (12 months on) - Completed high school or not (Year 12) - Living skills
After care	- Social support esp older adult support - Availability of financial help - Gender – socially valued role as parent? - Stable accommodation - Hopefulness

9.3   WHAT ARE THE IMPLICATIONS FOR POLICY AND PRACTICE?

The value of these findings for policy and practice relate to those factors that might be amenable to change, especially by changes in legislation, policy or practice, and particularly where these changes might lead to better outcomes and cost savings Huston, 2005). Clearly not all the factors that affect the outcomes for young people leaving care are amenable to change (eg gender) and some are more likely to be influenced by policy and practice than others (eg stability rather than 'felt' security). The discussion that follows will focus on those factors that are likely to be more amenable to change.

In-care stability, continuity and sense of security

Stability is the foundation stone. Young people who experience stable placements providing good quality care are more likely to succeed

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[92] These are marked by * in Table 9.2.

educationally, be in work, settle in and manage their accommodation after leaving care, feel better about themselves and achieve satisfactory social integration in adulthood than young people who have experienced further movement and disruption during their time in care. (Stein, 2005: pp. 4-5)

Stability and, more importantly, a sense of security in care were highly significant predictors of young people's outcomes four to five years after they left care. As Jackson and Thomas (1999) pointed out, "stability on its own is not the end of the story" and is not necessarily desirable in itself if the child is unhappy or the placement does not meet the child's needs. Stability is relatively easy to measure (for example, the number of placements or the length of time in one placement - in this study, at least 75 per cent of the time in care in one placement) but its importance lies in what it makes possible. Stability is important because it allows children to 'put down roots' and develop a network of relationships and because, as Jackson and Thomas (1999) outlined, it is likely to be a pre-condition for continuity in schooling, friendships, health care, and familiarity with the neighbourhood and local community.

While both stability and sense of security were interrelated, young people's sense of security was a more significant predictor of their outcomes after leaving care than stability *per se*. This is consistent with Jackson and Thomas's distinction between stability and continuity, and Schofield's emphasis on the importance of 'felt security'. It is also consistent with the role of a lasting relationship with at least one significant adult in children's lives in promoting resilience (Andersson, 2005; Gilligan, 2001; Lahti, 1982; Rutter, Giller & Hagell, 1998; Sinclair et al., 2005).

The association between stability, 'felt' security in care and better long-term outcomes for young people after leaving care is likely to be complex. At its simplest level, the model might look something like this:

Stability in care → Continuity → Secure base → 'Felt' security → Better outcomes/Life chances

where continuity would include the various aspects outlined by Jackson and Thomas (1999): continuity of relationships, education, health care, personal identity and community.

A more complex model would include a number of other factors that are associated with each of these elements. For example, in this study, the longer-term outcomes for young people leaving care were also predicted by the number of problems (including behaviour problems) these young people experienced in care (as reported on the child's file and by the young person), delayed entry to wardship, and rejection by family and foster carers (again as reported on the child's file and by the young person). A line of research dating back to the 1960s has also shown that stability (and continuity) is associated with factors that include the child's behaviour problems, age, prior experience

in care, separation from siblings, the presence of other children in the home, and the age and experience of the carers (Barber, Delfabbro & Cooper 2001; Berridge, 1997; Berridge & Cleaver, 1987; Fratter, Rowe, Sapsford & Thoburn, 1991; Jackson & Thomas, 1999; Kelly, 1995, 2000; Parker, 1966).[93]

The model would also include a two-directional process (↔) between stability/continuity and 'felt security with the child's behaviour and carer acceptance as mediating mechanisms. Placement breakdowns and the disruptions that follow are often a direct result of 'carer rejection', usually because the carer is unable to cope with the child's difficult behaviour (Barber, Delfabbro & Cooper 2001; Jackson & Thomas, 1999). As Sinclair et al. (2005) point out, this can be a 'vicious cycle' with rejection leading to poorer mental health, which in turn makes children "more difficult to care for and more likely to be rejected" (p. 52). Children who feel secure and accepted in a placement, however, are more likely to behave in ways that make them easier to care for.[94] The young people whose behaviour and temperament make them 'more suitable' for foster care are both more likely to remain in stable placements and to be able to make more successful transitions in various aspects of their lives after leaving care; they are, for example, more likely to complete Year 12 schooling than those not in stable care and to have a supportive network of people around them. This is consistent with Sinclair et al.'s (2005) finding that a high degree of disturbance three years before leaving care predicted poorer outcomes after young people left care. It is also consistent with Stein's (2005) conclusion that their instability and experiences in care, "far from helping them overcome the damaging emotional legacy of family problems", have rendered "far too many young people"... "unable to form the very relationships they need so much. … The consequence of movement and disruption for many of these young people is to leave them emotionally polarised between dependence and independence, and denied, through their experiences of family and care, the emotional flexibility to find satisfaction in a range of different relationships… Many of these young people have great difficulty in using other people's help – either they are only able to fend for themselves or they repeatedly subvert their own efforts to cope and make satisfying relationships. Their difficulties in making alliances with helpful adults and others are likely to put them at a disadvantage when they are trying to make their way in the world as young adults" (pp. 106-107).

Clearly then the focus for policy and practice needs to be on those factors that promote stability and make children feel more secure. Stability in the placement is possibly more easily amenable to influence by policy and

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[93] Jackson & Thomas (1999) conclude on the basis of their review of the literature that there is a surprising lack of high quality research that bears directly on the question of stability and even less concerned with continuity. Stein (2004) also states that "The relationship between providing stability and security attachment is under-researched" (p. 107). There is, however, increasing interest in children's attachment, emotional development and sense of security and belonging in care (Howe, Brandon, Hinings, & Schofield, 1999; Schofield, 2002; 2003).
[94] Being rejected or socially excluded has been associated with impaired ability to self-regulate, greater aggression, less willingness to cooperate, and feeling hopeless and less concerned about the future than the present (Baumeister, De Wall, Ciaroocco & Twenge, 2005; Twenge, Catanese & Baumeister, 2003).

practice than 'felt' security,[95] and there is a considerable literature that points to the factors that promote or hinder stability (summarised well by Jackson & Thomas, 1999). Stability should be the "default option" in policy and practice, and children should be moved only when it is necessary to do so in their best interests, and not for 'financial or administrative reasons'.[96] Where expense or other bureaucratic considerations come into play, the cost of higher rates of instability should also be taken into account because placements moves are expensive in terms of case worker time and wasteful of resources – as well as being bad for children (p. 108). Jackson and Thomas (1999) cite Norwegian policy and practice whereby "children's right to continuity and stability must be the primary goal of all attempts at intervention"; this includes children having the right to return to an earlier placement if they have been moved or returned home unsuccessfully, so long as it is in their best interests.

It is clear from a number of research findings that a timely decision when children need to enter care, including effecting a change in parental responsibility where necessary without undue delay, is likely to result in better outcomes than when children 'bounce' between voluntary and other care placements, being returned home on several occasions, and then finally having to go into care, until they 'age' out of the system, as was the case for several young people in this study who were faring very poorly. Intervening early to manage children's behaviour problems when they are in care, and supporting carers to help children deal with the pain of separation and loss are 'good bets' in reducing the number of times placements break down. So also is placing children together with their siblings. Keeping children at the same school also provides stability and continuity in another very important part of their lives.

Stability is likely to be a necessary but not sufficient condition for feeling secure; the question then is how to translate stability into security so that young people leaving care have a safety net of supports around them that they can trust and are willing and able to access. The most likely means is through the continuity of relationships, acceptance, and the normality of their daily lives - and continuity which does not end on their 18th birthday. Placing children with their siblings and facilitating contact with family members, in line with the child's wishes and best interests, allows children to have some continuity in the relationships that matter a great deal to them. Keeping children at the same school - as far as possible - allows them to maintain their friendships, familiarity and connection with the local community. Ideally, what they need is a family where they are cared <u>about</u>, listened to, and treated as one of the family – a place where they can feel at home and that this is 'their home'. Because children in care have almost always experienced the pain

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[95] Jackson and Thomas (1999) point out, for example, that there is considerable variation between different areas in their practice and in the number of placement moves for children, suggesting that policy and practice does have an impact on stability for children in care.
[96] The former Chief Social Services Inspector who headed various inquiries into 'accommodated' and 'looked after' children in England, Lord Laming, is cited by Jackson and Thomas (1999) as saying "categorically that no child should be moved except in the interests of her own welfare, and certainly not for financial or administrative reasons" (p. 104).

and loss of separation or rejection, this may take some time and it will also require a great deal of sensitivity, acceptance, emotional availability, patience and skill on the part of carers and workers. Schofield, Beek, Sargent, with Thoburn (2000) provide very good guidance for carers, based on attachment theory, on how to build relationships and provide secure base for children in foster care (see especially chapter 10). This entails helping children to make sense of their past and to cope with all the issues associated with being in care, but above all to *feel* secure and 'normal'. What children and young people say they appreciate most about being in care is having someone who cares, someone to talk to, and the normal or 'humdrum' aspects of everyday life (Ward, Skuse & Munro, 2005).

