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Beyond 18: The Longitudinal Study on Leaving Care

Wave 3 Research Report: Outcomes for young people leaving care in Victoria

RESEARCH REPORT 2019

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Summary

Beyond 18: The Longitudinal Study on Leaving Care was commissioned by the Victorian Department of Health and Human Services (DHHS) to increase understanding of young people's experiences of leaving out-of-home care (OOHC). The study's central component was a three-wave online Survey of Young People who had an OOHC experience in Victoria. This survey explored the young people's in-care experiences, sources of income, education, health and wellbeing, social and family relationships and access to services. The survey of young people from OOHC was supplemented by qualitative interviews with care leavers, surveys of OOHC sector workers, surveys of kinship and foster carers and analysis of data from the DHHS Client Relationship Information System (CRIS).

This report focuses on findings from Wave 3 of the Survey of Young People – completed by 126 care leavers – and from 54 qualitative interviews with care leavers that were completed concurrently to the Wave 3 survey. The report explores key aspects of study participants' post-care lives and their views on the key barriers and enablers for achieving better life outcomes.

Key findings

- A significant proportion of care leavers in Beyond 18 were struggling with post-care life. There were also indications that many would continue to struggle in the future. This was consistent with the findings of past Australian and international research on care leaver outcomes.
- Participants in Wave 3 of the Survey of Young People had lower than average levels of school attainment, low levels of employment, low incomes and high levels of financial stress. There was a high prevalence of responses indicating mental health issues, and reported rates of self-harm and suicidality were two to three times higher than those reported in other studies of Australian youth. Care leavers in the qualitative interviews commonly reported difficulties building or maintaining positive and supportive social relationships.
- Around half of all participants in the Wave 3 survey were not engaged in education or employment. This group of participants had slightly higher levels of psychological distress, a lower sense of life mastery and lower levels of life satisfaction than the rest of the study population. More specifically, they had poor outcomes on a wider range of indicators than other participants.
- Despite study participants' generally poor outcomes, some study participants showed signs of 'moving on' (Stein, 2005; 2012) from life in OOHC. Over half of all school leavers had undertaken some further study after leaving school and the number of survey participants working full-time hours had more than doubled since the Wave 2 survey (12 months previously). Care leavers who were either working or studying were slightly more likely than other participants to feel that they had some control over their life and had lower reported levels of psychological distress consistent with mental illness.
- Participants who were working or studying were most likely to live with former carers, partners (and partners' families) or friends. Very few lived in transitional or public housing. In contrast, young people who were not in education, employment or training (NEET) were more likely to live in transitional or public housing.
- This study did not find strong statistical associations between post-care outcomes and specific demographic characteristics or OOHC variables such as the number of care placements. This may be partly attributable to the small study sample. The qualitative interviews and existing leaving-care literature also indicate that care leavers' life trajectories are the result of a complex interaction between pre- and post-care life experiences, the quality of care received and the quality of their personal and professional relationships.
- Participating care leavers indicated that the barriers to improving their education, employment or housing outcomes included a history of trauma, relationship breakdowns and frequent placement changes. These barriers could be combined or associated with current life challenges such as low incomes, mental health issues and limited social networks. The qualitative interviews also indicated that life challenges (past and present) could be cumulative or mutually reinforcing.
- Strong social relationships and ongoing and consistent post-care support – from key workers, partners, friends and former carers – could be a crucial enabler of life stability and help care leavers navigate life challenges.
- Participants described their relationships with OOHC and leaving care workers as an important influence on their life experiences. Consistency and continuity were highly valued and were described as helping care leavers build relationships of trust and gain access to support services. Inconsistent support or frequent changes of workers were barriers to service access and social development.
- Beyond 18 participants used a range of health and social support services. However, it was unclear if these were always the most appropriate services or if they met care leavers' needs. Care leavers reported a need for additional support with education, emotional support and mental health. Many indicated an ongoing need for mental health support and assistance with their social and emotional development. Participants reported that the support they did receive was usually helpful, and targeted programs, such as Springboard, appeared to have a positive effect.

1 Introduction

This is the third and final research report for Beyond 18: The Longitudinal Study on Leaving Care (hereafter referred to as 'Beyond 18'). It describes the key findings from the third wave of the Beyond 18 Survey of Young People and from 86 qualitative interviews with care leavers undertaken between 2016 and 2018.

This report builds on the previous Beyond 18 reports, which explored young people's preparations for leaving out-of-home care (OOHC) (see Muir & Hand, 2018) and their experiences of transition and post-care life (see Purtell, Muir, & Carroll, 2019) by examining care leavers' life outcomes in terms of financial security, accommodation, education and health. This report also focuses more specifically on young people's accounts of life after OOHC and their thoughts on the key barriers or enablers for achieving better post-care outcomes.

1.1 About the Beyond 18 study

The Victorian Department of Health and Human Services (DHHS)¹ commissioned the Beyond 18 study in 2012 with the aim of improving understanding of the critical factors associated with successful transitions from OOHC. The Beyond 18 study aimed to do this by exploring young people's preparations for leaving OOHC, their experiences of transition from OOHC and their post-OOHC outcomes. This third wave of Beyond 18 data collection particularly aimed to address the following research questions:

- What are young people's outcomes after leaving care?
- What are young people's main needs when transitioning from OOHC and after they leave care?
- How do young people's post-OOHC outcomes vary according to care experiences or demographic characteristics?
- How do they compare with appropriate benchmarks including community norms?
- What are the main contributors to young people's post-OOHC outcomes?
- What are the main barriers to young people having positive post-OOHC outcomes?

Research methods

The Beyond 18 study as a whole had four components:

- the Survey of Young People (from OOHC)
- three waves of qualitative interviews with participants in the Survey of Young People
- two online surveys of carers and caseworkers
- analysis of a data extract from the DHHS Client Relationship Information System (CRIS) database.

The Survey of Young People was Beyond 18's central component and main data source. It consisted of three waves of an annual online survey of young people who had spent time in statutory OOHC in Victoria after their 15th birthday. This age criterion was designed to capture young people's experiences of preparing to leave OOHC. The first wave of young people were aged 16–19 at the time they entered the study. Most were recruited into the study via their carers or caseworkers. The survey was also promoted via social media and through community sector organisations and peak bodies. Each wave of data collection began immediately after closure of the previous wave. The first wave of online data collection started in June 2015 and closed in June 2016, Wave 2 commenced in July 2016 and closed in June 2017. Wave 3 had a shorter data collection period, due to

¹ Formerly the Department of Human Services (DHS).

the impending closure of the study, with data collection between July 2017 and March 2018. Participants in each wave of the online survey received a \$50 gift card as compensation for their time and effort.

In Waves 2 and 3 of Beyond 18, new participants were allowed to enter the study in order to mitigate the expected high attrition rate of this highly mobile group of young people. This also allowed any eligible, and interested, young person to participate and express their views. Continuing participants entered the survey via a personalised link sent to them via email or text message. New participants entered the study through the study website or an open link contained in the study's promotional materials.

The Wave 3 Survey of Young People was delivered in two closely related versions: one for continuing participants (who had completed one or both of the previous Beyond 18 surveys) and another for new participants. The survey for new entrants was the same as that completed by continuing participants but also included a small number of additional questions, taken from the Wave 1 survey, that collected baseline data.

Beyond 18's second key element was a series of qualitative interviews with a subset of participants from the Survey of Young People. The interviews took place concurrently with the online surveys. A sample of participants were contacted following their completion of a Wave 2 or Wave 3 survey and invited to participate in a qualitative interview. The sample of participants who were invited to complete an interview included a range of participant characteristics and care variables such as care placement type and geographic location. Because the Wave 2 interviews were still in progress at the time of the previous Beyond 18 report, this report draws on the interviews undertaken for both Waves 2 and 3. These interviews were undertaken over the course of 2017 and 2018. (See section 2.2 for details of the participants in the qualitative interviews.)

The interviews aimed to get a more nuanced understanding of young people's experiences of OOHC and post-transition life. They were also an important way in which young people with OOHC experience could tell their stories and voice their opinions about the OOHC and leaving care systems. Some participants also hoped that their participation in Beyond 18 would help other care leavers and improve the OOHC system:

I really hope that the information will help other kids in foster care. Because it's not nice, even if you get through it, it's not nice seeing the only people that you can sort of relate to going through everything and not being able to get past it all ... getting into things like alcohol or drugs or getting into bad situations themselves. You know, becoming unwell and really falling off the rails, you know. So ... I really hope it does help. Help the system improve and help other kids in the future. (Foster care leaver, female, 22, Wave 3)

The interviews were semi-structured and undertaken by telephone, and lasted between 20 minutes and an hour. Telephone interviews gave participants a high degree of privacy when discussing sensitive subjects and enabled them to fit the interviews into their personal schedule. Interview participants received a \$20 gift card in compensation for their time and effort. Thematic analysis of the interview responses and interviewer notes, was undertaken to identify key themes and patterns.

Beyond 18 also included two online surveys of carers (including foster carers, kinship carers and permanent carers) and OOHC and leaving care workers. These surveys were primarily intended to gather additional contextual information to supplement the Survey of Young People. The first of these surveys was run concurrently with Wave 1 of the Survey of Young People; the second opened with Wave 2 of the Survey of Young People and was closed at the same time as Wave 3. This wave of the survey was kept open for the duration of the final two waves. Due to the low number of participants completing these surveys, the study has primarily focused on results from the Survey of Young People.

As part of the Beyond 18 study, an extract of de-identified unit data from the DHHS CRIS database was analysed. This analysis allowed the researchers to discern some key characteristics of the wider cohort of young people in OOHC at the same time as Beyond 18 participants. The results of this analysis are described in section 1.2 (on page 7) and in Appendix A (on page 46).

Key findings from Wave 1 and Wave 2 of Beyond 18

In this report we will refer back to some of the findings of the previous Beyond 18 research reports and note key areas of continuity and difference. However, to contextualise the discussion of the current report's findings, some of the key findings from those reports are summarised here.

The first Beyond 18 report (Muir & Hand, 2018) drew on data from Wave 1 of the Survey of Young people and from the Surveys of OOHC workers and OOHC carers. These surveys collected baseline information about young people's in-care experiences and explored young people's preparations for leaving OOHC. Transition planning, in particular, was a key focus because of the extensive Australian and international research suggesting that young

people can have (relatively) smooth transitions into post-care life when their transition planning is thorough, timely and properly resourced (see Mendes, Johnson, & Moslehuddin, 2011; Stein, 2008, 2012).

However, the findings from Wave 1 of Beyond 18 suggested that best practice guidelines about transition planning were not always followed and that young people in OOHC were frequently not engaged 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 – in particular, on finding transitional housing – rather than other important but less pressing forms of transition preparation.

Respondents to the Survey of Workers in OOHC indicated that gaps in the service network could hinder their ability to provide essential services to young people when they needed them. In particular, workers identified a range of barriers, including restrictive eligibility requirements and long waiting lists, to their ability to connect young people to leaving care and mental health services. Young people in Wave 1 of Beyond 18 also indicated that there could be issues with accessing, or even knowing about, appropriate services. Few had significant contact with leaving care services before leaving care and over a third of young people had been unable to access necessary services, especially mental health services, when in OOHC.

The education outcomes of young people in Wave 1 of Beyond 18 were often poor. At the time of Wave 1, more than half the young participants were still in school. However, only a quarter of those who had left school had completed Year 12 and a quarter had not completed Year 10. Young people in Wave 1 appeared to be relatively confident about their independent living skills and this was an area where carers and caseworkers indicated that they had been able to provide support. However, the findings on young people's emotional and interpersonal skills were less positive. Although most young people responded positively to questions about their sense of belonging, or of having someone in their life who cared about them, their response to the Strengths and Difficulties Questionnaire (SDQ) suggested that many had significant emotional and peer relationship problems.

By the time of Wave 2 of the Survey of Young People, the majority of participants had left OOHC. Hence, the second Beyond 18 report focused on OOHC transition issues and outcomes (Purtell et al., 2019). On the whole, the study found that care leavers in Beyond 18 had poorer mental health, employment and education outcomes than other young people their age. They also reported high rates of self-harm, suicidality and financial stress. Many young people in the study described periods of housing instability that were associated with limited financial resources, inappropriate housing options and relationship breakdowns with parents, friends or partners.

Previous research by Stein (2005) and Johnson and colleagues (2010) has described distinct care leaver trajectories. Stein's influential work, for example, describes care leavers as tending to fall into one of three categories: those who have a relatively smooth transition and are 'moving on'; the 'survivors', who experience some challenges but whose outcomes can improve or decline according to circumstances (and the support they receive); and the 'strugglers', who experience a difficult transition often including homelessness, substance abuse and mental illness.

Analysis of the Wave 2 Beyond 18 survey data did not reveal such distinct trajectories or discrete groups; rather, life challenges appeared to be distributed across much of the study's population rather than clustering in a particular segment of the study population. A large proportion of the study population had experienced at least some major challenges or had indicators of poor social, emotional or financial wellbeing.

However, the qualitative interviews undertaken in Wave 1 and 2 did suggest that a small group of young people had experienced a relatively 'smooth' transition (Johnson et al., 2010) or were 'moving on' (Stein, 2005). This small group of young people described an early transition into safe and stable housing, positive social relationships and relatively good educational attainment. Although they did not constitute a statistically distinct group in the survey, their interview accounts suggested they were currently doing relatively well and, in most (but not all) instances, did so with the support of family or former foster, kinship or permanent carers.

The qualitative interviews also suggested that some young people had experienced multiple and interacting life challenges, such as homelessness combined with substance abuse and/or contact with the justice system. No clearly discernible factors were found to explain why this group appeared to be struggling more than others. Young people who had exited residential care did exhibit higher levels of financial and psychological distress than young people from foster care or kinship care but their employment and education outcomes were not noticeably worse than the rest of the study population.

1.2 Study limitations and sampling issues

As was noted in the previous Beyond 18 reports (see Muir & Hand, 2018; Purtell et al., 2019), Beyond 18 was a relatively small study with a small sample and this limited our ability to meaningfully explore the experiences of specific subgroups or to disentangle all of the characteristics associated with care leavers' outcomes. The latter, in particular, would require a much larger study with a much larger sample, to allow fine-grained analysis of care leaver histories and characteristics.

The lack of a sampling frame from which to identify and recruit participants, and the study's subsequent reliance on carers, care workers or youth and community sector organisation (CSO) workers to recruit young people into the study, also meant that the researchers were unable to control the composition of the study sample. This resulted in a sample in which certain groups were over-represented; in particular, female participants and young people who had been in residential care or foster care placement at the time of entering the survey or prior to leaving OOHC. Young people living in kinship care were significantly under-represented in the study while young people with a permanent care placement were also under-represented. See chapter 2 for an overview of participant characteristics and Appendix 1 for discussion of the analysis of CRIS data and the study sample's representativeness.

Because young people from kinship care and permanent care were so under-represented in the study, the focus of Beyond 18 was largely on young people in residential care and in foster care. As noted in previous reports, the over-sampling of young people from residential care allowed us to explore the needs of a group of care leavers who are often considered especially vulnerable. However, it also limited the study's ability to explore the experiences of young people from kinship care or permanent care and/or those who had less contact with services (and were thus less likely to be recruited into the study). The low numbers of young people from a kinship care placement meant that, in most of the analyses run for this study, the categories of kinship care and permanent care were collapsed into a larger 'home-based care' category that included foster care.

