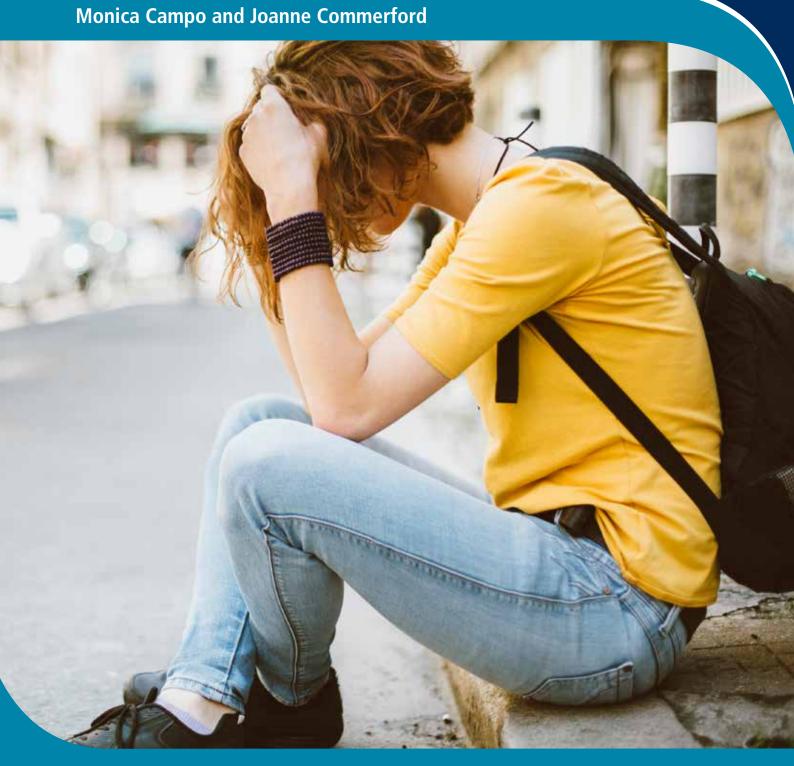# Supporting young people leaving out-of-home care

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The transition from adolescence to adulthood—emerging adulthood— is now recognised as a significant stage in the life cycle in developmental, emotional and social terms. Young people leaving out-of-home care (OOHC) face this transition to adulthood without family support and with significant extra barriers such as poor mental health, intellectual and physical disabilities, and developmental delays. They are further disadvantaged through structural impediments and economic and social policy factors, such as the lack of affordable or appropriate housing and high unemployment.

Despite state and national government commitment to better support young people leaving care, evidence suggests there are continuing shortfalls in policy and legislation. This paper examines international and Australian literature to identify the key areas of support that may help young people to successfully transition from care. Children and young people in OOHC are one of the most vulnerable, disadvantaged and traumatised populations in the Australian community.

KEY MESSAGES

- The transition from adolescence to adulthood—emerging adulthood—is a significant social and developmental stage as well as a period of substantial brain development. Young people leaving care face this transition without the same social support systems or family safety nets as their peers.

- Experiences of early trauma and abuse or mental health issues may further place young people leaving care at a disadvantage during the transition to adulthood and independence.

- Stability of care and emotional security during time in care are significant predictors of young people's outcomes. However, residential care does not seem to meet the needs of vulnerable children and may also exacerbate trauma.

- Research suggests the leaving care transition needs to be flexible, gradual and well planned. This includes individual transition planning based on the young person's needs, flexible post-care options and ongoing emotional and financial support until young people reach 25 years of age.

- Housing and homelessness are recognised as significant issues for young people leaving care.

The transition from adolescence to adulthood is a significant social and developmental stage as well as a period of substantial brain development. It is a period of the life course that is recognised as requiring adequate resources and access to educational, employment and housing pathways and options, in addition to the emotional and financial support of family (Greeson & Thompson, 2014; Avery & Freundlich, 2009). Young people transitioning from residential out-of-home care (OOHC) or foster care, however, face this transition to adulthood without such resources, and often without family support or guidance, at a younger age than their peers. Further, children and young people in OOHC are one of the most vulnerable, disadvantaged and traumatised populations in the Australian community, with many having experienced some form of abuse or neglect, family violence or parental substance abuse prior to entering care (Mendes et al., 2011b). Pre-care experiences many be compounded by poor or unstable OOHC care arrangements, inconsistent

schooling, poor mental health and social exclusion during their time in care. These factors all contribute to young people's transition experience, their ability to cope with the transition and their life outcomes following transition (Beauchamp, 2014; Cashmore & Paxman, 2007; Mendes, Johnson, & Moslehuddin, 2011b).

There is a large body of literature examining these outcomes for young people. This paper focuses on the needs of young people from a developmental or life course perspective. It examines the social developmental needs of young adults transitioning to adulthood in the context of leaving care, and then goes on to examine the literature on how best to support young people leaving care.

Policy context

In Australia, each state and territory government has its own legislative and policy framework, which governs and regulates its child protection system (FaHCSIA & National Framework Implementation Working Group, 2011). A key priority in the Council of Australian Governments' *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020*, endorsed by all Australian governments in 2009, is providing a nationally consistent approach to supporting an effective transition for young people leaving OOHC. The third action plan, released in 2015, includes the strategy "helping young people in out-of-home care to thrive into adulthood." The strategy's over-arching goal is to develop "direct actions to break the cycle of disadvantage for these young people, and their future children" by strengthening and developing intensive support and priority access to key services such as housing (Department of Social Services [DSS], 2015).

In 2011, the Department of Families, Housing, Community Services and Indigenous Affairs released guidelines for national standards for OOHC (FaHCSIA & National Framework Implementation Working Group, 2011). These guidelines were intended to ensure children in OOHC are given "consistent, best practice care" (2011, p. 4) and were designed to improve the outcomes of young people by focusing on: health; education; care planning; connection to family; culture and community; transition from care; training and support for carers; belonging and identity; and safety, stability and security. These key areas were chosen based on consultation with children and young people as well as carers and service providers. Each indicator in the national standard is monitored and measured annually by the Australian Institute of Health and Welfare. There is no legislative obligation for states and territories to follow these minimum standards, however, and the variation in policy and legislation between states and territories means that care leavers in Australia receive different levels of support (Mendes, Johnson, & Moslehuddin, 2011a) (see Table 1, page 5).

Most states and territories offer support to young people leaving care up to the age of 25 years (with the exception of Victoria and Queensland who offer services up to the age of 21 years), and begin to plan for this transition from the age of 15 years (see Table 1). While support is offered past 18 years, most young people are expected leave OOHC at 18 years of age. Types of support commonly offered by each state and territory include: help to access records and information on services, financial management, accommodation, education and training, employment, legal advice, access to health and community services, and counselling and support services. Planning to transition commonly involves an assessment of the young person's needs, independent living skills, accommodation needs and employment and income support needs (Beauchamp, 2014).

