Abstract: Young people leaving state care have often been described as experiencing multiple disadvantages resulting from their abuse or neglect prior to entering care, their often negative experiences in care, and the lack of support provided to them as they transition from care. However, some parts of the leaving care literature tend to concentrate on the individual pathways of care leavers, rather than emphasising the significant structural disadvantages they have in common. This paper – which is based on a recent qualitative study of 20 care leavers in Victoria - argues that an affirmative action plan is necessary to assist all care leavers to overcome their earlier disadvantages, and achieve better outcomes. At the very least, the State as parent should be seeking to approximate the supports that a typical parent in the community provides to young people leaving home up till 25 years of age.

Keywords: Structural disadvantage, leaving care, poor outcomes, affirmative action

Leaving care is formally defined as the cessation of legal responsibility by the state for young people living in out of home care. But in practice, leaving care is a major life event and process that involves transitioning from dependence on state accommodation and supports to so-called self-sufficiency. According to a recent UK Government report: “Every young person needs continuing help to make a smooth transition to adulthood. Any good parent continues to offer love and support to their children well beyond 18, giving them the greatest head start in life that they can. We should demand no less for young people in care” (Department for Education and Skills, 2006, p.84).

Young people leaving out of home care are arguably one of the most vulnerable and disadvantaged groups in society. Compared to most young people, they face particular difficulties in accessing educational, employment, housing and other developmental and transitional opportunities. Care leavers have been found to experience significant health, social and educational deficits including homelessness, involvement in juvenile crime and prostitution, mental and physical health problems, poor educational and employment outcomes, inadequate social support systems, and early parenthood (CARC, 2004, pp.160-170; CARC, 2005, pp.104-106; Courtney & Dworsky, 2005; London, 2004;
Yet despite these poor outcomes there has been only limited public concern in Australia with the plight of care leavers. This silence reflects a number of factors. Firstly, care leavers are a small, dispersed and relatively powerless group. Only about 1700 young people aged 15-17 years annually exit the out-of-home care system. Some return to the family home whilst others move into independent living. They comprise less than 10 per cent of the 21,795 children currently in care (CARC, 2005, pp.82 & 104).

Secondly, advocacy for care leavers has generally been lead by a coalition of peak child welfare provider groups such as the Victorian Centre for Excellence in Child and Family Welfare and the New South Wales Association of Children’s Welfare Agencies (ACWA), some non-government agencies, a few activist academics, and consumer groups such as the Create Foundation, the national consumer group for young people in or who have left care, and the Care Leavers of Australia Network, a group of older care leavers (Mendes, 1998, pp.35-36; Mendes, 2002, pp.54-57; Mendes, 2004; Mendes, 2005, pp.162-164).

Whilst all four components of this coalition have lobbied long and hard on humanitarian, practical and more recently economic rationalist grounds (Raman et al, 2005), their advocacy has exerted only limited impact on state government programs and legislation. For example, New South Wales remains the only state to have introduced uniform state-wide support services for care leavers, although Western Australia, Queensland and Victoria have made significant recent progress in this direction (Mendes & Moslehuiddin, 2004; DHS, 2006a).

For example, Victoria recently legislated via the Children, Youth and Families Act 2005 for the provision of leaving care and after-care services for young people up to 21 years of age. The 2006-07 State Budget has allocated $2.09 million in 2006-07 growing to $3.73 million recurrently to support care leavers. The Act appears to oblige the government to assist care leavers with finances, housing, education and training, employment, legal advice, access to health and community services, and counselling and support depending on the assessed level of need, and to consider the specific needs of Aboriginal young people. However, the government has not yet established a service model with clear standards and responsibilities (CECFW, 2006:p.7; London & Moslehuiddin, 2007).
One reason for this relative lack of success is that leaving care seems to be a less polarising or emotive issue than other commensurate social problems such as mental health or disability or substance abuse, although some care leavers fall into those categories. Care leavers also seem to lack a vocal and influential professional (e.g. doctors or psychiatrists) or mainstream support network (e.g. middle class parents) within the broader community. In addition, most young people don’t vote, and the majority of the parents of children in care are poor and marginalised. A consequence of this limited support constituency is that with minor exceptions (Farouque, 2005; Gooch, 2005), the specific plight of care leavers rarely reaches the media.