The high rate of attrition was also a challenge and potential limitation. As reported in the Wave 2 report (Purtell et al., 2019), 57% of participants dropped out of the study between Wave 1 and Wave 2. The attrition rate in Wave 3 was approximately 30%. High attrition rates were anticipated and are a common feature of research with vulnerable and highly mobile populations (see Johnson et al., 2010; Moore, McArthur, Roche, Death, & Tilbury, 2016). Nonetheless, high attrition presents a challenge because it reduces overall sample size and potentially introduces sample bias when continuing (or new) participants differ markedly from those who dropped out. In Beyond 18 there were few observable differences between continuing, new or lost participants (see chapter 2, page 8). However, it is possible that the young people who left Beyond 18 had characteristics that were invisible to the researchers but that made their experiences or outcomes significantly different from those young people still in the study.

It should also be noted that some of the young people in Beyond 18 left care several years before completing the Wave 3 survey. Hence, their experiences may not necessarily reflect those of young people leaving OOHC at the time of writing this report nor will they necessarily track the effects of recent policy reforms or program initiatives designed to improve leaving care.

2 Who is in Beyond 18 at Wave 3?

This chapter outlines the demographic characteristics of care leavers who took part in the Wave 3 survey and the second and third wave of qualitative interviews.

2.1 Profile of young people in Beyond 18

Of the 126 care leavers who completed the third Beyond 18 Survey of Young People, 88 had completed one or more of the previous Beyond 18 surveys and 38 had entered the study for the first time (see Table 2.1, page 9). Sixty-one people completed all three Beyond 18 survey waves. An additional 10 people still in OOHC completed the Wave 3 Beyond 18 survey; however, the data from these surveys were not included in the analysis or this report because of the small number of such participants and the focus of this phase of the study on post-care outcomes.

The relatively high attrition rates from the Wave 1 and 2 surveys do not appear to have substantially altered the study population's demographic profile, with most demographic categories, or OHHC experience categories (such as placement type), remaining relatively unchanged. Because the study population had aged a year, the Wave 3 study population had a higher average age than in previous survey waves, although this was moderated to some extent by the younger average age of new participants (see Table 2.1). The split between metropolitan and regional representation in Wave 3 was also similar to that of previous waves, with half of all respondents living in metropolitan areas and slightly less than half in regional Victoria. The main difference from previous waves of the survey was the reduction in missing data about participant location.

New study participants were also broadly similar to continuing participants; however, new participants were slightly more likely to have been in a residential placement prior to leaving OHHC.

2.2 Qualitative interview participants

A total of 86 qualitative interviews were undertaken across the three waves of Beyond 18: 32 in Wave 1, 29 in Wave 2 and 25 in Wave 3. This report draws on data from both the Wave 2 and Wave 3 interviews.

The interview participant sample was drawn from the Survey of Young People and generally shared the demographic characteristics of the larger survey population, with an over-representation of female participants and care leavers who had been in foster care or residential care (see Table 2.2, page 9). There were three Aboriginal participants in the Wave 2 interviews and four in Wave 3. In Wave 2, 20 participants were living in metropolitan locations with eight in regional Victoria. For the Wave 3 interviews, a particular effort was made to interview young people in regional areas in order to explore their specific experiences. As a result, in the final round of interviews there were 14 participants living in regional Victoria and 12 in metropolitan areas.

Table 2.1: Survey of Young People, participant characteristics at Wave 3

Characteristics	Continuing participants n(%)	New participants n(%)	Total Wave 3 n(%)	Total Wave 2 n(%)	Total Wave 1 n(%)
Total	88(100)	38(100)	126(100)^a	126(100)	202(100)
Age					
<18	2(2)	1(3)	3(2)	39(31)	93(46)
18	22(25)	20(53)	42(33)	36(29)	53(26)
19	23(26)	9(24)	32(25)	25(20)	38(19)
20	20(23)	4(11)	24(19)	18(14)	0(0)
20+	21(24)	4(11)	25(20)	8(6)	0(0)
Gender					
Female	63(72)	24(63)	87(69)	90(71)	132(65)
Male	24(27)	11(29)	25(28)	35(28)	66(33)
Other	1(1)	3(8)	4(3)	1(1)	2(1)
Indigenous identity					
Not Indigenous	77(88)	32(84)	111(89)	111(88)	170(84)
Indigenous	10(11)	4(11)	14(11)	14(11)	24(12)
Prefer not to say	1(1)	2(5)	3(2)	1(1)	8(4)
Location					
Major city	42(48)	21(55)	63(50)	61(48)	85(42)
Regional	41(47)	16(42)	57(45)	46(37)	73(36)
Other/unknown	5(6)	1(3)	6(5)	6(5)	44(22)
Care placement type (most recent)					
Home-based care	43(49)	12(32)	55(44)	56(44)	78(39)
Residential care	32(36)	19(50)	51(40)	52(41)	87(43)
Other/unknown	25(28)	7(18)	32(25)	18(14)	37(18)

Notes: Percentages may not total exactly 100% due to rounding and/or missing data. ^a The 10 survey respondents still in OOHC have been excluded from this table and all subsequent analyses.

Table 2.2: Qualitative interviews, by gender and last placement type

	Kinship care	Permanent care	Foster care	Res. care/ lead tenant	Total
Wave 2					
Male	1	1	2	6	10
Female	2	1	8	8	19
Total	3	2	10	14	29
Wave 3					
Male	1	1	1	5	8
Female	5	1	7	4	17
Total	6	2	8	9	25

3 Income, employment and financial security

Income and financial security are key life domains that can have a major influence on a range of other life experiences and outcomes. In this chapter, we explore Beyond 18 participants' incomes and employment outcomes and discuss changes in their financial situation since the previous Beyond 18 survey. This chapter also includes study participants' accounts of what it was like to look for work as a care leaver and their descriptions of what helped or hindered them in their quest for secure employment and financial security.

3.1 Income and employment outcomes

At the time of the Wave 3 survey, less than half (40%, $n = 50$) of all study participants were receiving income from employment. More than two thirds of Beyond 18 participants stated that they received some form of government benefit (see Table 3.1). Three young people reported that they had no income at all. Of the 50 participants who earned some wage income, 38% ($n = 19$) were also in receipt of at least one form of government benefit. Youth allowance – a form of benefit available to those in education, training or seeking work – was the main source of government benefit for all care leavers: 44% of all care leavers received youth allowance and 22% ($n = 11$) of care leavers earning some income from employment also received this form of benefit. Disability payments were also important sources of income and received by a larger proportion of the study population (18%) than is received in the general population; for example, in 2015, less than 2% of Australians aged 15–24 received a disability support pension or payment (AIHW, 2015).

Table 3.1: Forms of government benefit received by young people in Beyond 18

	Total n (%)
Any government benefits	86
Government benefit types	
Youth Allowance	53(62)
Rent Assistance	22(26)
Parenting payments	11(13)
Disability or Youth disability	13(18)
Other government benefits	13

Note: Columns and rows do not add up to 100% because participants could receive more than one type of benefit.

Of the 48 young people receiving income from employment (who also reported their working hours), the majority worked part-time and nearly half 42% ($n = 20$) worked less than 20 hours per week. A similar proportion of participants (42%, $n = 20$) worked full-time or close to full-time hours (usually defined as 35 hours per week). The generally low number of young people in employment, and the relatively high proportion working part-time, is broadly consistent with wider community norms.

Young people in the general population are more likely than older adults to not be employed or to be in casual or part-time employment than older adults, in part because they are more likely to be in school or undertaking further education or training (Australian Bureau of Statistics [ABS], 2017). Indeed, 43% ($n = 12$) of all part-time workers in the study were also undertaking some form of study, although the majority (73%, $n = 22$) of those in part-time work also expressed a desire for increased working hours, which can be an indicator of underemployment.

The analysis of participant data on income and employment also revealed that approximately half of the study population were not in employment, education or training (NEET). This was a considerably higher proportion of NEET youth than in the general Australian youth population. The Organisation for Economic Cooperation and Development (OECD; 2018), for example, lists the proportion of NEET 15–19 year olds as 5% (in 2016) and the proportion of NEET 20–24 year olds at around 12%. This form of non-participation in education or employment has been linked to future unemployment, low incomes and subsequent social and economic disadvantage and exclusion (Pech, McNevin, & Nelms, 2009).

Further, this group of Beyond 18 participants also showed signs of having a wider range of poor outcomes across other life domains, such as housing, life satisfaction and mental health, than participants who were working and/or studying. Although this group had only slightly higher levels of financial stress than the study population as a whole (see section 3.2), the wider range of general life challenges that they faced indicated ongoing vulnerability. We will come back to this group of young people in the chapters that follow.

The predominance of part-time work and/or reliance on government benefits also had an effect on care leavers' incomes, with more than 70% of participants reporting that they earned significantly less than the poverty level for a single, non-working adult.² See Table 3.2 for care leaver incomes.

Table 3.2: Care leaver incomes

Income per fortnight	<i>n</i> = 113
Overall income	
Care leaver – mean income	\$758
Care leaver – median income	\$550
Care leavers earning < \$832 (the Henderson poverty line)	80(71%)
Care leaver income by work status	
Part-time employed – mean income	\$860
Part-time employed – median income	\$800
Full-time employed – mean income	\$1,401
Full-time employed – median income	\$1,200
Not working – median income	\$460
Not working – mean income	\$540

3.2 Financial stress

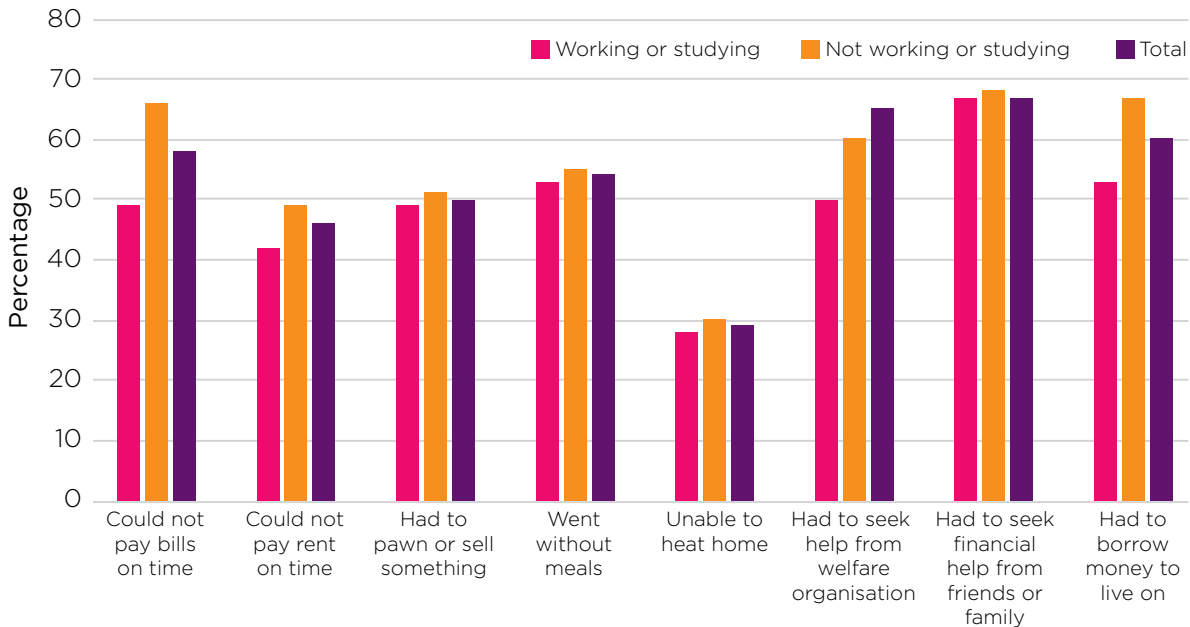
Care leavers' low incomes were associated with high levels of financial stress. In Wave 3, indicators of financial stress were evident across the study cohort, with 84% (*n* = 98) of participants reporting at least one indicator of financial stress and 57% (*n* = 67) reporting four or more indicators. Financial stress was distributed across the study population and so there was little meaningful difference between subgroups within the cohort; for example, financial stress did not vary significantly according to placement type. Although young people who were not in employment or education reported slightly higher levels of stress on most indicators than the rest of the study population, the differences were not statistically significant. See Figure 3.1 (on page 12) for a breakdown of financial stress indicators.

Because financial stress measures tend to focus on households, there is a lack of publicly available data for this age group in the general Australian population. This makes it difficult to compare Beyond 18 participants' levels of financial stress with those of other young people. However, participant reports of financial stress experiences were very high when compared to low income households in the general population. For example, 58% (*n* = 61) of care leavers reported that they were unable to pay their bills and 54% (*n* = 62) reported going without a meal. In comparison, only 14% of the lowest household income quintile – in the ABS (2016) household expenditure survey

² For a single, non-working adult, as of September 2017 (two months after the Wave 3 survey of young people opened), the poverty level was \$832.14 per fortnight (Melbourne Institute of Applied Economic and Social Research, 2017).

– reported that they were unable to pay their bills on time and 6% went without meals.³ Further, only 17% (*n* = 19) of all Beyond 18 respondents reported that they would be able to raise \$1,000 in a week in an emergency; in contrast, 73% of households in the lowest household income quintile reported that they could raise \$2,000 in a week if required.

Figure 3.1: Indicators of financial stress in previous 12 months, by work/study status



Although the focus of the ABS survey is on households rather than individuals and means that these statistics are not directly comparable, the Beyond 18 findings suggest that rates of financial hardship among young people in Beyond 18 are very high. Furthermore, participants in the qualitative interviews described ongoing financial stress and financial insecurity as a common feature of post-care life and as a significant negative influence on housing security (see chapter 4, page 15) and participation in education (see chapter 5, page 20).

3.3 Barriers and enablers for achieving employment and/or financial security

The qualitative interviews provided further insights into care leavers’ experiences of employment and job searching. Interview participants described a number of barriers and enablers to their ability to achieve either employment or financial security.

The majority of care leavers expressed a strong desire to be employed or to stay in work and many aspired to work in youth or social services. Of the care leavers who were working at the time of Wave 3, most reported that they had found employment through relatively conventional means such as online searches, leaving their résumés at businesses and drawing on their networks of relatives and friends. In common with other young people in the general population, care leavers who were studying tended to work part-time, most often in hospitality, because these jobs were relatively easy to obtain and fit well with the requirements of their study.

However, many care leavers had struggled to find even part-time work and they described a range of barriers to job seeking (or to keeping a job) such as low educational attainment, lack of stable housing, struggles to meet the cost of travel to work or to job service offices, health issues (including mental illness) and disability. A small number of care leavers with health issues suggested that they were dissuaded from even seeking work by the fear that, even if they found a job, their health issues would make the work too difficult, or their employers would not understand their needs, and they would lose their job. Previous in-care experiences, such as placement instability or the time restrictions associated with being in residential care, were also described as hindering young people’s ability to accumulate valuable work experience.

³ The ABS household expenditure survey uses indicators of both ‘financial stress experiences’ and ‘missing out experiences’ such as being unable to afford holidays or a night out, to measure overall financial stress. However, other surveys such as HILDA and Beyond 18 use only ‘financial stress experiences’. The ‘missing out experiences’ indicator of financial stress was not used in the Beyond 18 study due to its limited relevance to the lives of care leavers and to reduce participant burden.

I came home one day from just being out on a weekend just seeing a friend ... and they said get your stuff out of the house. I was like, 'You guys are joking, right? I've got school, I've got two jobs right next to this place.' (Residential care leaver, male, 18, Wave 2)

An especially prominent theme in care leaver accounts was the absence of social or family resources. In particular, care leavers described their awareness that, unlike many young people in the general population, they did not have family members or extended social networks that they could ask for job search advice, who could provide them with references or who could use their personal networks to find them a job. As a result, what support they did have came from Centrelink-associated job services and Disability Employment Service (DES) providers.

