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Beyond 18: The Longitudinal Study on Leaving Care

Wave 1 Research Report:
Transition planning and preparation

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May 2018



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Suggested citation:

Muir, S. and Hand, K. (2018). *Beyond 18: The Longitudinal Study on Leaving Care Wave 1 Research Report: Transition planning and preparation*. (Research Report). Melbourne: Australian Institute of Family Studies.

ISBN 978-1-76016-171-2 (Online)

ISBN 978-1-76016-172-9 (PDF)

Edited by Katharine Day

Typeset by Lisa Carroll

Cover photo: © iStockphoto/YakobchukOlana

1804_Beyond 18 Wave 1 Research Report

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Acknowledgements

The authors are grateful to the Research and Evaluation team, Department of Health and Human Services (DHHS) who have been a valuable support throughout this project.

The authors would also like to thank the following Australian Institute of Family Studies (AIFS) staff members: Pauline Kenny and Sez Wilks for their work designing and establishing the study; Sez Wilson, Sam Morley, the CFCA and AIFS communications teams for their work on project communications and the AIFS IT team for their assistance with the online survey. We also thank Megan Carroll for her analysis of the survey data.

Our sincere thanks also go to the Beyond 18 Stakeholder Advisory Group and the Departmental Working Group for their input and advice on survey design and recruitment.

Finally, we thank Carers Victoria, the CREATE Foundation and the many youth support, homelessness, child protection, out-of-home care and leaving care workers and organisations who provided advice and assistance in promoting the study.

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Executive summary

Beyond 18: The Longitudinal Study on Leaving Care (“Beyond 18”) was commissioned by the Victorian Department of Health and Human Services (DHHS) to increase understanding of the factors associated with successful transitions from out-of-home care. The study is scheduled to end in 2018.

Beyond 18 has three main elements:

- the Longitudinal Survey of Young People (Beyond 18’s central component). It comprises three waves of annual data collection from young people who have spent time in statutory care in Victoria. Data are collected via online surveys and follow-up qualitative telephone interviews. The first wave of the survey involved 202 young people aged 16–19 years old.
- three annual online surveys of carers and caseworkers. These surveys run at the same time as the annual survey of young people.
- analysis of an extract from the DHHS Client Relationship Information System (CRIS). Options for data linkage with young people’s survey data and with other government datasets are being explored.

This first research report for the Beyond 18 study uses data from the first wave of surveys to focus on young people’s preparations for transition from out-of-home care. Future research reports will detail young people’s post-care outcomes and the factors influencing their outcomes.

Findings

Previous research on transitions from out-of-home care has indicated that early, comprehensive and collaborative transition planning is associated with better post-care outcomes. Initial findings from the Beyond 18 study, however, suggest that state legislation and practice guidelines about transition planning were often not followed and that young people were frequently not involved in formal, structured planning about their future. Some of the inconsistency around transition planning appeared to be related to caseworkers’ focus on meeting young people’s most urgent needs, such as having somewhere to live when they leave care, rather than other important but less pressing forms of transition preparation. A lack of accessible leaving care services was also a potential barrier to effective planning.

The study’s key findings are outlined under the headings below.

Formal transition planning

Victorian state legislation and policy stipulates that all young people in out-of-home care have a transition plan at least 12 months before they leave care. In the Beyond 18 study, however, only 46% of care leavers and 22% of young people still in out-of-home care reported that they had a transition plan.

Most caseworkers in Beyond 18 reported that their own transition planning practices were in accordance with state guidelines but they also identified a lack of leaving care support and access to services as a barrier to effective transition planning. For most carers and caseworkers in the study, formal transition planning was also a relatively low priority in comparison to care leavers’ urgent need for appropriate post-care housing. The focus on housing is understandable: young people have a high risk of becoming homeless after leaving care—which, in turn, can affect their mental and physical health—and appropriate housing is often in short supply and difficult to find. However, international research suggests that the emphasis on urgent needs can come at the expense of young people’s need for help with their physical and mental wellbeing, social and emotional development and systematic transition planning. This lack of systematic and holistic planning and support can have long-term consequences for young people’s wellbeing.

Education

Care leavers commonly leave school earlier than young people in the general population and are less likely to achieve Year 12 or equivalent qualifications. Although caseworkers in Beyond 18 recognised young people's need for education and training support, the education outcomes of young people in Beyond 18 were often poor. Only 25% of the 72 school leavers in the study had completed Year 12 and 27% had not completed Year 10. However, the majority (59%) of young people in Beyond 18 were still in school and most had completed at least Year 10. This suggests that the overall study population's educational outcomes will be better than these initial figures suggest.

Education planning for young people in the study appears to have been inconsistent. The Victorian Department of Education and Training (DET) stipulates that schools should develop Individual Education Plans for all out-of-home care students. However, less than half of the young people in Beyond 18 had heard of Individual Education Plans and only 19% of young people reported that they had one.

Development of life skills

Helping young people develop independent living skills, and emotional and interpersonal skills has been identified as international best practice in transition planning. The results from Beyond 18 were mixed on this measure. Most carers and caseworkers provided support for young people in developing independent living skills, and young people in the study indicated that they were relatively confident about their practical life skills. The data relating to young people's psychological wellbeing or interpersonal skills were less positive. Although most young people responded positively to questions about their sense of felt security (i.e. their sense of belonging or of having someone in their life who cared about them), their survey results also suggested that many had significant emotional problems and peer relationship problems.

Services and supports

Service provision and referral to young care leavers also appeared to be uneven. Although many young people were able to access the services and supports they needed, others showed little awareness of what services were available and few young people had significant contact with leaving care services before they transitioned from out-of-home care. Over a third of young people in the study indicated that they had not been able to access all the services they needed when in care, with many indicating that they lacked help with mental health issues.

Caseworkers also indicated that there were important gaps in the service network and that these gaps hindered their ability to provide essential services to young people when they needed them. In particular, workers identified leaving care and mental health services as frequently having restrictive eligibility requirements, long waiting lists and a limited capacity to work with clients with high needs. These gaps were described as a serious barrier to workers' ability to help young people prepare for their post-care life.

1 Introduction

This report contains key findings from the first wave of data collection for Beyond 18: The Longitudinal Study on Leaving Care (hereafter referred to as “Beyond 18”). The report focuses on young people’s preparation for transitioning from out-of-home care in Victoria.

The report draws on data from the first wave of the Beyond 18 study’s main component: the three-year Survey of Young People. Results from the first waves of surveys of carers and of workers in out-of-home care and leaving care are also included.

This report explores some of the key elements of young people’s preparations for leaving out-of-home care, including formal transition planning, education planning, the development of independent living skills and access to appropriate services. As this first research report from the Beyond 18 study is based on the first waves of data collection, the information presented here provides context about the circumstances of young people as they leave care.

At this stage, there is little information about young people’s outcomes. As the study progresses through the second and third waves of data collection, there will be an increased focus on outcomes and these will be detailed in later reports.

The data were analysed to explore associations between young people’s survey responses and care status, Indigenous status, gender, placement type, number of placements or number of caseworkers (among other things). Where meaningful associations or differences were found, they have been included in this report. Results that were not statistically meaningful and/or where the cell sizes were too small to allow for meaningful conclusions were not reported here but may be further explored in future waves of the study.

2 About the Beyond 18 study

In Victoria, statutory care arrangements end when a young person turns 18 years old. For some care leavers, this results in an abrupt transition into independent living at an age when many young people in the general population are still supported by their parents. Many young people who leave care also have complex histories of trauma or neglect that can hinder their social and emotional development (Cashmore & Paxman, 2006).

As a result of these challenges, care leavers have higher than average risks of homelessness, substance abuse and contact with the criminal justice system and have generally poorer health, education and employment outcomes than the non-care population (Mendes, Johnson, & Moslehuddin, 2011). However, not all care leavers have difficult transitions or poor outcomes. Australian and international research suggests that care leavers often have better outcomes if they have a stable, secure care experience; have positive social supports and relationships; and receive effective, adequately resourced transition preparation and planning (Johnson et al., 2010; Mendes et al., 2011; Stein, 2008).¹

Although this previous research highlights the generally poor outcomes for young care leavers, and provides some insights into why some care leavers have better transitions than do others, there is limited quantitative data on post-care pathways and outcomes (in Victoria or nationally) because most jurisdictions (including Victoria) do not systematically maintain contact with young people after they leave care.