A third problematic factor is the emphasis of sections of the academic literature on promoting the individual resilience of care leavers, rather than addressing the collective structural disadvantages faced by all care leavers. This argument suggests that many care leavers display considerable resilience in over-coming the odds and recovering from earlier trauma.

The positive agenda behind the application of resilience theory is the concern to emphasise and promote the capabilities and achievements of care leavers, rather than under-playing or even undermining their potential. And to be sure, some authors interpret this concept broadly as reflecting the interaction between internal individual and external social, cultural and environmental factors, and involving structural and social supports and resources for children and young people in and leaving care that help to counter negative and stressful experiences (Broad, 2005, p.127; Gilligan, 2001, p.6; Harvey & Delfabbro, 2004; Maunders et al, 1999, p.53; Raman et al, p.11; Stein, 2004, pp.113-117).

But others seem to view resilience narrowly as being about the personal characteristics – the capabilities, the temperament, the competence or the moral fibre - of the young person (Osgood et al, 2005, p.12; Rayner & Montague, 1999, p.40). This definition arguably blames the victim for failing to be successful, and helps to give governments an excuse to avoid their responsibilities to provide adequate programs and supports to all care leavers.

**The Multiple disadvantages of care leavers**
Many care leavers have experienced and are still recovering from considerable physical, sexual or emotional abuse or neglect prior to entering care. This process can reasonably be compared to undergoing rehabilitation from other significant traumatic experiences such as violent assault, torture, rape, and/or the murder of close relatives.

Associated challenges include coping with separation from natural families and associated anger and loss and grief, making peace with their biological families, relating to new families, and establishing connections with other significant adults in their social environment (Maluccio, 1990, pp.7-8; Moslehuddin & Mendes, 2006, p.50). In addition, the extent to which young people blame themselves for their entry into care is likely to negatively impact on their psychological and emotional well-being (Cashmore & Paxman, 1996, p.xiii).

These experiences of separation and rejection may contribute to ongoing social, emotional and psychological disturbances, developmental delay, and significant behavioural difficulties compared to children and young people from a supportive family background (Mudaly & Goddard, 2006, pp.83-86). For example, Broad (2005, p.135) argues that “the impact of earlier childhood abuse, bullying and physical violence, and their parents’ emotional coldness or indifference towards them, on the young people’s current lives, levels of self-esteem, self-wroth, health and well being” cannot be underestimated. Similarly, Frederick & Goddard (2006, pp.38-39) note that childhood abuse and trauma can lead directly to poverty and other forms of social disadvantage in later adult life.

There is also evidence that an increasing number of children and young people in Australia are entering care as highly disturbed adolescents from severely deprived backgrounds rather than as babies or young children. And a significant number of care leavers have specific physical and/or intellectual disabilities. These groups of care leavers are likely to have even greater challenges to overcome (CARC, 2005, pp.85-89; Green & Jones, 1999, p.11; Stein, 2000, p.192).

Secondly, many young people have experienced inadequacies in state care including poor quality caregivers, and constant shifts of placement, carers, schools and workers. Some have also experienced overt abuse including sexual and physical assault, and emotional maltreatment. For example, the Forgotten Australians report on the experiences of children in out-of-home care from the 1920s to the 1970s documented numerous examples of neglect and deprivation, and overt emotional, physical and sexual abuse. Specific reference was made to separation from extended
families, separation from siblings, suppression of identity and individuality, sexual and physical assault, forced adoption of babies, lack of education, unmet health needs, exploitation of children’s labour, medical experimentation, placement in adult mental hospitals, and the lack of any preparation for leaving care or after care support (CARC, 2004, pp.85-126). The overwhelming consensus was that children in care were not provided with the “love, affection and nurturing” necessary for adequate personal and emotional development (p.xv).

Other more recent reports by researchers and State and Territory Governments and authorities also cite significant examples of the physical and sexual abuse and emotional abuse and neglect of children in care (CARC, 2005, pp.16-20 & 95-97; Cashmore & Paxman, 1996, pp.43-49; Denholm, 2006; Liddell et al, 2006; Maunders et al, 1999, pp.58-60). In addition, there is continued evidence of poor quality of care including multiple placements for many children (Mosleuddin & Mendes, 2006, p.50). This lack of stability, continuity and consistency undermines their social and educational/training opportunities, and hinders their capacity to make a successful transition towards independence following discharge from care (Cashmore & Paxman, 1996, pp.158-159).

