



**“It’s a Real Shock”
Transitioning from Care
to Independent Living**

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FOREWORD

As this report notes, the average young person in Australia finally leaves home at the age of 24 years, usually after having made two previous attempts to leave. Most children have family support, education and employment, and social networks. Under the current regime of the *Children and Young Persons Act*, young people in care are expected to move to independent living at the age of 18, with very little support.

In 2002 the Board of MacKillop Family Services established a Founders Fund to support service initiatives and to meet special and emerging needs. MacKillop's Lead Tenant practice forum identified the need to develop better supports for young people making the transition from care to independent living, and as a result a proposal for a "Quality After Care" project was then submitted through McAuley Child and Family Services.

The aim of this project was to identify current best practice in supporting the transition from care, to interview former clients, to gather information on outcomes for all young people transitioning from MacKillop care in a particular year, and to prepare guidelines and resources for better practice in this area.

The Quality After Care project became one of six Founders Fund projects that commenced in MacKillop 2003. Zoe London, formerly a case worker with McAuley's lead tenant house, was appointed as part time project worker for a year. Zoe was based in MacKillop's Practice and Policy Unit, which was established in 2002 as a way of promoting a learning and practice culture in the organization.

This report clearly demonstrates the great needs that young people transitioning to independent leaving have, and provides many practical tools and resources. Zoe's research and recommendations will be of value to practitioners and policy makers alike. Her report also urges us to ensure that the State, as "Good Parent" to young people in care, takes greater responsibility for their transition to independent living.

John Honner
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EXECUTIVE SUMMARY

Extensive local and national research shows that the outcomes for young people transitioning from care to independent living in Australia are poor. A survey of a cohort of young people who have recently left MacKillop Family Services' care parallels these findings. The current legislative regime in Victoria effectively cuts off support for a young person in care within three months of their eighteenth birthday. While greater emphasis is being placed on preparing for transitioning from care, and some pilot projects have been funded, the State as "good parent" is not adequately fulfilling this role.

This report rests on a review of recent research literature on leaving care and on a series of interviews with young people who have recently made the transition from care to independent living. The project has been guided by a reference group and a wider group of practitioners working in various organisations to assist young people moving to independent living.

This report consists of five interlinked parts. The first part reports primarily on the literature review of needs and best practice. The second part reports on interviews with young people. The third part reports on the outcomes for the cohort of young people who left MacKillop's care in 2002-2003. The fourth part contains a set of recommendations, and the fifth part provides a bibliography of relevant literature.

The interviews with young people who have recently left MacKillop Family Services' care show that many of them felt unprepared to cope with independent living, and that they highly valued some form of continued connection with the carers and workers who had formed relationships with them while in care.

Each young person brings a different set of skills and needs, and each story is unique. For each young person the time of transitioning from care brings new challenges. Many of them experience further rejection and loss of confidence. When young people have greater resilience – coming from a stronger sense of purpose or better network of support – then they are likely to make the most of their new situation.

The three greatest needs the young people expressed were for stronger support networks, better financial resources (by implication, income from employment), and their own housing. Greater effort therefore needs to be put into preparing young people to reconnect with their families or other support networks, and to preparing them for training and employment.

The research findings highlight that, although there are comprehensive guidelines and protocols guiding the way that young people are looked after in out of home care, there is a dearth of direction on how to prepare young people to transition from care, and in supporting them afterwards. The lack of process, at both a government and organisational level, results in vulnerable young people being dependent upon the skill and knowledge of their individual workers and the culture of the particular service in determining the type and amount of assistance that they are given at this critical time in their development. This report strongly recommends removing such disparity by using comprehensive standardised tools that become fully integrated into the MacKillop culture and practice.

This report therefore concludes with a series of recommendations to improve the transition from care process, as well as specific recommendations for mentoring and savings schemes. In a separate document, called "Transition from Care Tools", a number of practice tools prepared during the course of this project have been gathered together. These include a Living Skills Assessment, Transition Plan Checklist, Sample Transition Plan, Client Social Network Map, Budgeting Form, Housing Comparison List, Sample Brokerage Request Form, and a sample Survival Kit (see the Appendix to this report for a list of these tools).

It is also recommended that MacKillop advocate strongly for legislative change and for the Government to provide better support for these most disadvantaged young people, as needed, up until the age of 25.

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INTRODUCTION

MacKillop Family Services was established in 1997 as a refounding of seven long established Catholic child, youth and family services. MacKillop is now a specialized provider of services to some of the most marginalized families and young people in Melbourne and Geelong. Key areas of support include family preservation, specialist education, residential services, disability services, youth services and foster care. This work is coordinated through over 90 services and the efforts of some 350 staff and a further 350 volunteers.

MacKillop provides out of home care services in the form of foster care, specialised home based care, residential care, emergency residential care, family group homes and lead tenant services. Further to this, a specialised integrated education and residential care program provides alternatives for some of the most marginalised young people in the out of home care system.¹ Each year approximately 40 young people make the transition from MacKillop care to independent living.

Throughout Australia the number of children and young people in substitute care continues to increase steadily each year. In 1996 there were 13,979 children and young people in substitute care in Australia, and this had risen to 18,880 children and young people in Australia at 30 June 2002. That is, the number of children in substitute care in Australia increased by 35% between 1996 and 2002 (AIHW 2003 p39).

The average young person in Australia finally leaves home at the age of 24 years, usually after having made two previous attempts to leave. Most children have family support, education and employment, and social networks. Under the current Victorian *Children and Young Persons Act*, young people in care in Victoria are provided for up to the age of 18 years, after which they are expected to move to independent living, with very little support.

For young people in MacKillop care, while a considerable amount of energy and resources has been expended on them, there has also been growing concern about the outcomes for them once they leave the organisation's care at age 18 years or earlier. This was highlighted in MacKillop Family Services' submission to the Victorian Homelessness Strategy (Honner 2000 p2), which identified the following concerns for young people leaving care:

- They form a significant portion of homeless youth;
- They have little preparation and few resources for making a home for themselves;
- There is little support available to them after they leave care;
- Without ongoing support, homelessness is inevitable.

As noted in the literature review that follows, similar concerns were being expressed elsewhere by other practitioners and researchers, with a significant number of published works detailing these and other issues between 1998 and 2002. At a practice level, the MacKillop Lead Tenant Forum recently noted concerns about the lack of preparation and living skills evident in young people referred to these services from other forms of out of home care. From these concerns, a proposal was developed and put to the MacKillop Founders Fund in 2002 for funds to employ a project worker for 12 months to work on issues in relation to leaving care.

The aims of the project were:

- To research the outcomes for young people who leave MacKillop care;
- To develop, through consultation and research, policies and procedures to ensure that young people are given the best possible support in their transition to independence;
- To trial these policies and procedures;

¹ For more information on MacKillop Family Services see www.mackillop.org.au

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- To document the policies and procedures and incorporate them into MacKillop's case practice.

Tasks and activities of the project

In line with the aims of the project, the following activities were undertaken and achieved:

- A literature review covering current thinking and practice in relation to leaving care, as found in Part 1 of this report;
- In depth interviews with 10 young people who have previously lived in various forms of MFS out of home care. Write up and analysis of these interviews is found in Part 2 of this report;
- Follow up on the outcomes of a cohort of young people who transitioned from MacKillop care to independence during the 12 month period from 1/3/02 to 28/3/03. A write up and analysis of this follow up can be found in Part 3 of this report;
- Development of a set of practice tools designed to assess young people's independent living skills and assist in the formulation of plans to learn required skills. Trial of practice tools with 6 young people in various forms of MacKillop out of home care;
- After modifications as a result of the trial, development of a draft set of practice tools that will support and assist young people transitioning from MacKillop care to independence;
- Ensuring accessibility of practice tools by placing them on MacKillop's intranet (a list of these tools is contained in the separate appendix to this report);
- Development of a set of recommendations to the organisation that cover the use of the practice tools; follow up support for young people who transition from MFS care; and suggestions for agency development in areas of mentoring, education, employment, and housing support (these recommendations form Part 4 of this report);
- Providing information about the results of the project to relevant staff teams, and receiving feedback from staff;
- Documentation of all outcomes of the project;
- Development of a draft MacKillop policy for transitioning from care.

Other outcomes of the project, not directly related to the original objectives, have also been achieved. These are:

- Facilitation of staff in leaving care roles from various agencies meeting on a regular basis, with resultant input into the wider leaving care field;
- Delivery of two internal staff training sessions about issues relating to young people transitioning from care to independence;
- Development of internal agency procedures for accessing assistance for young people transitioning from care through the Transition to Independent Living Allowance;
- Development of a proposal for a MacKillop mentoring project
- Investigation of options to develop an incentive savings plan scheme for young people.

Acknowledgements

This project could not have been carried out without the generous support of the MacKillop Founders Fund.

The ten young people who agreed to be interviewed provided valuable information and input into the final outcomes and direction of the project.

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An invaluable component of the project was the reference group, comprising staff from all MacKillop regions and external members with an interest in issues around the transition of young people from care to independence. Reference group members were:

Tim Bearup (MacKillop: TIERS),
John Honner (MacKillop: Practice and Policy),
Cathy Lane (DHS),
Philip Mendes (Monash University),
Brian Mitchell (Chair – MacKillop),
Badal Moslehuddin (Monash University),
Rosalind Riley (MacKillop Child and Youth Services [Western]),
Edith Schwarz (MacKillop Youth Services [Barwon]).

A broad range of MacKillop staff were involved in various aspects of the project, including the research and trial of documents, as well as assisting to make contact with young people.

John Honner and Brian Mitchell are especially to be thanked for their contributions to the final editing of this report.

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PART 1: FINDINGS FROM THE LITERATURE REVIEW

In order to develop a baseline understanding of the needs of young people transitioning from care and current responses to those needs, an initial literature review was carried out. Results of this review informed the later directions of the project. Recent material from overseas, interstate and Victoria was reviewed, including academic reports, practice guidelines and government documents. These are listed in the Bibliography in Part 5 of this report.

1.1 Historical context

A great deal has been written about the issues in relation to the preparation of young people to leave out of home care over the past twenty five years. Early work came primarily out of the British experience and was in the form of small studies detailing the situations of young people leaving care. These studies found that “care leavers were not a homogenous group in terms of their case histories, needs, cultures and ethnic backgrounds” (Owen et al 2000 p37). They highlighted the impact of the experience of being in care, particularly multiple placements and loss of identity on the future of the young person, and the importance of a *flexible* and *individualised* approach to the preparation of young people to leave care.

In Australia and overseas, a growing body of work from the 1990s to the present time highlights the negative life paths of young people who have been in out of home care with a disproportionate amount of experiences such as unwanted pregnancies, homelessness, poverty, unemployment, non completion of education, prostitution, criminal activity, substance abuse, psychiatric care and suicide (Clare 2001, Green and Jones 1999, Mendes and Goddard 2000, Mendes 2002, St Luke’s Youth Services 2002, Owen et al 2002).

Mendes and Goddard (2000 p12) note that “In contrast to the accelerated transition to independence of wards leaving care, most young people still live at home until their early twenties”. Maunders et al (1999 pvii) suggest that “unlike their peers, young people leaving care are deprived of the opportunity to return to their former accommodation if and when they need to”.

Young people leaving out of home care seemed to be significantly disadvantaged compared to their peers who remained in their families. Cashmore and Paxman (1996 p159) also suggest that the profile in relation to the emotional stability of young people who have not had a long-term stable placement history is similar to the profile of young people who have become homeless at an early age and not been involved in the care system at all. Young people leaving care are seen to lack important life skills and be unprepared for living independently (St Luke’s Youth Services 2002 p24, Raman 2003 p15). As such, they may be worse off than their peers who are homeless and have been living without adult support for some time and thus not able to survive within the homeless system. Mendes and Goddard (2000) note that

Many (young people) have experienced, and are still recovering from considerable abuse or neglect prior to entering care....many have experienced inadequacies in state care, including systems abuse..... most can call on little, if any, direct family support to ease their movement into independent living. (p12)

These factors all combine to exacerbate the disadvantage once the care experience is over. Green and Jones (1999 p4) thus suggest that “there is a need to provide ‘affirmative action’ rather than merely ‘reasonable care’ to overcome the effects of deprivation and disadvantage in the short and longer term”.

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1.2 Current context

Recent studies have directed the community to look not only at its responsibility to protect children by placing them in out of home care and caring for them in that environment, but also as its responsibility to prepare those young people to leave care and to support them after they do so (Cashmore and Paxman 1996, Green and Jones 1999, Mendes and Goddard 2000, Griffin 2000, Owen et al 2002, Maunders et al 1999). There are several particular areas of vulnerability.

Education

Cashmore and Paxman's longitudinal study of care leavers in NSW found that young people who had previously lived in care were more likely to leave school earlier than young people of the same age who were still living at home (see Table 1 below). Lack of completion of school is also linked to lack of stability of placements. As well as obvious consequences in terms of limited career options, lack of school completion also means that young people in care miss out on potential valuable sources of support and "non-care" networks.

Highest education attainment	Young people leaving care	Young people at home
Below year 10	24.5 %	5 %
Year 10	28.9 %	10 %
Year 11	11.1%	5 %
Yr 12	35.6 %	80 %

Table 1. Comparison of educational attainment for young people leaving care and leaving home
(Cashmore and Paxman 1996 p124)

Mental health

Cashmore and Paxman (1966 p149) asked their respondents about depressive states that resulted in thoughts of suicide. They found that 57.7% of young people who had been in care had thought about suicide, compared with 29.4% of young people who had not been in care. They further found that 35.5% of young people who had been in care had actually attempted suicide, while none in the comparison group of young people at home had made an attempt.