Listening to what children and young people say they need and want and taking their views seriously is another important aspect in helping them to feel respected and secure. It also provides a means of ensuring that children are safe and comfortable, if not yet happy and secure, in their new home. It is, however, a tricky balance for case workers between 'keeping an eye' on how things are going for children and young people in care and allowing them to have a 'normal' life with minimal external intrusion.

The timing and preparation for the transition

A number of factors associated with the transition from care in this and other studies predict how well young people fare after leaving care. These include their age and the timing of the transition in relation to the number of other changes they have to deal with, how well prepared they are, both in terms of living skills and their attitude to leaving care, and the level of support around them (Broad, 1998, 2005a; Courtney et al., 2004; Pecora et al., 2003, 2005; Sinclair et al., 2005; Stein, 2004). Young people who were at least 18, felt that they were ready to leave care, had already completed their secondary schooling, had support from those around them and were able to maintain some continuity in their relationships and living arrangements were doing much better than those who were discharged from care earlier with little preparation or support and without having completed their secondary schooling. This latter group included some of the young women who had children and who had left school early, had little social and emotional support and difficult relationships to contend with.

As outlined earlier, many young people leaving care have to negotiate a number of major changes in their lives earlier and in a much shorter period of time than other young people their age. These include leaving school, leaving 'home' and setting themselves up in new accommodation, trying to find work or some other means of support, and managing financially on very limited resources. As Stein (2004) points out, the difficulties for these young people are exacerbated by "the major decline in the youth labour market, the extension of youth training, further and higher education, and the reduction in entitlements to universal welfare benefits for young people. These changes have resulted in young people being more dependent on their families for emotional, financial and practical support, often into their early 20s. …Yet the

very people who are the most likely to lack the range and depth of help given by families, are expected to cope at a younger age than young people living with their families often with very little external support." (p. 109).

In this context, there are therefore several practical approaches that could greatly assist young people leaving care. These include:

- proper planning that involves the young person

- staggering the transitions

- providing some continuity of accommodation when they are leaving care, including assisting foster carers to continue their support

- ensuring some continuity of connections and relationships, and

- ensuring that they have the life skills to manage greater independence.

The most immediate, and perhaps simplest change in policy and practice, would be to delay the transition from care for those young people still in secondary school until after they have completed their secondary schooling. Young people who are studying for their Higher School Certificate, for example, should not have to worry about being discharged from care during this time, and should have the choice of delaying the associated changes at least until after they have completed their exams. This would significantly improve the chances of these young people completing their secondary education, and having better employment prospects and the possibility of going on to further education. It also provides them with some continuity of connection and relationships, together with continuing practical and emotional support. But it would involve continuing financial support for foster carers to make this possible.

Indeed, the practice that is emerging in both the UK and US is to extend support for young people, by re-designating foster placements as supported lodgings under the *Children (Leaving Care) Act 2000* in England and Wales, and not discharging young people in care in some states in the US (for example, Illinois) until the age of 21. Recent research findings indicate the value of these approaches (Broad, 2004; Courtney, Dworsky, Bost, Ruth, Keller, & Havlicek, 2005; Stein, 2004). For example, Courtney et al. (2005) report that young people who remained in care beyond their 18th birthday were "more likely to have received services to prepare them for independent living, to be continuing their education, and to have access to health and mental health services. They were also more likely to be working or in school than those no longer in care even after controlling for a variety of factors that might explain this difference".[97] In addition, "females who remained in care were less likely to become pregnant than those who had left. Remaining in care was also associated with a decreased risk of economic hardship and criminal justice system involvement" (p. 72). These findings indicate both

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[97] See abstract to full report at
http://www.chapinhall.org/article_abstract.aspx?ar=1355&L2=61&L3=130

significantly better outcomes for the young people involved as well as real cost-benefit savings to the state. While Courtney et al. (2005) remain open about the reasons that remaining in care confers these advantages, they conclude that their findings "call into question the wisdom of Federal and State policies that result in foster youth being discharged from care at or shortly after their eighteenth birthday" (p. 73).

Clearly not all young people leaving care are living with foster carers who are both willing and able to accommodate young people continuing to live with them for extended periods, and not all young people would want to do so (Sinclair et al., 2005). Some foster carers already provide continuing support but others would be keen to continue their support if they could afford to. What might make a difference, according to the foster carers in the Sinclair et al. (2005) study, was financial help, especially for further education and support, as well as a change in policy and in the expectation both by carers and workers that young people should move on.

For those who cannot or do not wish to continue living with their foster carers, the most immediate issue is finding them appropriate and secure accommodation, and providing ongoing support, and these will be dealt with in the next section. Sinclair et al. (2005) also highlight the need to reduce the sense of rejection and isolation which may follow the move from care for those young people who do have to move on. Most of these young people have already had more than their fair share of rejection, separation and loss, and many deal with the unresolved issues that go with these by 'moving on'. Many have difficulties in maintaining relationships and resolving disputes with those they live with. It is not surprising that their mobility after care reflects the level of mobility and instability in care - and probably before coming into care.

Another important ingredient in improving the outcomes for the young people leaving care and helping them to adjust to the demands of greater independence is proper planning and preparation for leaving care, and living skills training.[98] The trend is to start preparing young people for their change of status some time before the transition, and in fact, all that is done for the young person while they are in care in terms of 'good parenting' and 'best practice', providing stability and security, and encouraging the development of social and practical skills constitutes good preparation for their life after care. Directly addressing the specific issues associated with leaving care, however, involves another 'tricky balance' – between helping them to prepare for and adjust to the expected changes, and the risk of destabilising the placement by focusing on its ending. This might, however, be counterbalanced by including in the package of living skills those that are highly valued by young people as positive indicators of adult status and increasing independence – learning to drive and getting their driving licence, and securing some part-time work while they are still at school to provide them with additional money of their own. It

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[98] This study has not focused on living skills training beyond budgeting and managing to make ends meet but an evaluation of after care services should include this.

might also be helped by directly involving the young people and those that they would like to be involved in a discussion of what help they will need and how it might be provided. Stein (2005), for example, refers to the use of family group conferences as a means of involving family members, former carers and others important to the child for this purpose.

Appropriate after-care support

While there are a number of pathways from being in care to leaving care and after, and a range of needs that come with these, one universal factor, and one which emerges from a variety of studies is the importance of positive and supportive relationships. A number of studies have indicated that the presence of at least one supportive adult can make a very significant contribution to the resilience of children and young people in adverse circumstances (Biehal et al., 1995; Quinton & Rutter, 1988; Schofield, 2002, 2003; Sinclair et al., 2005; Stein, 2004; Werner, 1990). The current study is no exception. The level of social support, as perceived by the young people involved, was associated with significantly better outcomes four to five years after these young people left care. Similarly, Sinclair et al. (2005) reported that one of the three factors predicting how well young people were doing after leaving care in their study was "a strong attachment to at least one adult … no doubt reflecting the success of those who had achieved good relationships with their partner and their partner's family, who had found a member of their family from whom they could get genuine support or who had a continuing relationship with their foster family" (p. 211). Sinclair et al. (2005) concluded that their findings raise questions concerning current policies for the after care for young people:

> *Emphasis is rightly placed on education, employment and the development of leaving care teams and various forms of mentoring.* ***However, the things that are likely to matter most to young people are their relationships, their well-being and the troubles which come upon them.*** *[emphasis added] …*

> *More specifically, former foster children need to have someone, often a former foster carer, on whom they can fall back, adequate income guarantees when the job goes sour, a guarantee that they will be supported to get the training and keep the accommodation they require, and a chance to talk over the often troubled and confused relationships that continue to damage their lives.* (p. 212)

Sinclair et al. (2005) stated further that their case examples provided "impressive evidence that foster carers can meet this need" (p. 263), as indeed was the case in the current study, indicating again the value of supporting those foster carers who are willing to continue their support.

Where foster carers or a member of the family are not available to play this role, young people leaving care in England and Wales have 'personal advisers' who are mandated under the *Children (Leaving Care) Act* 2000 to support them. There are also a variety of mentoring schemes in the UK but

these options are generally not available to young people leaving care in Australia (Mendes & Goddard, 2000; Mendes & Moslehuddin, 2004). Several non-government services in Victoria and Western Australia, however, provide mentors for young people, and specialist after care services in New South Wales funded by the Department of Community Services, provide some after-care support. This includes helping young people find and re-establish relationships with family members. Re-establishing broken relationships, however, is no easy task and it often takes longer to deal with unresolved issues, including the reasons that these young people entered care, than the available resources allow.

One particular group who need support but are generally reluctant to ask departmental or agency workers for help are young parents. The young mothers were clearly more disadvantaged on the whole – in care and since leaving care – than their peers who had also been in care but not yet had children. A number of these young women were struggling to make ends meet and they were more likely to have been in or to be still involved in violent and turbulent relationships with their partners since leaving care and since becoming parents. Determined to do better than their own parents did, they are likely to be very sensitive to any criticism of their parenting and tend to react to concerns about their capacity to cope and offers of help as a threat. Universal non-stigmatising services are therefore likely to be more acceptable.