However, all states offer only discretionary rather than mandatory post-care support, and most of the funding provided is allocated to preparation or transition (15–18 years) rather than post-care (18–21/25 years).

The Australian government offers all care leavers the Transition to Independent Living Allowance (TILA) of up to $1,500 per person designed to help young people exiting formal care make a successful transition to independent living. TILA helps with the costs of goods and services associated with the young person's transition to independence plan, such as housing costs, studying/training, and finding employment. TILA is one of the Australian Government's contributions to the National

Box 1. What is out-of-home care?

Out-of-home care (OOHC) is alternate care for children aged 0–18 who are unable to live with their families or guardians (Child Family Community Australia [CFCA], 2015). These arrangements can be formal or informal. Formal arrangements occur when children come under a state or territory statutory child protection order, most commonly because of abuse, neglect or family violence (Department of Families, Housing, Community Services and Indigenous Affairs [FaHCSIA] & National Framework Implementation Working Group, 2011; CFCA, 2015). While many children can be reunited with their families once the families receive appropriate services and support, some children will remain in OOHC for an extended period of time (FaHCSIA & National Framework Implementation Working Group, 2011). OOHC should be a last resort for keeping children safe (CFCA, 2015).

Numbers and characteristics of children in out-of-home care

As at 30 June 2015, there were 43,399 children in OOHC in Australia (Australian Institute of Health and Welfare [AIHW], 2016). A little over half of children in OOHC are boys (52%) and the median age of children in care is 9 years. Indigenous children are over represented in OOHC. According to the latest data from the Australian Institute of Health and Welfare (AIHW, 2016, p. 54):

> Nationally, the rate of Indigenous children in out-of-home care was 9.5 times the rate for non-Indigenous children. In all jurisdictions, the rate of Indigenous children in out-of-home care was higher than that for non-Indigenous children, with rate ratios ranging from 2.9 in Tasmania to 16.3 in Western Australia.

Compared to non-Indigenous children, Indigenous children are more likely to receive a protection order and be placed in care for neglect (AIHW, 2016). It has been argued that the conceptualisation of neglect by child protection systems is problematic and informed by cultural subjectivity and the "continuing lack of understanding of Indigenous cultures (including the significance of extended family)" (Mendes, Saunders, & Baidawi, 2016 see also Briskman, 2014).

Types of out-of-home care

There are four main types of OOHC: home-based care, family group homes, residential care and independent living. The vast majority of children currently living in OOHC (93%) are in home-based care (AIHW, 2016). A minority of children are placed in residential OOHC (5.5%) and the remainder in family group homes, independent living or other arrangements.

Home-based care (foster or kin care)

Placement is in the home of a carer who is reimbursed by the state or territory. This includes placement with a foster carer or with a family/kin carer where there is an existing relationship with the child (FaHCSIA & National Framework Implementation Working Group, 2011).

Family group homes

Placement is in a residential building provided by a government department or community organisation and staffed by resident carers who are "reimbursed and/or subsidised to provide care" (AIHW, 2016, p. 48). There are usually a limited number of children/young people living in such homes, which aim to emulate family living (FaHCSIA & National Framework Implementation Working Group, 2011).

Residential care

Placement is in a residential building provided by the government department and staffed by paid carers. Children in residential care tend to be older (median = 14 years); however, the most recent AIHW data shows an increase in the number of children aged under 10 in residential care. For example, in South Australia, 42% are under 10 years of age and in Western Australia, 36% are under 10 years of age (AIHW, 2016).

Independent living

Child or young person lives in private accommodation or boarding arrangement, or in lead-tenant situations.

Table 1: Legislative and policy requirements for post-care support

State/Territory	Legislation or policy	Length of support
Northern Territory	Legislation	**Planning to begin**: 15 years **Support provided**: Up to 25 years*
Victoria	Legislation	**Planning to begin**: Above the age of 15 years and at least 12 months prior to a young person exiting care. Reviewed 6 monthly **Support provided**: Up to 21 years*
Western Australia	Legislation	**Planning to begin**: Should begin when a young person reaches 15 years of age . If they enter out-of-home care after the age of 15 years, should begin immediately. **Support provided**: Up to 25 years*
New South Wales	Legislation	**Planning to begin**: At or above the age of 15 years and at least 12 months prior to a young person exiting care (2 years in the case of young people with disability) **Support provided**: Up to 25 years (or after, at the discretion of the Minister under exceptional circumstances)*
South Australia	Policy	**Planning to begin**: At age 15 years **Support provided**: Up to age 25 years under the Transitioning from Care Policy or through the Post-Care Service for which there is no specified age limit*
Tasmania	Policy	**Planning to begin**: At age 15 years **Support provided**: For young people aged 18–24 years, financial support may be approved for young care leavers who were in care for 2 or more years from the age of 14 years*
Queensland	Policy	**Planning to begin**: From 15 years **Support provided**: Up to 21 years of age*
Australian Capital Territory	Policy	**Planning to begin**: A transition plan must be prepared for a young person in out of home care who is at least 15 years and the Director General must take reasonable steps to ensure the plan is implemented. **Support provided**: Up to 25 years; however provision of this assistance is discretionary*

Note: *On an as needs basis, not mandatory.

Source: Adapted from, FaHCSIA & National Framework Implementation Working Group, 2010, *Transitioning from out of home care to independence*.

Framework for Protecting Australia's Children 2009-2020. When applying for the TILA on behalf of a young person, caseworkers must state that the young person has a transition to independence plan. The plan should align with the approach agreed by all jurisdictions in the guide, Transitioning from out-of-home care to independence: A nationally consistent approach to planning (FaHCSIA & National Framework Implementation Working Group, 2010). The TILA therefore, integrates with jurisdictions' other leaving care supports.

Outcomes for young people leaving care

Leaving care is legally defined as the cessation of legal responsibility by the state for children living in OOHC (Mendes, 2009). Nationally, during the 2014–15 year, there were 11,581 children admitted

to OOHC and 11,100 discharged (AIHW, 2016). Of the 11,100 children and young people discharged from OOHC, young people aged 15–17 years accounted for 29% (AIHW, 2016). Some discharged children and young people remain living in their existing foster or kinship-care placements and others return to their family of origin. Many, however, go on to live independently (Mendes, Baidawi, & Snow, 2014). As Mendes et al. (2014) noted, Australian jurisdictions do not keep a record or officially monitor the progress of care leavers and, as such, there are no figures to indicate how many young people fall into each category.

There are also no nationally representative Australian studies assessing the trajectories of young people leaving care. However, a considerable body of research from small-scale qualitative studies and international research indicate that young people who exit care experience significant social and economic marginalisation and including a range of poor educational and health outcomes (McDowall, 2009; 2013; Mendes et al, 2011b; Stein, 2012; Stein & Munro, 2008):

- homelessness and/or housing instability (Crane, Kaur, & Burton, 2013; Flatau, Thielking, MacKenzie, & Steen, 2015; Johnson et al., 2010);

- significantly higher rates of mental illness compared to the general population (Akister, Owens, & Goodyer, 2010; Rahamim & Mendes, 2015);

- unemployment/underemployment (Dixon, 2007; Mendes, 2009);

- substance abuse issues (Cashmore & Paxman, 1996; 2007; Johnson et al., 2010);

- involvement in the youth criminal justice system (Mendes et al., 2014);

- early parenthood (Fairhurst, David, & Corrales, 2016); and

- low educational attainment (Rogers, 2015).