A further subtle deficit is that young people in care tend to be given very little control over their lives. Most are told where to live, who to live with, where they go to school, when they can visit their birth family, and even when they can visit or stay with friends. These processes are disempowering, and do not enhance the development of those mature decision—making skills that are necessary for graduating to successful independent living (Wheal, 2005, p.8).

Conversely, children who experience supportive and stable placements including an ongoing positive relationship with social workers and significant others are far more likely to overcome the adversities resulting from their pre-care and in-care experiences, and prosper when they leave care (Cashmore & Paxman, 1996, pp.2-4 & 158-159; Cashmore & Paxman, 2006a, pp.21-23; Cashmore & Paxman, 2006b; Green & Jones, 1999, pp.18-19).

Thirdly, many care leavers can call on little, if any, direct family support or other community networks to ease their involvement into independent living (Cashmore & Paxman, 1996, p.3).
In addition to these major disadvantages, many young people currently experience an abrupt end at 16-18 years of age to the formal support networks of state care. Care leavers are literally abandoned by their substitute parents, and expected to transition directly from childhood dependence to adult self-sufficiency (London, 2004, p.19; Propp et al, 2003; Raman et al, 2005, p.9; Sergeant, 2006, pp.74-75). That is, the state as corporate parent fails to provide the ongoing financial, social and emotional support and nurturing offered by most families of origin. This ending of support crucially coincides with either the final years of schooling or the beginning of attempts to gain employment. (Blome, 1997, p.42; Green & Jones, 1999, p.13).

In contrast to the accelerated transition to independence of care leavers, most young people still live at home till their early 20s, and continue to receive social, practical, emotional and financial support. For example, a recent US study found that most Americans don’t expect their children to complete the transition to adulthood till the age of 26 years (Shirk & Stangler, 2004, p.15). The movement towards independence through leaving home generally involves a long transition period during which young people may leave and return home again on three or more occasions. There is also not infrequently an intermediate or half-way stage between dependence and independent living during which young people may reside with extended family, or in a supportive institution such as a college or hostel (Maunders et al, 1999, pp.10-11).

The key factor here is the continued availability of most family homes as a ‘safety net’ to which young people can return over a considerable period of time. It is this safety net of extended support which is currently not available to most young people leaving care. Graduation from care needs to become a far more gradual and flexible process based on levels of maturity and skill development, rather than simply age (Cashmore & Paxman, 2006a, p.23). Researchers recommend use of the term ‘interdependence’ rather than independent living in order to reflect a notion of shared care and responsibility between young people, their families, friends, workers, and the broader community (Propp et al, 2003, p.265).

**Pathways to Poor Outcomes**

Research consistently depicts care leavers as being particularly disadvantaged and as having significantly reduced life chances. In drawing this connection, we are not suggesting a simplistic causal relationship between any experiences of state care, and poor later
outcomes. Care leavers are not a homogeneous group and have varied backgrounds and experiences. But we are arguing that the structural disadvantages experienced by care leavers compared to other young people (Stein, 2004, p.53; Broad, 2005, pp.14-16) leave them more vulnerable to these outcomes.

Utilizing mainly Australian research, some of the specific concerns identified include:

**Homelessness**: Studies have found a high correlation between state care and later homelessness (Johnson, 2006, pp.96 & 246). This reflects the high mobility of many young people whilst in care, the unplanned and unprepared nature of many departures from state care, the absence of sufficient life skills required to live independently, and the lack of an option to “return home” if the initial independent living arrangements do not work out (Beihal & Wade, 1999, pp.86-87; Bonnice, 2003, p.6; Horrocks, 2002, p.331; Maynard, 2006). Concern has been expressed that care leavers are expected to rely on inappropriate supported accommodation and assistance programs (SAAP) that were actually designed as short-term transitional housing programs, with a significant crisis component for those who are already homeless or escaping from domestic violence (Bonnice, 2002, p.8; CECFW, 2006: p.7; Green & Jones, 1999, p.33; Maunders et al, 1999, pp.19 & 43).

**Drug/alcohol use/abuse**: Research suggests that care leavers are more likely to use, and occasionally abuse, drugs and alcohol. Such behaviour often serves as a form of escape from past childhood abuse, and associated emotional disturbance (Maunders et al, 1999, p.20; Owen, 2000, p.78; Raman et al, 2006, p.41; Stein, 2004, p.50).

