



Transitioning to Adulthood from Out-of-Home Care: A review of the literature

Dr Joseph J. McDowall

Executive Director (Research), CREATE Foundation

Honorary Associate Professor, University of Queensland

Visiting Fellow, Queensland University of Technology

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This review of the literature concerning transitioning from care to adulthood has been commissioned by the Queensland Government to inform policy development underpinning the introduction of an Extended Care to 21 program in 2023. Because of the extent of this review, it has been divided into two parts: Part A which focuses on the broader issues of transitioning, particularly on work done in Australia, with attention directed to the recent initiatives in various jurisdictions for extending care to 21; and Part B which gives a more detailed discussion of research in the important life domains with which young people transitioning engage. Some of the material covered has been extracted from a recent report by McDowall (2020); this content has been updated and extended.

PART A: Transitioning to Adulthood from Out-of-Home Care: The Care Context

Research investigating the outcomes for young people leaving out-of-home care (OOHC) indicates that the disadvantage experienced by this group relative to their peers in the general population appears to be universal, a “global phenomenon” (Collins & Tuyen, 2016). International reviews (e.g., McGhee & Deeley, 2022; Mendes & Snow, 2016; Stein & Munro, 2008; Stein & Ward, 2021) present multiple studies from all over the world conveying the same message: Those moving from care to independence “have more accelerated and compressed transitions than their peers, and are more likely to be disadvantaged in respect to their main pathways to adulthood: education, training and employment, accommodation and health and well-being” (Stein, 2016).

Recently, studies have appeared from countries as diverse as Canada (Sukumaran, 2021); Egypt (Abdel Hafez, 2022); Finland (Kaasinen et al., 2021); New Zealand (Atwool, 2020); Norway (Storø, 2021); South Africa (Goemans et al., 2020); Switzerland (Keller et al., 2021); and from international organisations such as the OECD (2022), all painting a similar picture. Because “the road to adulthood has lengthened”, as Benson (2014, p. 1765) observed when referencing the US, vulnerable care leavers risk missing out on support services (e.g., for mental health, juvenile justice, foster care, and special education) since their eligibility to access these can end before the need for assistance is recognised. Parry and Weatherhead (2014) described the issues for many young people as “too much, too soon” (p. 269).

Experience with a care system appears to generate problems in most countries around the world where research into child protection has been conducted. Even in Nordic countries that are rated highly on child well-being, young people transitioning to adulthood from care experience disadvantage (Kääriälä & Hiilamo, 2017). Cameron et al. (2018) compared the outcomes for a cohort of young people who had been in care with their peers who had not in three countries: Britain, Finland, and Germany. Areas explored included education, employment, family, health, and welfare. These authors noted that:

Surprisingly, despite variations in welfare system and differences in the scope and quality of available data, trends were similar in each of the countries, suggesting that none provide adequately for the needs of care experienced young adults. The findings point towards the need for a revised conceptualisation of the notion of “independence” which has to take into account the manifold and changing relationships between individuals and the state. (p. 163)

Interestingly, these findings mirror calls made much earlier to redefine “the concept of independent living by moving away from self-sufficiency to *interdependence* ... This new definition emphasizes the importance of connection as not only normal but necessary for providing the context of healthy growth and development” (Propp et al., 2003, p. 265; italics added).

Poor outcomes for care leavers, compared with young people in the general population have been recorded irrespective of the type of care system providing support. Gypen et al. (2017) compared two

care-system typologies* (Child Protection Oriented systems, such as those in the UK and Australia, vs. Family Service Oriented systems found in Nordic countries). Young people who exited both systems showed disadvantage compared with peers in the general population in the domains assessed, including education, employment, annual earnings, housing, mental health outcomes, substance abuse, and criminality. This disadvantage can be exacerbated in locations where services are not available, as Fryar et al. (2017) showed in their review of support provided (or not) to care leavers in the various US states. However, as Jones (2014) had demonstrated, even when “wrap-around” services that provided individualized guidance for each young person were accessible, 63% of his respondents reported feeling only “somewhat prepared” for independence and 15% were not prepared at all, with over one third dissatisfied with the specialist services. These findings suggested that providing support for care leavers is complex. Therapeutic interventions are needed to help overcome the inherent disadvantage that led to the young people being brought into care initially.

Care Leavers and Their Needs

While each individual emerging to adulthood undergoes a series of personal, social, and psychological transitions (Bridges, 2009; Dima & Skehill, 2011), young people differ in how effectively these changes can be managed. These differences are of particular relevance when considering transitioning from care. Extending work first conducted in the *Moving On* study (Biehal et al., 1995), Stein (2008) identified three groups of care leavers in terms of their outcomes and benefits from the supports available: (a) those “moving on” who were well prepared for the future and could move on from their past, expressing resilience that allowed them to be less dependent on leaving care services; (b) the “survivors” who saw themselves as tough and able to look after themselves, but benefitted from personal and professional support after leaving care, particularly in areas concerning accommodation, money, and personal problems; and (c) the “strugglers” who evidenced so many problems and lacked essential personal support that aftercare services were unlikely to be able to overcome their initial deficits.

Subsequent research has tended to concentrate on a broader dichotomy in care leavers, possibly combining the first two categories for comparison with the third. For example, in Pinkerton’s (2011) review, he observed that “whilst significant numbers of care leavers may go on to flourishing lives, significantly more do not” (p. 2413), with poor outcomes resulting from accumulated negative pre-care and in-care experiences. This observation is consistent with Refaeli’s (2017) categorisation of young people four years after they left residential care facilities as either “surviving through struggle” or “struggling to survive.”

Häggman-Laitila et al. (2018), in their review of 21 qualitative studies from 12 countries, showed that the research reviewed emphasised the range of disadvantage faced by care leavers. As is commonly reported, many young people were unprepared for leaving care; had not acquired survival skills; lacked support from family, carers, or institutions; and faced challenges in education, housing, employment, financial stability, building relationships, accessing health care, and assimilating to cultural norms. However, these authors showed that the body of research also revealed two types of responses different care leavers exhibited when reacting to this disadvantage. Five of the studies reviewed found that respondents tended to emphasise the possibility of a new beginning when leaving care (a more optimistic viewpoint), while nine of the works found young people who saw the transition as representing a negative life change (appearing somewhat pessimistic). A similar dichotomy was reported in Baker’s (2017) study where some respondents claimed “they were not ready for such a big move and approached it with trepidation. Others eagerly looked forward to it” (p. 40). How such predispositions form is a question that needs further exploration. Some insights have been offered through the work on resilience (e.g., Ungar & Theron, 2019).

* More recent discussion by Connolly and Katz (2019) has differentiated four typologies, including systems employed in developing countries as well as the established Western models. The two compared in Gypen et al.’s study correspond to the *Individual-Formal* and the *Individual-Informal* systems.

Lemus et al. (2017) pointed out that the youths they surveyed had clear plans for the period immediately after leaving care, particularly concerning their education, employment, housing, and transportation. But they were less certain about what might happen in the year following transition. The authors argued that “foster youth may have difficulty identifying concrete steps to make plans a reality despite their ideas for the future” (p. 48), and that the challenges they face during “transition to adulthood may thwart their ability to successfully attain their educational goals” (p. 54). Some of these barriers were identified by (Sulimani-Aidan, 2017c) and included “weak and unsupportive social ties, obligations to their biological parents, and poor personal capital” (p. 332).

What Characterises a Successful Transition?

Transitioning from care has received considerable attention from researchers and practitioners in recent years with the realisation that young people with a care experience face substantial disadvantage compared with their peers in the general population when approaching adulthood. Within just the last five years, numerous articles and reports have been produced that deal with specific aspects of the transition to adulthood (e.g., for reviews of the literature see Atkinson & Hyde, 2019; Baker, 2017; Curry & Abrams, 2015; Geiger & Beltran, 2017; Greeson et al., 2020; Häggman-Laitila et al., 2018; Havlicek et al., 2013; Hiles et al., 2013; James et al., 2013; Kvamme et al., 2021; Thompson et al., 2016; van Breda, 2018; Woodgate et al., 2017). In addition, several books have been written focussing exclusively on the transitioning experience (Driscoll, 2018; Jones, 2018; Mann-Feder & Goyette, 2019; Mendes & Snow, 2016). What does this research reveal about what constitutes a successful transition?

A critical issue raised by young people in these studies, as well as in CREATE’s research (e.g., McDowall, 2018; 2020) was a lack of adequate support for transitioning from care to adulthood. Young people expressed a need for more positive relationships with caseworkers and carers that could help them navigate independence in a stable and safe environment in which they were able to have some influence over decision-making. Because of the challenges transition raises, many wished for more focus on their mental health and well-being.

As young people are recognised as the experts in their own lives (Mason & Danby, 2011), it is not surprising that the research findings mirror these expressed needs when describing what is necessary for a successful transition. Cameron et al. (2019) provided a comprehensive summary highlighting similar issues to those articulated by young people. Their list included: A gradual departure from care; strong personal resources/positive outlook; good transitional planning; practical skills (e.g., independent living skills); housing support; social and emotional support (through relationships with family members and significant others, mentors, and their peers); effective case management; and tailored programs (to assist with employment, education, parenting, cultural connections, and mental health).

Positive relationships are so important practitioners have been advised that, when developing interventions designed to maximise care-leavers life satisfaction, they should focus on enhancing the young peoples’ personal resources, strengthening relationships with siblings, partners, and peers, while attempting to reduce any residual harmful aspects of relations with parents (Refaeli et al., 2019). Relationships also can reflect the delicate balance between independence and attachment. Making this point strongly, Paulsen and Thomas (2018) claim, with reference to care leavers, that “without the felt assurance that the loved one will continue to care after one becomes independent, it is impossible for the loving subject to achieve that independence” (p. 164).

The more that young people transitioning from care can receive the same treatment as their peers in the general population at the age of 18, the more likely it is that their emergence into adulthood will be comparable. Would anyone be surprised to learn that “protective factors” for those transitioning can include “living with an adult who shares the rent and maintains a positive, consistent presence; being a full-time student; receiving educational and housing subsidies; having reliable means of

transportation and communication; and maintaining the same job throughout the transitional year” (Rome & Raskin, 2019, p. 1)?

Note. Part B of this report provides a review in relation to specific areas of the transitioning experience that have been shown in the literature to require attention in policy development.

Long-term Support: A Role for Mentoring

If care systems are to do more than simply minimise the likelihood of further harm befalling young people by removing them from birth parents, they must attempt to redress the effects of trauma young people have experienced during their developing years (Bailey et al., 2019; McPherson et al., 2018; Mayer, 2019; McCormack & Issaakidis, 2018). Part of this process involves establishing positive relationships with individuals the young people can trust. As Baker (2017) explained, such connections made while young people are in care show that they are being supported, and they could rely on receiving “help with achieving what mattered to them whether it was education or enjoying their free time” (p. 40). Because each young person has a different set of experiences and challenges, individual, flexible, relational support is preferable to general formal service delivery, as Malvaso et al. (2016) argued.

However, at the time of transition, young people in OOHC can experience something of a dilemma. Berzin et al. (2014) explained the situation facing care leavers well:

Their experiences of the child welfare system reflect an understanding that support from this service system is commensurate with being a child, and being free from the system is about being an adult. (p. 630)

However, this view that adulthood requires a break from this system and from these supportive relationships may cause foster youth to prematurely lose these support systems that other youth are receiving during this time. (p. 631)

How can young people be encouraged to retain relationships with people who matter to them in the care system for long-term support and to help forge community connections, while at the same time striving for independence and self-sufficiency (“Well, it’s up to me now”; Bengtsson et al., 2018)? Results from Berzin et al.’s (2014) study suggest that the care system must advocate for broader notions of independence (viz. interdependence) that allow relative autonomy but encourage care leavers to seek help when needed. This is likely to be achieved by engaging young people in the policy forming process (Mendes & McCurdy, 2019; Stott, 2013; Woodgate et al., 2017). As Baker (2017, p. 40) observed, “effective services must always start with, and continue to champion, the voice of young people.”

Mentors, dedicated supporters who help guide the young person into adulthood, have been identified as being able to play a role in helping young people find suitable, safe, and stable accommodation options (Lenz-Rashid, 2018), improve their academic performance (Garcia-Molsosa et al., 2019), find and engage in employment (Gilligan & Arnau-Sabatés, 2017; Marion et al., 2017), build social capital (Schwartz et al., 2016; Schwartz et al., 2018), among other things (Radey et al., 2017). Mentors can take a variety of forms, from paid staff to volunteers and members of the young person’s own social network and family. A tried and tested approach occurs in the UK where the mentoring relationship young people have with their Personal Advisor (PA) can be critical. The role of a PA was introduced in 1989 and recently has been extended to be available for all young people with a care experience until age 25 (Department for Education UK, 2018). Personal Advisors are paid workers who are introduced to young people before they leave care so that there is time to establish and sustain a relationship.