The need for an interagency approach

Clearly young people leaving care are not a homogenous group. Their circumstances vary and so do their needs – beyond their obvious need for emotional support and positive relationships. Pinkerton's (2005) 'leaving care coping wheel' (see Figure 9.1) is very helpful in several respects: it highlights six key areas of need and emphasises the interrelationships between them. As Pinkerton outlined, the six areas of need, presented "as the spokes of a wheel which are held in place by a rim of 'rights and responsibilities' reinforced by an outer rim of 'expectations and choices', emphasise that all the spokes need to be in place, strong and secure, if the wheel is to cope with the bumpy ride which is leaving care. And it is clear that no one person, no one agency can ensure that all the spokes are strong and secure. There must be interconnected and interdependent support provided to the young person."
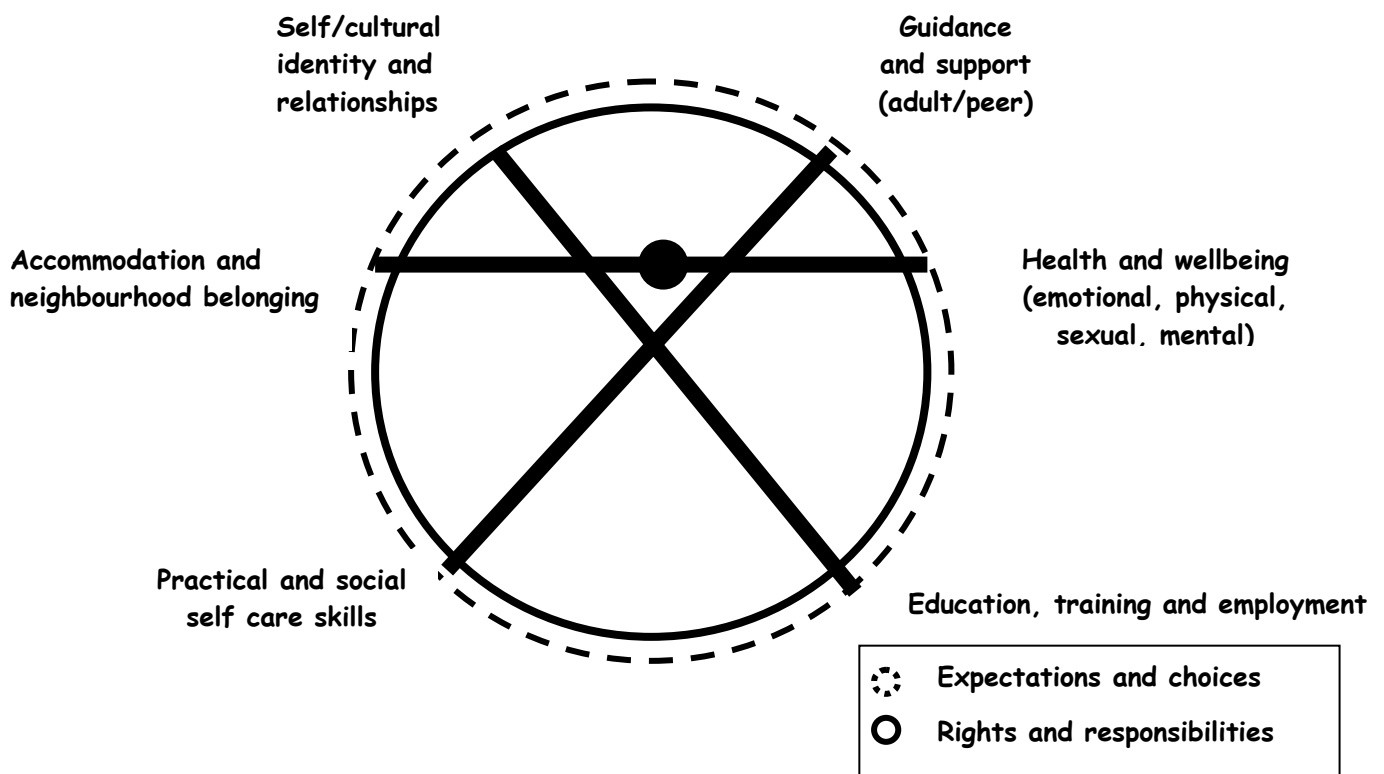
Figure 9.1
Pinkerton's Leaving Care Coping Wheel

This interdependence means that it is not possible just to 'fix' one area – and the others will follow. It also means that policy and practice have to be developed as an inter-agency responsibility because no one agency is able to meet all the needs of these young people. [99]

Young people who have been in the care of the state need to, and have a right to expect, some priority of access to (State and Commonwealth) government services to meet their needs because they are more vulnerable as a result of their experiences and do not have the family and other supports that others their age generally have available to them. They therefore need priority access to affordable and stable housing, income support, assistance with the costs of education and further training, dental treatment, physical and mental health care, access to information and their files, and guidance and support.[100] Commonwealth funding in terms of income support, rent assistance and meeting the costs of education and training is crucial because so many of these young people are in marginal employment and cannot meet

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[99] Broad (1998) makes a similar point about the need for an inter-agency approach: *none of these plans, standards, and record keeping mechanisms, from the Department of Health, at least not on their own, can fully or consistently meet the requirements and costs of the consistent and flexible `parenting' and support needed by young people leaving care.* (p. 91)
[100] Some steps are now being taken to improve the access of care leavers to government services; for example, care leavers 19 - 23 years of age have been identified as a target group in the Accord on Social Housing being developed between the Department of Housing and New South Wales human service agencies.

the costs of further education and training.[101] As Broad (1998) concluded in relation to young people leaving care in the UK:

The question of financial support to young people leaving care, together with ongoing professional and personal support, is at the heart of any move away from public care. Without such supports and policies of social inclusion, they are being condemned to live in poverty, and will almost inevitably continue to require but be unlikely to receive, high levels of transitional financial and personal support from the state, family and friends. (p. 89).

Lessons from the UK

While there is still considerable room for improvement in the UK, there have been significant changes in government policy and practice to combat social exclusion and increase the level of support for young people leaving care. This has resulted in some important gains. The 'Quality Protects' program set clear goals for maximising the number of young people 'looked after' at the age of 16 who are engaged in education, training or employment at 19, and the number who have suitable accommodation, and who are still in touch with services on their 19th birthday (Stein, 2004). The *Children (Leaving Care) Act* 2000 has imposed new and stronger duties on local authorities to assist young people leaving care, to delay the transition from care until they are prepared and ready, to strengthen the assessment, preparation and planning involved, and to provide better personal support and improve the financial arrangements for these young people. The Act requires the appointment of a 'personal adviser' to provide advice and support to the young person leaving care, to involve them in assessing and planning to meet their practical, financial and emotional needs in a flexible and holistic way (Stein, 2005). Evaluation of the changes, and of the various specialist leaving care services that have been established, indicates some notable but varied improvements, with a substantial increase in the percentage entering further education after the age of 16 (for example, from 17.5% in 1998 to 31% in 2003), and a reduced percentage who are not in education, training or employment (for example, from 50% in 1994 and 1998 to 29% in 2003) (Broad, 2005a, b; Stein, 2004). Not surprisingly, however, there is considerable variation, with some areas doing much better than others, and slower progress in implementing the Act than expected (Broad, 2005b, p. 371).

Stein (2005) concluded that the evaluations in the UK identified a 'number of messages' to guide practice:

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[101] The Commonwealth government currently provides a Transition to Independent Living Allowance (TILA) of up to $1000 on a one-off basis to support the up to the value of $1,000 which can be used to assist young people leaving care. "This can include making a contribution to the costs involved in starting employment, education or establishing a household. It may also include life skills courses to provide young people with the skills to live independently" (Information from FACS website accessed Dec 2005) (http://www.facs.gov.au/internet/facsinternet.nsf/content/tila.htm). In terms of the establishment costs of young people leaving care, this falls well short of the real costs of setting young people up in an independent accommodation, with, for example, a fridge, a bed, bedding, some furniture, cooking utensils, cutlery and crockery as the bare minimum.

