
Transition from care: Avoidable costs to governments of alternative pathways of young people exiting the formal child protection care system in Australia

Volume 2: Technical Report

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Definitions

Avoidable cost: The project focused on determining an economic judgment of what are considered, in economic and public policy, to be avoidable (or preventable) costs. This included such service systems as: justice, housing support, mental health, drug and alcohol, crisis health such as accident and emergency, pharmaceuticals, and family support including child protection, income support, and employment support.

Care and protection order (formal care order, formal child protection care order, formal order within the child protection legislative framework): A legal or administrative order which charges the state or territory government department with the protection of a child over and above what is generally considered normal for most children. These orders can take the form of guardianship or custody orders, supervisory orders, interim and temporary orders.¹

Consensus estimates: The process of using professional judgments and knowledge to reach agreement on quantitative information and/or data across or within disciplines and/or stakeholder groups.

Economic costs: The study estimates financial costs to government. These costs include government expenditures for people exiting from care, which may be called direct costs. The total cost also includes income foregone by government because of lower tax revenues. The former category is much larger and is the main focus of this study.

Formal child protection care system (care and protection system, formal care system): The system where state and territory government departments have responsibility for children up to the age of 17 or 18 years (depending on the jurisdiction) as a result of a formal legal order or an administrative/voluntary arrangement issued for protective reasons.

Guardianship or custody orders: Guardianship orders involve the transfer of legal guardianship to an authorised Minister, department or individual. Guardianship orders convey responsibility for the welfare of the child to the guardian. They do not necessarily grant the right to the daily care and control of the child, these are granted under custody orders, which generally refer to care and protection orders that place children in the custody of a third party.²

Mental health: There are a range of definitional issues in the research and policy literature related to mental health and mental illness. For the purpose of this report the authors use the following definitions, some of which are adopted in the National Mental Health Strategy (NMHS):

Mental disorder: A diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities.

Mental health problems: Diminished cognitive, emotional or social abilities, but not to the extent that the criteria for a mental disorder are met. A mental health problem or issue is obviously less severe than a mental health disorder.³

1 (AIHW: Child Protection Australia 2004-5)

2 (AIHW: Child Protection Australia 2004-5)

3 Reference

[1] World Health Organisation (2003) *Investing in Mental Health*

[2] Commonwealth Department of Health and Aged Care (2000). *Promotion, Prevention and Early Intervention for Mental Health—A Monograph*, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra.

Mental health issues: A term preferred by mental health consumer organisations to describe the experience of living with a mental health diagnosis, including severe disorders, and irrespective of the diagnosis.⁴

Out-of-home care: The placement of a child who is the subject of a care and protection order in:

- home-based care where a carer is reimbursed for expenses for the care of the child, including foster care, community care, relative or kinship care, or other home-based care including private board
- facility-based care where care is provided by paid staff
- independent living where children are living independently.⁵

Service system: Service systems refer to the eight service areas as the key areas of support accessed by people who had been in the formal child protection care system. The 'service system' includes the full range of services dedicated to addressing a particular issue, for example the justice system includes juvenile and adult justice services based in the community, gaols, police, Courts, diversion programs, Court ordered assessments etc. 'Health services' includes general practitioner services, hospitals, community health centres, Pharmaceutical Benefits Scheme (PBS), ambulance services etc. Services in a system include those provided directly by Australian and State/Territory Governments, services funded by governments and provided through non-government organisations, and government expenditure paid to private providers, e.g. Medicare and the Pharmaceutical Benefits Scheme.

Transition from care: The process of young people moving from the state or territory government based care and protection systems to independent living.

Transition services: Services to support young people leaving care covering both transition planning leading up to discharge from care, and services to support young people after leaving care, such as mentoring, transitional housing, directories to assist young people to link into existing community support services.

⁴ The authors use this term when discussing the experiences of people for the purpose of developing the service system pathways or describing the case studies.

⁵ (AIHW: Child Protection Australia 2004-5))

Abbreviations

A&E:	Accident and Emergency
ABS:	Australian Bureau of Statistics
AIC:	Australian Institute of Criminology
AIHW:	Australian Institute of Health and Welfare
CDEP:	Community Development Employment Program
CP:	Child Protection
CSMAC:	Community Services Ministerial Advisory Council
D&A:	Drug and alcohol
DHHS:	Department of Health and Human Services (Tasmania)
DOCS:	Department of Community Services (NSW)
DSP:	Disability Support Pension
DV:	Domestic Violence
FA:	Family Allowance
FaCSIA:	Family and Community Services and Indigenous Affairs (Australian Government)
FTB:	Family Tax Benefit
IFSS:	Intensive Family Support Service
ISP:	Intensive Support Package
JPET:	Job Placement, Employment and Training Program
LT:	Long term
MH:	Mental health
NGO:	Non-government organisation
NYARS:	National Youth Affairs Research Scheme
OCD:	Obsessive Compulsive Disorder
OSCAR:	Office of Crime Statistics and Research (South Australia)
PBS:	Pharmaceutical Benefits Scheme
PSP:	Personal Support Program
RA:	Rent Assistance
ROGS:	Report on Government Services
SAAP:	Supported Accommodation Assistance Program
SA CYFS:	South Australian Department of Children, Youth and Family Services
TILA:	Transition to Independent Living Allowance
YTC:	Youth Training Centre

