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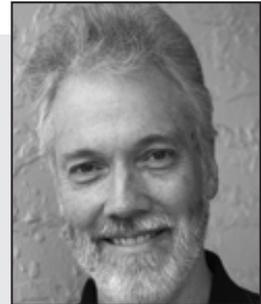
FACTORS INFLUENCING TRANSITION-FROM-CARE PLANNING IN AUSTRALIA

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Over the last four years the CREATE Foundation has conducted extensive research into aspects of the transitioning-from-care process in Australia. Findings from these studies have been published in a series of Report Cards (McDowall, 2008; 2009; 2011) that presented the views of young people who were preparing to move to, or had already begun independent living after being supported in the out-of-home-care system.

McDowall (2009) reported that most jurisdictions in Australia had appropriate legislation and/or policies in place, and funded a range of services to support the identified needs of the young people leaving care. However young transitioners, when questioned, indicated they were not receiving the assistance needed. Officially, relevant issues appear to be addressed; unfortunately, in practice, the good intentions distilled from numerous inquiries and reviews do not appear to be translated into functional support.

One major, albeit disappointing finding from the 2009 Report Card was that, overall, only 36.4 per cent of the young people reported that they knew of the existence of some form of personal leaving care (LC) plan that identified their future needs and possible support required. Because having a LC plan would seem fundamental to achieving a successful transition, CREATE decided to address the observed deficit by introducing an intervention program to

raise awareness of the importance of this process. This paper presents a rationale for the design of the campaign (designated "What's the Plan?") along with a discussion of key LC planning outcomes.

A social marketing approach
CREATE's intervention employed a social marketing paradigm (a concept introduced by Kotler and Zaltman, 1971; see Hastings, 2007). When differentiating social marketing from other approaches designed to change attitudes and behaviour (e.g. education, legislation), Andreasen argued that it should involve the "adaptation of commercial marketing technologies to programs designed to influence the voluntary behavior of target audiences to improve their personal welfare and that of the society of which they are a part" (1994, p.110). In this context, *programs* are seen as longer term interventions leading to sustained behaviour change. These may comprise a variety of short term projects designed to achieve the program objectives (Robinson, 2009). The behaviour being targeted must be performed by choice and be capable of being changed by the relevant person (this does not relate to uncontrolled actions or compulsive addictions).

In reviewing the effectiveness of such programs within public health, Stead, Gordon, Angus, and McDermott (2007) concluded that there was "reasonable evidence that interventions developed

using social marketing principles can be effective" although "effects tended to dissipate in the medium and longer term" (p.180). Similar somewhat equivocal outcomes have been observed for interventions designed to prevent child abuse and neglect (Horsfall, Bromfield, & McDonald, 2010). To obtain a clear assessment of the effectiveness of programs, planned evaluation must be incorporated into the initial design (Christopoilos & Reynolds, 2009).

Andreasen's (2002) set six benchmarks for what constitutes a social marketing paradigm: (a) have clear behaviour-change goals; (b) base intervention on "consumer" research; (c) target appropriate interventions to identified audience segments; (d) use a variety of the standard marketing-mix elements; (e) introduce motivational strategies to encourage voluntary behaviour change; and (f) minimise competing influences that could subvert the desired change. These criteria will be used here to help describe aspects of the "What's the Plan?" campaign.

Application of social marketing benchmarks

Few studies have used social marketing, as is attempted here, to try to change preparatory, as opposed to actual behaviour. One comparable project, using an information booklet resource, changed the views of 10 per cent of the population of Rhode Island regarding their preparedness to avoid future emergency situations by adopting at least one of the three recommended options (Marshall, Petrone, Takach, Sansonetti, Wah-Fitta, Bagnall-Degos & Novais, 2007). The behavioural-change goal of CREATE's "What's the Plan?" program was to increase significantly (hopefully by more than 10 per cent) the

number of people involved in LC planning so that more of those transitioning were better prepared when leaving the care system.

In the field of child protection, critical *consumer research* is found in the published literature. This is an area in which many critical *audience segments* (stakeholders) can be identified: (a) the young care leavers, (b) caseworkers, (c) carers, (d) government departments, (e) sector agencies, (f) Children's Commissioners / Guardians, and (g) national peak bodies. Three of these groups are involved directly in the process of transition: caseworkers, young people, and carers. Each necessitates different interventions, relying on various *marketing mix elements* and appropriate *motivations*, to effect the behaviour change required.