The Victorian Department of Health and Human Services (DHHS)² commissioned the Beyond 18 study in 2012 with the aim of improving understanding of the critical factors associated with successful transitions from care. The study will do this by exploring young people's preparations for leaving care and their outcomes following transition. The study addresses the following research questions:

1. How well are young people prepared for transition from out-of-home care?
2. What are young people's main needs when transitioning from out-of-home care and after they leave care?
3. What are young people's outcomes after leaving care?
4. How do young people's post-care outcomes vary according to care experiences or demographic characteristics?
5. What are the main contributors to young people's post-care outcomes?
6. What are the main barriers to young people having positive post-care outcomes?

The first wave of data collection for Beyond 18 collected baseline data that will help to address all of these research questions. In this report, we particularly focus on data addressing how well young people are prepared for their transition from out-of-home care. Survey data and findings addressing broader questions about the factors influencing post-care outcomes will emerge over the course of the study.

Research methods

The Beyond 18 study has three main components:

- a longitudinal survey of young people;
- annual online surveys of carers and caseworkers; and
- an analysis of an extract of case file data (and possible linkage of that data to survey responses).

¹ Later reports from the Beyond 18 study will explore whether these factors influence outcomes or are themselves the result of other factors affecting outcomes, such as young peoples' background and/or behavioural characteristics.

² Formerly the Department of Human Services (DHS)

The Longitudinal Survey of Young People consists of three waves of annual data collection from young people who have spent time in statutory care in Victoria after their 15th birthday. The first wave of the survey of young people involved young people aged 16–19 years at the time they entered the study. Most young people were recruited into the study via their carers or caseworkers. The study was also promoted via social media and through community sector organisations and peak bodies. Data was collected via an online survey.

The online survey included questions about young people's accommodation, health and wellbeing, education and sources of income. Many of these items are designed to track participant outcomes over time. Waves 2 and 3 will focus more on participant outcomes and the transition into post-care life. The first wave of online data collection started in June 2015 and closed at the end of June 2016. Wave 2 commenced in July 2016 and closed in June 2017. Wave 3 will be undertaken during 2017–18. In-between each wave of the online survey, young people can also agree to be contacted for a short qualitative interview about their experiences. The first wave of these interviews was undertaken between January and November 2016; interview findings will be discussed in subsequent research reports.

The second main component of Beyond 18 is the three annual online surveys of carers (including foster carers, kinship carers and permanent carers) and caseworkers (including out-of-home care workers and leaving care workers). These surveys are run at the same time as the annual survey of young people and supplement its results by exploring carers' and caseworkers' experiences of the care system and the support provided to young people transitioning from care.

The third main component of Beyond 18 is analysis of data from the DHHS Client Relationship Information System (CRIS). This phase of the research will include analysis of an extract of case file data for study participants who have given their consent to have their survey data linked to their CRIS data. Possibilities for linking the case file data to other datasets held by the Victorian or Commonwealth governments will be explored in later years. Anonymised CRIS data for the cohort of Victorian care leavers born in the same years as study participants will also be analysed. This will help provide a more complete picture of the broader cohort's characteristics.

Study limitations and sampling issues

Beyond 18 is a relatively small study, with relatively small sample sizes and a potentially non-representative sample. This means that generalising from the survey respondents to the larger population of care leavers should be done with care. The small sample size also means that there is limited opportunity to meaningfully explore the in-care and post-care experiences of some specific subgroups (such as different ethnicities).

Nonetheless, the survey of young people sample is large enough, and diverse enough, to allow for analysis of many participant characteristics and experiences—such as gender, placement type, age of entry into care and number of placements—that previous research has indicated can be a factor in post-care outcomes (Baidawi & Mendes, 2013; Shlonsky et al., 2013).

The lack of a sampling frame and the subsequent reliance on carers and caseworkers to recruit young people into the study may have led to the over-sampling of young people with relatively high levels of contact with service providers, such as those living in residential care or in contact with leaving care services. Over-sampling of young people in residential care is of benefit to the study because it allows for comparison of this especially vulnerable population with the numerically larger population of young people from home-based placements (i.e. foster care and kinship care). However, it also seems likely that the study has under-recruited young people from kinship care placements—some of whom can have limited contact with out-of-home care services and/or may not regard themselves as being “in care”—and from the hard-to-reach population of young people who have lost contact with services.

The lack of available information about the care leaver population more broadly also makes it unclear how representative the study sample is of 16–19 year olds with a care experience or how study respondents differ from non-respondents. A more accurate assessment of the study sample's representativeness will be clearer once final analyses of the study-eligible population's case file data are undertaken in 2017–18.³

³ The Australian Institute of Health and Welfare (AIHW) regularly publishes statistics on out-of-home care populations for all Australian states (see AIHW, 2016) but these refer to the total in-care population (i.e. everyone in care aged 0–17) and not to the cohort included in this study.

3 Who is in the Beyond 18 study?

Profile of young people in Beyond 18

The first wave of the survey of young people aimed to recruit approximately 200 young people, aged 16–19 at the time they entered the study, who had spent time in statutory care in Victoria when aged between 15 and 18. When data collection for Wave 1 closed, 202 eligible participants had completed the online survey. Some of the key demographic characteristics of the participants are outlined in Table 3.1. These show that the sample is split relatively evenly between those over 18 and those under 18, has a slight over-representation of those who have already left care and has an over-representation of female participants.⁴

Profile of carers in Beyond 18

The first online survey of carers was open to those who were currently foster carers, kinship carers or permanent carers in Victoria or who had been a carer in the last five years. The survey was promoted to carers through DHHS and relevant community sector organisations (CSOs).

Of the 58 carers who participated in the survey, the majority were female (81%, $n = 47$), provided general foster care (74%, $n = 43$), had been a carer for between three and 10 years (52%), and were currently caring for two or fewer children (60%, $n = 35$). Just under half of respondent carers were currently looking after a young person aged 15–17 (46%, $n = 21$), while for 39% ($n = 18$) of respondents the oldest child in their care was aged 9 years or less. This latter group commonly had less to say about transition issues due to their relative lack of experience. Twelve carers reported that they were caring for an Indigenous child or adolescent, but only two of these carers identified themselves as Indigenous.

Profile of out-of-home care and leaving-care workers in Beyond 18

The online survey of caseworkers was open to those working in the Victorian out-of-home care and leaving care systems. Eighty-six respondents completed at least part of the survey.

The majority of survey respondents were female (73%, $n = 63$), and 87% ($n = 75$) worked for CSOs. Just over half of the workers completing the survey (52%, $n = 45$) worked in the Melbourne metropolitan area. Participants mostly worked as caseworkers (51%, $n = 44$), team leaders (15%, $n = 13$) and support workers (14%, $n = 12$). There was a spread of experience in the sector across the sample: just under 25% ($n = 21$) reported less than two years of experience, 31% ($n = 27$) had 3–5 years of sector experience and just over 25% ($n = 22$) reported more than six years of experience.

⁴ Self-identification as being in-care or having left care does not necessarily match participants' statutory order status. The ongoing follow-up interviews have revealed that at least some young people regarded themselves as having left care when they moved into a lead tenant placement, or left a placement to move in with friends or relatives, even though their statutory care order was still current. Further, some young people over 18 said that they believed themselves to still be in care because they received ongoing support from leaving care or housing services. McDowall (2016) has recorded similar findings.

Table 3.1: Survey of young people, Wave 1 participant characteristics

Characteristics	<i>n</i>	%
Total participants	202	
Age		
16	51	25
17	42	21
18	53	26
19	38	19
Care status		
Still in care	85	42
Left care	107	53
Gender		
Male	66	33
Female	132	65
Transgender	2	1
Indigenous identity		
Non-Indigenous	170	84
Indigenous (total)	24	12
Aboriginal	23	11
Torres Strait Islander	1	1
Placement type		
Foster care	57	28
Residential care	63	31
Lead tenant	24	12
Kinship care	21	10
Other (including permanent care)	18	9
Number of placements		
1 placement	31	15
2 placements	23	11
3-5 placements	54	27
6-10 placements	48	24
11-20 placements	18	9
More than 20 placements	14	7
Age of entry to care		
From birth	5	3
<1 year old	3	2
1-2 years old	13	6
3-5 years old	23	11
6-10 years old	26	13
11-14 years old	86	43
15-17 years old	33	16
Current location		
Melbourne	85	42
Regional	73	36

Notes: Percentages in this table are relative to the total study population ($n = 202$). Percentages may not total exactly 100% due to rounding and/or missing data.