Although such services could be helpful, care leavers who gained employment through these services often did so in roles that were subsidised by the job service for a fixed period. This meant that the job could end when the subsidy stopped. Care leavers subsequently described anxiety about the stability of such work and the possible need to seek work again in a few months. Care leavers also reported that dealing with mainstream job services could be challenging. In particular, mainstream job search agencies were described as lacking empathy or understanding of care leavers' need for additional support or of their physical and mental health needs.

I was with another employment, you know, job search provider, whatever they're called. But I really didn't find it helpful. Like, it didn't matter what my circumstances were ... you'd sort of get the bare minimum help from them. (Foster care leaver, female, 22, Wave 3)

In contrast, specialist services such as DES or targeted care leaver supports such as the Victorian government's Springboard program were potentially important sources of support.⁴ For example, one kinship care leaver described how her participation in Springboard had helped her to find full-time employment in a workplace that could also further her aspiration to become a youth justice worker. For this participant, the most important enabler to her finding work was the emotional and practical support and encouragement provided by her Springboard caseworker. It was this relationship that had enabled her to get away from 'the wrong crowd' and realise her potential.

She was very, very supportive. Like she kind of expected things of me that I've never really thought people would expect out of me, and it made me wake up a little bit, like it made me realise I can do things ... And she, because I told her what I wanted to do, I got two job interviews to corporate receptionist and they gave me the job straight away, so I was happy. And ever since I got my job, my life's been pretty much on track. (Kinship care leaver, female, 19, Wave 3)

More generally, the quality of social relationships was described as key to young people's experiences of seeking, finding and losing work. Social relationships can be an important part of many people's experiences of work but, as has been described in previous Beyond 18 reports, many care leavers had complex or challenging relationships with peers and/or authority figures and many also longed for more secure or close relationships. Consequently, the social side of work could assume particular importance and have a strong influence on whether care leavers enjoyed, and thus stayed, in work. When participants were happy in their employment, they often spoke about liking their workmates or getting along well with their bosses or customers. Finding a positive and supportive work environment was an important enabler for staying in a job and developing a strong work history.

It's just you know, I get up and I enjoy coming to work ... like, I don't mind spending my day doing the boring stuff, surrounded by people that are pretty great. So yeah, it just makes it enjoyable, good environment ... like coming from such a big workplace like [national supermarket chain], and where I am now, it's just a little family business. So, it's kind of, the environment's different, it's a lot more cosy, which I like ... And they're a lot more understanding, like if you've got personal stuff or whatever, they understand. (Foster care leaver, female, 20, Wave 3)

In contrast, many care leavers described conflict at work or a lack of employer understanding of their specific circumstances or needs for additional support. This could then lead to care leavers frequently changing jobs or leaving employment altogether.

Employers aren't the most sympathetic to that stuff ... and with my IBS [irritable bowel syndrome] being stress related, it worries me about when I'm working, getting stressed out and then it stresses me out more thinking about if it will happen and I'll have to take time off. It ends up making it worse. And yeah, there's no real help from employers in those situations. (Kinship care leaver, male, 21, Wave 3)

⁴ Springboard is a Victorian government program that provides medium- to long-term intensive case management support for young people after leaving OOH and helps care leavers access funding for education and training.

3.4 Discussion

The approximately 12-month interval between Wave 2 and Wave 3 of Beyond 18 saw relatively little change in the study population's levels of employment or their levels of financial stress. In both waves, less than half the population was in any kind of employment, and reliance on government benefits was high. The number of care leavers reporting experiences of financial stress also stayed high. Income levels were not measured in Wave 2 but the questions about income in Wave 3 suggested that most of the study population was on a low or very low income. More positively, the number of care leavers in full-time, or close to full-time, employment increased from only six people in Wave 2 to 20 in Wave 3.

It can be difficult to interpret statistics on youth incomes, employment levels and work hours. Young adults, in general, often undertake a complex range of work and study arrangements in which studies may be combined with part-time or casual work. Other full-time students may not work at all and not be actively looking for work. Subsequently, young people tend to work fewer hours than older adults, when they work at all, and have lower incomes.

Because young people tend to have less work experience than older adults, they are also more likely to be unemployed or to work in lower-paid part-time, casual or entry-level roles. Youth unemployment figures for the general population are often high relative to that of the total adult population. For example, in 2017, the average Australian youth unemployment figure of 13% was more than double the overall unemployment rate (ABS, 2017). This complicates comparisons between Beyond 18 participant outcomes and those of the general population.

However, the large proportion of Beyond 18 participants who were NEET suggests that financial insecurity is an even more pressing issue for many care leavers than it is for the general youth population. Further, it is worth noting that although many young people in the general population have relatively low incomes, they also commonly receive financial support (including a place to live) from their family. The assumption that young people will receive family support and/or have fewer needs than older adults is reflected in the lower rates of youth wages and Youth Allowance benefits.

However, care leavers do not always have reliable family support with which they can supplement their low incomes. As a result, unemployment or a low income can have serious consequences for their ability to maintain secure and stable housing, to engage in further education or to maintain their physical or mental health. As was evident in some care leavers' accounts of job searching, the lack of support from family or extended social networks could also hinder their ability to find employment and achieve greater financial stability.

4 Post-care accommodation

In this chapter, we examine care leavers' housing situations after leaving care. We also explore care leavers' accounts of finding and keeping post-care accommodation and their thoughts on what most helped or hindered their quest to find safe and secure accommodation.

4.1 Types of accommodation and post-care housing mobility

In Wave 3 of Beyond 18, almost equal numbers of young people lived in private housing (defined here as private rentals and home ownership) and in 'informal' arrangements (i.e. living in a non-contractual arrangement with friends, family or former carers). A slightly smaller group lived in transitional or public housing (here grouped together as 'supported housing'). See Table 4.1 (on page 16) for a breakdown of care leaver housing types.

Care leavers who had previously lived in residential care were notably more likely to live in some form of transitional or public housing than young people who had exited other care types. Young people who had exited home-based care were the most likely to live in 'informal housing'. In part, these differences reflected the different kinds of supports available to those leaving different OOHC placements. That is, young people from residential care were less likely than young people from home-based placements to have former carers they could live with.

Housing type was not in itself an indicator of housing suitability or better or worse housing outcomes. Nonetheless, living in supported housing was associated with low incomes and 44% ($n = 26$) of care leavers who were NEET lived in this form of accommodation. In contrast, only 13% ($n = 8$) of care leavers who were working or studying lived in supported housing; nearly half of this group (49%, $n = 30$) lived in informal arrangements with partners or former carers or partners.

Consistent with previous research on care leavers (e.g. see Johnson et al., 2010; Moslehuddin, 2011), the care leavers in Beyond 18 reported relatively high rates of housing mobility. In Wave 3, more than a third (39%, $n = 49$) had moved house at least twice in the previous 12 months and 21% ($n = 26$) had moved three times or more (see Figure 4.1, page 17). Individual housing moves can be explained by a range of factors, both positive and negative, but frequent moves in a relatively short time period can be an indicator of housing instability; this, in turn, can be an indicator of relationship breakdowns, financial insecurity or inappropriate housing options. Care leavers' accounts of why they had moved house in the last year suggested that all of these were factors – in particular, conflict with family, friends or housemates – were commonly cited as prompting a change of accommodation.

Housing instability was a potential source of financial stress and care leavers described how they could struggle to pay moving costs, utility reconnection fees and housing bonds. Housing instability could also affect care leavers' access to services, education or employment. The difficulties that unstable housing could have on all aspects of life were evident in the account of one residential care leaver who was formally homeless at the time of Wave 3. This young man described how his lack of stable housing, and inability to find housing in a suitable location, had made it difficult for him to stay in work.

I was working but without stable housing that makes it a little bit complicated ... It makes it very hard. I had to travel five hours day for a 9 to 5 shift, Monday till Friday for about five months at [supermarket], and I couldn't find stable housing because of the instabilities in my life. (Residential care leaver, male, 21, Wave 2)

Table 4.1: Care leavers' current accommodation by age, previous care placement and location

	Private housing n(%)	Supported housing n(%)	Informal housing n(%)	Total n
Total	43(36)	34(28)	44(36)	121
Age				
17-18	11(26)	17(40)	14(33)	42
19	10(32)	7(23)	14(45)	31
20	11(46)	4(17)	9(38)	24
21+	11(46)	6(25)	7(29)	24
Last care placement type				
In-home care	18(33)	8(15)	27(49)	55
Residential care	18(35)	23(45)	9(18)	51
Other/unknown	7(35)	3(15)	10(40)	20
Location - remoteness (excludes missing n = 115)				
Major city	16(26)	20(32)	26(42)	62
Regional	24(45)	13(25)	16(30)	53

Note: Percentages may not total exactly 100.0% due to rounding.

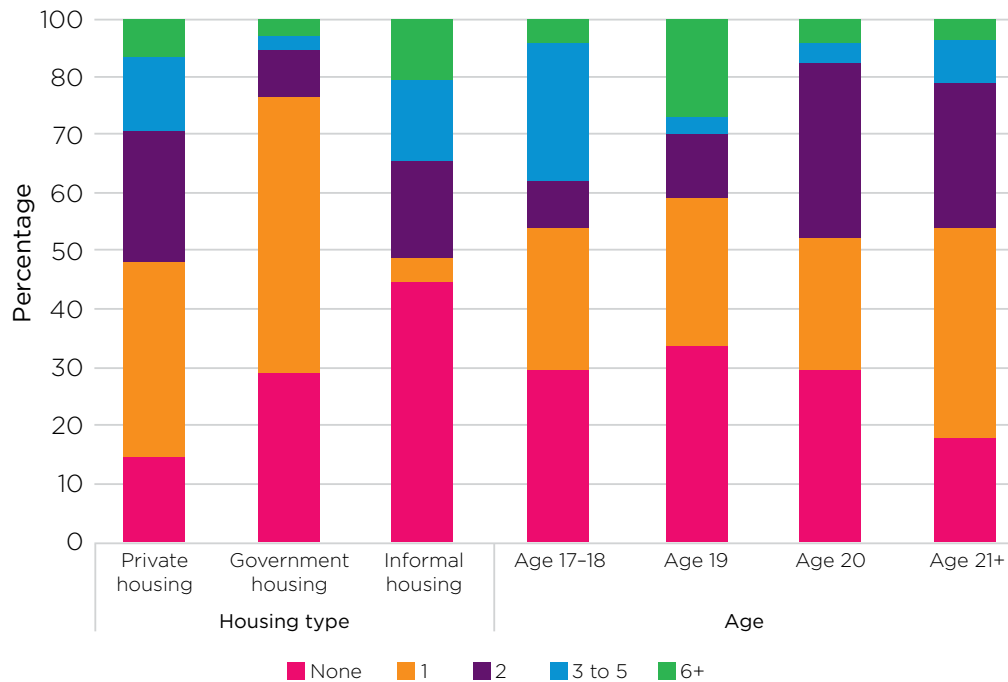
No specific group of care leavers was significantly more mobile than the study population as a whole. Age did appear to be a possible factor in housing stability, with participants aged 18 or under moving slightly more frequently than older participants but the differences were slight and not statistically significant (see Figure 4.1, page 17). There were more noticeable differences in patterns of mobility between the groupings of care leavers living in different types of housing but there was also a great deal of variation within these groups.

Supported housing proved to be a relatively stable form of accommodation: few care leavers in supported housing had moved more than once in the year preceding the survey. Interviews with care leavers in transitional or public housing suggested that at least some had secured long-term (up to two-year) lease agreements in specialist housing for young people at risk of homelessness and this had resulted in increased housing stability. However, it is also likely that some of the stability in supported housing was the result of care leavers' low incomes, or other life issues such as mental health, preventing them from securing a property in the private rental market and moving on from supported housing.

Young people living in private rental accommodation and informal housing arrangements had more variable patterns of housing mobility. Half ($n = 22$) of the care leavers living in informal arrangements had not moved at all in the previous 12 months; however, 27% ($n = 12$) had moved three times or more. Data from all three waves of Beyond 18 interviews suggested that this variability was in part related to the varying quality of care leavers' personal relationships.

Stability, for example, could be associated with strong bonds with kinship carers, former foster carers or partners. Some care leavers from foster care placements, for example, indicated that their relationships with their former carers resembled those of biological 'family' and that they had expectations of ongoing support and accommodation. Other care leavers, however, did not have such close relationships or described conflict and relationship breakdowns that led to them having to move out (including moving out into homelessness). Even when relationships with carers were ongoing and perceived to be positive, some care leavers indicated that they could not rely on unlimited support or hope to stay with carers in the longer term.

You know, to be looked after by family you know, it doesn't really work that way when you're a foster kid. So, you're sort of on your own for the most part you know, if you're really lucky you might have a bit of support from your foster family. But you know, most of the time you've really got to try and get things for yourself. (Foster care leaver, female, 22, Wave 3)

Figure 4.1: Housing moves in last 12 months by housing type and age

4.2 Barriers and enablers: finding and keeping safe and stable housing

Housing, and housing stability, has been a prominent topic in all waves of Beyond 18 data collection. In the Wave 2 and 3 interviews, care leavers again described complex post-OOHC housing trajectories, with multiple moves between different places, and different types of housing, prompted by conflict, lack of money or lack of suitable housing options. Care leavers also described several routes to housing stability and, conversely, several reasons why that could be difficult to achieve.

For some young people, stable housing could be achieved through supported housing, particularly when this housing was available in the medium to longer term. For example, Youth Foyers – a form of supported housing available to young people intending to work or study – could offer care leavers 24-month housing agreements, a longer period than is customary for private rental agreements. For some care leavers, this stability, and the relative freedom from anxiety it could offer, was important because it allowed them to focus on other parts of their lives and/or to learn to live independently.

I think living in those sort of housing things that I lived in, it's really good ... I guess transition might be the best way to put it because it's good for giving yourself a bit of time to get your stuff sorted ... I needed that two years to get my stuff together and learn how to be independent and learn how to do it on my own ... think it's good, like, for people to have that sort of break ... going from where you don't have to do anything ... you don't have any responsibilities, you just do what you want to do and you know there'll be a meal, and there'll be a made bed and sort of those sort of things. To then go straight into private rental, that would be like a total big shock and I don't think, I think that's where a lot of young people struggle. (Residential care leaver, female, 19, Wave 3)

Some forms of supported housing could also allow care leavers to live alone while in a relatively supported environment in which help was available. This was important for those who wanted greater independence or to avoid potentially difficult social relationships.

For many care leavers, however, stable housing was most closely associated with stable relationships. As noted above, some care leavers were able to stay on with former carers after the end of their formal order. This could mean additional financial strain for former carers, as not all were able to get support after the end of a child protection order. However, some care leavers and/or their former carers were able to source financial support from elsewhere and this could help foster carers provide extended post-transition support. For example, one young man who had been in permanent care described how his carers had secured funding from a

non-government organisation to install a unit in their backyard for him to live in. This, he believed, would give him the stability he needed to pursue his education.

I think it'll be a lot better for my studies, yeah, a lot quieter place. It'll give me a bit more of an experience with managing my own area ... otherwise I think for my family it'll be really good because everyone else in the family will benefit from the extra space. Less petty arguments and stuff like that. (Permanent care leaver, male, 18, Wave 2)

However, not all care leavers had the option of staying with former carers, while others wanted to assert their independence by moving out. Although some young people found relative stability by moving in with a partner, others were challenged by the move into private rental accommodation or into informal arrangements with friends or the family of partners. Care leavers without supported housing could rarely afford to live alone. However, young people's complex social relationships, and the high prevalence of emotional issues or mental illness (see chapter 6, page 24), meant that many young people found living with other people, including friends, partners or partner's families, to be challenging. Previous negative experiences of group living and peer relationships, especially for care leavers from residential care, and issues with mental health meant that some care leavers experienced anxiety at the prospect of moving in with strangers.