Other models have been explored in Brady et al.’s, (2020) book that could be applied both in-care and post-care. The advantages of such models have been explored in many other studies; the importance of this work is reflected in the number of meta-analyses appearing in the recent literature identifying critical factors to be considered when developing mentoring programs. For example, Christensen et

al. (2020) showed that targeted skills-based mentoring appeared superior to non-specific relational mentoring. Poon et al. (2021), in their analysis, found small to medium effect sizes with a large sample (over 50,000 young people), which were moderated by participants emotional abuse history. This led Poon et al. to stress that mentors (whatever their origin) need training in trauma-informed care. van Dam et al. (2022) confirmed that youth-initiated programs were significantly associated with positive outcomes in the four domains they measured: academic and vocational functioning, social-emotional development, physical health, and psychosocial problems.

In spite of the abundant evidence of effectiveness, Australian governments continue to trial mentoring programs (Department of Social Services, 2017; Purtell & Mendes, 2016). Reports confirm the positive outcomes of these approaches; unfortunately, the pilots consume valuable resources, and to date have not led to the necessary governmental commitment to widespread implementation of such demonstrably effective programs.

Transitioning from Care in Australia

Listening to the voices of children and young people in care in Australia is not all that straightforward. Because of the federated system of government, care systems throughout Australia operate under different legislation and policy frameworks. How this applies to transitioning from care has been mapped by the (ACT Community Services Directorate, 2018) under the Third Action Plan of the *National Framework for Protecting Australia's Children 2009–2020* (Council of Australian Governments, 2009). A key initiative within this *National Framework* was the establishing of the *National Standards for out-of-home care* (Department of Families, Housing, Community Services, and Indigenous Affairs [FaHCSIA], 2011) that articulated plans for achieving a nationally consistent approach to supporting effective transition from OOHC.

The various jurisdictions have conducted projects under the *National Framework* relevant to their particular interests concerning transitioning from care. For example, Beauchamp (2014a, 2014b) conducted a review of policy and practice provisions for transitioning throughout Australia. She was able to condense six key actions[†] that could improve outcomes for young people leaving care:

1. Give young people the option to remain in OOHC until they are 21;
2. Develop a consistent and effective framework for leaving care planning;
3. Provide priority access to universal government services including social housing, health, and assistance with the costs of education and training;
4. Increase investment in specialist aftercare support services, including a focus on young parents;
5. Increase availability of accommodation options which meet the needs of young people transitioning from OOHC; and
6. Strengthen processes for data collection, monitoring, and evaluation.

In 2012, the Victorian government commissioned *Beyond 18*, an innovative longitudinal study of transitioning. Data collection occurred in three waves: 2015–16; 2016–17; 2017–18, beginning with 202 young people 16–19 years. Annual surveys also were conducted with carers and caseworkers. Three reports have been produced summarising the findings: Wave 1 (Muir & Hand, 2018); Wave 2 (Purtell, Muir, & Carroll, 2019); Wave 3 (Muir, Purtell, Hand, & Carroll, 2019). Two of the points made in the Wave 3 report give an overview of the outcomes:

- 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

[†] As an observation, it cannot be overstated that, if these suggestions were seriously implemented, most of the challenges facing young care leavers would be overcome.

consistent with the findings of past Australian and international research on care leaver outcomes.

- 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. (Muir et al., 2019, p. 3)

Even though this work focussed on one Australian state, as the authors indicated, these observations mirror findings from all over the world.

CREATE's Work on Transitioning from Care

In 2008, the CREATE Foundation began a series of studies focusing on the experience of young people transitioning from the OOHC system in Australia (McDowall, 2008). The conduct of this research coincided with the establishment of the *National Framework for Protecting Australia's Children 2009–2020*, including the *National Standards for Out-of-Home Care* that set expectations governing the transitioning process. Apart from two major surveys of the care system in Australia (McDowall, 2013; 2018) and a special report on sibling placement in out-of-home care (McDowall, 2015), most of the studies reported by CREATE have concentrated on presenting the voices of young people responding to campaigns designed to explore ways of improving the leaving-care transition to independence. For example, Lunn et al. (2010) presented results from focus-group discussions with young people from all states and territories seeking a greater understanding of the issues challenging care leavers in the three major phases of transition: a Preparation phase; the actual Transition period; and the After Care Independence phase.

In subsequent years, based on the data collected from the young participants, particularly regarding the deficiencies noted in the preparation for leaving care, CREATE developed two major interventions designed to help young people better plan for their future as independent members of the community. The first of these, titled *"What's the plan?"* (McDowall, 2011), comprised a social-marketing campaign that provided resources for care leavers to support them in raising the need for their having a leaving-care plan with their carers and caseworkers. The second, building on findings from CREATE's previous studies, led to young people about to transition being provided with a *"Go Your Own Way"* Kit, a set of resources including a template for a leaving-care plan designed to facilitate a dialogue between young people and their caseworkers regarding their preparation for transitioning (McDowall, 2016).

CREATE followed up its 2008 study with a more extensive report (McDowall, 2009) that compared the views of a group of 275 children and young people then currently in care, with the experiences of 196 who had aged out of the care system. Young people in the care-leavers' group were asked about their care experience (e.g., age entering care, time in care, number of placements), and how they were managing their independence in all the important life domains. This study formed the basis for comparison with CREATE's most recent findings from interviews with 325 young care leavers throughout Australia (McDowall, 2020) showing that the transitioning experience has changed little over the last decade.

Outcomes for Indigenous Care Leavers

Within the child protection sector in Australia, it is acknowledged that special consideration must be given to First Nations young people because of their disproportionate over-representation (Lewis et al., 2019; O'Donnell et al., 2019). Indigenous children are more likely to enter care as a result of neglect than are non-Indigenous young people (Paterson et al., 2019) and have special needs that must be met, particularly concerning type of placement and its adherence to the Aboriginal and Torres Strait Islander Child Placement Principle (Arney et al., 2015). Numerous studies have concentrated on the outcomes for Indigenous young people with a care experience (e.g., Fernandez et al., 2018), and have dealt with major problems including health issues (Australian Indigenous HealthInfoNet, 2017); (Shmerling et al., 2020); education (Potia et al., 2019); and homelessness (McIntyre et al., 2017).

Mendes et al. (2021; 2022), in their recent research, articulated a number of policy changes that could be introduced by governments to better support Indigenous young people in OOHC.

In McDowall's (2020) study, comparisons were performed between outcomes for Indigenous and non-Indigenous young people on a variety of measures. These showed that the Indigenous group was particularly disadvantaged, with a smaller proportion completing year 12, being more likely to have been absent from placement while in care, having more contact with youth justice after leaving care, and being parents. These clearly are areas that need particular attention for the First Nations cohort.

Models of Extended Care in Australia

The literature reviewed in this report makes a strong case for continuing to provide placement support to young people with a care experience until the age of 21 years. As Mendes (2019) has argued, all young people in society, be they care leavers or their "non-care" peers, require continuing parenting well beyond the age of 18 years.

All state and territory governments in Australia provide some level of support for young people after their care orders end and they transition from the out-of-home care system to independence. Ideally, the supports applicable to each young person should be documented initially in the variously titled leaving care, transition, or pathway plan required under law to be prepared for each young person, planning usually commencing around 15 years of age (ACT Community Services Directorate, 2018). The type of support, the extent of support, and the entitlement to the support all vary depending on jurisdiction. However, the ACT Directorate review confirmed that a common feature of all the legislation and policies dealing with transition is that some reference is made to the life domains already addressed in the previous discussion (viz., information on services available; accommodation; education and training; employment; legal advice; financial management; access to health and community services; counselling and support services; brokerage; and assistance to access records; ACT Community Services Directorate, p. 7).

Under the first *National Framework for Protecting Australia's Children 2009–2020* (Council of Australian Governments, 2009), states and territories agreed to begin planning for transitioning around when a young person turned 15 years. While most jurisdictions then provided access to support services until the young person reached 25 years, TAS and VIC placed limits for assistance at 24 and 21 years respectively (ACT Community Services Directorate, 2018, Figure 1). However, as indicated, even with this range, the level of support provided and accessible is variable.

The remainder of this review will concentrate on support provided by jurisdictions for helping young people locate suitable accommodation, as finding safe shelter can contribute to satisfying fundamental human needs (Koltko-Rivera, 2006) and can provide a necessary alternative for the 30% of young people transitioning who become homeless in the first year of their independence (McDowall, 2020).

Similarities and differences between jurisdictions will be presented in chronological order, based on when targeted extended care supports were introduced historically.[‡] Arguably, the most significant recent change in living arrangements for those transitioning has been the move to extend placement support until age 21 years (see Section *Extended Care* for a discussion of relevant literature in Part B).

Australian Capital Territory (ACT)

The ACT *Children and Young People Act 2008* (ACT Government, 2008) was the first legislation in Australia, when considering transitioning from care, to address providing support for carers if young people stayed in their placement after turning 18. Chapter 15; Part 15.5; Division 15.5.3; Section 529I discusses the general assistance available for young people after they leave out-of-home care. Section

[‡] Queensland (QLD) is not included in this discussion, since the present review has been commissioned to inform a policy change by that government directed at providing enhanced support for those ageing out of care until age 21, to be operational from July 2023.

529J then focuses specifically on financial assistance for the young person, covering areas such as furnishing accommodation, education, and seeking employment. The test applied before support is provided by the Director-General is that assistance would be “reasonably necessary considering the young person’s, or young adult’s circumstances.” However, as well as possibly directly supporting the young person, the legislation also makes provision (Section 529JA) for providing financial assistance to a previous out-of-home carer, if the following conditions are met:

- (a) a young adult is younger than 21 years old; and
- (b) a transition plan is in force for the young adult which provides for the young adult to live with a previous out-of-home carer; and
- (c) the young adult is in fact living with the previous out-of-home carer.

The wording of the Act gives the Director-General considerable discretion in providing the support. For example, 529JA(3 & 4) states: “The director-general may provide financial assistance only if satisfied on reasonable grounds that the assistance is reasonably necessary considering the previous out-of-home carer’s circumstances” and as the ultimate qualification, “The director-general may provide financial assistance on the conditions that the director-general considers appropriate.” While this level of support gives no firm entitlement to the young person or the carer, it does acknowledge that such assistance could be of value at this stage of a young person’s life. ACT Together provides guidelines for possible carer subsidies, including the allowance for an extended continuum of care (ACT Together, 2022). However, it is difficult to determine how many carers or young people have been supported in this way.

Tasmania (TAS)

As well as young people transitioning from care in TAS being able to apply for various forms of assistance, including financial aid (to a maximum of \$2,500 per year) up to the age of 24 (Department of Communities Tasmania, 2019), this state was the first (Dolan, 2018) to highlight an innovative policy change whereby carers would be provided an allowance if the young people for whom they were caring were allowed to remain in placement between 18 and 20 years (inclusive). This policy has been incorporated into Tasmania’s *Transition to Independence Program (T2i)* and specifies a set of eligibility criteria, including that both the carer and young person must apply, and the young person must live full-time with the carer (at least four nights a week). Carer payments are provided on a reducing scale (while the young person is 18, the carer receives the full allowance; at 19, carer base rate is paid; at 20, 50% of base rate is paid).

Figures provided to CREATE by the department showed that over the four years following the introduction of the scheme (2018-2021), 118 young people took advantage of this support. While it is not known how many of the 204 young people aged 15–17 discharged from care in TAS over that period actually aged out (Australian Institute of Health and Welfare, 2022), it would seem a fair estimate to claim that about two thirds of the transition population have accessed this option.

South Australia (SA)

As with other jurisdictions, SA provides various supports for those transitioning from care, including housing assistance, priority access to health and dental services, education and training, and specific financial support including no-interest loans of up to \$1,200.00 for essential whitegoods and furniture (Department for Child Protection SA, 2022c). As part of the financial assistance, carers who continue to look after young people after they turn 18 may be eligible for extended carer payments. These can take one of two forms: Support until the young person is 21 to achieve Stability in Family-Based Care (SFBC); and support to 25 where the young person is undertaking the equivalence of full-time study (Department for Child Protection SA, 2022b). Similar eligibility criteria apply as in TAS, with the additional stipulation that the allowance will continue as long as the young person does not receive an income exceeding the carer payment.