Aims of research

Two stages were critical in trying to ensure more of those transitioning have LC plans : intervention and evaluation. Results of the broader study have been published as the CREATE Report Card 2011 (McDowall, 2011). This paper describes the intervention program employed and presents a review of the outcomes after 12 months, with particular emphasis on identifying factors influencing (a) the incidence of LC plans, and (b) the involvement of young people in their preparation.

Method
Interventions
Table 1 shows the respective interventions and *motivations* used with each of the key groups employed in this program.

Caseworkers: Interventions with caseworkers involved a mix of marketing's "4 Ps" with emphasis on the *product* (behaviour change to increase

Table 1

"What's the Plan?" Interventions Employing Marketing-Mix Elements and Motivational Strategies with Key Participant Groups to Increase the Incidence of Leaving Care Planning

Program Element	Caseworkers	Young Care Leavers	Carers

Intervention	• "What's the Plan?" Poster distributed
	• Newsletters (hard copy and E-news).
	• CREATE staff visit offices for campaign promotion emphasising that:
	  • Infrastructure already established to produce Plans ("Place")
	  • Long-term cost of not acting is high ("Price")
	  • Reflective practice is important ("Have a break on CREATE").
		• Calendar and information packs (distributed to young people 15 – 17 years inclusive through Departments).
		• State information sheets (hard copy, CREATE web site).
		• Wallet cards and posters (distributed to young people 15-17 years inclusive through Departments).
		• Promote campaign through:
		  • *clubCREATE* magazine
		  • NYAC delegates contacting Ministers.
			• Conference presentations (NSW, Tasmania, and Victoria).
			• National Foster and Kinship Care Association E-newsletter.
			• Australian Foster and Kinship Care Partnership E-newsletter.
			• State foster-care association newsletters.

Motivation	• CREATE Champions Award (recorded on CREATE Honour Board): • Acknowledge best practice • Young people nominate recipients • Minister advised quarterly of workers receiving nominations.	• Have a LC Plan that outlines support for the future. • Prizes: • (e.g., T-shirts, phone-socks for involvement in planning, consultations, and completing benchmark survey).	• CREATE Champions Award (carers could be recipients if nominated by young person). • Achievement publicized through newsletters, conferences, letters to Ministers and agencies.

incidence of plans). *Place* was discussed in relation to the infrastructure already established to facilitate plan production, and *price* issues centred on the long term cost to the community of not providing adequate support for care leavers when transitioning (Morgan Disney, 2006). These points were raised in discussions when CREATE staff visited departmental offices to introduce the campaign. *Promotion* involved the distribution of posters and newsletters to child safety departments throughout Australia. To encourage workers to

reflect on the situation of those transitioning, information packs were sent to 277 child protection and children's commissioner's offices throughout Australia; staff were invited to "Have a break on CREATE!" (while enjoying the Tim Tam biscuits provided) as they considered the future of the young people for whom they were responsible.

To strengthen further the connection between departmental centres and CREATE, a nominated worker in each

area was designated a "CREATE Mate" and became the contact person for that office. In this role, they assumed responsibility for ensuring that communications about the program were disseminated as widely as possible to fellow workers.

Departmental staff who were identified by young people as being helpful with planning were recognised as CREATE Champions, had their names entered on CREATE's Honour Roll, and were mentioned in a quarterly report sent to Ministers by CREATE's CEO. This action acknowledged best practice by the staff and ensured recognition by their peers and at the highest levels within the departments.

Care Leavers: All young people in care over the age of 15 years who could be contacted (either through departmental records or as members of *clubCREATE*) were sent a "What's the Plan?" calendar (approximately 6000 units were distributed). This was designed to cover the initial 12 months of the program (from March 2010). As well as showing the dates for a particular month it presented essential information about the nature of a transition-from-care plan. This was intended to provide a constant reminder for the young person and the carer not only to take action to initiate the formation of a plan if one was not already in place, but also to seek involvement in the planning process. Young people were notified of the existence of the program through state-relevant information sheets, on the CREATE web sites and through the *clubCREATE* magazine.

Toward the end of the 12-month period, a final reminder of useful information and contacts relevant to transitioning was distributed to all young people in

the targeted cohort in the form of small cards that could be carried in an individual's wallet. The strongest, medium term motivation for young people to be engaged with the program would be to have in their possession a personal, viable plan for their future. Small prizes (such as T- shirts and phone/iPod socks) were presented as immediate rewards for participation in consultations.

