Young People with a Disability Leaving State Care

Phase Two Report

Issues, Challenges, Directions

The Young People's Perspective

Pamela Snow, Philip Mendes and Delia O'Donohue

Faculty of Medicine, Nursing & Health Science

Monash University

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Background

This report presents the second phase of the Monash University *Young People with a Disability Leaving Care Study*. The **Phase One Report** (Mendes, Snow & Broadley, 2013) presented findings from consultations with practitioners from six key agencies in Victoria that provide out of home care services to young people with disabilities, and an analysis of these findings with reference to relevant national and international literature. The consultations in the first phase of the study aimed to explore from the practitioners’ perspective:

- the ongoing support needs of young people with disabilities when leaving care;
- the demographic backgrounds and care experiences of this group of care leavers;
- the specialised transition needs of this group;
- the nature of the existing policy and practice relationships between child protection services and child and adult disability services; and
- practices and policies that would lead to improved outcomes for young people with a disability transitioning from out of home care in Victoria.

Key findings from the first phase report included:

- practitioners themselves believe leaving care planning is inadequate and that this contributes to poor transitions;
- practitioners are very frustrated by the lack of appropriate housing for young people leaving care;
- interagency collaboration between child protection and disability services is poor; and
- young people who move into adult disability services often experience greatly reduced levels of support.

Recommended reforms in the Phase One Report included: greater inter-agency collaboration, adequate funding of housing and supported accommodation services, and ongoing monitoring and support of young people leaving care up to 21 years of age (Mendes et al., 2013).

This **Phase Two Report** documents key findings from individual interviews with fifteen care leavers who have a disability. A brief literature review is included focusing on: the prevalence of disability in out of home care, definitions of disability, barriers faced by young people with disabilities transitioning from out of home care, leaving care planning and improvements in leaving care practice for this target group. An outline of the research methodology and the research results then follows. Finally, there is discussion of the findings and key recommendations.

Table of Contents

List of Tables

Executive Summary

It is widely recognised that young people leaving state out-of-home care (OoHC) are one of the most vulnerable and disadvantaged groups in society. However, there is very little research examining the additional disadvantage experienced by young people with disabilities who are leaving care. In order to advocate effectively for improved care and protection of these young people as they transition into adulthood and independent living, it is important that we fully understand the impact of current leaving care policies and practice approaches on them.

Our Leaving Care with a Disability study aimed to document and understand the experiences of young people with a disability who are in the process of, or have already, transitioned out of state care; their level of access to funding and support services through this transition process was a particular focus of the study. Data collection involved individual semi-structured interviews with fifteen Victorian care leavers aged 18 to 26 years (mean = 23), who have a disability. The definition of disability for the purposes of this study was broad and included intellectual, psychiatric, sensory, physical and/or neurological impairment, including acquired brain injury (ABI) (or some combination of these). The young people were recruited through non-government welfare organisations, an advocacy group, and a foster care worker.

The most common self-reported conditions amongst this group were: anxiety (8/15), depression (6/15); intellectual disability (4/15); autism spectrum disorder (4/15), physical disability (4/15) and attention deficit hyperactivity disorder (3/15). All except one young person identified themselves as having multiple conditions (14/15). In addition most described experiencing serious behavioural issues growing up (9/15) and substance abuse issues in the past (11/15).

Most of the young people in this study have never experienced living in stable long-term accommodation. Most reported moving frequently when they resided with their families and whilst in state care. Four of the young people experienced in excess of ten OoHC placements; a further four experienced between five and ten OoHC placements; and three had three OoHC placements each. Only four young people in this study had one or two OoHC placements each.

Placements would change for a range of reasons including carers feeling they could not manage the young person's behaviour; carers no longer being available for the role; or a young person being very unhappy and requesting to move elsewhere.

Upon leaving care, half the young people interviewed could not recall participating in or being aware of a formal leaving care planning meeting (8/15). Half stated that their immediate post care housing arrangements fell apart within the first year (8/15), and most of the young people (10) have experienced multiple changes of accommodation since leaving care (7/15 have had between four and ten changes of address since leaving care; and 3/15 have had more than ten changes of address).

It is well known that accommodation options for young people with multiple and complex needs are very limited and of very poor quality. The current living arrangements of the young people in this study ranged from: costly shared private rental that the young people were struggling to maintain (4/15); overcrowded private supported residential services set up to accommodate the elderly (3/15); public housing accommodation (4/15); private boarding arrangements (2/15); and remaining in existing care arrangements because they were unable to access supported independent accommodation (2/15).

Interviewees' comments indicate that the homeless service system is difficult for users to navigate, and the system is configured in such a way that a person requiring assistance has to be proactive and show a high level of initiative and life management skills in order to secure and maintain stable housing. It is particularly challenging when a young person falls out of a catchment area – when they are transient and of no real fixed address. If they have made the effort to link in with services in one region, they then become ineligible for those services because they have shifted to another region.

Four of the young people were living in long-term public housing at the time of their interviews. Three who managed to obtain public housing were female and the fourth was a young man living with his disabled mother, who had accessed public housing. None of the four young men in this study had obtained public housing in their own right. The Victorian Department of Human Services has recognised that the homelessness service system needs to respond more effectively to young men with complex needs and that they have particular difficulties accessing long-term stable accommodation (O'Donohue, 2013).

Only three young people reported having ever been involved in a formal living skills program. Two young people were referred by workers to live-in programs immediately post care, with only one completing it. The third young person arranged herself for an independent living skills worker to visit her at home and mentor her in developing cooking, cleaning and budgeting skills. Nearly all the young people stated that attempts by workers to teach them independent living skills in care were cursory. The lack of independent living skills, including budgeting, appears to be a major contributing factor to these young people's accommodation arrangements breaking down regularly, and to their fluctuating health and wellbeing.

Most of the young people in this study stated they had a difficult time at school. Five young people attended specialist secondary disability schools; three attended community alternative secondary schools; and of the seven who were in mainstream secondary schools, only three stayed until the end of Year 12. While additional support was provided at school for most of these young people, they, like many young people who have been in the OoHC system, described feeling bullied by other students and alienated at school, regardless of which school system they were in. Half the participants stated that they had more than five changes of school.

Most of the young people interviewed had not undertaken any post school training (12/15) and had no employment experience (10/15). Those who had worked had mostly been employed in short-term, part-time casual positions in the hospitality industry (3/15). In addition one young man completed 6 months of an apprenticeship but did not finish it due to a workplace accident. Two young people had some volunteer work but no others had been engaged in volunteer activities. Most of the participants were typical of young people with multiple disabilities that are effectively 'unemployable' due to their complex needs, low literacy and numeracy skills, and a lack of skills-based early intervention.

Access to support from disability services for these young people was limited due to high caseloads and high demand. Only three young people in the group received adult disability services support and they each had an intellectual disability. Interviewees with learning disabilities, an ABI or autism were not receiving disability services. Those who had a mental illness only were not eligible for disability services support at all. Half (7/15) the young people were receiving support from mental health workers but it is not known how adequately trained these workers are in relation to supporting people who have other types of disability as well as psychiatric issues. In recent years, the federal and Victorian state governments have invested heavily in training and skilling up workers in the welfare field in relation to comorbid mental health and substance use concerns (Victorian Government Department of Human Services, 2007; VAADA 2011). To date, this has not been extended to ensuring these workers have knowledge and skills in relation to working with people who also have intellectual and developmental disabilities.

Nearly all the young people in this study were receiving the disability pension (13/15). They were all struggling financially and they all expressed the view that post care support services and leaving care funding should be made available to care leavers for longer periods of time, some stating up to the age of 25.

It is a concern that over half the young people in this study stated they did not receive any funding support upon leaving care (9/15). They were entitled to $1500 in white goods and some transitional support funding when they move out of residential or foster care. Two thirds of the group later accessed some postcare brokerage funding which is currently available for young people, 16 to 21 years of age who were the subject of a Victorian Custody or Guardianship order on or after their 16th birthday (10/15). This helped them with payments for items such as school supplies, accommodation costs, dental bills, Myki (transport) cards etc. However, a better system needs to be established to ensure that young people with disabilities are aware of their entitlements and how to access them. One young person who did not find out about the post care funding until he was too old to access it, stated that DHS's approach seems to be: *"if you don't ask what's available, we won't tell."*

The participants identified a number of key concerns about the OoHC system and leaving care processes including:

- Lack of input into key decisions about their lives, particularly regarding changes of placement.
- Exit planning was non-existent in some cases and poor in others.
- Too many changes of worker so it was hard to develop a trusting relationship with anyone.
- Most young people reported that they were not made aware of the availability of leaving care funding or post care support services prior to exiting OoHC. (Some may have left state care before the funding was introduced).

- Some stated they experienced abuse in OoHC (foster care and residential care) as well as in their family homes.
- Most felt ill-prepared to live independently, that everything had been done for them in OoHC, and that any attempts to help them develop independent living skills had been cursory.

The young people nearly all expressed aspirations for the future which focused on very basic, fundamental human rights – a decent, safe place to live and the possibility of paid work. They identified a number of facilitators and barriers that have helped or hindered them in achieving their goals for independent living and community participation.

The facilitators included:

- Post care service support – both the support services and brokerage funding were regarded as helpful by those participants who accessed them.
- In some cases, the ongoing care and interest of an extended family member or a foster care or respite worker.
- Additional support at school through teacher aides and counsellors was generally well-received and was regarded as helpful.

The barriers included:

- Lack of access to a range of stable, long term, affordable housing options
- Lack of adequate income to afford private rental properties, except if they were shared with a lot of people
- Some felt they lacked knowledge about how to access training or employment opportunities
- Lack of independent living skills
- Lack of understanding of own health issues and medication requirements
- Lack of positive role-modelling throughout their childhoods
- Lack of post care support beyond 21 years of age.

Overall, the findings highlight the need for a holistic postcare support system available until 25 years of age, which reflects developmental needs, offers mandatory rather than discretionary assistance, and provides specialist programs to address the multiple and complex needs of care leavers with disabilities.

Literature Review

The following section provides a brief overview of literature relevant to young people with disabilities leaving out of home care. Discussion of relevant research and literature can also be found throughout the Results section of this report and throughout this study's Phase One Report (Mendes et al., 2013).

Prevalence

The most recent information available from the Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers estimated that nationally 9.4% of young people aged 12 to 24 years have a disability and that the Victorian figure is slightly lower at 8.6 %, accounting for 77,500 young people. A higher percentage of males aged 12–24 in Victoria have a reported disability compared with females, 9.3 % compared with 7.9%. The survey also showed that a slightly higher proportion of 12–24 year olds in Victoria have a profound/severe core activity limitation compared with the national average, 3.2 % compared with 2.8% (ABS, 2003 Survey of Disability, Ageing and Carers cited in DEECD report, 2008).

In 2012-13 there were 6,542 young people living in OoHC in Victoria: 31% were in foster care, 50% were living with relatives/kin, 11% were in other home-based care and 8% were in residential care (AIHW, 2014, p.99).

It is unclear how many of these young people have a disability. The 2008 report *The State of Victoria's Children* suggested that children with a disability are over-represented in the population of children in OoHC. Unpublished data from the Department of Human Services shows that 10% of the current care population enter care with some form of developmental disability. It has been suggested that among those children entering care for the first time in 2007–08 the prevalence of disability was even higher, at 15.4% (DEECD report, 2009).

CREATE in their review of a number of national and international research studies focusing on 'types of disabilities' experienced by young people in OoHC found that there is significant over-representation of children and young people with behavioural and/or emotional disorders in out-of-home care and that mental health conditions appear to be the most prevalent impairment in out-of-home care followed by intellectual and /or learning impairments (2012, p.17).

Definitions of Disability

As noted in the Phase One Report (Mendes et al., 2013), part of the issue with collection of reliable and up-to-date data is there is no consistent definition of disability within Australia. The Australian Bureau of Statistics defines disability as: "Any limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities" (ABS, 2012).

The Commonwealth and State Territory Disability Agreement (CSTDA) defines people with a disability as those who have: "…an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury (ABI) (or some combination of these), which is likely to be permanent and results in substantially reduced capacity in either self-care management, mobility and/or communication" (Victorian Government, 2009, p.25).

The current Victorian Disability Act, which is used to define eligibility for disability services, does not include psychiatric illness in its definition of disability (Department of Human Services, 2006). It defines disability as:

- *a sensory, physical or neurological impairment*[1] *or acquired brain injury or any combination thereof, which is, or is likely to be, permanent; and*

- *causes a substantially reduced capacity in at least one of the areas of self-care, self-management, mobility or communication; and*

- *requires significant ongoing or long-term episodic support; and is not related to ageing; or*

- *an intellectual disability; or*

- *a developmental delay.*

The lack of a consistent definition of disability and accurate data is a problem both nationally and internationally. In writing about OoHC in the UK, Cousins states disabled children are "…scandalously invisible. So much time has been spent arguing about definitions of disability that serious and comprehensive data-collection has been abandoned. Even less is known about disabled children in public care, except that they are over-represented in comparison with their not-disabled peers, even if they mainly enter care for reasons unconnected to disability" (2009, p.60).