In a media release in October 2021, the department indicated that, since the introduction of the SFBC policy (in January 2019), “more than 100 young people” had been successfully supported to stay with their foster families. This initiative was received so positively that a new *Next Steps* program was launched in 2022 to provide affordable accommodation and other wrap-around supports for young people leaving residential care (Department for Child Protection SA, 2022a).

Victoria (VIC)

Victoria now manages the transition from care by its young people through the *Better Futures* suite of programs (Department of Families, Fairness and Housing [DFFH], 2021a). *Better Futures* can provide case work support, information and advice, and access to flexible funding. While some general assistance can be given to young people in-care, *Better Futures* workers are expected to provide case work support to young people up to the age 21 years. However, as stated by the department, the level of support is flexible:

Depending on the young person’s circumstances, they may receive high, medium, or low levels of support, or be placed on active hold (quick check in). The capacity of the *Better Futures* provider also determines the level of support available to the young person. (DFFH, 2021a)

Better Futures is based on a theoretical framework focused on an “Advantaged Thinking Practice” model (Howie et al., 2020) which focuses on Practice, Collaboration, and Service. The specialised practice techniques used include coaching; personal planning and support; assertive outreach; experiential learning; group work activities; peer-led initiatives; and participation.

In 2019, the Victorian government undertook to trial an initiative, labelled *Home Stretch* and developed within Anglicare Victoria, whereby young people transitioning from care would continue to be supported until age 21:

The \$11.6 million trial will support 250 young people over five years, giving those in foster or kinship care the choice to remain, and supporting young people in residential care to find alternative housing. (Anderson, 2019)

The philosophy and intent of the government is clear:

Every young person leaving care deserves to have the best start to their adult life, and it is important we arm them with the tools they need to live on their own two feet.

Home Stretch is a ground-breaking initiative that helps every Victorian young person in care with support to transition to adulthood and a place to call home until their 21st birthday.

The systemic inquiry into services for young people transitioning from out-of-home care in Victoria conducted by the Commission for Children and Young People (2020) made many observations about difficulties with the Victorian care system. For example, more than half (57%) did not have a leaving care plan as required (including 59% of Aboriginal young people; 60% of young people with a disability; and 61% of young people classified as high risk). This finding regarding planning is consistent with data reported in other studies (e.g., McDowall, 2018). Of the plans that did exist, many lacked critical information about where the young people might live, how to obtain financial support, manage their health and well-being, and maintain relationships with family. Aboriginal young people and young people with a disability or complex needs were not receiving the supports they needed.

Additionally, the Commission observed, when specifically addressing *Better Futures*, that the tiering of support raised problems (e.g., two-fifths of young people were estimated to be on the lowest tier of support [i.e., active hold] because of high demand and limited agency capacity rather than individual need). Also, engagement with a young person at 17 ½ years is often too late for *Better Futures* staff to start building a relationship with a young person and to support care team to establish post-care supports.

However, while strenuously recommending that young people in care receive more support to (a) prepare for adult life, including help to develop independent living skills, (b) repair relationships with parents and family, or (c) remain engaged or re-engage with learning or training, the Commission (2020) saw many advantages arising from the early stages of the Home Stretch trial. Evidence was available that showed that remaining with a carer functioned as a protection against young people falling into homelessness post-care. One young person was able to secure a private rental using the Home Stretch accommodation allowance. Also, supporting carers to allow young people to remain in placement was a cost-effective means of accommodating care leavers.

In a surprising development, but one welcomed by all, inspired as a response to managing the recent COVID pandemic, the Victorian government decided to roll out the *Home Stretch* support to all young people transitioning from care, for young people who had been in both home-based and residential placements.

Better Futures and *Home Stretch* are backed by investment of \$75 million over four years and ongoing funding in the 2020-21 Victorian State Budget and \$38.9 million over four years and \$13.8 million ongoing funding in the 2021-22 budget. (DFFH, 2021b)

Subsequent evaluations will determine if this investment is adequate to meet the needs of young people transitioning. However, it is a commendable beginning.

Western Australia (WA)

Western Australia also experimented with a trial of Home Stretch. The Department of Communities partnered with Anglicare WA to begin a pilot program in May 2019 designed to ensure that young people transitioning between the ages of 18 and 21 would receive:

support provided by a qualified worker who will help the young person build an ongoing circle of support in their life. It also includes a safety net fund to provide stable living arrangements and facilitate access to health, education and life skills services. (McGurk, 2022)

This trial was reviewed after one year and provided such encouraging results (Anglicare, 2021) that the government honoured a pre-election commitment to roll the program out to all young people transitioning in WA. The \$37.2 million program includes Anglicare WA being tasked with establishing a Community of Practice to build the capacity of service providers to deliver the model, and the partnering with an Aboriginal organisation, Yorganop, to deliver the program to First Nations young people (Department of Communities, 2022).

Key features of the program will be:

- The provision of transition coaches to provide flexible, one-on-one individualised support focused on coaching a young person towards independence.
- *Invest in Me* funding to provide financial assistance to help young people achieve their goals and navigate times of crisis.
- A *Staying On Subsidy* and *Housing Allowance* payments to ensure young people have a stable living arrangement once they transition.

The program is aspirational, and it will be important, after this roll-out phase, to evaluate the effectiveness of this range of support.

Northern Territory (NT)

Northern Territory is the most recent jurisdiction to acknowledge that young people transitioning from care require more assistance than just allowing them to access a variety of services they might need until they reach age 25. Recent changes to the Northern Territory *Care and Protection of Children Act 2007* taking effect from February 2022 (Northern Territory of Australia, 2022) prescribe under Sections 85A and 85B the expected support to which young people will be entitled, including the areas

recognised by all governments (information about resources and services to which they are entitled; accommodation; education and training; employment; financial security; legal services; health services; community services; personal, family, and relationship counselling; and access to personal documentation).

Specifically, Section 85B addresses *Assistance with living and support arrangements until age of 22*. This is different from the position of all other governments where special support ends at 21. The type of support available is further clarified in the department's *Transition to Independence* policy (Northern Territory Government, 2022):

Young people who leave the CEO's care at age 18 must be provided with practical and financial assistance to maintain appropriate living and support arrangements (e.g., payments to their carer if the young person is able to continue living with the carer family; assistance to connect with family and community; financial assistance for cost of training or further education; assistance to receive health care or pursue employment opportunities.)

The Territory has to be commended for making such a firm commitment to providing certainty in the entitlements that young people transitioning can expect. However, a review of the information available for young people and their carers shows that easily accessible data (e.g., through online web pages etc.) is almost non-existent. Having innovative policies is a start, but the people to whom they relate must be aware of their existence. The Department of Territory Families, Housing and Communities must devote serious attention to promoting the new services in multiple media to ensure that the young people transitioning, their carers, and caseworkers are aware of the range of supports available.

New South Wales (NSW)

Legislation in New South Wales, the state with the largest care population in Australia, covering support for young people after transitioning from care is limited. Within the *Children and Young Persons (Care and Protection) Act 1998* (NSW Government, 2022b), Part 6 addresses arrangements on leaving statutory out-of-home care. Section 165(1) states: "The Minister is to provide or arrange such assistance for children of or above the age of 15 years and young persons who leave out-of-home care until they reach the age of 25 years **as the Minister considers necessary** having regard to their safety, welfare and well-being" (emphasis added). Examples of such assistance include: Provision of information about available resources and services; assistance based on an assessment of need (which could extend to financial assistance and help obtaining accommodation, setting up house, education and training, finding employment, legal advice, and accessing health services), and counselling.

One stipulation (Section 166) is that the designated agency caring for the young person must, in consultation with the young person, develop and implement a plan for the future addressing the critical issues outlined in s165. NSW government is in the process of revamping its web sites relating to leaving care, which means at present there are a plethora of old and new sites containing similar information. The most recent web page (NSW Government, 2022a) refers to "your next step after care" (which repeats information contained on the original page) and has links to other pages about "planning for your future"; financial support through TILA; education, training and employment; services and support for young people leaving care and the care leavers' *Charter of Rights*. In addition, there are specific documents that outline the "next steps" for transitioning (NSW Department of Communities and Justice, 2020b) designed to form the basis of a dialogue between a young person and a caseworker, as well as ministerial guidelines that outline the specific supports available including possible financial delegations (NSW Department of Communities and Justice, 2022a).

The NSW government is strong on providing information about what supports might be available, but young people need to depend on having the assistance of a caseworker for planning and access. However, evidence shows that having a leaving-care plan is not a universal experience for young people (Australian Institute of Health and Welfare, 2020; McDowall, 2018). NSW's rhetoric is light on

identifying specific tangible assistance young people transitioning can access. For example, many things are possible if young people can find out how to access them; but NSW remains the only state that has failed to provide basic support for young people to remain with their carer as a cost-effective accommodation option after turning 18, even though it is mentioned in the advice given as an alternative to finding their own place to live.

Summary of Critical Aspects of Models of Transitioning Support

From the various models reviewed here providing targeted, dedicated support for young people transitioning from care between 18 and 21 years of age, several features emerge that, if incorporated into one approach, would arguably constitute best practice. These aspects include:

1. **Planning.** An assessment of individual need for support in all life domains must be conducted as an essential part of the transition planning process by a caseworker together with the young person. Special consideration must be given to the health and well-being of those transitioning, connecting with those who are in non-approved placements or who self-place, as well as the particular needs of First Nations young people and those living with a disability.
2. **Accommodation.** Clear determination of living arrangements for the young person after turning 18 must be made. Young people must be informed of all options and given the opportunity to choose their preferred alternative, including:
 - a. Staying in their current placement, where the carer will receive financial assistance to provide support, If the carer and young person agree, this choice would be the least disruptive;
 - b. Accessing supported accommodation (e.g., managed apartments); a possible alternative for those who have been living in residential care;
 - c. Being given a regular allowance and assistance to enable them to find their own safe and secure accommodation; and
 - d. Being able to return to receive the support of carers or supported accommodation if they had left care at 18 years.
3. **Income.** Clearly delineated financial support must be arranged to ensure all young people have adequate means to meet their basic needs. Departmental budgetary allocations should be sufficient to provide certainty for young people and to remove any dependence on discretionary powers.
4. **Mentoring.** The provision of some form of individual mentor (e.g., transition coach; personal advisor) should occur to assist the young people transitioning when managing their journey through daily life. Perhaps as Rhodes (2020) has discussed, a key mentor could provide support in establishing and maintaining relationship networks with young people, while assisting young people in liaising with other skill-based mentors and supporters when addressing particular needs (such as finding long-term accommodation, budgeting, developing life skills, and mental health issues).
5. **Services.** As well as support with housing and finances, young people transitioning need priority access to other support services particularly concerning education, employment, and health (especially mental health).
6. **Family and Culture.** This final point is added to emphasise the importance of ensuring, where possible and appropriate, that young people are supported to maintain connection with family and culture. This is particularly important for First Nations young people who currently comprise over 40% of the care population. A proposed development that will assist Aboriginal young people is the transfer of their care and support, both in-care and post-care, to Aboriginal Community-Controlled Organisations.

PART B: Key Issues for Young People Transitioning from Care

Care History and Experience

An enduring feeling many young people take with them from care is a dissatisfaction with the amount they had moved around, from placement to placement, while in care, and the lack of consultation that occurred before placement changes were implemented. These feelings can be particularly strong for young people who had been in residential care or living independently. Chambers et al. (2017) showed that defining a placement move can be complex and argued that young people should be involved in developing functional guidelines for consistency when considering these changes in policy and research. The type of perceived instability is important (Hébert et al., 2016). Irrespective of the time, personnel, or locations involved, perceived disruptions can have significant impact on long-term outcomes after transitioning, e.g., in education (Clemens et al., 2018) and mental health (Bederian-Gardner et al., 2017). However, as other researchers have demonstrated, changes can sometimes have positive results, described as “progress” (versus “non-progress”) moves (Font et al., 2018), and good outcomes sometimes can result from what would appear to be negative experiences (Fawley-King et al., 2017).

Placement Type and Stability

The findings reported by young people who have left care (McDowall, 2020), and from participants in in CREATE’s recent national survey of out-of-home care (McDowall, 2018), indicate that special attention must be given to the needs of children and young people placed in residential care. As Leloux-Opmeer et al. (2017) showed, this group can be in need of specialised care for mental illness, behavioural issues, and learning problems. They often are described as being more vulnerable and presenting more problems compared to peers. Lou et al. (2018) argued that these young people need higher levels of resilience to achieve better developmental outcomes, and that steps should be taken to include resilience-promoting interventions in residential facilities.