1. Introduction

This report

This report is the outcome of a two-year study to establish the avoidable economic costs to governments of alternate pathways followed by people who have been in the formal child protection care system. This Technical Report is the detailed account of how this study evolved and how the findings were reached. It is a companion report to the Summary Report published as a separate volume. The Summary Report includes an Executive Summary. The decision was taken to publish the report in two volumes because of the pioneering methodology, the complex nature of the study, and the importance of providing the detailed methodology. This volume includes the full explanation of the primary qualitative research, the analysis and use of the available evidence and research, and the formula and methods used to estimate the costs. This report needs to be read with the clear understanding that the study is based on estimates. However these estimates are based on a very comprehensive mixed methods qualitative and quantitative research approach. This approach drew on the experiences and knowledge of key informants with extensive knowledge of all of the service systems involved and tested the data gathered against the available evidence in Australia and internationally. This report includes the background to the issue.

The issue

Around 1150 young people aged between 15 to 17 years⁶ of age leave the formal child protection care system each year in Australia. This figure is based on data provided to the Australian Institute of Health and Welfare (AIHW) by the states and territories over three financial years from 2001/2002 to 2003/2004.

The experience of the transition to adulthood of young people who have been on formal child protection care orders⁷ is now a significant public policy issue across the western world. The issue is significant because there has been strong anecdotal and international evidence that this population of young people experience difficult transitions and may have long term challenges in their lives. Some of these young people require high levels of professional support in the transition; others manage with the support of friends, foster families, extended families and sometimes non-government and/or government services. Recent research suggests that this high need for support remains the case for significant numbers of young people post care (Mendes, 2005; CREATE, 2004). Many of these young people however also go on to live productive lives similar to the general population.

6 Up to the 18th birthday.

7 A Care and protection order (formal care order, formal child protection care order, formal order within the child protection legislative framework) is a legal or administrative order which involves the State/Territory community services department with the protection of a child over and above what is generally considered normal for most children. The orders can take the form of guardianship or custody orders, supervisory orders, interim and temporary orders. (AIHW: Child Protection Australia).

When this study commenced in early 2004 the main study in existence in Australia was the longitudinal research project being undertaken by the Social Policy Research Centre (SPRC) and funded by the NSW Department of Community Services (DoCS) (Cashmore and Paxman, 1996). The first NSW study report followed a sample of young people (51) who left the care system between September 1992 and August 1993; the research project published a second follow up report at the end of 2005. Since 2004 a number of smaller scale studies have emerged and this study has accessed these where they are publicly available or researchers were willing to share emerging findings.

Most jurisdictions have recently implemented some form of transition from care services recognising the importance of giving some ongoing support to young people as they leave the formal child protection care system in order to assist them to make the transition to adulthood. The role of transition from care services was a strong driver in the decision to undertake this research which could assist governments to better understand the economic costs of the pathways followed by people, post care, across the life course.

The initiative by the Australian Government to establish the Transition to Independent Living Allowance (TILA) to assist this transition represented a significant step in the Australian Government's commitment to young people although the payment is a relatively small amount of funding - \$1,000 per young person as a once off payment. The line between the state and territory governments' guardianship systems and the adult income support and safety net system has been debated over several decades. Income support is now recognised as one of the significant transition issues for young people.

There were approximately 22,000 children in the care of the state in Australia in 2003/2004. Of these approximately 1150 young people, aged between 16 and 18 years of age exited from formal care orders between 15 and 17 years of age (around the 16th birthday and up to the 18th birthday). Thus, at this point in time, each annual cohort can be taken to be around 1150 young people moving into adulthood having spent some time in the care of the state. It is this population group of young people who are the subject of this research⁸.

Over the past 2 years a plethora of small-scale studies has emerged across the world regarding the experiences of young people leaving the care of the state. However many of these studies are of people in single service systems, for example the justice system or the drug and alcohol system.

These combined studies indicate that many young people leaving care are more likely to:

- have minimal family and/or social support as they enter adulthood
- have poorer education outcomes and employment prospects than their general population of peers

⁸ This figure may change over time and may increase or decrease depending on developments in child protection, approaches to supporting families and young people and what emerges from recent initiatives at providing transition services. For the purpose of this study it is assumed that this figure may remain constant over time.