These include: the importance of being committed to, engaging with and involving young people in the decisions that were important to them; working with young people not just for them; being holistic in approach, by attaching equal importance to practical, emotional and interpersonal needs in assessment, planning and practice; identifying formal and informal social networks, including the key role of the personal adviser and leaving care workers as well as family, kinship, friends and mentors; working with other agencies in different ways -- housing providers, benefit agencies, education, employment and training agencies and health organisations in meeting the core needs of care leavers; responding to diversity by recognising the needs of different groups of young people, including young men and young women, young lesbian and gay young people, young black and minority ethnic young people, young disabled people, as well as the wide range of individual needs …
(Stein, 2005, p. 123)

While specialist after care programs were seen to be effective in helping young people, and especially the more disadvantaged group, with specific needs such as accommodation and life skills, Stein (2005) cautions that such services are no substitute for stable good quality care and support from those close to children and young people, and should not be used to justify young people leaving care at earlier ages.[102]

Successful educational outcomes were closely linked to placement stability, more often achieved in foster care placements, combined with a supportive and encouraging environment for study. Without such stability and encouragement, post-16 employment and career outcomes were also likely to be very poor. Success in social networks and in having a positive self-image, although assisted by schemes, was mainly associated with young people having supportive links with family members and former carers. Stability, continuity, and family and carer links provide the foundation upon which specialist schemes must build if they are to work well. (p. 121)

What is needed in Australia, and in New South Wales in particular – since this was the first state to establish specialist leaving care services and to include special provision for young people leaving care in the Act – is a proper evaluation of leaving and after care services. In the absence of such evaluation, it is unclear whether the legislative provisions and access to and the provision of services and assistance provided by the specialist services and the Department of Community Services are operating effectively; it is also unclear how the Commonwealth Transition to Independent Living Allowance

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[102] Reporting on the study by Biehal et. al. (1995), Stein (2005) concludes that: *This study found that specialist schemes were more likely to work with young people who had a more disadvantaged starting point -- they tended to have poorer family relationships, to be more socially isolated and to have less stable early housing careers -- and those in the comparison sample of young people not in receipt of specialist schemes services. Given these poor beginnings, specialist schemes were able to make a positive contribution to improving accommodation outcomes and assisting young people with their life skills, including budgeting, negotiating and self-care skills* (p. 24)

(TILA) fits with these provisions and services.

SUMMARY

The main findings from this research indicate that:

- Young people leaving care as a group fare more poorly than other young people their age in the general population. They are less likely to have completed school, and to have somewhere safe, stable and secure to live, and they are more likely to rely on government income support, to be in marginal employment, and to have difficulties in 'making ends meet'.
- Most cannot call upon the level of support from their families and wider networks usually available to young people in the general population and assumed by government policy in the way entitlements to welfare benefits for young people are framed.
- Despite their adverse circumstances, and the limited support available to them, young people leaving care have to cope with a number of major changes in their lives in a shorter period of time and at a younger age than their more advantaged peers.
- Some young people, however, were faring better than others four to five years after leaving care, and the best predictors for those who were doing well included factors from their time in care, at the time they left care, and beyond. Stability and a 'secure base' in care and social support after leaving care were highly significant factors in predicting which young people were doing better than others.

The cumulative impact of adverse circumstances, fortunately leavened by positive experiences for some young people, helps to explain why there are no short term 'simple fixes' (Stein, 2005). Positive long-term outcomes for young people leaving care and after care are built on a secure base provided by stability and quality care for children while they are in care, to help compensate for the adverse circumstances that brought them into care.

Staggering the transitions, providing for some continuity after leaving care – not just in care – and providing stable accommodation, financial help and social support after leaving care are also important to help young people cope with the challenges involved in the various transitions they have to negotiate after leaving care. The best means of supporting those who are willing and able to remain with carers who wish to provide a 'family for life' is to provide the financial means for them to do so. Other young people who do not have this option will need additional support and guidance by building a protective network from those available among family members, former carers, and other adults, supplemented by professional advisers or mentors. The best 'early' indicators from this study of those in particular need of additional support were instability in care and lack of attachment to carers, associated with behaviour problems and rejection by family members or carers.

APPENDIX 1

Social Policy Research Centre - University of New South Wales

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4 LONGITUDINAL STUDY OF WARDS LEAVING CARE

THE FOURTH INTERVIEW WITH A SAMPLE OF YOUNG PEOPLE WHO NOW HAVE BEEN DISCHARGED FROM CARE FOR FOUR TO FIVE YEARS

PRIVATE & CONFIDENTIAL

CONSENT FORM

Name: --
Address: --

Phone: --
Date of Interview: _____ / _____ / 199

Are you interested in further contact?----------------------------

If yes, please give three people's contact details so we can contact you in the future:

   1.   --
   2.   --

The information given at this interview will remain confidential except that we are obliged to report suspected child abuse or neglect to the Principal Policy Officer, Substitute Care, DCS.

Each interviewee will be paid $20 for their time and contribution to this study.

Interviewee's Signature: _____ Date: _____

Every respondent will be given a preamble about the study and its purpose.
A business card will be distributed to interviewees so they can contact the researchers or Centre Director if they have any queries in the future.

Interviewer's Signature: _____ Date: _____

Funded by the NSW Department of Community Services

SECTION 1. ACCOMMODATION

1a. **The last time I interviewed you were _____ years old and living at**
_____

Generally how have things been since I last interviewed you?
_____
_____

2. **Where are you living now?**
Renting - self only .... [   ]   1
Renting - shared.............................. [   ]   2
Natural family - immediate.............. [   ]   3
Natural family - extended .... [   ]   4
Foster family.................................. [   ]   5
Friend's place .... [   ]   6
Boarding house .... [   ]   7
Psychiatric hospital/institution
  e.g. residential/prison .... [   ]   8
Refuge or SAAP service................. [   ]   9
Other (specify)............................... [   ] 10

3a. **How long have you been t/here?**
Code as........ Days .... Months .... Years

b. **Who do you live with*?* (relationship: friends, family)**
_____

c. **How do you get on with people you live with?**
Badly .... [   ]   1
Not very well.................................. [   ]   2
Quite well .... [   ]   3
Very well.. [   ]   4

3d. **Do you expect to still be living here in six months time?**
Yes.. [   ]   1
No .... [   ]   2
If no:
Why is that?
_____

4a. **How has it been living t/here? Are you satisfied with where you are now?**
Very dissatisfied (it=s awful)...................... [   ]   1
A bit dissatisfied (Not too bad).................. [   ]   2
It's OK... [   ]   3
Very satisfied (It's pretty good, great)........ [   ]   4

**b.	What do you like about it?**

_____
_____

**c.	What don't you like about it?**

_____
_____

**5a.	Where have you lived since we spoke last? Can you tell me how many places and where they were, and why you moved on?** *(probe for stability, homeless, police custody, prison, refuge)*

No.	Type of housing	Where/ location	How long did you live there	Who lived there	Why did you move
1					
2					
3					
4					
5					
etc					

**b.	Have you ever had any problems, violence/ difficult relationships with people treating you in ways you didn't like in any of the places you've lived since I last interviewed you?**

Yes .... [   ]   1
No.. [   ]   2

**6a.	Has moving (several times) made things more difficult for you? Did the moving have negative or positive consequences for you in any of the following ways?**

Yes ....[   ]1   [   ]2
No...[   ]1   [   ]2

If yes{tc \\1 "If yes}
In what ways?

		Yes	No
i	Financial ....[	]1	[ ]2
ii	Disrupt your education....................[	]1	[ ]2
iii	Loss of employment ....[	]1	[ ]2
iv	No security of tenure ....[	]1	[ ]2
v	More restrictive lifestyle ....[	]1	[ ]2
vi	Loss of support network ....[	]1	[ ]2
vii	Other (specify) ....[	]1	[ ]2

Comments:

_____

_____

7. **Since I saw you last (when living at _____) has there been a time when you would have liked assistance with accommodation?**

Yes .... [   ]   1
No... [   ]   2

If yes:
7b. **How important would each of these have been?**

[1]   not important at all   [2]   a bit important
[3]   fairly important   [4]   very important

i	Rent assistance	[ ]
ii	Rental bond	[ ]
iii	Money for electricity and gas bills....	[ ]
iv	Finding accommodation	[ ]
v	Assistance with furniture, whitegoods	[ ]
vi	Help with moving/ vehicle	[ ]
vii	Other (specify).................................	[ ]

Comments:

_____

_____

8a. **Have you received any help or support from DOCS or the Department of Housing regarding housing since we last spoke?**
(probe: financial or non-financial support)

DOCS .... [   ]   1
Housing .... [   ]   2
Other .... [   ]   3

If yes:
b. **What support did you receive and for how long?**

_____

_____

c.   Who did you go?

_____
_____

e.   Any problems?

_____
_____

d.   What would you have done without this support?

_____
_____

SECTION 2. EMPLOYMENT, EDUCATION & TRAINING

9a.   How do you support yourself now? *(all sources of income)*
Parents ....[   ]   1
Foster family ....[   ]   2
Work ....[   ]   3
Partner/ husband/ wife ....[   ]   4
Income Support
   Austudy/Abstudy....................................[   ]   5
   Newstart Allowance...............................[   ]   6
   Special Benefit ....[   ]   7
   Sickness Allowance................................[   ]   8
   Sole Parent Pension...............................[   ]   9
Other (please specify)................................[   ]   10

9b.   Altogether, how much money do you usually get? $ _____.. per
week

10a.   Are you working full-time or part-time?
         Full-time.......................................[   ]   1
         Part-time......................................[   ]   2
If yes:
b.   What work are you doing?