However, from what the young people in residential care report, many do not feel they are receiving adequate support from their corporate parent, either while in care or after leaving. Unfortunately, as Lorenz and Urban-Strahl (2020) have revealed, some residential programs can be counterproductive to nurturing independence. More attention must be directed to creating a supportive environment capable of meeting the diverse needs of these young people from adverse backgrounds. As Schofield et al. (2017) optimistically explained:

Residential care has much to contribute to young people’s lives and its role as “last resort” needs to be reviewed. At a time when policy on residential care is stressing its short term role, it is clear from this study that continuity of care and longer term commitment from residential and transitions staff, often thought of as “family”, can enable young people with very different life narratives to construct a positive identity and grow in resilience in the context of security and belonging. (p. 790)

These authors emphasise that young care leavers, particularly from residential facilities, need four attributes that will help them enjoy a successful transition: They require *Connection* (close trusting relationships); *Agency* (having some influence over decisions); *Constructive activities* (e.g., through education, sport, employment); and *Coherence* (an ability to accept their past to gain confidence in themselves and their potential). If the residential experience (and indeed the transition for all care leavers) focused on the acquisition of these goals, many of the problems young people confront in their journey to adulthood would be mitigated.

Education

Educational Experience

It has been claimed and demonstrated that education can be a passport out of poverty for children and young people transitioning to adulthood, particularly those with an out-of-home care experience (McNamara, Harvey et al., 2019). Unfortunately, as a consequence of disrupted preparation in secondary school leading to poorer academic outcomes (Clemens et al., 2018; Olsen & de Montgomery, 2018), relatively few care leavers are prepared to transition into higher education. Sources of disruption can include placement instability (Goyette et al., 2021); school suspensions, particularly concerning First Nations young people (Graham et al., 2022; Pierce et al., 2022); and self-imposed absences from placement (Bowden & Lambie, 2015; Crossland et al., 2018; Kerr & Finlay, 2006). Mendes et al. (2014) estimated that, in Australia, only about 1% of those who have been in care would access higher education, compared with 26% from comparable age groups in the general population. To improve higher education access, more of those in care must complete their secondary schooling.

A positive finding from McDowall (2020) was the number of young people with a care experience who now report completing Year 12 (57%). In 2007, Cashmore et al. (2007) noted that while 36% of their sample of young people had completed Year 12 within a year of turning 18, 42% had reached this milestone 4–5 years after exiting the system (compared with 80% of their age peers in the general population). McDowall (2009) presented similar findings. Even though the population figure for Year 12 completions is now around 90% in the 20–24 age group (Australian Institute of Health and Welfare, 2019a), the observed increase in completions from care is encouraging, as is the number (11%) enrolling in higher education courses. Although considerable attention is being focused on the importance of care leavers' achievements in post-secondary education (Courtney & Hook, 2017; Harvey et al., 2017; McNamara, Montserrat et al., 2019; Salazar et al., 2019), the first step in improving opportunities for young people with a care experience is to ensure more are able to complete Year 12.

However, more consideration must be given to the situation of those placed in residential care, or making their own placement arrangements, regarding their educational outcomes. Research clearly shows (e.g., Pendergast et al., 2018) that nurturing a “sense of belonging at school” can have a positive effect on school attendance and hence educational achievement. However, it is likely that considerable effort will have to be directed to creating this sense of belonging in the residential and independent students who, in McDowall's (2020) study, rated their school experience below 50%. Results from this recent CREATE report showing Year 12 completion rates of around 41% for Residential and Independent-living groups concur with findings from two studies, one in Australia (Australian Institute of Health and Welfare, 2015), and one in the UK (Sebba et al., 2015) that have linked child safety and education data; both reported poorer academic performance by those in out-of-home care, but especially so for those who were located in Residential Care and other non-home-based placements. More recent work (e.g., Maclean et al., 2017; Montserrat et al., 2019) has shown that these differences are persisting.

Educational support

When considering the types of educational support young people need to improve outcomes, the importance of carers cannot be overstated. Tilbury et al. (2014) showed that young people in care who were supported by carers and caseworkers were more likely to be positively connected with school. O'Higgins, in several studies (e.g., O'Higgins, 2018; O'Higgins, Sebba, & Gardner, 2017), highlighted the importance of carers' involvement in education, and their affirmative aspirations for the young people, for achieving positive educational outcomes. Spallek and Haynes (2020) go further and recommend that, to improve educational outcomes for those with a care experience, it would be best for them to be placed with carers who have achieved year 12 or higher education themselves.

Friends and mentors also have been identified as playing a supportive role in improving academic performance (Garcia-Molsosa et al., 2019). However, McDowall (2020) reported that almost 20% of his sample could not identify any person external to the school context who could help them learn?

As well as benefitting from people who can provide content and motivational support in their education, young people also need more funds to help pay for books, transport, or extra specialist tuition. McNamara, Montserrat et al. (2019) emphasised that financial support, even after young people had left care, was essential to maximise their educational achievements and set them on a positive course for their future. This support could take many forms, including study bursaries, fee remission, and provision of accommodation.

Better school performance also can serve to mitigate major risk factors for future psychosocial problems for young people ageing out of foster care. A child's school engagement and subsequent school functioning can be enhanced if teachers and child protection workers collaborate to ensure that such concerns are included as part of the child's personal development plans (Goemans et al., 2018). As Luke and O'Higgins (2018) showed in their review, many factors need to be taken into account when providing educational support to young people with a care experience, including their individual characteristics, socio-economic status, and educational experiences, such as earlier attainment, attendance, and type of school. As these researchers concluded: "there is little evidence that being in care is detrimental to the educational outcomes of children in care, but given the heterogeneity of the population, special attention should be paid to different groups of children and their particular needs while in care" (p. 148). These findings confirmed work done in Australia which added another factor to the mix, placement type, especially residential care, that was associated with poor school performance (Maclean et al., 2017). However, as Garcia-Molsosa et al. (2019) maintained, even students in residential care can have their school achievements and well-being enhanced by the implementation of supportive mentoring programs.

To help minimise the educational attainment gap, Berlin et al. (2011) advised that "promoting foster children's school performance should be given high priority by agencies" (p. 2489). These same authors further advocated that it would be desirable to introduce targeted interventions designed to improve foster children's educational achievements, even in situations where placements were relatively stable, and carers have considerable formal education (Berlin et al., 2019). Such interventions should occur when children first enter out-of-home care, to enable "catch-up growth", and continue beyond the time they are in care (Clemens et al., 2018). If these early actions are not taken to overcome the educational deficits for those in out-of-home care, Forsman (2020) warned they can persist as lower educational attainment into middle age.

More research is needed to help understand the facilitators of, and barriers to higher-education achievement by care leavers. From a review of two major studies in the US, Okpych and Courtney (2019) showed that by age 21, 77–85% of their sample of over 1400 young care leavers had completed secondary school, and 31–52% had enrolled at university. However, by age 25, about 8% had completed a degree. In their recent comprehensive review of the higher-education experience of young people transitioning in Australia, Harvey et al. (2022) emphasised that access to higher education must be improved for those transitioning, which could be achieved by improving secondary completions and raising the expectation of those who support young people leaving care. Harvey et al. summarise the problem well:

while care experienced university students tend to be highly independent, motivated, and determined, they are also more likely than the average student to face compound disadvantage. Care leavers are more likely to be from regional and/or low SES areas, to identify as Indigenous, and to have a disability and/or caring responsibilities. (p. 1)

In their recommendations, Harvey et al. (2022, p. 3–4) place the responsibility for improving outcomes for young people with a care experience who have made it to higher education, squarely with schools, governments, and universities:

- 1) That the Australian Government systematically collects and monitors data on care leaver students, from enrolment to graduate outcomes.
- 2) That universities increase their own efforts to recruit care-leaver students.
- 3) That schools, universities, and community service organisations ensure extensive and expansive careers advice for people in out-of-home care.
- 4) That universities develop a focus on care leaver success, beyond access and participation.
- 5) Similarly, that universities develop strategies to raise completion rates of care leaver students.
- 6) That universities provide dedicated counselling and information to care leaver students considering withdrawal, particularly around options to take a Leave of Absence or move to part-time status.
- 7) That further research be commissioned and conducted into the graduate outcomes of care leavers, including transitions to employment and postgraduate education
- 8) That Universities Australia and other peak bodies promote a specific focus on out-of-home care within institutional Indigenous strategies.

Health and Life Skills

Health Issues

A considerable amount of attention has been devoted in the literature to the health of children and young people living in out-of-home care (e.g., Bramlett et al., 2017; Cosgrove et al., 2013; Leslie et al., 2010; Nathanson & Tzioumi, 2007; Smales et al., 2020; Szilagyi et al., 2015; Webster, 2016) including mental health (e.g., Hambrick et al., 2016; Lohr et al., 2018; Teska, 2017). Not as much consideration has been focused on the health needs of young people after they leave care (Butterworth et al., 2017). Indeed, a major systematic review has been proposed to address the lack of information about policies, programs, or interventions designed to improve the health and well-being of young people transitioning from care (Taylor et al., 2021).

McDowall (2020) found that health ratings reported in his study matched data obtained from the general population (Australian Institute of Health and Welfare, 2018) where 20% believe their health is “excellent” and 57% feel that it is at least “very good.” This may help explain the observation of Liabo et al. (2017), based on interviews with care leavers, that health was “rarely at the top of any young person’s agenda, although gaps in health care and exceptional care were both described” (p. 182). As Baidawi et al. (2014) argued, mental and emotional health issues may become of more concern during the transition process, and yet can be neglected during this difficult period. Power and Raphael (2018) made a similar point by showing that the adverse experiences of care leavers can influence their current and future health condition, and recommended that policies be developed “to address the vulnerable situations care leavers experience associated with skewed income distributions, lack of housing affordability, weak employment standards, and lack of access to higher education typical of liberal welfare states such as the UK” (p. 346).

Impact of COVID-19 on Transitioning from Care

A major health issue that recently has had a severe impact on the global community is the COVID-19 pandemic. Researchers have published extensively on the effects of this disease and the public response. Some have monitored general outcomes during the course of the pandemic (e.g., Biddle & Gray 2020; 2021; Williams et al., 2022); others have concentrated on specific concerns derived from actions associated with attempts to control the spread of the virus, e.g., education (Brown et al., 2020); mental health and well-being (Australian Human Rights Commission, 2022; Derya & Sumen, 2020); consequences of lockdown (Berasategi et al., 2021; Dominguez, 2021; Singh et al., 2021); child maltreatment (Cappa & Jijon, 2021; Pinggera et al., 2021; Rapp et al., 2021); intimate partner violence (McNeil et al., 2022) and even implications for social worker training (Ferguson et al., 2022; He et al., 2022). Several studies have focused on the special needs of children and young people under child

protection and in out-of-home care, including residential care (Grupper & Shuman, 2020; Katz et al., 2022; Nguyen, 2021; Pisani-Jacques, 2020; Teo & Griffiths, 2020; Vosz et al., 2021).

Of greatest relevance for the current review are studies exploring the effect of COVID-19 on the lives of young people leaving care. Chandra et al. (2021) were able to compare data from care leavers during the pandemic with comparable data from a similar cohort pre-pandemic in the UK. Overall, they reported that care leavers appeared “exceptionally resilient”, their indicators of stress, anxiety, and loneliness remaining stable, with around 60% coping financially (compared with 56% before the pandemic), perhaps because of the financial support authorities had put in place. Most care leavers had the emotional support they needed from some source; about half found that support from leaving-care workers. Most concerning for young people were the restrictions placed on contact with workers to facilitate planning. These authors point out that, while the situation for care leavers may not have deteriorated significantly because of COVID-19, it must be remembered that their conditions were below par to begin with.

Gilligan et al. (2022), in their study of the influence of COVID-19 on care leavers from Northern Ireland, found the informal support from family, friends, and community systems of particular importance. It was suggested that a major function of formal leaving-care workers could be, apart from directly supporting the most isolated and vulnerable (particularly with their mental health issues), helping other young people establish such informal social support networks. Kelly et al. (2021) reported similar observations.