**Poor Mental and Physical health**: The emotional effects of physical, emotional and sexual abuse often predispose young people in care towards psychological disruption, depression and suicide. Poor physical health is also prevalent (Maunders et al, 1999, p.49; Moslehuddin & Mendes, 2006, p.51; Stein & Dixon, 2006, p.420). For example, one study found that a significant number of former state wards had thought about or attempted suicide (Cashmore & Paxman, 1996, pp.149-150).

**Education and Employment deficits**: Due to a number of factors such as stressful pre-care and care experiences often resulting in learning and behaviour problems, lack of continuity in placements and schools, and low expectations from social workers, teachers and carers, young people in care are less likely to succeed academically (Biehal et al, 1994, p.241;

**Poor social support systems:** Young care leavers tend to lack a functional social support network upon which they can rely during the transition from child welfare dependence to adult independence. Many face independence alone and isolated, and lack a safety net of family and friends (Cashmore & Paxman, 2006a, p.19; London, 2004, p.29; Wilson, 1997, p.91).

**Juvenile Prostitution:** A number of studies have identified a linkage between care experiences and prostitution. Many care leavers see prostitution as a legitimate choice in view of their minimal education, and lack of employment-related skills (Mitchell, 2000:11). A recent study of 30 drug dependent sex workers found that 16 had been in the state care system, and stated they had been introduced to sex work and other harmful high-risk activities whilst in that care system (Child Wise, 2004, p.6).

**Crime:** Research suggests that care leavers are over-represented in the criminal justice system, and particularly in juvenile detention facilities. Contributing factors appear to include inadequate accommodation or homelessness, poor educational experiences, underlying anger and resentment towards the state care system, and the absence of effective legal advocacy and support (CARC, 2005, pp.169-170; CSC, 1996; Martyn, 2006; Moslehuddin & Mendes, 2006, p.52; Owen, 2000, pp.85-86).

**Early parenthood:** Early pregnancy and parenthood is particularly common among young people leaving care, especially young women who have experienced sexual abuse. Other contributing factors include lack of support and education around sexual health and relationships, peer pressure within residential care settings, difficulties in accessing contraceptive and sexual health services, and loneliness and isolation (Chase et al, 2006). A number of local studies found that a significant number of young women were pregnant or had a child soon after leaving

**Indigenous care leavers:** There is evidence that indigenous young people are over-represented within the out-of-home care system (AIHW, 2006, pp.50-52), that they experience disproportionate abuse when in care (Liddell et al, 2006), and some limited documentation that indigenous young people face particular challenges when leaving care (Maunders et al, 1999, pp.39-40, 66 & 79-80). The Victorian Department of Human Services has noted particularly the high use of kinship care with Aboriginal children, their distance from communities of origin, and their high rates of placement (DHS, 2006b).

**Rural care leavers:** Rural and regional care leavers may experience specific locational disadvantage compared to their urban peers (Maunders et al, 1999, p.42). Many young people in the country appear to face significant barriers in accessing social and economic services and opportunities. Some of the disadvantages cited include higher unemployment, lack of access to health services, poorer school retention, loss of peers to the city, higher rates of illness including suicide, and greater isolation due to inadequate transport (Alston, 2005). The pilot assessment conducted by Bonnice (2002) for St Luke’s Children, Youth and Family Services found that rural care leavers lacked sufficient accommodation options and other support services compared to their urban peers.

**Disabled Care Leavers:** Young people with intellectual or physical disabilities may face additional barriers in terms of accessing education, employment, housing, social connections, and transport (Harris, 2005, pp.20-21).

**A qualitative study:**

The overall aim of this research was to gain an in-depth understanding of young people leaving state care based on their own experiences, with a particular emphasis on the relationship between out-of-care experiences and post-discharge outcomes. This study therefore targeted young people who have left State care under Guardianship or Custody Orders and were aged between 18 and 30 years. A semi structured questionnaire was used
to collect data through in-depth interviews with a sample of 20 young people.

The 20 care leavers interviewed were aged between 18–26 years and comprised 12 females and 8 males. The age range when entered care was between birth to 15 years, whilst the age range when exited care was between 16 and 18 years. Out of 20 respondents, 11 of them were from rural Victoria and 9 were from the Melbourne Metropolitan area.