4 Transition planning

This first research report for the Beyond 18 study focuses on how young people are currently prepared for transition from out-of-home care. In this section, we start by exploring formal transition planning.

Formal transition planning is one of the key ways that young people are prepared for leaving out-of-home care. Such planning should be part of a young person's case planning and the shared responsibility of their care team. In Victoria, state guidelines describe transition planning as an "essential component" of statutory case plans and stipulate that it should formally commence when young people are 15 years of age and at least 12 months prior to their discharge from care (DHS, 2012b, p. 4, 2012a).⁵ The guidelines state that formal transition plans should be developed in collaboration with the young person and should be regularly updated.

The process of developing a formal transition plan should include identifying the young person's goals, aspirations, wants and needs and the plan itself should structure their preparation for transition and include the kinds of support and assistance they receive. Australian and international research suggests that young people have better transitions when this planning is thorough, timely and properly resourced (e.g. see Johnson et al., 2010; Mendes et al., 2011; Stein, 2008).

The content of formal transition plans varies according to the individual young person's needs but, in general, the plans should be guided by consideration of the domains in the Victorian government's Looking After Children (LAC) framework. The domains are:

- health;
- emotional and behavioural development;
- education;
- family and social relationships;
- identity;
- social presentation; and
- self-care skills.

In the sections that follow, we explore young people's preparations for leaving care by focusing on several of these key domains. We look at young people's educational experiences and their acquisition of independent living skills (encompassing the LAC domains of self-care skills, emotional development and social presentation). We also explore how these needs are addressed through access to appropriate services.⁶

In this section, we first focus on the process of transition planning itself. We look at the completion of formal transition plans and young people's involvement in transition planning. We also explore caseworker opinions and experiences of formal transition planning.

Young people and transition plans

Transition plans are a statutory requirement in all Australian jurisdictions. However, previous research on transition planning has found that formal guidelines and requirements are not always followed in practice. Surveys of care leavers by the CREATE Foundation, for example, have regularly found that young people do not know whether

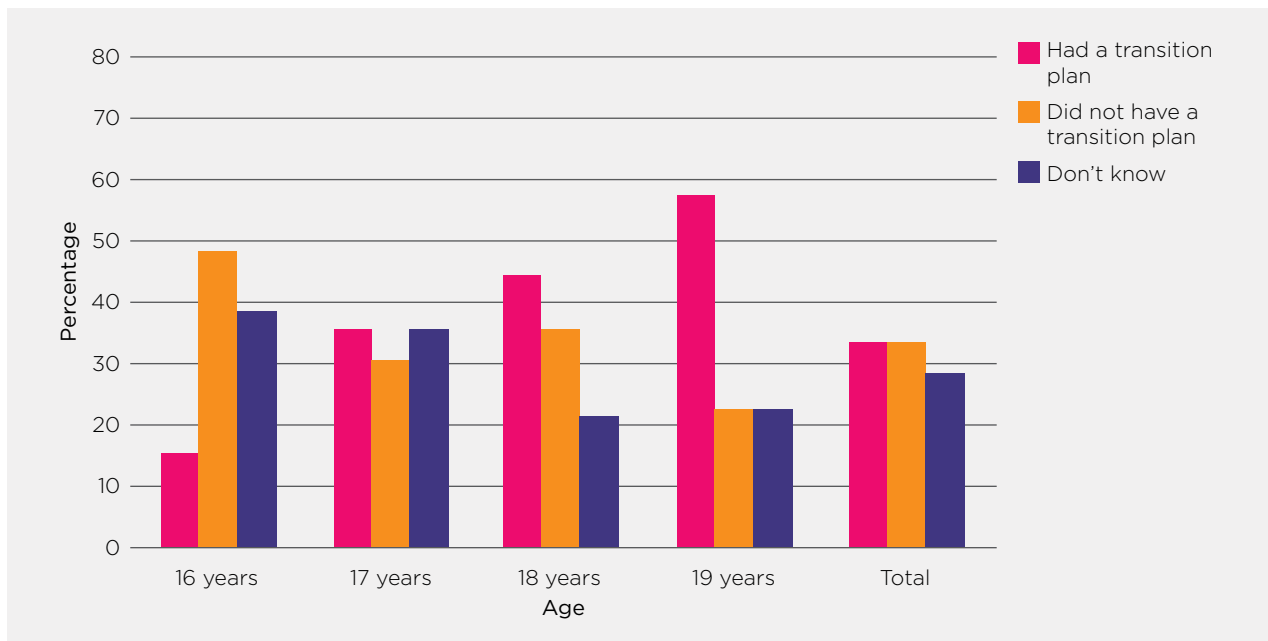
⁵ The recommendations of the *National Standards for out-of-Home Care* (Department of Families, Housing, Community Services and Indigenous Affairs [FaHCSIA], 2011) similarly state that transition planning should begin when a young person turns 15 years old.

⁶ Other domains such as health and family relationships will be explored in later reports.

or not they have a transition plan or what such plans are supposed to do (McDowall, 2009).⁷ In the most recent CREATE Foundation survey, only 31% of Victorian care leavers were sure that they had a formal transition plan (McDowall, 2016).

The Beyond 18 survey of young people found similarly low levels of formal transition planning. Less than a quarter (22%, $n = 18$) of young people currently in out-of-home care, and 46% ($n = 48$) of those who had left care, could recall having a transition plan. Possession of a transition plan appeared to be correlated with age.⁸ That is, participants under 18 were less likely to have a transition plan than those aged 18 and over (see Figure 4.1).

Figure 4.1: Young people in care with a transition plan, by age



Notes: Total includes those who did not supply their age.

National and state guidelines recommend that transition planning begin at age 15 but the relatively low number of participants under 18 who possessed a transition plan suggests that young people are often not engaged in the transition planning process before they are 17 (if at all). This supposition is supported by previous CREATE Foundation research, which has suggested that young people are often not involved in serious discussions about their post-care future until they are about to leave care (McDowall, 2016).

The survey may have under-counted the number of people with transition plans. Baidawi and Mendes (2013) suggested that some young people can forget previous discussions about transition planning because of the complexity of their lives around the time of transition. However, when young people forget about their transition plans, or do not know they have one, it can also indicate that they are not meaningfully involved in the planning process (Hall, 2012). The relatively large proportion (33%, $n = 17$) of young people who knew that they had a transition plan but did not know what the plan contained similarly suggests a lack of involvement in planning. One young participant described his knowledge about his plan this way: "Never saw it, never had it explained. It was discussed briefly".

Transition plans need meaningful input from the young person to be effective but there can be a range of reasons why this does not always happen. This can include a general lack of emphasis on formal planning, late and/or hurried planning, poor or distant relationships between caseworkers and young people (sometimes as a result of frequent changes of caseworker), as well as a lack of interest from young people themselves (Hung & Appleton, 2016). Previous research has also found an association between poor, and non-collaborative, transition planning and difficult transitions from care (Johnson et al., 2010).

⁷ The CREATE Foundation is the peak body representing young people with out-of-home care experiences.

⁸ Young people in permanent care and kinship care were slightly less likely to have a transition plan than those in foster care or residential care—possibly reflecting a lack of contact with services—but the number of people in kinship or permanent care were very low, making it hard to draw meaningful conclusions.

Regardless of the reason, these data suggest that transition planning is not working as it should for many young people leaving care in Victoria. This is supported by the relatively low number of young people who left care with a transition plan (40%, $n = 19$) reporting that they had found the plan to be useful.

Caseworkers and transition planning

In contrast with the picture of late or inconsistent planning emerging from the survey of young people, the majority of sector workers responding to questions about transition planning indicated that they developed transition plans when young people were 15 (37%, $n = 18$) or 16 years old (42%, $n = 21$). Most of these workers (80%, $n = 56$) also stated that the young people in their care were usually involved in preparing transition plans. Some workers, however, also stated that the young person's developmental stage could influence their decisions about when planning should start. Further, some workers also suggested that it was possible to begin discussions about leaving care too early and that this could be unsettling for some young people. As one worker said:

It is a double-edged sword—by speaking with the young people too early we are impacting on their ability to settle and feel a sense of stability. If we leave it too late, they are unprepared.