I get really anxious meeting new people, so I think moving into a house full of new people would be really stressful. (Foster care leaver, female, 19, Wave 3)

Even when living with friends, or with the family of partners, many care leavers described ongoing tensions or social conflict that led to relationship breakdowns and subsequent housing instability.

[The] joys of living with friends is, [there] tends to be a falling out when you start living with them or you know, difficult situations. So, that's kind of where they broke down. (Foster care leaver, female, 20, Wave 3)

The end of partner relationships could also lead to housing instability, particularly because, in many cases, the remaining partner could not afford to pay rent when the other left.

I spent the entire month applying for like four or five houses a day, and never got anywhere. It was either move in with family or have nowhere to go ... I feel like I'm a burden ... because all their kids have grown up and left home and are having kids of their own and now I'm there. (Foster care leaver, female, 19, Wave 3)

Even when care leavers had achieved relatively stable housing, they could still worry about their ability to afford or maintain their housing in the longer term. One care leaver, who had moved into a private rental – following a long search – with her partner, described her anxiety about keeping their house clean and paying bills on time, and contrasted this with her partner's relative unconcern. She attributed this difference to her awareness that she had no-one to rely on, whereas her partner, who had not been in OOHC, had never experienced the same instability.

I'm always, you know, had a sense of having to pay money and knowing how important it is to keep a roof over your head and how hard it is when you don't have that and how to get it. And so, for me it's just an absolute priority that my partner who's always, up until his mid 20s when he moved in with me, he's always had it all paid for him ... so I don't think he always understands ... how hard it can be not having a roof over your head. (Foster care leaver, female, 22, Wave 3)

For at least one care leaver, it was the experience of instability in OOHC that had ultimately led to his post-care struggles to find stable housing; for this young man, instability had been a constant feature of his life.

I've never stayed in the one place for longer than six weeks. I mean three months has been the longest I've probably ever stayed in, like, a refuge. And that was it. (Residential care leaver, male, 22, Wave 3)

4.3 Discussion

Australian and international research and practice literature has consistently highlighted care leavers' high risk of becoming homeless or subject to ongoing housing instability. Care leavers' struggles with finding housing are due to their common lack of family supports or supportive social networks, limited financial resources and high rates of mental illness and/or behavioural issues related to past trauma (Dworsky, Napolitano, & Courtney, 2013; Flatau, Thielking, MacKenzie, & Steen, 2015; Mendes et al., 2011). These factors are exacerbated by a commonly reported lack of secure, long-term and well-maintained public housing (Forbes, Inder, & Raman, 2006; Johnson et al., 2010; Stein, 2012). The previous Beyond 18 report was largely consistent with this research and described how many care leavers had complex housing trajectories and high rates of mobility in the first 1–2 years after leaving care (Purtell et al., 2019).

Wave 3 of Beyond 18 saw relatively little change to participants' housing patterns. A relatively large proportion of care leavers lived in transitional or public housing and many of these young people were not engaged in employment or education. Nor were care leavers, as a whole, notably more stable than they had been in Wave 2.

Previous research on care leaver housing trajectories suggests that housing instability is often highest in the first 12–24 months after transition, before becoming relatively more stable over time (Mendes et al., 2011). However, this relative increase in stability was not evident for all participants in Beyond 18. Rather, there was a great deal of variability within the sample, with some care leavers finding relative stability, particularly those in supported housing or living with former carers, while others continued to experience considerable volatility. Several participants in the qualitative interviews also described how they had continued to bounce between houses and housing types. Some of the movement was the result of care leaver's low incomes and subsequent inability to afford rent or to access appropriate housing. However, general life instability and challenging social relationships also emerged as a barrier to stable housing.

Although some care leavers had been able to find stability with former carers, partners or the family of partners, others struggled with maintaining stable social relationships with their family, partners or housemates and this often led to them moving from one place to another as social relationships ruptured. In some cases, these relationships were repaired, and the care leavers was able to move back in with friends, partners or former carers, but these relationships were still frequently fragile and prone to breakdown and further housing instability. This ongoing housing insecurity could make it difficult for young people to advance in other areas of their lives; in particular, insecure or unstable housing could make it difficult to find or maintain paid employment or to engage with education (see chapter 5, page 20).

5 Education

This chapter describes care leavers' educational attainments and explores changes since the Wave 1 and 2 Beyond 18 surveys. The chapter also looks at the numbers of care leavers who have gone on to further education, shares some of their experiences of education and describes some of what care leavers said about why they had or had not engaged in education.

5.1 Formal education outcomes

Care leavers in Beyond 18 had generally lower than average school attainment levels. At the time of Wave 3, just over a quarter of school leavers had completed Year 12 (either at school or in a post-school qualification such as VCAL or VET; see Table 5.1, page 21). This school completion rate is very low relative to the general Victorian Year 12 completion rate of 77% (see Lamb, Jackson, Walstab, & Huo, 2015). It also showed little change from previous waves of Beyond 18, which had seen similarly low rates of school completion.

In Wave 3, around 10% of care leavers also indicated that they had left school before completing Year 10. This represented a slight improvement on the 26% of school leavers who had not completed Year 10 at the time of the previous Wave 2 Beyond 18 survey (see Purtell et al., 2019). This change was partially explained by a small number of former study participants, who had especially low levels of educational attainment, dropping out of the study before Wave 3 but was also affected by some study participants returning to education (and gaining a Year 10 equivalent qualification). Regardless of the slight improvement in Year 10 completions since previous surveys, the Wave 3 results still indicate that at least some care leavers had failed to meet the Victorian government's requirement that all young people complete Year 10.

Although study participants on the whole had poorer than average levels of school attainment, nearly half of the study population (53%, $n = 66$) had undertaken at least some form of further education and 27% ($n = 34$) were currently studying. Certificate III or IV courses at a TAFE college were the most common (47%, $n = 31$) forms of further education undertaken. This replicated the results of the previous Beyond 18 surveys. The number of young people in the study who were attending university was small ($n = 8$; 6% of the total study population and 8% of known school leavers) but represented a slight increase on the five participants in university at the time of Wave 2.

Analysis of the survey data did not reveal any association between observable participant characteristics and either educational attainment at school or subsequent re-engagement with education. Nor was there a strong association between participants' level of educational attainment (i.e. their highest completed educational qualification) and their employment outcomes. This lack of correspondence was partially due to the generally low employment levels in the study population as a whole but was also influenced by some care leavers not having yet entered the labour market (because they were still studying).

However, there was some association between employment and undertaking study towards a post-school qualification (which was not necessarily completed by the time of Wave 3). Around half of the young people in full-time work (55%, $n = 11$), and a similar proportion of those in part-time work (50%, $n = 28$), were either currently studying or had completed a course of further education.

In contrast, a substantial proportion of study participants (54% of all school leavers, $n = 42$) were not engaged in either employment or education (also see chapter 3, page 10). This lack of engagement means that this group was at greater risk of longer-term unemployment or the inability to enter the labour force. As we describe in the chapters that follow, this group also had generally poor psychological wellbeing and/or levels of mental illness.

Table 5.1: Highest level of school achievement, by continuing and new participants

	Continuing n(%)	New n(%)	Total n(%)
Completed school to Year 12	23(26)	12(32)	35(28)
Completed school to Year 10	38(43)	14(37)	52(41)
Left school before Year 10	7(8)	6(16)	13(10)
Still in school	9(10)	5(13)	14(11)
Prefer not to say	11(13)	1(3)	12(10)
Total	88	38	126

Note: Completion rates include qualifications completed outside of secondary school (e.g. at TAFE)

5.2 Barriers and enablers: engaging with education

For most young people (including those in the general population) completing high school, undertaking an apprenticeship or traineeship or continuing in further or higher education are essential pathways to good employment prospects and future wellbeing. The qualitative data made it clear that many of the participants in Beyond 18 were clearly aware of the value of further education, or of completing their previously unfinished education, and they commonly indicated a desire to gain useable qualifications.

Like their peers in the general population, study participants were motivated by a range of reasons for wanting to study beyond high school. Some expressed an interest in a particular career type and/or a desire to 'make a difference'. For example, many care leavers wanted to work in the youth or community sector and had undertaken certificate level courses to further this ambition. Others were motivated by the perceived higher income, status and stability that further education would bring. Finally, for many, especially those undertaking certificate and diploma level qualifications, engagement with education (or a desire to undertake further education) was strongly driven by the desire to escape unemployment.

Although many care leavers were able to articulate their aspirations for further education, and many had undertaken study, neither the Beyond 18 survey data nor the qualitative interviews revealed many definite enablers for engaging with school or further education, or personal characteristics associated with educational success. Care leavers' descriptions of educational 'success' tended to focus on how they had to carefully manage the many barriers to their education so that they could 'push through' and move to a new phase in their lives.

However, there were some accounts of useful supports that had enabled care leavers to complete or further their education. For example, a handful of care leavers had experience of alternative education settings and, on the whole, they felt that such schools were better able to provide a more supportive, welcoming and understanding environment than mainstream schools.

There was a one-on-one teacher instead of one teacher with heaps of other kids so you didn't feel the pressure was on you and there was no reason to get hot-headed, like, they understood when you were getting hot-headed. (Residential care leaver, female, 19, Wave 2)

More generally, care leavers in the qualitative interviews also spoke of the importance of life stability as an enabler of education; in particular, having somewhere safe and affordable to live – most often with family, carers or partners but also in supported housing – and having access to social and financial support. Programs such as Springboard were also described as providing some assistance to successfully completing education. Springboard caseworkers, in particular, were seen by many care leavers as positive supports whose help and encouragement could help young people enter or stay in education and foster self-belief.

More often, however, care leavers focused on the barriers to engaging with and completing their education. Consistent in these accounts were the difficulties faced while still at school and how these early experiences had affected care leavers' ability to complete school, find work or re-enter education. An especially common theme in these accounts was the difficulty of managing school when experiencing placement instability or just generally complex home lives (both in and out of care).

I wasn't the fastest kid because I wasn't thinking about school work. It wasn't my priority. Obviously, I wanted to be good and I wanted to be smart. I didn't want to be seen as the dumb kid or the slow kid or the naughty kid because I wasn't paying attention. But it wasn't because I was naughty, I just had more

important things to think about. Like what are my sisters going to eat, is Mum going to be ok when I get home, is she going to be drunk, am I going to get to sleep on time tonight or am I going to be doing homework until late. Am I even going to be able to do my homework? I can barely read. And that was basically all through primary school. (Foster care leaver, female, 20, Wave 3)

When [life] goes wrong it's just ... school's just another thing to stress about. (Residential care leaver, female, 18, Wave 2)

Even those young people who had been academically successful could report struggles juggling their school life, home life and other life anxieties. In particular, care leavers spoke of their anxiety about leaving care, and how this had interfered with their study and made it hard to focus. For the relatively small number of study participants who stayed in school until Year 12, preparation for final exams could coincide with the transition from care. This could lead to feelings of anxiety about the future that negatively affected young people's ability to focus.

Other recurring themes in care leaver accounts were feelings of shame and embarrassment related to being in care, experiences of bullying – especially when young people's care status was known by their peers – and the low educational expectations of carers, other students and school staff. Because so many young people had complex life issues, some felt that teachers and the mainstream schooling system were ill-equipped to cope with their high needs.

If anything, people are constantly, there's the feeling that everyone expects you to fail ... You just see it all the time, even just how kids will react when they find out you're in foster care. Like it's just, you're almost pitied or something and then of course there is a lot of abuse and what not ... And I feel like that's the sort of thing that holds people back from succeeding. (Permanent care leaver, male, 20, Wave 3)

I finished high school. I was living with someone quite abusive at the time so it was a bit difficult because I had to go home and deal with her most of the time ... they [the school] were understanding, somewhat, but I don't feel like they were very accommodating towards my situation ... teachers in general were sort of swamped by the system themselves, just the entire education system wasn't accommodating and couldn't give me the leeway in terms of my situation and it was quite disheartening. (Kinship care leaver, female, 21, Wave 3)

Problems at school could ultimately have a cumulative effect that made later re-engagement more difficult, especially if the young person had been excluded from school or had ongoing peer issues.

When I was in school I was just struggling because I was a really angry kid, like, and the way I would outburst was always angry, like, so if anything would frustrate or upset me or anything like that I was angry and it was the reason why I was kind of kicked out of school. (Kinship care leaver, female, 18, Wave 3)

Being in residential care and having carers and stuff, like we couldn't always guarantee that I would be at school on time and stuff, so that's why they didn't want to accept me [back at participant's previous school]. And then I think mainly after that the reason why I didn't want to go and give another school a go was just ... there was people there that I knew. (Residential care leaver, male, 20, Wave 2)

In addition to their past negative experiences of school, care leavers also outlined some barriers to entering further education, many of which related to the challenges of living independently after leaving OOHC. Even when young people harboured desires for re-entering education, life challenges concerning housing instability, disability, mental health issues and financial insecurity could take priority or even hinder their ability to think about starting education or training.

So maybe some time, when the time's right and I've settled into the job and I'm feeling better health wise, I might look into doing some more study ... My main focus has been getting a job and getting myself well enough physically to be able to cope with a job so that I can support myself better first. It's really no good getting into a course and you haven't got enough money when you come to pay the rent or pay the bills and things like that and to support doing the course. So yeah, it's always been my main priority to get a job first so that it doesn't matter what happens, I've at least got an income coming in that I can support myself and, you know, find housing easier and things like that. (Foster care leaver, female, 22, Wave 3)

The financial barriers to completing, continuing or re-engaging in education were especially prominent in care leaver accounts. Training-related fees, the cost of materials, transport costs and the cost of forgoing employment in order to undertake education could dissuade care leavers from further study or make their study life difficult. Transport, for example, was described as essential for education pathways but several care leavers reported that they could not afford the hours of driving practice needed to obtain a driving license or the high registration and insurance costs for drivers under 25.

These education-related expenses could create or exacerbate financial stress. Although some care leavers tried to manage such costs by getting more shifts or taking on additional part-time work, this could also make study difficult and/or create additional life stress. Trying to manage all of their work and study commitments and financial concerns caused a great deal of stress and anxiety, which could exacerbate existing health conditions.

I'm juggling three casual jobs at the moment and still kind of struggling to pay for everything. And with a full-time study load. (Kinship care leaver, Female, 20, Wave 3)

Assistance with meeting education or training costs (e.g. via post-care support payments) was thus potentially valuable and could increase care leavers' ability to engage with education. For example, one foster care leaver undertaking an apprenticeship described how leaving care services had helped him with the cost of tools and this had been an essential form of support. However, not all study participants knew of such supports or how they could access them.

5.3 Discussion

Australian and international research has pointed to the educational deficits that children and young people often bring into OOHC and how these can be exacerbated by their care experiences. Harvey, McNamara, and Andrewartha (2016), for example, have observed that many young people entering OOHC have experiences or demographic characteristics associated with low levels of educational attainment, such as biological parents with a low socio-economic status or low levels of education, an Indigenous identity and being located in a regional area. These pre-existing factors are often combined with, or compounded by, experiences of trauma or neglect, disability, mental illness, placement instability, housing instability, social or familial conflict and peer cultures within OOHC that disparage the value of education (Cashmore, Paxman, & Townsend, 2007; Hart, Borlagdan, & Mallett, 2017). As a result, care leavers commonly have lower levels of educational attainment than their peers in the general population (see Cashmore et al., 2007; Courtney & Dworsky, 2006; McDowall, 2016). This cannot only affect their ability to find stable employment but can also be associated with future poor mental and physical health, low levels of socio-economic wellbeing and reduced resilience (Rutter, Giller, & Hagell, 1998).