Poverty

Cashmore and Paxman (1966 p131) found that 12 months after discharge from care, 46% of young people said that they could only "make ends meet" sometimes, or not at all. Compared with young people living at home, items that care leavers reported cutting back on, or going without, were medicine (15.8% of care leavers go without compared with 11.8% for young people at home), personal items/toiletries (17.7% compared with 5.9%), use of electricity (24.4% compared with 0%), haircuts (26.6% compared with 5.5%), food (28.9% compared with 11.7%), heating (33.3% compared with 0%), dental services (44.4% compared with 29.4%), use of telephone (48.9% compared with 11.7%), clothes (68.9% compared with 23.5%), and social life (68.9% compared with 41.2%). The same study found that although young people leaving care were significantly worse off than their counterparts living at home, they experienced less poverty than young people who had been living away from home, but not in care (p134).

Homelessness and transience

Maunders et al (1999 p60) interviewed 43 care leavers and found that, at the point of discharge from care, 35% were living in youth refuges and SAAP programs, or living temporarily with friends.

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Cashmore and Paxman (1996 p111) note that 75% of young people who had been in care had moved from their pre-discharge place of living within a year or so of their orders being discharged. During this first year they lived at an average of three different places, with some young people living in up to 12 different places.

Early parenthood

Cashmore and Paxton (1996 p194) and Green and Jones (1999 p16) both note that a third of young women leaving care have either had a child, or have one soon after leaving care. This compares with less than 5% of the general population at a similar age. The high figures for early parenthood have been attributed to “lack of sex education, lack of a person to trust to talk to about sexual health and relationships with, and the loneliness and isolation experienced after leaving care leading to a more powerful and urgent need to be part of a family” (Green and Jones 1999 p16).

Pathways from care

A significant number of young people move from care back to living with their parents (though this move may not last very long). Owen et al (2000 p75) found 40% of young people returning home after they left care, while St Luke’s Youth Services (2002 p8) identified 50%. Examination of MacKillop data over the past 12 months has identified approximately 48% of young people return home immediately after leaving care. These figures highlight the importance of family of origin to the young people and the need to ensure that family reconnection work occurs during placement.

Cashmore and Paxman (1996 p113) found that at some point 17.7% of young people who left care stayed in a refuge, 13.3% stayed on the street, 26.7% stayed in supported accommodation or boarding houses, and 37.2% stayed with friends or friend’s families. Some young people experienced a number, or all of these types of accommodation on a number of occasions. “Project i”, in Melbourne, surveyed 691 young homeless people (recruited from 73 services) and found that 24% of those young people had previously been involved with child protection placements (Rossiter et al 2003, p4).

Maunder et al (1999 p79) have identified over a third of young people that they interviewed being discharged into insecure or temporary accommodation, and half had experienced homelessness at some time.

Maunder et al (1999 p43), Green and Jones (1999 p33) and St Luke’s (2000 p8) all discuss the problems of young people leaving care and moving into transitional and supported accommodation. The transitory nature of the accommodation means that young people will have to move again in a relatively short period of time, and goes against the principle of teaching the young people to value stability. Whereas it may be appropriate for young people who have been homeless and transient to be provided with accommodation for 12 months to enable themselves to look for something stable, it is inappropriate to put young people who may have been in relatively stable accommodation into a transitory system.

Further to this, the SAAP system does not have a specialist understanding of the issues for young people who have been in out of home care, and was not created with their needs in mind. Young people in SAAP are required to be quite independent in terms of rental payments, managing appointments and interpersonal living skills. Young people who have been through the out of home care system are often not at the same level as their counterparts who have been homeless, and as a result lose their accommodation fairly quickly (see example cited by Green and Jones 1999 p33). Finally, young people leaving care often find themselves sharing transitional accommodation with people who have been homeless for quite some time, and have developed destructive behaviours and networks. Introduction to these further disadvantages the young people leaving State care. For young people who are evicted from their transitional housing they often find themselves accommodated at a crisis service, where this issue is greatly magnified.

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Independent accommodation is a much sought after pathway from care, but young people face issues of lack of references, discrimination, lack of funds to secure housing and poverty as a result of disproportionate amount of income spent on housing.

1.3 Political context

The UK *Childrens Act* (1989) imposed the expectation that local councils would support young people leaving care until age 21 by way of advice, support, financial assistance, accommodation, and representation. The UK *Children (Leaving Care) Act* (2000) extends the expected age of leaving care from 16 to 18, and requires local authorities to continue to provide support and advice to age 21, and to age 24 if still in education or training. Local authorities have a requirement to assess needs across a number of areas, and develop a Pathways Plan (Mendes 2003 p4).

Mendes has noted the essential differences between the UK and Australia in legislation relating to young people leaving care:

in the UK the national government takes responsibility for passing laws pertaining to child protection and leaving care practice.... local authorities retain considerable autonomy regarding actual service delivery.... in contrast, Australia has a federal model whereby child protection is the responsibility of the community services department in each State and Territory. Each department has its own legislation, policies and practices in relation to child protection. There are no uniform in care or leaving care standards. (2003 p1)

The result, in Australia, is an extremely patchy response to the needs of young people leaving care, with NSW the only State to have introduced legislation acknowledging the responsibility of the State to provide ongoing support to a young person, and in ensuring appropriate standards for such support. Leaving Care Services have been developed across the State of NSW, catering for care leavers age 15-25 years. Various states, including Victoria, have introduced pilot projects that assist young people to leave care (Mendes and Goddard 2000 p13), but until there is uniform legislation, development of this vital area will remain at the whim of the government of the time, and individual agencies.

In Victoria, the Child Protection Service of the Department of Human Services (DHS) has been reluctant to embrace the needs of young people leaving care as they are only mandated to work with young people until the age of 18. The Office of Housing of DHS works with people over the age of 18, and is thus seen as the logical place to provide services. However, this move puts the focus only on housing, rather than on the comprehensive network of support that is required. It also leads, all too often, to young people being accommodated within the homelessness services.

Although there is no uniform legislation in Australia, there are national standards. The National Base Line Out of Home Care Standards (Standing Committee of Community Services and Income Security Administrators 1995 p9) expect that "Each young person leaves the out of home care service in a planned and supported manner to enable a successful and sustainable transition." Associated supporting standards require agencies to develop written exit policies and procedures, as well as an exit plan for each person that details post placement support arrangements.

Green and Jones (1999 p38) highlight the problems of standards that are not enshrined in legislation. Of 55 agencies surveyed, they found that only 41% had written exit policies, and for only 22% of the agencies the exit policy incorporated policies or procedures for leaving care. Further, only 20% of agencies had exit policies or procedures that incorporate policies and procedures for aftercare support.

This does not mean that the agencies do not plan for leaving care with the young person or support them afterwards. One in four services surveyed said that they provided support for up to 6 months, despite only being funded to do so for three months. Others said that they provided ongoing support for as long as the young person needed. However the issue is that, in the main, these policies and procedures are

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not documented, and so the practice is dependent upon the skill, resources and inclination of various workers, and the culture of the workplace.

In Western Australia the Department of Family and Children's Services joined with the University of Western Australia and CREATE to address issues of young people leaving care. One outcome of this was the report by Clare (1999) which proposed 17 Leaving Care Standards that would ensure young people leaving care are given optimum support. The standards range from policy documents to individualised leaving care plans and aftercare support. The standards do not appear to have been taken on board outside of Western Australia.

At another level, governments have been urged to be flexible about the age that young people are discharged from care to ensure that it fits with the needs of the young person and not external guidelines (Cashmore and Paxman 1996, Maunders et al 1999, Green and Jones, 1999).

In relation to the timing of the cessation of care, there were three recommendations from the CREATE consultation (Griffin 2000 p26) with young people who were in care or who had left care:

- For young people to have a say and to have flexibility about when they leave care;
- To be supported to stay with carer after the young person's order has finished;
- To have stable placements and to feel part of the family.

There has long been a concern that the lack of ongoing placement funding for young people past the age of 18 results in some young people having to move out of their placements in the middle of their final year at school. The Department of Human Services in Victoria has recently agreed to continue the caregiver payment for the school year for young people in home based care who turn 18 years of age and who are in full time secondary education.

In Victoria there are calls to ensure that the current minimum aftercare support requirements of three months actually be met and funded. There are also recommendations to extend the current funded period of post care support from 3 months to the young person's twenty first birthday (Green and Jones 1999, Cashmore and Paxman 1996, Owen et al 2000, St Luke's Youth Service 2002). Maunders et al (1999 p76) have argued for ongoing support and counselling until at least the age of twenty five. Mendes and Goddard (2000 p14) have argued for an unlimited time frame to support young people leaving care.

Again in Victoria, several sets of recommendations have been made for changes to legislation, for the development of leaving care policy statements and for the establishment of aftercare services for young people who have left care, similar to the model that exists in the UK and New South Wales (Owen et al 2002 p21, Maunders et al 1999 p78). There are also recommendations for changes to the Social Security system to ensure that young people leaving care are provided with a level of income adequate for basic survival (Cashmore and Paxman 1996 p177, Maunders et al 1999 p76). There are suggestions that young people leaving care should have priority access to services such as housing, income security, education services and employment services (Owen et al 2000 p21).

1.4 Practice context

At a local and more practical level, a number of creative responses have been developed by services to meet the needs of young people leaving care. As early as 1986, one example of this was a project developed in London called The Battersea Bedsit Project (The Children's Society 1992). This project provided congregate but independent accommodation and support for young people who had been in care and who were between 16-20 years old. The aim was to provide support at a distance during a vulnerable period while they were first confronted with the demands of living independently after leaving care. Young people had responsibility for maintaining the property, managing their own affairs and living harmoniously with others.

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Within MacKillop an attempt was made at developing a formal independent living skills program in 1994. A self contained unit was constructed on the grounds of a residential unit, and young people participated in a staged program of independent living (Cotter 1994). After an initial period of living in the residential unit and learning independent living skills, they moved into the self contained unit. Initially they participated in some but not all of the activities of the residential unit (eating, recreation). Over time this tapered down to very little involvement with the residential unit, while still being supported by MacKillop staff.

In April 2000 the MacKillop Lead Tenant Practice Forum was established to coordinate and develop practice in the seven lead tenant houses managed by MacKillop across three regions, and which were established to assist young people in their transition from care to independent living.

More recently, the Department of Human Services in Victoria commissioned the production of an independent living skills manual to assist young people to transition from care to living independently. The manual/model is called "Zoom" (Fox and Masinkas 2001). Eight areas are identified (e.g., health, money, transport) and suggestions are given for how workers can address each of the areas with the young people. It also includes a worker checklist and young person quiz as a starting point for assessing which areas a young person may need to focus on in their preparation for leaving care. While this was a positive move, the manual does not appear to have been formally adopted or incorporated into practice.

In Western Australia a project was piloted that provided young people leaving care with a life skills training and education program comprising seven workshops with experts in the field as trainers (eg banking, accommodation, legal issues). Parallel to this young people were provided with peer supports to assist them with the transition to independence (Clare 2001 p9). The findings from this project have been utilised in the development of an aftercare support service that has secured government funding in that state that aims to

support young people in the transition to independent status in the community by helping them to navigate the service system, and by working with key service providers to better coordinate service provision to the target group (Green and Jones 1999 p51)

A number of other models have been documented in the literature, each of which includes at least one element of preparation for leaving care and aftercare support. Components include linking in to community supports, assisting the redevelopment of links within the young person's own family network, provision of independent living skills programs, mentor programs, assistance with education/training or employment and assistance with housing. A computer program designed for young people to work through the issues pertinent to leaving care exists in New South Wales (Owen et al, 2002, Maunders et al 1999).

Mentoring

The value of mentor relationships for young people in care has been widely reported (Green and Jones 1999, Maunders et al 1999, Clark 2000, Cashmore and Paxton 1996, Griffin 2000) although not significantly explored. Gilligan has strongly suggested that "achieving improvements in some parts of a young person's life may have spill over effects to other areas, especially resilience" (1999 p187). Gilligan focuses on the development of mentor relationships as a means of enhancing this. Mentoring relationships are described as "the encouragement and support of a young person-in-care's talents, interests and leisure activities by a committed adult". Gilligan argues that

the value for the young person of being involved lies not just in the pursuit of the activity, enjoyable though that may be. The value also lies in the recognition that the performance may earn, the relationships it may open up, and the confidence it may generate. (1999 p187)

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He suggests that it is preferable (although not essential) for this relationship to be with someone other than the care giver or social worker, as it then provides another adult relationship in their life. In selecting mentors, Gilligan notes that the carers and social workers in the young person's life need to be creative in taking notice of and nurturing activities and interests that the young people are already involved with. Further, he notes a preference for kith and kin mentors or people already within the young person's networks. He suggests using a tool such as a social network map to identify possible mentors.

Young people's views

Griffin asked young people who had left care what their ideal vision was for leaving care. "The overriding theme of their vision was 'not to be dumped'. Their vision was 'To be supported until I become an adult both emotionally and physically and am ready to live independently'." (2000 p24). Respondents in the Cashmore and Paxton study indicated the following list as important features in a leaving care package: "Birth Certificate, money, paper/reports from files, lists of agencies and phone numbers, photos and follow up support/contact." (1996 p106)

Transition process

It has been recommended that transition from care should be seen as a process, not an event (Clare 1999, Green and Jones 1999, Maunders et al 1999). The process begins with preparation a long time before the young person leaves, and continues long after they physically leave. The comparison is made to young people who have not been in out of home care who eventually move from the family home, but return for meals, birthdays, special events, at difficult times and to do the washing. A model of support for young people leaving care has emerged with three components:

1. Preparation for leaving care, through high quality, stable care with case planning
2. Transition through effective support programs, independent living programs, information and the involvement of suitable mentors
3. Aftercare support offering continuing access to support, resources and interest from care agencies (from Maunders et al 1999 p106 and Green and Jones 1999 p57)

This model was considered by the Victorian Department of Human Services *Leaving Care* consultation paper (DHS 2000 p14).