A brief summary of initial findings

**Age of entry to care (Table 1)**

<table>
<thead>
<tr>
<th>Age at entry (yrs)</th>
<th>No. of young people</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 6</td>
<td>7</td>
</tr>
<tr>
<td>7 - 13</td>
<td>9</td>
</tr>
<tr>
<td>14 - 15</td>
<td>4</td>
</tr>
</tbody>
</table>

The young people entered care at different ages and the reasons for entering into care also varied considerably. The most common reasons for coming into care as reported by care leavers in the study include: physical, emotional and sexual abuse, neglect, domestic violence, drugs and alcohol abuse by parents, transience, neglect, mental health issue for parents, abandonment and irreconcilable differences between young people and their parents. The reasons for younger children coming into care were mostly parental abuse, whilst the reasons for older children were a combination of parental abuse and irreconcilable differences with their parents. A significant number of young people exhibited considerable anger and resentment that had resulted in aggressive behaviors towards their parents and siblings. The findings also indicate that some young people had been subjected to multiple forms of abuse and neglect prior to entering care.

The young people interviewed in this study entered care at different ages and stages of their lives with a varying degree of maturity and vulnerability. Some of the care leavers were left with a great deal of unresolved trauma and anguish as a result of their past abusive history. The feelings of anger, rejection, trauma and insecurity resulting from their pre-care abuse continued right through young people’s adult lives and a significant number of them are still struggling to come to terms with these feelings. The findings also highlight that some young people
carry a great deal of self-blame and guilt for their past history and coming into the care system.

*Placements during Care (Table 2)*

<table>
<thead>
<tr>
<th>Number of Placements</th>
<th>No. of young people</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 -6</td>
<td>4</td>
</tr>
<tr>
<td>7 -13</td>
<td>5</td>
</tr>
<tr>
<td>15 -30</td>
<td>7</td>
</tr>
<tr>
<td>100 + (alleged)</td>
<td>2</td>
</tr>
<tr>
<td>Too many to remember</td>
<td>2</td>
</tr>
</tbody>
</table>

The study findings revealed that the care leavers had lived in a variety of placement situations during their period in care including: foster care, adolescent community placements, residential units, group homes, lead tenants, refuge, caravan parks, shelters, shared accommodation, streets, boarding, relatives and friends. The care leavers in the study also experienced frequent changes and a variety of placements during their period in care. All of the 20 care leavers in this study have experienced multiple placements while in care, with the minimum of placements being 2 and the maximum being 100 and more as alleged by two of the care leavers. Two of the respondents reported having too many placements to remember. The shortest placement consisted of half a day, whilst the longest was for seven years in foster care.

*Reasons for placement changes/breakdowns*

The most commonly reported reasons for placement breakdown and changes were: conflict with foster family and with other boarders, associating with the wrong crowd, anger and resentment, problematic behaviors (including drinking alcohol and drug abuse), assaults to the carers and abuse in care.

*Age of exiting from care (Table 3)*

<table>
<thead>
<tr>
<th>Age of exit from care (yrs)</th>
<th>Number of young people</th>
</tr>
</thead>
</table>
The age at which young people exited care varied from 16 to 18 years. A total of 10 out of 20 or half of the young people, exited care before their 18th birthday and only 4 of the young people reported that they felt prepared at the time of discharge from care.

**Housing options following discharge from care**

*Current housing arrangements (Table 4)*

<table>
<thead>
<tr>
<th>Housing type</th>
<th>Number of young people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supported Housing</td>
<td>8</td>
</tr>
<tr>
<td>Private housing</td>
<td>5</td>
</tr>
<tr>
<td>Shared Housing (Temporary)</td>
<td>4</td>
</tr>
<tr>
<td>Family Home (Temporary)</td>
<td>3</td>
</tr>
</tbody>
</table>

All but four care leavers have had multiple accommodations following discharge from care including supported accommodation, ex-carers, boarding, friends and family members. One care leaver reported to have lived in 14 different places following discharge from care. Out of 20, 8 young people are currently living in supported accommodation, whilst 5 are living in private rental accommodation. The remaining 7 of the young people are living in temporary accommodation arrangements and hence are looking for a more permanent arrangement.