Longitudinal research suggests that care leavers are not a homogenous group and that how well they fare when leaving care is a result of a "complex interaction of factors" (Cashmore & Paxman, 2007, p. 3; see also Mendes et al., 2011b; Stein, 2012). This could include their experiences prior to placement, the type of OOHC they are placed in, their experience within OOHC, stability of placement, their connections with family/kin, the age when they transition from care, and their access or use of support services.

It should be noted that not all care leavers experience poor life outcomes, and many do go on to have successful lives, including some who are prominent in Australian sport, politics and academia. Recent research (Mendes & Snow, 2016, forthcoming) emphasises that children and young people in OOHC can experience supportive and stable placements, and ongoing positive relationships with carers and workers, enabling them to overcome adversities and experience positive outcomes despite previous deprivations (see also Stein, 2012).

Certain populations of care leavers face additional, or multiple, difficulties when leaving care, such as Indigenous care leavers, care leavers with disabilities or mental health issues, and those living in rural and remote areas (Mendes et al., 2011). Indigenous care leavers exit care at a younger age than non-Indigenous care leavers, leaving many ineligible for post-care assistance because they were no longer under statutory care at age 16 (Mendes et al., 2016). Indigenous care leavers are less likely to have finished school, are less likely to go on to further education and training, and are disproportionately represented in the youth criminal justice system (Mendes et al., 2016).

Box 2. Beyond 18: The longitudinal study of leaving care

The Beyond 18 study is currently being undertaken by the Australian Institute of Family Studies and the Victorian Department of Human Services. The study aims to focus on the leaving care experiences of young people in the care system in Victoria. The study seeks to better understand how young people leaving care are faring in finding long-term accommodation, finding work or further education, building social networks, and accessing services. For more information see <aifs.gov.au/projects/beyond-18-longitudinal-study-leaving-care>.

Young people with a disability face significant disadvantages on exiting OOHC. A recent study found that there is a lack of appropriate housing and accommodation for care leavers with a disability and that young people who move into adult disability services experience "greatly reduced levels of support" (Snow, Mendes, & O'Donohue, 2014, p. 3). They are also less likely to be in employment or post-school training, are less likely to have had input into post-care arrangements, and lack awareness of the post-care services and funding that they are entitled to (Snow et al., 2014). There is a lack of disability support services generally, but particularly in rural and remote areas (Mendes, 2012).

There is minimal research on gender differences in outcomes for young people in OOHC; however, young women who have spent time in OOHC tend to become mothers at a younger age than their peers (Fairhurst et al., 2016; Mendes et al., 2011b). Some of the challenges experienced by young mothers who have been in OOHC include lack of appropriate parenting models; poor understandings of pregnancy and parenthood; difficulty engaging with services; and housing instability/homelessness. General research on young mothers indicates that they experience social isolation, and poverty and economic disadvantage (Farber, 2014).

A social developmental framework for understanding outcomes

Many of the disadvantages experienced by young people may be directly related to their experiences in OOHC and/or the lack of family, societal and structural support post-care. However, it is important to understand that children and young people in OOHC "come from highly disadvantaged families characterised by poverty, relationship breakdown, substance abuse, violence, disability and mental illness" (Mendes et al., 2011b, p. 3). Further, many have experienced and may still be recovering from physical, sexual or emotional abuse or neglect experienced before entering OOHC. As Fairhurst et al. (2016, p. 2) state:

> explanations for these generally poor outcomes tend to coalesce around two interrelated factors, namely, the long-term impact of early childhood abuse, neglect, and maltreatment, and the lack of supports available to young people as they exit the OOHC system.

As such, young people's experiences upon leaving care can be contextualised within a social development framework (Horrocks, 2002). While this framework of understanding was theorised by Horrocks over a decade ago, more recently there has been an increasing focus in research and practice on the *developmental* needs specific to young people leaving care (Avery & Freundlich, 2009; Fairhurst et al., 2016; Meade & Mendes, 2014; Mendes et al., 2014; Mendes , Baidawi & Snow, 2014). Therapeutic approaches to supporting young people during and after leaving care aim to meet these unique developmental and therapeutic needs (e.g. Bath & Smith, 2015; Fairhurst et al., 2016; Hodgdon, Kinniburgh, Gabowitz, Blaustein, & Spinazzola, 2013; Peak Care, 2015a).

The next section discusses what is know about the period of the life course known as "emerging adulthood", and how this period of life is distinctive for young people leaving care.

Emerging adulthood

For young people in industrialised countries, the transition from adolescence to adulthood occurs later in life, and is a more gradual, more uncertain, more complex and varied process than it was in the past (Arnett, 2007; Avery & Freundlich, 2009; Setterson Jr & Ray, 2010). Avery and Freundlich (2009) explained, the "traditional markers of adulthood such as completion of education, marriage and parenthood have become decoupled from the attainment of adulthood" (p. 248). For example, in Australia, a combination of cultural, social, economic and technological factors has resulted in young people remaining in the family home for longer periods, delaying marriage and parenthood, and staying in education or training for longer (AIHW, 2015). Young people aged 18–25 in Australia are also more likely to be unemployed/underemployed compared to other age groups (AIHW,

2015), further delaying their transition to independence. Compared to earlier generations, young people rely on their parents for financial, practical and emotional support, well into their twenties (Vassallo, Smart, & Price-Robertson, 2009). Findings from the Australian Temperament Project (Vassallo et al., 2009), for instance, found that parents remained a vital and "major presence" (p. 14) in the lives of young adults, particularly if they still lived at home.

The concept of "emerging adulthood" has become the dominant concept in research relating to the adolescent transition to adulthood, and has led to an understanding of this period as a distinct period of the life course (Arnett, 2000; Greeson & Thompson, 2014). Emerging adulthood covers the period from the late teens to the mid to late twenties and is characterised by explorations of identity, instability, self-focus and feelings of being in-between adolescence and adulthood. It is a period characterised as different from adolescence but not yet adulthood (Arnett, 2000; 2007).

Research now suggests that emerging adulthood is also a significant *developmental* stage in terms of cognitive, emotional and behavioural maturity (Avery & Freundlich, 2009). Several cognitive and behavioural development milestones occur during this period including: development of reasoning; ability to establish intimacy in personal relationships; establishment of impulse control; and compliance with social conventions (Avery & Freundlich, citing Arnett & Taber, 1994). Furthermore, late adolescence is a significant period for brain activity and growth, directly affecting young adults' behavioural and emotional development (Avery & Freundlich, 2009; Jetha & Segalowitz, 2012). Brain activity during this period tends to occur in the prefrontal cortex region "associated with impulse control, calibration of risk and reward, emotion regulation, projection of self into the future, strategic thinking" as well as prioritising, strategising and weighing consequences of decisions (Avery & Freundlich, 2009, p. 250; Jetha & Segalowitz, 2012).