Another issue with accessing accurate data is that there is no consistent approach to assessment of disability across agencies providing OoHC and support services to young people with a disability nationally or internationally. Cousins suggests both a child's circumstances *and* an organisation's perceptions and requirements, sometimes determine whether a child is defined as disabled (Cousins, 2006 in Wyber, 2012).

Some studies suggest that professionals in the child welfare field lack knowledge and skills in relation to disability, particularly assessment skills and this contributes to under-identification of disabilities in the OoHC population. Ellem et al. in their article *'Supporting young people with mild/borderline intellectual disability exiting State out-of-home care'* state that child welfare professionals struggle identifying and working with intellectual impairment and often fail to recognize that challenging behaviours that have developed as a result of the stresses and

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[1] "Until 2009, Autism Spectrum Disorders were excluded from the Disability Act. In 2009 they were acknowledged and included as a "neurological impairment", which means that all people who have an ASD can now be considered for disability services. ASDs include Asperger's Syndrome." (Fitzroy Legal Services, 2014)

traumas of being in care, often mask behaviours associated with an intellectual disability. They also report that often people with mild-borderline intellectual disability are not eligible for disability services unless there are other issues such as challenging behaviours; without specific services for them, they become invisible as members of a group who are significantly disadvantaged on most measures (Ellem et al., 2012, p. 11). Edgerton also emphasises that intellectual disability may not always be obvious and some young people are very skilled at adapting their behaviour to superficially mask their intellectual disability (Edgerton, 1967 in Jackson, O'Connor & Chenoweth, 2006).

Additional Barriers to Stability

Research suggests that whilst in care, children with disabilities experience more placement breakdowns in foster care than their counterparts, fewer family reunifications, and remain in care longer (Wyber, 2012; Baker, 2011). In her New Zealand study of risk factors in the abuse and maltreatment of children with disabilities, Wyber suggests the high level of placement breakdowns in foster care is due to the limited training and support given to carers. She states that in New Zealand it is not common for the Children Youth & Family Service or non-government foster care agencies to recruit, train, support and focus on the needs of children with disabilities and as a result, the challenges of the emotional and physical care of young people with disabilities increase the likelihood of placement breakdown (2012, p. 38).

Studies have also identified that once young people with disabilities leave care they face additional barriers compared to other care leavers. Our review of the literature on care leavers with a disability suggests that young disabled people are a high-risk group for poor outcomes. They are less likely than their non-disabled peers to: develop adequate life skills such as budgeting; access educational and employment opportunities and form viable social networks; and also appear to be overrepresented amongst the homeless (Broad 2005; Dixon et al. 2006; Harris 2005; Priestley et al. 2003; Rabiee et al. 2001; Stein 2004, 2008; Wade & Munro 2008).

A Queensland research study, Journeys to Exclusion (author & year), found care leavers with an intellectual disability were highly vulnerable to: homelessness, exploitation and abuse (including particularly sexual assault), unemployment, early pregnancy and subsequent involvement with child protection, poor mental health, substance misuse, and financial debt. Contributing factors to these outcomes included: pre-care abuse and neglect; a lack of ongoing assistance from supportive adults once they left care; the absence of positive peer relationships; a tendency to become involved with exploitative or abusive adults including members of their family of origin; lack of knowledge of sexuality and birth control; and characteristics associated with their intellectual disability such as limited understanding of money, poor personal care, and a general naivety which placed them at risk of exploitation (Jackson et al, 2006).

Leaving Care Planning for Young People with Disabilities

In the interviews for the Phase One Report of this study (Mendes et al., 2013) practitioners from leading OoHC agencies in Victoria stated that transitions of young people with a disability from OoHC are often unprepared and unplanned. "The first main theme that arose (from this study) is that young people with disabilities rarely have a transition from children's to adult services in a way that is planned and supported" (Mendes et al.,, 2013, p.14). Mendes and Meade suggest that in Victoria care leavers with a disability typically fall through the gaps between child protection and disability services (2010, p.34).

Geenen and Powers (2006) from Portland State University in the US evaluated transition plans of students in special education who were in fostercare and compared them to students who were not in OoHC. They found that youth in the foster care group were significantly less likely to have goals listed around independent living skills and postsecondary education; only 16% contained a goal relating to the development of independent living skills and 20% of youth with disabilities had no goals listed at all. Of those who had plans, only 6.8% of the goals had specific targets for completion.

A US study of predictors of adult quality of life for young people with disabilities who had been in fostercare, found that transition services (employment, training, independent living training, resources at exit from care) were a positive predictor of higher educational attainment and self-esteem, and early receipt of mental health services for emotional problems increased their resilience (Anctil & Rees, 2007 cited in Smith, W 2011).

Improvements in Transition Planning

There are some examples of attempts to establish good practice guidelines, resources and funding support specifically for young people with a disability leaving care. The NSW Ombudsman undertook a review of 124 cases of young people leaving care in 2009 and reported that most left statutory care without an endorsed leaving care plan. However, they were pleased to find that partnership arrangements between agencies within the NSW Department of Human Services, (aimed at ensuring young people with a disability with high support needs are appropriately supported when they leave statutory care), were working well.

In addition, an evaluation undertaken of a Leaving Care Program initiated in 2007 by NSW Ageing, Disability & Home Care (ADHC) that included 193 young adults most of whom had an intellectual disability, showed positive results particularly in relation to stabilising housing arrangements. Edwards (2010) reported that the strengths of the Leaving Care program included: two years of transition planning pre-leaving care; collaboration and partnership with housing services; a change in focus from child protection to disability support, and the development of independent living skills; and access to suitable housing options. "The evaluation findings demonstrate that well-funded and resourced Leaving Care Programs can make a positive difference in the lives of disadvantaged and vulnerable young people and help stabilise their accommodation" (2010, p. 20-21).

At an international level Kelly et al. (year) report that expected outcomes for care leavers with a disability and individualised transition planning standards have been identified and published in the *Northern Ireland Good Practice Guidance on Transition Planning for People Leaving Care with a Disability* (WHSCT, 2010) and *Regional Standards for Leaving Care Services* (DHSSPSNI, 2009b). In addition protocols have been established between child and adult disability and mental health services to give care leavers priority access to specialist-targeted services in Northern Ireland. There have also been targeted investments in leaving care services.

However, Kelly et al. make the important point that

> *"While these developments demonstrate a commitment to improving transition services, future initiatives must consider the heterogeneity of the population in transition and take into consideration the unique needs of care leavers with mental health and/or intellectual disabilities. This group often falls through the gaps between child and adult policy and practice initiatives and we still have limited understanding of the outcomes of targeted investments and practice initiatives from care leavers own perspectives and in relation to sub-groups of the leaving care population" (2013, p.3).*

Other researchers also point to the need for more evaluation of the outcomes of leaving care programs on particular groups of care leavers, including those with a dual diagnosis of mental health and intellectual disability (Ford et al., 2007; Mooney et al. 2009; O'Connell et al., 2009; Stein, 2008).

It is hoped that this Phase Two study will provide a deeper understanding of the trajectory of young people with a disability leaving care in Victoria and contribute to the further development of policy and practice approaches that recognise that young people with disabilities leaving care are not a homogenous group and that they require individualised and specialised longterm support.

Methodology

The core aims of Phase Two of this Study were to ascertain the perspectives of young people with a disability, in order to:

- Understand their leaving OoHC care experiences;
- Identify barriers and facilitators with respect to their goals for independent living and community participation;
- Examine how Child Protection and Disability Services work to support these young people (separately and together);
- Gain insight into their hopes and aspirations for the future.

The definition of disability used for the purposes of this study was broad and included physical, intellectual, psychiatric, sensory, neurological, and learning disabilities. This was to ensure that the research captured the perspectives of a broad range of young people with disabilities and did not exclude those whose primary disability was psychiatric. This study was approved by the Monash University Human Research Ethics Committee and also received separate ethics approval from a partner organisation with its own research approvals process.

Recruitment

Partner agencies were asked to identify young people who met the eligibilty criteria for the study who might be interested in participating. To be eligible for participation, young people were required to : be aged 18 years or above; have spent at least one year in out-of-home care; be assessed by a worker as having a disability; and self-identify as having a disability or disabilities.

The young people were recruited through nongovernment welfare organisations (8), an advocacy group (2) and a fostercare worker associated with one of the NGOs (5). The inclusion of young people recruited by an advocacy group and a fostercare worker meant that young people who have not necessarily stayed connected to nongovernment OoHC agencies were also included in the study, as well as young people who have maintained a connection to agencies and potentially feel more positive about their experience than others.

Through liaison with the key workers from the agencies and the fostercare workers, and careful, well-paced discussion with the young people themselves, we believe we were able to ensure that the participants had the intellectual and communication skills needed to understand the consent process, and the purpose and participation requirements of the study.

Each participant received $30 in the form of a voucher in recognition of the time and effort taken to complete the interview.

Ethical Considerations

Gaining consent from people with learning and other disabilities can be problematic. Harris (2003) notes that along with problems of comprehension, people with disabilities can fear the consequences of choosing to not participate because they have learned the problems associated with making unpopular or inappropriate choices in social care contexts (See also summary in Nind, 2008). In order to address these issues, referring workers were asked to explain the voluntary nature of participation to potential participants and to explain that participants could withdraw from the study before, during or after having an interview.

The researcher also took time to explain the voluntary nature of participation during the first telephone contact and at the beginning of the interview. Participants were paid their voucher at the commencement of the interview and told that they could still choose not to proceed with the interview or could stop the interview at any time, or they could tell the researcher if there were questions they did not want to answer.

In addition to the above-mentioned verbal explanations of the voluntary nature of participation and confidentiality, a plain English consent form and an explanatory statement were given to and read aloud for participants by the researcher at the beginning of the interviews. Participants were asked to sign the consent form or to give verbal agreement on tape and were advised that if they changed their mind about participation then any information they had already supplied would not be used. They were advised to contact the researcher, their referring worker or the lead researchers should they wish to withdraw after the interview had finished.

In two of the four cases where the young people had a diagnosed intellectual disability, the interviews were conducted with carers present to ensure explanations of the consent process and the questions were in language accessible enough for the young people to understand. None of the participants were non-verbal.

Quotes from the narratives of participants are presented throughout the report and in all cases, pseudonyms are used to protect the anonymity of the research participants and all potentially identifying information, such as names of places or family members, has been removed.

Data Collection

Data collection involved individual semi-structured interviews. The range of topics covered included: OoHC history, education and training, offending history, substance use history, employment and housing postcare, leaving care planning and transition processes, links with disability and other health and welfare services pre and post care, and recommendations re leaving care processes. The researcher also allowed time for the young people to discuss events that were of particular significance to them whilst living in care or post care and to reflect on any recommendations they have in relation to the OoHC system.

It was felt that semi-structured interviews were particularly useful for this study, giving participants the opportunity to discuss issues and events that were important to them that may not have otherwise been identified. As a method, it helps give voice to those who are often excluded from the discourse about child protection and leaving care, despite the fact that they are the ones who have been through these systems and have experienced their inadequacies.

Interviews were audiotaped and later transcribed, unless the young people preferred notes to be taken. The interviews were undertaken in late 2013 and early 2014.

Sample

Convenience (non-probability) sampling was utilised given the difficulty locating people within the target group.

The sample comprised 15 Victorian care leavers who were identified by referring agencies or workers as having a disability and who identified themselves as having a disability, aged 18 to 26 years (mean=23). Interviews were undertaken either at the referring agency (3), at Supported Residential Services where the young people were living (3), on the telephone (1) or at cafés close to their residence (8). Interviews ranged in length from 40 minutes to 1.5 hours. The researcher contacted the young person by telephone to arrange the interview location and time, once the referring worker had the young person’s permission for this contact to be made.

Results

This section of the report presents the findings according to the topics explored in semi-structured interviews with the young people. Quotes from the young people are used to capture the experiences and perspectives of the participants and to deepen our understanding of relevant issues.

General Background

A total of 15 young people were interviewed for this study. The sample comprised 11 females (73%) and four males (27%), with an average age of 23 years (range 18 to 26 years). All were born in Australia and identified themselves as Anglo Australians. Participants all described their marital status as single. Two participants reported having had children. One had custody of a stepchild and of her own daughter with her partner, with no DHS involvement beyond an initial assessment at the birth of the second child. The second young person's children were in the fulltime care of her ex-partner and she was applying for shared custody.

Types of Disability

All participants identified themselves as having one or more disabilities and stated that mental health and/or other health professionals had formally diagnosed these conditions.

Ten young people reported a neurodevelopmental disability such as autism spectrum disorder, intellectual disability or learning disability as their primary disability. Five reported mental health issues as their primary disability. In addition, most of the young people described experiencing serious behavioural issues growing up (9/15) and/or substance misuse issues in the past (12/15).

All except one young person identified themselves as having multiple disabilities (14/15). Research suggests the experience of having multiple impairments is likely to increase the extent of a person's disability and their risk of experiencing poor outcomes later in life (CREATE, 2012).