**Poor outcomes experienced by care leavers**

*Relationship and Contacts with Biological Family*

None of the care leavers interviewed reported having a close relationship with their parents during their period in care, however for some of them the relationships improved following discharge. The contacts between care leavers and their biological families were sporadic throughout the
substitute care system. Out of 20, 9 respondents however, reported having re-established the relationship following discharge from care, although this was still not viewed as a close relationship. Some young people reported having a closer relationship with their siblings than with their parents and receiving support from them. The lack of a close relationship and regular contact with the biological parents have contributed to feelings of anger, self-blame, insecurity and loss of identity among care leavers.

**Education and employment (Table 5)**

<table>
<thead>
<tr>
<th>Highest educational level achieved</th>
<th>Number of young people</th>
</tr>
</thead>
<tbody>
<tr>
<td>VCE</td>
<td>4</td>
</tr>
<tr>
<td>Year 11</td>
<td>4</td>
</tr>
<tr>
<td>Year 10</td>
<td>6</td>
</tr>
<tr>
<td>Year 8</td>
<td>1</td>
</tr>
<tr>
<td>Year 7</td>
<td>3</td>
</tr>
<tr>
<td>Grade 6</td>
<td>1</td>
</tr>
<tr>
<td>Grade 5</td>
<td>1</td>
</tr>
</tbody>
</table>

This table shows that only 4 of the care leavers have successfully completed year 12 and they did so following their discharge from care. Furthermore, only 4 have completed year 11, 6 have completed year 10 and the rest or 6 young people have only completed between year 5-7. Additionally, one of these care leavers is currently enrolled in a tertiary course, whilst the other two have completed some certificate courses. These care leavers reportedly had some supports from leaving care workers and also showed a strong determination to succeed academically. A few care leavers, however, enrolled in other apprenticeship and/or courses, but were unable to continue due to lack of stable accommodation or having to work to support themselves.

The most commonly reported reasons for the low level of education include: frequent changes of schools, emotional traumas resulting from past abuse, disruptive behaviours, learning difficulties, and lack of secure and stable accommodation during and post-care. Consequently, this has resulted in the majority of young people being unsuccessful in gaining and sustaining meaningful employment.
Out of 20 care leavers, only 5 are currently engaged in full-time paid employment, 2 are working part-time and 13 are unemployed and hence are fully dependent on Centrelink benefits. All but four of the care leavers reported having experienced financial difficulties and their income not being adequate to meet their needs.

**Poor physical and emotional health**

Out of 20 young people interviewed, eleven reported having suffered from depression and/or other mental health issues during and post care warranting prescribed medications and/or professional interventions. The staggering majority or 16 of the young people also reported to have suffered from some forms of physical health complications during and following discharge from care. One of the respondents has had several miscarriages which were attributed to repeated and prolonged physical and emotional abuse before and during care.

**Criminal behaviors**

A total of 11 out of 20 respondents in the study had been in trouble with the law and faced criminal charges both during and after being discharged from care. Some of them had multiple charges with aggravated assaults, possession of arsons, drink driving, drinking alcohol, broken entry, and possession of drugs, theft, driving without a license, illegal debt collection, and destruction of property. Some of the reasons for engaging in criminal behaviours as reported by respondents include: associating with the wrong crowd, breaking up with girl friends, feeding for drug and drinking habits, boredom and underlying anger.

**Early Parenthood**

Out of 20, 6 of the care leavers (3 females and 3 males) have children of their own including one having her first child at the age of 16 years and now at the age of 26, has 5 children. One of her 5 children is currently living in permanent care following a Child Protection Intervention. One young woman is currently pregnant and was due to give birth in 12 weeks at the time of the interview. Two of the other parents also have had Child Protection intervention with their children previously. All of the 3 young men have been separated from their children’s mothers including one who hasn’t seen his child since birth, who is now aged 5 years. Overall,
the young parents appear to have been quite protective of their children and showed some insight into their well-being.

**Leaving care experiences**

All but four of the care leavers didn’t feel adequately prepared for leaving care and there was very limited or no support before and after being discharged from care. Out of these 4, one was living independently, one with adoptive family, one with long-term foster carer and the other one with her extended family members. It is interesting to note that some of the young people felt ambivalent about leaving care. For example, on one hand they were excited and relieved, whilst on the other hand they felt scared and uncertain to face the real world. A few of the young people reported having ongoing contact with their workers from leaving care programs.