In sum, emerging adulthood is a period of significant change, instability and identity exploration, as well as a significant stage for brain development. Social and economic influences result in young adults remaining at home and relying on the emotional, practical and financial support of parents for longer periods than previous generations. What does this mean then, for young adults leaving state care?

Emerging adulthood and leaving care

As a theory, emerging adulthood has been critiqued as being only relevant to advantaged youth in industrialised Western countries with the resources and social capital to assist them during this unstable/in-between stage (Avery & Freundlich, 2009; Greeson & Thompson, 2014). The majority of young people leaving OOHC face this period without family support and, crucially, without the availability of family homes to return to if initial housing, educational, employment or relationship arrangements do not work out (Greeson & Thompson, 2014; Mendes, Baidawi, & Snow, 2014). Young people leaving care are forced to become independent at an earlier age than their peers are, *and* without the same support systems or safety net of family (Greeson & Thompson, 2014).

Avery and Freundlich (2009) argued that care leavers lack significant social capital compared to their peers. Social capital (as applied to the issue of emerging adulthood) is:

> An interpersonal resource upon which individuals can draw to enhance their opportunities in life … It is formed as a result of relationships between parents and children, and is enhanced when the family is embedded in social relationships with other families and community institutions (Avery & Freundlich, 2009, p. 252).

Young people leaving care do so with significant "social capital deficits": very few have connections with parents or family, and many have physical, mental health and development issues as a result of abuse and/or trauma (Avery & Freundlich, 2009). Without access to adequate resources and support, care leavers will most likely have difficulties in negotiating the transition to independence successfully: particularly in the context of economic and social policy factors affecting this transition, such as housing costs and lack of employment (Greeson & Thompson, 2014; Mendes et al., 2011b).

Moreover, young people in OOHC may suffer from developmental delays that potentially hinder or inhibit their ability to gain independence (Mendes et al., 2014). As outlined above, the neurobiological evidence suggests that final maturation of the prefrontal area of the human brain—those areas concerned with planning, organisation and emotion regulation—do not mature until the mid-twenties. However, this can be significantly delayed for children who have experienced trauma or abuse (Delima & Vimpani, 2011, cited in Mendes et al., 2014; see also Avery & Freundlich, 2009; McLean, 2016a).

Children in care are likely to have been exposed to trauma as well as a range of other early life adversities that may affect cognitive development, such as antenatal alcohol or substance abuse, family violence and neglect (McLean, 2016a). Empirical research has shown that early childhood exposure to such adversities is associated with a range of physical, mental and health outcomes including delays in brain development (Campo, 2015; McLean, 2016a; Price-Robertson, Wall, & Higgins, 2013).[1] McLean (2016a) summarises the changes or effects in brain structure and development as:

- general cognitive and language delay including lowered IQ (however, it is important to note there are many other factors that can also contribute to lower IQ for children in care including their lack of stable education);

- bias in the processing of social/emotional information such as hyper-sensitivity to anger and inhibited ability to process social information; and

- changes to executive functioning, which affects the ability to plan and organise as well as regulate emotion and behaviour.

These neurobiological effects of early childhood adversity and trauma can also affect children's ability to "achieve age-appropriate behaviour" (Avery & Freundlich, 2009, p. 251). As such, many care leavers may not be developmentally mature enough to live independently at age 18 (Fairhurst et al., 2016; Meade & Mendes, 2014; Mendes et al., 2014; Rahamim & Mendes, 2015). The Mendes and colleagues' study (2014), involving 77 stakeholders in OOHC and post-care services in Victoria, suggested that regardless of their maturity or development, many young care leavers have experienced significant trauma in their early life resulting in ongoing psychological difficulties affecting their ability to develop appropriate life skills and successfully live independently. Added to this is the higher likelihood of adolescents in care suffering a range of mental health issues that often start in late adolescence or during the transition from care period (Rahamim & Mendes, 2015).

The meaning of emerging adulthood for this population is thus quite different to young people who grow up in stable homes and who are able to be supported both financially and emotionally through the transition to adulthood. Young people leaving care are a vulnerable group who are doubly disadvantaged in this critical period as result of forced independence without adequate social and financial supports, and may not be developmentally ready to live independently because of early trauma and abuse or mental health issues.

Supporting young people leaving care

As discussed in the policy section above, improving both the quality of OOHC and improving outcomes for care leavers is a key priority in the third action plan of the Commonwealth Government's national *Framework for Protecting Australia's Children* (COAG, 2009). State and territory governments have also made commitments to improve transition from care. For example, in 2012, the Victorian Government implemented its framework *Care and Transition Planning for Leaving Care in Victoria* (Department of Human Services [DHS], 2012). The framework recognises that care leavers need extended and flexible support options, and aims to provide practitioners

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1   Mclean (2016a) pointed out that many of these assumptions about the effect of trauma and other adversities on brain development have not been subject to critical review and that there is lack of empirical research in this area (see also Wall, Higgins, & Hunter, 2016). Moreover, there are many other factors that may contribute to developmental delays and brain development including genetics, prenatal influences and mental health issues (McLean, 2016).

involved in the delivery of case management, OOHC and post-care support with best practice approaches to preparing young people for transition, including:

> [a] developmentally-based framework that supports children and young people to develop skills and resources to grow into mature young adults and able to participate fully in community life. (2012, p. 2)

The Victorian Government has also implemented and funded mentoring and post-care support services in eight regions across the state (Meade & Mendes, 2014), and recently indicated an intention to introduce a social impact bond targeted at care leavers.

Evaluations, studies and government reviews/inquiries, however, have demonstrated that there are continuing shortfalls in policy and legislation, and that young people continue to face difficulties in the transition period (Child Protections Systems Royal Commission, 2016; Johnson et al., 2010; McDowall, 2009, 2013; Mendes et al. 2014; Mendes et al., 2016; Senate Community Affairs Reference Committee, 2015; Whyte, 2011).

In 2009, the CREATE foundation conducted research to assess how care systems were meeting the needs of young people leaving care (McDowall, 2009). The study found that the majority of care leavers were not receiving the support/assistance they required. McDowall argued that while "on paper", states and territories appeared to be addressing the needs of care leavers through various legislation/policy and funding to support services, these "good intentions" were not being translated into real support for young people (McDowall, 2009, 2011). McDowall (2009) identified three areas where young people encountered problems/issues:

- the preparation phase;
- the transition phase; and
- the after-care independence phase.