Table 1 displays the type of disabilities the young people identified themselves as having. (Totals in Table 1 come to more than 15 because nearly all the young people reported multiple disabilities).

Table 1: Type of Disability/Disorder	**Identified as an Issue**
Intellectual Disability	4/15
Learning Disorder	2/15
Autism spectrum disorder	4/15
ABI	1/15
Attention Deficit Hyperactivity Disorder	3/15
Serious Behavioural Issues	9/15
Anxiety	8/15
Depression	6/15
Psychotic Illness	2/15
Borderline Personality Disorder	3/15
PTSD	2/15
Physical Disability	4/15
Eating Disorder	1/15
Dyslexia	2/15
Obsessive Compulsive Disorder	1/15

Placement in Out of Home Care (OoHC)

The age of entry into out of home care (foster care, residential care or kinship care) ranged from 2 to 16 years, with the majority (9/15) entering care after their 10th birthday. The average age of entry for the sample was 10 years. This is consistent with the average age of entry into OoHC in Victoria generally in 2013-2013 (AIHW, 2014).

The most common reason given for being removed from home was physical abuse. The young people who identified physical abuse as the main factor contributing to their being placed in care recalled experiences of serious violence. This information is summarized in Table 2.

Table 2: Main Reason Cited for Entering Care	Number of Young People
Physical abuse and neglect	5/15
Neglect	2/15
Sexual abuse	3/15
Parental disability / mental health issues	2/15
Serious Behavioural Issues	1/15
Unknown	2/15

> *I've got an ABI. I struggle a bit with reading. Some people have asked me whether it's cause my Mum used to beat me around the head. She used to beat me to a pulp. I never considered that. I don't want to really, it hurts to think about that… (Tom).*
>
> *Things were shit at home. Dad left us when I was only 3 months old but he used to keep coming around and there was a lot of violence. Mum and Dad were both alcoholics (Jason).*
>
> *My step-mother used to beat me badly on the back of the head so no-one would notice (Brooke).*
>
> *I was put in care because Dad used to bash my Mum and be aggressive and everything (Luke).*

All seven young people who stated that physical abuse and/or neglect were the main reasons why they were placed in OoHC, were removed from home by the time they were 12 years old (four female and three male). Six of these young people identified at least one parent as having serious substance abuse issues. Five of them identified at least one parent as having had a disability (psychiatric 4; dyslexia and possibly an intellectual disability 1).

The second most common reason cited by the participants for entry into OoHC was sexual abuse. Three of the young people stated that their stepfathers had sexually abused them. In one of these cases the young person stated that her brother also sexually abused her. The three young people were all female and were placed in care at 6 years, 14 years and 16 years of age respectively.

Two young people stated that they were placed in OoHC because of parental disability and/or mental health issues. One stated that her mother became depressed and suicidal after the death of a family member and she was subsequently placed in care because her mother was unable to continue looking after her. The other stated that his mother had an intellectual disability and her children were removed from her care when things became too much for her. He felt that if support had been put in place at home, his mother may have been able to cope, at least as well as the fostercare and residential care workers did.

> *If the government had offered Mum help and support when we were young and while we were still living with her, it would have been so much better. Disability isn't black and white (Sam).*

In five cases, respite care was trialled before the young people were placed in OoHC but it is not known if any other support services were put in place in these families before the decision was made to remove the children to OoHC.

Only one young person stated that she was placed in care primarily because of her disability and associated behavioural problems:

> *I was diagnosed with ADD when I was in kinder. I was angry and violent all through my childhood. It got too much for my parents so I was put in foster care (Georgia).*

It is interesting to compare these results with those in the Leaving Care Youth Justice study by Mendes, Snow and Baidawi (2013), which involved consultations with fifteen former dual order child protection and youth justice clients. In that study the most common reason given by the young people for entering OoHC was their own challenging behaviours. Five young people in that study stated that they were placed in care because their parents could no longer manage their behaviour, compared to only one young person in this study.

Two US national research studies have suggested that children with disabilities suffer more childhood abuse and neglect than their non-disabled peers. Crosse, Kaye and Ratnofsky (1995), found that children with a disability were 1.7 times more likely to be maltreated and Sullivan and Knutson (2000) reported that children with a disability were 3.4 times more likely to be maltreated than other children.

Type of Out of Home Care Placements

OoHC services usually means placement in fostercare, care with a child's extended family or other home based arrangements (kinship care), or in residential care managed by non-government welfare organizations or the Victorian Department of Human Services.

As shown in Table 3, most of the young people interviewed resided solely in fostercare placements whilst in OoHC (8/15). The four young people who experienced a mix of both fostercare and residential care placements (4/15) were placed in fostercare initially and later in residential care, after fostercare placements had failed. One young person grew up in rural Victoria and was moved straight into residential care. She did not know the reason for this but said it may have been that fostercare placements were not available in the region.

All five young people who were placed in residential care at some stage described having more serious anger management problems from a young age than others in the sample, which may partially account for the shift from further attempts at fostercare and placement in residential care settings.

Table 3: Type of Out of Home Care Placements per Young Person	**Number of Young People**
Foster care placements only	8/15
Residential care placements only	1/15
Foster care & residential care placements	4/15
Kinship care	2/15

Experiences of Care

Negative Experiences in Foster Care

Over half the young people who were in fostercare described their placement experiences as negative overall (7/13). Their concerns ranged from: fostercare workers being too strict or alternatively negligent; physical abuse; sexual abuse; fostercare workers being overly (but inappropriately) "maternal"; carers not taking the time to talk to young people about important issues like drug use; and frequent changes of placement.

> *There's a lot of abusive people in fostercare, sexual, verbal even, and a lot of other stuff. It was a bad experience for me but some people are fine. They need to change (fostercare), to kick people out that are abusive and all that kind of stuff. Make sure people double-check and stuff like that. They need to make it better for the children, not just the adults (Rose).*

> *I had one fostercare placement for six years. I was unhappy but no-one ever asked me how I felt about the placement without the carer in the room. The workers always asked me in front of her, so I couldn't be honest. I didn't get*

> *along with her. There were daily screaming matches. Sometimes she would throw a bucket of water over me. I was raped by my foster brother when I was 12 years old. My foster mother covered it up. She neglected me a lot. There should be more education of fostercarers about adolescence and mental health issues and about people being different. They should teach them how to handle kids and develop trust. They should teach managers of these programs to know what's going on more and to not let kids slip through the cracks…(Brooke).*

> *I had about five different fostercare placements. Oh it was a bit different. I really wish I had a mum and a dad there to support me and teach me all the right things. I wish I had of had someone sit down with me and say, tell me how bad drugs were for you, because that's how I got like this, because I smoked ice after my mate passed away and I got admitted to the Psych Ward. Really paranoid, really anxious and when I got admitted they said they've never seen me this unwell (Luke).*

Mixed Experiences of Fostercare

One young woman described mixed experiences of fostercare placements with one carer perceived as being overly strict and another more caring and flexible.

> *I went to another fostercarer's – she wasn't very nice. She used to make me go to school, took my phone off me, and would turn my bed upside down if my room was a mess. She was too strict. We got into fights and kicked each other. I stayed with her less than a year. Then I was placed with another family. I stayed with them until I turned 18. They were a really nice family – let me sleep in, didn't care if my room was a mess or if I skipped school. I could stay on the phone til midnight if I wanted to (Jane).*

A second young person had multiple fostercare placements, which she found distressing, but for a few years she was placed in "permanent care" until the carers had to move overseas for work. She stated that being in permanent care gave her a greater sense of security and independence.

> *Eventually I was put in permanent care for a few years. This means that I could call them Mum and Dad and they make decisions over you. If you need school permission to do something they write their name on the piece of paper. They had control like a real Mum and Dad of me. When I was controlled by Human Services, I wasn't too happy how they were treating me. Not being allowed to do this that or the other thing, like walk to school, get a bus to school, go to parties, a teenage party you know at a 15 or 14 year olds, you know the foster care worker has to go and has to be in the room. I know it's because it's*

> *protecting but a carer being there 24/7, is quite disturbing (Emma).*

Positive Experiences in Foster and Kinship Care

Four young people described positive experiences of being in OoHC care overall. Two of these young women described very positive experiences of care – one was in kinship care and one in longterm fostercare. The kinship placement was with the young person's grandmother. The fostercare placement was with an experienced worker from a non-government welfare agency, but the young person would return to her grandparents' home each weekend. Both were longterm placements of 4 and 5 years respectively. It would appear that the ongoing support of extended family members was a protective factor in these cases.

A third young person was initially in kinship care and then moved into a foster care placement with family friends and these arrangements were also judged by the young person as having worked reasonably well. She was able to stay connected to extended family members and did not need to change schools at all. She stated that it was a good experience overall.

One young man described reasonably positive experiences of being in fostercare –suggesting it was a vast improvement on living in dire poverty at home, although he missed his siblings terribly (see quote page 25).

Experiences of Residential Care

All the young people who spent time in residential care were highly critical of this type of OoHC (5/15). The young people's concerns about residential care included: the negative impact of being placed in a unit with others who were emotionally unstable, highly aggressive and regularly offending; easy access to drugs; physical abuse by other residents and sometimes workers; constant changes of workers; DHS allegedly reporting minor acts of aggression that occurred in the residential units to the police; and frequent changes of placement.

> *I hated resi care because of the quality of people you get locked up with – you're better off staying at home with your parents than being put in there. I've had knives pulled on me in care. I've been threatened with rape. It's really dangerous and a waste of tax payers' money. I was moved from unit to unit – there was never any stability (Sam).*

> *I got into drugs in resi care, nothing too severe, chroming and marijuana and stuff like that. I got beaten…. I was trying to kill myself and took more extreme measures to do it too…I was more isolated, I had a lot of my stuff stolen which wasn't good and it really was a bad place (Hannah).*

> *DHS charge you if you do something wrong in resi care. Like smashing plates. That's crazy. They should be more tolerant. It's ok to have you charged if you're assaulting someone but not for small stuff. It stays on your record as*

> *criminal damage and it makes it hard to get a job. And the units should be more homely (Georgia).*

As noted in the literature review, in 2012-13 most young people living in OoHC in Victoria were in fostercare (31%) or living with relatives/kin (50%) and only 8% were in residential care (AIHW, 2014).

Number of OoHC Placements

The majority (12/15) of the young people in this study had multiple OoHC placements. Only three young people had only one OoHC placement each. As can be seen in Table 4, over half the participants had five or more placements each, with four of them having had more than 10 placements each. The four who had more than ten placements each all entered care between 2 and 5 years of age, well below the average age of the sample of 10 years. The one other person in the study who entered OoHC under the age of 5 had between five and ten placements.

Table 4: Number of OoHC Placements per Young Person	Number of Young People
More than ten placements each	4/15
Between five and ten placements each	4/15
Three placements each	3/15
Two placements each	1/15
One placement each	3/15

Some of the young people who had more than one placement stated that the lack of stability and consistent care was detrimental and distressing, although at times they were glad to be moved on from placements they experienced as unsuitable and, in some circumstances, worse than the home environments from which they had been removed. They were able to explain the reasons for some placement changes. These included: alleged sexual abuse in fostercare (3); alleged physical abuse in fostercare (2); own anger management issues (4); no longer wanted by carers (1); carers feeling they could no longer manage the young person's behaviour (1); carers no longer being available for the role (1); and extended family members offering to take young person in (1). However, in some instances the reasons for changes of placement were unclear to the young person.

> *I've been in foster care since I was two. I've been switched over to lots of fostercarers, lot of homes. It was really annoying and hard, and I didn't really know my place. I didn't feel comfortable, things just weren't – I didn't know what to do, I just went, "Okay, that's normal for this," but I knew in the back of my head it's not normal to be switched over to different places. I've been at a foster home for like one day; that really disturbed me, and I'm like – I still remember it, it's just that I don't want to remember it but I do. I really don't know why I was put somewhere for only one day, they didn't tell me, or anything, they just changed their minds really quickly. I wasn't involved in any*

> *planning meetings. I would just be told I would be going there, and the next minute I would be going there, there, there – I don't like it. I like to be told about where I'm going to live. (Emma).*
>
> *I have been in and out of care since I was about five. The last time I was sixteen, I exited when I was eighteen. I have been in resi units, foster home and kinship care. Between 16 and 18 years of age I had about eight placements in 6 months and then I was in a resi unit. Mostly the moving was the carer's decision, they no longer wanted me and in some instances the department would find that the placement would be better suited for someone else, so they moved me on. I didn't cope with all this very well. I was trying to kill myself all the time, self harming, so I wasn't coping (Hannah).*
>
> *DHS placed me with my aunt but she thought I was too much so I was put in foster care with a couple who couldn't have their own children. It didn't work out. She was trying to mother me and I wasn't her kid. Fostering didn't all of a sudden mean I was their kid. Then I was put in resi care. Resi units were worse than foster care. I was disruptive and would flip out because I hated them. I was moved from unit to unit (Sam).*

The Australian Institute of Family Studies (2013) report that a number of studies have found associations between continued placement instability and adverse psychosocial outcomes, such as emotional difficulties, behaviour problems and poor academic performance. Rubin et al. found that placement instability is "a significant contributor to a child's risk for behavioural problems unrelated to the baseline problems that a child had on referral for placement" (2007, p.336).