It is not possible at this stage to determine whether the differences between the caseworker responses and those of the young people in Beyond 18 were due to the two groups having different experiences of transition planning or whether they were the result of different perceptions of what constitutes proper planning (or a combination of both). There is likely to be some selection bias in the caseworkers' survey: sector workers completing a survey on leaving care are likely to be interested in or see the importance of the subject area and so are more likely to ensure that proper leaving-care planning takes place.

Although workers' responses suggested that their own planning practices were largely in accordance with best practice guidelines, several also suggested that planning did not always begin as early as it should in the out-of-home care system as a whole. Inadequate support and the limited capacity of leaving care services were cited as particular barriers to effective transition planning or even to plans being developed at all (also see chapter 7).

The need to help young people find post-care accommodation also seemed to overshadow other areas of transition planning. Housing was the most commonly described element of transition plans in both the caseworkers' survey (34%, $n = 27$) and the survey of young people (31%, $n = 16$).⁹ More generally, some of the workers in Beyond 18 suggested that young people's urgent need for housing made other leaving care services—and formal transition plans—of almost questionable value.

I find it very frustrating in terms of developing leaving care/transition plans when there is no secured accommodation for these young people. This does not mean that I don't work on their skills ... However, how do you work towards a young person moving on when they don't know where they are going to live when they turn 18 years old?

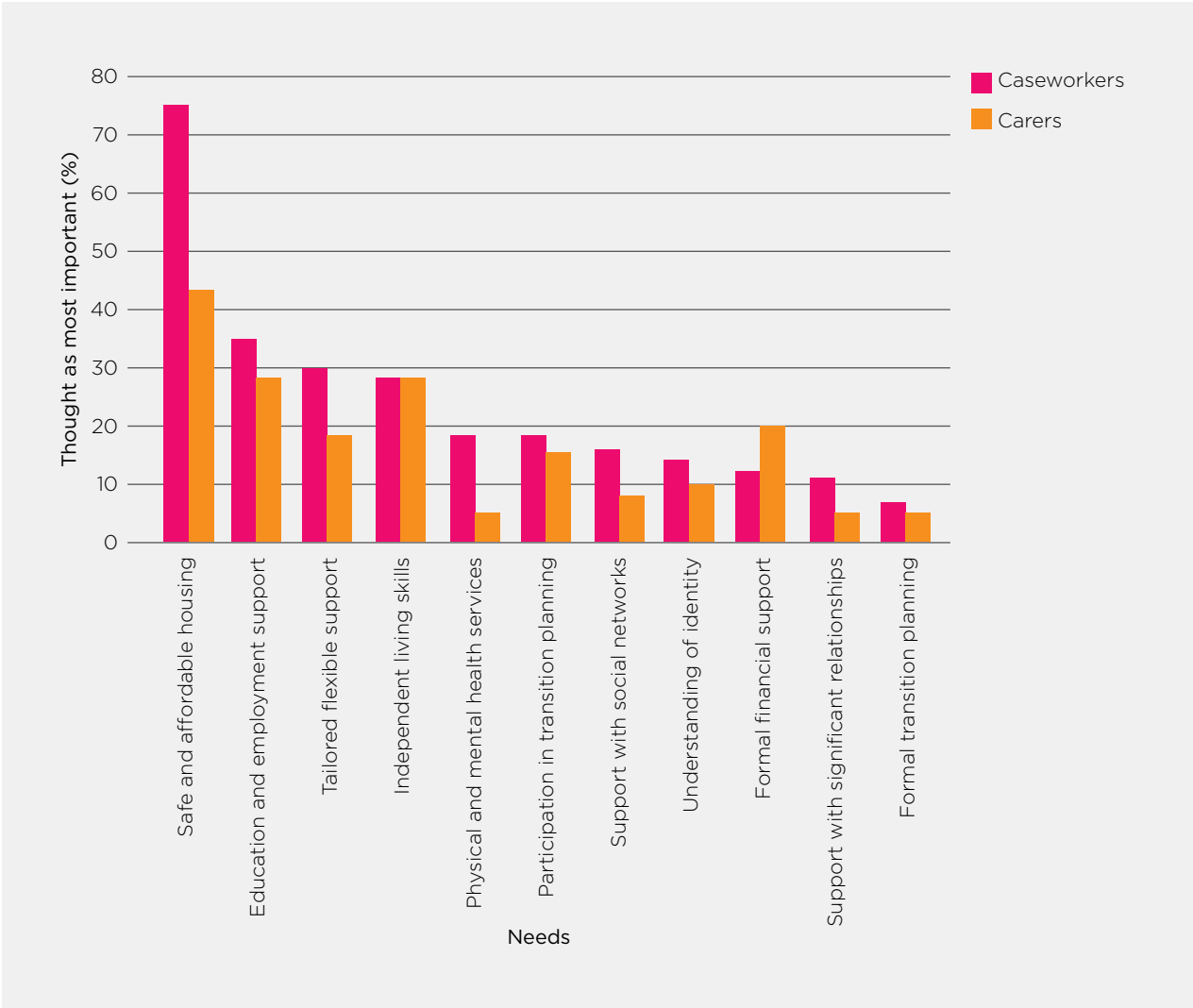
Similarly, when caseworkers and carers were asked what young people most need when they leave care, the most common response in both surveys was "finding safe and secure housing" (see Figure 4.2). Indeed, one caseworker described young people's transition needs as "housing, housing and more housing". When responding to this question, few people in either survey indicated that formal transition planning was an important need.

The emphasis on housing is consistent with the concerns and opinions expressed by many of the out-of-home care and leaving care workers involved in the Beyond 18 stakeholder consultations. Workers commonly emphasised the lack of affordable, good quality rental accommodation and the limited supply of appropriate supported housing for young people leaving care. This focus on housing is also supported by the wealth of Australian and international research documenting care leavers' high risk of homelessness due to their limited social and financial resources, lack of independent living skills and high rates of mental illness and/or substance abuse (e.g. see Cashmore & Paxman, 2007; Dworsky, Napolitano, & Courtney, 2013; Johnson & Chamberlain, 2008; Johnson et al., 2010; McDowall, 2010; Mendes et al., 2011).

However, some international research suggests that this strong emphasis on urgent needs, such as housing, can come at the expense of other needs, such as the need for help with health and wellbeing or help with developing positive and stable social relationships (Dixon, 2008)

⁹ Education and employment were the next most commonly referenced items in both surveys.

Figure 4.2: Carer and caseworker perceptions of care leavers' most important needs



5 Education

Education is one of the key domains in the Victorian government's LAC framework and an important part of young people's preparation for adult life. Experiences of school and education are also known to be key contributors to young people's long-term wellbeing. People who finish Year 12 have better prospects for employment, and better health and welfare, than those who do not. Students who complete Year 12 at secondary school also usually have better employment and education outcomes than those who do Year 12 via an equivalent qualification such as TAFE certificate (Lamb, Jackson, Walstab, & Huo, 2015). Further, school experiences are an important part of young people's social and emotional development. There are, for example, documented associations between positive educational experiences and high levels of resilience to adverse circumstances (Rutter, Giller, & Hagell, 1998; Stein, 2008).

Care leavers commonly leave school earlier than young people in the general population and are less likely to gain Year 12 or equivalent qualifications and these low levels of school attainment are associated with their poorer outcomes in other areas (see Courtney & Dworsky, 2006; McDowall, 2009; McDowall, 2016). Cashmore, Paxman, and Townsend (2007) have observed that many young people go into care with an educational disadvantage because of poor early learning experiences and the long-term effects of trauma and neglect. Children with families of origin that have high levels of socio-economic disadvantage and/or low levels of education are also often more likely to have low educational achievement (Berridge, 2007). The experience of being in care can also create a range of additional barriers to positive school engagement. These include frequent and disruptive changes of care placement, a lack of positive adult support, and bullying or alienation from other students. These experiences can lead to a dislike of school, or feelings of being unable to cope with the demands of schoolwork, and to subsequent disengagement from education.