- experience a high level of homelessness
- use drugs and alcohol to a problematic level
- be over-represented in the criminal justice system
- experience early pregnancy (Mendes, 2005).

Quantifying these experiences in the Australian context has not been possible to date for a number of reasons:

- there has been minimal data collected on the prior care status⁹ of people using adult service systems
- issues related to confidentiality have constrained the collection of this data.
- there has been minimal funding in Australia for research into the experiences of young people post care
- the emergence of data matching initiatives in the justice system are relatively recent initiatives which attempt to track young people from the juvenile justice system into the adult system – however these data matching initiatives have not generally collected prior care status
- many people reportedly do not disclose their prior care status in accessing adult services.
- whilst many professionals in a number of service systems have been aware of the significance of the experience of being in care for a young person, there has been no concerted policy approach to assess or research the experiences or the causal link with or impact of such experiences on adult service usage.

At the service delivery level there has been strong anecdotal evidence which suggests that many of these young people will continue well into adulthood to experience heavy usage of many service systems, with some young people being over represented in high cost systems such as gaols. For some people the service usage is very high throughout their life course post care, into old age, or, until early death. There is also strong anecdotal evidence that some young people do well post care and live lives not dissimilar to their peers in the general population.

About this research

In 2003 the Youth Working Group of the Community Services Ministerial Advisory Committee (CSMAC) supported the conduct of a project to establish the costs and benefits for governments of alternate pathways for young people leaving care.

The CSMAC proposed that the project be undertaken in two stages:

- the first to establish and test the feasibility of developing a model to undertake the study

⁹ 'Prior care status' refers to prior child protection care status

- the second stage to implement the proposed model, subject to the results of the first phase and the availability of funding.

The first stage was undertaken in early 2004 and was overseen by a small Steering Committee, comprising representatives of each jurisdiction. This phase established the feasibility of the study and proposed using a mixed methods approach employing both quantitative and qualitative research methods.

In 2004 the CSMAC approved the second stage for the project which commenced in August 2004. This Technical Report provides the detailed account of the study, and addresses:

- the scope and methodology
- the literature relevant to the subject
- a detailed description of five indicative pathways which young people are likely to follow
- estimates of the costs to government of these pathways
- the implications for data collection and research priorities for Australian governments.

Purpose of the research

The key purpose of the study is to inform Ministers and governments about:

- the current alternate pathways young people who have left formal care are believed to follow
- what these pathways cost governments in avoidable costs (and lost income), particularly over time.

The findings contribute to the analysis of potential cost savings to governments (and ultimately to community members as tax payers) if a proportion of young people were successfully diverted, through better support, to lower usage service pathways and to pathways which are economically productive.

2. Methodology

Broad approach

The research employed a mixed methods approach developed in Stage One in consultation with the Steering Committee and involved testing with the child protection systems of each of the jurisdictions. The three key tasks required of the methodology were to:

- develop five to six alternative pathways which young people might follow post the formal child protection care system
- develop a method of estimating the proportion of young people in each pathway over the life course in two age cohorts – 16 to 24 years of age and 25 to 60 years of age
- develop a costing method to estimate the economic costs and benefits to Governments of these alternate pathways.

In Stage Two, based on the approach agreed in Stage One, the study employed the following broad methods:

- a qualitative research strategy to develop the pathways and estimates approach interviewing a cross section of experienced practitioners in each service system, representatives of CREATE, foster carers, and staff in a sample of key non-government organisations working with young people and adults who have been the subject of a formal care order
- secondary analysis of published data collected by Australian Institute of Health and Welfare (AIHW), TILA data, the Report of Government Services (ROGS) and any other data sources identified during the course of the study
- analysis of AIHW child protection data provided by AIHW specifically for this study
- identification and analysis of other research on leaving care experiences, unit costing data and any data matching opportunities
- cross checking data from the qualitative research with data or service usage patterns in published studies on people leaving care or of other service systems
- testing estimates of service usage with experienced staff in various service systems, and
- primary research to establish costings through program managers in the various service systems.

As the fieldwork drew to a close the research team updated the literature review and analysis of any new data for the purpose of cross checking the qualitative and quantitative data gathered in the Stage Two fieldwork. Appendices 1 to 6 provide more detailed information regarding how the methodology was developed and applied. The appendices include the matrix developed over the two stage process of the study, an extensive summary of all of the reports and evidence examined and how this was used to inform the estimates,

two attachments which provide examples of how the costs were derived and distributed, and ten case studies from the Transition to Independent Living Allowance (TILA) data.