Munro et al.’s (2022) work in the UK emphasised that care leavers are not a homogeneous group and individuals’ transition experience would be expected to be different. They identified six pathways that members of their sample took when transitioning from care

The **transitional pathway** (unregulated semi-independent or supported living arrangements e.g., supported lodgings) was the most common initial pathway out of care amongst this cohort of care leavers, who were negotiating the transition to adulthood in the midst of the pandemic. Just under half of the sample followed this pathway (49%). The second most common pathway was the **direct pathway** which involves making the transition straight from care to living more independently in a council or privately rented property or moving into University accommodation; around a fifth (18%) followed this pathway. Fourteen percent of the sample remained with their foster carers, under a *Staying Put* arrangement post-18 (**extended care pathway**). Under 10% of the sample followed the **birth family** and **complex pathways** (9% and 8%) respectively. (p. 7)

These workers mapped the pathways onto Stein’s (2008) classification in terms of the impact of COVID-19, with the additional challenges of the pandemic not derailing the plans of those “Moving on”, but heightening the “precarity” in the lives of the “Survivors”, and confirming feelings of abandonment by the system for the “Strugglers.” Roberts et al. (2021) also reported on the disparity care leavers experienced under COVID, with some being reassured by the support received, while others were overwhelmed by the massive struggles faced and felt neglected and forgotten.

Similar mixed findings were recorded by Rosenberg et al. (2020) through their work with data from over 2000 care leavers, pre- and post-pandemic, in the US. Interestingly, COVID-19 slowed the declining school enrolments that had begun before the pandemic, but as expected, decreased the number of young people who were employed and increased the number of those who were disconnected from work and school. Another positive outcome was that more young people reported having savings.

COVID-19 has impacted on young people transitioning differently depending on their resilience and the supports they already had in place. Authorities must recognise this variability and do everything possible to avoid the pandemic being seen as just another adversity to be faced by already disadvantaged young people. They must provide services designed to maintain employment and

educational opportunities as well as facilitating emotional connection with family and friends to help sustain mental health and well-being.

Life Skills

Young people in Australia attempting to live independently have reported reasonable confidence managing the day-to-day activities of getting around, relating to people in general, and housekeeping, as well as remaining healthy (McDowall, 2020). These young people seemed to be faring better than those studied by Thompson et al. (2018) many of whom reported a lack of personal care resources (e.g., 68% wanted more assistance with meal planning; 61% more training on both personal hygiene and nutritional needs; and 49% requiring assistance or resources associated with their personal care). These and other researchers (e.g., Cameron et al., 2019; Shaw et al., 2020) have highlighted the need for focused independent living skills for care leavers, but also for those in-care to provide adequate preparation for adulthood. In their discussion of supports for transitioning to adulthood, Lee and Morgan (2017) review a major independent living resource in the US (the Casey Life Skills Assessment) that can be used to determine what supports young people transitioning need, and how to obtain the identified training and resources. However, they make the point, applicable in Australia as well, that such programs must be more effectively evaluated before being widely implemented on the assumption of being useful. Indeed, as Greeson et al. (2015) observed in a rare randomised controlled study of an outreach program:

our findings suggest that despite its greatest intentions, this program specifically, and independent living services, more generally, may need to adapt in order to effectively ameliorate foster youth's barriers to accessing and actively engaging in activities to increase social support during and after transitioning out of foster care. (p. 355)

McDowall (2020) also observed that many of his respondents reported that making friends was one of the most difficult "skills" to master during their transitioning. This is a concern given that considerable attention is devoted in the literature to emphasising the importance of relationships with friends, not only in providing direct support, but also as forming "a 'bridge' between the person's family identity, and emerging individual identity" (Hiles et al., 2013, p. 2066). Since friendships "are critical for healthy development and can serve as a buffer against stigma for youth who have been placed in out-of-home care", it is imperative for caregivers in the system to reduce, as much as possible, the logistical challenges that can be imposed on young people in care when attempting to form appropriate peer relationships (Mann-Feder, 2018, p. 154).

Youth Justice Involvement

Much research over many years has discussed the nexus between child protection and youth justice (e.g., Barth, 1990; Courtney et al., 2001; McCord et al., 1960). Indeed, McCord et al.'s early work hypothesised that boys placed in foster care would exhibit less "adult deviance" than matched controls in the general population; unexpectedly at the time, their findings produced the opposite result. In CREATE's first post-care survey (McDowall, 2009), the higher than expected incidence of care leavers being involved with the youth justice system was noted, but questions were not asked about how their post-care experience compared with what had happened in care. Over the last 10 years, much attention has been drawn to the special case of "cross-over kids" (Marien, 2012). Workers in NSW (McFarlane, 2010), VIC (Baidawi & Sheehan, 2019; Mendes et al., 2014), and QLD (Atkinson, 2018) have discussed the overrepresentation of young people with a care experience in youth justice, and AIHW has produced linkage studies that provide up-to-date information on the proportions of young people affected. For example, the latest data (Australian Institute of Health and Welfare, 2019b) show that those who have received child protection services are nine times (and for Indigenous young people 17-times) more likely than their counterparts in the general population to be also under youth justice supervision. When viewed from the perspective of youth justice, this report highlights that "More than half of young people in detention (55%) and half of those in community-based supervision (50%) received child protection services" (p. v). However, while the Australian context is

focused on here, this “cross-over” or “dual orders” situation is not exclusive to Australia (Carr & McAlister, 2016; Cutuli et al., 2016; Walsh & Jagers, 2017).

Apart from reinforcing a general concern with the large numbers of “cross-over” cases recorded, McDowall (2020) highlighted two contributing factors that need particular attention: Placement Type and Indigenous status. While there is some evidence that placement “in care” for young people who have been maltreated may lead to fewer serious youth-justice encounters than if they were left with their intact family (Ryan et al., 2016), the literature in general supports the observation that time spent in residential care raises the risk of youth-justice involvement. For example, Malvaso et al. (2017) calculated that placement in residential care increased the odds of future criminal convictions, while Cutuli et al. (2016) showed that being an African-American male, and living in congregate (residential) care generated the highest risk of youth justice engagement. What is unique in McDowall’s work is the demonstration that the youth-justice effects of both culture and placement were greatest while the young people were in-care compared with their experiences post-care. This seems to support McFarlane’s (2017) description of “care-criminalisation”, particularly as it occurs within the residential-care environment (Baidawi & Ball, 2022; Colvin et al., 2018). However, other types of justice involvement (e.g., as witnesses or attending court hearings) need to be considered in this context.

The recent, extensive overview by Baidawi and Sheehan (2019) provides a valuable resource to help practitioners understand the issues and gain perspective on ways some of the critical issues can be addressed. Of particular importance is their consideration, through the voices of key stakeholders, of the factors that are likely to keep young people entrenched in the system. One pervading issue they mention is the impact of trauma that in many cases led to the young people being brought into care initially. Bollinger et al. (2017) have discussed the significance of trauma from its influence on an individual’s neurobiological development, to how any deficit in this area can produce limited impulse control, poor emotional regulation, and attachment impairments that can result in offending behaviour and subsequent youth justice contact. This is the reason that a key recommendation from CREATE Foundation’s (2018) consultation with 148 young people was for all personnel dealing with young people in youth justice to receive more trauma-informed training so that they are aware the possible effect of background issues affecting those coming from the care system and can compensate for what might seem unacceptable behaviour that these young people might display.

Leaving Care

The process of leaving care marks one of the most significant periods in the life of young people who have experienced out-of-home care. As the work of Lunn et al. (2010) showed there are three distinct phases to the process: A *Preparation* phase (which in Australia should begin no later than the age of 15 years), the *Transition* period itself (at the age of 18 years), and the *After-Care* phase that can extend for several years (in many jurisdictions in Australia until the young people turn 25 years).

Preparation

Since extensive research began into transitioning from care (e.g., see Stein, 2006), there have been recommendations that leaving care should be a more gradual process, and certainly not all focused on the young person’s 18th birthday (Arnett, 2007; Liabo et al., 2017). This requires that young people are able to talk with a variety of supporters well before their orders cease and they are expected to become independent. However, as McDowall (2020) reported, one quarter of his respondents had not spoken to anyone about their future, and of the remainder, only one quarter had begun discussions by age 15 years. Half were not informed of what the future might hold until they were 17 years and about to exit the system. For almost half the sample, the caseworker was the preferred contact.

An important focus of these preliminary discussions should be developing a leaving-care plan that outlines the supports young people can access when approaching adulthood. In McDowall’s (2020) sample, members of which left care at some time in the last seven years, 36% of respondents reported

that they had a plan to guide their progression, and 39% of those with a plan had been quite involved in its preparation. This compares with the 40% of 17–18-year-olds who knew of their leaving-care plan as reported in CREATE’s recent national out-of-home care survey (McDowall, 2018), and the 40% of the post-care group surveyed by CREATE in 2009 (McDowall, 2009). Clearly, the number of young people transitioning from care who are involved in planning for their future is still unacceptably low.

Similar findings have been reported by Park et al. (2020) where, in their study, nearly a third of the youths were either not aware of or not involved in planning for their independent living. These researchers found that the likelihood of young people being satisfied with the planning process, which the majority of care leavers who engaged with their caseworkers were, was directly associated with how helpful the social worker was perceived to be.

Reasons for this limited involvement are likely to fall into two categories: Lack of interest on the part of the young person, or lack of opportunity for them to be engaged. Appleton and his colleagues (Appleton, 2019; Barratt et al., 2019; Hung & Appleton, 2016) presented evidence and theoretical argument for a re-thinking of planning as it involves young people transitioning from care. Drawing on the philosophical work of Bratman (2014), they make the point that some young people may not value being required to make explicit, goal-oriented plans. As Appleton (2019, p. 2) explained, there are three issues that need to be considered regarding “pathway planning” for young people leaving care:

First, emerging adulthood is regarded as an experimental period of life, characterised by exploration and instability . . . Second, for young people in transition from care (or ‘leaving care’ or ageing ‘out of care’ – I use the terms interchangeably), multiple barriers may frustrate attempts to ‘get a life’ . . . Third, there is preliminary evidence that at least some young adults who are leaving care may be sceptical about future-oriented planning . . .

Hung and Appleton (2016) even reported that many of their respondents found life-planning anathema, largely due to their past experiences of disappointment and disillusionment. However, these workers and others (e.g., Lemus et al., 2017; Munford & Sanders, 2015) have stressed that the young person’s sense of agency and control must be strengthened, and that their voice expressing their needs must become an integral inclusion in the planning process (Dixon et al., 2019). As Appleton (2019) concludes, supporters of young people transitioning from care need to re-orient their approach “away from our thinking in terms of atomistic goal-planning, and toward considering more fundamental ‘building blocks’ of planning a life – focused on the interpretive positions young people start from” (p. 14).

Given that individual young people may have their own internal barriers to thinking too much about what their future might hold, it becomes even more important for the system to provide opportunities for discussions and goal setting in as varied and inclusive forms as possible before transitioning occurs. Lemus et al. (2017) showed that care leavers were reasonably clear about what they wanted to achieve in the immediate future in specific areas (e.g., over the next 12 months), but thinking of longer-term goals in many life domains became abstract, imprecise, and too difficult for many. The literature is clear that care leavers have aspirations that can be nurtured, and that having aspirations that are achievable is a positive force in establishing their independence. However, to achieve this outcome, they need support, particularly through social relationships and networks; they cannot do it alone (Bendeck & Moore, 2022; Husby et al., 2018; Rutman & Hubberstey, 2016; Sulimani-Aidan, 2017b; 2019).

Plans have to be relevant to the young peoples’ needs as indicated by them and integrated into their lives by involving family and friends. As Bengtsson et al. (2020) indicated, plans work best when they emphasise the agency of the young person and focus on long-term goals. Unfortunately, data from McDowall’s (2020) study, where 14% of young people could claim to be quite involved in transition planning, shows that the processes employed at present to generate engagement from young people are not working effectively. His respondents were clear that their preferred method of working towards independence was through hands-on experience under the guidance of some form of

personal mentor. This need has been recognised and addressed in the US, for example, through the extensive work of Rhodes (2020) and in the studies on natural mentoring by Greeson and her colleagues (Greeson & Thompson, 2017; Greeson et al., 2016; Thompson et al., 2016).

In Glynn and Mayock's (2018) study of facilitators and barriers to planning participation, none of their respondents discussed being involved in the development of a leaving-care plan or having a copy of the final document. However, one important observation for improved practice emerged: "It was suggested by a number that their aftercare worker ought to have identified their disengagement as a sign of dissatisfaction and adjusted their approach to increase their participation" (Glynn & Mayock, p. 9).