**Main problems experienced by Care Leavers**

The following is a summary of the main problems experienced by care leavers as perceived by young people in the study:

- Lack of support network and advice before and after leaving care;
- Lack of information regarding community supports and how to access them;
- Lack of basic independent living skills;
- Lack of clarity about options and future directions.
- Homelessness;
- Criminal behaviors;
- Drugs and alcohol use/abuse,
- Feelings of confusion, uncertainty, loneliness and rejection;
- Depression;
- Problematic relationships with the biological family;
- Being discharged too early;
- Lack of contact between young people and workers;
- Instability;
- Not having anywhere to return in case of emergencies,
- Lack of connection between young people and the wider community.
Resilience and positive Outcomes

It is evident from this research that some of the care leavers were able to cope remarkably well with the adversities resulting from their involvement with the substitute care system. These young people appear to have received some supports from leaving care and after care programs, carers and workers.

Those 5 care leavers who are currently engaged in full-time employment are living independently and supporting themselves. One of the care leavers is currently involved in a traineeship in Business Administration and has been offered a job there pending successful completion of her training. This particular care leaver is living independently, working part-time and seems fairly content and confident with some clear future goals and aspirations. It is to be noted that she has had ongoing contact with and support from her brother throughout. Two of the care leavers are currently involved in a self-managed business in personal training for other young people with the assistance from a leaving care program, and appear very successful and content with their achievements. Two other two care leavers are also working full-time and earn an income to adequately support themselves.

All of these young people appear to have had a good supportive network of friends and ex-carers whom they can call upon for practical and emotional support whenever needed. Some of these young people have also showed considerable determination to succeed and move forward despite their traumatic past history.

Summary of Key Themes and Implications for Practice

- Young people enter care under different circumstances with a varying degree of need, maturity and vulnerabilities, and therefore the leaving care services need to be flexible and diversified to cater for their unique needs.

- There is a direct association between out of home care experiences and the post-care outcomes in all aspects of young people’s lives. This implies that some of the negative post-care outcomes can be minimised by providing preventative and adequate support services to young people leaving care.
A significant number of young people leaving care appear to be caught in a vicious cycle of poverty and deficiency in their personal lives and have a very little capacity to break this cycle.

Despite the adverse effects resulting from their past abuse and inadequacies in the care system, some young people demonstrate considerable resilience in overcoming the odds and finding fulfillments in their lives. The resilience appears to be closely associated with the availability of formal and informal supports, mentors, strong determination and positive sense of identity, which should be promoted through all phases of the substitute care system.

A flexible and individually tailored support service could facilitate improved and satisfying outcomes for care leavers, and young people should be listened to more and actively involved in the policy planning and decision making.

An Affirmative Action plan to promote better outcomes

Affirmative action supports and programs are needed to compensate care leavers for the disadvantages produced by their traumatic pre-care experiences, their lack of family support, and in some cases, their less than supportive substitute care experiences (Cashmore & Paxman, 2006a, p.24; Green & Jones, 1999, p.4). At the very least, state care authorities should aim to approximate the ongoing support that responsible parents in the community typically provide to their children after they leave home. The aim of this support would be to promote the participation of care leavers in mainstream social and economic systems (Broad, 2005, p.14; Pokempner, 2006). The provision of the following assistance during and following the transition from care is essential:

**Transition Period:** Transitions from care should be well-planned, undertaken in consultation with the young person, and reflect developmental maturity rather than solely age (Biehal & Wade, 1999, pp.87-88). For example, the UK Government has suggested that young people be given a veto over any decisions about legally leaving care before they turn 18 years (DES, 2006, p.84). All the evidence suggests that those who leave care at an older age are likely to do better because they are provided with greater ongoing social and economic support (Courtney & Dworsky, 2005, p.15).
**Housing:** Care leavers require ongoing accommodation within the family home, or alternatively assistance with accessing and maintaining affordable and stable alternative accommodation. Given that 95 per cent of the Australian children in care reside in home-based care - either foster care or kinship care - (CARC, 2005, p.83), the easiest solution would be to provide continuing financial support to maintain these placements (Cashmore & Paxman, 2006a, p.23; 2006b, p.239). Where this is not possible, care leavers should preferably be offered specific accommodation designed to meet their needs (CECFW, 2006, p.16). A good example of such a model is provided by St Lukes Children, Youth and Family Services in Bendigo which offers care leavers access to secure and safe housing via a flexible range of housing options including subsidized rental properties and a boarder provider program (Bonnice, 2005). Similar models of supported accommodation have been developed by local authorities in the UK (DES, 2006, pp.88-89; Stein, 2004, pp.100-101).