Family Contact while in Care

Seven young people in this study reported occasional contact with one of their parents after being placed in OoHC; one young person had regular contact with both parents. Four young people had no contact at all with either parent after entering care.[2]

Four participants had occasional contact with an extended family member after being placed in OoHC and a further two were in kinship care living with relatives (with one of these young people later living with family friends).

Around half (8/15) the young people interviewed also had siblings in care. In one case the young person was initially placed together with siblings and then later separated. However, in

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[2] Calculations are based on responses from 12 out of the 15 participants. Three young people did not specify whether they had family contact or not.

most cases the young people were placed separately from their brothers and/or sisters when first removed from their family home.

Most (5/8), of the participants who have siblings stated they only had minimal contact with them while in OoHC, usually one or two contacts per year. For some young people the relationship with their siblings was described as fractious before they entered OoHC. Two young men stated that being separated from their siblings was a good thing, as they did not get along. One young woman who has an intellectual disability and lives in a Supported Residential Service (SRS) stated that "her siblings don't want to know" about her.

For two young men, being separated from their siblings was described as an emotional wrench and meant the relationship never recovered.

> *That process was horrible – you really need to write this down. The system needs to get this better. This day the Principal came up to me and said Mum wanted me to stay back after school. So I did but I thought it was strange. Mum would never organise something like that – she never contacted the school. Anyway after a while everyone else had gone home and I'm just there and the Principal comes up with this woman and says you're going with this lady tonight. You won't be seeing Mum for a while.*
>
> *It was crazy. It was my job to look after my brothers and sisters. I was so worried about what would happen to them. I used to feed them and scavenge for clothes for us. Nobody told me what had happened to them for a couple of weeks. They had been put in fostercare too. I didn't get to see them until a month later. It was a terrible process. We were separated. There was no warning this was coming. It was such a shock. Then I was put into fostercare. It was a big change. They lived in XX and I had to change and go to school there. It was so far from where I'd been living. I didn't miss Mum but I missed my siblings. Suddenly I was eating proper food and had clothes and things but I would have liked to have seen my siblings more (Tom).*
>
> *I had contact with my sisters once a year while I was in resi care. I don't have any contact with them now. My older sister is mentally disabled. She's in a nursing home. Keeping my sisters and I together would have been better. They are strangers to me (Sam).*

The Productivity Commission in reviewing child protection and out of home care services recommends that 'a high or an increasing rate' of OoHC placements with siblings is desirable. They maintain that placement of siblings together promotes stability and continuity. "It is a long-standing placement principle that siblings should be placed together, where possible, in the interests of their emotional wellbeing. Children are likely to be more secure and have a sense of belonging within their family when placed with siblings. In circumstances of sibling abuse, or when a particular child in a family has been singled out as the target for abuse or neglect, keeping siblings together may not be appropriate" (SCRGSP, 2013, p. 15.41).

Education

The young people in this study went to a mix of mainstream, specialist and community schools. The majority (13/15) started out at mainstream primary schools but by secondary school, only half were still in the mainstream system. The other half were in specialist disability secondary schools (5) or alternative community secondary schools for those who have difficulties coping in mainstream schools, often due to behavioural issues (3/15). This information is summarised in Table 5.

Table 5: Type of School	Number of Young People
Mainstream primary school	13/15
Mainstream secondary school	7/15
Community alternative secondary school	3/15
Specialist Disability primary school	2/15
Specialist Disability Secondary school	5/15

Data from the 2003 Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers indicates that 89% of students aged 5–14 years with a disability were attending a mainstream school in either a mainstream school class (62%) or a special class (27%). A further 9% were attending a special school. The survey report states that approximately 63% of students with disabilities experienced difficulty at school, with the most common problems being intellectual and learning difficulties, fitting in socially, and communication problems (AIHW 2006). It is interesting to compare the ABS data with the results from our study – in this study a higher percentage of young people in OoHC were attending specialist schools in their secondary years (33%) than in the general disability population (9%).

Mainstream Schools/Community Schools

Four young people who attended mainstream secondary schools stayed in school until Year 12. Three of them had additional support at school (teacher's aide, 2; school counsellor, 3). All four had longer-term OoHC placements than the other participants. Three had only one placement each and the fourth had two placements, but they were with relatives and family friends. None of the four were ever in residential care.

> *From year 9 I had an integration aide. She was with me in every class I did. I had learning difficulties especially with maths. Writing I found hard, reading ok (Jade).*

The remaining three young people who attended mainstream secondary schools all departed school prematurely. They were all in residential care and in two cases had experienced numerous changes of placement. One young woman was diagnosed with borderline personality disorder, anxiety and depression at 15 and had a school counsellor, but states she left school in Year 8 because she was "too angry" to stay. Another young woman who had been diagnosed with ADHD was expelled in Year 10 because of behavioural issues. She had a teacher's aide for a number of years and appreciated the efforts the school had made to try and support her but says she was "trouble" and "did a lot of bad things." The third young woman stated that DHS refused to allow her to continue at school beyond Year 9. She reported having a borderline personality disorder and other health issues.

> *No, as soon as I entered care again when I was 16, DHS removed me from school and didn't want me to go back into school, to the point they actually rang a school and told them not to enrol me if I was to ring and enquire, which I did try to ring and enquire. I stopped going to school because I wasn't allowed (Hannah).*

Community Alternative Schools

Three interviewees indicated that they started at mainstream secondary schools but were then enrolled in small community alternative secondary schools for students who have found the traditional education system has not met their needs. They were all male and stated that they were placed in this type of school because of behavioural issues. Two described having a learning disorder and mental health issues and one self-reported having Asperger's Syndrome and an auditory processing deficit, although this was not diagnosed until after he left school.

All three stated that they received no additional support with learning difficulties. All three left school early, two in Year 9, and the young man whose disabilities had not been diagnosed until after he left school, was expelled in Year 10 because of behavioural difficulties.

> *I picked up a lot of info at school but I don't like writing. It takes a lot of energy out of me to write something. I spent a lot of time begging for a laptop at school. I could've done work through speech, through talking into a computer but they never gave me one. Also I can't spell and I hate being pulled off one subject and onto another – it upsets me. They never got me tested when I was at school or in care. They should have, but they didn't. I didn't have one until the Melbourne Magistrates Court sent me for a psych assessment when I was charged with something. The psych tested me for dyslexia but found I've got audio processing delay. DHS or the school should have discovered that earlier. It's a weird thing. It's like a head lock kicks in. The car battery in your brain, it's pulsing, but can't think. I can learn visually though. I watch a lot of documentaries and learn a lot from them (Sam).*

Disability Schools

Five participants attended specialist disability secondary schools. Four of these participants had an intellectual disability and one had an acquired brain injury (ABI). Three remained in school until Year 12 or the equivalent; one stayed until Year 10 then commenced at TAFE, and one left school at Year 10 and did not undertake any further study.

Two of these young people had attended mainstream primary schools, but reported that they found it difficult to fit into the mainstream system. One of them attended a Steiner School for a period of time but felt the staff there were not qualified to support her needs.

Two of the participants felt that the disability schools offered work that was too low-level to meet their learning needs and they reported being bored and frustrated as a consequence.

> *I progressed a lot at the disability school and was too smart for it really; smarter than the other kids there. I'd get into trouble because they'd give us worksheets and I'd finish really quickly, and then be bored. My current foster parents didn't want me to continue there – they knew it wasn't right for me. They helped me get into TAFE (Tom).*
>
> *At the last one (specialist disability school)…. I was so hard on the teachers like you need to give me much harder work and they always gave me so easy work. But then they gave me the harder stuff, because I was more advanced than some of the kids there (Rose).*

Difficulties at School

Nearly all (13/15) the interviewees stated they had a difficult time at school due to frequent changes of school and experiences of being bullied and/or not fitting in socially. Changes of school occurred for a number of reasons: changes in OoHC placement to another region; bullying at school; behavioural issues that resulted in expulsion or young people being asked to leave; and/or young people being identified as needing specialist disability education that was only available in an alternative school setting. This information is summarised in Table 6.

Table 6: Number of Schools Attended in Total (Primary & Secondary)	Number of Young People
Two	3/15
Three	2/15
Four	1/15
Five	2/15
More than five	7/15

Bullying

Most of the young people made explicit reference to experiences of being bullied at school. Most attributed these to them being seen as 'different'. The bullying seemed to occur in all three types of schools and the victims had a diverse range of disabilities.

> *Some of them (specialist disability schools) were shit because everyone just was mean to me. I don't know why (the kids were mean), because they want to be mean. I was weak then and they decided to be mean (Rose).*
>
> *I was bullied a lot at school because of all the problems I had and because I was different. I went to 5 different primary schools and one secondary school (Brooke).*
>
> *I've been to 3 primary schools and 4 high schools. I changed schools a lot mostly because of bullying. I would get bullied because of my disability (Natalie).*

The Victorian Equal Opportunity and Human Rights Commission (2012) recent research study examining the experiences of students with disabilities in the Victorian education system found that bullying is a significant and widespread problem for students with disabilities, with six out of 10 reporting they have been bullied because of their disability. This is much higher than the rate of bullying for the general student population where bullying is estimated to be experienced by around one in four students. They concluded that while existing efforts to reduce bullying generally in Victorian schools are impressive, urgent attention is needed to address bullying specifically based on disability.

Expulsions due to behavioural issues

Three young people interviewed stated they were expelled from school because of anger management issues, one was expelled from two different mainstream primary schools, one from a mainstream secondary school, and one from a community alternative school in Year 10.

> *I got expelled from two primary schools - one for throwing a rock through the Principals window and the other one for swearing at the Principal. School was hard because I was picked on a lot because I was really different from the other kids. I got diagnosed with autism and I was kept down in Prep because I have a learning disability. I was mainly in hospital; most of my stay in Prep having operations for tonsils and ear problems. I left school when I was about 14 about half way through Year 9 (Luke).*
>
> *The school tried to help me a lot. I had teacher aides most of the time. They had identified I had ADD in kinder. The aides used to help me a lot and I'd stay behind after school sometimes to learn how to read. I left school at 16 and a half. I was trouble. I did a lot of bad things, so in the end the school kicked me out (Georgia).*

The above results are similar to those found in other studies examining the educational experiences of young people in OoHC. In 2011, the Queensland Commission for Children and Young People and Child Guardian undertook a survey of 845 children and 1180 young people in fostercare in Queensland. Analyses of the educational results of that study found that having a health concern was a stronger predictor of most school problems, including problems with schoolwork, bullying, behaviour and "other" problems. Disability was also a strong predictor of school problems for children. Children with a disability reported experiencing problems at 1.6 times the rate of those without a disability. Problems with behaviour, followed by problems with teachers were most notable for these children. The authors concluded that these problems cannot be remedied by schools alone but need to be addressed by all stakeholders involved with young people in OoHC. "This must begin with appropriate and inclusive case planning that feeds into and is responsive to educational planning taking place at the school level" (2013 p.17).

In the Victorian research report *CIAO Care-system Impacts on Academic Outcomes,* completed by Anglicare Victoria and Wesley Mission, Wise et al. identified several factors that may operate to reduce the chances of educational success for children and young people in the OoHC. These include: lack of participation in school-based opportunities and extra-curricular activities, disruption to educational continuity and school stability (caused by factors such as court appearances, placement changes and parental visitation), lack of co-ordination and planning between stakeholders responsible for children's care, and inadequate commitment, encouragement and support for education among carers and caseworkers. In addition, the authors identified that children in the OoHC system have often "accumulated considerable risks for education failure as a result of trauma and deprivation experienced prior to entering care" (2010, p. 6).

The Victorian Equal Opportunity and Human Rights Commission (2012) states that information about suspension and expulsion of students with disabilities is not collected or reported by DEECD, the Catholic education system or Independent schools. This makes it difficult to understand and remedy the problem. Their survey results suggested that some students with disabilities are suspended multiple times and/or expelled, nearly always in connection with behaviour-related issues. These students are likely to end up being home-schooled, in distance education or excluded from education altogether.

Leaving Care Planning Process

Most (12/15) of the interviewees were 18 years of age when they left OoHC. One young woman left at 17 years; and two young women aged 21 and 19 years were still living with their carers (one in fostercare and one in kinship care), as suitable alternative placements had not been found for them and their carers were willing to have them remain living with them for the time being.

Upon leaving care, half (8/15) the young people interviewed could not recall participating in a formal leaving care planning meeting or plan. Those who were in longterm fostercare placements or kinship care seemed to receive the least support in terms of transitional planning. One young woman explained that the workers just seemed to think she could stay living with her carers, but she was deeply unhappy. Another young woman who was in kinship care said no-one contacted her when she was turning 18 years old to discuss her situation.