In summarising their findings, Glynn and Mayock (2018, p. 14) identify three key messages for practitioners which are worth reinforcing here:

- These findings suggest that creating and maintaining relationships is critical to engaging young people. A key point is that open and honest communication is essential for maintaining positive working relationships.
- The findings presented in this paper suggest that some young people may find the sudden demands of engaging with leaving care services to be daunting. Services could, therefore, develop approaches that focus on the incremental introduction of the concept of aftercare and the role of the aftercare worker, utilising existing positive relationships where possible.
- Finally, there is a clear need to conduct periodic reviews of aftercare services and of young people's engagement with those services. In developing a policy for periodic reviews, it is important to consider the frequency of reviews, the question of who should attend and, in consultation with the young person, the range of issues that might be discussed.

After-care Support

Generally, the international literature paints a consistent picture that, given that the outcomes for young people transitioning to adulthood from care mostly are poorer than for their counterparts in the general population, it would appear that the supports available for care leavers are not adequate to meet their needs (Bhargava et al., 2018; Marion & Paulsen, 2019). There also has been criticism of the level of evaluation of supports that are available (Økland & Oterholm, 2022). McDowall (2020) found that relatively small numbers of young people accessed after-care support services. The difficulty in determining actual numbers is that support services tend to be fragmented and focused on regional populations, and no central records are kept that indicate demand, extent, or kind of support provided. It would be ideal to have in Australia a dataset equivalent to the National Youth in Transition Database operating since 2010 in the US (Children's Bureau, 2012; Fernandes-Alcantara, 2014). Recent publications indicate the increasing value of having such a resource for researchers and policy makers when evaluating and reforming support provided for young people who have exited the care system (Children's Bureau, 2017; Salazar et al., 2019; Watt et al., 2018). McDowall did find that young people, after leaving care, obtained most support from friends (one third) and with continuing help from carers (27%; about 30% of respondents saw their former carers weekly) or siblings (24%). About one fifth had accessed an after-care service. This contrasts with the findings of Ruff and Harrison (2019) where 93% of their 84 respondents reported accessing at least one formal transition service (although these authors caution that because of their sampling processes, the study could be influenced by selection bias).

Paulsen and Berg (2016) showed that there were four categories of social support that should be provided for those transitioning: (a) *practical support* (e.g., covering financial guidance and support, housing etc.; the "practicalities of everyday life"); (b) *emotional support* (so that young people know they have someone who loves them and cares for them); (c) *affirmational guidance support* (from someone who can provide advice and feedback to enable young people to self-evaluate and make informed choices); and (d) *participation support* (from someone who can help them with the difficult

task of balancing their dependence and independence). This struggle between self-reliance and help-seeking can create a major barrier to young people accessing support (Samuels & Pryce, 2008).

While social networks can be essential for providing emotional support (Blakeslee & Best, 2019), other more focused assistance is necessary in the form of practical support from specific services (e.g., health, education, housing, and employment). Campo and Commerford (2016) produced a valuable needs analysis and overview of some key services for those transitioning in Australia, and strongly advocated for the provision of flexible and well-planned transition support for achieving gradual independence. Whatever form the support takes, it needs to be provided within collaborative relationships that are based on “individuality, equality, fairness, trust, a non-judgmental attitude, flexibility and safety and a general approach valuing, respecting, listening to and empowering the young person” (Kaasinen et al., 2021, p. 1).

After-care service access. A number of questions arise when considering the formal after-care support provided through specialist services. What services are needed? What is the demand for services? Are sufficient appropriate services available to meet the demand? Why might demand be lower than expected? The views of young people collected by McDowall (2020) shed light on some of these issues, and confirm other observations reported in the literature. Campo and Commerford (2016) emphasised housing as a critical need, and this was the service that most (25%) of the respondents in McDowall’s study accessed. Heerde et al. (2018), in a rigorous meta-analysis, looked at the impact of post-transitional services on outcomes in a variety of need areas: Housing, employment, education, mental health, and substance use. Nineteen studies were reviewed, and eight finally analysed that included sufficient data to allow effect sizes to be calculated. These workers noted a distinct lack of international, peer-reviewed research evaluating the impact of post-transitional services (the only publications that qualified for inclusion in this study came from the US). The results reported across the domains tested were equivocal; Heerde et al. concluded that their findings:

suggested that participation in transitional programmes may be associated with positive housing, education and employment outcomes, illustrated by small associations between transitional programme participation and these outcomes. (p. e29)

Those who did report accessing services in McDowall’s (2020) study found the assistance they received “reasonably” helpful, although as Katz and Courtney (2015) reported as well, the greatest deficit (apart from cultural support) was in help with managing finances. However, the overall incidence of reaching out for help by care leavers was relatively low. Similar observations were made by Okpych (2015) following analysis of data documenting service receipt of the Chafee Care Independence Program across the US available from the first two years of records in the National Youth in Transition database. He determined that “about half of the 131,204 youth included in this analysis received at least one type of Chafee service, and considerable variation existed in the proportion of youth that received each of the 13 specific types of services” (p. 74). Restated, these findings indicate that over half the care leavers did not access any services at all. Variability in access was influenced by sex, age, race, disability, and location of residence.

Assuming that most young people transitioning to adulthood could benefit from specific assistance in a variety of areas, what are the barriers precluding help-seeking on the part of young people transitioning to adulthood? Schenk et al. (2018) discussed the importance of the relationship between help-seeking orientation (attitudes young people have to help-seeking, largely based on past experience) and the two critical forms of social capital (relationships with others in their networks): *bonding* connections (relationships between network members who perceive themselves as having a similar social identity, e.g., parents, siblings, other family members, and peers) largely providing emotional support; and *bridging* connections (relationships formed with people who do not share a common socio-demographic identity, e.g., healthcare providers, counsellors, teachers etc.) useful for facilitating access to essential information. They were concerned with identifying motivators and barriers that might help or hinder struggling young people using their social capital to obtain the

support they needed to become independent adults. Their findings reinforced the importance of both forms of social capital, but in particular advocating for enhancing the effectiveness of bridging capital through the use of mentors. Others (e.g., Schwartz et al., 2016; Schwartz et al., 2018) also have recognised this need and have experimented with interventions designed to empower young people with the skills and confidence needed to seek appropriate academic and/or career mentors from their own social networks.

Johnson and Menna (2017) have studied care leavers seeking help with mental health issues. Their results confirmed previous findings that young people were more likely to seek help from others who could understand their problems or had experienced similar situations. They identified 12 barriers including the young person's desire for independence and self-reliance, previous negative help-seeking experiences, and nervousness about raising their problems. Most of the barriers could relate to all emerging adults; however, three issues were unique to care leavers: A desire to forget the past and move on; a distrust of the system; and possible stigma.

Another detailed study of the challenges in help-seeking facing former foster youth was conducted by Pryce et al. (2017). These researchers summarised potential barriers by categorising them into three groups: (a) Intrapersonal, (b) interpersonal, and (c) systemic challenges to help-seeking. The *intrapersonal* barriers relate to the individual perception young people have of help-seeking (a weakness, in that they can't look after themselves and may be too dependent on the system). *Interpersonal* factors can lead to positive or negative outcomes depending on the relational histories young people have with their caregivers (a conflict between viewing help-seeking as essential but realising that experience has shown it to be inconsistent and unreliable). *Systemic* challenges are exacerbated by multi-level instability within the care context possibly resulting in limitations placed on resources available to the young people, but more generally generating in them a feeling of loss of control or agency in personal decision-making.

Pryce et al. (2017) argued that the care system, when dealing with those transitioning, needs to change from a focus on the traditional case-management model (care and protection) to incorporate a more flexible approach that is more relationally focused. The question for practitioners and policy makers, to overcome the range of complex barriers to help-seeking, becomes: "How can the system attend to these relationships such that, as appropriate, they can more likely serve as long-term supports to young people as they leave care?" (Pryce et al., p. 320).

Access to personal documents. In the general community, it is well understood how important personal records are for establishing and verifying individual identity. We share our defining photographs, and protect our personal documents (birth certificates, passports, wills etc.) that are essential for identification. Care leavers have other reasons for wanting to access their records, apart from helping to reconstruct their identity. As Frings-Hessami (2018) explained, the other two main reasons usually are to reconnect with their birth family, and to obtain evidence in their search for delayed justice. Since two thirds of McDowall's (2020) respondents had attempted to access their records, it is clear that a considerable demand exists. It is unacceptable that over half of the young people who requested information did not receive a satisfactory response to their application, and few of those who did receive information found the process easy. Murray (2017) summarises the needs of care leavers in her advocacy for "supported release" of relevant documentation. More consistency in recordkeeping and release policy must be achieved across departments and agencies (Greenwood et al., 2019). It is not appropriate to ignore requests from young people for relevant information, to force them to experience lengthy delays in accessing their records, or to unload onto a vulnerable young person a set of "incomplete, insulting, incorrect, and/or incomprehensible", largely redacted data (Murray & Humphreys, 2014, p. 215).

Given that personal records are so important in the lives of care leavers on so many levels, it is encouraging that several workers are now attempting to raise the bar to improve the quality of recordkeeping in child safety, and to create a context where records become meaningful, not only for

caseworkers, but also for the individuals whose lives they document. Golding and colleagues (2021) introduced a *Charter of Lifelong Rights in Childhood Recordkeeping in Out-of-Home Care* for First Nations and Australian children and young people who have experienced the care system. It is hoped that this will form the basis of a framework to lead to better recordkeeping in the future. Whether the form the recordkeeping takes represents an “identity resource” for young people (Humphreys & Kertesz, 2015), or a participatory information governance model that aims to design for “shared ownership, stewardship, interoperability and participation” in recordkeeping (Evans et al., 2019, p. 178), it is essential information available “should be providing continuity of evidence and memory throughout the disruption of childhood due to *care* interventions” (Rolan et al., 2019, p. 5, original italics).

There have been early attempts to harness the capacity of the digital domain to produce comprehensive and accessible repositories for the records of children and young people in care. Such an endeavour would appear to be an example of one where best practice from many areas could be integrated to produce a resource that would benefit the young people in care in Australia equally. However, different jurisdictions are developing different digital products (either websites or apps) with different functionality, and varying levels of success, but with the best of intent. For example, NSW has produced *ChildStory*, partly introduced in 2017, with the claim that “It records and recalls the right information at the right time. This helps a child and their network of people, make the right decisions” (<https://www.facs.nsw.gov.au/families/childstory/what-is-childstory>). Unfortunately, the child-access component, at the time of writing, still is not functional. Alternatively, QLD has produced a less ambitious *kicbox*, a simple digital “memory box” to keep everything in one place (<https://www.qld.gov.au/youth/family-social-support/young-people-in-care/kicbox>). At present it does not include case records. It would be ideal if all states and territories could cooperate in developing digital mechanisms to enable their care populations to have comparable access to their personal records.

Transition-to-Independent Living Allowance. The Transition-to-Independent Living Allowance provided by the Australian government to support care leavers has been set at \$1500 since 2009. Following changes made to the distribution process in 2014, a major review was conducted (Durham & Forace, 2015) to determine the effectiveness and efficiency of the administration of TILA. It might be expected that a scheme designed to provide an individual with money to assist setting up an independent existence would be popular, and that demand would exceed supply. However, this is not the case. McDowall (2020) found that only 39% of the care leavers accessed this support. This is consistent with Durham and Forace’s estimate that found that the drawdown on TILA when they were writing was approximately one half of the \$3.512m appropriation.

It would seem that something must be problematic with how the scheme is promoted to young people and what is required for young people to be able to access the funds. Caseworkers reported to Durham and Forace that the process was relatively easy and comments from several young people in McDowall’s (2020) study indicated that they didn’t have a problem; but reasons given reveal a potential weakness of the scheme. “The caseworker did it for me.” To be eligible for funding, young people must have a caseworker and a transition plan (which based on the current data, would eliminate about 60% of potential applicants); and contrary to the intent of transitioning to independence where young people are supposed to be given increasing responsibility, caseworkers are required to control the funds, if approved, and make the relevant purchases. Clearly, attention still needs to be focused on Durham and Forace’s recommendations to (a) make communications about the scheme simpler to reduce barriers; (b) remove the remaining administrative complexity; and (c) work to increase the demand for TILA so that more young care leavers can receive the needed financial support at this challenging time in their lives. Recently, the Department of Social Services (2022) has announced a review of the TILA process that hopefully will lead to a simpler system to access and more available funding.

The amount of financial support available in Australia is poor (a one-off \$1500) compared with the funding available generally in the UK which provides a *Setting Up Home* allowance of £2000 and continuing education bursaries of up to £2000 (Children Commissioner, 2022). Wales recently has begun piloting an even more generous scheme that will give care leavers £1600 per month for two years after leaving care as a basic income to help establish their independence (Welsh Government, 2022).