The preparation phase begins at age 15 and is the phase during which leaving care planning should begin and when ongoing health and education needs should be assessed. The transition period phase is the period when the young person will physically leave care, become established, find a home and gain financial independence (McDowall, 2011). McDowall's research (2008, 2009, 2013) found that there was a significant lack of support in this phase for young people. For example, of the 50% of young people interviewed that were leaving care at age 18, 40% did not know where they were going to live, and almost 35% experienced homelessness in the first 12 months after leaving care. McDowell identified the after-care, or independence, phase as a "low priority" area for child protection authorities, with confusion over which government departments should be responsible for tracking outcomes or progress for care leavers.

Australian and international literature has consistently identified several key factors or reforms needed to improve the outcomes of young people leaving care in the various phases identified by McDowall (c.f. Stein, 2012). The literature also reflects the concept of "corporate parenthood" (see Box 3), which espouses a model in which governments and child protection authorities act as natural parents/carers by providing ongoing nurturing, financial and practical support for care leavers as they enter the emerging adulthood period (Mendes et al., 2011b). The factors consistently identified in the literature include:

- improving quality of care and placement stability;
- improving transition planning;
- leaving care based on developmental readiness, not chronological age;
- flexible post-care options up until 25 years of age (i.e. the ability to return to OOHC if needed);
- emotional support/mentoring;
- therapeutic support;
- housing and employment assistance; and

■ better support for young parents (c.f. Beauchamp, 2014; Cashmore & Paxman, 2007; Dixon, Lee, Stein, Guhirwa, & Bowley, 2015; Mendes et al., 2011b; Stein, 2012).

Additional support is needed for some groups of care leavers such as those with mental health problems, substance abuse issues, or an intellectual or physical disability (Rahamim & Mendes, 2015).

The next section examines three key factors that may assist in supporting young people based on what is know about their developmental needs:

■ improving the stability and quality of residential care including therapeutic residential care;

■ good planning for transition that is flexible and tailored to meet the individual needs of the young person; and

■ housing assistance and support options.

Box 3: Corporate parenthood

The concept of corporate parenthood emerged from the United Kingdom in the 1990s as a model for governments and services to provide support and care to children in OOHC (Stein, 2012). It is founded on the principle that governments and services should make the same kind of commitment to providing ongoing nurturing and support to children that parents do (Dixon et al., 2015). As Mendes et al. (2011b, p. 56) explained:

> In practice this means providing [children] with the best possible placement experiences in terms of stability and supportive relationships, until their care order ends and then continuing to take responsibility for their welfare until they are at least 21 years old.

The concept of corporate parenthood acknowledges that young people leaving care need ongoing support through the emerging adulthood stage and that the state's responsibility should not cease when the young person turns 18 or leaves OOHC. It has been argued that the barriers and challenges care leavers experience are a direct result of the failure of the state to provide "ongoing financial, social and emotional support and nurturing typically provided by families" (Mendes et al., 2014, p. 403). In the UK, the Leaving Care Act (2000) incorporated the philosophy of corporate parenting into legislation that included the universal provision of a Personal Advisor to all young people leaving care (Meade & Mendes, 2014).

Mendes and colleagues (2011b) argued that all governments and welfare authorities in Australia should adopt the model of corporate parenthood to ensure young people leaving care receive the support they need. However, while the philosophy of corporate parenting is incorporated in UK policy and practice (Stein, 2012; Dixon et al., 2015), Australia and the United States have not adopted the model.

Improving the quality and stability of out-of-home-care

While adolescence is a time of independence and exploration, family relationships remain vital to young people during this time (Daniel, Wassell, & Gillligan, 2004). Vulnerable children/adolescents, and particularly those who may have developmental delays or intellectual disabilities, need this support and security more so than their peers; thus, when family is unavailable, it is important that this support network is provided by others. Research has consistently suggested that stability of care and emotional security are significant predictors of young people's outcomes after leaving care (Cashmore & Paxman, 2006, 2007; Crane, Kaur, & Burton, 2013; Dixon et al., 2015; Stein, 2012). A systematic review of the literature (Jones , Everson-Hock, Papaioannou, et al., 2011), for example, identified that placement stability was a key element associated with positive outcomes on leaving care.

Though there are no nationally representative statistics, a number of small studies have shown that children and young people in care often experience multiple placements (Cashmore & Paxman, 1996; Child Protections Systems Royal Commission, 2016; Johnson et al., 2010). One Victorian study of 77 young care leavers found that 46% had more than ten placements during their time in care (Johnson, Natalier, Liddiard, & Thoresen, 2011). The recent Child Protection Systems Royal Commission (2016) in South Australia found that during 2012/13, 50 children leaving care had been in more than ten placements. Placement stability is a standard included in the National Standards introduced in 2011; however, the AIHW monitoring of placement stability currently only measures whether children have had 1 or 2 placements (placement instability would be categorised as more than this). The latest data suggests around 25% of children and young people exiting care have had two placements (AIHW, 2015).

Stability itself may not necessarily be the predictor of good outcomes, rather, it is how the young person experiences the stability of care that is important (Beauchamp, 2014; Mendes, 2011). For example, Cashmore and Paxman (2006, 2007) identified that "felt security" in care—feeling loved, feeling a sense of belonging, having a strong sense of personal identity—was critical to how well young people fared as adults (see also Dixon et al., 2015; Gaskell, 2010). When living arrangements are stable, young people also tend to have continuity in friendships, schooling, community activities and service providers (Beauchamp, 2014). Gaskell's qualitative study (2010) found that as well as stability and security, young people wanted to feel "cared for". Experiences of failed past care, however, dominated their understandings of adult carers and acted as a barrier to building trusting relationships (though the instability of carers, social workers and placements also contributed to this).

Security, and subsequently cognitive development, can be enhanced for children in OOHC by developing and supporting positive relationships and connections in children's lives—for example, by fostering connections with family, school and the broader community—and by offering evidence-based, trauma-specific interventions to all children in care (Bath & Smith, 2015; McLean, 2016a).

Safe and stable environments are essential for children with a history of trauma and abuse (McLean, 2016a) but OOHC placements "may indivertibly undermine psychological safety" through placement with strangers, placement in volatile residential care facilities, or placement without adequate transition planning (McLean, 2016a, p. 8). Recent national and state inquiries (c.f. Child Protections Systems Royal Commission, 2016; Commissioner for Children and Young People, 2015; Senate Community Affairs Reference Committee, 2015; Victorian Auditor-General, 2014) have highlighted serious problems within both residential and foster care systems in relation to the safety of vulnerable children and the sexual abuse of children in care by both workers and other children in care.

In addition to sexual abuse, issues with understaffing, underqualified staff and physical safety have been brought to light in recent inquiries. While residential care is seen as a last resort for children (often those with complex needs) who have experienced multiple placement failures (McLean, 2016b), demand for placements in residential units is increasing, particularly for children under 10 years (Audit Office of NSW, 2015; Child Protections Systems Royal Commission, 2016; Senate Community Affairs Reference Committee, 2015;). It is clear that residential care does not always provide a safe, secure or caring environment for vulnerable children and that major improvements and reforms to the system are required.