_____
_____

c.   Are you happy with the type of work you're doing?
         Yes, a lot ....[   ]   4
         Yes, a fair bit ....[   ]   3
         It's all right ....[   ]   2
         Not at all ....[   ]   1

---

11. **Do you see that as long-term or short-term job?**

Long-term .... [   ] 3
Short-term .... [   ] 2
Don't know.................................... [   ] 1

12. **Are there any problems which might lead you to resign from your job or be retrenched?**

_____
_____

12b. **Have you ever been asked to do things you thought were unreasonable or unsafe?**

_____
_____

13. **What work have you had since I last saw you?** **None** ☐

Employer	Position	Where/suburb	Why left
1.			
2.			
3.			
4.			
5. etc.			

14a. **Have you had any problems getting income support since I last spoke to you?**

_____
_____

14b. **How long did you have to wait to get unemployment benefits? How did you support yourself then?**

_____
_____

Ask all:

15a. Have you received any other financial support from DOCS/ NGO since I last spoke to you?

		Yes	*No*
i.	Clothing for work ………………………..	[ ] 1	[ ]2
ii.	Bedding ………………………………	[ ] 1	[ ]2
iii.	Travel to see family……………………	[ ] 1	[ ]2
iv.	One-off overnight accommodation ... when homeless or in-between houses	[ ] 1	[ ]2
v.	Education or training ………….	[ ] 1	[ ]2
vi.	Counselling ………………………	[ ] 1	[ ]2
vii.	To attend workshops etc ……… …	[ ] 1	[ ]2
viii.	Other (specify) ……………………	[ ] 1	[ ]2

If yes:
Probe: What for and how long? (ongoing or one-off)

_____
_____

16a. Compared with most people your age, would you say you are financially better off than they are, about the same or worse off?

Better off ....[   ]   3
Same...[   ]   2
Worse off...[   ]   1

b. Why is that?

_____
_____

17a. Can you usually make ends meet money-wise?

Yes, usually ....[   ]   3
Sometimes ....[   ]   2
No/not now ....[   ]   1

18. Overall, how are you going in terms of money now?

a. Have you got any savings?

_____
_____

b. Have you got any debts?

_____
_____

19. What do you spend your money on,
   e.g. if you look back over the last month or so, and you were
   working out your budget, what have you spent your money on?
   (probe drugs and alcohol)

_____
_____

During the last six months have you ever have to go without or cut back on any of these things because you or your household can't afford them?

	Yes, go without	*Yes, cut back*	*No*
a. Do you have suitable clothes to wear			
i) to work/ training	[ ]1	[ ]2	[ ]3
i) on important occasions eg interview	[ ]1	[ ]2	[ ]3
ii) iii) when you=re going out with friends	[ ]1	[ ]2	[ ]3
b. Use of the telephone	[ ]1	[ ]2	[ ]3
c. Getting around	[ ]1	[ ]2	[ ]3
d. Food	[ ]1	[ ]2	[ ]3
e. Going out	[ ]1	[ ]2	[ ]3
f. Medicine	[ ]1	[ ]2	[ ]3
g. Counselling/therapy (include. speech therapy)	[ ]1	[ ]2	[ ]3
h. Going to the dentist	[ ]1	[ ]2	[ ]3
i. Cigarettes/alcohol	[ ]1	[ ]2	[ ]3

Comments:

_____
_____

21a. Is there anyone you can turn to if you're really stuck money-wise?
   Yes, usually ....[   ] 3
   Sometimes ....[   ] 2
   No/not now ....[   ] 1

b. Who is that?

_____
_____

20. What would you do if you ran short of money needed for normal living expenses? Would you do any of these things?

	Yes	Maybe	No
a. Ask your parents for money	[ ]1	[ ]2	[ ]3
b. Ask other relatives for money	[ ]1	[ ]2	[ ]3
c. Ask friends for money	[ ]1	[ ]2	[ ]3
d. Use a credit card	[ ]1	[ ]2	[ ]3
e. Go to a charity i.e. the *Salvation Army*	[ ]1	[ ]2	[ ]3
f. Try to get more money from DSS	[ ]1	[ ]2	[ ]3
g. Try to get money from DOCS	[ ]1	[ ]2	[ ]3
h. Could you get $100 in a week if you had to	[ ]1	[ ]2	[ ]3
i. Anything else i.e. illegal (specify)	[ ]1	[ ]2	[ ]3
j. Could you get $100 in a week if you had to?	[ ]1	[ ]2	[ ]3

Comments

_____
_____

23a   What was the last year of school you completed? Year

If they did not complete the HSC:
b.   Why did you leave school early?

_____
_____

c.   Was there anything (else) people at school could have done to help you stay at school, to help you with your subjects or careers advice?

_____
_____

24.   Can you tell me which primary and secondary schools you've attended?

Name of the school	What grades/ years did you complete here	Suburb/ town
1.		
2.		
3. etc.		

24a. What education and training have you done since I last saw you?

	HSC	Labour market program	TAFE	Apprenticeship/ traineeship	Other/ specify
Currently enrolled					
What course					
If completed: Graduated					

If currently enrolled:

26a. Are you having any problems studying that might cause you to drop-out before gaining the qualification?

Yes .... [   ]   1

No .... [   ]   2

If yes: **What?**

_____

_____

27a. Have you begun any course/s and had to drop-out?

Yes .... [   ]   1

No .... [   ]   2

If yes:

b. What course/s and why did you have to discontinue?

_____

28a. Do you think you might go on to get more education or training?

Yes .... [   ]   1

No .... [   ]   2

Comments:

_____

b. Did you know that DOCS can support you to go to TAFE or University?

Yes .... [   ]   1

No .... [   ]   2

29a. What sort of chance do you think you have of getting a job in the future?

A really good chance .... [   ]   4

Some, but not much .... [   ]   3

Pretty low .... [   ]   2

None .... [   ]   1

Comments:

_____

b.   What sort of work would you like to do?

_____

_____

**c.   Is there anything stopping you from achieving this, or in other
words, what have you got to do before you can achieve this?** *(ask
about literacy and numeracy problems, stability at home, child care, etc)*

_____

_____

SECTION 3. CONTACT WITH FAMILY & FRIENDS

30a.   Have you had any contact with your (birth) family since we last spoke:

Yes... [   ]   1

No .... [   ]   2

If yes:

Who do you have the most contact with and how often?

[*F = face to face   T = Telephone*]

And how do you get on with them*?*

(code rating under relationship:
1 = badly   2 = not very well   3 = quite well   4 = very well)

Family member	Living with	Most days	At least weekly	At least monthly	Relationship rating
Both parents					
Mother					
Father					
Siblings					
Grandparents					
Aunts/ uncles					
Other (specify)					

33a.   Would you like more contact with any members of your family?

Yes .... [   ]   1

No... [   ]   2

If yes:

b. **What stops this from happening, are there still unresolved issues between you and your family?** *(probe extent of contact, who conflict is with, etc)*

_____

_____

32a. **Do you have enough information and photographs about people and places you knew in your childhood?**

Yes .... [   ]   1
No .... [   ]   2

32b. **Are there still things you need to sort out between you and your family?**

Yes .... [   ]   1
No .... [   ]   2

If no:

c. **How can/ will you find out more?**

_____

_____

33. **What have you needed from DOCS since you left care?**

	Yes	*No*
• A copy of your birth certificate?	[ ] 1	[ ] 2
• Any papers/ reports from your B-file?	[ ] 1	[ ] 2
• Any photos of yourself?	[ ] 1	[ ] 2
• Any family information?	[ ] 1	[ ] 2
• Follow-up support?	[ ] 1	[ ] 2
• Anything else?.............................	[ ] 1	[ ] 2

34a. **Have you read your DOCS B-file to get information on yourself and your family since you left care?**

Yes .... [   ]   1
No .... [   ]   2

If yes:

b. **How was that?**

_____

_____

c. **Was someone with you while you read it?** (*probe who*)

Yes .... [   ]   1
No .... [   ]   2

Who was that?

_____

_____

34d. Did reading it change your view of anyone in your family?

Yes .... [   ]   1

No .... [   ]   2

34e. Was there anyone you could talk to about it afterwards?

Yes .... [   ]   1

No .... [   ]   2

Who was that?

_____

_____

If no:

34f. Do you think you will? Are there any reasons why you have decided not to look at your B-file?

_____

_____

35a. Have you had any contact with your foster family or workers since you left care?

Foster family .... [   ]   1

Group-house parents .... [   ]   2

Residential care worker .... [   ]   3

Refuge worker .... [   ]   4

District Officer .... [   ]   5

Other .... [   ]   6

If yes:

b. What was that for?

_____

_____

c. Who initiated it?