Scope

This study focused on establishing and costing the pathways for people who have left the formal child protection care system. The population sample were those people who have been subject to a formal order within the child protection legislative frameworks across all jurisdictions, post care, and who leave care between the ages of 15 and 17 years (all having left care by the time of their 18th birthday). The study did not focus on young people in other forms of care such as disability residential facilities and/or youth justice unless these young people have been subject to a formal child protection care order.

The focus was on the period after leaving formal care. The study did not attempt to consider the effectiveness, in any way, of any of the adult services identified in the range of services accessed by people post care and over their life course.

The study focused on identifying and making economic judgements about what are considered, in economic and public policy, to be **avoidable** (or preventable) costs. Education costs are an example of costs that were excluded as these are incurred by the general population and are not considered avoidable costs for government.

Examples of economic costs of the alternate pathways agreed with the Steering Committee to be part of the study include the following government provided and government funded services:

- the justice system including both juvenile justice and adult corrections
- all forms of income support available up to 60 years of age
- health services such as general practitioner (GP) usage, hospitals, accident and emergency services, and Pharmaceutical Benefit Scheme (PBS) usage
- housing support services such as accommodation support services, supported housing and Rent Assistance ¹⁰
- drug and alcohol services
- mental health services
- family support services including child protection, counselling services and other forms of family support
- employment support services.

Service funded and provided in both the government and the non-government sectors are included in each service system.

¹⁰ Rent Assistance was included in housing support to differentiate the service system usage from other forms of income support.

In this study the economic benefits for the alternate pathways include the following:

- taxes paid
- other benefits to the Australian and state and territory governments arising from participation in productive employment.

Parameters

The parameters agreed with the Steering Committee were:

- the project was restricted to establishing and quantifying the economic costs and benefits to the Australian and state and territory governments
- the research did not include services funded by other forms of resourcing such as philanthropic trusts, or privately funded services such as those available through private health insurance or by fee for service
- social costs and benefits, including those which do not apply to government, were not the focus of this research; it was agreed that these would be noted and would not be included in the analysis of costs and benefits
- the project did not examine pathways beyond 60 years of age as this would be complicated by issues related to eligibility for aged care services and other forms of income support such as aged pensions.

In addition it did not attempt to:

- establish the social benefits of any economic investment of the services provided
- evaluate the merits or outcomes of interventions or programs
- establish any opinions regarding the quality or value of any service or intervention
- establish any views regarding early intervention or prevention programs
- present a detailed analysis of individual state or territory government costings or comparisons
- establish separate costs for the Australian or the state and territory governments
- make any judgements or recommendations regarding adequacy of funding levels for services.

Midway through the fieldwork, the research team agreed to abandon client interviews as a method of extrapolating the pathways. All team members were hearing tragic and moving stories from people with a formal care experience. Since the study was focused on establishing the intensity and frequency of service level usage over time, rather than the personal stories or experience of the services by the person being interviewed, the study team needing to ask intrusive questions midway through people's deeply personal stories to gain this information. After a couple of these interviews, and a focus group with CREATE, the team members agreed that it was not ethical to continue this approach as we could not do justice in this report to the depth and intensity of the experiences we were hearing.

Assumptions behind the development of the pathways and estimates

The qualitative methodology was based on several assumptions which were explicitly stated during interviews:

- the study team understood that the pathways followed by young people (or older people) were unlikely to be linear in that no single pathway was likely to be followed by most young people and that service usage levels might vary over time and according to what happened in the person's life
- gender and cultural background might impact on pathways significantly, especially for Indigenous young people and adults
- levels of need did not equate with actual service level usage – we were seeking information about known usage levels rather than needs
- a young person might leave care with a trend to high usage or very low service usage and that this could fluctuate over time
- we were not seeking information regarding effectiveness of interventions and could not comment on this in the final report
- we would not be representing the data provided by key informants as anything but estimates based on information provided by practitioners and others through acquired practice knowledge and experience, which was tested against existing research and other administrative data held by program areas.

3. Research evidence and review of available data

During the course of the research the study team examined in excess of 40 reports and studies on young people leaving care, research and evidence regarding other service systems, or costings of services.

The aim of this review of reports was to:

- establish what was known about service usage by this population group through to 60 years of age
- draw out any evidence and data regarding the proportions of people with a formal care history in the various service systems being examined
- establish how the proportions being reported by key informants interviewed in the field work compared with what was reported in research and smaller scale studies or reflected precursor trends identified in the research
- identify cost studies of relevance to the study.

A full account of the research and reports examined and how this was used to assist in estimating usage levels is contained in Appendix 2.

Trends in the research

Several key Australian reports have examined the process of young people making the transition from being in formal child protection care to independent living.