The South Australian Child Protections Systems Royal Commission (2016) recently recommended that a "wholesale reform of residential care is needed" in South Australia, with a focus on therapeutic care, ensuring no more than four children per facility and no child under 10 in residential care, and providing extra support for children with high needs adequately trained/skilled staff. The Victorian Commissioner for Children and Young People (2015) also suggested that residential care needed major reform and should be redesigned to encompass solely short-term therapeutic treatment prior to entering more permanent home-based care, which is believed to better support traumatised children and young people's needs.

Therapeutic residential care

There is a growing emphasis on therapeutic residential care in Australia and internationally (Anglin, 2015; Child Protections Systems Royal Commission, 2016; McLean, 2016b; Peak Care, 2015a; Whitaker, del Valle, & Holmes, 2015) and some evidence that therapeutic residential care models have increased in Australia in recent years (McLean, 2016b). Therapeutic residential care is informed by the research and clinical literature on childhood adversity and trauma (Bath & Smith, 2015). The National Therapeutic Residential Care Working Group (in McLean, Price-Robertson, & Robinson, 2011) developed a working definition of therapeutic residential care as:

> intensive and time-limited care for a child or young person in statutory care that responds to the complex impacts of abuse, neglect and separation from family. This is achieved through the creation of positive, safe, healing relationships and experiences informed by a sound understanding of trauma, damaged attachment and developmental needs. (Mclean et al., 2011, p. 2)

Anglin (2015) clarifies that therapeutic residential care is not about providing residential "treatments" (though targeted interventions should be offered to all children). Rather, residential therapeutic care is one in which "children and young people's psycho-emotional health and development functioning improves" (p. 43).

It is generally agreed that therapeutic residential care should be:

- trauma-informed;[2]

- based on research-informed practice principles;

- focused on helping children feel safe, developing positive developmental relationships and restoring or developing healthy connections to caring and emotionally available adults; and

- focused on healing and helping young people understand and cope with their past experiences of trauma and abuse

- short term;

- offered predominately in small "homelike" facilities. (Anglin, 2015; Bath & Smith, 2015; Mclean et al., 2011; Mclean, 2016b)

It also requires a highly trained, self-aware workforce that is able to sensitively respond to children's "psycho-emotional pain and behaviour" (Anglin, 2015, p. 44).

With limited evaluations of service models, there is limited evidence of the effectiveness of therapeutic models (see Mclean 2016b; Whitaker et al., 2015 for a summary of evidence). An evaluation of pilot therapeutic residential care sites across Victoria, commissioned by the Victorian Government, reported positive findings, however (Verso Consulting, 2011). The evaluation compared experiences of children in therapeutic care to children in standard residential care, over 30 months. Positive benefits of therapeutic care included:

- improvements in the quality of relationships between staff and children (as a result of increased staffing and the presence of highly qualified therapeutic staff);

- improvements in placement stability; and

- greater engagement/participation in community compared to children in non-therapeutic care.

Therapeutic support should be extended to young people leaving and/or transitioning from care, especially given that many mental health problems may emerge in late adolescence.

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2   For a full discussion of trauma-informed care/practice see Mclean, 2016a; Wall, Higgins, & Hunter, 2016. Peak Care Queensland have recently implemented a trauma-informed framework for residential care (Peak Care, 2015b).

Flexible, well-planned and supportive transition from care

There is a strong association in the literature between good preparation for leaving care, and better outcomes and coping after leaving care (Mendes et al., 2011b). International and Australian research suggest that transition from care needs to be flexible, gradual and well planned, rather than an abrupt cessation of care at age 18 (Dixon et al., 2015; Mendes, et al, 2011b; Stein, 2012). This includes individual transition planning based on the young person's needs, flexible post-care options and ongoing support until young people reach 25 years of age. Care leavers need to be given the same opportunities, support and guidance that many young people receive from family/ parents. Enabling young people to remain in care beyond 18 years of age, and the provision of ongoing post-care emotional, therapeutic and financial support, is associated with better outcomes (Cashhmore & Paxman, 2006). This is particularly pertinent for the significant numbers of young people exiting care who may have developmental delays, acquired brain injury, mental health issues and other complex needs (Meade & Mendes, 2014). See Box 4 for two examples of good practice community models that provide ongoing post-care support including housing assistance, mentoring and case management.

Emotional and mental health support during the transition and post-care period

Significant numbers of young people in OOHC experience poor mental health (Akister et al., 2010). The transition period may act as a trigger for mental health issues, suicide and self-harm (Rahamim & Mendes, 2015). Earlier experiences of placement instability, disrupted attachments to caregivers and sexual abuse in OOHC may adversely influence a young person's mental health when they leave care (Commissioner for Children and Young People, 2015; Rahamim & Mendes, 2015). Leaving care may be further complicated by the young person's delayed maturation, often experienced as a result of trauma and/or abuse, as described above. For example, Rahamim and Mendes' (2015) study reported that there was a "significant difference between care leavers' actual age and the developmental functioning." Another issue they identified was that OOHC policy and practice is "crisis driven" (2015, p 6). That is, driven by immediate or practical needs such as housing, while mental health is given a low priority. Participants in Rahamim & Mendes' study identified a need for better inter-agency collaboration between mental health services and OOHC services, and more mental health outreach services. Additionally, systemic-level support should address a range of needs—housing, education, employment, etc.—which would improve mental health outcomes on the whole (Rahamim & Mendes, 2015).

Positive relationships with others were also identified in the study as benefiting the mental health of care leavers. As such, as well as improving care leavers' access to counselling services, mentoring groups and programs in the community may also be beneficial. Most care leaving services in Australia offer mentoring programs to young people leaving care (Mendes et al., 2011b). Mentoring programs typically pair a young person with a non-family adult volunteer mentor from the community and aim to build a relationship that will encourage the young person's positive development and wellbeing (DuBois, Portillo, Rhodes, Silverthorn, Valentine, 2011). Relationships with caring adults, such as mentors, can be protective in helping young people overcome adversity and help to compensate for those at risk of experiencing negative outcomes (Mendes et al., 2011b; Zimmerman et al., 2013). The influence of mentoring programs, however, can vary based on several contextual factors such as a young persons previous relationship experiences, the quality of the mentoring relationship and how long the relationship lasts, as well as a variety of other personal, environmental and situational factors (Rhodes, Spencer, Keller, Liang, & Noam, 2006).

Establishing a close and trusting mentoring relationship with an unfamiliar volunteer adult may be difficult for young people with histories of attachment challenges, abuse and living instability (Gaskell, 2010; Thompson, Greeson & Brunsink, 2016). Natural mentoring, where young people choose a supportive, caring adult that they already know and with whom they may already have developed a relationship bond to be their mentor, has emerged as an approach to overcome

this concern (Thompson, et al., 2016). In Thompson et al.'s (2016) systematic review of natural mentoring programs for older youth in OOHC, a positive association was found between having a natural mentor and positive wellbeing outcomes. The natural mentoring relationship was found to be of particular importance during the foster youth's transition to adulthood and in adulthood.