Carers: Active participation of carers was essential to the success of this project. To gain widespread support from this group, presentations were made to all major carer conferences throughout Australia. Articles were written for carer association newsletters at both the national and state levels. Carers were entitled to become CREATE Champions if their positive involvement was highlighted, and their achievements were publicised through letters to Ministers and in communications with agencies.

Participants in the evaluation
A total of 566 young people 15 years and over (51.8 per cent female) within the Australian out-of-home care system provided data for this study. Age groups were reasonably evenly represented (15 year olds: 32.3 per cent; 16 year olds: 36.2 per cent; 17 year olds: 31.4 per cent). This cohort was chosen because 15 years is the age at which LC planning should begin in most jurisdictions. Non-indigenous Australians comprised 56.5 per cent, with 30.4 per cent being Aboriginal and 13.1 per cent from other cultural backgrounds. States and territories were represented in proportion to their occurrence in the care population (AIHW, 2011) except for NSW that was under-represented (population: 45.1 per cent; sample: 20.1 per cent). Overall,

37.6 per cent of young people lived in foster care placements, 25.4 per cent in relative and kinship care, 19.8 per cent in residential care, while 17.1 per cent reported other types of living arrangements.

Survey materials

Full details of the web-based questionnaire used to gather data on the planning processes for young people and the evaluation of the impact of the "What's the Plan?" program have been published in CREATE's Report Card 2011 (McDowall, 2011). The questions relevant here include those gathering demographic information as well as those referring to the incidence of planning (a Yes/No response to having a Plan) and the perceived involvement of key stakeholders (carers and caseworkers) as determined by the young respondents using 6-point scales (1: Not involved at all; 6: Extremely involved).

Procedure

To maximise accessibility of the survey for young people, it was prepared and presented in three formats: (a) CREATE staff conducted face-to-face and telephone interviews (25 per cent of responses); hard copies were mailed to departments and agencies (10 per cent of responses), and the survey could be accessed online as a link from CREATE's website (65 per cent of responses). As well as the campaign itself centering on promotion, participation in the survey needed to be encouraged through letters to departments, newsletters, and articles in relevant magazines. The relatively high response rate provides evidence of the success of this aspect of the process. One advantage of the web presentation of the survey (and with the interview format, but not hard-copy collection) was that prompts encouraging response could be given if questions were overlooked or ignored. This process ensured that missing data were kept to a minimum.

Results

Extent of transition planning

After the year-long "What's the Plan?" social marketing campaign, of the 566 young people who participated in the current survey, 170 (30.0%) reported having a form of leaving care plan that was at some stage of development (final or incomplete). The others had no knowledge of the existence of a personal plan. Disappointingly, from the viewpoint of young care leavers and CREATE's campaign, these results show no increase over what has been reported previously.

These data were drawn from respondents who were aged 15 to 17 years inclusive. However, an argument could be mounted that, from a practical standpoint, serious planning might be more likely to occur later in the cycle (with those in the 17 year-old group) than at the beginning with 15 year olds. Furthermore, since legislation in NSW and VIC stipulates that LC planning could be delayed until at least 12 months prior to a young person's leaving care, it might be expected that fewer 15 and 16 year-olds would have plans at this stage compared with the older age groups.

Comparisons of the incidence of LC plans across age groups revealed a significantly greater number of 17 year olds with plans than expected, but fewer 15 year olds (21.9 per cent of 183), with those at 16 years (26.8 per cent of 205) being in between (x^2 (2) = 19.23, p < .001). This finding suggests that early LC planning is not as yet a priority within