These include:

- a longitudinal study which compares the experiences of young people leaving care with those of young people living with their parents and young people who left home early around the age of 16 years through a series of interviews over a period of five years (Cashmore and Paxman, 1996, 2005)
- a description of the experiences of young people leaving care and identification of factors which assisted or impeded transition to independent living (Mauders et al, NYARS, 1999)
- investigation of the long term costs of current protective care policies in Victoria and the costs of an integrated care model (Centre for Excellence in Child and Family Welfare, *Investing for Success*, 2005)¹¹
- an examination of leaving care experiences to determine how current service initiatives need to be improved (Owen and Lunken, 2000).

¹¹ This study is referred to throughout by its title *Investing for Success*. It is listed under Centre for Excellence in Child and Family Welfare in the reference list for this report

A UK Study (Ward et al, 2003), a USA Foster Care Alumni Study (2005) and the Midwest Study (Courtney and Dworsky et al, 2005) provided international profiles.

The findings from this group of studies build up a profile of young people in the first five or so years after leaving care and protection, and the factors that assist or inhibit the transition to independence.

The experience of care

Adolescence to adulthood is sometimes a difficult transition, not just for care leavers. However, most adolescents are only gradually confronted with the maturational demands associated with work, independent living and building relationships. Most young people usually receive some continuing support from their parents. By contrast, adolescents leaving formal care are often confronted by the full demands of adulthood with the cessation of formal support and this can occur at around 16 years of age (Owen and Lunken, 2000).

Children and young people in care are not a homogenous group with respect to their pre-care experiences, their care histories, their needs and abilities, or their cultural and ethnic backgrounds (Cashmore and Paxman, 1996). Nevertheless, all children and young people who are on a care order have to deal with a significant number of issues which affect their ability to make the transition to independent living.

Factors influencing successful transition

The leaving care studies found the factors assisting transition are:

- stability and continuity of care
- the reasons for entry into care (those who believed they were responsible for the imposition of the order were less happy after care)
- resilience and belief in self
- availability of support - mentors or advocates, previous carers and workers and/or after-care support workers
- family contact while in care and during transition, or re-established after leaving care.

Factors inhibiting transition to independence:

- unresolved anger towards family, workers or the 'system'
- ongoing effects of the conflict, trauma and abuse
- unstable placements, multiple carers and workers
- disrupted education
- living in unstable accommodation at the time of discharge
- lack of long-term goals
- lack of income
- contact with the juvenile justice system and imprisonment

- lack of preparation for leaving care and lack of contact and support with the care system after leaving. (Cashmore and Paxman, 1996; Maunders et al, 1999 and Green and Jones, 1999).

Recent results from Cashmore and Paxman (2005), indicate that while in-care placement stability was a significant factor in predicting the outcomes for young people four to five years after leaving care, it seems likely that the role of placement stability is as a means to an end in building the sense of security, belonging, and a network of social support which are key factors after the young person leaves care.

Analyses of the relative contribution of various in-care and post-care factors indicate that perceived security in care, educational attainment before leaving care, and stability of accommodation and level of support after leaving care may be highly significant predictors of young people's resilience four to five years after leaving care.

The Cashmore and Paxman research identified four general outcome pathways for the cohort their study is following:

- well supported young people on a fairly straightforward and positive pathway – young people had a significant mentor or belonged to a community, were employed or were full-time parents supported by a partner
- 'strugglers' – low resilience scores, none had been in stable care, most were in or had been in turbulent relationships, lacked a supportive network of friends or family, were either unemployed or parents and were having to go without necessities and services
- 'recovery group' – the smallest group, had had a difficult time in care and during the first two or three years after leaving care, but had recovered from a negative pathway involving substance abuse and crime. The positive factors that helped turn the tide appear to have been a supportive network and/or a caring partnership
- 'survivors' - the fourth and largest group of young people who were generally coping and although they were not doing well, were satisfied with how they were doing considering their experiences. They tended to be quite articulate about their sense of autonomy and responsibility.

Need for support services

Young people leaving care vary considerably in their resilience and the sources of support they have. However, the need for preparation and ongoing support is common. This may include financial support, emotional support and advice, and access to information about their background (Cashmore and Paxman, 1996).

Access to support services and/or supportive adults is identified as a key factor in a positive transition to independent living. Cashmore and Paxman (2005) found that those young care leavers in their study who were on a straightforward, positive pathway five years after leaving care usually had a significant mentor or belonged to a supportive community group.

In the Midwest Study (Courtney and Dworsky, 2005), young people who were still in care at the age of 19 with stable housing and continued access to health and education services, had decreased risk of economic hardship, less involvement in the criminal justice system, females were less likely to become pregnant, compared with the group of young people who had left care several years earlier.

There is also evidence to suggest that young people (15 to 17 years) who leave the family home early through family conflict are as similarly disadvantaged as young people leaving care - a major reason being that some of these young people may be even more disconnected from social and service support. In the Cashmore and Paxman study (1996) one of the comparison groups who had not been in care – a ‘disadvantaged’, ‘early home leaver’ group living mostly in refuges or in supported accommodation - had pathways similar to those of the ‘leaving care’ group and on some measures were more disadvantaged.