**Social Supports and Relationships:** Care leavers should be assisted to renegotiate relationships with family members, and also to develop wider informal support networks and friendship groups including a mentor or advocate (Beckett, 2005, pp.105-06; Biehal et al, 1995, p.245; Broad, 2005, p.126; London, 2004, p.29; Raman et al, 2005, p.10; Sinclair et al, 2005, pp.212-213). St Lukes recommend utilizing a mentoring model to assist young people to connect with the community through a range of social, recreational and/or leisure activities (Bonnice, 2007).

**Physical and Mental Health:** Care leavers should be provided with access if necessary to ongoing counselling in order to address unresolved feelings of anger and grief from their childhood. For example, the Forgotten Australians report noted that counselling was beneficial in terms of promoting good physical and mental health, offering a supportive relationship in times of crisis, building self esteem, helping to overcome depression or stressful situations, and developing meaningful relationships (CARC, 2004, p.305). Care leavers also require support to have regular medical check ups and develop healthy lifestyles plus ongoing assistance with the costs of their health care including dental care and other specialist treatment. At the very least, all care leavers should be registered with a doctor, a dentist and an optician (Davidson, 2006, pp.18-27; Saunders & Broad, 1997; Stein, 2004, p.96; Scott, 2005, pp.167-68).

**Early Parenthood:** Teenage pregnancy prevention programs including sexual education and distribution of contraceptives should be offered to
all young people in out of home care (Davidson, 2006, pp.39-46; Vinnerljung et al, 2007, p.111). In addition, holistic programs of parent support should be available to assist care leavers who become young mothers. There needs to be a particular emphasis on providing them with the skills and resources that will prevent their own children being placed in care (Biehal et al, 1995, p.141; Cashmore & Paxman, 1996, p.174; Wheal, 2005, pp.139-42).

**Education and Employment:** Care leavers require ongoing support and encouragement to complete further high school education and/or training including specialised teaching and tutoring (Broad, 2005, p.32; Stein, 2004, p.98; Wheal and James, 2005, pp.67-68). They also require substantial assistance to undertake higher education. At the very least, Australia should follow the lead of the UK Government which has introduced a national bursary of two thousand pounds minimum for each care leaver undertaking higher education. Some local UK authorities provide even greater financial support (DES, 2006, pp.85 & 90-91). Many care leavers will also need to be assisted via a supported employment program and work placement in order to access the labour market (Bonnice, 2007).

**Finances and Income Security:** Many care leavers are likely to be unemployed, and reliant on the independent rate of youth allowance. Those moving into independent living should be provided with financial assistance to access appropriate furniture and household items, and pay advance rent and bond if necessary. This assistance should not be limited to a one-off payment (as with the current Transition to Independence Allowance) given that some young people may move on a number of occasions before they attain stable housing (Biehal et al, 1995, p.55; Bonnice, 2003, p.10; Cashmore & Paxman, 2007, p.30). Care leavers may also need specialist assistance in their dealings with Centrelink in order to ensure that they are not unfairly subject to payment breaches and associated fines and suspensions.

**Indigenous care leavers:** A specialist leaving care service is required to address the particular needs of the disproportionate number of indigenous young people in care. The state-wide Marungbai service currently operating in New South Wales suggests a model whereby such a service is established in collaboration with existing Aboriginal and Torres Strait Islander agencies and communities (Maunders et al, 1999, p.80).
**Rural Care leavers**: Specialized supports and services are needed to facilitate the participation of rural and regional care leavers in the social and economic mainstream. For example, the leaving care and after care support service established by St Luke’s Children, Youth and Family Services provides a model of an effective and holistic service to meet the housing and support needs of care leavers in rural areas (Bonnice, 2005).

**Conclusion**

Young people leaving care experience a number of structural disadvantages as a result of their pre-care and in-care experiences. Many face substantial social exclusion in terms of lacking access to adequate income and resources, being denied entry into employment or training, and struggling to establish supportive social networks. The state care parent has an obligation to redress these disadvantages by providing care leavers with the same ongoing resources and opportunities that any responsible parent would offer.

**References**


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