All three waves of Beyond 18 have echoed these research findings. School attainment within the study population has remained poor and there is limited evidence of significant improvement over time. Although some young people in Wave 2 had indicated that they were undertaking further education in order to complete Year 12, this did not translate into a notably increased number of Year 12 completions by the time of Wave 3. The number of study participants who left school without completing Year 10 also remained worryingly high in all three waves of Beyond 18, although Wave 3 did see a slight rise in the number (and proportion) of participants who had at least attained this level of achievement.

Also consistent with previous research were Beyond 18 participants' descriptions of the many challenges they faced in staying engaged with school when they had lives complicated by trauma, mental illness, peer problems and general life instability. These challenges had not only made it difficult for participants to complete school but could dissuade them from re-entering education in later life.

Despite these challenges, over half of the school leavers in Wave 3 had entered further education and most were still undertaking some form of study at the time of the survey. Although many of these young people still faced significant life challenges, care leavers who were in education (or employment) were generally doing slightly better across most life domains than young people who were neither in education nor employment. Participant accounts of their lives after care suggest that this lack of educational engagement (or ability to stay employed) was in part the result of some life challenges, especially mental illness, low income and unstable housing, making re-engagement with education a relatively low priority compared to their need to achieve general life stability.

6 Health and wellbeing

This chapter summarises the key findings in Wave 3 about care leavers' health and their access to health services. In particular, the findings and discussion focus on study participants' generally lower than average levels of psychological and emotional wellbeing. The chapter also explores care leaver accounts of the long-term effects of OOHC experiences and the stresses of life after leaving care on their health and wellbeing.

6.1 General health indicators and disability

In Wave 3 of Beyond 18, participants generally described themselves as being in relatively good health (see Table 6.1). Despite this, they also reported relatively high rates of physical disability or chronic health issues (22%, $n = 27$), intellectual disability or learning difficulty (17%, $n = 21$) or both chronic illness or disability and an intellectual disability or learning difficulty (9%, $n = 11$). Participant responses also indicated that young people were not always obtaining the support they needed for these health issues, with 37% ($n = 10$) of those with a physical disability or chronic health issue and 57% ($n = 12$) of those with an intellectual disability or learning difficulty reporting that they had little or no support in living with these health issues. There was a very slight association with young people having a reported long-term health condition and/or intellectual disability and not being in work or education – with 15% ($n = 9$) of those not in work receiving a disability benefit – but this was not statistically significant.

The co-occurrence of self-reported good health with the relatively high incidence of self-reported disability is difficult to interpret but is consistent with previous studies of the health of care leavers and young people in OOHC (e.g. see McDowall, 2013). Self-reported health measures are not always accurate measures of objective health status because people's self-assessments are made in comparison to other people they know or relative to their own past health status. However, self-rated measures can indicate changes in health status over time. Reported improvements or declines in self-reported health can also correlate with objective changes in health status (Lundberg & Manderbacka, 1996).

In this instance, although participants in Wave 3 of Beyond 18 had generally good self-reported health, it was not as good as had been reported in the previous Beyond 18 survey. In particular, a slightly higher proportion of Wave 3 participants reported their health as poor and a lower proportion reported excellent or very good health (see Table 6.1). However, there is insufficient data to say if this represented a real decline in health.

Table 6.1: Self rated health, Wave 2 and Wave 3

	Wave 2 <i>n</i> (%)	Wave 3 <i>n</i> (%)
Excellent	25(20)	20(17)
Very good	37(29)	17(14)
Good	25(20)	37(30)
Fair	24(19)	25(20)
Poor	12(10)	21(17)

Note: Percentages may not total exactly 100.0% due to rounding and the exclusion of non-responses.

In Wave 3, care leavers also reported high levels of use of hospital emergency departments and hospital outpatient services. Although general practitioners (GPs) were the most commonly accessed health or medical service – with 79% ($n = 96$) of young people seeing a GP at least once in the previous year – 45% ($n = 45$) of those completing the Wave 3 survey had attended an emergency department in the previous year.⁵ This is, to some extent, consistent with previous research that has found that young people and those in low socio-economic groups appear to be relatively frequent users of emergency departments (Jenkins & Katz, 2015; Krieg, Hudon, Chouinard, & Dufour, 2016).⁶

The reasons for higher than average presentations at emergency departments are not always clear; ‘avoidable’ use of emergency departments – that is, seeking help in hospitals when a GP or other provider would be more appropriate – can be due to lack of awareness of other services or to cost and service availability barriers. However, it can also indicate a real need for urgent medical assistance or medical needs that are not being met elsewhere. In any case, high rates of emergency department use are often associated with mental health issues, chronic health conditions, multiple morbidities and substance use and can result in fragmented or uncoordinated medical care (Kreig et al., 2016).

Further indicating Beyond 18 participants’ high rates of mental illness or behavioural issues (as well as relatively high service access), 35% ($n = 43$) had attended appointments with a psychologist, counsellor or service addressing behavioural issues in the previous year.

Despite previous research finding evidence of relatively high rates of substance or alcohol abuse among care leavers, reported illicit substance and alcohol consumption rates were comparable to Australian norms; however, in another survey question, 30% ($n = 37$) of participants had indicated that they had needed more help with alcohol and drug issues when in OOHC. This suggested that either participants were under-reporting their real usage rates or that usage had declined over time. Care leaver smoking rates were high: 45% ($n = 54$) of study participants indicated that they were regular smokers compared to 13% of 18–24 year olds in the general population (Australian Institute of Health and Welfare [AIHW], 2017). However, although the number of ‘regular smokers’ (i.e. those who smoked every day) was high, the number of cigarettes smoked per day was relatively low (five or less); this usage pattern may be a result of the care leavers’ generally low incomes.

6.2 Mental health and psychological wellbeing

The high prevalence of mental health issues among care leavers is well documented (Stein, 2008; Tarren-Sweeney, & Hazell, 2006). Although such issues may predate transition from OOHC, they can be exacerbated by experiences of insecure housing, financial insecurity and limited social supports (Cashmore & Paxman, 2007; Courtney et al., 2011). The findings from Wave 3 of Beyond 18 were consistent with this previous research in that they suggested high rates of psychological distress and an association with mental health issues and other poor life outcomes.

In total, 39% ($n = 44$) of Wave 3 participants who answered the Kessler Screening Scale for Psychological Distress Responses (K6) had scores indicating high levels of psychological distress. Participant responses to the Pearlin Mastery Scale – a scale used to assess ‘the extent to which one regards one’s life chances as being under one’s own control in contrast to being fatalistically ruled’ (Pearlin & Schooler, 1978, p. 5) – also indicated relatively poor psychological wellbeing. On this measure, only 15% of respondents reported that they had ‘good control’ over their lives (see Figure 6.1, page 26). Care leavers who were neither working or studying exhibited even lower levels of life mastery than other study participants, with fewer indicating a ‘good’ sense of mastery over their life and circumstances and more indicating that their life mastery was poor.

The previous Beyond 18 surveys did not show strong associations between mental health issues and other life outcomes but this changed in Wave 3. Specifically, analysis of the Wave 3 data showed that young people who were neither in education nor employment tended to show higher levels of psychological distress on the K6 measure and poorer life mastery scores. Just under half (45%, $n = 24$) of those not working or studying gave responses indicating psychological distress in comparison to the 33% ($n = 20$) of those in education or employment indicating distress. The not working or studying group also exhibited lower levels of life satisfaction than other participants across most life domains (see Figure 6.2, page 26).⁷

⁵ Although the high usage rates of medical and health services could indicate ongoing health issues, it also indicated that care leavers were at least able and willing to access such services.

⁶ There is little comparable data on the proportion of specific age groups who present to hospital emergency departments but approximately 27 in 100 presentations to emergency departments are aged 15–24 (AIHW, 2017).

⁷ In Wave 3 of Beyond 18 a new measure of life satisfaction was introduced. The measure, adopted from the Household, Income and Labour Dynamics in Australia (HILDA) survey collects data on participant’s subjective assessments of life satisfaction about their home, employment, financial situation, safety, local belonging, health, neighbourhood and free time.

Figure 6.1: Sense of life mastery by work/study, placement and housing status

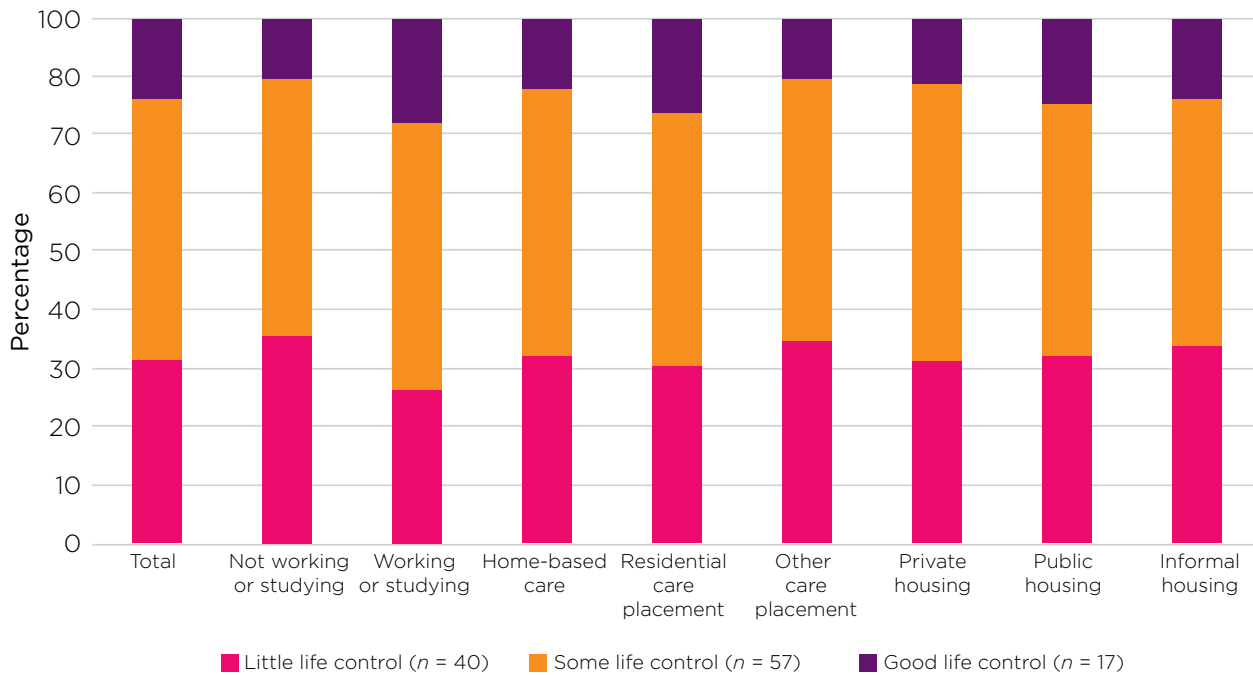


Figure 6.2: Sense of life satisfaction by work/study status



Note: EET = In employment, education or training; NEET = Not in employment, education or training.

Suicide and self-harm

Just as in previous waves of Beyond 18, participants in Wave 3 demonstrated rates of suicidal ideation and self-harm that were far higher than rates for other young Australians. In comparison to the 12% of 16-17 year olds who reported self-harm in the previous 12 months in a national study of Australian youth (Lawrence et al., 2015), a third of Beyond 18 participants reported that they had thought about self-harm in the previous 12 months and a quarter had hurt themselves on purpose. A quarter of participants also reported that they had seriously considered suicide (see Table 6.2, page 27).

Table 6.2: Care leaver occurrences of suicide and self-harm

	n(%)
In the last 12 months, have you ...	
Thought about hurting yourself on purpose	39(33)
Hurt yourself on purpose	25(21)
Seriously considered suicide	30(25)
Made a suicide plan	23(19)
Attempted suicide	15(13)
Received medical attention for a suicide attempt	10(8)

These findings are further confirmation that a worryingly high number of care leavers have experienced signs of psychological distress in the year leading up to the Wave 3 survey. Self-harm and suicidal ideation also emerged in the qualitative interviews, with some participants describing how a history of trauma both in and out of OHHC, and feelings of social isolation, could manifest as feelings of hopelessness and fear. This is evident in the following quote from a former resident of a residential care home:

I got to a point where I just didn't want to live, like I didn't see a point. I was in my room every day all day, uncomfortable and over life, and terrified beyond anything. Wouldn't sleep, wouldn't eat, losing my absolute nut because of everything I'd been through. (Residential care leaver, female, 19, Wave 2).

6.3 Challenging behaviours and contact with the justice system

In the two previous Beyond 18 surveys, a large proportion of participants reported previous contact with the justice or youth justice systems, particularly before turning 18. Levels of involvement with police or the justice system dropped after care leavers turned 18 but remained relatively high. In Wave 3, the reported levels of involvement with police or the justice system were largely unchanged. Nearly a quarter of all participants (23%, $n = 29$) reported some kind of involvement with police or the justice system since they had turned 18. For a third of these participants ($n = 9$) the contact consisted of warnings or charges for which they were found not guilty. However, 38% of those involved with the justice system ($n = 11$) were found guilty of an offence and 31% ($n = 9$) reported that they had spent time in either adult or juvenile custody since turning 18.

This was again consistent with previous research on OOHHC, which has found that young people are over-represented in the youth justice system. This over-representation is frequently due to behavioural issues (often arising from mental illness), cognitive impairment, poor socialisation and the association between histories of abuse or neglect and an elevated risk of engaging in criminal activity (AIHW, 2016; Hart et al., 2017). The behavioural issues of youth in OOHHC, especially in residential care, make them potentially more prone to criminalisation than young people living with their parents. This can then lead to what Victoria Legal Aid (2016) has described as a 'cycle of involvement with the criminal justice system' (p. 2).

In the qualitative interviews, participants who had lived in residential care described a range of challenging behaviours, enacted by themselves and/or others, that could lead to justice involvement or simply make life in care feel unsafe and unsettled. Several described violent incidents, in which they had been witnesses, victims or even perpetrators, and several claimed that theft or disturbance of personal items was commonplace. Although such behaviours were described as extremely difficult to live with and, in some instances, were reported as a factor in lifelong issues with mistrust in peer relationships, participants were also often able to see such behaviour as emerging from trauma, pain and distress. Indeed, the role of feelings of isolation, loneliness, abandonment and fear with 'bad behaviour', such as violence, was a recurring theme in the qualitative interviews.

One of the worst things I witnessed was the yearning ... of every single one [young person in residential care]. As much as they'll deny it ... every single one of these young people dreams about having their parents ... They hope so, and desperately, that everything will change and that they'll be taken care of and loved and protected. That's all they want, is to actually feel loved, accepted and protected. They want someone to come in and save them. They don't want to go do these awful things and everything, it's for attention, to fit in with the group, just to, it's to, you know, actually get some validation on the fact that

they're human ... They're doing it because they're hurting or they want the attention from that so that they feel some kind of validation. (Residential care leaver, female, 20, Wave 3)

That's when they turn to violence because it makes them feel better. Cause it made me feel better when I was violent. When I was younger and I was violent, taking it out on someone else, the pain you felt inside was like a breath of fresh air. You could finally breathe when you made someone feel the same way you did. Cause then you weren't the only one feeling it. (Residential care leaver, female, 19, Wave 2)

6.4 Barriers and enablers to better health and wellbeing

Care leavers accounts of what helped or hindered their health and wellbeing tended to focus on the personal, social and systemic barriers to achieving better health. Discussions of positive supports for care leavers' physical or mental health were less frequent; in part because care leavers with relatively good physical or mental health could find it difficult to articulate the factors underlying their relative lack of problems. However, positive supports, and the relative absence of mental health issues in general, were evident in participants' broader accounts of secure housing, ongoing positive relationships and social supports, particularly from former carers, partners or partners' families. These factors – social and financial support from family or carers in particular – were also described by some care leavers as mitigating health issues such as mental illness.