The Leaving-Care Experience

Comments young people make about their leaving-care experience, both positive and negative, reveal the complexity of this period in their lives and the conflicted experiences they have. On one hand, some young people relish the freedom and independence that follows from being free of the “authority” of the state and in control of their relationships and having the agency to take whatever opportunities present themselves. However, this freedom can come at the cost of loss of support, financial strain, homelessness, and the burden of responsibilities. This dichotomy was identified by Refaeli (2017) where some young care leavers emphasised the positive aspects of their journey (those “surviving through struggle”) while others tended to focus on difficulties and negative outcomes (the “struggling to survive” cohort). Recent research (Cameron et al., 2017; Gilligan, 2019a; King, 2019; Ungar & Theron, 2019) reinforces the importance of a positive attitude associated with having a secure base and strong relationships in helping establish the resilience young people need to maximise the likelihood of a successful transition. The observation in McDowall’s (2020) study that on average young people rated the support they received for transitioning at 45/100 shows that much more needs to be done by the corporate parent to prepare them for their future independence.

Accommodation

It has long been recognised that “making a home, finding a job” (Dixon & Wade, 2006) are two essential achievements that can contribute significantly to the future well-being of care leavers. Rosenberg and Kim (2018, p. 109) argued, “When a youth experiences instability in one of the most basic needs, housing, it makes it difficult to do well in school or find a job. Stable housing is fundamental for transition-aged youth to ensure physical and mental health and pursue long-term investment in education and career for their future.”

Natalier and Johnson (2012) showed that young people transitioning from care in Australia tended to follow two distinct pathways to finding suitable housing. One group achieved a *smooth* pathway where:

Their post-care housing was characterized by a successful first accommodation placement, few moves and support by social networks that offered resources to maintain housing and reserves to fall back upon when something went wrong. Their successful housing outcomes allowed them to use their home as a base from which to start pursuing employment, education and training. (p. 79)

This positive outcome contrasted with the majority of respondents in Natalier and Johnson’s study who experienced a more *volatile* process, characterised by instability in relationships and housing, lack of adequate preparation for transitioning (two thirds of the volatile group didn’t have leaving care plans), and being forced into unsafe situations where they had little control over their accommodation options.

Clearly, even the domain of accommodation highlights the conflict between expectations of young people to be “self-sufficient” (finding their own place), and their need to develop supportive social connections (to help with the process) (Curry & Abrams, 2015). The work of Mendes and Purtell (2017), in evaluating the Berry Street *Stand by Me* program, reinforced the importance of social support from mentors and family in assisting young people to find suitable (safe and stable) accommodation options. Lenz-Rashid (2018) found that long-term stable housing was one of the

positive outcomes (as well as higher employment and low rates of parenting before age 22) of a transitional housing program that provided in situ living-skills training to young people while still in care.

Homelessness experienced by young people transitioning from care has been an area of concern for many workers in the field (Cripps & Habibi, 2019; Johnson et al., 2015; McDowall, 2010; Saunders, 2016). Prince et al. (2019) made the point strongly that policy differences across jurisdictions contributed to almost one third of the variation in outcomes experienced by young care leavers. For example, if young people lived in a state that allocated a considerable proportion of its budget to housing support, they had a reduced risk of homelessness and incarceration. Alternatively, in states where care leavers had to compete with many low-income renters for limited housing resources, they were at an increased risk of substance abuse and childbirth. While individual-level risks also were significant (e.g., being male, having experienced placement instability, exhibiting behavioural problems, living in residential care), one factor did reduce the odds of homelessness, incarceration, and substance abuse: Remaining in foster care beyond age 18. Further, as Heerde et al. (2020) observed, "programs that enable young adults to pursue income and employment, reduce antisocial behavior and include services for those who have been victimized, may help to mitigate harm among young adults experiencing homelessness" (p. 1).

Although having a stable base could be considered a necessary condition contributing to a successful transition, as Schelbe (2018) demonstrated, it is not sufficient for young people merely to find somewhere to live. The quality of the accommodation is important, as is its location and accessibility. Even if a base is secured, it must be realised that setbacks in other important domains (health, employment) can undermine a young person's ability to maintain tenancy.

Chavulak and Mendes (2021) summarised the general issues in their scoping review of what factors contribute to a positive housing transition; they argued (p. 1) that success for young people could be achieved with "good transition planning, continuing support from responsible adults, the availability of safe and affordable housing and extended care till at least 21 years."

Extending Care

The need for accommodation can be considered differently at different stages in the transition process, e.g., immediately after orders cease on turning 18 years, and then later in the young person's emerging adulthood. An important finding from McDowall (2020) was that over half of the respondents were able to stay with their carers after turning 18. This is consistent with the preference expressed to Tennent et al. (2010) where, even 10 years ago, over half their young participants wanted to remain in their placement after ageing out of care.

Young people who were able to remain in their placement were more likely to be working and less likely to be involved with youth justice (although these trends did not reach significance; McDowall, 2020). Differences that were significant related to the more positive feelings of being supported within the system by those who remained in placement, and the greater likelihood of the "leavers" being homeless at some stage in their first year out of placement. The observation that 30% of McDowall's respondents reported this experience is consistent with findings from previous Australian research (Clare et al., 2017).

What many young people are choosing to do, and a decision many carers are supporting (viz. remain in placement), has received much research attention in the last 10 to 15 years, largely stimulated by the seminal work of Mark Courtney in his Mid-West study (Avery & Freundlich, 2009; Courtney et al., 2007; Courtney & Hook, 2017; Courtney et al., 2018; Munro et al., 2012; Peters et al., 2009; Walker, 2016). It consistently has been demonstrated that young people can achieve more satisfactory outcomes in emerging adulthood if their transition is made more gradual by extending their care until at least 21 thereby providing a stable base from which to navigate independence (Palmer et al., 2022). This policy now has been adopted by 48 states in the US (Child Welfare Information Gateway, 2022)

and has become standard practice in the UK where it is known as *Staying Put* (Munro et al., 2012). There even is evidence, as discussed by Putnam-Hornstein et al. (2016), that remaining in a placement can give the extra time that might be necessary for appropriate sex education to reduce unwanted pregnancies in this group.

Recently, there has been a concerted campaign waged to introduce a similar policy in Australia, based on international and local data (Deloitte Access Economics, 2018; MacDonald, 2016; Mendes, 2018; Mendes & Rogers, 2020). At the time of writing, seven of the eight jurisdictions in this country (with the exception of NSW) have provided care leavers with the opportunity to remain in their placement until the age of 21 by continuing to pay carers an allowance. The arguments made by Mendes (2019; 2022), that the policy inaction seems more concerned with expenditure control than with determining the benefit of the program for young people, can now be directed exclusively at NSW. It is disappointing that this jurisdiction with the largest number of young people in care, has not seen fit to provide this fundamental support for the young people transitioning in that state.

The argument in some quarters against providing this support, even though the advantages for young people afforded by having the opportunity to remain in a placement until 21 are universally acknowledged, seems to centre on the question of why a government should spend taxpayers' money funding what many able and dedicated carers are doing already at their own expense.

Two issues need consideration here. First, morally, ordinary "parents" do not usually terminate support for their children when they turn 18; why should the "corporate parent"—which assumed this role in the lives of young people when they were removed from their birth-family context—believe it appropriate for others to assume all responsibility for the "states' children" as they emerge into adulthood? Now most Australian governments do continue to provide financial support to carers to maintain a placement for the young people over 18 who choose to remain in their household, or provide funding for young people to find their own suitable accommodation. Second, if allowances were extended, more carers might be able to allow young people living with them to remain in placement so that some of the half that now move on after turning 18 might choose to stay in the supportive environment to which they have become accustomed. A challenge here is for governments and agencies to develop appropriate case-management practices to deal with issues in this extended period (McDaniel et al., 2019), and to redouble carer recruiting activities to replace those who will sign up for another three years supporting their existing charges.

However, there always will be some young people who want to try living independently and choose to leave their placement when turning 18. The needs of these young people, particularly for housing, should not be overlooked. McDowall (2020) showed that almost two thirds of those who moved from their placement were renting, and almost one third expressed a need for financial assistance to help with payments (i.e., rent, board). These young people also should receive the benefits of extended care. Indeed, it would be desirable if the Australian government, as a follow-on from the *National Framework for Protecting Australia's Children 2009–2020* (Department of Social Services, 2018) adopted the US model where the federal government shared the additional costs of extended care with the states and territories. This approach enables a variety of housing alternatives and supportive services to be accessed by young people at least until age 21 (Dworsky & Dasgupta, 2018).

Employment and Finances

Coincident with finding somewhere suitable to live, young people also need income to pay for the accommodation and obtain the other necessities of life. Society's traditionally preferred source of income is individual employment; however, if this is not available, society can provide a safety net until work is found. Studies from around the world confirm that care leavers are more likely than their peers in the general population to be on an unemployment trajectory (Kääriälä et al., 2019; Lifshitz, 2017). Low rates of employment and low earnings can persist well into adulthood (Stewart et al., 2014).

Data collected by McDowall (2020) showed that 30% of respondents had been unable to find regular paid employment since leaving care. At the time of completing that survey, 46% were totally dependent on Centrelink payments. These results are consistent with findings reported internationally. For example, Barnow et al. (2015) collected data from over 1000 young people who had left care over a 2-year study period, from five major cities in the US. They found that 35% of their participants had obtained employment. Sanders et al. (2020) emphasised that having a job was the best predictor of gaining further employment.

There now is an international trend for care leavers to be focused on either education or employment. For example, Bengtsson et al. (2018) found that, for care leavers in Sweden, their most common daily activity was going to upper secondary school or being in part-time employment. From a larger sample of 254 young people in the US involved in an Independent Living-Employment Services (IL-ES) program, Zinn and Courtney (2017) reported that three quarters were either working or attending school (with one quarter doing both). McDowall (2020) reported that 62% of his sample were involved in either school or work.

The literature is clear that higher levels of education are associated with a greater likelihood of finding employment (Cassarino-Perez et al., 2018). However, receiving support from significant adults, including carers, mentors, youth workers, and even potential employers and work colleagues, can be critical in helping young people enter and successfully navigate the “world of work” (Arnau-Sabatés & Gilligan, 2015; Bilson et al., 2011; Gilligan & Arnau-Sabatés, 2017; Marion et al., 2017).

It also has been shown that previous work experience or work experience programs can be valuable in opening up employment pathways that can be pursued by care leavers. Gilligan (2019b) argued that education and engagement in work are better viewed as entwined rather than as separate entities, and consideration should be given in an individual’s life to which receives the greatest attention at any point in time.

A similar position has been taken by Dixon (2016) in her concern for NEET young people (those Not in Employment, Education, or Training). She stressed that a young person’s employability can result not only from better education but also through work experience and training programs that “focus on improving young people’s work readiness, confidence and motivation as well as more overt work related skills” (p. 27). Gates et al. (2018) were able to show empirically that the young people who completed elements of a hands-on work experience program (*Works Wonders*) were more likely to be working at follow-up compared with those who dropped out. In addition, they reported that “self-determination also increased for young people who completed the group compared to those who did not” (p. 152). This intrinsic motivation could be the most important quality young people can acquire in such programs as it can underpin all their future endeavours.

While it has been acknowledged that care leavers are only likely to earn half of what their counterparts in the general population can expect (Okpych & Courtney, 2014), this type of inequality cannot be accepted and allowed to continue. Perhaps if the care system adopted an “inequalities perspective” (Keddell, 2020), areas where support would be most likely to reduce entrenched disadvantage could be identified and addressed.

Whatever sources of income young people can achieve (employment or government support), they need to have confidence that they can manage their money effectively, i.e., they need budgeting skills as part of their life-skills training (McDowall, 2020). Salazar et al. (2021) reported that young people, as they aged, developed more financial capability, but many in their sample still lacked financial skills in several of the core areas (i.e., Earning; Spending; and Saving). Programs are available to provide essential training (e.g., Australian Securities & Investment Commission, 2016), but other supports must be clearly identified in transition planning and implemented consistently, without the variability in treatment evidenced in the recent Transition to Independence Forum report (2022) into accessing financial assistance in NSW.

Family Connection and Relationships

As Booth et al. (2012) demonstrated in the studies they collected for their book, relationships and the consequential support they provide during adolescence and young adulthood are critical in shaping the transition to adulthood of young people living in a family. This experience is different for young people who have been taken into care. Cashmore and Taylor (2017) explained that, while contact with family remains a right under the *UN Convention on the Rights of the Child* (UN General Assembly, 1989) and underpins various jurisdictional standards for children and young people in out-of-home care, the degree of involvement can be different depending on how likely it is that the young person will be reunified with the birth parents. However, even children and young people who are not likely to return home “need to understand where they come from, who their parents are, and what their cultural background is, as well as allow room for these relationships” (Cashmore & Taylor, p. 6).