The UK study (Ward et al, 2003) also found that early home leavers were at greater risk of drug and alcohol problems than young care leavers because they were more cut off from support.

For the more disadvantaged care leavers, the leaving care studies (outlined above) indicate that these young people are over-represented:

- in unstable housing arrangements and homelessness
- in general health, mental health and drug and alcohol services
- as young parents and high users of family services, including child protection services
- as unemployed people with high needs for income support and employment support services
- in juvenile and community justice systems.

Representation of sub-groups within care leavers

Within the general population, it is known that certain sub-groups are heavily represented in certain areas of support need. Where data is available for care leavers, the research shows that these young people are even more heavily over-represented.

Males

Justice System: Males are more heavily involved in the justice system than females. In the general population, young males were more likely to be a juvenile offender (OSCAR 2005b)¹², have rates of juvenile detention more than 8 times those of young women (OSCAR 2005a), and imprisonment rates 11 times that of females (AIHW 2003). Young males who have been in care are even more likely to be involved in the justice system, as demonstrated in the leaving care studies, and the finding that twice the number of young people in out of

¹² Office of Crime Statistics and Research (South Australia)

home care have offended, compared with young people who were never placed outside the home (AIC 2002b, Stewart et al 2002). Implications for later life are that negative childhood experiences may contribute to an individual being a persistent offender over the life-course (Stewart et al, 2002). Young offenders who were also subject to care and protection orders were more likely to move to adult offending (AIC 2002c, WA Dept of Justice 2005).

Females

Family Services: Each of the four leaving care studies, cited above, found that a high proportion of young women were pregnant or had one or more children (with a birth rate calculated across the four studies of roughly 24 times greater than the birth rate of 2 births per 100 for 15 to 19 yrs in the general population (AIHW, 2003). In one study (*Investing for Success*, 2005), more than half of the children of these parents (18 to 25 years) in the survey group were already under care orders.

Justice System: While the proportion of young females involved in the justice system is less than males, the increase in the female prisoner population from 1993 to 2003 is more than twice that of the male prison population (ABS, 2004). Females who have been in care are highly over-represented in community corrections and prisons (WA Department of Justice, (2002) and are more likely to commit serious or violent offences than is usually found amongst female juvenile offending populations (Owen and Lunken, 2000).

Housing support: In all age groups under 50 years, there were more female SAAP clients than males, (but more male clients in the 50-64 year old age groups (AIHW, 2005b).

Indigenous people

Justice system: Indigenous people, especially young men, were much more likely to be over-represented in the criminal justice system, to be younger at their first apprehension, apprehended for a more serious crime, and more likely to become chronic offenders than non-Indigenous young offenders (OSCAR, 2005a & 2005b). This over-representation in the justice system is compounded for Indigenous care leavers by their over-representation in the care and protection system: 13% of young people aged 15 to 17 years discharged from care and protection are Indigenous, compared with 4% Indigenous young people of that age range in the general population (AIHW, 2005a – special tables). This over-representation extends across the life cycle. Indigenous people are around 16 times more likely to be in prison than non-Indigenous people (ABS, 2004).

Drug and alcohol services: More Indigenous young people 14 to 24 years of age consume alcohol at levels considered high risk over the long term – 25% compared with 14% of other Australian young people (AIHW 2003). A complex range of interrelated causes have been proposed to explain Aboriginal drug and alcohol use and misuse, including petrol sniffing and other forms of volatile substance misuse. These include dispossession, social deterioration involving family breakdown and loss of important caregivers, poverty, boredom and the propensity to block out reality (d'Abbs and MacLean, 2000)

Interconnections between areas of support needs

The research highlights the fact that support needs are multi-faceted in most cases. Disadvantage in one area impacts on other support areas, compounding the degree of disadvantage.

Homelessness and employment: People without stable housing find it hard to meet Centrelink mutual obligation requirements to undertake training, or to find and hold a job. Conversely, under current rental housing market conditions, the lack of a job makes it almost impossible to secure adequate housing – particularly in areas where there are employment opportunities (Brotherhood of St Laurence, 2005).

More broadly, poor health and physical disability, mental health, domestic violence, substance abuse and lack of social support are barriers to employment (Perkins and Nelms, 2004).

Homelessness and drug and alcohol problems: A major reason for instability in housing for young care leavers is conflict due to high alcohol use and abusive behaviour, either by the young care leavers or by those sharing the accommodation (Cashmore and Paxman, 1996). For care leavers, peer-group dynamics in housing such as hostels and refuges can draw young people into more harmful forms of drinking and drug taking (Ward et al, 2003 undertaken for the UK Home Office).