Because of these known challenges, and the consequences they can have for care leavers' long-term wellbeing, education support and planning is a mandatory part of the state's care and transition support. The Victorian Department of Education and Training has also acknowledged that students in care often need extra support, and requires schools to develop Individual Education Plans for all out-of-home care students (Department of Education and Early Childhood Development, 2011). The carers and caseworkers in Beyond 18 also reported education and training as a key priority for care leavers (see Figure 4.2) and education and training services were the most common type of referral by caseworkers (see chapter 7). However, the requirements for education support did not necessarily translate to good education outcomes for the young people in Beyond 18 nor in schools meeting the mandated levels of education planning.

School completion rates

Just over a third (36%, $n = 72$) of the young people in Beyond 18 had left school at the time of the Wave 1 survey, with 59% ($n = 119$) still at school. Most of the young people (76%, $n = 91$) who were still at school had already completed at least Year 10.

Of the young people who had left school, only a quarter had completed Year 12—well below the general Victorian figure of 77% recorded by Lamb et al. (2015)—and just over a quarter had not completed Year 10 (see Table 5.1). Around a third (31%, $n = 22$) of school leavers were undertaking further education or training.

Over the course of the Beyond 18 study, it is likely that there will be some improvement in Year 12 completion rates as some of those still at school are likely to complete Year 12 and some of those who have left may also return to complete their studies. Future waves will also provide information about young people's post-school education and whether those who left school early will go on to do further training or study. However, as Table 5.1 shows, at

least some young people who are, or who have been, in state care are not meeting the Victorian government's minimum school-leaving age of 17 or the mandatory requirement that all students complete Year 10.¹⁰

Table 5.1: School leavers' highest completed school grade level

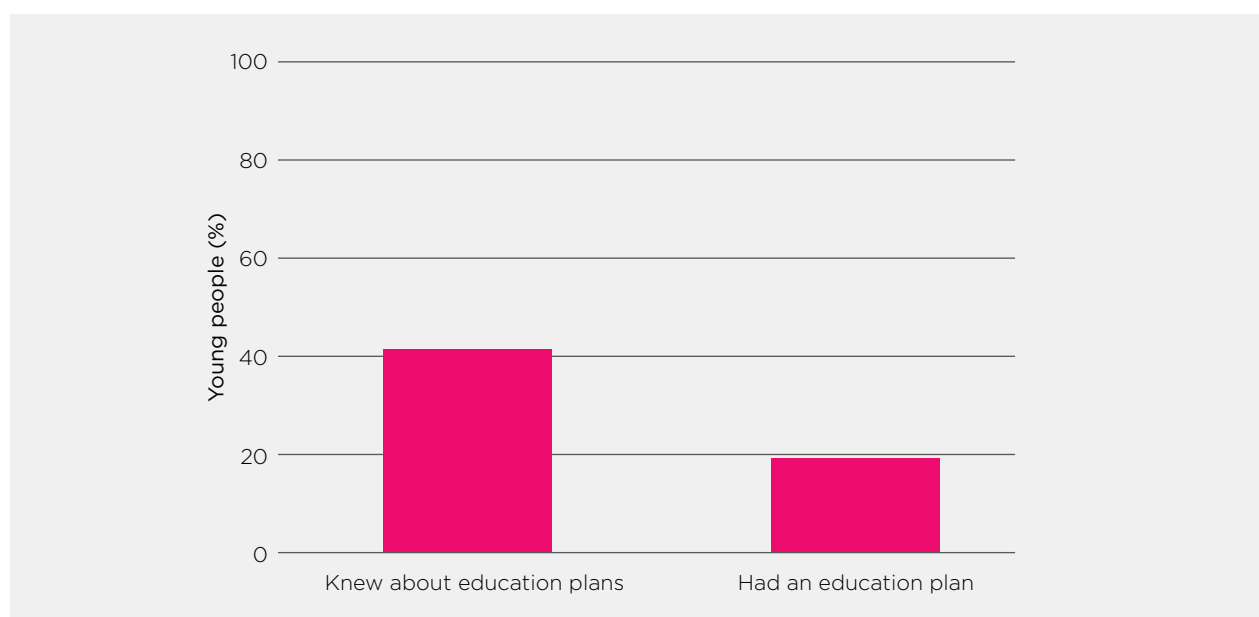
Grade	<i>n</i>	%
Year 6 or lower	1	1
Year 7	2	3
Year 8	6	8
Year 9	11	15
Year 10	13	18
Year 11	17	24
Year 12	18	25
Total	72	

Notes: The total includes missing data. Percentages may not total exactly 100% due to rounding and/or missing data.

Education planning

Although all students living in out-of-home care in Victoria are supposed to have an Individual Education Plan, only 42% of young people in Beyond 18 remembered having heard of such plans and 19% reported they had ever had one (see Figure 5.1).

Figure 5.1: Young people's knowledge and possession of Individual Education Plans



As with transition plans, it is possible that some young people did have an Individual Education Plan but had forgotten or were unaware of the plan. Furthermore, it is possible that young people who were very engaged in developing their education plan were more likely to remember that they had one. Unlike transition plans, where a lack of involvement seemed relatively common even among those who had a plan, 95% ($n = 36$) of the 38 young people who said they had an education plan reported that they were involved in developing the plan and 80% ($n = 31$) had also attended education planning meetings between their school and their caseworker.

¹⁰ Some of the possible factors in participants' poor school attainment, such as their stability in care and support from key workers, will be explored in later waves of the study when more of the sample have finished school.

6 Development of “life skills”

For young people in out-of-home care, assistance with the development of “life skills” has been identified as international best practice in transition planning and as one of the “pillars” of successful transition from state care (Reid, 2007). Life skills can include practical “independent living” skills such as self-care, budgeting or cooking; however, good transition planning also includes helping young people to develop the emotional and interpersonal skills needed to navigate adult life (Stein, 2008).¹¹

These are skills that all young people need to develop over time. However, young people who “age out” of care at 18 have to manage on their own much earlier than most other young people do and usually without significant family support.

At the same time, the circumstances of life in care can hinder young people’s ability to acquire life skills. For example, young people in residential care often have limited opportunities to do the kind of everyday activities, such as cooking for themselves or having a part-time job, that help other young people develop adult competencies. Complex histories of trauma or neglect can also hinder young people’s social and emotional development. This can be a particular problem for young people in residential care because they may have fewer opportunities to develop secure emotional attachments. One young person described his experience of residential care this way:

There were lots of people always doing paperwork for me and about me but no one was ever able to take me to do fun things.

In this context, giving young people in care the opportunity to develop the practical and emotional skills needed for adult life, and providing them with sustained post-care support, is essential to their ability to successfully transition into independent living.

The young people in Beyond 18 were asked a range of questions about their practical independent living skills and about their emotional and interpersonal skills. On the whole, the results were mixed: although many young people seemed confident about their practical skills, their responses to questions about their psychological wellbeing were less positive.

Practical life skills

When young people were asked what they needed to know when leaving care, most of those who responded (82%, $n = 50$) identified independent living skills of some kind. Further, nearly half (44%, $n = 27$) identified a specific need to learn how to budget and manage their finances, and 39% ($n = 24$) focused on domestic living skills such as learning to clean or cook. Most of the carers and out-of-home care workers in the study also indicated that they provided or organised some kind of training or support to meet young people’s needs for such skills. However, as carers’ and caseworkers’ rankings of leaving care priorities indicate (see Figure 4.2), helping young people acquire living skills (or maintain significant relationships or social networks) was ranked as a much lower priority than finding housing or working on young people’s education and training.