When describing the barriers to better health and wellbeing, or rather, when discussing challenges that they had to live with, care leavers tended to focus on their issues with mental health. However, several also described the effects of disability or chronic ill health on their ability to enter education or employment. These young people could display a high degree of resilience and hopefulness about improving their health and/or determination to make better use of services (such as specialist disability employment services) that could help them better manage their lives. However, it was also suggested that a previous lack of appropriate service access could have lasting consequences for their ability to manage their health. In particular, several young people who had experienced placement instability while in OOHC felt that this disruption had prevented them from receiving systematic health care. This, in turn, had meant that their health had not received appropriate attention and that they lacked the skills or connections for managing their health issues after they left care.

I just moved around so much, it made it really hard, it made it very complicated for me to have seen the one GP or to have seen the one chiropractor, have gone to the one hospital. So, I could never keep up with my neurology or any sort of specialties. (Residential care leaver, male, 22, Wave 3)

The most common theme in care leaver accounts of health and wellbeing was the role of stress, distress and anxiety. High levels of stress and anxiety were commonly perceived as arising from both in-care experiences and with the lead up to leaving care, and could have lasting effects. Anxiety about transition from OOHC was relatively widespread but was most marked among young people who had not had an expectation of ongoing support and housing after turning 18. Care leavers' accounts of the lead up to transition from OOHC included descriptions of fear of being alone, fear of living with strangers, anxiety about not having anywhere to live, concern that they would not know how to look after themselves and worry about losing relationships with important key workers.

Before I left care, like the care really faded away. Like, I really noticed that I was leaving and that I was going to be on my own and I started to stress, like six months forward, I was stressing out every single day, I would start crying and stressing because I knew I was going to be 18 soon ... I guess it's like a really big impact because since I was 12 years old, so five years, I've been relying on having like all of these workers in my life ... I think that in between the years of 17-18, that the care should be really intensive. Like, I think overall where I needed care the most was right before I turned 18. That's kind of where I felt my life fall apart and like I had to force myself to pick myself back up and put all the bits back together and keep going because no one else was going to be able to do it. (Residential care leaver, female, 18, Wave 2)

As the Beyond 18 survey results show, mental health difficulties and anxiety could persist into post-care life and they could have a significant effect on care leavers' general wellbeing. As we described in chapter 3, anxiety or depression could hinder young people's attempts to find employment (which, in turn, could exacerbate feelings of anxiety or low self-esteem). Mental illness, or a general sense of lacking competence to deal with independent living, could also make it difficult for young people to manage other parts of their life. Care leavers reported feelings of anxiety in relation to service access, especially when they were required to complete complicated forms, when services related to financial assistance and could affect their financial security – encounters with Centrelink could be highly stressful – or when they were unable to contact leaving care workers or access support by telephone. These sources of stress and anxiety were again perceived by many care leavers as

exacerbating their existing emotional or mental health challenges and could dissuade them from seeking the help they needed.

Medical and health services were an important source of support for young people in OOHC and for care leavers. As we discuss in chapter 7 (and as we noted at the beginning of this chapter), the participants in Beyond 18 were relatively regular users of counsellors and other medical or health services and, for some people at least, such services were beneficial. GPs, for example, were described as a potentially essential form of support, both in terms of managing care leavers' health and referring them to other services, and, in some cases, as a sympathetic presence who was perceived to have the young person's best interests at heart. This importance was evident in the 21% ($n = 24$) of survey participants who listed their doctor as a key source of support.

However, perceived negative experiences with counselling or mental health interventions could also make under-supported young people wary of seeking such help again. The quality of relationships was a key factor in negative and positive experiences of health care and of life more generally. Counsellors, psychologists or other medical and health professionals who appeared to understand, and could listen to participants and their issues, were highly valued. However, a lack of such understanding, and perceptions of judgement, could discourage further attempts at help-seeking and exacerbate perceptions of shame or stigma.

The importance of relationships and their association with a young person's mental health was also a strong theme in the interviews and discussions of wellbeing more generally. For some young people, a lack of supportive relationships was a major source of distress. For others, however, close, supportive relationships could be hugely significant in providing support and mitigating mental health issues.

*I don't have anyone formal that I would regularly see, but I've recently, in the last couple of months, met some really nice people that I absolutely love being around, you know? Like for once I've actually got a couple of really good friends. So, she's [one friend is] really good in particular ... at the moment I feel like she's probably all that I need in terms of that mental health support ... I can always go to her with anything and, you know, in particular, last week I went to her and I was like, look I really can't talk now, I'm not feeling too well. And for the weekend she was calling and coming over to our house and making sure I'm okay.
(Kinship care leaver, female, 20, Wave 3)*

6.5 Discussion

The Wave 3 findings suggest that a significant proportion of participating care leavers had ongoing physical or mental health issues and that these issues had a significant effect on their overall wellbeing. In most respects, these findings were consistent with those of the previous Beyond 18 surveys, which had found similarly high rates of emotional and behavioural issues, and psychological distress consistent with mental illness and self-harm. Analysis of the three waves of Beyond 18 data also suggested that these issues were ongoing; participants whose survey responses in Wave 1 or 2 indicated psychological distress, low life mastery or emotional or peer difficulties were also likely to have similar issues at the time of Wave 3.

As the care leaver accounts made clear, mental health or behavioural issues were not only associated with past trauma but also with (and exacerbated by) current life challenges such as insecure housing, financial insecurity, unemployment, difficulties with independent living, insecure social relationships and contacts with the justice system.

Although the Wave 3 results largely replicated those of the previous survey waves, there were some changes or newly emergent patterns in the data. In Wave 2, there were some indications that participants with a history of residential care placements and/or living in transitional or public housing had lower levels of wellbeing (lower life mastery in particular). This difference was not evident in Wave 3, largely because low life mastery scores were more evenly spread across the study population. However, what did emerge was a more clearly defined group of care leavers, those not in education or employment, with generally poorer mental and physical health and lower levels of life satisfaction.

7 Social relationships

This chapter summarises the study's findings on participating care leavers' social relationships, contacts with biological family (including becoming parents themselves) and primary sources of social support. The chapter also explores care leavers' experiences of social relationships, the importance and value of supportive social relationships, and the ways in which their life history could hinder their ability to build strong relationships.

7.1 Social networks and supports

Although many young people enter OOHC as a result of parental neglect or abuse, previous research indicates that continued contact with their biological family (especially parents and siblings) is often important to them because of the sense of belonging and identity it can provide (Biehal, Clayden, Stein, & Wade, 1995). However, although family relationships were clearly important to young people from OOHC, they were not always positive or supportive and could remain complex and volatile even after young people left care (see Purtell et al., 2019 for discussion of post-transition relationship breakdowns).

In Wave 3, just under two thirds (64%, $n = 79$) of care leavers indicated that they had at least some contact with their biological family. The minority who did not have any contact with their biological family were generally satisfied with this situation (meaning that they chose not to see family or had no real desire to try). However, as we found in the Wave 2 Beyond 18 survey, some participants were unhappy that they were not always able to see siblings, particularly those who were still in OOHC, as often as they would have liked (and sometimes not at all).

Despite the relatively high levels of family contacts, not many care leavers indicated that their family (parents in particular) were a significant source of support (see Table 7.1, page 31). More commonly, they nominated partners and friends rather than family. Former carers were also an important source of support, as was indicated by the relatively high proportion of care leavers who lived with kinship carers or former foster carers (see chapter 4, page 15). As we noted in the previous chapter, medical doctors (especially GPs) could also be an important source of practical and emotional support that was valued by care leavers.

Although the majority of study participants indicated that they had at least someone they could turn to for support, participants in the qualitative interviews often spoke of being isolated and having limited family, social and community connections. As a result, they could lack the social networks available to other young people their age and which are often vital for finding housing or employment (see chapter 3, page 10).

Even when participants did have the support of friends or carers, their self-identified high needs could make care leavers, and young people still in OOHC, wary of over-stretching their relationships or becoming a burden on others.

it's very, very limited. The people I do have though are great but I do find that the limited amount is a struggle a lot of the time. Because I sort of feel like, quite often you're wearing the same people down when things are going wrong because you really only have the same people to keep going to when needed. But nonetheless I still try and focus on the fact that at least I've got those few people. But yeah, I do find I have very, a very limited amount. (Foster care leaver, female, 22, Wave 3)

Table 7.1: Sources of support

Source of support	n(%)
Total	n = 116
Partner	61(53)
Friend	67(58)
Former carer	28(24)
Doctor	24(21)
Parent	23(20)
Other family	18(16)
Caseworker	18(16)
Phone or online helplines	8(7)
No-one	7(6)
Would not seek help	6(5)
Teacher	5(4)
Church	3(3)
Prefer not to say	9(8)

Note: Percentages do not add up to 100% because sources of support are not mutually exclusive.

The lack of strong and secure relationships meant that many care leavers felt isolated and lonely. Even speaking about social networks and supports, and their absence, could be highly distressing for interview participants. For example, one care leaver, who had spent time in both foster care and residential care, spoke of how leaving OOHC had also meant leaving behind the regular human contact that she had become used to. Living alone, as she now did, meant that she often felt isolated with few meaningful sources of support or even someone to talk to.

Being around workers and kids and always having someone to talk to, it's completely, it's different. You move here, and the only person to talk to is [energy company] or the landlords, and it's depressing. And I know it's sad but I just want them [previous workers or carers] to call me and ask how I'm going. Like, you were my family for the last however many years. (Residential care leaver, female, 20, Wave 2)

7.2 Pregnancy and parenting

It is well documented that young people with an OOHC experience have higher rates of pregnancy and are more likely to become young parents than their age peers in the general population (Dworsky, 2015). There are a number of reasons for this, including a lack of relationship skills, low levels of education, lack of knowledge about contraception or support services and lack of adult supervision (Dworsky, 2015). Parenthood can also be a positive or even desirable experience because it provides a sense of purpose, identity and family that young people with an OOHC experience may otherwise feel they lack (McDowall, 2009; Mendes, 2009).

Consistent with past research, and with the findings from Wave 2 of Beyond 18, the rates of reported pregnancies and of births among Wave 3 participants were high (see Table 7.2, page 32). Nearly a third of participants reported having had sex that resulted in a pregnancy and 19% had children. In contrast, in 2015, the rate of teen pregnancies in Australia was 11.9 births per 1,000 women aged 15–19 (ABS, 2015). As was the case in Wave 2, the majority of parents in Wave 3 (80%, $n = 15$) had their children living with them at least some of the time (with females comprising 13 of the 15 parents living with their children).

Table 7.2: Pregnancy and parenthood

	Male n(%)	Female n(%)	Total responses n(%)
Total	n = 35	n = 87	n = 101
Have had sex that resulted in pregnancy	5 (16)	26(33)	31(31)
Is currently pregnant (themselves or partner)	1(3)	5(6)	6(6)
Has children	3(9)	16(20)	19(19)

Notes: This set of questions was optional. One hundred and one participants provided a response to some or all questions on these measures.

Early parenthood, especially in cohorts with an OOHC experience, is often associated with low incomes, poor health and interventions from child protection services (Dworsky, 2015). Previous research also suggests that early parenthood can limit young people's ability to access education or to obtain full-time employment; this can lead to prolonged reliance on benefits.

The number of Beyond 18 participants with children, although proportionally large, was too small for there to be meaningful analysis of their average life outcomes or to assess whether they were doing well, poorly or, like most of the study population, 'surviving' (Stein, 2005). However, over half (57%, $n = 11$) of the female participants with children were neither in work or education at the time of the survey; in part because at least some had caring responsibilities.

As noted in previous chapters, the NEET group as a whole had poorer outcomes than the rest of the study population across a range of life domains. Although the young parents in this study did not have notably poorer mental health or life satisfaction than other young people, their inability (or lack of opportunity) to engage in education or employment did mean that they had low incomes and high levels of financial stress, and these indicate possible future vulnerability.

Only a small number of parents participated in the second and third waves of qualitative interviews and all lived with their children. These participants indicated that they did indeed face a range of life challenges associated with being a young parent, including difficulties finding or affording appropriate housing, finding employment or dealing with the complex emotions of becoming a parent. Nonetheless, they also took their parenting responsibilities very seriously and were determined to see their children have a better upbringing than their own.

Being a parent myself brought me to a very dark place because of my parents and because of how I've grown up and the things I've had to endure. And I'm absolutely adamant not to ever let my daughter suffer through anything remotely close to what I had to, you know? The only thing she has to worry about is whether or not I'm coming into her room now or in five minutes. (Residential care leaver, female, 19, Wave 2)

7.3 Barriers and enablers: the value of social relationships

They [young people in OOHC] need guidance and they need acceptance and they need love and security and consistency. That is exactly what they need. (Residential care leaver, female, 19, Wave 2)

It was evident in the survey findings on accommodation after leaving care that many young people had significant and ongoing support from kinship, permanent or foster carers (see chapter 4; see also Purtell et al., 2019). Financial support and a place to live could give care leavers the security to pursue other life goals such as education or employment. This was especially evident in participant discussions of pursuing further study and how this had been enabled by staying with family or carers. Such support could also mitigate the effects of chronic health conditions or disability. Romantic relationships were also clearly seen as a source of both emotional and tangible support (also see Table 7.1, page 31) and several interview participants described the benefits of having supportive partners.

Regardless of the source of support, study participants said that successful and positive relationships most often were the result of their carer or partner having some empathy and understanding of their history and situation.

Having a supportive partner has been amazing, honestly. It really does, it's super helpful, it makes things so much easier especially when that partner is very open to being understanding of my limitations and things that I can't do and sometimes how I need extra help. (Kinship care leaver, female, 22, Wave 3)

Increased life stability, whether that was in terms of housing, emotional maturity or financial stability, could also help some care leavers to move toward a state in which they felt ready to build more stable relationships or repair previously ruptured ones.

I found a girlfriend and we started settling down and stuff. She had problems with her family when she was younger ... and she basically just helped me through it [his family relationships]. She just told me, like, you know, there's no point in going my whole life holding things against each other because things were said or things were done. Better just to get over it and grow up and move on with your life, and that's sort of where I'm at now with my family and that's what we're trying to do, especially now that we've got a baby here and stuff. We want the whole family to be able to be together. (Residential care leaver, male, 20, Wave 2)

However, as we have seen, not all relationships were supportive or helpful and not all care leavers had the skills to maintain relationships. Participant descriptions of why they moved house (after leaving OOHC) often hinged on conflict and relationship breakdowns. The previous Beyond 18 reports have also described how many young people had ambivalent relationships with their biological family or found peer relationships to be challenging.

When care leavers spoke of why they had problems maintaining relationships, a history of family trauma was sometimes described as a contributing factor. More often, however, young people spoke about their in-care experiences. Placement instability, for example, could mean that young people moved from one carer, foster family or residential home to another, and this could make it hard to establish relationships of trust or to build a sense of permanency. Geographical moves could also make it difficult to establish or maintain friendships. These forms of disruption were described as having an enduring effect on young people's ability to build and maintain social relationships in later life.

As we have noted in previous chapters, some participants had felt stigmatised because they were in OOHC and this could make them feel both isolated and defensive. This sense of stigma and low expectation could even be extended to other young people from OOHC.