Homelessness, health and drug and alcohol: Reasons for poor health in young care leavers were mainly related to diet and illness including depression, asthma, alcoholism and complaints due to sleeping rough (Ward et al, 2003).

Family services and justice systems: A study of women prisoners in Western Australia (WA Department of Justice, 2002) found that 19% of the women prisoners were Wards of the State as children (26% for Aboriginal women prisoners compared with 13% for non-Aboriginal women). Almost half of the women prisoners who had children did not have custody of all of their children. Of the children of women prisoners who did not care for their children prior to imprisonment, 15% were currently in foster care.

Justice system and multiple areas of support needs: An analysis of WA Department of Justice administrative data (WA 2005) revealed that some young offenders who had been on care orders, and had progressed to adult prison, reported high levels of self harm, suicide attempts, drug use, and mental health symptoms.

Legislative and program responses to the needs of young people leaving care

As research, government inquiries, and concerns from community providers and case workers have drawn attention to the vulnerability of young people leaving care, both overseas and in Australian jurisdictions, there is evidence of some movement towards addressing the disadvantages faced by young care leavers.

In the United Kingdom, the Children (Leaving Care) Act 2000, requires:

- local authorities to ensure 16 to 17 year olds leaving care have a pathway plan to independence and provide support for them to meet their plan objectives
- each care leaver to have a Young Persons Advisor to co-ordinate support and assistance up to the age of 21, particularly with education, employment and financial management
- a new financial regime for care leavers to ensure they have comprehensive financial support
- assistance with education or training to continue to the end of the agreed plan, even if it takes someone past the age of 21 (UK Department of Health, 2000).

In the USA, the Foster Care Independence Act, 1999 expands assistance, including room and board and access to Medicaid, for care leavers aged 18 to 21 years, and increases state accountability for outcomes for care leavers (quoted in Mendes, 2004).

The USA and Australia have similar federal legislative frameworks for state care. Because child protection is the responsibility of each state and territory jurisdiction, this results in:

- no uniform in-care or leaving care standards across Australia
- states and territories retaining considerable choice as to how to implement policies and legislation
- separate campaigns required to address legislative and program responses in each state and territory (Mendes, 2005).

In reviewing the current situation across the jurisdictions, it appears that several jurisdictions have legislation in place or in progress which acknowledges state responsibility to support young people in their transition from care to independent living. Most of the legislation does not specify the nature and duration of this support.

Much of the existing state and territory based transition planning and resourcing is mainly done in the years leading up to, or perhaps soon after, discharge from care and protection orders.

The majority of leaving care support options provided by state and territory governments are related to housing support or production of resource material to assist young people at risk

to link into existing community support services.

Appendix 3 contains more detailed information on state and territory governments' transition initiatives and plans.

Profile of young people

To establish the profile of the population group who are the focus of this study the team examined:

- AIHW child protection data from 2001/2002 to 2003/2004 in public reports
- AIHW data prepared and released by the jurisdictions and provided to the study team for the purpose of this study
- data provided by FaCSIA for approximately 1,250 TILA records collected since the inception of the TILA data base to March 2005
- a random case audit of 81 TILA files to build case studies and examine in more depth the experiences of the population sample applying for TILA. (This element is reported in Chapter 4 on pathways).

Number of young people 15 to 17 years leaving care and protection orders in 2003-04

We commenced the study using 17 years as the leaving age. However as the research progressed we shifted to considering 15 because both the data and the key informants emphasised that many young people leave between their 16th and 18th birthdays. Nationally, in the order of 1,150 young people aged between 15 and 17 years of age¹³ were discharged from care and protection orders in 2003-04¹⁴ (see 2003-04 in Table 3.1 below).

Trends in young people 15 to 17 years leaving orders

Looking back to 2001-02, a large number of young people discharged from care and protection orders in WA in that year masks a generally small increase in the number of young people discharged from care and protection orders (CPO) nationally since 2001-02. (See Table 3.1)

¹³ This includes young people up to their 18th birthday.