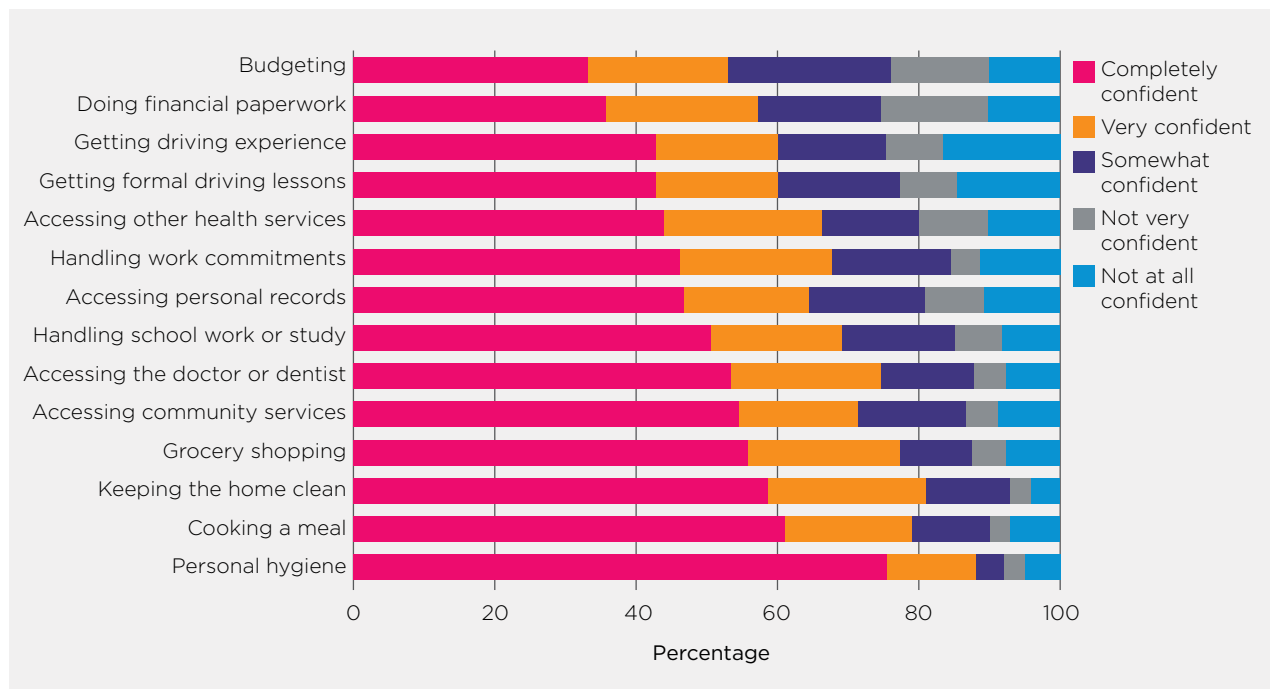
Nonetheless, many of the young people in Beyond 18 seemed very confident of their ability to perform many of the tasks needed for independent living (see Figure 6.1). They were somewhat less confident about their ability to

¹¹ These needs are recognised by the inclusion of “self-care” and “emotional and behavioural development” as developmental domains requiring support under the Looking After Children (LAC) framework.

budget or manage money—reflecting the relatively high priority that some young people placed on being able to manage their finances—but, even here, few young people indicated a real lack of confidence.

These slightly lower levels of confidence about managing money were consistent with the findings of Johnson and colleagues (2010), who found that young people who had left out-of-home care often felt relatively prepared and confident about practical living skills such as cooking or cleaning but were far less confident about budgeting or managing money. For Johnson and colleagues (2010), a lack of confidence or ability with money could affect young people’s ability to manage their rent or pay bills on time, which could affect their ability to maintain stable housing.

Figure 6.1: Young people’s confidence about their practical life skills



It is important to note that young peoples’ confidence in their practical skills does not necessarily reflect their real-world skill or experience. Some young people still in care, or living in supported housing, will have had little chance to put their skills into practice. Future waves of Beyond 18 will allow young people to reflect on their independent living skills and collect further data to allow for a comparison of young people’s post-care lives with their earlier expressed confidence.

It is unclear at this stage how much it helps young people to get formal instruction in independent living skills in comparison to having someone available to help them when they encounter difficulties. In a review of the evidence on out-of-home care, Shlonsky and colleagues (2013) found little evidence to suggest that independent living skills programs provide much tangible benefit. Having positive social support, however, was associated with generally better outcomes. In this respect, the Beyond 18 results were encouraging in that the majority of young people, regardless of their type of care placement, reported that they had at least one person that they could turn to should they encounter practical or emotional difficulties (see Table 6.1). However, those who had left care, and largely lost the formal supports provided to those still in care, reported having fewer support people than did those still in care.

Table 6.1: Young people who had someone they could ask for help

Young people	No one	1 person	>1 person	Never needed help	Don’t know
Total^a	14(7%)	44(23%)	90(46%)	28(14%)	18(9%)
By care status					
In care ^b	7(8%)	17(20%)	45(54%)	8(10%)	6(7%)
Left care ^b	7(7%)	25(24%)	40(39%)	20(19%)	11(11%)

Notes: ^a Percentage of total responses. ^b Percentage of care status. Percentages may not total exactly 100% due to rounding and/or missing data.

Emotional and interpersonal skills

The survey results for young peoples' emotional and interpersonal skills were mixed. As with the survey findings on young people's practical living skills, the results of young people's answers about emotional and social skills will become more meaningful in the light of later post-care outcomes data.

Young people's responses to a measure exploring their "felt security" were very positive. Felt security refers to a young person's feelings of belonging, emotional security and social attachment, and there is research to suggest that care leavers with high levels of felt security can have better post-care outcomes (Cashmore & Paxman, 2006). Young people in Beyond 18 were asked five questions about their sense of felt security, with the responses from these questions tallied to give a positive, moderate or negative score.¹² Most (79%, $n = 158$) of the young people in Beyond 18 had a positive score on the measure of felt security.

In contrast, young people's responses to the Strengths and Difficulties Questionnaire (SDQ)—a measure of psychological wellbeing—were less encouraging and indicated higher than average levels of psychological difficulty.¹³ Specifically, when compared to Australian norms, over 40% of young people in Beyond 18 had a "very high" total difficulties score (see Table 6.2).¹⁴ This result was largely driven by the 45% of young people with scores indicating very high difficulties with peer relationships. Over a quarter of young people also had scores indicating a very high degree of emotional difficulty. In general, young people who had been in residential care had the highest total difficulties scores; however, the numbers for some placement types were small so caution is required when interpreting these results.

Table 6.2: Young people's SDQ scores compared to Australian norms

	Difficulty scores (%)			
	Close to average score	Slightly raised score	High score	Very high score
Emotional problems score	44	18	9	28
Conduct problems score	53	8	22	17
Peer problems score	25	14	16	45
Hyperactivity score	66	14	10	9
Total difficulties score	37	15	7	41
	Pro-social scores (%)			
	Close to average score	Slightly lowered score	Low score	Very low score
Pro-social score	57	15	17	12

Notes: Percentages refer to the proportion of young people in Beyond 18 in each grouping (i.e. close to average, slightly raised, high, very high). Percentages may not total exactly 100% due to rounding and/or missing data.

Although neither the measure of felt security or the SDQ directly gauge young peoples' emotional or interpersonal "skills", they can be an indicator of their emotional development, how well they relate to others, and their sense of social support and belonging. Given that many young people end up in care because of traumatic or difficult life circumstances, and that life in care can be physically and emotionally disruptive, the high total difficulty and peer problems scores in the SDQ are perhaps not surprising. Nonetheless, the scores suggest that many of the young people in Beyond 18 are transitioning (or have transitioned) into independent, adult life with potentially significant emotional and/or psychological difficulties.

¹² The felt security measure comprised five questions with responses on a five-point scale. Each item was scored out of five (the most positive possible response), with the total score across the five items used to characterise the overall response as positive, moderate or negative. Scores over 18 (out of 25) were characterised as positive, between 13 and 17 as moderate, and under 13 as negative. An alternative scoring system that simply scored respondents according to how many of the five questions they answered positively or negatively produced almost identical results. Mean scores for each measure were also calculated and indicated a strongly positive response on each item.

¹³ The SDQ comprises a 25-item questionnaire sorted into five scales that cover common areas of emotional and behavioural difficulties. It is often used to identify possible mental health issues in children and adolescents aged up to 17 years (the questionnaire developers granted permission to use the measure with respondents over 18). Higher scores on the subscales for emotional problems, conduct problems, peer problems and hyperactivity indicate more problematic behaviour or personal difficulties. These scores are also combined to give the total difficulties score. In contrast, a low pro-social score (which covers behaviours such as kindness to others, considerateness and willingness to share) indicates difficulties in social interaction.