One young person with an intellectual disability was referred to an independent living skills program and told by Adult Disability Services that they would assist her to find accommodation once she had completed the program. However, she found the program very stressful and after becoming very unwell with her mental health deteriorating to the point of hospitalisation, she returned to live with her fostercarer again. The fostercare worker explained that when she tried to re-involve Disability Services they said the young person needed to go back and complete the independent living skills program, then they may get involved. *"I got the impression they didn't want to know us, it was easier for xxx to be with me and if something happened to me, maybe then they would step up to the mark, but not until then"*. She remains living with her carer.

The information in Table 7 suggests that the main focus of leaving care planning and support was on organising short-term accommodation and the provision of some transitional funding support for white goods or furniture. Planning fell short with respect to ensuring young people were linked into a range of support services, including postcare services, had access to longterm accommodation, were provided with independent living skills and had access to some work readiness skills training.

Table 7: Type of Support Given upon Leaving OoHC	Number of Young People
White Goods and/or Furniture	6/15
Assistance Finding Independent Accommodation	3/15
Assistance Finding Lead Tenant or Supported Accommodation	4/15
Engaged in Independent Living Skills Program pre or post leaving OoHC	2/15
Linked with Disability Services on Leaving OoHC	3/15
Referred to Post Care Services	3/15
Linked in with Counsellor or Youth Worker at time of Leaving OoHC	2/15
Participated in Employment training prior to leaving OoHC	1/15

Smith (2011) in her US study *Youth Leaving Foster Care*, emphasised the importance that self-determination plays in improving outcomes and noted that that successful transitions require that adolescents assume more prominent roles in transition planning. She stressed the importance of young people with disabilities being encouraged to practise skills that will support their ability to participate actively in determining their future: choice making, problem solving, goal setting and expressing ideas.

In the research interviews with practitioners for this study's Phase One Report (Mendes et al., 2013) it was found that while many of the practitioners working in OoHC wanted to involve young people with disabilities in transition planning, the dire lack of accommodation options meant they felt that it was impossible. Practitioners argued that if they did not know where a young person was being moved to until a few days prior to their exit from OoHC, they were unable to familiarise them with the area and plan a day program and other activities for them based upon their new living location. The authors noted the crisis-driven nature of trying to access alternative accommodation for young people leaving care prevents them from exercising any sort of choice about the things that matter most – where they live, and who they will live with.

Post Care Support Services

The Department of Human Services provides some postcare support and brokerage funding for young people who have left OoHC. To be eligible for this support and/or funding, it is necessary to be 16 to 21 years of age and have been the subject of a Victorian Custody or Guardianship order on or after the 16th birthday. Postcare support services can be accessed whether a young person is living independently, or with family, or is still living with a carer.

The Department of Human Services (2013) states that financial help is available for:

- Accommodation costs associated with setting up or maintaining accommodation
- Education/training/employment – to promote successful training or education
- Access to health and community services that are not supported by Medicare

The young people who were linked into postcare services (3) or who found out about them independently (7) accessed postcare brokerage funding, received more support and seemed to fare better than those who were unaware that such services existed or those who left OoHC before these services came into existence. The ten young people who accessed postcare support services reported that this funding helped them with payments for items such as school supplies, interim accommodation costs, dental bills, Myki (public transport) cards, and so on.

> *The postcare worker has been with me since I was 17 and a half and he says he can keep seeing me til I'm 21. He's helping me a lot – helped me with job applications, getting my learners although that was cancelled later because of my ABI. He's helping look for accommodation – practical stuff like that. It's an awesome program. I get help with study fees and for equipment (Tom).*

> *The post care service has always been good. It was always practical help. They helped me get proof of age – ID and a bed when I moved. When my son was born they paid for photos so I could have them as a keepsake. They also helped me with white goods up to a $1000. I haven't had counselling or treatment. It was always practical help. They can't help me anymore though because of my age. They only help up to 21 (Jade).*

For the older interviewees, however, finding out about the existence of leaving care funding and post care support services seemed to be "hit and miss." Their survival appeared to very much depend on their own resourcefulness.

> *I wasn't given any support workers, no funding, nothing. They screwed me over when it came to the end. I didn't know I was eligible for any funding for leaving care. No-one told me. I'm sick of this DHS policy of "you don't ask, we won't tell." I should have been appointed a worker to get me on my feet when I was 18. There's TILA[3] funding but I didn't know I was eligible for it. I can't get it now (Sam).*

> *I think I just searched it online, yeah. And I just found one (a postcare service) in Dandenong, just came in one day... Even if we were just introduced to someone, would have been nice. Because no, we weren't really introduced to anyone, I don't think (Susan).*

Four of the five who received no postcare brokerage funding were older than the rest of the sample (23 to 26 years of age) suggesting that funding may not have been as available when they left OoHC, as it is currently. The fifth young person is linked into and receiving ongoing

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[3] TILA is the Commonwealth Transition to Independent Living Allowance which is a one-off payment of up to $1500 available to young people aged 15-25 years leaving out-of-home care.

support from adult disability services. All the young people in this study who received post care brokerage support expressed the view that access to this funding service and the practical support that comes with it is important and should be available up to the age of 25.

Support from Disability Services

Only three young people interviewed had an Adult Disability Support worker. They identified as having an intellectual disability. The fourth person who identified as having an intellectual disability was continuing to live with her fostercare worker and was not being supported by Disability Services. As noted earlier, Disability Services had suggested she undertake an independent living skills program with a view to transitioning into independent living post the program but when that failed, she says she was not offered any other options or support. One other young person stated that his postcare worker intended to link him in with Disability Services but this had not happened yet and two other others stated they had intake interviews with Disability Services but never heard back from them again.

The Phase One report also highlighted the lack of involvement of Disability Services in transitional planning for this target group. "The overall message was that DHS disability services rarely plan for a transition, only responding when the young person is homeless or about to be homeless, and providing whatever accommodation is available at the time." (Mendes et al.,, 2013, p. 15)

Two of the young people who were receiving Disability Services support seemed to find it helpful. They described receiving practical support such as assistance accessing accommodation and furniture and 'taking me places'. The third young person thought Disability Services were 'useless' as she was living in unsatisfactory accommodation and felt she was not being given sufficient support to find an appropriate alternative.

> *Disability Services sometimes find accommodation for me, they do a lot of stuff. They helped me find this SRS and helped me move in here (Rose).*
>
> *Nobody understands what's going on. There is no support, you try and the workers, the workers are never there. What are they doing? There needs to be more money for the workers (Jessica).*

The interviewees with either learning disabilities, an ABI, or autism did not report receiving any disability support and young people who had a mental illness were not eligible for disability services support at all. In addition Ellem et al. state that "Mild to borderline intellectual disability is generally not prioritised for service support within the disability services spectrum or in child protection, health, mental health or juvenile justice (2012, p.11).

> *When I turned 18 I was supposed to have an outreach worker, a case manager and a disability worker until I turned 25. That's a joke. The case manager and the outreach worker left me at 22. Said they couldn't help me anymore. I had two meetings with a disability worker who was younger than me! Never saw her again (Georgia - young person with ADHD and behavioural issues).*

The findings reported here suggest that Adult Disability Services only engage with young people leaving care when they have an intellectual disability and no other potential support systems in place.

Other Service System Support

Only two young people stated that they were linked in with a health professional at the time of leaving OoHC (psychiatrist x 2) despite the fact that 14 out of 15 stated they had multiple disabilities. In the first 18 months of leaving OoHC, 9 out of 15 of the young people in the study required professional assistance for serious health problems as shown in Table 8. This suggests it is important that young people with a disability are formally linked in with relevant health and welfare services during the transition period moving from OoHC to independent living at least as a protective measure, even if there are no immediate crises that need addressing at that time.

Table 8: Health Problems in First 18 months post leaving OHC	**Number of Young People**
Emergency hospitalisation for Mental Health problems	3/15
In patient Psychiatric treatment	2/15
Drug Treatment	3/15
Took self off regular medication 'cold turkey'	3/15
Hospitalised for nutrition deficiency and pneumonia	1/15
Referred psychologist/psychiatrist for community treatment	3/15

While only two young people were linked in with mental health workers at the time of discharge from OoHC, half (7/15) the young people were receiving support from mental health workers at the time of interview. Referrals to current mental health services were made by: drug treatment services (3); hospital psychiatric services after an emergency (1); school counsellor (1); postcare support worker (1); an independent search (1).

Table 9 shows the type of health and welfare services from which the young people were receiving support at the time of interview (totals in Table 9 come to more than 15 because some of the young people were receiving support from multiple agencies).

Table 9: Current Links With Health & Welfare Support Services	**Number of Young People**
Mental Health Services	7/15
Post Care Services	3/15
Adult Disability Services	3/15
Nil	4/15

> *When they dumped me back at home and left me I went nuts on soft drink. I got really sick. I didn't know how to look after myself. I ended up in hospital with pneumonia and a potassium deficiency. I collapsed on the street. My teeth were rotten and I couldn't eat properly I was depleted (Sam).*
>
> *When I left fostercare I had a breakdown. I decided to go cold turkey off three types of medication. I didn't know you can't do that. I also discovered that I had allergies. No-one told me about that. My foster mother knew but she didn't tell me (Brooke).*
>
> *I was on medication for ADHD from age 5 to 18. But I decided to stop as soon as I turned 18. I just thought why should I keep taking this shit. Now I'm fighting my partner for custody of my kids in the Family Court. I thought the Court would give them back to me. But he wants me to go back on the*

> *medication before he'll let me have access and the court agreed with him. (Jade)*

Three of the four young people who were receiving no support all had offending histories in both the child and adult criminal justice systems, suggesting a high level of vulnerability and need of service support. One had lost custody of her children. The fourth young person was still living with her fostercare worker, so was receiving informal support from her and was seeing a General Practitioner for psychiatric medication.

One young woman expressed the view that a lot of young people in OoHC do not receive adequate mental health support, particularly for trauma related issues.

> *I was diagnosed with a borderline personality disorder when I was fifteen and was involved with CAMHS for a short period. After I entered care DHS didn't want me seeing a counsellor. They didn't think I had the need for it. But while I was in resi care I was being put in hospital quite regularly for beatings, as well as mental health. I was trying to kill myself more and took more extreme measures to do it too. I was more isolated, I had a lot of my stuff stolen, which wasn't good and it really was a bad place. Within a month of leaving care I was referred to a mental health service by a hospital after being taken into emergency. I now receive regular support – both mental health and practical support. I have noticed with a lot of young people they have gone through a lot of traumas before and after entering care and nothing is done. All the department does is assessments after assessments after assessments without getting down to the counselling part of it and some of these kids who enter care have severe sexualised behaviours and it can go up to three years without any form of treatment being done, if at all (Hannah).*

Safety Issues

Half the young people in this study described having been in exploitative relationships and/or having been assaulted (7/15). In the Phase One Report (Mendes et al., 2013) practitioners spoke about young people with disabilities being vulnerable to violence, abuse, and exploitation after they leave care. A study undertaken in Queensland exploring the experiences of care leavers with a disability in that State reported similar findings stating that the young people had a tendency to become involved with exploitative or abusive adults including members of their family of origin (Jackson et al., 2006).

One explanation is that while some young people with disabilities may have reached physical maturity, they have not learnt how to communicate assertively and understand and negotiate adult relationships (Ellem et al., 2012).

Another factor is the lack of access to stable and affordable housing. Many young people leaving care end up having to spend time in rooming houses or in private Supported Residential

Services, where violence is commonplace, because they have no other option other than sleeping on the streets. Attard and Price-Kelly stated that "domestic violence is a daily lived experience of people with disability living in licensed boarding houses" (2010, p.11). The Victorian Office of the Public Advocate (2012) reports having received many notifications of violence and abuse in Supported Residential Services.

In a research study undertaken by the Victorian Office of the Public Advocate (OPA) investigating the circumstances of OPA clients with cognitive impairments who have experienced violence, it was found that people of all ages with a range of cognitive impairments are subjected to physical, sexual, psychological, emotional and impairment-related violence, financial abuse and neglect. The report identified that the response of service providers, from the disability and family violence sectors, is not well co-ordinated and is based on different understandings of violence and disability. This report indicated that when acts of violence are not responded to appropriately, further violence is likely to be perpetrated against the person and it is less likely that the person will report it. Two of the key recommendations from the report are that DHS Disability Services formally recognise and incorporate family violence, sexual assault and intimate partner violence into its range of service needs assessment tools and that there be better collaboration between Disability Services and other relevant service systems (Dillon, 2010).

While these recommendations are important, the problem for the young people in this study was that most were not receiving any support from Disability Services in the first place, so if they were in violent or exploitative relationships, there was no case manager to assist them.

Immediate Postcare Accommodation

The initial postcare accommodation arrangements that were made for these young people or that the young people initiated themselves, were described as largely inadequate and reflect the difficulties in accessing appropriate long-term supported housing for young people on low incomes. Half (8/15) the young people stated that their immediate postcare housing arrangements fell apart within the first year and two thirds of the young people reported having multiple changes of accommodation since leaving OoHC (10/15).