Department of Human Services response

Despite the amount of current research and literature on the issues, three recent major reports published by the Department of Human Services in relation to children in out of home care make little reference to the needs of young people transitioning from care.

An Integrated Strategy for Child Protection and Placement Services (DHS 2002a) suggests a redevelopment of the existing service model in out of home care to one of transition care that would provide support to some young people leaving care once their order expires. It also discusses the implementation of Looking After Children (LAC) as a standard tool for case management of young people in out of home care, although LAC does not adequately address the preparation required for successful transition from care, or the ongoing support requirements of young people who have been in care.

Public Parenting (DHS 2003a) reviews the home based care system in Victoria. Although it finds that only 30% of clients were successfully restored with their parents, there is no suggestion of outcomes for young people who are not reunified with their families. There is reference made to the need for

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improved development of children in home based care, but this is not expanded upon in terms of development of skills required for successful transition from care.

Protecting Children (The Allen Consulting Group 2003) was commissioned by DHS to review current policy and program responses to child protection in Victoria. It suggests that child protection cannot be separated from policies to improve children's lives as a whole. The bulk of recommendations relate to preventing young people from entering the out of home care system. For those who do need to enter it, there is a recommendation to move to more stable and permanent placements. While this may have the effect of better preparing young people for a transition for care, specific strategies and processes are not noted.

Government response to these reports, with respect to transition from care, has included funding two twelve-month pilot projects which "will aim to achieve better outcomes for young people leaving care by assisting in the development of life skills, providing links to educational and training options and preventing homelessness through the creation of pathways to sustainable long term housing options" (DHS 2002b p3). The proposal is for stand alone projects to which 6 to 8 young people in care are referred up to three months prior to leaving care. The support services have access to transitional housing, and funds for private rental brokerage, and are required to develop links with education and training providers and develop appropriate plans for the young person's move to independence. It is expected that participants will be assessed as at risk of long term homelessness, but able to move into sustainable independent living within the 12 month period of the pilot project. The project brief states that:

These projects, therefore, are not aimed at young people who would require case managed support for a longer period of time to achieve sustainable independent living than is available under the pilots or who have complex needs which have been recognised through the provision of high cost packages whilst in care. (DHS 2000b p6)

Two successful applications have been funded, one in the Southern Region auspiced by PYFFS and one in Gippsland auspiced by Quantum Support Services. At the end of 2003 DHS instigated a new founding round designed to replicate these services in each DHS region in Victoria.

The recently issued *Minimum Standards* documents for residential care services and home based care services both include brief sections outlining standards on preparations for leaving care (DHS 2001, 2003). These standards will move practice in the right direction, but they do not reflect any extensive after care support nor any specific resources to assist in assessment and planning. The recently adopted *Looking After Children* protocols have a brief self-care section for 15+ that addresses matters related to independent living and will assist in young people's transition from care. However, this process will not comprehensively address all the skills that young people require. Further, *Looking After Children* is focussed very much on the carer carrying out tasks with and for the young person, with little focus on the action required for the young person to take responsibility for the tasks themselves. As such, the focus is on accountability and ensuring tasks are carried out while the young person is in care rather than on developing the ability of carrying out tasks independently once having transitioned from care.

MacKillop situation

Aside from the initiative mentioned above in 1994, the only formal policies and procedures developed by MacKillop in relation to supporting young people to transition from the care experience have been through the houses and the manuals, which include preparation for leaving care and a survival kit. Elsewhere, however, DHS standards and protocols as noted above are followed. At an informal level, however, all of the out of home care services engage in activities designed to enhance the outcomes for the young people leaving care. These activities include family reconnection work, linking into community networks, assistance to find accommodation, application for brokerage funding to assist the young person to become established, ongoing support of the young person with an "open door policy", ongoing financial assistance as appropriate and preparation kits (including collection of important documents and development of life books).

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Service providers within MacKillop agree on the importance of having a focus to adequate preparation and ongoing support of the young people leaving care. There are differences between staff as to the use of a structured approach compared with a more relaxed and flexible approach. These differences reflect the different service models within MacKillop Family Services, which cover Specialised Home Based Care, Foster Care, Residential Care, Residential Care integrated with educational services (TIERS), Family Group Homes, and Lead Tenant Services.

1.5 Findings

This literature review highlights the fact that a great detail of information is known about the poor outcomes and disadvantaged life paths of young people who have been in out of home care compared to their counterparts who have lived within the family environment. The Department of Human Services has recognised the problem and numerous reports have been commissioned to investigate ways of addressing the inequalities, with a number of concrete models being suggested. Despite this, Victoria still lags behind some other States, funding only a small number of services designed to support young people in the process of transitioning from care.

This small number of services cannot address the needs of all the young people who transition from care, particularly given that the pilot projects were directed not to work with young people with complex needs. While the *Minimum Standards* and *Looking After Children* protocols give direction on preparing young people for transitioning from care while they are in out of home care, no significant resources have been allocated to continue to support young people beyond the age of 18 years.

MacKillop direction

In the light of the above findings, the MacKillop “Quality After Care” project aims to develop a model that will be utilised *within* existing services and will be applicable to all young people transitioning from care. It will focus around an individual assessment of the young person against the components suggested in the literature as being important for successful transition. The assessment will result in a transition plan being developed for each young person involved in the project. In light of the fact that a high proportion of young people leave care and return to the family, attention will be given to family reconnection work and ongoing family contact throughout the placement, as well as development of independent living skills and contingency plans. Another critical item will be the development of ongoing support networks as appropriate to each young person, as well as ways for the young person to remain connected with MacKillop if desired. The project will aim to work with young people at varying stages of Orders to develop a model that truly reflects the recommendations to embed the preparation for independence and interdependence within all work done in out of home care services. Alongside this, feedback from previous residents who have left MacKillop care will inform the direction of the project. Avenues to enhance the transition process (e.g. social network mapping, mentor programs, life skills building groups, transition rituals etc.) will be actively explored.

The following two sections of this report, which gather evidence from young people who have recently transitioned from care in MacKillop, confirm both the research findings and the levels of need. The final section of this report contains recommendations based on the literature review and practice research.

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PART 2: OUTCOMES OF LEAVING MACKILLOP FAMILY SERVICES

2.1 Interviews with young people

This section of the report summarises responses from in-depth interviews with 10 young people who have transitioned from MacKillop out-of-home care to independent living. The aims of the research were to:

- a) find out how young people who had transitioned from MacKillop care to independence were functioning in terms of accessing educational, employment and other transitional and developmental opportunities, as well as maintaining relationships with MFS;
- b) explore what interventions had been helpful for young people in moving from care to independence, and what else would have been helpful;
- c) use information gained to input into a comprehensive system of preparing young people to transition from MacKillop care to independence and providing them with follow up support.

Potential respondents for this research were identified by contacting service managers and case workers across the MacKillop regions and service types and asking them to nominate young people that they felt would be prepared to participate in the research. The caseworkers were then asked to contact the young people and ask if they would be interested in being involved. Once the young person had agreed to their details being given to the project worker, a telephone call was made to establish contact and arrange a time for the interview. Interviews followed questionnaire format, and were taped and later transcribed. All young people received written information about the research and signed consent forms.

This method of making contact with participants means that the young people who have lost contact with MacKillop are not included in the research. From other data collected from Caseworkers (see summary of available data on young people who transitioned from MacKillop care in 2002/2003 below) we know that the young people with whom the agency has no contact are likely to be the ones who are struggling more, and so the results from this research need to be understood in that context.

An attempt was made to include young people who had lived in all the different forms of accommodation that MacKillop provides. The numbers are too small to make comparisons between the outcomes dependent upon the different placement types. What is more clear from the research is that outcomes are dependent upon the quality of relationship that the young person has with their worker, and the different qualities of different workers who may be found in any of the types of care provided. Outcomes also appear to be affected by the quality of other (non care) support that people have in their lives, and differences in individual coping styles and resilience. These factors will be discussed further below.

Although the experiences since transitioning from care to independence are vastly different, with some faring better and worse on commonly held views of success, all have achieved some positive outcomes. There are also a number of common themes that emerge from the responses, which will be discussed below in more detail.

2.2 Demographic information

This section provides information on the sample of young people interviewed: age, gender, placement, details and do on. Four male and six female former clients were interviewed. The time since they had

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formally left care ranged from 3 months to 4 years. As Table 2 below shows, these young people had all been in care for some time, their age at entry ranging from 5 to 15 years.

Age at entry	Number of young people
5-8 years	2
9-12 years	5
13-15 years	3

Table 2. Age at entry into care

The reasons for these young people being in placed in care varied, including parental abuse, death of a parent, and parent's inability to cope with the young person's behaviours. One young person stated:

It's pretty pathetic why I moved into the Department. I had an argument with my mum when I was 12 years old because I wasn't allowed to go to my friend's birthday party because I didn't have an invitation. I went to my room. I trashed my whole room. Smashed everything. Ripped all the wall paper off the wall... Mum came into my room. She hit me. I hit her back. I popped out her knee socket and kicked her nail back down to the cuticle. At that stage I was becoming a violent child.... So I went into respite care. Mum put me into respite care, and after my six weeks were up I told my mum I didn't want to come home because I had whatever I wanted.

Details on placements

The data in Table 3 is approximate because some young people could not remember all the placements that they had been in prior to their time with MacKillop, many of which included short term, emergency stays.

Number of placements	Number of young people
1 –3	2
4 – 6	5
10 – 15	1
Over 30	2

Table 3. Number of placements

Placement type	Number of young people
Specialised Home Based Care	1
Residential Unit	3
TIERS	1
Lead Tenant	5

Table 4. Types of placements at time of leaving care

Table 4 shows that most young people in the sample transitioned from care through a Lead Tenant house. Most of the young people who had been in Lead Tenant housing would previously have been in residential care and moved to Lead Tenant housing around age 16 as a means of preparing for independent living.

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Age of transitioning from care

Age of exit from care	Number of young people
16 years	3*
17 years	4
18 years	1
Over 18 years	2**

Table 5. Age at time of transitioning from care

*One of the young people who transitioned from care to independence at 16 years remained on an order but in self found placements, and was supported by MacKillop staff until her order finished at 18 years. ** The two young people who remained in care past the age of 18 years were able to do so on the grounds that they were still at school. One stayed an additional month past their 18th birthday, and one almost a year.

Current housing type

Housing type	Number of young people
Supported housing (SAAP transitional / community)	3
Public housing	2
Share housing	3
Parents home	1
Boarding privately	1

Table 6. Current housing arrangements

Some young people had transitioned from care relatively recently, so this housing representing their housing on exit from care. Others, however, had already had a number of moves, including one young woman who had been in transitional housing, a refuge, sharing with friends, and ultimately living in public housing at the time of the interview. The one young person living at home with parents had moved from residential care to SAAP housing, to stay with a friend and then back home. Only two (20%) of the young people had moved directly from care to live with a parent (compares with 30-50% quoted in literature, and 48% from Summary of Available Data on Young People Who Transitioned from MacKillop Care 2002/2003). Both of these home placements had broken down fairly quickly, with the young people living elsewhere at the time of interview.

The reason for the low rate of clients returning home in this study may be attributable to a combination of the nature of the young people who return home, and the method of recruiting young people to participate in this study. Young people were recruited to this study through nomination by case workers, and the case workers identified young people with whom they had contact details and some form of ongoing connection. A number of the young people who returned home in the Summary of Available Data on Young People Who Transitioned from MacKillop Care 2002/2003 did so as a consequence of a placement breakdown, and there was often no ongoing contact with the service. For others who returned home, it was a planned and stable move, and there was little ongoing need for contact from the support workers. It was thus more likely that the young people interviewed in this research were moving to independent accommodation of some form.

Level of education

Last year of formal education	Number of young people
Year 10 (16 years)	4
Year 11 (17 years)	4
Year 12 (18 years)	2

Table 7. Level of education

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One young person in the sample completed year 12. One young person who completed year 11 has plans to return and complete year 12, and then do further study. None of the rest of the young people had plans for further education. Many of the young people left school in the middle of an academic year. Reasons given for non completion of education included:

- Learning disabilities, and hence constant inability to keep up;
- Ill health, including admission to hospital for mental health issues;
- Lack of interest;
- Problematic behaviour resulting in being asked to leave.

The young person who finished year 12 was motivated by what she felt would have been the desire of her (deceased) father to do so, despite the fact that she found it difficult: *“I wasn’t good at school, but I wanted to pass and finish it.”* The same young person also insisted on remaining at the same school for her high school years, after moving around many times in primary school. Although she moved placements, she travelled the long distances to remain at the same school and with the group of friends that she had established. These friends are people that she now counts as her key supports. The converse may be true for young people who are constantly changing schools, either as a result of problems at school or moving placements: they do not establish secure healthy friendships that are able to support them when they are in need.

Employment status

Employment status	Number of young people
Part time employment	2
Unemployed	4
Work for Dole	1
Full time parenting	2
Not working – disability payment	1

Table 8. Employment status

Two of the young people who were unemployed at the time of the interview have since found part time work. One of the young people who is listed as full time parenting is planning to return to TAFE and complete year 12, and then go on to tertiary studies with an aim to become a teacher. The young person on the Work for the Dole scheme has since enrolled in a course at the CAE in Disability Studies, a stated goal at the time of interview. All of the young people who were unemployed at the time of the interview had previous part time work or apprenticeships, which had lasted only short amounts of time. The young person who was receiving a disability payment had never worked, although would like to, and felt very isolated as a result of lack of contacts through employment.

The above comments illustrate that the economic fortunes of the young people interviewed were fluid and unstable, with most young people desiring work but not having the skills/resources to find and maintain the work or the training required to do the desired work.

A number of young people talked about the difficulty of finding training in their desired field:

After I finished Year 12 I went to Victoria University and did a pre-apprenticeship course in hairdressing because that’s what I’d like to do. I’ve been applying and going to interviews and getting rejected, so I just gave up.