Figure 1. Percentage of the group of 15 to 17 year-olds in care, compared with the 17 year-old cohort only, who reported having a LC plan in Australian states and territories.
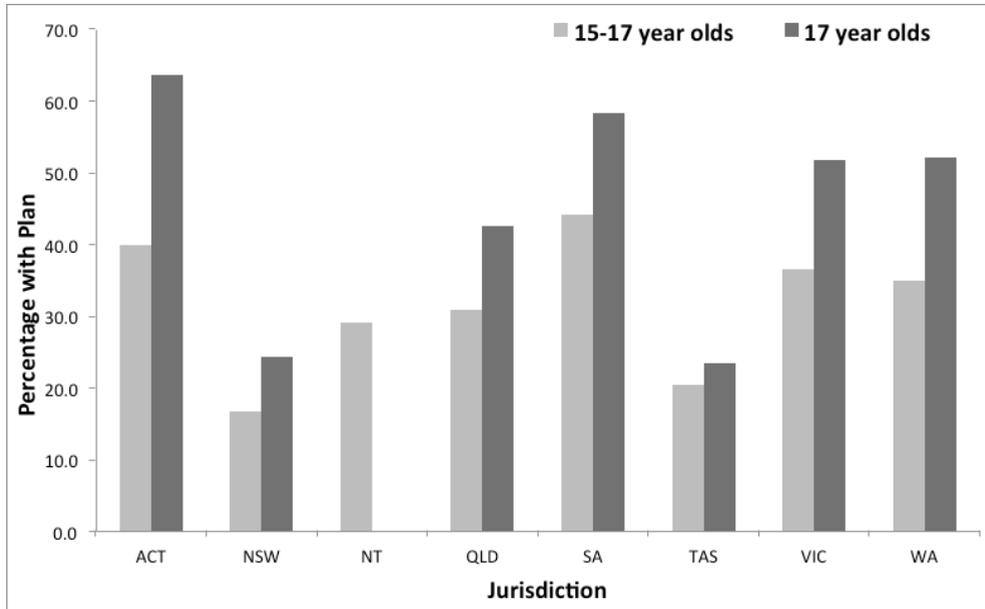
the system.

When planning for 17 year olds only (n = 178) was considered, the incidence of those with LC plans increased to 44.1 per cent (n = 75). This compared with a value of 37.2 per cent from the corresponding sample obtained by McDowall (2009; 29 out of a total of 78 of those participants 17 years and over). While the percentage has increased, the difference is not significant (x^2 (1) = 0.55, p > .05) and the value indicates that the majority of young people (56%) on the threshold of leaving care still do not have plans, contrary to legislative requirements.

Effect of jurisdiction
In an attempt to gain a clearer understanding of factors that might be influencing LC planning, an analysis was conducted comparing states and territories. *Figure 1* shows the number of young people who reported having LC plans in the various jurisdictions. Significant differences were observed

across states and territories: The numbers having plans in SA (44.2%) and VIC (36.%) were higher than expected whereas in TAS (20.4%) and NSW (16.7%), fewer than expected were recorded (x^2 (7) = 20.67, p < .01).

Since the number of young people aged 17 and over with an LC plan was relatively low even in this substantial sample, it was not possible to do meaningful comparisons across all jurisdictions in that age group alone. In the NT, only two young people of age 17 years responded to this survey, so this group was excluded from subsequent comparisons. The differences across states and territories in numbers of those in the older age group having LC plans also are presented in *Figure 1*. Percentages were above 50 for ACT, SA, VIC and WA; NSW was still far below expectation at 24.3 per cent. Clearly, allowing for the delay in commencing the planning process did not explain the low response in this group.

To further explore which factors might be the most useful predictors of the likelihood of young care leavers possessing an LC plan, a logistical regression analysis was conducted using Age, Jurisdiction, Living Arrangement, Culture, and knowledge of CREATE's campaign as predictors of their having a plan. *Table 2* records a summary of these results. Age and State were the only two significant predictors. The odds ratios show that, as Age increased, young people were 1.7 times as likely to have an LC plan. The Jurisdiction variable was arranged with NSW as the reference; significant effects ranged from those in Queensland where young people were 2.1 times more likely to have a Plan than in NSW, to SA where care leavers were 3.8 times more likely.

Involvement in Leaving Care planning

A second logistical regression (multinomial) analysis was performed to

Table 2 Logical Regression Analysis Predicting Incidence of LC Plan From Age, Jurisdiction, Living Arrangement, Culture, and Information about "What's the Plan?" Campaign