Box 4: Good practice models supporting transition from care

Anglicare St Luke's Leaving Care and After Care Support Service

The St Luke's Leaving Care and After Care Support Service run by Anglicare in the rural Victorian town of Bendigo is a holistic community model that adopts a "corporate parenting strengths-based" approach that assumes responsibility for providing ongoing nurturing and support for young people in leaving care beyond 18 years (Mendes, 2011, p. 118). It is underpinned by a developmental approach to each individual user of the program to be appropriate to age, needs and developmental stage. In conjunction with community organisations, it provides a comprehensive after care service that includes case management, mentoring, employment and training assistance programs, material assistance, housing assistance and supported transitional housing.

A study involving 40 young people who had participated in the model, undertaken by Mendes (2011, 2012) suggested that a community model such as this has the potential "to enhance outcomes for care leavers" (2011, p. 138). Though the study was small, improvements were seen in the areas of housing, education and training, financial management and living skills. Further, following participation in the St Luke's program, some participants reported reduced anxiety/depression/anger and a reduction in drug and alcohol use. The authors noted, however, that it wasn't possible to establish a correlation between participation in the program and reductions in these behaviours (Mendes, 2012).

Berry Street Stand By Me Program

The Berry Street Stand By Me Program was developed following a scoping study in 2011 that identified the need for ongoing provision of support and services for young people leaving care with complex needs such as mental health issues, disabilities, and those engaging in high risk behaviours (Meade & Mendes, 2014). Young people with complex needs were identified as being particularly vulnerable to homelessness on exiting care. The Stand by Me Program is an adaptation of the Personal Advisor (PA) model developed in the UK (and offered universally in the UK). The core elements of the PA model are on providing medium-term support, beginning in care and going through to the post-care period, provision of secondary support and consultation with existing case managers and transition planning (Meade & Mendes, 2014, p. 9).

The Stand by Me Program focuses on early intervention and continuity of care via intensive case management. Program support workers establish strengths-based relationships with young people aged 16+ identified to be most at risk of "homelessness and other negative outcomes" (Meade & Mendes, 2014, p. 10) and provide continuity of support following exit from OOHC.

Evaluation found that the Stand by Me Program provided some positive benefits to participants (Meade & Mendes, 2014) (although, as with most research involving young people in OOHC, this study involved only a small number of participants).

Some of the positive outcomes associated with participation in the program included:

■ program workers developed a greater ability to build trust with young people, which subsequently allowed them to offer more timely support that resulted in positive outcomes for the young people;

■ young people's participation in transition planning increased;

■ better interagency collaboration was observed, which enabled program workers to facilitate young people's relationships with other support services (e.g. health, disability, housing, employment);

■ short and medium housing needs for young people improved;

■ young people could address past trauma and access specialist mental health support services; and

■ some young people were able to establish meaningful connections with their families.

A central theme formed across the studies within the review found positive relationships between natural mentoring and improved psychosocial, behavioural or academic outcomes for young people in foster care. Longevity and consistency were found to be traits important to quality natural mentoring relationships (Thompson et al., 2016).

Housing support

Housing and homelessness is recognised as a significant issue for young people leaving care (Crane et al., 2013; Johnson et al., 2010; Stein, 2012). In the emerging adult stage, young people may make many attempts at independence and often have the option to return to the family home in the face of adversity or if "things don't work out". As described above, young people leaving OOHC do not always have access to a parental/family safety net (Mendes et al., 2011b). As a result, and for a range of other structural and economic reasons, they are at a higher risk of homelessness. A study examining the extent and experience of youth homelessness in Australia, for example, found that almost two thirds of the 298 homeless youth in their study had spent time in OOHC (Flatau et al., 2015).[3] The OOHC care system can thus be a significant pathway to youth homelessness (Crane et al., 2013).

According to Mendes et al. (2011b) contributing factors for a high risk of homelessness include:

- a lack of affordable housing;
- the decrease in public housing/insufficient public housing;
- abrupt and poorly planned departures from OOHC/poor transition planning;
- a lack of employment, and;
- failed attempts at reunification with family.

Furthermore, care leavers may experience a range of other issues that affect their ability to obtain secure housing including relationship breakdowns, domestic violence, criminal offending, and substance abuse (Mendes et al., 2011b; see also Johnson et al., 2010). In addition to high rates of homelessness, care leavers are also likely to experience housing instability; for example, frequent moving, transitional or temporary housing or housing uncertainty (Craig, Halfpenny, & Stockley, 2012).

It has been argued that safe, affordable, secure and stable housing options for young care leavers are vital to improving outcomes in other areas relevant to the transition to independence; for example, employment, education, training and positive social relationships (Johnson et al., 2010). Cashmore and Paxman's (2007) longitudinal study found that stable accommodation was associated with the ability of care leavers to form healthy, secure relationships, social connectedness and better work, education and training opportunities (Craig et al., 2012).

Mendes et al. (2011b) argued that care leavers need flexible and ongoing accommodation support based on individual needs assessment. International research has established that gradual or staged transition from OOHC results in better experiences for young people (Stein, 2012; Mendes et al., 2011b). Given that many care leavers may not be developmentally or emotionally ready to live independently, support should occur within the existing "state home" or foster home. This means allowing care leavers to stay in OOHC up to the age of 25, or return to OOHC if things don't work out, as well as ensuring foster and kin carers are prepared to care and support children until they are 25 years of age.

Some of the other solutions presented in the literature for addressing housing instability and homelessness amongst care leavers include increasing public housing for care leavers with transitional public housing units (Johnson et al., 2010), providing housing subsidies to care leavers (Mendes et al., 2011b), and increasing emergency accommodation services. Another option for care leavers with complex needs is supported living units or cluster housing (see Box 5).

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3   The study was limited however and did not ask young people how long they had spent in care, the age which they left, the support received when they left (for example whether they had a transitioning from care plan), nor whether their experience of homelessness occurred immediately after leaving care.

Box 5: Supporting vulnerable young people to live independently

Supported living options

Another issue related to housing is that care leavers need assistance/guidance in developing independence and life skills such as budgeting and cooking that children and young people not residing in OOHC would normally receive from family and carers (Crane et al., 2013; Mendes et al., 2011b). The Cluster Housing Model (Craig et al., 2012), developed by MacKillop Family Services in Victoria, is targeted at 16–18 year olds who have left residential care or home-based care but still need support to live independently. The Cluster Housing Model was originally used in disability services and involves a number of homes on a single site with varying levels of support according to resident needs. It also shares similar elements with the lead tenant service model. The lead tenant model involves young people living semi-independently with the support of a live-in volunteer caseworker (lead tenant). The lead tenant helps young people develop the skills necessary for independent living. The MacKillop Cluster Housing Model builds on the lead tenant model by "providing a more incremental and staged pathway to independent living" and building on better integrating OOHC and transitional housing services (Craig et al., 2012, p. 87). The MacKillop cluster housing consists of a small number of homes on a single site with various levels of on- and off-site support depending on each young person's needs. It also allows young people with higher needs to live with a lead tenant on a cluster site. Each young person has a care team of support staff, which can include a drug and alcohol worker, youth justice worker and other support staff as needed.