_____

_____

35d. Would you like more or less contact or are you happy with the way things are? Please explain: *(probe for who they are in contact with - foster siblings or foster parents, how often)*

_____

_____

Ask all: Now I'd just like to ask you about other people who are important to you in your life

36. **Since I last saw you have you got married?**

Married.. [   ]   1
Defacto... [   ]   2
Sole parent....................................... [   ]   3
Separated, divorced .... [   ]   4
Single .... [   ]   5

37a. **Are there other people (other than family, carers, DOCS) i.e. adults, school friends, new friends, boyfriend/girlfriend, in your life that you can ring up and talk to or go out with? Who are they?**

_____
_____

37b. **How many friends of about your age are you in regular contact with now?**

_____
_____

38a. **Are you satisfied with the amount of support you can get from your family/ friends?**

Yes, very .... [   ]   1
Yes, mostly...................................... [   ]   2
No, not really .... [   ]   3
No, not at all .... [   ]   4

Comments:
_____
_____

38b. **Do you have anyone you think really cares about you and loves you?**

Yes .... [   ]   1
No.. [   ]   2

Comment:
_____
_____

38c. **Do you have anywhere apart from where you live where you feel at home (own family or foster family and where you can:**

	Yes	*No*	*Not sure*
a. be sure of a bed if necessary	[ ]1	[ ]2	[ ]3
b. expect to go for birthdays, Christmas	[ ]1	[ ]2	[ ]3
c. drop in without being invited	[ ]1	[ ]2	[ ]3
d. expect help at special times eg birth of child, wedding or a crisis	[ ]1	[ ]2	[ ]3

Could you go back and live at home in the future if you wanted to?

Yes .... [   ]   1
No.. [   ]   2

Comments:

_____
_____

SECTION 4. PARENTHOOD

IF NO CHILDREN SKIP TO NEXT SECTION

39a.   Have you had any children or are you expecting one? *(code number)*

_____
_____

b.   What are their name/s and age/s?

_____
_____

c.   Where are they living now? *(if not with them)*

_____
_____

40a.   Was there anyone you could tell about being pregnant?

Yes.. [   ]   1
No .... [   ]   2

Comments:

_____
_____

40b.   Did you have support from anyone during your pregnancy, around the birth or afterwards?

Yes.. [   ]   1
No .... [   ]   2

Comments: (Who was that?)

_____
_____

41a.   Did you know about the support DCS could give you during your pregnancy, around the birth and afterwards?

Yes.. [   ]   1
No .... [   ]   2

Comments

_____
_____

41b   Did/do you have someone you can turn to for practical help such as baby-sitting and advice about being a parent?

_____

_____

42.   Thinking back on your pregnancy, around the birth and afterwards would you have liked any other support? _(Probe: Financial, emotional, helping hand)_

_____

_____

43.   Were you ever worried that your child might be taken into care?

Yes .... [   ]   1

No.. [   ]   2

Comments:

_____

_____

44.   Do you think your experiences of being in care will affect your child in any way?

Yes .... [   ]   1

No.. [   ]   2

If yes, in what ways?

Parenting .... [   ]   1

Educationally .... [   ]   1

Financially .... [   ]   1

Emotionally .... [   ]   1

Parenting .... [   ]   1

Lack of extended family .... [   ]   1

Other .... [   ]   1

Comments:

_____

_____

SECTION 5. HEALTH & WELLBEING

45a.   How often do you go to the doctor?

_____

_____

45b.   How often do you go to the dentist?

_____

_____

46. **Have you been pregnant or made anyone else pregnant since I last saw you?**

Yes .... [   ]   1
No .... [   ]   2

47. **What do you do to relax?**

Have a drink with friends .... [   ]   1
Art .... [   ]   2
Music .... [   ]   3
Reading .... [   ]   4
Movies/ video .... [   ]   5
TV .... [   ]   6
Go to the pub/ club .... [   ]   7
Other (specify) .... [   ]   8

48a. **Do you think you drink too much?**

Yes .... [   ]   1
No .... [   ]   2

b. **What about drugs:**

Yes .... [   ]   1
No .... [   ]   2

49a. **Have you had any counselling or medication for depression or anxiety since I last saw you?**

                                          Counselling   Medication
Yes ....   [   ]1   [   ]2
No ....   [   ]1   [   ]2

If yes:
b. **Do you mind telling me when and what for?**

_____
_____

c. **Was it helpful?**

Yes .... [   ]   1
No .... [   ]   2
Comments:

_____
_____

50a. **Most people have things in their life that they're not so happy about. Is there any thing that makes you dissatisfied, frustrated or unhappy now?**

_____
_____

51. **You said last time that you had/never thought about suicide. Have you thought about it at all since I last saw you?**

Yes, attempted	[ ]	1
Yes, thought about it only	[ ]	2
No	[ ]	3

Comments:

_____

_____

52. **What are some of the things in your life you feel good about it? What three things are you good at?**

_____

_____

SECTION 6. LEGAL & JUSTICE SYSTEM

IF NO CONTACT WITH THE LEGAL/ JUSTICE SYSTEM SKIP TO NEXT SECTION

53a. **Have you been cautioned by the police or charged with a criminal offence within the last six months?**

Yes	[ ]	1
No	[ ]	2

If charged:
53b. **What were you charged with?**

53c. **Has it been to court yet?**

Yes	[ ]	1
No	[ ]	2

54a. **Was there anyone you could call on for help eg bail?**

Yes	[ ]	1
No	[ ]	2

If no:
54b. **Have you done anything that might have got you into serious trouble (eg theft, drug-dealing, riding in stolen cars, fire setting, vandalism) within the lst six months?**

Yes	[ ]	1
No	[ ]	2

55a. What about when you were in care?

_____
_____

If yes:
b.   Did DOCS or your carers know about it?

Yes... [   ]   1
No .... [   ]   2

c.   Did they do anything about it?

Yes... [   ]   1
No .... [   ]   2

If yes:
d.   What?

_____
_____

SECTION 7. LEAVING CARE & AFTER CARE

56a.   Looking back has there been anyone in your childhood that you feel really cared about you and you could get support from?

Yes... [   ]   1
No .... [   ]   2

If yes:
b.   Who was that?

_____
_____

57a. I asked you before about your time in care. Is there anything you want to say about it now? For example, do you feel more positive or negative than you did at the end of your time in care?*)*

Yes, more positive........................... [   ]   1
No, more negative........................... [   ]   2
Neither / same ....[   ]   3

Comment:

_____
_____

b. **In the media we have seen that children in care and children in schools have been abused by adults responsible for their well-being. Did anything like this happen to you when you were in care?**
(probe)

Yes... [   ]   1
No .... [   ]   2

Comment

_____

_____

58a. **How do you feel now about leaving care? Did you need more support than you received?**

Yes... [   ]   1
No .... [   ]   2

Comment:

_____

_____

b. **What sort of support?**

_____

_____

c. **What is the best way to give support?**

To offer it when you're leaving care .... [   ]   1
To follow-up 6 months after leaving care .... [   ]   2
To tell you what help is available and
leave it up to you to come back when ready .[   ]   3
To tell you there is a service
with phone nos so they can call any time ... [   ]   4
To tell foster parents
as well as young people .... [   ]   5

DOCS has just set up leaving care and after care services. Here is some information about ALIVE, ARC & ACE, SNYPIC and the Community Services Commission (go through the brochures with them).

59. Do you think you will use any of these services in the future? Did you already know about these services?

_____

_____

60.   Do you know what support from DOCS you're entitled to now as an ex-ward?

Yes   ....[   ]   1
No   ....[   ]   2
Comment:

_____

61.   Have you made any decisions since you left care that you feel really happy about?

_____
_____

I've already asked you some of these questions before in previous interviews, but I would like to know if your views have changed at all.

62a.   What do you hope to be doing in 5 years time? *(probe re expectations)*

_____
_____

b.   Do you think you can achieve this? *(probe re control over destiny)*

_____
_____

63.   Do you see a long-term relationship and family as part of your future life? *(probe to gauge if they feel relaxed about relationships, responsibilities of parenthood, etc)*

_____
_____

64.   On a scale from 1 to 10 (where 1 is really unhappy and 10 is really happy), where would you put yourself now?

_____
_____

SECTION 8. SCALES

Would you mind saying whether the following statements are true or false for you. If the statement describes your attitude for the past week or so including today, ring `T' or say True. If the statement does not describe your attitude, ring 'F' or say False.

1.	I look forward to the future with hope and enthusiasm.	T	F
2.	I might as well give up because there is nothing I can do about making things better for myself.	T	F
3.	When things are going badly, it helps to know that they cannot stay that way forever.	T	F
4.	I can't imagine what my life will be like in 10 years.	T	F
5.	I have enough time to accomplish the things I want to do.	T	F
6.	In the future, I expect to succeed in what concerns me most.	T	F
7.	My future seems dark to me.	T	F
8.	I happen to be particularly lucky, and I expect to get more of the good things in life than the average person.	T	F
9.	I just can't get the breaks, and there's no reason I will in the future.	T	F
10.	My past experiences have prepared me well for the future.	T	F
11.	All I can see ahead of me is unpleasantness rather than pleasantness.	T	F
12.	I don't expect to get what I really want.	T	F
13.	When I look ahead to the future, I expect that I will be happier than I am now.	T	F
14.	Things just don't work out the way I want them to.	T	F
15.	I have great faith in the future.	T	F
16.	I never get what I want, so it's foolish to want anything.	T	F
17.	It's very unlikely I will get any real satisfaction in the future.	T	F
18.	The future seems vague and uncertain to me.	T	F
19.	I can look forward to more good times than bad times.	T	F
20.	There's no use in really trying to get anything I want because I won't get it.	T	F

For this questionnaire just put the number of the response that suits you best for each question in the box provided.