Sting and Groinig (2020) see the family as a “safety net” for young people as they emerge into adulthood, which may be lacking for those with a care experience. However, family can still function as “an arena of concrete social relationships, as a normative model and ideal, as a biographical experience and memory, as a connection to family traditions and practices, and as an important contextual factor for resilience and identity formation” (p. 140). The impact of family can be significant particularly in determining educational pathways for young people during and after out-of-home care. As Boman (2022) argues, understanding family relationships “is central to understanding transitions, identity, and connections in the lives of people who have left out-of-home care” (p. 23).

When young people officially leave care, they can choose for themselves how much contact they wish to have with birth family members. Of all respondents in McDowall’s (2020) study, 7% had returned to live with their birth mother, while 16% were living with siblings. For those not living with family, 40% contacted their siblings at least weekly, compared with 28% who reported this level of contact with their mother. The importance of relationships with siblings while in care has been well documented (McDowall, 2015). The fact that many young people are drawn to their families of origin even after leaving care adds weight to Healy’s (2019) argument that more should be done to develop what amounts to the under-utilised caring capacity of families. In cases where there is the possibility that young people may want to maintain meaningful connections with family, interventions could be mounted to help families maximise the likelihood of positive outcomes from these relationships (Collings et al., 2019). However, as Chateaufeuf et al. (2018) point out, the success of such connections will depend on how often contact occurs, birth parents’ characteristics, and foster carers’ attitudes.

It remains a concern that few young people have contact with their fathers. Serious consideration must be given to why this is the case. Zanoni et al. (2014) questioned a commonly held view of a father’s role when they asked: “Are all fathers in child protection families uncommitted, uninvolved and unable to change?” Unfortunately, in some cases, these descriptors may be true. As Hernandez (2019) indicated, there can be a number of barriers to father involvement. In her research, even though 95% of fathers from the families studied were able to be identified, only 63% could be contacted. She cited father issues with demonstrating paternity, justice involvement, and substance use as limiting contact with children and young people. In some cases, because of unacceptable behaviour, particularly concerning domestic violence, a form of reparation may be necessary for young people to want to re-connect with their fathers (Lamb et al., 2018). But also, there were situations where mother-relevant barriers created difficulties, such as where information about the father was withheld from the young person and caseworkers.

However, the social work literature has become particularly focused on minimising systemic barriers whereby behaviour of caseworkers can itself lead to the exclusion of father engagement. In a comparative survey of social work practice in England, Ireland, Norway, and Sweden, Nygren et al. (2019) showed that, despite some advances in the consideration of mother and father gender roles,

“fathers remain largely absent in child welfare practice decisions about the parenting of their children” (p. 148). It has been argued that such bias can begin with social work education (Brewsaugh & Strozier, 2016). Whatever the cause, because of the demonstrated advantages young people in out-of-home care can experience through connection with fathers, including doing well in school and having healthy self-esteem and self-concepts, as well as being more likely to exhibit empathy and pro-social behaviors and avoid high-risk behaviors such as drug use, truancy, and criminal activity (Campbell et al., 2015), advocates for more father engagement emphasise that discrimination against this group of parents should be avoided, and workers should aim to treat relationship formation with fathers as standard practice in child protection, attempting to pursue their active rather than passive involvement (Brandon et al., 2017; Icard et al., 2017; Shpiegel, Aparicio et al., 2022).

While family is undeniably important, these relationships form only a part of a young person’s social support network. Rosenberg (2019) was able to show that for her sample of 58 young people transitioning from care in the US, who had among them 424 people in their social networks, birth family members comprised 18%, as did foster-care family supporters as well. Most network members occupied a formal support category (39%), while 29% included friends or informal supporters. It is well-known that support networks provide both emotional support and tangible assistance with problem areas (Packard & Benuto, 2020). In their analysis of social supports, these workers showed that the emotional connection was most effectively expressed through positive, unconditional regard and suggested that this should become a basic skill of caseworkers. Similar findings were presented by Best and Blakeslee (2020) in their analysis of factors affecting the closeness of relationships. They pointed to the need for “stability, multidimensional support, advocacy, honesty and genuineness, commonalities, trust, and small interconnected core networks” (p. 1); again, these appear fundamental attributes to be evidenced by supporters helping young people transition from care.

Once strong relationships are formed, they can have an effect over many years. For example, in van Breda’s (2020) study, he showed that supportive relationships were particularly effective in the first three years after leaving care, but their influence persisted for up to seven years for some in his sample. Van Breda advocated for a support model that brought all the critical aspects together for maximum impact, viz. the capacity (resilience) of the young people themselves, the availability of supportive others, and the formal input from social services.

Parenting. It has been recognised for some time that young people leaving the out-of-home care system are at greater risk of pregnancy and early parenthood than their peers in the general population (Mendes, 2009; Svoboda et al., 2012). Various estimates place the rate of parenting for youth in out-of-home care at two to three times that in the general population (Svoboda et al., 2012) where teenage birth rates have been falling in recent years (Dworsky, 2015). Using data from the 2011 cohort records on the National Youth in Transition Database in the US, Shpiegel and Cascardi (2015) reported that 4% of the males and 10% of the females had children. A later review by these researchers (Shpiegel et al., 2017) increased this rate to 21% for those 19 years and under, which has been further updated to 30% (Shpiegel et al., 2021). Other studies have estimated that one quarter of their samples of care leavers became parents (Combs et al., 2018; Courtney et al., 2016).

In Australia, the trend for falling births rate in the 15–19 female population resulted in a rate of approximately 1.2% of that cohort becoming parents in 2017 (Australian Human Rights Commission, 2017). McDowall (2020) recorded that seven out of 62 females aged 18 and 19 years (11%) were parents, and while not directly comparable with the national figure because of the restricted age grouping, indicates a concerning birth rate.

Teenage mothers in general are considered an “at risk” group (McArthur & Winkworth, 2018); the additional challenges and stress of ageing out of care with little financial, emotional, or parenting support can exacerbate the situation. Childbirth between ages 19 and 21 decreases access to post-secondary education (Shpiegel, Dworsky et al., 2022), which as Purtell et al. (2020, p. 240) claim, may have “more of a role in explaining early pregnancy and parenting than previously thought.”

Radey et al. (2016) showed that while young parents were optimistic regarding their ability to provide for their children, there were systemic failures that led to inadequate preparation of some transitioning parents for independent living. These researchers emphasised that this group not only had to have their basic needs met, but also required particular social support, and training in effective parenting techniques. Clearly, more childcare assistance would be appreciated by the young parents (Eastman et al., 2019; McDowall, 2020). This support is required because more young parents want to be involved in further study or employment (Dworsky & Gitlow, 2017)

It is critical that, in providing the support, agencies do not treat young parents with a care experience differently from those in the general population, the stigma associated with which might lead to their avoiding supportive services (McArthur & Winkworth, 2018). Radey et al. (2017) made the important point that “providing mothers ageing out with additional opportunities to develop trust, positive relationships with mentors and extended services may help to disrupt intergenerational patterns of maltreatment and promote child and family wellbeing” (p. 981).

Intergenerational separation through care experience was a concern for 15% of respondents with children in McDowall’s (2020) study. Similar findings were reported by Roberts et al. (2019) who traced 238 children of parents living in or leaving care in Wales. They found that 10% of their sample of children had been separated from their parents and were in the care of local authorities, 9% were living with adoptive carers, and 7% with friends and family. Research shows that those young people who do become parents under the challenging conditions of leaving care “were motivated to improve their lives for their children” because they did not want their children to enter the care system (Schelbe & Geiger, 2017, p. 51).

Professionals who Roberts et al. (2019) interviewed claimed that care leavers could achieve successful parenthood by “evidencing personal responsibility and demonstrating a commitment to positive parenting” (p. 1). However, other research with practitioners emphasises the need to demonstrate a sensitivity to the young parents’ own experiences in out-of-home care, and to provide targeted intervention services to empower this group with the skills and knowledge to avoid intergenerational maltreatment (Gill et al., 2020).

Future Goals

The main aspirations for their future as expressed by care leavers (viz. get a job; continue their education and establish their own home and family; McDowall, 2020), are similar to the goals most young people might have when emerging into adulthood. Certainly, other studies of care leavers have identified continuing education as a focus of attention for young people. Mitchell et al. (2015) reported that the three most common goals that their young interviewees set for the next five years were graduating high school, attending college/university, and starting a career; however, they also were concerned with building relationships and starting a family. These young people were clear they needed personal skills, appropriate resources, and social support. Those surveyed by Cameron (2018) saw education as critical for achieving their hopes in other areas such as finding employment, financial security, and suitable accommodation. Indeed, Jackson and Cameron (2012) have argued that promoting participation by care leavers in further and higher education should be a goal of caseworkers not just of the young people.

As Lemus et al. (2017) have shown, from their survey and interview data, young people transitioning from care tend to be quite confident when describing their immediate plans but were less clear when thinking about what could happen in the following year. These young people seemed to have difficulty realising the specific actions they would need to take to make their plans a reality, particularly concerning education and finances. Bengtsson et al. (2018) explained the challenges facing the young people as they try to balance their “inner-world-oriented strategies” (e.g., emerging self-reliance) with their “outer-contextual-world strategy” (e.g., through the reforming and building of their social networks).

These ideas have been incorporated into a theoretical perspective by Hyde and Atkinson (2019) in their discussions of Self-Determination Theory (SDT). They stressed the need for young people during transition to have consistent relationships that can provide the motivation and direction, coupled with their own self-determination, for them to engage with support in pursuing their goals. “Gaps in the young people’s support networks undermined service engagement, potentially impeding a supported and successful transition to adulthood” (p. 40). The three key needs identified under SDT for young people to be successful in achieving desired outcomes are:

- (1) competence, the need to feel confident and effective in one’s actions and able to achieve one’s goals;
- (2) relatedness, the need to be connected to, and cared for by significant others who support the individual’s choices; and
- (3) autonomy, the need for one’s actions to be self-endorsed and in alignment with one’s values and interests. (Hyde & Atkinson, 2019, p. 42)

These would seem to form essential guidelines for all agencies and services intending to support young people through the transitioning process.

The expectations young people have for their future have been shown to be a powerful source of resilience and motivation (Sulimani-Aidan, 2015; 2017a). Their goals and aspirations must be nurtured, not questioned and dismissed. Goal setting by care leavers has been shown to be challenged by “their weak and unsupportive social ties, obligations to their biological parents, and poor personal capital” (Sulimani-Aidan, 2017c). It is imperative that they receive support from professionals and others in their social networks to build meaningful relationships so that they can maximise their opportunities (Sulimani-Aidan, 2018).

Conclusion

This review has been conducted to inform a recent undertaking of the QLD government to provide targeted support for young people transitioning from care until age 21. A case has been made to highlight the needs of care leavers in all life domains, but particularly emphasising the many potential benefits that can be derived from providing this dedicated support. Extending care placements to 21, and providing access to services until 25, will assist many young care leavers. However, without wishing to disparage in any way recent commitments by governments for dedicated support for those transitioning until 21, we must be aware that this is imposing an arbitrary age limit on when assistance is available. Recent HILDA (2021) data show that over half of young people aged 18–29 are still living with one or both parents in Australia. Young people transitioning should not be disadvantaged and feel they cannot expect such support. The only difference between care experienced young people and their peers in the community should be that those from the care system also have supporters (e.g., personal advisers, coaches, or mentors) who continue to maintain an interest in their welfare and well-being, as well as their concerned, immediate family members. It would be a positive change and a tremendous benefit to care leavers if such mentoring support were available nationally.

Undoubtedly there will be a cost incurred in maintaining this continuing support for as long as needed by young people. However, studies that have analysed the economics of continuing to provide support after young people leave care (e.g., Deloitte Access Economics, 2018; Forbes, Inder, & Raman, 2006; Morgan Disney and Associates and Applied Economics, 2006) all report that the early investment will lead to substantial savings over the life course of the individual. All but one of the governments in Australia at present are prepared to meet the real costs over the short-term political cycle to ensure that the best interests of young people transitioning are realised. Hopefully, in the not-too-distant future, this governmental commitment in Australia will be unanimous, and no young people with a care experience will feel they are living what Stein (2011) described as “care less lives.”

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