Table 10 shows the type of accommodation that young people were exited to upon leaving OoHC.

Table 10: First Type of Accommodation Post Leaving Care	Number of Young People
Private rental (2 in bungalows)	4/15
Supported Accommodation	2/15
Lead Tenant Accommodation	2/15
Mother's home	2/15
Inpatient Drug Treatment	1/15
Homeless	1/15
Stayed with respite carer	1/15
Remains with carer (no suitable alternative arrangements made)	2/15

Two of the young people returned to live with their mothers upon exiting OoHC, even though they had been removed from their parental home when younger due to neglect and/or abuse. One young woman, who had an intellectual disability, stated that she was sexually abused by her 'violent stepfather' after returning home again, so then went to stay at a refuge. She is now boarding with a friend's relative. She states that she was determined to move back to live with her mother, so DHS did not bother discussing other options with her.

The second young person says he was 'dumped' on his mother's doorstep and told 'good luck'. He is now the primary caregiver for his mother who also has disabilities and he is feeling isolated and unsupported in this role. As noted in the Phase One Report (Mendes et al. 2013), in some instances it may be appropriate for young people with a disability to return to their families of origin, but for many it is still inappropriate and a further assessment of the family circumstances and risk factors needs to be done).

Two other young people managed to access private rental accommodation for themselves – one in a shared house and one in a bungalow. The young person who went into shared accommodation had the support of family friends to access this accommodation and to make the move, and the arrangement has been stable. The other struggled and felt very unprepared for independent living. She stated there was just an expectation that she would remain living with her fostercarer but she was very unhappy living there. She has had numerous changes of address since leaving care.

Two young people moved into supported accommodation postcare but found the rules and regulations oppressive. Upon leaving, one went into refuges and then shared accommodation. The other went into refuges and boarding houses.

Another young person stayed with an old respite carer for six months after leaving OoHC but then had nowhere to go and ended up in a boarding house and became involved in drug use.

He described “couch surfing” and living in boarding houses for several years and was then living in an SRS.

One young person stated he was mostly living on the street after leaving OoHC and staying at relatives’ homes when he could, but was then placed into drug rehabilitation.

> *I eventually got into drug rehab at age 18 and I managed to fully complete it, then they moved me to a psych rehabilitation service, but the only problem when I went there was no supervision at night or on the weekends that’s when all the drugs came out and I started hanging around with people there and I got back into ecstasy and marijuana and all that stuff. A lot of people at the rehab had access to drugs over the weekend (Luke).*

Two young people stated they were placed in lead tenant programs upon leaving OoHC. One stated that she found it ‘ok, more lenient than resi care.’ She stayed there for 7 months and then lived in a furnished flat provided by an NGO, then a few months later went into a residential drug treatment program. The other young person went into lead tenant accommodation where they provide case management and living skills training at age 16. When she turned 18 she says she moved into boarding houses and was sometimes living on the streets.

The most secure accommodation seems to have been for the two young people who remained living with their carers because no suitable alternative accommodation was identified. Over half the young people found themselves homeless (using Mackenzie & Chamberlain’s cultural definition of homelessness (1992)) after their initial post care accommodation broke down (9/15).

> *I went into a unit run by an NGO. It was like a prison. Then they put me in supported accommodation. The rules were unreasonable, there was no drinking and you couldn’t come home drunk. We were 18 it was ridiculous. You also had to do counselling if you were living there. That was ridiculous too. I got kicked out after I held a worker hostage. I was on my own then. I went to a refuge in St Kilda, then to a boarding house in Grey St, St Kilda. It was really violent. I got a boyfriend, he used to bash me up. Then workers got me a house but friends destroyed it. Eventually I got a Ministry of Housing place (Georgia).*

Table 11 shows the type of accommodation the nine young people resorted to once their initial post-care accommodation broke down.

Table 11: Living Circumstances after leaving initial Post care Accommodation	Number of Young People
Boarding Houses	4/8
Refuges	2/8
SRS	1/8
On street	2/15

In five of these cases, the young people reported having to leave their initial post OoHC accommodation due to: transgressing rules in supported accommodation; bringing people home when they were not supposed to; and their own aggressive behaviour.

> *I moved out of resi care on my 18th birthday. I had a place but unfortunately the resi unit screwed it up two days after I moved in. They brought other clients to my new address and they came back later and threatened my housemate, so I got kicked out. I ended up living on the streets for a few weeks. A couple of nights I stayed in motels, I spent one night in a mental health facility. I spent a few nights on the street and yeah, eventually I found a boarding house. I tried going to the police and they were no help, they offered me a tent and that was it. I tried ringing refuges and they said that they wouldn't take me because I had a borderline personality disorder. I've lived in heaps of boarding houses. Eventually I got into transitional housing (Hannah).*

The lack of adequate pension payments for 16 to 21 year-olds with a disability appears to severely limit their housing options. A major problem is that young people with a disability only receive $350 per fortnight on the disability pension. Postcare services report that SRS facilities are charging $350 a week for rent and food, leaving young people with no funds for themselves and having no capacity to save any money to move into more appropriate accommodation. The postcare services are being asked to supplement disability pensions for periods of up to three years. Once the young person turns 21, there is an increase in the disability pension up to $700, yet the young people's support needs (accommodation, food, bills etc) are the same, in fact probably greater between the ages of 18 and 21 as they transition out of care.

Table 12 shows the number of changes of address the interviewees reported since leaving OoHC. They had all had multiple changes of address, with the exception of the two young people who remained living with their carers beyond their 18th birthdays.

Table 12: Number of Changes of Address Since Leaving OoHC	Number of Young People
Nil	2/15
One Change of Address	3/15
Four Changes of Address	2/15
Between 5 and 10 Changes of Address	5/15
More than 10 Changes of Address	3/15

Johnson suggests boarding houses and youth refuges are where young people ‘learn the ropes of homelessness’ and in these environments they are at risk of becoming entrenched in the homeless culture (2006). In the Sacred Heart Mission, Journey to Social Inclusion (J2SI) evaluation, which examined the implementation and outcome of a service model to address long term homelessness of people aged 25 to 50 years, it was identified that childhood trauma can disrupt the development of skills and supports that help young people make a smooth transition to independent living. Also, if people from such disadvantaged backgrounds do become homeless, their inability to break the cycle of homelessness is exacerbated by limited social and economic resources (Johnson et al., 2011).

In a recent study on homelessness and disability, Beer et al. identified that the risk of homelessness for people with disabilities is a ‘pressing issue’ and that there is a gap in the evidence-base on the links between homelessness and disability. Through examination of Australian data and interviews and focus groups, the researchers found that people with learning or intellectual impairments were more at risk of ‘precarious housing’ than any other group in the study. They also concluded that people with moderate impairments were more likely to be at-risk as their disability “was sufficient to affect their interactions with society. However, this was not to such an extent that they received a comprehensive package of assistance” (2012, p.5).

Current Living Arrangements

The current living arrangements of the interviewees ranged from: costly shared private rental accommodation that the young people were struggling to maintain; overcrowded private supported residential services set up to accommodate the elderly and frail; public housing accommodation; private boarding arrangements; and remaining in existing care arrangements because they were unable to access supported independent accommodation. Table 13 shows the living arrangements of the interviewees, with only four young people having secured long-term public housing.

Table 13: Current Accommodation	Number of Young People
Private rental shared houses (2 in bungalows)	4/15
Supported Residential Services	3/15
Public Housing	4/15
Private boarding arrangements	2/15
Remains with carer (no suitable alternative arrangements made)	2/15

Three of the young people who managed to obtain public housing were female and the fourth was a young man living with his disabled mother, who had accessed public housing. None of the four young men in this study had obtained public housing in their own right.

> *Yeah I was in and out of places. I haven't had one stable home my whole life, I've always moved around, I've never stayed in a place for more than a couple of years before I've moved sort of somewhere else because I always moved around when I was growing up and like I just want to find somewhere that I can, you know, just stay and settle in (Daniel).*

> *I wish I was still in care. Yep. Go to school, you've got food cooked for you, everything. It's like a holiday. Now you've got to face the real big world and it's scary....I've been a Ward of the State since I was two years old, I'm used to it. I wish I was still in the residential unit, because now you don't have help, if you can't pay the bills, there's no one to help you. There should be an ongoing support for life because when you leave care when you're 18, they promise you will never be homeless, you will never be on drugs, well where am I? They didn't even put an application in for housing when I left care (Jessica).*

Half the young people interviewed stated they would like alternative accommodation, and in most cases would prefer units or flats on their own. Those living in Ministry of Housing (MOH) accommodation (4/15) seemed more settled and happier with their living arrangements.

The living conditions of three young people residing in privately-owned Supported Residential Units (SRUs) originally established for the elderly and frail, is concerning. Fortunately they all reported being linked in with some external support services so their needs were being monitored to some extent.

The Victorian Office of Public Advocate has noted in its Status Report on Supported Residential Services that the lack of focus on people's futures in SRS settings increases the likelihood that residents will become disengaged from meaningful activity, leading to the "worst outcomes of institutional care: aimless pacing, boredom, rocking, self-injury, sitting or standing around, wasted lives" (Clement & Bigby, 2008, p. 2 cited in Victorian Office of Public Advocate, 2009, p.6). The Status Report concludes that for clients with disabilities who are living in SRS facilities, there are very few pathways out – except moving to another SRS because it is difficult to develop independent living skills in such settings, to save money for a bond, to meet the ongoing costs of private rental, to find alternative supported accommodation options, and to access public housing and Community Residential Units, due to long waiting lists (2009).

The following case study is included because it illustrates many of the issues raised by informants in the study.

Case Study: Luke

Luke is 25 years old. He is living in a privately run Supported Residential Unit in Melbourne that is advertised as an aged care facility, with 21 other people, mostly elderly, but also a few young people with disabilities like himself. Luke was four years old when he was first placed in OoHC. He recalls having about five different fostercare placements before eventually going to live with a relative. He was placed in OoHC because both his parents were violent and abusive and heavy substance users.

He says school was "hard". He reports being picked on a lot because he was different. He was diagnosed with autism and a learning disability when he was five years old and also had physical health problems. He left school half way through Year 9. He had a couple of jobs but had a work place injury at one that left him with back problems.

Around the time he left school, he started self-harming. He displayed the terrible scars. At age 17 he started using drugs. Over the years he has used heroin, speed, marijuana and ecstasy. He was hospitalised on occasions for drug-induced psychosis. He reported having been diagnosed with schizophrenia.

Luke didn't enjoy being in OoHC. He says he wished he had a mum and dad there to support him and teach him all the rights things to do. *"I found it pretty hard because I wasn't in my family or anything like that but I suppose one of the things that could be improved is just for the carers to listen and actually sit down and have a talk with people and just discuss things with people a bit better. Let people know how bad drugs are for you because that's what I never learnt, until it was too late".*

When Luke turned 18 there was no leaving care plan for him because he was staying with a relative at that stage and it was assumed he could stay on. He left the relatives and was in and out of places, moved around a lot. There was never anywhere stable. He entered a drug rehabilitation program and was then moved into a psychiatric rehabilitation program, but there was no supervision at night or on the weekends, so he started "hanging around with the wrong people" and got involved in drugs again. He got into trouble with the police for minor offences.

After several more years of transience, Luke found himself back in another psychiatric unit for ice-induced psychosis. He is now under the care of a psychiatrist and outreach workers. He has never had any contact with Disability Services.

He can stay at the Supported Residential Service as long as he likes, but he has aspirations for a better future. He reported that he would like one day to have his own house and get a job again because he hates living off the pension, *"A lot of people love being on the pension but I'd rather be doing something with my life than sitting around all day".*

Luke says he is suffering from social anxiety now. He reported that his outreach workers do not want him to go outside without them for the time being. He appreciates their help. *"They take me out places and they are trying to help me get my life back on track".*

Formal Independent Living Skills Program

Only three interviewees reported having ever been involved in a formal independent living skills program. Two young people were referred by workers to live-in programs immediately postcare, with only one completing it. The third young person said she arranged herself for an independent living skills worker to visit her at home and mentor her in developing cooking, cleaning and budgeting skills. Most of the young people stated that they were not required to participate in a formal living skills program prior to leaving care. Two mentioned that workers "ticked a form" saying that they had adequate independent living skills, even though the young people involved did not feel this was the case.

The lack of independent living skills, including budgeting, cooking and cleaning appears to be a major contributing factor to these young people's accommodation arrangements breaking down regularly and to their fluctuating health and wellbeing. This is illustrated by the following comments from interviewees:

> *A lot of kids, just because you tell them to do something doesn't mean they can do it and really, leaving care needs to be planned a lot earlier. Leaving care on its own is a form of trauma. You have gone from having all this support shoved at you whether you wanted it or not, workers around you every day to nothing (Hannah).*
>
> *If I didn't have them (independent living skills program), I wouldn't be able to survive now, because they teach you how to be independent. Still, 18's not long enough when you get babied in care. Everything's done for you. I reckon 21 or even 25. All support should still be there until you're 25, because some people don't even have family. Me I've got no family, no support (Jessica).*

In the interviews for the Phase One Report of this study (Mendes et al., 2013) practitioners acknowledged that young people are not encouraged to gradually begin taking responsibility for their own wellbeing as they approach the time for leaving OoHC. "Difficulties are exacerbated because young people experience high levels of control whilst they are in care, yet are expected to make responsible decisions in relation to their finances and other matters as soon as they leave care" (Mendes, et al., 2013, p. 45).