[5]   Almost always true
[4]   Very often true
[3]   Sometimes true
[2]   Very rarely true
[1]   Hardly ever true

1.   I get embarrassed when someone starts to tell me personal things.   [   ]

2.   I'm ready to get involved with a special person.[   ]

3.   I'm warm and friendly.[   ]

4.   It's important for me to be completely open with my friends [   ]

5.   I keep what I really think and feel to myself.[   ]

6.   I think it's crazy to get too involved with people.[   ]

7.   I care deeply for others.[   ]

8.   I'm basically a loner.[   ]

9.   I have a close physical or emotional relationship with another person.[   ]

10.   I prefer not to show too much of myself to others.[   ]

11.   Being alone with other people makes me feel uncomfortable.[   ]

12.   I find it easy to make close friends. [   ]

13.   I have a close friend I trust and can talk to. [   ]

Now would you mind doing this set of questions in the same way?

[5]   Almost always true
[4]   Very often true
[3]   Sometimes true
[2]   Very rarely true
[1]   Hardly ever true

1.   I am able to take things as they come.[   ]

2.   I can't make sense of my life.[   ]

3.   I can't make up my own mind about things. [   ]

4.   I'm never going to get on in this world.[   ]

5.   I know when to please myself and when to please others.[   ]

6.   I really believe in myself.[   ]

7.   I am ashamed of myself.[   ]

8.   I like to make my own choices.[   ]

9.   I don't feel confident of my own judgment.[   ]

10.   I can't stand on my own feet.[   ]

11.   I find it hard to make up my own mind.[   ]

12.   I like my freedom and don't want to be tied down.[   ]

SECTION 9. FURTHER CONTACT

Can we contact you again?

Yes .... [   ]   1
No .... [   ]   2

Comment:

_____
_____

Can you give me two contact people in case you move? (name, address, phone numbers)

_____
_____
_____
_____

THANK YOU AGAIN FOR YOUR WILLINGNESS TO TALK TO ME. PLEASE CALL ME AT ANY TIME IF YOU HAVE ANY QUERIES

INTERVIEWERS NOTES

APPENDIX 2

Analysis for reduced model predicting outcomes
4-5 years after leaving care

The results of the first analysis (Table 1) show that **each variable made a significant contribution to explaining the variability in the overall outcome measure, adjusted for the variables entered ahead of it** (or, in the case of 'stability' entered by itself). The η^2 values show the proportion of the total variance accounted for by each variable, adjusted for the variables entered ahead of it. The partial η^2 values[103] show the variance accounted for each variable as a proportion of the total variance minus the variance accounted for by the variables fitted ahead and/or after it.

Table 1: ANOVA based on sequential sums of squares

Source	Type I Sum of Squares	df	Mean Square	F	Sig.	Eta Squared	Partial Eta Squared
Corrected Model	85.7(a)	4	21.4	16.7	.000	.69	-
Stability	42.7	1	42.7	33.3	.000	.34	.53
Emotional security	20.1	1	20.1	15.7	.000	.16	.34
Social support	10.7	1	10.7	8.4	.007	.09	.22
Last year school before left care	12.3	1	12.3	9.6	.004	.10	.24
Error	38.4	30	1.3	-	-	-	-
Total	522.0	35	-	-	-	-	-
Corrected Total	124.2	34	-	-	-	-	-

* R^2 = .690 (Adjusted R^2 = .649)

The parameter estimates (Table 2) show the nature of the effects of each variable, adjusted for all of the other variables in the model. The effect of 'stability' [stabnot] is no longer significant, and that of 'perceived emotional security' [emotsum] is only

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[103] Because the independent variables (IVs) are all treated as single-degree-of-freedom variables, the measures of effect size can all be referred to as part or partial r^2.

marginally so. 'Perceived emotional security', 'social support' [socsupp] and 'last year of school before leaving care' [educyr] are all positively related to the overall summary outcome measure [sresil2a].

Table 2. Parameter Estimates

Dependent Variable: sresil2a

Parameter	B	Std. Error	t	Sig.	95% Confidence Interval		Partial Eta Squared
					Lower Bound	Upper Bound	
Intercept	3.094	1.277	2.424	.022	.487	5.701	.164
stabnot	-.517	.488	-1.058	.299	-1.514	.481	.036
emotsum	.610	.330	1.852	.074	-.063	1.284	.103
socsupp	.620	.261	2.379	.024	.088	1.152	.159
educyr	1.017	.328	-3.096	.004	-1.688	-.346	.242

Analysis 2

To test whether the number of placements in care [q36], the total number of moves after leaving care [totmoves] and the number of problems while in care [probcare] made any contribution to the model tested in the first analysis, they were each added to a reduced model containing 'emotional security' [emotsum], social support at the fourth interview [socsupp] and the last year of school before leaving care [educyr].

Neither the number of placements in care [q36], $F_{(1,30)}$ = .41, p = .525, partial η^2 = .014, **nor the number of problems while in care** [probcare], $F_{(1,30)}$ = .41, p = .527, partial η^2 = .013, **made any contribution to the model**. However, as Table 3 shows, [**totmoves**] made a strong contribution (a large partial η^2 value of .52,) and the other variables still made significant contributions. Overall the model represented in Table 3 accounted for **around 85 per cent** of the variance of summary outcome measure [sresil2a].

A check of the residuals showed that they were approximately normally distributed, and that their variances were approximately constant over the range of the predicted values. Despite the predictors being reasonably highly correlated (.36 - .58), there was no indication of multicollinearity – the highest VIF was 1.8 (a value of 10 is usually taken as an indicator of problems).

Table 3. Regression Coefficients[a]

	Unstandardized Coefficients		Beta	t	Sig.	Squared Correlations		
	B	Std. Error				Zero-order	Partial	Part
(Constant)	2.549	.602		4.231	.000			
Emotsum	.590	.220	.243	2.682	.012	.434	.194	.037
Social support at W4	.480	.183	.211	2.630	.013	.323	.187	.036
Last year at school	.618	.242	.246	2.556	.016	.516	.179	.034
Total moves after care	-.185	.033	-.491	-5.682	.000	.635	.518	.167

APPENDIX 3

Feedback to the study's participants

Dear

<div style="background-color:#1a3fbf; color:white; text-align:center; padding:10px;">

Longitudinal Study of Young People Leaving Care:

4-5 Years After Leaving Care

</div>

We are writing to you to let you know about the report that brings together the information we gathered when interviewing you about your experiences in care and after leaving care.

The report is titled '*Longitudinal Study of Wards Leaving Care: 4-5 years After Leaving Care'*. The purpose of the research was to find out what your experiences and needs were when you were leaving care and after leaving care to inform policy makers and government.

You may remember that the first three interviews were conducted three months before, three months after, and 12 months after you were discharged from wardship. Forty-five young people participated in the first three interviews, and 41 young people participated in the last interview, four to five years after leaving care.

The personal information you gave us has remained confidential and the report focuses on what can make a positive difference for young people who cannot live with their parents.

The report covers the following areas:

- Accommodation
- Education and employment
- Relationships and social and emotional support: family, friends and carers
- Mental health, happiness and future expectations
- Doing well and not so well
- Conclusions and implications for policy and practice

A summary of the key findings of the study is attached.

The main finding of the study is that most young people were more settled 4-5 years later than they were 12 months after leaving care. If they had felt more secure and moved around less while they were in care, they were more likely to have completed high school, to have a job and to say they were happier, feeling more secure and were able to 'make ends meet' 4-5 years later.

This research study has been widely used to improve policies, practices and services for children and young people in care and after care. For example, there is now new legislation and policies to support young people who have left care including support with accommodation, further education and seeking information about their time in care.

This study would not have been possible without your cooperation and willingness to share your experiences with us. We hope you like the report and find it interesting and worthwhile.

The full report is available online at www.community.nsw.gov.au under 'Research' within the News & Publications' section.

If you have any queries or comments about the report, please contact Judy Cashmore by email: judycash@bigpond.net.au

or Marina Paxman by email: Marina.Paxman@community.nsw.gov.au

or by mail to Judy Cashmore at the Faculty of Law, University of Sydney, 171-175 Philip Street Sydney 2000.

We hope things are going well for you.

Thank you again for being part of it.

Warm regards,

Judy Cashmore & Marina Paxman

SUMMARY OF THE KEY FINDINGS

Forty-seven (47) young people who left care and were discharged from wardship in New South Wales over a 12-month period during 1992/3 were interviewed for the first time just before they left care, and then three months, and 12 months after leaving care. Forty-one (41) of these young people were interviewed for the 4th time 4–5 years after leaving care when they were in their early 20's. Following up the same young people over time is very important because it gives much better information and is much more interesting, showing what can make the difference – both positive and negative – in young people's lives.