¹⁴ The Australian normative data used for classifying and comparing SDQ scores comes from a community survey of Victorian 7-17 year olds (Mellor, 2005). Scores classified as "close to average" fall beneath the 80 percentile of the community sample; "slightly raised" (or "lowered" for the pro-social scale) are those within the next 10% of the normative sample. "Very high" levels of difficulty (or "very low" pro-social scores) are equivalent to the top 5% of the community sample (i.e. the 5% with scores showing the highest level of difficulty).

7 Access to services and supports

Access to appropriate services is crucial to young people's wellbeing while in care and to their ability to successfully transition to post-care life. In Victoria, it is a statutory requirement that young people who were subject to a custody or guardianship order on their 16th birthday are provided with the services that they need to transition into independent living. Young people should have access to these services until they are 21 years old. When young people are not able to access good quality services and supports, they are more likely to have difficult transitions into independent living (Johnson et al., 2010).

In this section, we outline the findings on young people's knowledge of and access to services. Echoing the findings outlined in the previous sections on transition and education planning, service provision and referral to young care leavers appeared to be uneven. Although some young people were able to access the services they needed, others showed little awareness of what services were available. This lack of knowledge seemed especially marked with regard to dedicated leaving care services. Caseworkers also reported that essential services were often over-subscribed or had limited capacity and this hindered workers' ability to link young people to essential services or to undertake meaningful post-care planning.

Leaving care services

Young people currently in care appeared to know relatively little about what services or sources of funding were available to them. Only a fifth of young people still in care (20%, $n = 17$) could remember having discussions about leaving care services, with a similar proportion reporting that they knew of available leaving care funding (see Table 7.1). In contrast, the majority of those who had already left care knew of at least some leaving care funding. In many cases, this seems to have been because they had already accessed such funding.¹⁵ However, only a third (32%, $n = 34$) of those who had already left care reported that they had been informed about leaving care services before they transitioned.

Table 7.1: Young people's knowledge of available funding for leaving care

Had knowledge	Left care	In care	Total ^a
Yes	106 (99%)	18 (21%)	131 (67%)
No	1 (1%)	60 (71%)	64 (33%)

Notes: ^a Total includes those where care status was missing. Percentages may not total exactly 100% due to rounding and/or missing data.

It is again important to note that young people's apparent lack of knowledge about leaving care funding or services is not definitive evidence that they were not given this information. However, as noted in previous discussions about education plans and transition plans, young people's general lack of knowledge about leaving care services and processes suggests that they were not fully engaged in their transition planning.

Despite their apparent lack of knowledge or information, many of the young people who had left care had nonetheless been in contact with a range of specialist leaving care services. It was unclear, however, how regular this contact was. Although some young people were clearly in regular contact with education and employment

¹⁵ Examination of care leavers' responses about possible funding sources suggested that many did not distinguish between specific leaving care funding and non-specific benefits such as Youth Allowance.

services such as Springboard, or youth services such as MOIRA, others appeared to have very limited contact with services regardless of their level of need.

Some leaving care workers in Beyond 18 claimed that referrals to their specific leaving care services often came too late and that this reflected a general lack of transition planning by out-of-home care workers.

The general age I receive referrals is 17 years. This is often too late especially as very little is done in terms of transition planning prior to entry into my leaving care program.

On the other hand, many workers also indicated that specialist leaving care services and/or post-care support services often had limited capacity, long waiting lists or restrictive eligibility requirements, and this limited workers' ability to refer young people to such services or to adequately plan for their transition. For some workers, this was clearly frustrating:

Many leaving care services will not start working with young people until they are 17 and 1/2 or even 18 years old.

Of course, housing services are an issue. Particularly trying to make referrals to housing support services that won't accept the referral until the young person is post 18 and already homeless.

General service access

Caseworkers also referred young people to a range of other services, most commonly to education and training services, mental health and other counselling services, and drug and alcohol services. The relatively high number of referrals to mental health and drug and alcohol services reflected the documented high prevalence of mental illness and substance abuse among young people in care (Baidawi & Mendes, 2013). However, it is unclear how well these services met young people's needs. Over a third (37%, $n = 75$) of young people in Beyond 18 claimed that they had been unable to access services that they needed and/or that they had received inadequate support. Of the young people reporting a lack of support, 41% ($n = 31$) referred to a lack of assistance with their mental health and 17% ($n = 13$) to a lack of emotional support.

Previous research has suggested that young people's physical and mental health needs are often a low priority for leaving care and post-care services and such services often lack cohesive strategies for addressing young people's health needs. (Baidawi & Mendes, 2013; see also Dixon, 2008; McDowall, 2009). This can have serious consequences for young people's life outcomes. Nearly two-thirds (63%, $n = 47$) of caseworkers responding to questions about the adequacy of the service network indicated that they found it difficult to connect young people to all the services they needed. They described housing, leaving care and mental health services as particularly difficult to access, as this caseworker found:

Mental health is always a difficult service to refer into.

Several reasons were given for difficulties in making referrals. Regional areas were described as suffering from a shortage of mental health and leaving care services. Even in areas where services were available, long waitlists and restrictive eligibility requirements could be barriers to referral. Mental health and leaving care services were also described as regularly lacking the capacity to deal with young people with significant behavioural issues and/or a history of significant trauma. Lack of funding for mental health services and the relative unaffordability of some long-term mental health services were also cited as important barriers to young people getting all the support they needed when they needed it.

8 How well prepared are young people for leaving care?

I have problems with most things in my life ... I am very scared because the carers told me I have to leave soon, I feel not ready but I have to. (Participant, 17 years, Survey of young people).

This first report from the Beyond 18 study outlines early indicators of how well young people were prepared for leaving care. These initial findings suggest that young people's preparations for transition were uneven and that formal planning was often lacking.

Most young people in Beyond 18 felt relatively confident that they had a high level of the practical skills needed for independent living. Most also indicated that they had access to someone who could help them with life tasks or learning life skills. Such social supports are known to be especially important in helping young people transition into adulthood. Young people's generally positive sense of felt security was also evidence of a level of emotional support, security and interpersonal skills that previous research has suggested can be a factor in relatively "smooth" transitions (Johnson et al., 2010).

This overall sense of confidence was reflected by just over half of young people self-reporting that they were mostly or very well prepared for their transition (see Table 8.1).

Table 8.1: Young people's sense of preparedness for leaving care

Preparedness	Left care ^a	In care	Total ^b
Very prepared	27(25%)	18(21%)	45(24%)
Mostly prepared	25(23%)	28(33%)	53(28%)
A little prepared	23(22%)	19(22%)	44(23%)
Not at all prepared	26(24%)	19(22%)	46(25%)

Notes: ^a Percentages refer to the proportion of the care status. ^b Total includes cases with an unknown care status. Percentages may not total exactly 100% due to rounding and/or missing data.

However, other areas of young people's personal development and preparations for transition seemed less positive. In particular, young people often seemed relatively uninvolved in formal, structured planning about their future. Part of young people's uneven preparation and planning for transition seemed to be related to workers' focus on addressing critical and urgent needs such as finding young people safe and secure accommodation. Housing was the most commonly referenced need of care leavers in both the survey of caseworkers and the survey of carers; it was also the most commonly referenced subject in transition plans. The reasons for this focus are clear: young people leaving care are known to be at risk of becoming homeless and there is a well-documented shortage of affordable and appropriate housing for care leavers.

This necessary focus on housing (and to a lesser extent on education and training) does, however, raise the possibility that young people's other personal development and wellbeing needs are not being adequately addressed. That there is a need to address other issues, such as social relationships and mental health, was demonstrated by the large number of young people with SDQ scores indicating significant peer relationship problems and by the number of young people indicating that they had been unable to access the mental health services that they needed. Furthermore, some caseworkers indicated that some essential services, such as leaving care services or mental health care, were simply unavailable, lacked capacity or had restrictive eligibility requirements, and this meant young people were not able to get the support they needed.