I want to stay in mechanics. But some people in the industry...make life difficult. I’ve had it happen twice now where people have taken me on for three months trial period, or left me on as a casual after that, so whatever work I do doesn’t get credited to my training or right on the end of the three months they say “We don’t need you – see you later”.

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I was working for a truck company, and the company was going downhill, and they did not want to put me on an apprenticeship because they couldn't afford it – after a while I said “bugger it” and looked for another job.

Another young person highlighted the need for ongoing support in the area of employment in her response to a question about whether anyone was assisting her in that area:

It's probably why I'm still unemployed, it's so hard. At the moment I've reduced myself to going for ANY job and I still can't find any work.

Health status

Only 3 young people mentioned any problems in the area of health. One young person had persistent flu/bronchitis in the year prior to transitioning from care which resulted in her losing her part time work and not finishing year 12 (which she was disappointed in). Another young person mentioned needing major dental work that she can not afford. One young person has ongoing serious mental health issues that impact on her ability to find employment or live a fulfilled life personally.

Financial situation

Most of the young people described themselves as struggling financially. Areas of concern included rental costs, utility connections, travel costs, repairs, phone bills and car repairs. A number of young people relied on loans from friends and family to get them through each fortnight, which they then had to pay back at the beginning of the next fortnight, and were in a continuous cycle of debt. Two young people had got themselves into considerable debt upon leaving care. Each had managed to get \$5000 loans and credit cards, as well as have mobile phone bill debts. For one the debt was so large that he became bankrupt by age 19. Two of the young people suggested that life in care did not adequately prepare them for the financial realities of living independently. One stated:

When I first had my baby I was really struggling with nappies – I needed food vouchers so badly. I was so expecting that every time I got into a ditch there would be someone there to help me out and say “here is twenty bucks”. The thing is, like your Order finishes and they cut all ties and you are on your own... you don't get any sense of that when you are in care – even if they say “Oh, we're working up to independence”, they still like show you the bills and stuff – you don't get all the concepts – like there is all the connection fees and stuff like that – and it's ridiculous – like when something breaks it's even worse – after all the bills, and the rent, the water charges and stuff like that – the train tickets – you've got nothing left. It's a real shock – especially after having to buy all the furniture and stuff.

2.3 Perception of experiences related to leaving care

Preparation for transitioning from care to independence

Young people were asked to reflect on whether there had been elements of preparation that had been helpful for their move to independence. Areas that were listed as being helpful were:

- Assistance to find housing;
- Assistance to learn budgeting skills;
- Assistance to obtain funds to purchase items for independent living such as furniture, clothes, driving lessons etc, (through brokerage and other means);
- Assistance to learn independent living skills (e.g. cooking, banking, budgeting, dealing with Centrelink, sexual education);

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- Move from residential care to Lead Tenant as a means of learning independent living skills;
- Assistance with personal identification needs (e.g., obtaining documents, licenses, creating life books, family tree, resume etc.);
- Setting up systems for young person to save money prior to transitioning from care for use when living independently;
- Using personal links of workers to assist young people to find employment;
- General support and advice from workers.

Significant comments from some young people included:

The Lead Tenant house was a huge change. It was from living with families to living on your own and it was a big thing. You had to learn how to save money, you had to learn how to budget for food and rent and basically learn how to live in the real world. When you leave (care) you learn how life is like in the big world.

I was really shocking with money, so he taught me that sort of stuff and he was an intermediate teacher, so he knew how to teach, and he taught me. He basically worked with me for a year at trying to help me trying to be on my own two feet – he was the biggest help that I had.

Two of the young people made comments about the assistance being useful, but ultimately you need to be able to take responsibility and do things on your own:

A lot of the time I tried to put the blame on other things, but it took a little while and a bit of arguing with some of the care workers to put the idea into my head that you've got to be responsible for yourself. It's not just everybody else.

My case manager was really helpful, but you have to do it all yourself – there is not much that anyone else can do – you have to be the one to call and find everything.

Unhelpful components of transitioning from care to independence

Young people were also able to reflect on areas of their care experience that they felt had been unhelpful. Chief amongst these was the need to leave care on or prior to their 18th birthday, and feeling that they needed to be independent immediately. Young people who commented on this said that they felt “dumped” and “cut off” and it caused them to question the sincerity of the relationships that they had with workers while in care:

And if you leave the resi units you are not supposed to call them again – you can't talk to anyone. If they have been a big part of your life for some long there should be some sort of ongoing contact, just to ease you out of the resi unit. It makes me feel that the relationships with the staff were all fake. I know that it's a job and they do it because it's their job...

It was a bit funny that I had to leave as soon as I turned 18. It was like, am I going to be thrown out on my 18th birthday? Like a punishment! I was worried about that.

I was a bit pissed off really. They are there for you when they are getting paid, and then once it's over it's over. No good bye really. It was just a job.

Once your Order is up, it's basically like the Department don't want to know you. There is no follow up support. And we need support for them, because they are the ones that have been in our lives for a long while – they are the ones that we have connected to.

Other components mentioned as unhelpful were:

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- Not being given enough information about, or linked into community resources (e.g., assistance with food);
- Not being informed about all the additional financial expenses involved in living independently;
- Not being given assistance to patch up family relationships;
- Not being given assistance to find ongoing accommodation and to learn about different housing options;
- Poor relationships with carers/lead tenants resulting in lack of role modelling for learning skills;
- Boredom during time in care resulted in taking on lifestyle behaviours that were exciting at the time, but not conducive to learning about independent living.

Comments included:

They didn't really link me into community supports that I could have gone to for this stuff – I didn't know about them – I had to find out about them myself...even the charities that give you food parcels – how many times a year you can go there. And especially where to get dental assistance – like I've had toothache for the past two weeks and I just don't know where to go.

I just felt unprepared for the responsibility for everything – rent, cleaning, bills. And this (SAAP transitional housing), it's not quite reality. I just think everyone got let off a bit too easily in terms of preparing for this.

I found this place pretty much.. It got recommended by the worker, and that's all – I had to do the rest all by myself. The worker was just threatening that if I don't find somewhere that I am going to have to live in a refuge. Who says that?

Timing of transitioning from care

There were varied responses to the question of whether the young people felt ready to leave care when they did. Four said that they did feel ready, three felt that they were not ready and needed more support, and two had initially felt ready, but when the reality of independent living struck realised that they were not.

As mentioned above, a number of young people felt that they had no input into the decision about when they were to leave care (four out of the seven who responded to this question) and so felt “dumped” and “chucked out”. Three young people did feel that they had made the decision themselves, and these were typically the people who felt more ready to leave care. There was a general understanding that people need to leave care at 18 (although the majority left prior to their 18th birthday) but a feeling that it would be useful to be able to extend the time if the individual required it.

I had a little bit [of input into the decision making] – at the case planning meeting. But the facts were that when you were 18 you had to leave.

There also appeared to be some confusion about the distinction between the idea of leaving care at 18, and the end of an order, which could be prior to that:

I got kicked out. No – I didn't get much warning, or choice. I thought it was going to happen when I was 18, but I was told to leave when my order finished.

Although a number of young people felt as though they had been “dumped” when they transitioned from care to independence, others commented that they felt as though they had positive ongoing support, even to the extent of feeling that they had not left care because of the amount of regular phone

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contact that they have with the workers, and the ability to drop into the office if needed. The variation in responses appears to be a function of different worker styles and qualities, rather than agency policy.

Problems faced by young people transitioning from care to independence

Responses to the question of problems that young people generally face when transitioning from care mirrored the responses to issues that the respondents experienced themselves. People noted financial responsibility, isolation/loneliness lack of supports, feeling cut off from service and Department once the order is finished, finding work and needing support in getting along with families.

One young woman stated:

They don't really stress the importance of having supports. Like I thought "yeah, I'll be alright on my own" but I think – if I'm here, and something happens to me – people don't call me for weeks and weeks, and I could be sitting here rotting away, and god knows what happens to my daughter. You have got to have someone checking in you – coz that is what happened when I was sick – and she was just a baby in a cot, and I had no-one.

One young person felt that boys experienced more problems than girls. In terms of the limited data from this research, it did appear that some of the young women were streetwise and had good survival skills, and fared better than their male counterparts who did not possess these qualities.

Perceptions of support to reconnect with family

Although some young people had permanently fractured relationships with their natural families, most were keen to maintain and re-establish connection with their families. As in other areas, there was divergent response to the extent that the young people felt supported in their attempts to reconnect or maintain family relationships. One young woman spoke of the support that she received in this area from social workers and foster carers:

My social workers and I kind of talked about it, how often I could see her and so on. They'd talk to me and Mum at the same time and see how we were going and if we wanted to see each other more often....after 10 years without contact it could have been difficult.... I'm not sure how my foster carers felt about having contact. They were always a bit cautious about me having contact with Mum, but they can see now how well she's doing. I think Mum and my foster parents have a really good relationship as well now. She gets invited to their place for birthdays and things like that."

Others felt strongly that the service and the Department of Human Services did not do enough to support the family reconnection, to the point of acting in ways that were obstructive of it:

I had a lot of trouble with the Department, because they stopped me a lot from seeing my mum – If I did something bad in the Unit I couldn't see my parents that week-end. That really shit me, because no matter what happens with the Department, you shouldn't stop the kids seeing their families. That what made me rebellious.... I was angry coz I had to leave my mums, but that was my fault, because I didn't want to go home. But then I did, and they would give me periods of saying "if you are good for a month then you can go home", and I would be good for three weeks and then in the last week I stuffed up – I would just do something wrong for some reason, and then it would be "no you can't go home" – so, I'd go back to doing all the naughty stuff again, because what's the point of being good if you can't go home?

I wanted to get back to home – and when the worker told me I needed to leave when I was 16. I said "well, I've got a home to go to" – It never really happened- I mean I never really got anyone to talk to – I had a few discussions with my mother about it but it never seemed to work

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out. In the end we ended up arguing it amongst ourselves and working it out, without any support, which I think if it had been there it would have happened a lot quicker. Personally I think I spent a bit more time in the system than I should have.

They started accusing my mother of things that she had never done. And I wasn't allowed contact with her and so forth. It seems the wrong way about it... I finally did manage to get in contact with my mother. She (social worker) would keep saying "your mums doing this or your mums doing that" and I turned around and said "I've had enough – I'm going to see her" and I went off and seen my mother. I was told I couldn't have contact coz my mother didn't want contact with me or anything. That had nothing to do with it. She was happy to have contact.

Whatever the reality of the circumstances, these young people now have a perception that the state protective system actively tried to keep them away from their families. Clearly young people need to be given factual and up front information in a form that they can digest.

Support with learning to drive

Young people were asked if they had received any assistance with learning to drive. Results were varied. Two of the young people who had transitioned from care to independence were bitter about the fact that they had wanted to learn to drive but told that it was "against MacKillop policy". A policy has since been introduced with guidelines as to how workers can assist young people in the process of learning driving, and some of the respondents have received such assistance and were appreciative of it. Two issues were emphasised across a number of interviews:

- The importance of having a licence in order to be able to find work (with the corollary that not having a licence further discriminates against them in an employment market where they are already struggling);
- The cost of driving lessons and the required amount of hours driving experience makes obtaining a licence prohibitively expensive without family or agency support.

Some young people will not want to learn to drive, but all should be offered the opportunity to get their Learners at 16, and to have supervised experience with MacKillop staff if possible.

Post care support

Notwithstanding previous comments from young people who felt that they had been cut off from support when they transitioned from care to independence, four of the young people felt that they had good ongoing support from case workers and lead tenants once they had transitioned from care to independence. For most of these young people it was in the form of irregular telephone support, initiated both by the worker and by them, and being able to drop into the office and see a worker whenever they wanted. These young people appeared to count the workers as part of their extended circle of friends. For one other young person the support had developed into the young person becoming part of the worker's personal community, and receiving support from the worker and other community members that way (discussed further below). Others mentioned having a limited amount of post care support (e.g., until age 18), and those that felt they did not receive enough support all commented on the need for ongoing support once having transitioned from care:

I would have liked a catch up now and then to see how things were going.

Sitting down having a coffee, talking about general stuff... to give a guided direction I know some people are willing to listen, but others just don't care – it gets frustrating sometimes. You sort of think "what happened to the good old times" when the person would sit down and have a comfortable chat and maybe get an idea of what to do.

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I think workers do need to stay in contact – not for a year or five years or anything, but definitely for a few months, because it is scary. It is hard to do it by yourself.

2.4 Support systems

Friends and support networks

All of the young people interviewed have developed a community of support around them. The nature of these supports is varied, and includes:

- Friends from school / TAFE (who had not shared care experiences);
- Parents of friends;
- Previous workers and carers;
- Girlfriend/boyfriend and their families;
- Cultural networks;
- Church community;
- Friends from care;
- Housemates;
- People who had been met through shared experiences (e.g., parenting).

These supports have been critical to the physical and emotional survival of the young people. Comments from the interviews include:

The only reason I survive is thanks to the people I live with.

My friends are my support. Whenever I'm wrong all my friends have been there for me.

I happened to have a really cool worker toward the end of my stay in care, and she went to a church, and I was interested in church at that point, and I asked her where she went, and I went to church with her. I am still in contact with that community... I was able to live with them when I had nowhere else to go...they picked me up a bit when I was falling down.

Other young people reported experiences such as finding work through connection with friends, of friend's families including them in Christmas and other celebrations and of friends loaning them money at difficult times.