I feel like generally anyone had low expectations for anyone else that is in care ... It's general stigma attached. You see so many cases that just fall into oblivion and you expect everyone else to. There aren't many people that really make it past, you know, an abusive childhood and stuff like that. (Foster care leaver, female, 20, Wave 3)

These feelings of difference could hinder young people's attempts to build lasting friendships or to feel as if they belonged. As we have previously observed (see Purtell et al., 2019), young people from residential care also suggested that the restrictions common to living in residential care – and the institutional nature of that care – could limit their opportunities for participating in 'normal' after-school or community activities. This made building friendships more difficult and subsequently limited the size and supportiveness of their post-care social networks.

You're very isolated. Like for me, I wasn't going to uni and going to work. I don't have any, like, growing up you don't get signed to football teams because there's not a worker that can take you there every other day and funding is really hard to get at such short notice and things like that. So, I don't feel like anyone that I remember being like, knowing and like, and my experience you're not really connected to like the rest of the outside world. You just know your services. (Residential care leaver, female, 20, Wave 2)

The importance of relationships with key workers is described in the following chapter. However, it is worth noting that strong personal relationships with workers or with other supports, such as doctors or counsellors, were highly valued. Although these professional relationships were not seen as a substitute for personal relationships, they could provide some compensation for a lack of other supports, particularly when such relationships were ongoing. Empathy was identified as a key factor in good relationships with workers or other professional supports. Feelings of trust were sometimes built on shared experiences, and the sense that the professional really understood what they were going through, but most often they were described as the result of the worker treating them like a person rather than simply as a client.

It's a lot easier to open up to people and be able to connect with people who have some sort of understanding for what you went through. So, I know the psychologist that I've been seeing at the moment, he sort of has a better understanding of what I'm going through. I think I opened up to him more because he lost his mother when he was young as well. (Kinship care leaver, female, 20, Wave 2)

7.4 Discussion

The importance of personal relationships, and the effect of their presence, absence or quality on life experiences and outcomes, has been a consistent theme in all phases of the Beyond 18 study. Recognition of the lack of family support can also be seen as one of the central tenets of OOHC and Leaving Care practice and policy and underpins many of the life challenges described in the earlier chapters of this report. Young people leaving OOHC are presumed to need transition support from services – just as they needed the support of the state when in OOHC – because they lack the positive family support that their peers in the general population often take for granted.

Most people in their late teens or early 20s can expect to live with their parents for extended periods, with over 40% of people aged 20–24 living with their parents (ABS, 2013). The financial, emotional and practical support provided by family can extend well beyond the time that young people leave home. In contrast, care leavers, especially those from residential care or foster care, cannot always expect this form of support and thus have to become ‘independent’ at a far earlier age.

The results of the Wave 3 survey, and of the Wave 2 and 3 interviews, reaffirmed previous research that has found that many care leavers have severely limited social networks and complex and sometimes volatile relationships with family and peers. These relationship issues can have serious consequences for their ability to maintain secure housing, acquire financial security or pursue further education or employment. That said, some Beyond 18 participants did have people that they could turn to for emotional and practical support; these were usually partners, kin carers or former foster carers rather than biological parents.

The accounts of interview participants who had such support made it clear that this support was enormously beneficial both for their life chances and for their social and emotional wellbeing. What also became especially clear in the Wave 3 interviews was the distress and feelings of isolation and rootlessness that could come from a perceived lack of social support or the absence of someone who cared about the young person as an individual. This distress could, in turn, negatively affect young people’s physical and mental health and sometimes was associated with the kinds of anti-social behaviour that led to involvement with justice systems (see section 6.3; see also Cashmore & Paxman, 2006).

8 Access to support services

This chapter summarises care leavers' access to services while in OOHC and after leaving care. It also summarises some of young people's accounts of what services helped them, the barriers to accessing appropriate services and the importance of relationships with key workers.

8.1 OOHC and leaving care supports

Participants in Wave 3 of Beyond 18 were asked relatively few questions about their access to OOHC or transition-related services because these topics were well covered in previous waves of data collection. However, care leavers were asked to reflect on what areas of their lives they had needed more help with in the lead up to, and immediately following, transition from care. As can be seen in Table 8.1, a high proportion indicated that they had needed more help with education, with budgeting and with managing their finances. Reflecting the findings outlined in the previous chapters, care leavers from all placement types also expressed a desire for more emotional support and help with mental health issues.

Table 8.1: Care leavers' desire for additional support when in or leaving OOHC

Support types	<i>n</i> (%)
	<i>n</i> = 122
Financial help	75(61)
Education	73(60)
Emotional support	69(57)
Mental health	68(56)
Health and medical	63(52)
Disability	58(48)
Independent living skills	58(48)
Placements	57(47)
Family contact	54(44)
Housing	43(35)
Social skills	43(35)
Drug or alcohol use	37(30)

Note: The results are based on a multiple-choice question so percentages do not add up to 100%.

This report focuses on the survey and interviews with care leavers rather than on the supporting surveys of OOHC and leaving care workers. However, it is worth noting that when workers were asked about care leavers' primary transition needs, very few identified 'support to maintain significant relationships' (the closest item corresponding to young people's desire for emotional support) as a key need. Instead, they overwhelmingly (71%, *n* = 33) indicated 'access to safe and affordable housing'. This reflected their understandable concern with addressing care leavers' most immediate needs but also suggested how young people's expressed needs for emotional support could potentially be difficult for workers to meet given the nature and constraints of their

professional roles. That said, when workers were asked about their key priorities for care leaver life skills training, their answers more closely corresponded with the areas where young people indicated that they needed more help. In particular, workers identified budgeting (36%, $n = 17$), assistance with finding housing (30%, $n = 14$) and emotional self-care and management (28%, $n = 13$).

8.2 Other support services

As we saw in chapter 6 (on page 24), the care leavers in Beyond 18 appeared to be relatively frequent users of health and medical services. This was, perhaps, relatively unsurprising given the apparent prevalence of mental illness and disability in the study cohort. The high proportion of participants who indicated that they had sought help from a welfare organisation in order to alleviate financial stress (see section 3.2, page 11) or who spoke about their contacts with Centrelink and/or employment services also demonstrated that even after leaving care young people remained in contact with a range of other service types. As we have also seen, for some care leavers contact with services almost took the place of other social relationships.

Young people's opinions on whether they had sufficient access to services, or whether they received adequate or appropriate support, were somewhat mixed (also see section 8.3 below). When asked about their access to appropriate services and support after leaving care, a third (34%, $n = 41$) of young people indicated that they had sufficient access to appropriate supports and a slightly smaller proportion (24%, $n = 29$) indicated that they had not required *any* help. However, over a quarter (28%, $n = 34$) indicated that they had not received enough support or that support services did not meet their needs. Consistent with the findings of the previous surveys (and the results outlined in Table 8.1), budgeting, housing and mental health were the most prominent themes in young people's free-text responses to questions about the services or domains where they needed additional assistance.

8.3 Barriers and enablers: service access and getting the right kind of help

Study participants were clearly accessing a range of medical, financial and social support services, and many were relatively satisfied with the help they received. Some also felt that support from different services could partially mitigate their lack of family supports. Post-care and youth-focused support services were seen as especially helpful because of their specific focus and experience with young people and because of the case management support that some provided.

I can say that [community service organisation] is probably one of the biggest reasons why I am still alive because I knew that I had support from them as well. I think as much as, if you don't have family support you need, like I personally think that the family support is one of the most important things that you need after you've been through something like that, but if you don't have that then you need to have another great support. So, I think for me that support was [community service organisation]. (Kinship care leaver, female, 20, Wave 3)

However, accessing support was not always straightforward. Not all care leavers knew what services were available to them and not all felt that the services they came into contact with were able to deal with their complex needs or understood their experiences as a care leaver. Interview participants, for example, had mixed views on the value or effectiveness of formal counselling or mental health support services. One of the key variables in their assessment of such experiences was their relationship with the counsellor or medical professional. That is, formal counselling was described as supportive and helpful when young people liked or related to their counsellors (also see chapters 6 and 7). However, some participants reported that they had found counselling unhelpful when they were still in OOH and were thus unlikely to try it as an adult. In particular, past experiences of compulsory psychological assessment and counselling, or of counsellors and medical professionals who had not listened to young people's views or empathised with their problems, could dissuade future help seeking.

I went to a psychologist but for some reason I just wasn't connecting with any of them or anything, and I went to about 10 different psychologists for a few different sessions and it completely turned me off seeing anybody. But I think it's harder because ... it's not so much a choice. Like when you go through some of the stuff that we went through as children, you get forced into seeing somebody, whether you want to or not. So, the choice is actually taken away from you, so when you're older that almost puts you off wanting to see somebody. (Foster care leaver, female, 20, Wave 3)

Psychoeducation was also described as a potentially beneficial form of support. Those who had experienced such support indicated that they learned about trauma, mental health and addiction and found this helped them to make sense of their own feelings and behaviours. Being taught about these topics in a general sense was often described as less confronting than formal therapeutic interventions but still provided valuable insight into their mental state and how they might better manage their emotions.

I wish someone, when I was 14 and in care, had have said to me 'look, this is what's happening ... like this is what's happening to your brain, this is why you've had these problems or you might struggle with this.' (Residential care leaver, female, 20, Wave 3).

Care leavers generally expressed gratitude for the practical supports provided by post-care services when they were able to access them.

There's a lot of things out there I guess, like there's money. Like heaps of money. Like, if I want to get a mover and I want to get a brand new TV, and I want to get this, there's so much other there. So, I found there was a lot of services for me if I needed financial support but no one really knows about it. (Residential care leaver, female, 19, Wave 2)

However, some services were perceived as inflexible or limited in the support they could provide. This was most evident in care leavers' accounts of specific leaving care funding and financial assistance. For example, although support with brokerage or financial assistance such as The Independent Living Allowance (TILA) was appreciated when care leavers were moving or setting up a new home, they also complained that it did not fully cover the costs of removalists, new household items, rent, bond and more. More particularly, care leavers expressed frustration at how difficult it could be to get brokerage support when they needed it.

I felt like I got help, but sometimes I felt like ... if you need brokerage there is massive waiting lists to get any kind of brokerage even though kids in foster care are eligible for brokerage to help set them up in life. And I remember when I got the house, I needed the brokerage that I was eligible for, to get things like white goods and that. But I also needed the bond paid at the same time because it was no good getting the house and then I couldn't move into it. And I was leaving the system at the time, so I needed the brokerage in the February, as well as the bond, but they were saying I couldn't apply for both at the same time because the system didn't allow that ... But that's how moving into a house works: you need your bond and you need your goods. (Foster care leaver, female, 21, Wave 2)

Relationships with workers

As we flagged earlier, the importance of relationships with key workers in OOHC and leaving care services was a consistent theme in the Beyond 18 interviews. Participants frequently spoke of the effect that positive relationships with key workers could have on their experience of OOHC and post-care life, and they also described their struggles to get emotional support from workers or to find someone who they felt really cared about them as an individual. Care leavers were also usually aware of the limited scope of such relationships, and of the limited resources of support services, and thus particularly appreciated it when workers went beyond what young people believed to be the scope of their professional roles and made themselves available out of work hours.

As we found in previous surveys, some young people indicated that they or others they knew were often unaware of the leaving care or post-care services available. Having a supportive and consistent worker who could help arrange such supports, and make sure young people knew their options, was described as a crucial form of support that not only facilitated access to appropriate services but also provided young people with an enhanced sense of emotional security.

I know people that literally walked out of their [residential care home] and they had nothing. When they could have had access to a post-care worker or a leaving care worker or, like there was opportunities but because the service didn't know about it or the particular worker didn't know about it, you didn't get the referral or you didn't get this. So that can be really difficult for a lot of kids. Like I'm really lucky, I had a worker who knew everything, like knew a lot, so she could know which services had this support, and who could get me this, and who could help me with this. So that was helpful. (Residential care leaver, female, 19, Wave 2)

However, not all respondents felt that they had such support, especially in the period before and after transition from OOHC. Some had felt unprepared and insufficiently skilled for leaving care and feelings of abandonment by workers also emerged as a key theme. Even though many participants had accessed some form of leaving care support, it could be perceived as less intensive or useful than in-care support. As a result, leaving the OOHC system could feel daunting.

Once I left care it was like I didn't matter anymore ... I wasn't told about the leaving care plan until there was about three months until I was turning 18. Which meant that it was rushed, it wasn't done properly, it wasn't exactly what I wanted. It was more just a small little list of things that they put together quickly ... So, it wasn't much help and it kinda felt like 'okay, you've left care let's get your leaving care plan' ... And, I was going through a really hard time back then. It was really stressful I was really, really sick, going in and out of hospital and I just kind of felt like crap. And just because I had all this going on and I wasn't keeping in contact as much as I was apparently supposed to, it was then like, 'oh you know, she doesn't keep in contact so she must not need us anymore, close the file'. (Kinship care leaver, female, 22, Wave 3)

For participants without significant social support or a dedicated leaving care worker, the lack of someone to call and ask how they were doing, or who could advise them on the status of claims for funding, was perceived as exacerbating their existing sense of isolation.

The negative effect of frequent changes of key workers or case managers was also a frequent theme in all three waves of Beyond 18 interviews. This was particularly an issue for young people when still in care, as they could lose contact with workers with whom they had established relationships at relatively little notice and for reasons they did not always fully understand.

In my opinion, I reckon a lot of the kids that go through care don't understand it and it would be good for them to understand it ... they've got all these different workers and they're in and out of all these different programs and they [young people in OOH] don't know what the heck is going on, their head's all over the place because they're trying to find and hold on to this one person that's their worker, so that they've got that bit of support ... Like my worker was my go-to person, and when you're chopping them and changing them all the time, it was stuffing with my head. (Kinship care leaver, female, 19, Wave 3)

Frequent changes of worker, or the need to acquire a new worker when accessing a new service, was also an issue for young people in contact with post-care services or other community supports. Such changes, and the need to continually rebuild relationships, was variously described as distressing, unpleasant or simply tiresome. This is evident in this account by a young man who had experienced placement instability when in OOH and recurring homelessness after leaving.

You tell your personal life to this person and then the new worker comes in and you've got to re-get-to-know them. Try and find a way to get along with them and then you have to re-tell them everything about your past, again, and then you have to find a connection strong enough so that you can actually share your personal life with them. Which, in some of the cases, I haven't had much of a choice, you know what I mean? (Residential care leaver, male, 18, Wave 2)

Reflecting on these consistent reports of frustration, the Beyond 18 interviewers asked participants what difference it made when they knew their workers reasonably well and had consistent support. Unsurprisingly, most thought that consistency and personal contact were very important, and generally beneficial, but such assessments were also related to their perceptions of the quality of their relationship with workers. In particular, whether they got on well with them, when they could joke or have fun with them and when they felt the worker was looking out for their best interests. For example, one participant described how her previous residential carer had later become her Springboard worker and how this had benefited her. For this participant, it was not simply their long association that was important but that the worker knew her 'as a person' and could thus provide the kind of support she needed.

I guess because I've already built like a really strong relationship with her, like before she was my Springboard worker, she worked with me in resi and ... I guess she kind of saw the half side of me, like the side that no one wanted to meet. But she met that and like she still, even when she became my Springboard worker, was able to look past that and see that I had changed. (Residential care leaver, female, 18, Wave 2)

8.4 Discussion

Throughout the Beyond 18 study, it has been evident that young people's contact with community services, and dedicated leaving care services, was inconsistent. Although some participants reported accessing a range of supports, others had little knowledge of what was available to them or were dissuaded from using support services due to previous bad experiences.