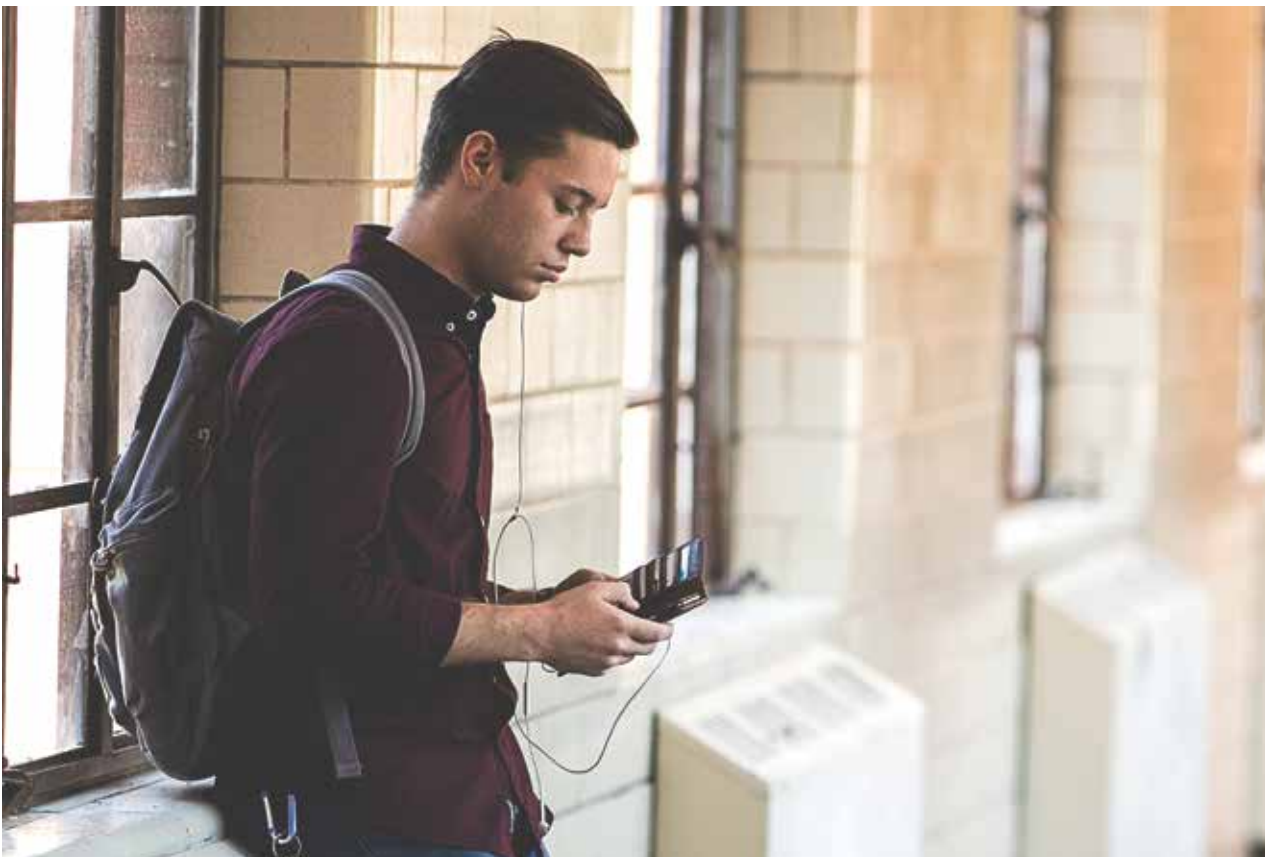
The next waves of data collection for Beyond 18 will explore how these preparations have translated into outcomes for young people as they transition from care.

9 What's next for Beyond 18?

Data collection for the Beyond 18 study is ongoing and will continue until early 2018. The results of Waves 2 and 3 will be detailed in two more reports.

The second research report, in 2017, will focus on the transition to post-care life. Drawing on Wave 2 data, and on some of the data from the intermediate interviews, the report will explore participant experiences of transition and current life circumstances.

The third Beyond 18 report, in 2018, will explore the key factors in successful post-care life. Drawing on the three waves of data collection, this report will again explore participants' life circumstances and how they are progressing in key areas of their lives such as accommodation, employment, health and wellbeing.



References

- Australian Institute of Health and Welfare (AIHW). (2016). *Child protection Australia 2014–2015* (Child Welfare Series No. 63). Canberra: AIHW.
- Baidawi, S., & Mendes, P. (2013). *Beyond 18: The Longitudinal Study on Leaving Care: A literature review*. Unpublished report for the Department of Human Services. Melbourne: Australian Institute of family Studies.
- Berridge, D. (2007). Theory and explanation in child welfare: Education and looked-after children. *Child and Family Social Work, 12*(1), 1–10.
- Cashmore, J., & Paxman, M. (2006). Predicting after-care outcomes: The importance of 'felt' security. *Child and Family Social Work, 11*(3), 232–241.
- Cashmore, J., & Paxman, M. (2007). *Longitudinal Study of Wards Leaving Care: Four to five years on*. Sydney: Social Policy Research Centre.
- Cashmore, J., Paxman, M., & Townsend, M. (2007). The educational outcomes of young people 4–5 years after leaving care. *Adoption and Fostering, 31*(1), 50–61.
- Courtney, M., & Dworsky, A. (2006). Early outcomes for young adults transitioning from out-of-home care in the USA. *Child & Family Social Work, 11*(3), 209–219.
- Department of Education and Early Childhood Development. (2011). *Out-of-home care education commitment*. Melbourne: Student Wellbeing Division, Department of Education and Early Childhood Development and the Children, Youth and Families Division, Department of Human Services.
- Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). (2011). *An outline of national standards for out-of-home care*. Canberra: Commonwealth of Australia.
- Department of Human Services (DHS). (2012a). *Care and transition planning for leaving care in Victoria: A framework and guide*. Melbourne: DHS.
- DHS. (2012b). *Guide to developing 15+ Care and Transition Plans: Developmentally appropriate planning across the Looking After Children domains*. Melbourne: DHS.
- Dixon, J., (2008). Young people leaving care: health, wellbeing and outcomes. *Child and Family Social Work, 13*(2), 207–217.
- Dworsky, A., Napolitano, L., & Courtney, M. E. (2013). Homelessness and the transition from foster care to adulthood. *American Journal of Public Health, 103*(2), 23–56.
- Hall, A. (2012). It's not a transition plan if the young person wasn't involved. *Developing Practice: The Child, Youth and Family Work Journal, 33*(Spring), 4–9.
- Hung, I., & Appleton, P. (2016). To plan or not to plan: The internal conversations of young people leaving care. *Qualitative Social Work, 15*(1), 35–54.
- Johnson, G., & Chamberlain, C. (2008). From youth to adult homelessness. *Australian Journal of Social Issues, 43*(4), 563–582.
- Johnson, G., Natalier, K., Mendes, P., Liddiard, M., Thoresen, S., Hollows, A., & Bailey, N., (2010). *Pathways from out-of-home care*. Melbourne: Australian Housing and Urban Research Institute.
- Lamb, S., Jackson, J., Walstab, A., & Huo, S. (2015). *Educational opportunity in Australia 2015: Who succeeds and who misses out*. Centre for International Research on Education Systems, Victoria University, for the Mitchell Institute. Melbourne: Mitchell Institute.
- McDowall, J. J. (2009). *CREATE report card 2009: Transitioning from care. Tracking progress*. Sydney: CREATE Foundation.
- McDowall, J. J. (2010). Experiences of homelessness by care leavers in Australia. *Parity, 23*(5), 12–13.
- McDowall, J. J. (2016). *CREATE's Go Your Own Way resource for young people transitioning from care in Australia: An evaluation*. Sydney: CREATE Foundation.
- Mellor, D. (2005). Normative data for the Strengths and Difficulties Questionnaire in Australia. *Australian Psychologist, 40*, 215–222.
- Mendes, P., Johnson, G., & Moslehuddin, B. (2011). *Young people leaving state out-of-home care: Australian policy and practice*. Melbourne: Australian Scholarly Publishing.
- Reid, C. (2007). Transition from state care to adulthood: International examples of best practices. *New Directions for Youth Development, 113*, 33–49.
- Rutter, M., Giller, H., & Hagell, A. (1998). *Antisocial behaviour by young people*. Cambridge: Cambridge University Press.
- Shlonsky, A., Kertesz, M., Macvean, M., Petrovic Z., Devine, B., Falkiner, J., D'Esposito, F., & Mildon, R. (2013). *Evidence review: Analysis of the evidence for out-of-home care*. Report prepared for the Community Services Directorate of the ACT Government. Melbourne: University of Melbourne and Parenting Research Centre.
- Stein, M. (2008). Resilience and young people leaving care. *Child Care in Practice, 14*(1), 35–44.