Perception of relationships with workers

As noted above, some of the young people had concerns about the nature of their relationship with their workers: a lack of ongoing support resulted in them feeling that any relationship that they had with their workers had not been genuine, and based only on money and professional responsibility. The following interchange about a counsellor paid for by DHS, with whom the young person had a very strong positive relationship, is illustrative:

I don't see him [my previous counsellor] any more – when the money from DHS ran out, he ran out...he sort of just called me up one day, and said that as Human Services had stopped funding him, we couldn't catch up and do our sessions. And he said he would keep in contact. But I haven't had any contact with him since then.

Interviewer: How does that make you feel?

I don't know – just another Human Services sort of thing – it's good when you've got it, but.....

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Interviewer: Does that shake your trust in people a bit?

Yes – my trust in people was already shaken, but that doesn't help.

These experiences, unfortunately, constrain the ability of the young people to develop genuine and trusting relationships in the future.

The converse is also true for young people who were able to maintain some form of relationship with previous carers and workers. Where workers have been able to move out of the constructed professional relationship, young people perceived the relationship to be genuine, and felt valued as people (not clients). The following comments about workers illustrate this:

Whenever I needed to talk to her, she would always be there as a friend to talk to about stuff. She's a pretty cool, outgoing sort of person. I've been through ups and downs with her a lot but she's always been there for me and she is very understanding. She's been cool. It's just like friends catching up. We were always pretty close so that feels like a support thing.

That's what I had with that worker – that worker at the end of my stay in care – she was the only one who I felt that with [that she was genuine]. She would talk about my life, and how I felt and stuff. She would really listen to me.

If I remember correctly, at the Unit they weren't supposed to take you to work if you had it – you were supposed to make your own way there. But I said to the worker "I've got this interview and my mum can't take me" and he said "well, I get off shift in a couple of hours – I'll take you in my own time" – by rights he could have got sacked for that, but he stuck his neck out to help me a little bit. I kept that job for about 6 or 7 months.

One young person talked about the value of the "real and genuine" relationship that he felt from the worker at MacKillop, and how valuable that had been for him. He said that he felt like a person, not a client. He described having been invited to the worker's house for Christmas because he had nowhere else to go, and how that had communicated the message to him that he was valued and trusted. He talked about being able to drop into the worker's shared office and sit down, use the computer, and made to feel comfortable, which he really valued. He contrasted the experience with another service that he is connected to where he has to have an appointment time, and where he is seen in a special interview room, not the worker's office (*It's like they are afraid of you*). He said that he does not feel connected or supported in that setting.

2.5 Current situations of young people

Significant issues

The significant issues faced by the young people at the time of interview continue to reflect the concerns that they identified as problems when transitioning from care to independence (see above). The issues tabled below are compiled from the response to the question "What are the major problems that you are now having?" and so do not reflect a comprehensive list of *all* the issues that the young people might be dealing with.

Issues	Number of young people
Finding and maintaining employment	7
Financial problems	6
Isolation	2
Emotional issues	1
Mental Health	1
Housing	1
Practical issues*	2

Table 9. Significant issues for young people

*Practical issues included lack of knowledge of community resources, knowing where to pay bills etc.

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One young person described practical issues in the following terms:

Worrying about where I am going to pay my bills, and shopping. Little things that seem little when you don't have to worry about them yourself, but as soon as you have to worry about them yourself they are much bigger.

Significant interventions

Interviewers and young people reflected on some of the interventions, both in and after care that had assisted the young people to get to the point that they were at in their life after care. They are listed in full, as they indicate the variety of different routes to assisting young people.

Support and relationship interventions:

- Ability to ring up workers from a previous placement for support;
- Support from friends;
- Counsellor at CAMHS;
- Strong ongoing support relationship with MacKillop staff, both in and after care;
- Strong, stable foster care relationship;
- Support for family reconnection;
- Link to a supportive church community;
- Strong, happy family relationship prior to care.

Practical interventions:

- Assistance with compiling a resume;
- Assistance obtaining public housing;
- Teaching of life skills in care situation;
- Placement in bungalow with support as a means of acquiring independent living skills.

Helping with support systems and supportive communities emerges as *the* most significant intervention for young people, whether it be through a religious community, ongoing relationships with workers, or friends.

Hopes for the future

The hopes for the future expressed by the young people in this study are the dreams of most young people. Six of the ten young people dreamed about housing, including purchasing their own home, living independently, and setting up a home with their partner. Five of the young people expressed employment related dreams, although three of them felt quite hopeless about achieving their goals given experience to date. Other hopes and dreams included further studies, an improved financial situation, travel and relationships. Most appeared quite confident that they would be able to achieve their stated goals, although only four had any concrete strategies for achieving them.

2.6 Suggestions from young people

Advice to the organisation

Young people were asked how agencies such as MacKillop could better prepare young people for life after care. Once again the responses are grouped by theme:

Support and relationship assistance

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- Stay in contact with young people for a considerable time after leaving care, as that is when crises will happen;
- Have a dedicated “after care support” role within MacKillop;
- Link young people to mentors who will be able to continue a relationship after care;
- Better house group matching in order to decrease isolation while in care.

Practical assistance

- More support to learn life skills, including cooking lessons;
- Rental in care that more accurately reflects reality;
- Role playing issues faced when living alone;
- Requirement for young people to spend some time alone prior to leaving care;
- Checklist/booklet with practical advice in one place;
- Assistance with locating appropriate housing;
- Preparation and assistance to find work and apprenticeships, and assistance to create a resume;
- Increased financial support;
- Assistance to learn about budgeting and saving (e.g. setting up award saver accounts).

It is interesting to note that when young people were asked which interventions were significant for them, they talked far more about support and relationship factors than practical factors (the supports did not necessarily come from MacKillop). When asked how MacKillop could better assist young people, the balance was reversed, with more suggestions about practical ways to assist than relationship. This may be due to the fact that these young people are able to reflect on their time since transitioning from care to independence, and the practical deficits have become more obvious.

One young person stated:

By the time you get to moving out you should be self sufficient, with some ongoing support. Then at least you're not going "where am I, where am I going, how do I do it?" You can confidently step out. You need a few people who are specific in that within MacKillop.

Advice to other young people

The advice that the respondents in this research had to other young people in care was mostly along practical lines of preparing for life after care. Young people were urged to use the time and supports in care to get a job, learn job search skills, get a car, purchase household goods and ask for help. One young person said:

If you want to get a job, get it organised now while you are in care- it is going to be harder when you leave care. When you are in care it is like being in home- you have your mother and father there to help get you organised. When you are out of care you are on your own two feet – you may have the willingness to do it, but you won't have the support behind you to help you push through it. That is probably the hardest thing of all.

Another young person stated:

Think of the future – work and home. Things for your house are so expensive. Buy some things before you leave care. It costs a fortune once you leave to buy them outright.

While a third young person simply said:

Budget, get a job and live well. Don't touch drugs and don't hang out with the wrong people. Move on.

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2.7 Common threads

A number of common threads are found in the voices of the young people interviewed. These are discussed below by heading.

Issues of current survival

A disturbing feature of the current lives of the young people interviewed is the high proportion who are struggling to find the work they desire and who are facing significant financial problems. Cashmore and Paxman found that 46 % of young people leaving care could “make ends meet” (Cashmore and Paxman 1996), whereas only 30% of the young people in this study did not describe themselves as struggling financially. At the point of transitioning from care they were not adequately prepared to survive financially. This is further reflected in their comments on the shock at the cost of living independently, and feeling that life in care does not adequately prepare them for the full cost of life “in the real world”. Dependency was noted, with a feeling that everything was “done **for** you” while in care, resulting in a shock after leaving.

As well as making modifications to the care experience, and teaching young people more financial skills while in care, there is a need for follow up support to be available in the areas of employment support and financial management. The lessons to be learned in these areas will often not be learned until the young person is faced with the difficulties of living independently. It is important for the young person to be able to access the support when they are ready to hear it, from someone with whom they already have an established relationship.

Education

Compared to the respondents in the research of Cashmore and Paxman (1996 p124), more young people in the MacKillop research attempted year 11, while less went on to year 12. Only 10% of the MacKillop study completed year 12, compared to 35% of young people exiting care and 80% of young people living at home in the Cashmore and Paxman study. This has implications for the ability of the young people to engage in further study or training. Once they have “dropped out” of the educational system it is difficult to re-enter into education, training or employment. The low school retention rate of young people in this study may also contribute to the low employment rate identified. Although MacKillop has some creative systems for assisting young people to complete their education through St Augustine’s in Barwon, it may be necessary to explore other alternatives for young people for whom that is not an option.

Family reconnection

All of the young people in the study have ongoing contact with their family (for the two who choose not to have parental contact there is still contact with siblings) and for some their family is a key support in their lives. Unfortunately some young people have transitioned from care to independence with a perception that MacKillop and DHS have tried to keep them apart from their families, without good reason. It is hoped that the introduction of LAC will reduce the incidence of such perceptions. The system needs to actively encourage contact with both immediate and extended family and find ways to compensate for the disturbance in the normal flow of the relationship that is caused by physical separation. Young people who reconnect with their families only upon transitioning from care are more likely to have problems in maintaining that relationship than for those for whom there was an ongoing relationship while in care.

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Living skills acquisition

The young people strongly identified a need to acquire a variety of life skills prior to transitioning from care to independence. These included skills in relation to financial management, gaining employment, housing, community resources and cooking. Further, they would have appreciated assistance with practical areas such as purchasing items for their homes, and gathering together documents relevant to their past and important for their future, such as life books, resumes, tax file numbers and keypasses. As is discussed in detail below, the young people are sending a strong message to the agency about the value of and need for some form of support after they transition from care.

The research showed that all of the young people had assistance in some of these areas, and that the level of assistance depended on who their workers were, and what their individual practices were. On other occasions there seemed to be some form of service direction on the support and assistance that should be offered, but there was a discrepancy in the level of service provision across the agency. None of the young people had assistance in all of the areas. There is a need for a simple tool, such as a checklist, to assess which areas a young person needs support in and to ensure that comprehensive transition planning occurs with all young people who exit MacKillop care.

Post care support

There was a strong theme of valuing ongoing relationships with carers and case managers. Some young people expressed this as appreciation for the support provided in an ongoing manner. For a disturbingly high proportion of young people it was expressed as a feeling of being “dumped” and “cut off” by the agency at point of exit from care, or very shortly thereafter. One young woman stated:

...like it's just “get out and I never want to see you again”. That is the attitude.

The first months following transition from care to independence are often tumultuous. Even a young person who has been relatively stable prior to transitioning from care may need increased support at this time, with a gradual tapering off of contact. However, at the very time of transition case managers are usually appointed new clients. Beginning a new case adds extra dimensions to their workload and reduces their ability to support the young person who has transitioned from care. In order to ensure that young people who have transitioned from care are not left without support during this critical period, the time for taking on new clients may need to be negotiated.

Importance of worker relationships and limitations of the professional role

Young people had a sense of their workers playing a more significant role in their lives than “professional helpers”. Given the range of activities that carers and case managers are involved with in a young person’s life, and the intimate knowledge that they have of their life, as well as the fact that the professionals are carrying out the socialisation/psychological development roles of family, this is not surprising. It therefore comes as a shock to the young people when they are reminded that the relationship is a professional one, especially when relationships are terminated. There was, however, also appreciation expressed for workers who the young people felt did go beyond that professional role and allowed the young people into their life in some small way, both while in care and after transitioning from care. It enabled the young people to feel that they were being related to genuinely as people, not simply as clients.

These comments from the young people are confronting for workers and MacKillop as a whole. They appear to challenge the notion of boundaries, and to put expectations on workers that they may not be comfortable with. However, the notion of out of home care as “corporate parenting” can be understood with the focus on “corporate” or the focus on “parenting”, and parenting is a role that is genuine and has different (although not non-existent) boundaries to a constructed professional relationship. There is a sense of permanence in the relationship, although the relationship develops and changes in quality over

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time. Through it, children and young people are able to develop attachments and model how to develop and maintain genuine and lasting relationships for themselves.

All of the young people in this sample expressed a desire for genuine relationships that go beyond the generally accepted professional boundaries. The desire was expressed either as a result of a lack of those relationships or in appreciation of the existence of them. The challenge for MacKillop is to be able to provide and support those relationships in ways that do not place unreasonable pressure on worker privacy. Further the organisation needs to create a culture where workers feel comfortable to talk about the ways that they are supporting the young people and developing relationships with them, and validate and reward examples of this through supervision and appraisal.

Isolation of life after care

From a system of co-residents, carers, case managers, and DHS workers, there is a big jump to living independently. Young people repeatedly expressed feelings of isolation, particularly in the initial months after transitioning from care. This further highlights the need for ongoing active support from the agency, as well as much greater work prior to the young person leaving care to link them into ongoing external supportive networks.

Support systems

Young people identified support systems and communities as a critical component of their survival and wellbeing, whether through a religious community, ongoing relationships with workers, or friends. Support systems such as these are based on reciprocity of relationships. If a young person is to take an equal role in such systems (as opposed to being a passive receiver of support), it is crucial that they are exposed to and taught skills to enable them to become part of a supportive relationship while in care. One way for this to occur is for them to be involved in group/team recreational activities (such as team sports, acting groups etc.) rather than just individual based pursuits, where their input is vital to the outcome of the group.

2.8 Divergent themes

There were some notable variations in the responses and situations of the young people interviewed. These are discussed below.

Timing of transitioning from care

Some of the young people were keen and ready to leave their in-care living situation, while others felt that they would have appreciated more time in their care accommodation (though nearly all expressed a sense of frustration that the support elements of care and worker relationships were cut off at age 18 or earlier in some situations), as noted above. The organisation needs to utilise this information to advocate for changes in the *Childrens and Young Persons Act* to enable ongoing worker and DHS support past the age of 18 years in situations where it is needed.

Responsibility

Some of the young people had a clear perception of needing to take responsibility for their own lives and outcomes:

You have to do it all yourself – there is not much anyone else can do – you have to be the one to call and find everything.