Variables Included	B	SE	95% CI for Odds		
			Lower	Odds Ratio	Upper
Constant	-10.49***	2.09			
Age	0.55***	0.12	1.36	1.74	2.22
Jurisdiction					
Tasmania	0.18	0.45	0.49	1.19	2.90
Northern Territory	0.79	0.54	0.76	2.21	6.42
Queensland	0.74*	0.33	1.10	2.10	4.00
Western Australia	0.79*	0.40	1.01	2.21	4.83
Victoria	1.02**	0.35	1.40	2.78	5.55
Australian Capital Territory	1.06*	0.51	1.07	2.90	7.84
South Australia	1.33**	0.41	1.71	3.79	8.39
Living Arrangement					
Kinship Care	-0.31	0.26	0.44	0.73	1.22
Residential Care	0.18	0.27	0.71	1.19	2.01
Other	-0.31	0.30	0.41	0.73	1.32
Culture					
Non-indigenous Australian	-0.03	0.22	0.63	0.97	1.50
Other Cultural Background	0.01	0.34	0.51	1.01	1.97
Informed: Yes	-0.21	0.21	0.54	0.81	1.21

Note. R^2= .07 (Hosmer & Lemeshow); .08 (Cox & Snell); .11 (Nagelkerke).
Model $\chi2$ (14) =45.53, p < .001.
Reference group: Jurisdiction - NSW; Living Arrangement - Foster Care; Culture - Aboriginal
* p < .05; ** p < .01; *** p < .001

determine best predictors of level of personal Involvement in LC planning by those transitioning, based on perceived Carer and Caseworker involvement, Culture, and knowledge of the "What's the Plan?" campaign. As shown in *Table 3*, Carer and Caseworker involvement were the only significant predictors of young person involvement. For a unit increase in caseworker involvement, young people were 1.8 times more likely to be involved themselves, while with carers, more involvement led to twice

the level of involvement on the part of those transitioning.

Discussion

These results indicate that one campaign is inadequate, and 12 months an insufficient time period, to produce such a major systemic change as is required to make the LC planning process effective throughout Australia. CREATE intends to continue and extend its activities in this area, hopefully with the support of all governments, until

Table 3 Multinomial Regression Predicting Involvement in LC Planning on the basis of Carer and Caseworker Involvement, Culture, and Information about "What's the Plan?" Campaign

Variables Included	B	SE	95% CI for Odds		
			Lower	Odds Ratio	Upper
Moderate involvement in planning					
Intercept	-2.36**	0.83			
Carer involvement	0.37**	0.13	1.12	1.44	1.85
Caseworker involvement	0.29*	0.13	1.03	1.33	1.72
Culture					
Non-indigenous Australian	-0.91	0.68	0.11	0.40	1.54
Other Cultural Background	0.24	0.62	0.38	1.27	4.25
Informed: Yes	-0.47	0.43	0.27	0.62	1.46
High involvement in planning					
Intercept	-5.96***	1.25			
Carer involvement	0.68***	0.16	1.45	1.98	2.70
Caseworker involvement	0.57***	0.14	1.33	1.77	2.34
Culture					
Non-indigenous Australian	0.43	0.88	0.27	1.54	8.72
Other Cultural Background	1.38	0.84	0.77	3.96	20.39
Informed: Yes	-0.57	0.47	0.23	0.56	1.41

Note. R^2= .36 (Cox & Snell); .41 (Nagelkerke).
Model $\chi2$ (10) =76.96, p < .001.
Reference group: Culture - Aboriginal
* p < .05; ** p < .01; *** p < .001

significant improvements are achieved.

In the current Australian context, the factors most likely to determine whether young people about to transition from care will have some plan for their future are age and the jurisdiction in which they live. These are more important than the cultural group with which they identify, the particular living arrangements they experience, or whether or not they were aware of the actions of organisations like CREATE in promoting the value of planning.

Even though more of the older group reported having some form of plan compared with the others, the ==numbers are extremely disappointing== given how vital the preparation of such a resource can be, and the fact the official government policy dictates that young care leavers must have plans and be involved in planning. State and territory differences also are a concern. Why should those transitioning to independence in South Australia be far more likely to have a plan than their counterparts in New South Wales? With the current emphasis on National Standards (FaHCSIA, 2011; Standard 13) such variation cannot be allowed to persist.

Article 12 of the UN Convention on the Rights of the Child stipulates that young people must participate where possible and appropriate in decisions that affect their lives. Planning for their future after leaving care is a stage where involvement is critical. Clearly, these data show that the involvement and commitment of significant others in their lives are crucial factors in influencing their own engagement in the process. Whether this is as role models for the young people, or as an indication that others care about what will happen in

their future, the participation of carers and caseworkers is vital. Training and induction programs designed for these groups must ensure that their active involvement in this final stage of the care experience is not neglected.

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