Residential support for young mothers

A scoping study undertaken by Anglicare Victoria (Fairhurst et al., 2016) established that there was a need for therapeutic residential care for young mothers and their babies and young, pregnant women. The study was instigated by a group of senior practitioners in Anglicare Victoria who had been involved with young women who had become pregnant or had a baby while in OOHC or immediately after leaving care. It aimed to determine the key issues for young women exiting care pregnant or as new mothers in order to understand their support needs, but also to inform a model of providing residential care to these young women. It included qualitative research undertaken with services and young mothers who had exited OOHC. The scoping study concluded that the development of a residential care model for young women needed to include some key elements. These included the provision of a safe, secure residence where the material and physical needs of young pregnant women or young mothers and their babies are met; flexible entry and exit points; the provision of parenting support groups; planned strategies for supporting a relationship between the father and the baby; and the provision of trauma-informed therapeutic practice "to assist young women to process past experiences and understand how these may impact on their current situation and relationships" (2016, p. 28).

The Cradle to Kinder Program funded by the Victorian Department of Human Services also recognises young mothers from OOHC as a priority group for receiving intensive support and care.

Conclusion

Outcomes for young people leaving care reflect an interaction of individual factors such as past experiences of trauma, abuse and neglect, and their access to social capital including professional and informal relationships. Young people leaving OOHC, already disadvantaged by their experiences prior to placement, are further disadvantaged through structural failures and economic and social policy factors affecting the transition out of care, such as the lack of affordable or appropriate housing and high unemployment. Many are likely to experience developmental delays or mental health issues because of abuse, trauma and/or neglect, which can also potentially inhibit their ability to gain independence. Yet, they are expected to become functioning adults at a much younger age than their peers. Young people leaving OOHC and transitioning to adulthood, therefore experience

a "double whammy" of disadvantage (Mendes & Snow, 2016 forthcoming). While state and national policy recognise the need for better support of young people transitioning from care, many young people continue to face difficulties when they leave.

There is a growing body of evidence for how best to support young people leaving care based on their social and developmental needs. This includes improving the stability of care—including ensuring that children and young people feel secure and cared for—providing therapeutic support and mentoring, allowing young people to transition from care based on their developmental, social and emotional needs rather than their chronological age, and investing in appropriate housing supports to prevent the large numbers of young people leaving care becoming homeless. These supports reflect the kinds of support and assistance that parents and family are able to offer young people in their transition to adulthood and acknowledges that young people leaving care need ongoing support through the emerging adulthood stage.

Table 2: Summary of issues and possible solutions		
Issue identified in research/ literature	**Possible solutions**	**References**
Instability of care and poor/unsafe care experiences exacerbating trauma and inhibiting young people's ability to form secure, safe attachments	■ Reducing the number of placements is important but also need to improve *quality* of care ■ Trauma-informed therapeutic residential care ■ Ensure children and young people feel "cared for" by establishing connections to caregivers, family, school and community	Cashmore & Paxman, 2007 Commissioner for Children and Young People. (2015). Craig et al., 2012 Dixon et al., 2015 Jones et al., 2011 McLean, 2016a, 2016b Whitaker et al., 2015
Abrupt cessation of care, young people not equipped or developmentally ready to become independent	■ Developmentally appropriate and flexible leaving care options (e.g. leaving based on developmental stage, not chronological age; ability to return to care if needed) ■ Mentoring ■ Ongoing emotional, financial and therapeutic support until 25 years of age ■ Assisted living options	Greeson & Thompson, 2014 McDowall, 2009, 2013 Mendes et al., 2014 Mendes, 2011, 2012 (e.g. St Lukes model) Rahamim and Mendes, 2014 Stein, 2012 Thompson et al., 2016
Poor preparation/preparation not targeted to those with additional needs	■ All care leavers need adequate planning and support and should be actively involved in planning their move to independence from age 16 years ■ Young people with additional needs (disability, developmental delays, mental health issues, young parents) need extra assistance/programs to support them ■ Addressing the specific cultural needs of Indigenous care leavers	McDowall, 2008, 2009, 2013 Meade & Mendes, 2014 Rahamim, A., & Mendes, P. (2015). Mendes, P., Saunders, B., & Baidawi, S (2016). Snow, P., Mendes, P., & O'Donohue, D. (2014).
Housing/accommodation	■ Further investment in public housing/subsidised housing ■ Supported/transitional living options, especially for those with additional needs, i.e., young parents, etc. ■ Ability to return to care if housing/ accommodation fails	Craig et al., 2012 Fairhurst et al., 2016 Mendes et al, 2011a Meade & Mendes, 2014 Johnson et al., 2010 Rogers, 2015

Research released since the writing of this paper

The CREATE foundation recently released the report Go Your Own Way: CREATE's resource for young people transitioning from care in Australia. An Evaluation (McDowall, 2016)

The Go Your Own Way (GYOW) kit was developed by the CREATE foundation through a careful review of current transition from care packages, and consultation with young people who had previously transitioned from care. The most effective components from previous resources /packages were identified and further suggestions from young people incorporated into the GYOW kit. All state and territory jurisdictions contributed to funding of the kit, with a trial of 1,961 kits distributed in 2015 to young people expected to 'age out' of care within the following 12 months.

The evaluation

Due to difficulties with state /territory jurisdictions unable to provide contact details, CREATE were not able to follow through with all participants in receipt of the kit. A sample of 369 young people who had recently left care was used, drawing on CREATE's database of young people who have participated in its programs. Of the 369 young people interviewed, about half had received the resource. Of those, about 75% reported "positive initial reactions" (McDowall, 2016, p. 14); however, a significant minority of these young people had not been told by workers what the GYOW kit was for.

It was believed that the GYOW kit would increase the numbers of young people leaving care with a leaving-care plan; however, only 42% of the sample of young people said they were aware of having a leaving-care plan—with low numbers particularly in South Australia, Tasmania and Victoria. The study found that those with a transition plan reported feeling more confident living independently than those without a plan; however, there were vast differences in what the plans included (e.g., relationship concerns were only addressed 39% of the time).

Another key finding was that 57% of this sample hadn't heard of the government's Transition to Independence and Leaving Care Allowance (TILA) grant. Further, of the young people who felt the transition experience could have been improved, 19% wanted more support including better communication with case workers, and more "specific help with housing, finance and education" (McDowall, 2016, p. 16).

Recommendations and the full report is available for download from the CREATE website <create.org.au/wp-content/uploads/2016/09/CREATE-Report-Card_GYOW-Report.pdf>.

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