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Others, however, expressed feelings of dependency and being let down because workers were not able to do more with them. As well as floundering in their survival after leaving care, they were further weighed down by the feeling of being a victim, not shared by those who took on more responsibility.

Support systems

Some of the young people interviewed were clearly in need of strong external support systems and communities for their survival, while others were quite happily living independently of such supports. An accurate assessment needs to be made of each young person's needs and strengths while in care so as to be able to make decisions about which support systems to link them with, without assuming that "one size fits all".

Resilience

It is clear that some of the young people interviewed cope with life's crises better than others. Withers and Russell (1998 p3) describe resilient individuals as "having the personal capacities to cope effectively with and overcome adversity". They quote Bonnie Bernard's finding that the traits characteristic of resilient people are social competence, problem solving skills, autonomy and a sense of purpose, and that the development of these traits is dependent on protective factors in the major environmental contexts of the growing child – the family, the school and the community (p19). The existence of protective factors that assist the development of resilience also suggest that there may be risk factors that inhibit the development of resilience.

In the MacKillop research, one young person who was doing relatively well had entered care at age 9 after the death of her father, with a relatively stable background. She has been able to cope with multiple placements/carers and exposure to negative behaviours and lifestyles while in care, and maintain a positive attitude to dealing with her life. Another young person who is doing well has parents who are still married to each other, with whom she has redeveloped a positive relationship since leaving care. Many of the young people who have poorer outcomes currently come from homes where there is not a strong parental relationship, and various other forms of disadvantage exist.

Withers and Russel (1998 p 36) recommend educational programs designed to take account of the factors that enhance resilience. Similarly, all MacKillop staff need to be aware of including elements of service delivery that support the establishment of previously absent protective factors or the strengthening of protective factors that already exist, with the resultant enhancement of a young person's resilience. Some examples of these factors relevant to the out of home care situation are: prosocial norms and rules; connectedness to parents (carers) in mutually close, caring relationship; emotional support from wider family or trusted others; emotional 'coaching' of the child; warmth and bonding; bonding to prosocial peers; external support that reinforce the individual's competencies and commitments and provide a belief system; caring and support through the availability of community resources and perceived importance of religion/prayer.

2.9 Summary and conclusion

This research highlights the variety of experiences for young people in out of home care with MacKillop Family Services, both in care and upon transitioning from care to independence. There were some experiences that were clearly helpful for the young people in terms of their ongoing functioning after transitioning from care, and other experiences that the young people felt hindered their current functioning. The variety of the experiences may be due to a number of factors, including pre-care history, individual characteristics, worker characteristics, relationship characteristics and service culture.

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While it is not possible to control for all of these factors, the research pointed to a number of processes that MacKillop can improve and standardise in relation to adequately preparing young people to transition to independence, and supporting them during and after the transition. As well as other life skills, the research results clearly indicate the need to improve the teaching of financial management/budgeting, as well as examine school retention issues and support to access employment and training. Other important areas are those of family reconnection, development of external support systems and networks, and development of genuine and ongoing relationships with MacKillop staff.

Specific recommendations that address these and other findings are provided at the conclusion of this report.

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PART 3: SUMMARY OF AVAILABLE DATA ON YOUNG PEOPLE WHO TRANSITIONED FROM MACKILLOP CARE IN 2002/2003

3.1 Background

This part of the research project attempts to follow up what had happened to each young person who had transitioned from MacKillop care over a twelve month period, and to investigate what sort of activities and preparation were undertaken to assist them in the process of leaving care. The young people themselves were not interviewed; rather, the MacKillop workers most closely associated with each young person was asked questions about their current status and what kind of preparations they may have had for leaving care.

The sample was established from FACTS data for all young people who had exited MacKillop care over age 15 during the twelve month period 1/3/02 -28/3/03. FACTS data is summary data sent to Department of Human Services when a young person moves into, and then leaves a placement. Repeated moves in and out of one setting were ignored, as only the final move from care was of interest. Young people were only included in the sample if they had been in care for more than three months.

The original data set provided by DHS contained 89 clients, of whom 39 had been in care for less than three months. Of the remaining 50 clients, it was determined that another 12 would not become part of the sample, as they were either still in care, or had moved to another protective setting. The 38 clients remaining in the sample were thus the young people of interest – those who had been in MacKillop care for longer than 3 months and had exited over a 12 month period. Of this group, it was possible to have short interviews with workers for 33 of them (87%) and this is the number that makes up the final sample. The information gathered was thus from the worker interviews, as well as the data provided by FACTS.

Of the 11 young people listed as being in residential care, two had been in a TECU (Transitional Emergency Care Unit) for a considerable length of time (one for 3 months and one for 12 months).

Interviews with case managers were conducted in August 2003, with some updates later in the year. At point of interview, the young people had been living out of the care environment for between 6 and 18 months.

3.2 Demographic information

Gender

The sample of 33 young people in the FACTS data transitioning from care in 2002-2003 comprised 21 male (62.5%) and 12 female (37.5%) young people.

Care type prior to transitioning from care

Table 10 below shows the type of care that young people resided in prior to transition. It shows that the majority of the young people in the sample came from residential or lead tenant houses. This can be taken to represent general practice, given the age group of the young people involved.

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Care Type	Number	Percentage of sample
Family Group Home	3	9%
Residential	11	33%
TIERS	5	15%
Lead Tenant	8	24%
SHBC/Foster Care	6	18%

Table 10. Care type prior to transitioning from care

MacKillop region of last placement

Table 11 below shows that the sample covered all MacKillop regions evenly.

Region	Number	Percentage
Southern & Specialist	10	30%
Barwon	11	33%
Western	12	36%

Table 11. MacKillop region of last placement

Time in last placement

Time in last placement	Number	Percentage
Less than 1 year	13	39%
1 – 2 years	14	42%
2 – 3 years	1	3%
3 – 4 years	1	3%
4 – 5 years	2	6%
5 – 6 years	-	-
6 – 7 years	1	3%
Over 7 years*	1	3%

Table 12. Time in last placement

*in this instance the young person had been in MacKillop care for 16 years

Unfortunately the figures in Table 12 are not reflective of total time in care, but only time in the last placement, as recorded by FACTS. In at least two cases, the follow up interviews with the workers revealed inaccuracies in the FACTS data, and there are possibly more. One young person listed as being in care for one year was in care for at least three. In another case the worker was able to say that the young person listed as being in care for less than one year was actually in care for a total of fourteen years. In order to ensure we obtain reliable data in the future, MacKillop needs to investigate better methods to track client data internally.

The data shows that the majority of young people were in their last placement for less than two years, with many only in the placement for less than a year. Implications of this are highlighted in the discussion below.

The average time in placement for clients in the sample was 715 days, ranging from 94 days (3 months) to 5859 days (16 years)

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Age of transitioning from care

Table 13 below shows that the majority of young people were aged 17-18 at the time of leaving care.

Age of Leaving Care	Number	Percentage
14	3	9%
15	6	18%
16	4	12%
17	11	33%
18	9	27%

Table 13. Time in placement

Ongoing accommodation

Accommodation Type	On exit from care	%	Current	%	Same as on exit
Family	16	48%	8	24%	7
Community Residential Unit	2	6%	1	3%	1
Residential Unit (DHS)	3	9%	3	9%	1
SAAP	4	12%	3	9%	3
Kith and Kin*	3	9%	3	9%	2
Carer	2	6%	2	6%	1
Public Housing	2	6%			
With boyfriend	1	3%	1	3%	
Private rental/independent			4	12%	
Prison			1	3%	
Transient			2	6%	
Unknown**			5	15%	
Total	33		33		15 (45%)

Table 14. Accommodation types

*Kith and Kin placements included arrangements such as living with a boyfriend's family, and living with a sibling's foster family. **The cases in which the current housing is unknown are ones where the worker has lost all contact with the young person

The proportion of young people who moved from the care situation to living with their family is similar to that quoted in the general literature (Owen et al 2000 p75, St Luke's Youth Services 2002 p8). However this research indicates that a large number of these placements break down within a short period of time. Within 6-18 months of leaving care the figure had dropped considerably, with a number of placements breaking down after just a few weeks. The lesson to be learned is that even when home return is the planned exit point, young people still need to be prepared with the skills to live independently, as many of them will do so shortly after transitioning from care.

Within 6-18 months of transitioning from care, almost half of the young people were living in different accommodation from their exit accommodation. This highlights the instability of life after care. Similar patterns of transience are found in other research (Cashmore and Paxman 1996 p 111). Each time a young person has a housing crisis, their move impacts on their ability to maintain any progress made in areas such as employment and training, and is a financial drain as well. It is possible that greater levels of ongoing support could reduce some of the instability.

One of the young people currently living with a previous carer is doing so because his original accommodation with his mother broke down after 12 months. Contact had been maintained with the MacKillop staff and service, and an option was found for him to stay with a previous carer on a temporary basis until a more stable alternative was developed.

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Living arrangements compared with age of transitioning from care

A comparison of the first move after care and the age at leaving care shows that the people who transitioned from care at a younger age (14- 15) all moved to some form of supported accommodation. (Family, Residential Unit or Kith and Kin). Young people who transitioned from care at a later age (16-18 years) moved to a mix between supported and independent forms of accommodation.

Moved to	Age	14	15	16	17	18
Family		1	4	3	7	1
Community Residential Unit (CRU)						2
Residential Unit		2	1			
SAAP				1	2	1
Kith and Kin			1			2
Stay with carer						2
Public Housing						1
With Boyfriend					2	

Table 15. Comparison of first move after care and age of young person

3.3 Transition from care process

Planning for the move

Case Managers indicated that 26 (79%) of the young people had left care in a planned manner, while the remaining 7 (21%) did not. Of those that left in an unplanned manner, the pattern was either placement breakdown or a lack of engaging with the service. For some there was a short period of ongoing contact with residential staff or case managers. In one case where the young person had returned home, there was some occasional support for his mother. One young person still initiates requests for support on an ad hoc basis. For most of the young people who left in an unplanned manner, it is unknown how they are currently faring, or it is known that they are not doing well, except in one case where the relevant worker thought that the young person was doing well: “He says he is OK and he looks OK”.

Brokerage and funding

Case managers were asked whether there was any funding that had been procured to assist the young person with their transition from care. Table 16 below shows that nearly half the young people leaving care received no supportive funding.

Funding source	Number	Percentage
Department of Human Services	10	30%
Mackillop Funds	9	27%
Own Savings	2	6%
Emergency Relief Agency	2	6%
No funding	14	42%

Table 16. Funding support at leaving care

The figures do not add to 100% as some clients received more than one form of funding support

Of concern is the proportion of young people who were not supported to access any funding to assist with their transition from care. Some of those were young people who had left care in an unplanned manner, but others did have a plan in place for their transition. The young people interviewed after

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leaving MacKillop care repeatedly noted financial issues as a major issue and pressure in their lives, and it is disappointing that this research indicates many young people transition from care without any assistance in this area.

The two young people who had saved their own money had a savings scheme built into their case plan from the point of receiving an income from Centrelink. They had lived in a Family Group Home, and each managed to save \$3500 prior to transitioning from care.

6 of the 10 cases where DHS funding was received came from one service, indicating that the process of applying for and receiving funds to assist with the transition process is not widely known within MacKillop. In cases where funding was sought from DHS it was used for items relevant to the young person, such as a sewing machine, payment for TAFE courses, clothes, a computer and a Keypass.

Activities carried out to assist young people prepare for the transition from care

Case Managers were asked about the kinds of activities that were carried out to assist the young person in their transition from care. The responses were varied, often creative, but with some young people receiving extensive support and some only receiving minimal support. Clearly support is tailored to the individual needs and situation of the young person, but it would appear that it is also dependent upon the repertoire and knowledge of the worker involved.

Form of preparation	Number of times mentioned
Living skills training	17
Practical assistance	9
Education/training support	4
Family reconnection support	11
Link to community resources	9
Support to ongoing accommodation	3
Symbolic markers of transition	8
None	10

Table 17. Preparation for leaving care

Living skills training includes activities such as budgeting, finances, travel training, hygiene, laundry, cooking, shopping and personal safety. Creative methods were utilised such as young people taking on responsibility for cooking within a unit, the development of a personal cookbook for a young person, and nominating a key residential care worker who had the responsibility of teaching living skills to a particular young person. In one case a young person was moved from a residential unit to a 1:1 placement 6 months prior to transitioning from care, with an additional support worker employed for 38 hours per week to teach independent living skills. DHS funded this process, and an ex-carer was used to provide the training. The outcome was very positive.

Practical assistance included help to obtain furniture, to find housing, to move and to obtain a driver's licence. In two instances it involved a worker organising for an administration order for client's funds. Education and training assistance included organising school entrance and support with choosing and accessing employment options. Family reconnection support included a range of activities such as developing access plans, inviting family to the unit for meals and having exit meetings with families.

Links to community resources included links to church groups, assistance to access community resources and recreation, assistance to integrate with young people who have not been in out of home care, and connecting to community resources in the area that the young person was moving to. In one instance it also included connection and involvement with the family of one of the staff members.

Support to ongoing accommodation included inviting future carers to the residential unit for meals, visiting the ongoing accommodation and handover/training in the special needs of the young person.

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Symbolic markers of transition from care included farewell parties, dinners and presents. In one instance the service paid for all the preparation needed (dress, hair, nails) for a high school formal, as it was felt that such an event was an important marker of transition.

Ongoing contact and support

A number of forms of ongoing contact and support were mentioned, with telephone contact in 15 (45%) of cases and visits in 10 (30%) being the most common. Telephone contact was either regular (8 cases) or ad hoc (7 cases). It varied between being initiated by the worker/carer or by the young person. Visits similarly varied in regularity and who did the visiting. In one case a carer regularly takes one of the other young people who lived in a unit with the young person to visit. In another case a carer visits a young person in lock up. One carer maintained contact by regularly taking the young person on a fishing trip. Opinions vary between workers as to whether it is best for staff to regularly initiate contact in order to let the young person know that they are cared about, or whether the young person should begin to take more responsibility for initiating contact as a marker of a changing relationship.