This study focuses on the circumstances and outcomes of these young people 4–5 years after leaving care. It compares their circumstances and experiences with the overall circumstances of other young people their age in the general population, and with each other – the ones who do well with those who were doing less well. The main questions were:

- *What is life like for young people who leave care aged 16-18? How do their circumstances at and after leaving care compare with those of other young people their age in the general population?*

- *Is it possible to predict how well these young people fare 4-5 years after leaving care and to improve the chances of them faring well?*

- *What are the implications for policy and practice to improve the chances of them faring well?*

The main findings from this research indicate that:

- Some young people were faring better than others 4–5 years after leaving care, and what made a difference included aspects from their time in care, at the time they left care, and beyond.

- Most cannot call upon the level of support from their families and wider networks usually available to young people in the general population and assumed by government policy in the way entitlements to welfare benefits for young people are framed.

- Despite their difficult circumstances, and the limited support available to them, young people leaving care have to cope with a number of major changes in their lives in a shorter period of time and at a younger age than their more advantaged peers.

- Young people leaving care fare more poorly as a group than other young people their age in the general population. They are less likely to have completed school, and to have somewhere safe, stable and secure to live, and they are more likely to rely on government income support, to be in marginal employment, and to have difficulties in 'making ends meet'.

What is life like in terms of housing and accommodation for young people who leave care as wards of the state? How do they compare with their age-mates in the general population?

By the time of last interview, 4-5 years after leaving care, young people had lived on average in eight places since leaving care. Only one young woman had not moved at all and was living with a relative. Most were in some form of independent accommodation or were sharing with other young people, mostly partners or friends.

The main difference for young people leaving care is that most who are in foster care are required to or expect to leave what is their 'home' at that stage earlier than other young people their age and with less likelihood that they can use it as a safe base to return to if they run into difficulties. Some young people had returned to their parents' home or to a relative, mostly for short stays, and some had been able to stay on with their foster carers beyond care or returned there after leaving care. But by the time the young people in this study had been out of care for 4–5 years, most were in some form of independent accommodation or were sharing with other young people, including partners, friends or siblings. They were less likely than young people their age in the general population to be living at the same address as they were five years before, and much more likely to have been in some form of transitional housing. They had moved around more than others their age, and the more unstable or mobile they had been in care, the more mobile they were after leaving care.

Their reasons for moving around were mixed, but commonly related to the short-term nature of their accommodation, and the difficulties they had with others they were living with or near. Moves back to parents' or foster carers' homes were generally short-lived and for the same reasons that other young people their age returned home – having difficulty 'making ends meet' and looking for a secure base after the end of a relationship. For young people who had been in care, the other reason for a return home was an attempt to re-establish their relationship with their parent, most often their mother, or with other family members. Those who had been in stable long-term care were more likely than other young people to stay living with or return to stay with their former foster carers after being discharged from care.

What is life like in terms of education and employment and in comparison with their age-mates in the general population?

This group of young people was much less likely than their 20-24 year-old age-mates to have completed Year 12; only 42% of care leavers compared with about double the proportion (80%) of those their age in the general population completed Year 12. One in five (8/41) had not completed Year 10. Of those who completed Year 12, all except one had gone on to do some further study. But most (33/41,

82%) indicated that they were interested in further education or training. The main reasons they said they left school early were that they were struggling with other problems and were either not interested in school or were unhappy and doing badly.

Four to five years after leaving care, they were more likely than their age-mates in the general population to be unemployed and to receive government income support, and less likely to be in full-time work, training and education – unless they had completed Year 12. One in four were either in full-time work, full-time study or combined part-time work and study. A number of the young women were more likely than their age-mates to have taken another path, into early parenthood. Many, including some of the young mothers, were interested in further study to qualify them for more skilled jobs.

How were they managing financially?

Not surprisingly, because fewer were in full-time work, their overall median gross weekly income was less than that of others their age; a number had debts and few had savings. While most (two-thirds) said could make ends meet, a significant proportion said they had to go without or cut back on various goods and services, particularly dental services, telephone, and clothes.

What support could young people call upon and what forms of support made or might have made a difference?

Young people who remain in care until they reach 18 usually do not have the emotional, social and financial support that is available to most young people their age from their families. Although nearly all (38/41, 93%) had had some contact with their families since leaving care, mostly with their mother and siblings, the frequency and value of that contact varied markedly.

Four to five years after leaving care, three out of four young people could name someone (including partners and their families, foster carers, family, or charities) they could call on for help if they ran into financial or other types of difficulty but some were not prepared to ask and others said there was no-one they could ask. About two-thirds said they were as well off or better off than their peers but the best predictor of this was whether they had a full-time job.

For some young people, foster families provided stability and a sense of security, and for the 'lucky minority' this continued even when their formal care arrangement ended at age 18. Others had more limited networks before and after leaving care but half the young women had married or were living in de facto relationships, mostly with children. Some of these young people found supportive relationships with their partner's family. Several, however, found little support or safety, and instead fled violent relationships. A small group, mostly young men, were quite isolated, reporting that there was no-one they could call on for support or to share special events with.

Nine young people who had not been in long-term stable care indicated that they had had some occasional contact with former workers, either to ask for help or to maintain contact, in the 4–5 years since they left care. Few had been aware that they could seek support from DoCS for educational and other expenses. Some

expressed regret at not having stayed at school to enable them to get better jobs but the difficulties they were facing at school and as a result of their earlier experiences meant they were not able to focus on education. Supportive relationships with an adult – a teacher or carer or worker – did, however, make a difference to some of these young people.

Happiness and future expectations

When asked what they felt good about in their life, they referred to family, children, friends, work, and being independent and having a sense of direction and purpose. For some, it was a sense of coming through despite adversity.

What things do you feel good about now?

Having got into TAFE – things are clearer – I've got a direction. I know what I want to do and I am going that way now. It's taken a long time to realise what I wanted to do.

I have a good house to live in, good husband, I'm having a baby, I have a job, I am in contact with mum.

The baby ... and my husband ... I love doing my course and I've got two beautiful dogs; they're a joy. I'm just starting to get a sense of security. Everyone's got to have that, but it's taken me a while to be responsible. I've always been a ward of the state and had to answer to someone else but now it's just all up to me.

Family and my daughter, kept good ties with my foster family, I know where I want to go with my career.

Oh yes, leaving the past behind which I thought I never would. I wish I had sooner. [What parts of your past?] Getting over my mother - she just gets worse as she gets older. And learning not to trust my sister any more.

Most young people were faring better four to five years after leaving care than 12 months after as their comments indicate.

Feeling good about? Learning about my family, culture, sticking out uni, keeping in contact with and supporting my foster family.

I feel that in the last six months I've achieved a lot, I've really gone ahead. I'm really good at working things out mechanically, so I'm really pleased with myself over that, with my manual skills and so on. I like to be able to do things and do them well.

Even those who were really 'struggling' and 'surviving' rather than thriving, and those who were overcoming earlier adversities, were generally positive in their comments:

I think I've got a bit more will power than a lot of people have got ... when I look at a lot of people, they have no direction and are just plodding along -- I'm not saying that's wrong -- but I think I have a bit more drive and direction and perseverance than some other people have.

Myself. My family. Being independent. Being away from the past lifestyle. Feel good about the future. Feel safe.

Doing well and not so well: what predicts how well young people are faring four to five years after leaving care?

The findings from this study indicate that how well these young people were faring 4–5 years after leaving care is a result of what happened to them in care, (as well as their experiences before coming into care), the timing and circumstances of leaving care, and the amount of support they had around them after leaving care. These included:

- how old they were when they left care

- how stable their time in care was

- whether they felt there was someone during that time who really cared about them

- how many years of schooling they completed before leaving care and

- how much support they could get from family, friends and their community after they care.

A number of studies have shown that one supportive adult can make the difference for children and young people in difficult circumstances. This study is no exception. Young people who felt secure during their time in care were more stable in care and less mobile after leaving care. They were likely to have more sources of support 4–5 years after leaving care than those who had not felt secure.

What does all this mean for young people leaving care?

Many young people leaving care have to make a number of major changes in their lives earlier and in a much shorter period of time than other young people their age. These include leaving school, leaving 'home' and setting themselves up in new accommodation, trying to find work or some other means of support, and managing financially on very limited resources. There are therefore several practical approaches that could greatly assist young people leaving care. These include particular aspects of what happens in care and what happens after care.

In-care stability, continuity and sense of security

Some of the best predictors of how well young people are doing after they leave care include what happens to them when they are in care – how much they get moved around and how secure they feel in care. So it is important that those who make decisions about and work with children and young people in care take into account what helps children to feel secure and what stops them moving around unnecessarily. Listening to what children and young people say they need and want and taking their views seriously is important in helping them to feel respected and secure.

Leaving care and after- care support

There are a number of things that can be done to help young people leaving care. These include making sure that:

- there is proper planning that involves the young person

- staggering the transitions – not having all the changes occur at once

- helping young people to stay in the same accommodation after leaving care if it suits them and their former carer

- making sure that young people have someone they can rely on, with some continuity of relationships and networks, and

- making sure that young people have the life skills to manage greater independence.

The full report is available online at www.community.nsw.gov.au under 'Research' within the News & Publications' section.

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