Those who did use services, or accessed sector-specific funding, had mixed views on its usefulness. For some, the support gained through leaving care or youth services, or programs such as Springboard, was beneficial and recipients were grateful for the understanding and assistance they gained. Others, however, felt that they received much more limited support after leaving care than they had before the end of their order and could feel abandoned or confused by a fragmented network of support services.

The importance of positive and supportive relationships with key workers or health professionals was an especially prominent theme in care leavers' qualitative accounts of their access to services (both when in OOHC and after leaving). Young people's experiences of OOHC, and of life after care, could be greatly enhanced by workers who not only provided practical support but who could also convey the general sense of being on the side of the young person. In the absence of broader social or family networks, such relationships could assume even greater importance and their failure or breakdown, or frequent and unexplained changes of worker, could have consequences for young people's ability to access services and for their sense of life stability.

9 Discussion: Patterns in post-care outcomes

I'd say the most important thing would be stability where the young person is staying and to them to be there safely and happily and to know that they are going to be there, and not just to be uprooted whenever they need more space for someone else. (Residential care leaver, female, 18, Wave 2)

Wave 3 of the Beyond 18 study was intended to provide an update on how study participants were faring and to provide some indicators of their longer-term outcomes. Overall, what the study found was that a significant proportion of care leavers were struggling with life after care. Analysis of the Wave 3 survey data indicated that, in comparison to the general Australian population, the study population had lower levels of educational attainment, low incomes, high levels of financial stress and a high prevalence of mental health issues including self-harm and suicidality. The qualitative interviews undertaken for Beyond 18 indicated that many care leavers showed a desire to improve their lives, especially through returning to education, but that they also faced a range of life challenges. Even those study participants who appeared to be doing relatively well with regards to their housing, employment or education could still report feelings of social isolation or express concern about their limited social sources of support.

Despite the high prevalence of life challenges in the study population, not all of the participants' life outcomes were poor nor did every individual care leaver experience a difficult transition into post-care life. A substantial proportion of the study population appeared to be in relatively stable housing, and the number of care leavers in full-time employment at the time of Wave 3 had doubled since the previous Beyond 18 survey one year before. More than half of all school leavers in the study had entered further education and eight people had entered university (including one who was studying medicine). Some care leavers also appeared to be in relatively stable and supportive relationships, have supportive friendships, and many were still receiving significant practical and emotional support from former carers, partners or biological family (especially kinship carers).

It is possible that the Beyond 18 study's over-representation of young people from residential care and foster care, and under-representation of young people from permanent care and kinship care may have skewed the overall results. However, the survey results were broadly consistent with most past Australian and international research, which has found similar poorer than average outcomes for care leavers but has also indicated that individual care leavers – especially those with good support – can have relatively good transitions into adulthood (e.g. see Biehal et al., 1995; Cashmore & Paxman, 2007; Courtney & Dworsky, 2006; Jones et al., 2011; Mendes et al., 2011).

Three further key findings cut across the survey and interview findings on individual life domains. These were:

- the emergence of a group of participants who were neither in education, employment or training and who had a wider range of poor outcomes than other study participants
- the complex relationship between in-care and/or post-care outcome variables
- the significance of relationships, and relationship quality, to care leavers' life experiences and outcomes.

The identification of relatively distinct 'groups' of care leavers who could be characterised as having 'better' or 'worse' transitions into adulthood was something that only emerged in the Wave 3 survey. In the previous Beyond 18 surveys, indicators of poor social, emotional or financial wellbeing had been distributed across the study population rather than clustered in specific groups (see 'Key findings from Wave 1 and Wave 2 of Beyond 18' in chapter 2).

However, analysis of Wave 3 data showed that approximately half the study population were doing worse than the other half. Individuals in this group – who, in this report, have been described as the 'NEET group' – did not usually have worse outcomes than they did in previous Beyond 18 surveys nor were their outcomes on individual measures significantly worse than those of other study participants. Rather, this group of care leavers were

characterised by *multiple* indicators of disadvantage; specifically, they were neither in education nor employment, were somewhat more likely than other participants to show psychological distress on the K6 measure, had lower 'life mastery' scores on the Pearlin Mastery Scale and had generally lower levels of life satisfaction. This group were also more likely to live in transitional or public housing than other study participants and somewhat more likely to be parents themselves or to have a disability or chronic illness (although the latter were not statistically significant associations).

Despite the common clustering of poorer outcomes, there was also some variability within the NEET group. This was most evident in the qualitative interview data, which showed that although some participants had experienced prolonged bouts of homelessness and social isolation, others lived relatively securely in supported housing or had partners, friends or former carers who they could call on for support.

There was also a group of study participants who appeared to be doing somewhat better. Specifically, care leavers who were in some form of employment or further/higher education were slightly less likely than other study participants to display psychological distress consistent with mental illness and have higher scores on the Pearlin Mastery Scale. This group were also more likely to live in informal housing, with carers or partners, and much less likely to be in transitional or public housing. Again, there was considerable variety within this group; some were working full-time or were undertaking university study while others were struggling with multiple part-time jobs in order to make ends meet. However, although some young people in this group faced significant life challenges, such as mental health issues or financial stress, their overall pattern of life outcomes were slightly better than those of young people in the NEET group.

It is not clear at this time if the outcomes of these two clusters of participants will further diverge over time. It is likely that individual trajectories in each group will vary; for example, one interview participant, who was in the NEET group at the time of the survey, later reported in her interview that she had secured her first job and that her prospects were improving. However, non-participation in education or employment (as well as associated factors such as poor health, disability or young parenthood) have been linked to an elevated risk of future economic disadvantage and social exclusion and this indicates the likelihood that young people in this group will face further life challenges as they age (Pech et al., 2009).

Analysis of the survey data did not reveal strong associations between these outcomes and either demographic characteristics or OOHC variables such as placement type. Although young people in the NEET group were slightly more likely to have come from residential care, this was not a statistically significant correlation. Similarly, the relationship between past placement stability and post-care outcomes was unclear. Placement stability is frequently cited as a key factor in OOHC outcomes, even though the direction of the causal relationship between the number of in-care placements and young people's behavioural and mental health issues is not always clear (Jones et al., 2011). However, in the Beyond 18 surveys, the association between participant outcomes and number of OOHC placements was weak.

Some association did emerge when the number of care placements was analysed in combination with age. In particular, young people who entered care after age 10 and had six or more care placements – indicating a high level of instability – were somewhat more likely than other young people to be in the NEET group. However, once again this was not a statistically significant finding and the numbers were too low to explore the association in greater detail. Likewise, although the NEET group had slightly higher rates of mental illness, disability or chronic illness, these were not statistically significant associations nor were they explanatory factors for the clustering of indicators of disadvantage within this group as a whole.

The overall lack of specific factors strongly associated with outcomes is likely to be partially due to the small sample size. As with the previous waves of the Beyond 18 Survey of Young People, the small sample limited the degree to which it was possible to discern meaningful differences between subgroups and was a barrier to exploring associations between variables or combinations of variables. With a larger sample, clearer patterns or associations between variables might have emerged.

However, interviews with care leavers also suggested that single variables such as placement stability were unlikely to be sufficient in themselves to explain care leavers' life trajectories. Rather, their trajectories appeared to be the result of interactions between their pre-care life experiences, system-oriented indicators (such as the number of placements), the quality of care they received and the quality of their personal and professional relationships (see also Berridge, 2007; Rutter, 2000). For example, the interviews with young people who had experienced multiple placements indicated that this instability had severely hindered their ability to engage with school, build strong social networks or feel a sense of personal security. However, their accounts also made it clear that this instability was interconnected with past experiences of trauma, relationship breakdowns, feelings of stigma and shame, behavioural issues and involvement with youth justice.

The qualitative interviews also indicated that, without significant support, post-care life challenges could be cumulative or mutually reinforcing. For example, care leavers living with physical or mental health issues described how this could hinder their attempts to seek or stay in education or employment, which, in turn, was associated with low income – itself frequently described as a barrier to engagement in work or education – financial stress and increased feelings of stress and anxiety. In contrast, ongoing and consistent support from carers, family, partners, friends or key workers could mitigate some of the effects of life challenges such as mental illness or placement into residential care (also see Mendes et al., 2011).

The importance of relationships was a recurring theme in care leavers' accounts. A lack of family supports is almost a defining feature of OOHC and participants in Beyond 18 frequently described how their limited social networks could affect their ability to find work, obtain housing or have a positive sense of personal wellbeing. The negative effect of conflict and relationship difficulties was also a prominent theme and one that was frequently linked to struggles with mental health or emotional regulation. Because care leavers frequently lacked the kinds of family 'back up' support possessed by many other people in the general population, they were also especially vulnerable when relationships with partners, family, former carers or housemates broke down. Conflict with family, peers, partners or carers could lead to disengagement from education, involvement with the justice system or to financial stress and housing instability.

However, some study participants had received, and continued to receive, significant practical and emotional support from carers, friends, partners or partners' families. It was clear in their accounts of their lives before and after transition from care that this support had been crucial to their ability to further their education, enter the job market or build their social and emotional wellbeing. The association between engagement with education or employment and living with family, partners or carers further reinforced the importance of this support. Family, friends and carers were not the only important relationships in care leavers' lives. Relationships with key support workers were also manifestly important, particularly when young people had few other social supports. Study participants frequently spoke of the value they placed on workers who could not only provide practical support but who could also be a consistent presence and who cared about the young person and treated them as an individual rather than as simply a client.

9.1 Reflections on the Beyond 18 study

Looking back over the findings from all three waves of the Beyond 18 Survey of Young People, as well as the associated data collection activities, some key implications for future research, policy and practice were identified. These are as follows:

- The study was unable to recruit a representative sample of young people with an OOHC experience, largely because of the difficulties obtaining contact details for young people in OOHC and because care leavers are not tracked consistently after the end of their care orders. Any attempts to build a larger, more representative sample for future studies would, at a minimum, require administrative data from which to build a sample frame of young people in OOHC care.
- Despite the unrepresentative sample, the Beyond 18 study findings suggested that there was a significant subset of the study population – and, by implication, of care leavers in general – with significant ongoing issues (especially with mental health) and limited social supports who are struggling with their transition into adulthood. They are likely to have high support needs or will fail to access appropriate supports and have even poorer life outcomes.
- The low number of care leavers who reported that they had, or remembered having, a transition plan made it difficult to assess the value of transition planning for care leavers' post-care outcomes. However, the fact that so few study participants knew whether or not they had a transition plan suggests that, for whatever reason, the transition planning process was not working as intended and was unlikely to be wholly effective.
- Care leavers' often complex post-care housing trajectories, and their accounts of housing instability, indicate that OOHC and leaving care workers' emphasis on housing as a key leaving care priority (as reported in Muir & Hand, 2018) was warranted. However, results from the three Surveys of Young People, and from the qualitative interviews, also indicate that some care leavers had high needs for assistance with their social and emotional development and/or mental health and that these needs were not always met.
- The Beyond 18 study did not find a strong statistical association between in-care variables such as care placement type or placement stability. However, young people in residential care often reported more limited sources of support and relied more extensively on institutional supports such as transitional housing than care leavers from other placement types. Care leaver accounts also suggested that frequent changes of placement did not help them build stable lives.

- Stable and consistent relationships were highly valued by young people in the study and were evident in their accounts of smoother transitions from care and in the mitigation of life challenges. The quality of such relationships was also important. Good relationships with carers could translate into ongoing support after the end of an OOHC order and thus have a substantial positive effect on care leavers' lives. Young people also appreciated workers who tried to understand them as individuals and who could understand their need for positive social contact.
- The young people who participated in Beyond 18 clearly used a range of health and social support services, both before and after leaving OOHC. However, it was unclear if these were always the most appropriate services or how coordinated their service use was. Care leavers' frequent lack of knowledge of what services were available to them, as well as their reportedly inconsistent support with education, emotional support and mental health, suggests that there were service gaps or issues with communication about service availability. However, participants also reported that the support they did receive was usually helpful, and targeted programs, such as Springboard, appeared to have a positive effect.

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Appendix 1: Analysis of Client Relationship Information System data

In order to explore the characteristics of the larger population of young people who had been in OOHC at the same time as participants in Beyond 18, and who were likely to have left at a similar time, analysis of a data extract from the DHHS CRIS database was undertaken. CRIS is a client formation and case management system administered by the DHHS; of particular relevance to the Beyond 18 study, the CRIS database contains unit level data about clients' interaction with child protection and OOHC.

DHHS provided AIFS with two data extracts from CRIS. The first extract contained data for all young people born between 1996 and 1998 who had spent time in OOHC in Victoria. The data were extracted from the CRIS database on 4 January 2016. Another data extract pertaining to young people who had spent time in OOHC in Victoria and who were born between 1999 and 2001 was extracted on 2 March 2017. Data was requested for a range of fields including client demographics (including language, ethnicity and Aboriginal identity), data relating to Aboriginal Child Placement Principles (such as the presence of a cultural support plan and identification with Aboriginal languages or traditional country), level of education, health and disability, OOHC entry and exit dates, number of OOHC episodes, OOHC placement data and child protection incidents and substantiations.

Because the CRIS database was designed as an administrative database, rather than a research tool, there were areas of missing data for key variables that limited what analysis could be undertaken. In particular, because the CRIS database is continuously updated, the data provided to AIFS gave a snapshot of the client situation at the time the data were extracted but did not provide a complete record of clients' entire OOHC history. Some relevant fields also did not retain data after the young person left OOHC; for example, the data extract did not contain care leavers' last placement type, placement status or court order. More generally, information on ethnicity, language and health status was inconsistently recorded, as was Indigenous community, language or cultural planning status. Discrepancies and missing data also made it difficult to estimate the duration of previous OOHC placements or total time in OOHC.

Although AIFS received data relating to all young people born in the years 1996–2001 (corresponding to the birth years of the Beyond 18 cohort), the analysis of CRIS data was confined to young people who had spent time in OOHC after their 15th birthday in order to focus the analysis on the entire cohort of people who would have been eligible for participation in Beyond 18. This wider cohort included 3,972 people. This means that across the three waves of Beyond 18, approximately 7% ($n = 272$) of the eligible study population completed at least one survey.

Ultimately, the analysis of this CRIS data confirmed the assumptions about the study sample outlined in section 1.2 (on page 7). That is, Beyond 18 had a disproportionately large number of female participants and young people from residential care and foster care placements, under-represented young people from permanent care and significantly under-represented young people from kinship care.

The gender breakdown for young people showed that females were over-represented in OOHC after turning 15 (55% of the total cohort) but not by as much as in the Beyond 18 study, where 69% of participants in Wave 3 identified as female (see chapter 2, Table 2.1, page 9). The 11% of Beyond 18 participants identifying as Aboriginal or Torres Strait Islander was similar to the 12.6% in the wider cohort of those who spent time in OOHC after 15.

Although data on care placement type were only available for those in OOHC at the time of the data extractions, analysis of care placement type for these groups was assumed to be broadly indicative of care placement types for all young people who had spent time in OOHC when aged 15–17. At the time the data were extracted, around 15% of young people aged 15+ were in residential care; 14% were in home-based care (which includes foster care), 48% were in kinship care and 23% were in permanent care. This suggested that young people from foster care

and residential care were over-represented in the Beyond 18 study as there was a relatively low proportion of young people in kinship and permanent care.

The implications of these differences in study sample and population cohort are discussed in section 1.2 (on page 7). Ultimately, these data limitations, and the incomplete data on people who had already left care, meant that the data analysis was most relevant to exploring the basic demographics of the over-15 OOHC population at the time the data were extracted and to measure the representativeness of the Beyond 18 sample in relation to these characteristics.