In other instances, the support was less regular, and focussed around special events such as Christmas and birthdays. Some staff mentioned that the client saw them as an ongoing part of their network. In some instances, contact with the young person was made in their own (not work) time. One worker mentioned that the client initiates contact around the need for financial support only, but that this is still a way of maintaining contact.

In 9 (27%) of the cases, there was no form of ongoing support or contact. In two of these instances there had been initial contact, but the worker involved in the contact had since left the service and so there was no ongoing contact. Staff mentioned that when case management was transferred to another service there was sometimes a request from that service *not* to have ongoing contact with the young person. This practice contrasts with that of another section of MacKillop that tells young people that they are part of the “MacKillop Family” and as such can contact for support at any time in the future, whether their worker is still employed at the agency or not. As with the forms of preparation for transitioning from care, the forms of ongoing contact and support are varied according to worker and particular service outlet culture, as well as the specifics of the young person’s situation.

3. 4 Current situations of young people

Workers were asked if they knew how the young people were currently faring in a number of areas. Their responses are summarised in Table 18 below.

Housing situation	Number	Percentage
Stable	16	48.5%
Unstable/transient	9	27.2%
Unknown	8	24.3%

Education/training status	Number	Percentage
Completed/completing VCE	2	6%
Currently in training	2	6%
Completed TAFE or other course	2	6%
Plans for study	2	6%
Still at school	2	6%
No involvement/working	1	3%
No involvement	11	33%
Unknown	11	33%

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Employment status	Number	Percentage
Working	6	18%
Studying, not working	5	15%
Not working	11	33%
Unknown	11	33%

Health status	Number	Percentage
Good/stable	17	52%
Poor	5	15%
Unknown	11	33%

Table 18. Current situations of young people

The data indicates that about half the young people are in a stable situation with good health, and about one third are in employment or training. The situation of nearly one third of the sample is unknown, but at least 15% of the sample currently have poor health, at least 27% are transient, and at least 33% are not working and have no involvement in education. Examples of poor health included excessive drug and alcohol use, excessive smoking, poor eating habits, risky behaviour, self harming behaviour and poor emotional health.

3.5 Discussion

The quality of information collected in this research was dependant on each worker's knowledge of the young people surveyed. Contact was able to be made with workers who had been involved with 87% of the sample, and information was gained on the processes of assisting young people to transition from care in all of these cases. However, the information gathered on details of the young people's current situation was more limited, with up to a third of all the current situations being unknown. This indicates that within 6-18 months contact has been lost with a significant proportion of young people who have transitioned from MacKillop.

The activities and preparation undertaken to assist the young people in their transition from care was varied and creative, and covered many important areas of preparation, but most areas of preparation were delivered to less than a third of the sample. Although the question was not specifically asked, no staff mentioned using any form of assessment tool to determine what sort of preparation to undertake with the young person. Although support was tailored to the individual needs and situation of the young person, it was also dependent upon the repertoire and knowledge of the workers involved.

A high proportion of young people were not assisted to access any funding to assist with their transition from care. The findings from these interviews as well as other research carried out with young people who have transitioned from care (Cashmore and Paxman 1996 p131) indicates that financial issues are a major problem in their lives after care, and in this way young people leaving care are significantly disadvantaged compared with young people who have never been in care. It is essential that workers explore a range of options for assisting young people in this area, including DHS funding, Transition to Independent Living Allowance (TILA) and the development of their own savings plans.

Of particular concern is the low figure of young people who were given any assistance in the area of employment/training support. This is consistent with the high figures of young people who were currently not in any form of training or employment (at least a third that we know of and potentially a further third in the "unknown" responses), and impacts significantly on their emotional well being, stability and security. The figures of young people currently employed (18%) and currently studying (15%) were similar to figures found in other research (Cashmore. and Paxman 1996 p129, Green and Jones 1999 p16). It confirms the need for a greater effort on the part of care providers to utilise creative and engaging methods to prepare young people for this area of their life after care. There is also a need

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for service providers such as MacKillop to begin to investigate the possibility of specialist post care workers to continue supporting young people in this area.

The data show that the majority of young people were in their last placement for less than two years, with many only in the placement for less than a year. This has implications for the ability of workers to assist them to prepare them well for transitioning from care, as comprehensive planning, preparation and life skills training should take at least two years, and more if possible. It reinforces the need for standardised planning and preparation tools that can be transferred with a young person when they move to their last placement so that work already done can be built upon.

Although the plan for many young people who leave care is for them to return to their family home, the data showed that a high proportion of these placements broke down within 6-18 months. Young people need to be well prepared for independent living at the point of transitioning from care, no matter what their immediate plan is.

There was quite a high level of ongoing contact with young people after their transition from care, tailored to meet the specific needs of the young person. Of concern is the fact that ongoing contact appeared to depend on the relationship between the young person and the worker, and the particular attitude of the individual worker, rather than a standard component of post care practice. While recognising the needs of the young people to move on and create their own lives, there is a need to create a culture of ongoing staff contact being an acknowledged and expected component of work.

Less than half of the young people were known to be in stable housing 6-18 months after transitioning from care. It is likely that many of the young people with whom there is no ongoing contact were not in stable housing. This resonated with other research findings (Cashmore. and Paxman 1996 p111) which note that within a year of leaving care young people live in an average of three (and up to twelve) different places. As noted earlier, this outcome is likely to be due, in part, to the fact that young people are often not managing their money well, as well as factors such as poor independent living skills and poor relationship maintenance skills. Of concern is the fact that a pattern of unstable housing can easily spiral into a cycle of ongoing homelessness, and entry into the adult homeless persons system. Recent Melbourne based research found that of a sample of young homeless people, 24% had previously been involved with child protection placements (Rossiter et al 2003 p3). Other research has identified over a third of young people being discharged from care into insecure or temporary accommodation, and half had experienced homelessness at some time (Maunder et al 1999 p79).

In order to take its role of the “corporate parent” seriously, MacKillop needs to be consistent in ensuring young people are comprehensively prepared for life after care. Further, the young people need to be well supported through the difficult initial stages of independence, providing a buffer zone while new learning takes place. It would also be useful to explore creative options for providing ongoing stable accommodation options.

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PART 4: RECOMMENDATIONS

This section includes a series of recommendations for MacKillop practice and for improving processes for post care support. It also includes two more detailed recommendations for mentoring and savings schemes.

4.1 Recommendations arising from research

Improve processes of preparation for transitioning to independence

Transition planning and associated activities are the responsibility of case managers, in collaboration with carers or residential care workers. Where the case management is contracted to an external agency, the MacKillop Placement Agency Case Workers would normally be responsible for ensuring transition planning activities occur to the same extent as they would if the young person were case managed by MacKillop. Transition planning and associated activities are to be actively monitored through line supervision. Case managers (or PACW) responsibilities include the following:

1. Case Managers to be responsible for ensuring that comprehensive transition planning occurs with all young people in MacKillop out of home care ideally 3 years (i.e. by age 15) prior to the young person transitioning to independence. Transition planning is to be based upon use of a Living Skills Assessment Tool and Transition Checklist with regular reviews to ensure that the plan is being carried out.
2. Where appropriate, residential settings to nominate a key worker from within the staff team for each young person. The key worker would have regular liaison with the case manager and be pro-active in taking responsibility for ensuring transition tasks (e.g. assessments, following through on transition plans, teaching living skills) have been carried out.
3. Case Managers are responsible for ensuring young people are assisted to develop a budget at point of receiving an income. Budgeting to include managing current expenses while in care, as well as start up and ongoing expenses upon transitioning to independence. A budgeting form is to be available on MacKillop intranet.
4. Young people to be provided with opportunities to set up savings plans while in care.
5. Young people to be assisted to access funding to help with the process of transitioning from care as appropriate. Examples of this are through the regional DHS office or through the Federal Government Transition to Independent Living Allowance (TILA). Details of how to apply for this funding to be available on the MacKillop intranet.
6. Living Skills Assessment Tool, Leaving Care Checklist, Transition Plan Proforma and budgeting form, as well as other documents relevant to transitioning to independence (called the Transition from Care Tools), to be available on MacKillop intranet for use by practitioners. Modification of the documents may be made by practitioners depending on the situation and needs of the young person.
7. Young people to begin to pay living costs that are reflective of reality once they receive an income. At a minimum, young people should be contributing 20% of their income to the agency/carer in rent. Services that are funded to cover accommodation costs (Residential, Group Homes, SHBC) may be able to save this for the young person and return it to them on their exit from care, while for Lead Tenant services it is a required component of the running costs of the service.

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8. Where appropriate, ongoing contact and reconnection work with birth family to be a priority component of the young person's case plan. If ongoing family contact with some members of the birth family is not appropriate, young people to be informed of the reasons for this, and supported to make contact with extended family if desired and appropriate.
9. Case Managers to ensure that comprehensive assessments of young people's support systems are made. A social network mapping exercise may be useful in this, utilising the tool from the Intranet. Where there is a deficiency of social networks, workers are to actively encourage young people to develop supports that will be ongoing after they transition from care.
10. Young people to be involved in ongoing recreational and community groups outside of the care situation. Creative solutions to be explored in relation to any barriers to involvement in such activities (e.g. timing, cost, staff availability). Where possible, young people to be encouraged to participate in team based recreational pursuits that foster the development of inter-dependence.
11. All young people transitioning from care to be provided with a resource folder appropriate to their needs (see the sample Survival Kit in the Transitioning from Care Tools). Workers and young people to develop resource books prior to the young person transitioning from care, based on the proforma on the intranet, and modified as appropriate.
12. Selection of staff and performance appraisal to recognise and encourage skills/qualities that enables staff to develop genuine and lasting relationships with young people.

Improve processes for post care support

13. At the point of leaving care an exit plan is to be developed (which will be based on the transition plan). The exit plan will detail arrangements and responsibilities for post-care support.
14. As recommended in the DHS consultation paper, *Leaving Care: Options and Recommendations* (DHS 2000 p24), young people should be provided with options and opportunities to access active follow up support for up to 12 months past the point of transitioning to independence and CSOs should be funded to provide such support. In most cases, the case manager or PACW who assisted the young person to transition should provide this, or another carer or other staff member as appropriate. Areas for follow up support should cover, at a minimum, employment, training, housing and financial management. Other general support is to be tailored to the individual needs of the young person.
15. Allocation of new clients to case managers to reflect the fact that they will still be providing support to young people who have transitioned from care.
16. MacKillop Family Services to support/resource staff to maintain contact with young people past the 12 month period of active support where appropriate. Mutually agreed methods of maintaining contact with the worker and/or agency to be explored with the young person.

Advocate for policy changes that improve support to young people leaving care

17. MacKillop Family Services to advocate for changes to the *Childrens and Young Persons Act* to enable agencies to be funded to provide support to young people past the age of 18.
18. MacKillop Family Services to maintain involvement in wider sector forums looking at the needs and issues for young people leaving care and transitioning to independence.

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19. The *Looking After Children* protocols – Assessment and Action Record (Aged 15 years And Over) – to expand the two page section on self-care skills into a more purposive plan for transitioning from care.

Recommendations for developing MacKillop services

20. MacKillop to appoint two full time mentor coordinators so that all young people in MFS care can be linked with a mentor, where desired and appropriate, prior to leaving care (see detailed suggestions for proposed mentoring project immediately below). If this, or a modification of this, is not possible, strengthening links and access to existing mentor programs to become a priority.
21. MacKillop to actively explore options to develop an incentive savings scheme for young people (as detailed below at 4.3).
22. Low school retention rates to be addressed as a matter of urgency. MacKillop to investigate creative methods of assisting young people to complete year 12, or to take up training opportunities or apprenticeships
23. MacKillop to investigate options of funding for a resource worker within the agency to assist linking young people into training and employment options.
24. MacKillop to explore stable housing options that may be offered to young people transitioning from MacKillop care. For example, this might include acquiring social housing stock and developing programs to assist young people to be able to live in a semi independent. semi supported situation as an intermediary step to moving to independent living.
25. MacKillop staff training to regularly include sessions on assisting young people to transition to independence, and on the factors contributing to the development of resilience in young people.

4.2 Mentoring proposal

This section of the report contains the background to mentoring, and a proposal that MacKillop establishes its own mentoring scheme.

Theoretical context

Over recent years support for the concept of mentoring young people in care has come from a variety of sources. Young people in out of home care typically experience fractured relationships with their own family, and often multiple placements within the care system. The literature review suggests that the relationship with at least one caring adult is a significant element in increasing resilience in young people with multiple risk factors in their lives (DHS 2003b p3, Maunders et al 1999 p53, Gilligan 1999 pp187-96). Reports and papers have repeatedly recommended the use of mentors as a means of improving the outcomes for young people in care (Maunders et al 1999 p70, Cashmore and Paxman 1996 p176, DHS 2000 p19).

Gilligan defines mentoring as “giving ‘quality time’ to a young person in the context of a shared interest, commitment or activity”. He suggests that “achieving improvements in some parts of a young person’s life may have spill over effects to other areas, especially resilience”. Gilligan focuses on the development of mentor relationships as a means of enhancing this. Mentoring relationships are described as “the encouragement and support of a young person-in-care’s talents, interests and leisure

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activities by a committed adult". Gilligan argues that "the value for the young person of being involved lies not just in the pursuit of the activity, enjoyable though that may be. The value also lies in the recognition that the performance may earn, the relationships it may open up, and the confidence it may generate". He further adds that in the care system "the relationship with a mentor has the potential to take on depths of meaning which might not apply where the child has not been subject to losses and the other adversities which have usually attended the lives of children in the care system" (Gilligan 1999).