Further Training or Education

Only four interviewees reported having undertaken postschool education or training. One completed a number of certificate courses and then a diploma course. She stated that she “channelled herself into study and work as an escape” and had witnessed her father “constantly working” when she was a child and that this probably influenced her. She reported that the completion of the diploma had led directly to employment.

The second young person reported strong encouragement from foster parents and from the postcare service to undertake study at TAFE after leaving disability school where he felt he did not belong. He had a particular interest in photography and postcare funding had allowed him to purchase a camera and pursue studies in this field.

The third young person completed a number of certificate training courses including a Hospitality Certificate III, Retail Certificate II, also a Responsible Service of Alcohol certification, Food Handlers, and Barista’s Certificate. She received financial assistance from Centrelink and support from extended family and family friends to do this. She has subsequently been able to find casual employment in fast food outlets.

The fourth person was enrolled in a Certificate III in General Education. She reported having received support from the Create Foundation.

All four of the young people who had undertaken postsecondary school further education and training identified themselves as having mental health issues; two also identified as having neurodevelopmental disorders.

Six other participants expressed a desire to undertake further education and/or training but felt they lacked the knowledge, skills and support to access appropriate courses, or that not enough allowance was made for young people from their backgrounds.

> *I started a beauty course last year but I got kicked out because I had a fight with one of the other students. If you swear in these courses you get kicked out. It’s stupid. They should be more pragmatic (Georgia).*

> *They didn’t tell me my entitlements at all. You’re supposed to start working on a leaving care plan at age 16 and they are supposed to let you know then what you can access and start to get you ready to live independently. But that didn’t happen until the last two months before I turned 18. I would have liked to do some courses that would have helped me get a job. Things would be so much easier if I’d been helped to do some certificate courses (Natalie).*

One young person stated that he was getting more support with the introduction of the National

Disability Insurance Scheme (NDIS), but found there still was not sufficient funding available for him from Centrelink to do the course he wanted to do.

> *I'd like to go to TAFE and do a Cert IV in welding. Independence Australia are helping me. It's because of the policy Gillard's put in place. They have assigned a worker to both Mum and me. The worker took me to TAFE and arranged for me to speak to a support teacher. They've been helpful but Centrelink will only pay for half the course. I don't have the money to pay for the rest (Sam).*

Table 14 shows the type of postsecondary school training undertaken by participants.

Table 14: Post Secondary School Training	**Number of Young People**
Nil	11/15
Certificate 1 & 11 courses (completed)	1/15
Certificate 111 course (completing)	1/15
TAFE VCAL program (completing)	1/15
Diploma Course & Certificate courses (completed)	1/15

Employment

Most of the interviewees reported never having been in paid work (10/15). Two interviewees were currently employed and had been working in various casual jobs for 18 months or so. Both had completed Year 12 at mainstream secondary schools. A third, who had left school in Year 8, also had experience working part-time for a period of 18 months. All three worked mainly in the hospitality industry in part-time casual positions. They had mental health issues, rather than other forms of disability.

One young person who had a learning disability and mental health issues reported starting an apprenticeship but had to leave after 6 months due to a workplace accident that left him with longterm injuries.

> *I did my back because the boss put me on the heavier machinery on my first time there and it was really dangerous as well because it was like this machine that used to cut the timber and there's two places that you picked it up from and they had me working down the back of it and then at the front there was a big pole in the way and when you go to grab the wood the pole gets in the way and they put me on the front of the machine, I almost broke my arm. Because of that I can't work anymore because I did my back when I was working. My back starts hurting every time I go to pick up something or something like that, my back will start aching (Luke).*

Table 15 shows the number of young people who reported having had paid and volunteer work, and the length of time in employment.

Table 15: Employment	**Number of Young People**
Never had a paid job	10/15
Short term casual work < 2 months	1/15
Casual work in various jobs for 12 to 18 months	3/15
Apprenticeship for 6 months (incomplete)	1/15
Volunteer work < 6months	2/15

Supported Work Experience

There is a clear need for more supported work experience opportunities for young people who have disabilities and other complex needs. A number of the young people in the study spoke of their desire to engage in volunteer work or some part-time employment, but felt they did not know how to make this happen. One young woman reported that she wanted to work with animals but felt that her offending history would preclude her from gaining a volunteer position.

Three participants who did engage in supported work experience found it very rewarding and indicated that it helped develop their work readiness skills and sense of community connectedness. One young person undertook paid training at a social enterprise run by an NGO that did not preclude people with disabilities or offending histories for a period of twelve months, and found it a helpful and inclusive environment. Two others had engaged in volunteer work at opportunity shops.

> *My first job was with Red Cross, which helped me out with all my work. I was serving customers, putting clothes on racks, tagging, ironing, just general stuff. I loved it; the ladies were just absolutely lovely (Susan).*
>
> *I'm doing voluntary service with the Op Shop, because I feel more better when I do that because I'm getting money for free (disability pension), and I'm giving back to the community and doing something helps me, just better than at home doing nothing. I call it work now because I don't really care if I get paid, I do something for the community and I help people, because they get the money and then they help people with that money. And I get lots of freebies. I love the people I work with; they're all friendly and nice, even when they come in a big crowd (Emma).*

A report published by the Productivity Commission on the *Effects of Health and Education on Labour Force Participation* in Australia, found that poor mental health is associated with a much lower probability of labour force participation than physical illnesses or major injury (Laplagne, et al., 2007).

The results of the Australian Bureau of Statistics, Survey of Mental Health and Wellbeing 2007-8, indicate that having a mental health disability can significantly impact upon a person's ability to engage with the labour market. In 2007-08, the participation rate of people with disabling mental illness was 51%, much lower than the rate for people without disability (82%). This disparity may in part result from prejudice towards people with mental health conditions. Of people living with disabling mental illness who were employed in 2007-08, significantly more (49%) worked part time, compared with all people without disability (28%) (ABS, Australian Social Trends, March Quarter 2012).

Table 16 below compares the characteristics of those who were and were not currently involved in further education, training or employment. The young people who had not undertaken any further training or education and had not been in work had higher rates of neurodevelopmental disorders, substance use, offending and behavioural issues. Those who had engaged in further training and/or employment had more post care service support.

Table 16: Characteristics of Young People currently engaged in Employment or Further Education & Training Characteristic	Proportion of Young People currently engaged in education, training or employment (including volunteer employment)	Proportion of young people unemployed and not engaged in education, training or employment
Mental Health Problems	6/6	6/9
Intellectual Disability	1/6	3/9
Neurological Disability	3/6	7/9
Physical Disability	1/6	3/9
Behavioural Issues	2/6	7/9
Average Age of entering Care	9 years	10 years
Ever in Residential Care	2/6	3/9
Drug Misuse	2/6	6/9
Ongoing Positive Extended family or foster carer support	3/6	2/9
Post-Care Service Support ever	5/6	5/9
More than 3 OoHC placements	3/6	5/9
Additional School support	4/6	3/7 (2 unknown)
Offending ever	2/6	6/7 (2 unknown)

Offending Behaviour

The level of reported offending behaviour amongst the participants seemed to be relatively low overall given their background experiences, although recollections of the details of their offending and court appearances appeared to be sketchy and may be unreliable. Six young people stated they had never committed any offences. Seven stated that they had committed offences but none had ever been in prison or in youth detention.[4]

One young person with an intellectual disability stated that she engaged in shoplifting but had never been to court and "acted dumb" if the police ever intervened. The remaining six had engaged mainly in drug-related offending from their mid-teens onwards, although five of the young people who stated they had behavioural issues, had also been charged with assault offences. Some offending occurred in residential units, although most occurred outside OoHC placements.

Five of the young people had been required to attend both the Children's and Adult Magistrates Courts in relation to their offending behaviour; one young person had only ever appeared at the Children's Court; and as noted above, one young woman said she had only received police cautions.

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[4] Calculations are based on responses from 13 out of the 15 participants. Two young people did not specify whether they had engaged in offending behavior.

Most of the young people who were charged with offences reported having received Good Behaviour Bonds at court, with one young man reporting that he received a Community Based Order and one young woman said she had received a Youth Supervision Order.

Table 17 shows the type of offences committed, as reported by the interviewees.

Table 17: Type of Offending	**Number of Young People**
Assault	5/15
Shoplifting	3/15
Criminal Damage	1/15
Theft	4/15
Breaching a Restraining Order	1/15

> *I was charged a lot when I was living in care for smashing things and once I punched the team leader. I wanted to look at my file and she wouldn't let me, so I sneaked into the office and got it. She came in and we got into a fight. She sat on me. I had another assault charge later on too that was more serious and I was put on a Juvenile Justice Youth Supervision Order (Chloe).*
>
> *DHS charge you if you do something wrong in resi care. Like smashing plates. That's crazy. They should be more tolerant. It's ok to have you charged if you're assaulting someone but not for small stuff. It stays on your record as criminal damage and it makes it hard to get a job (Georgia).*
>
> *Yeah, I've been to court many times but I've never been in prison. I've made stupid mistakes. I've been on a CBO for assault – I bashed my Mum's boyfriend. He was hopeless – using her up – drinking and drugs. I got rid of him from our place for good. He wasn't taking care of Mum (Sam).*

Substance Misuse

Most of the interviewees reported having used alcohol and/or other drugs (11/15). Table 13 shows that approximately one third reported polydrug use over a number of years and a further three reported problematic alcohol use. These young people all started using alcohol and/or drugs while in OoHC. Those who had been in residential care reported longer-term use. The six young people who engaged in polydrug use all had multiple disabilities, including behavioural issues and other mental health problems.

Those who had not engaged in alcohol or other drug use at all appeared to have had more stable fostercare placements. The direction of any causality in this link is not possible to determine, however.

Table 18: Type of Substance Use	**Number of Young People**
Problematic Alcohol Use	3/15
Poly drug use (including marijuana, heroin, amphetamine, benzodiazepines)	6/15
Marijuana Use	2/15
No substance use	4/15

The negative influence of drug using peers was identified as an issue that influenced the young people's use of substances and in some cases was seen to impact on the interviewees' ability to maintain a stable lifestyle.

> *I drink a lot and get aggressive and it gets me into trouble. But I don't take drugs. My boyfriend does but he's on methadone now. I'm in a really nice MOH house now and I don't want to lose it. But my friend brought all these people around who use drugs the other night. I'd told her never to bring them to my place. I didn't want them knowing where I live. They were all off their heads on ice. Now they'll be coming around all the time. It's no good. Workers got me a house once before that friends destroyed. DHS gave me $1000 to buy stuff for the house but it all got damaged (Georgia).*

Two interviewees stated that family members' drug taking had a preventative effect on them:

> *My mother was a drug addict and disappeared when I was three days old. I have avoided drugs as I don't want to be like my mother (Brooke).*

> *Mum was a drug user – heroin, weed. I remember her giving me heroin when I was just a kid, maybe 6. I still remember feeling drowsy and then just sleeping. I don't take drugs at all – only the ones my mother forced me to take back then. I've never chosen to take any. I drink occasionally but that's ok. I don't want to be like my Mum. I want to be the coolest dad ever. (Tom)*

Although interviewees made a distinction between alcohol use and drug use, it must be noted of course that alcohol is a psychoactive substance and its misuse is associated with significant biological and psychosocial consequences.

Aspirations

Most of the young people interviewed expressed aspirations for a better future consisting of fundamentals needs being met, such as secure accommodation and an opportunity to work.

> *Eventually I want to move out into a unit. I can tell you now, rent's going to be expensive in the next couple of years, so I won't be moving out by myself.*

> *I’ll be moving in with a friend, or by then I might have a partner, be a partner. But yeah, I definitely want a house by myself, to have more privacy (Susan).*
>
> *They're building the units not here but a different place, I'm hoping to get one of them it will be a lot cheaper and a lot better (Rose).*
>
> *I want to one day have my own house and get a job again and start working again instead of- because I hate living off the pension. Like a lot of people love that and all that, but I’d rather be doing something with my life than sitting around all day (Luke).*
>
> *I would love to live by myself and no one else, because oh, I do not want to be – no, people around me, other people there like…I find it very stressful with other people (Emma).*
>
> *I want to do a certificate in animal studies but there isn’t one available locally. I’d like to work with animals. One of my workers was trying to get me some volunteer work at a place but then they wanted to do a police record check and I decided I wouldn’t waste my time going ahead with that (Chloe).*
>
> *I’d like to be boat builder. Growing up I always wanted to be an engineer (Sam).*

Woolsey and Katz-Leavy (2008) in their US study, *Transitioning Youth with Mental Health Needs to Meaningful Employment and Independent Living*, emphasised that youth with disabilities need to be given more opportunities for employment, training and independent living, and if services for them are to improve then ‘the chronic underestimation of their abilities’ needs to be addressed (p.2).