Gilligan suggests that it is preferable (although not essential) for this relationship to be with someone other than the care giver or social worker, as it then provides another adult relationship in the young person's life. In selecting mentors, Gilligan notes that the carers and social workers in the young person's life need to be creative in taking notice of and nurturing activities and interests that the young people are already involved with. Further, he notes a preference for kith and kin mentors or people already within the young person's networks. He suggests using a tool such as a social network map to identify possible mentors.

Political context

In 1999 the Victorian State Government commissioned research into the issues facing care leavers and development of a strategic response (Owen et al 2000 p151). Mentoring emerged as one of the strategies to assist young people leaving care. Since the release of the report in May 2000 there has been talk of funds to be directed towards mentoring initiatives, but until late 2003 nothing has been released. There is currently a call for applications for a small pool of funding to develop a time limited (one year with a possible extension to three) program that links young people with mentors three months prior to leaving care. The funding is targeted toward existing mentoring programs, to assist them to extend their program to young people in care. MacKillop's Western Region, which already has a link to an existing mentor program (White Lion), would be eligible to make an application under this program.

Federal funding also currently exists for mentoring programs (Mentor Marketplace) due in April 2004. The funding runs out in mid 2005, so any funding received in the 2004 round will only last for one year. There is an expectation that programs will become self funding after the funding period concludes. In its document *An Integrated Strategy for Child Protection and Placement Services* (DHS 2002a p66), DHS recommends a redevelopment of the current lead tenant program into a model that will provide some extended support to care leavers after their order has finished, although this is likely to refer to professional support.

MacKillop context

Region/Program	Places for young people in care	Young people leaving care April 2002 – March 2003
MacKillop Child and Youth Services (Western)	45 (27 in residential and 18 in SHBC)	12
MacKillop Northern Services	30	4
Southern Services	31.5	5
TIERS (Residential)	13.5	5
Barwon Region	89 (19 in residential and 70 in Foster care/Home based care)	11
Totals	209	37

Table 19. Data on Young people in care and transitioning from care in MacKillop

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To assist in making decisions about the recommendations and options, two sets of data about the numbers of young people in care are presented in Table 19 above. The numbers of young people in out of home care in MacKillop has been calculated from the figures given in the MacKillop Family Services Overview of Programs and Services (2003) document. Approximate numbers of young people transitioning from care to independence across a 12 month period were collected, using FACTS data and follow up, as part of the Leaving Care Project.

Four MacKillop programs currently operate (or are linked to) services using the mentoring concept.

- (1) The Dynamic Living Program is a collaboration between Whitelion and MacKillop, specifically focussing on clients from the Western Region and TIERS. Whitelion is an organisation that aims to provide opportunities for “at risk” young people to form links and build relationships with positive peers and adults, using role models and mentors, and to eliminate barriers that prevent these people from making connections within the community. The collaboration with MacKillop involves employing a professional sportsperson to work with young people to engage them in sporting and recreational activities, and through that to develop a mentor type relationship. MacKillop contributed \$15,000 toward salary costs, as well as the program operational costs, making a total commitment of about \$26,000 for a half time worker. In its first year of operation the program worked with 10 young people from the Western Region, and 15 from TIERS. Referrals came to the program from case managers. An evaluation indicating positive outcomes has been carried out.
- (2) Mercy Children’s Service in Geelong run a program where they employ people for 12 months to mentor a young person (predominantly foster care based) through a monthly activity. There is a hope that the relationship will continue, unpaid, past the 12 month period. 10 sessions are paid for in the twelve month period. Some of the mentors may be people working in the out of home care system already, and others are recruited. A worker coordinates the program, alongside their casework responsibilities.
- (3) The TIERS program has nominated a staff member to develop ways of better integrating young people into the general community, including developing mentor relationships where appropriate.
- (4) MacKillop Youth Services in Geelong is linked with two local services to provide a program called “Reconnect” that incorporates a mentor program. This is targeted as a preventive program for young people still living with their families and not generally available to young people in out of home care.

Future directions

Given the current research and the clear need to improve outcomes for young people leaving care, MacKillop Family Services should embrace any opportunities that exist to further develop mentor programs within its services. Ideally, it should be possible for all young people in out of home care with MacKillop Family Services to have the opportunity to develop a mentor relationship if they wish.

It is critical that any programs developed have the capacity to run for a minimum of three years. Discussion with David White from Big Brother Big Sister (BBBS) Australia reveals that a vital component of mentor programs is supporting the mentor to weather any storms with the young person, and to continue the relationship. Match breakdown can have very detrimental effects on the wellbeing of the young person. It is anticipated that these issues would only be exacerbated with the out of home care client group, and so it is imperative for the program to be able to continue to support any matches that it makes.

Two models for enhancing mentoring are possible:

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Collaboration Model: It may be possible for a program to be developed within MacKillop in partnership with existing mentoring providers (Whitelion, or the state or national BBBS networks) and thereby share resources and expertise, and reduce the program establishment time.

Internal Model: Alternatively, MacKillop could develop its own internal mentoring program. Ideally, this would mean appointing two mentoring coordinator positions to recruit, train, match and support mentors, with one coordinator based in the Metropolitan area and one based in Geelong. Given the number of young people exiting care in each region, this may mean a part time position in Geelong, and more than a full time position in Melbourne. The Melbourne position would also be responsible for the overall program development.

The mentor coordinators could be regionally based or centrally based, but experience suggests that the position would work best if integrated into regional services.

Each year a cohort of about 40 young people transition from MacKillop care to independence. If MacKillop was to develop a three year mentoring program this would entail providing mentors for about 120 young people. This is more than a workload for two full time positions, but the proposal for two workers would give the organisation an opportunity to see how the program is taken up, and to determine a realistic caseload and thus optimal size of service. It would also enable a degree of collaboration over program development, recruitment and training.

Mentor recruitment

There are a number of different options for recruiting mentors, all of which could be valuable in the MacKillop system. It may not be possible for one coordinator to focus on all avenues, or it may be that they should start slowly with one method and then develop further. Mentors can be recruited through advertising, through existing family or community networks, or through workers.

Advertising is the traditional method, and could be done either generally through community newspapers and avenues, or through using our connections to the religious community to target religious groups, particularly some of the younger, dynamic communities.

Existing family or community networks, as suggested by Gilligan (1999), may be preferable fields for recruiting mentors. This approach would involve case managers and young people identifying any potential mentors in the young person's network (e.g. teachers, sports coach, extended family) that the young person would be comfortable to have as a mentor. Once approached and agreed, the Mentor Coordinator would give a modified training and ongoing support. The value of this approach is that the match is already made, and the mentor has more of an idea of the young person and so fewer "surprises" are likely to occur.

Worker mentors: a more contentious option is that of workers, in some cases, becoming mentors leading up to and after the young person transitions from care. This may be extremely valuable to young people who have not managed to develop any other form of mentor relationship while in care. Many workers do maintain contact with young people informally once they transition from care to independence, and this would be a way of legitimising and formalising such relationships, rather than workers feeling that they need to "keep quiet" about such relationships. The workers could then be supervised and supported professionally in areas such as role blurring and boundaries. It is foolish to ignore the fact that in out of home care relationships already develop between young people and carers/workers that are not the same as classic professional worker client relationships, simply by nature of the form of interaction they have. Where it is possible to harness the strength of such a relationship for the well-being of the young person, this should be supported by the agency.

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Program coordination

The proposal is that mentor services be integrated into regions, and could then be managed through the Regional Directors, or relevant program managers, in each region. However, if MacKillop is successful in implementing mentor programs across all its services, thought could be given to appointing a central manager to coordinate and support resources and workers. Whichever model is chosen, it would be valuable for any workers in mentor programs to be linked through an internal network, similar to the Lead Tenant Forum.

As well as BBBS and Whitelion, a number of other mentor programs exist that are relevant to out of home care. Salvation Army (PYFS) in Mornington run a program, as do Good Shepherd and Kildonan. If MacKillop is successful in securing funding for a mentoring program, it would be useful to employ a worker to investigate other services and develop up a model that could be used across the agency (possibly 6-8 weeks work).

Costs

Based on existing mentor services, the major component of the cost of a mentor program is the coordinator cost. The coordinator does not necessarily need to be a social/welfare worker, as the role does not require casework. More important is their life experience and understanding of the role, and ability to work within a professional framework. They should be paid at the equivalent of a Class 2 Social Worker, year 2. Costs for a full time worker **for one year** would thus be of the following order:

Salary and oncosts	\$49,485
Staff Training	849
Operating Costs	19,232
Mngt Overheads	11,187
Training costs	1,000
Match activity costs	5,000 (\$200 per mentor)
<u>Program evaluation</u>	<u>3,500</u>
Total	\$90,253

Funding

There are a number of possible sources of funding:

- *Government funding:* As discussed above, there have been some offers of Government funding generally, but they are only short term options, and less than optimal in their expectations.
- *Trust funds and private donors:* The Development Unit of MacKillop could be requested to apply to any relevant trust funds, or run a specific fundraising project for this program. Although this would give more independence in terms of the running of the program, it would only guarantee funding for the period received.
- *Business partnership:* The Development Unit could be requested to pursue partnerships with private business (corporate, industry etc) for a minimum period of three years. One advantage of this would be that as well as securing funding dollars, the business may encourage staff to become involved in mentors as part of a “civic involvement” program that many businesses are already interested in.

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Options

The cost of implementing a program across the whole agency for the minimum three years (approximately \$100,000 per year) may be prohibitively high. However, it should be noted that an element of current costs already go towards mentoring, and that ideally these existing elements would be integrated into the new mentoring service.

A number of other options are presented and discussed below. None of these options would fully meet the need within the agency. but would enable the agency to see how the program is taken up, and to determine a realistic caseload and thus optimal size of service.

Option 1: A trial of a part time coordinator in just one region

A part time coordinator could develop matches for a small number of clients. The coordinator could be based within a regional office and would have a good working relationship with potential referring workers. The coordinator could develop links locally in relation to recruiting mentors, and use local newspapers for advertising.

Option 2: Two part time positions in different regions

If funds could be obtained, two positions could be created. Coordinators could come together and standardise forms and processes, and utilise each others skills and knowledge. Coordinators would still be based alongside relevant case workers. Again, local knowledge and links could be utilised.

Option 3: A full time position based centrally

A centrally based position would run a program that was quite separate from the regional teams, but accepted referrals from them. The coordinator would need to put in the groundwork with managers and case managers across all relevant programs and regions to promote the program. The advantage of this is that there is a greater pool of clients and volunteers from which to make appropriate matches. The disadvantage is that there would be more travel required in the role, and that the worker would need to become familiar with different avenues in each region for recruitment of mentors.

Option 4: A full time coordinator based within an existing mentor service

This would be similar to option 3, but the position would be based in an existing mentoring program and allow valuable sharing of resources. However, it would be necessary to source such a program, and work out issues such as “turf” for mentor recruitment.

Recommendations

In the light of the above discussion, it is recommended that:

1. MacKillop establish and resource mentor coordinators in Melbourne and Geelong.
2. Funding be sourced to cover three years initially (i.e., \$270,759 over three years for each full time coordinator, or pro-rata equivalent for two part time coordinators).
3. The Development Unit of MacKillop to source funding options through business partnerships, as a first priority, or trust funds and specific donations.
4. A reference group be developed to oversee the development of the model, development of evaluation process, the establishment of any collaborative links, and the employment of workers.

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4.3 Incentive savings scheme proposal

This section of the report outlines possible ways of developing a saving scheme.

Background

There is a recurring theme of the financial difficulty associated with transitioning from care to independence, both from the MacKillop research and other literature, as well as disproportional poverty found amongst young people who have transitioned from care. In order to begin to address these issues it is recommended that MFS actively investigate the possibility of establishing an incentive saving scheme for young people in out of home care.

Such a scheme would involve negotiation with an interested financial institution or funding body. It would match or increase the funds saved by the young person (for example, for every dollar saved, the scheme would contribute a corresponding amount). Young people in MFS care would have the option of participating in the scheme from the point at which they receive a wage or Centrelink income. The scheme should be designed so that money can only be withdrawn at the point of transitioning from care.

The aims of such a scheme are:

- (1) To assist young people to develop a pattern of saving early in life, which will become a model for ongoing saving;
- (2) To provide young people with much needed funds to meet the start up costs of transitioning from care to independence.

An incentive savings scheme is seen as desirable as young people 16-18 years are not noted for their natural inclination to save for the future. From the time that they receive an income, many young people typically spend it all within the pay period, often falling short and needing to borrow money. The incentive component of the incentive savings scheme would become the motivating factor for these young people to commence a savings program. Some services within MacKillop have already set up creative processes where young people can earn money on top of their pocket money by completing tasks and chores, which is then banked into a savings account. These processes could become part of an incentive savings scheme

Financial institutions like the ANZ bank have offered such schemes in the past, capped to a limit of \$2,000 to be contributed by the bank. Such an institution should be approached with information about the MacKillop client group and the rationale for a savings scheme partnership.

Young people would require clear information on the details of the scheme, including the process for contribution, whether there are any requirements for regular contributions, options for early withdrawal, and the possibility of penalties.

It is recommended that MacKillop's Development Unit to be approached to explore the options that exist for such a scheme, and the viability of MacKillop becoming involved with a financial institution.

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APPENDIX

Transition from Care Tools

During the course of this project the following tools were developed and have been made available to MacKillop practitioners via the MacKillop Intranet:

- Explanation of transition from care documents and proformas
- Living skills assessment form
- Transition plan checklist
- Sample transition plan
- Social network map
- Budgeting form
- Housing comparison list
- Important items for independent living
- Sample brokerage request form
- TILA (Transition to Independent Living Allowance) - MacKillop information on process
- TILA guidelines
- TILA referral form
- Survival Kit – instructions for workers
- Survival Kit – Resource Book for Young People