Lorna Sullivan, Executive Director of Disability ACT recently stated

> *“The lives of people living with disabilities are often not lived to their potential. Not because of any personal limitations that the individual may have but because, those of us responsible for the promotion and development of what might be possible in their lives are ourselves beset with fears, with anxieties and with stereotypes and have limited vision of the potential that disabled people have for a full and purposeful life”* (2013).

A further illustrative case study, this time of a young female interviewee follows.

Case Study: Brooke

Brooke is 24 years old. She is living in private rental, shared accommodation. She was placed in OoHC when she was 11.5 years old after teachers became concerned about her welfare and made a report to Child Protection Services. Brooke says she grew up in a middle class family but was being physically abused at home. She was subsequently placed in fostercare and on the face of it this was a successful placement. It lasted over five years with no changes, but the reality from Brooke's perspective was different.

The fostercare family had their own difficulties and she found she was once again the target for abuse. This time it included sexual as well as physical abuse. Brooke says that workers came to check up on how she was going "at the half yearly red tape report meetings" but she was always interviewed with the foster mother there, so she was scared to say how things really were.

At 11 years of age she was diagnosed with Aspergers and Obsessive Compulsive Disorder. She became anorexic at 14 and bulimic at 16 and saw numerous psychiatrists and counsellors over the years. She states she was bullied a lot at school because she was "different".

Somehow Brooke managed to finish her Victorian Certificate of Education (Year 12) and at age 18 moved out to live in a bungalow. She says she received no financial assistance to help with transitioning to independent living and that the workers just expected her to keep living with the carers. She also says moving out was a "shock to the system". She was not prepared – did not know how to cook or clean. She became alcohol-dependent for a while and stopped taking medication that she had been on for many years and ended up very unwell.

Brooke says she has managed to survive because she is resourceful. She says there are a lot of services for 15 to 21 year olds but most people in her situation do not know how to find them. "I don't how they get by. I'm lucky I learnt how to research when I was young". After finding out about postcare services online, she accessed brokerage funding to help with enrolling in some courses and has had support through the Create Foundation.

An NGO organised for her to do a barista course and she found some casual work. She has thrown herself into study and completed a number of courses. She says study has been her refuge. She has recently started a good job and hopes she can retain it. She says she is on new medication for anxiety and has learnt to put on a public face. "You know, so people don't know how anxious I am."

Discussion and Conclusions

The findings of this study are congruent with those of other Australian and international studies concerning young people with disabilities transitioning from OoHC. They highlight the vulnerability of this target group and the myriad of difficulties they face in trying to establish a stable lifestyle as adults living independently in the community.

The interviewees stated that they were placed in OoHC because of abuse and/or neglect and only one young person reported that she was placed in care because of her own challenging behaviour. Seven young people in this study were removed from home due to physical abuse and neglect by the age of 12 years. Six of them identified serious parental substance abuse as being an issue that contributed to them being abused. Research suggests that children with disabilities are at risk of higher rates of maltreatment than other children, particularly if parents lack support and resources (Jordan & Sketchley, 2009; Sullivan et al., 1998; Crosse et al., 2000).

The majority of young people in this study reported having multiple disabilities (14/15) and experienced multiple OoHC placements (12/15). Most were placed in fostercare, with one quarter subsequently being placed in residential care after fostercare placements had failed or been severely disrupted. Only three young people had one placement each. Over half the young people had five or more placements each, with four young people having more than ten placements each. While Australian research in relation to the general OoHC population suggests that the majority of children in care (approximately 75%) obtain a stable and successful placement within their first 12 months in care (Bromfield & Osborn, 2007), research in relation to children with disabilities suggests they are likely to have higher numbers of OoHC placements, longer stays in such placements, and a decreased likelihood of return to parental care (Wyber, 2012; Rosenberg & Robinson, 2004). The results of this study mirror these findings.

Over half the young people described their experiences of OoHC as negative (9/15). Their concerns about fostercare included carers being too strict or alternatively negligent; alleged physical abuse; alleged sexual abuse; carers being inappropriately "maternal" and seeming to forget the young person still has a family no matter how fractured it might be; carers not taking the time to talk to young people about important issues like drug use; and frequent changes of placement. The need for closer monitoring of fostercare placements by Child Protection Services, as well as residential care placements, was identified by a number of young people.

Concerns about residential care included being placed in units with others who were emotionally unstable, highly aggressive and regularly offending; easy access to drugs; physical abuse by other residents and sometimes workers; constant changes of workers; DHS allegedly reporting "minor" acts of aggression that occurred in the residential units to the police that would result in convictions that would later impact on their ability to gain employment; and frequent changes of placement.

A consistent theme throughout the interviews was a lack of consultation concerning placement options. Nearly all the young people who had multiple placements in fostercare and/or residential care felt that they were not consulted when placements were going to be changed, and were not given the opportunity to express their preferences. They recognised that not all placement changes were bad and in some cases change was welcomed, but it is very clear that many placement changes came as a shock with little forewarning and the young people found the changes perplexing.

Poor training of fostercarers in dealing with challenging behaviours and complex needs is a consistent theme in the research on high rates of placement instability for some young people in OoHC (Norgate et al., 2012; Wyber, 2012). The need for more training of fostercare workers was either clearly identified or inferred by nearly half the young people in this study, who felt workers needed better communication skills and more understanding of adolescent development and complex needs.

The majority of young people in this study stated that they were poorly prepared for leaving OoHC. Over half stated that they could not recall being involved in formal leaving care planning meetings. The young people living in kinship care and in longterm foster care placements reported that there was either no leaving care planning at all, or very little and that there seemed to be an assumption that they could just continue to stay where they were living, but this was not always the case.

Practitioners in Phase One of this study (Mendes et al., 2013) suggested that attempts at leaving care planning are seriously hampered by the lack of access to a range of suitable long-term housing options for this target group when they are transitioning into more independent living. The results of this Phase Two study further highlight the dire position that young people leaving care find themselves in, due to the lack of safe secure affordable long-term housing. Half (8/15) the young people stated that their immediate post care housing arrangements fell apart within the first year and over half found themselves homeless once their first postcare accommodation arrangements broke down and they then had to resort to living in boarding houses, refuges and SRS facilities. As noted in Crane, Kaur and Burton’s recent report on Homelessness & Leaving Care (2014), more appropriate, long-term housing needs to be provided either through a more flexible and affordable private rental market or more transitional and supported housing options which in turn are linked to public housing. The lack of adequate pension payments for 16 to 21 year olds with a disability further limits these young people’s access to appropriate housing.

Three young people were offered formal independent living skills training but most were not, and the young people stated that the informal training that occurred in residential units or fostercare was “cursory”. Only two young people were actively linked in with health professionals prior to leaving care. Most left OoHC feeling ill-equipped to live independently. The fact that over half (9/15) had serious health and wellbeing crises in the 18 months following leaving OoHC, points to this being the case. One Postcare Service Manager has observed that the lack of independent living skills, including budgeting, appears to be a major contributing factor in accommodation arrangements of young people with disabilities regularly breaking down and subsequent fluctuations in their health and wellbeing.

Three young people were referred to postcare support services upon leaving OoHC and a further seven young people later found out about the funding and accessed it independently (10/15 in total). Those who accessed it independently stated that they should have been made aware of the availability of such support upon leaving care or at least have been linked in with "someone" who could guide them on this. One young man was very aggrieved that he did not hear about postcare brokerage funding until he was past the eligibility age to access it, and stated that DHS's approach seems to be *"…if you don't ask what's available, we won't tell."*

Those who accessed postcare services reported being generally happy with the support they received. It helped them with payments for items such as school supplies, accommodation costs, dental bills, Myki (transport) cards etc. It is interesting to note that 5 out of the 6 young people who have engaged in further education/training or employment were linked in with post care services. All the young people in this study felt that postcare support needs to be available for a longer period of time, with most stating that this needed to be in place up to the age of 25.

The inflexibility of the timing of the transition from OoHC seems particularly harsh for young people with disabilities, who developmentally may be far from ready to be living independently at age 18, particularly given that in most cases the accommodation that was arranged for the young people in this study was clearly of a temporary nature and/or highly likely to break down in the first twelve to eighteen months. The high number of changes in accommodation in the first two years postcare and the reported deterioration in most of the young people's health and wellbeing postcare, highlight the need for more flexibility around the age of exit and more intensive and longterm postcare support for this group.

As noted earlier in this report, access to support from adult disability services for these young people is limited due to high caseloads and high demand. Only three young people in the study reported receiving Disability Services support and they each identified as having an intellectual disability. The results of this study show that those with other neurodevelopmental and/or acquired disorders and/or mental illness are not receiving Disability Services support. In fact, people who have a mental illness are currently not eligible for disability services support at all. This is not consistent with the fact that many definitions of disability, at both state and commonwealth levels, include psychiatric impairments (see p. 11 of this report).

Limitations of the Study

It is acknowledged the sample size in this study is small (15) and is therefore not representative of all care leavers with disabilities. In addition, the findings here rely on self-reported data and therefore may not be wholly reliable, particularly in relation to such issues as the numbers of placements young people had and the length of time in each placement. Clarke (2005) and Booth and Booth (1996) have identified particular methodological challenges in conducting research with people with learning, communication and other disabilities, one being the conceptual difficulty around time, making it difficult for them to tell the details of their story accurately (in Nind, 2008). Also, the participant's understanding of their reasons for being placed in care was largely based on what they had been told by other family members and/or carers.

Another limitation of this study is that it does not offer a long-term assessment of the impact of leaving care policies and practices, but instead provides a snapshot of how the participants felt about their transition from state care on the day of their interview. It is acknowledged that this can be affected by their particular circumstances at the time of interview and that views sometimes change with time and circumstance.

However, the data does provide us importantly with the participants' overall *perceptions of* their OoHC and leaving care experiences. Also the fact that there is considerable consistency between the views of OoHC practitioners sought through Phase One of this study (Mendes et al., 2013) and those expressed by the young people here, gives weight to the reliability of the young people's responses.

In conclusion, whilst the sample for this study was small, the findings do suggest that many young people with disabilities leaving the OoHC system are not receiving the supported transition they require to be able to establish a stable lifestyle in the community. The findings highlight: the desperate need for stable and supported long-term housing options for young people with a disability transitioning out of care; the need for greater access to a range of formal and informal living skills programs; the inadequacy of the Disability Services Pension for 18 to 21 year olds; the need for these young people to have more access to information about the availability of transitional and postcare funding and practical support; the need for longer term access to postcare support services; and the need for broader access to disability support services.

Key Recommendations:

- More collaboration and partnership between child protection and housing services to ensure greater access to a range of suitable housing options for young people with disabilities exiting OoHC.

- Monitoring of all young people with disabilities in Supported Residential Services through Disability Services

- Broadening of the eligibility criteria for access to adult disability services so that young people with psychiatric problems can also access such services.

- More collaboration and joint planning between child protection and disability services for young people with disabilities leaving care.

- Longer-term access to postcare services for young people with disabilities leaving care, at least up to the age of 25. A holistic postcare support system which reflects developmental needs, offers mandatory rather than discretionary assistance, and provides specialist programs to address the multiple and complex of care leavers with disabilities.

- More education of fostercare and residential care workers in relation to adolescent development and managing disabilities and difference.

- More education of fostercare and residential care workers in assisting young people with disabilities to gradually develop age appropriate independent living skills.

- More training and capacity-building of health and welfare practitioners in statutory and nongovernment services in working with young people with dual disorders including psychiatric, intellectual and developmental disabilities and a more consistent approach to assessment of disabilities across agencies.

- Improved exit planning for young people with disabilities leaving care to ensure that they are aware of postcare services and linked in with them prior to leaving OoHC.

- Leaving care planning for young people with disabilities to be inclusive of educational planning at the school level or of employment planning.

- Child Protection case managers should provide aftercare support to young people with disabilities leaving care for a period of up to 18 months, if this support is not actively available through Disability Services or Postcare Services. It is in this period that young people with disabilities appear to be at particularly high risk of homelessness and health crises.

- Improved exit planning to ensure that young people with disabilities are linked in with relevant health practitioners in the area to which they are moving, who can provide ongoing support as required.

- Creation of more supportive work opportunities through more funding of social enterprises that employ young people with disabilities.

- More training for case managers and residential and fostercare workers in family sensitive practice that acknowledges the positive role stable and supportive extended family members can play in these young people's lives.

- Closer liaison between schools and children's welfare organisations to support successful retention at school and reduce the use of suspensions and exclusions because of behavioural dysregulation in the school setting.

- Ongoing cross-sectional and longitudinal research on strategies that align policy and practice, so that models that produce meaningful improvements in young people's psychosocial outcomes can be identified and adequately funded.

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