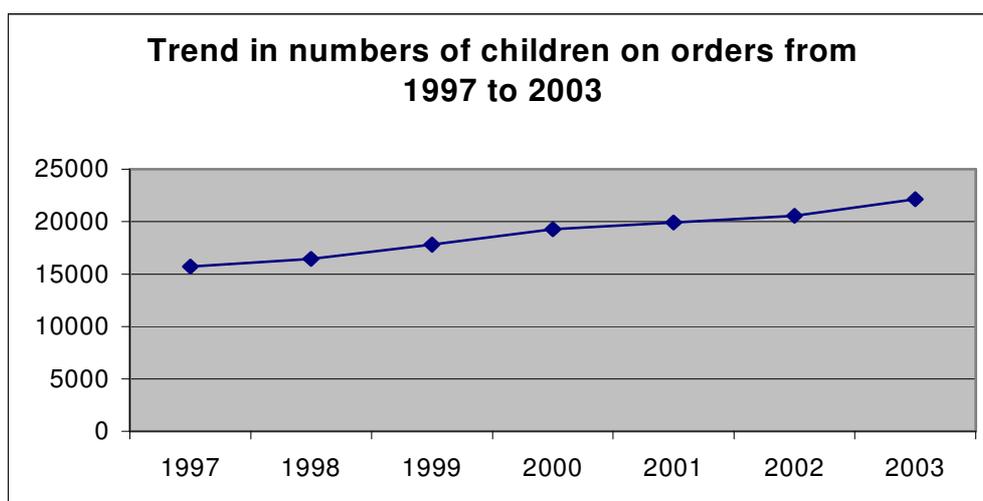
¹⁴ New South Wales was unable to provide data due to the ongoing implementation of a new data system. In Table 3.1 the NSW figure of 370 for 2002-03 has been increased to 385 as the estimate for NSW for 2003-04. This is most likely a conservative estimate given the increase in NSW between 2001-02 and 2002-03

Table 3.1: 15-17 year olds discharged from care and protection orders from 2001-2004
(Source: AIHW special table 31.)

Jurisdiction	2003-04	2002-03	2001-02
NSW	385	370	333
Vic	361	414	379
Qld	153	105	131
WA	30	39	114
SA	136	128	125
Tas	44	32	21
ACT	25	11	23
NT	16	20	11
Aust	1150	1119	1137

The increase in the total number of children on care and protection orders from 1997 to 2003 supports the trend of a small increase over time (see Figure 3.1).

Figure 3.1: Trends over time.



(Source: AIHW Child Protection Australia 2003-04, Table 3.5)

Proportion of 15 to 17 year old young people leaving care.

Nationally, 15% of children and young people discharged from care and protection orders are in the 15 to 17 year old age group, i.e. leaving or soon to leave care group.

Of children discharged from orders in 2003-04, ACT (20%) and SA (18%) have the highest proportion in the 15 to 17 years age group.

NT and Queensland have the lowest proportions - 6.8% and 9.5%.

Table 3.2: Percentage for 15-17 yr olds of all children discharged from care orders in 2003-04

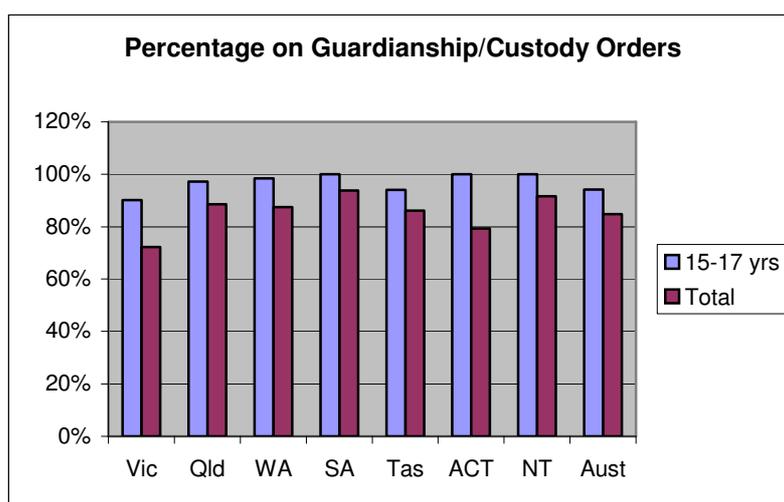
Jurisdictions	15-17 yrs	Total	%15-17 yrs
NSW	385	2274	16.3%
Vic	361	2028	17.8%
Qld	153	1612	9.5%
WA	30	221	13.6%
SA	136	751	18.1%
Tas	44	270	16.3%
ACT	25	125	20.0%
NT	16	234	6.8%
Aust	1150	7515	15.1%

(Source: 15-17 year olds discharged – AIHW special table 31 Total children discharged – AIHW Child Protection Australia 2003-04 [NSW 2002-03] Table 31)

Proportion of children on guardianship or custody orders

Figure 3.2 shows that for children on care and protection orders, guardianship or custody orders are by far the most prevalent (85% for all children). For the 15 to 17 year old age group, guardianship or custody orders account for close to 100% in the majority of jurisdictions with an overall average of 94%.

Figure 3.2: Comparison of 15 to 17 year olds on Guardianship or Custody orders with all children on these orders in 2003-04



(Source: Total children - AIHW Child Protection Australia 2003-04 Table 3.6. 15-17 year olds - AIHW Special table 3.6. Note: NSW data are not available)

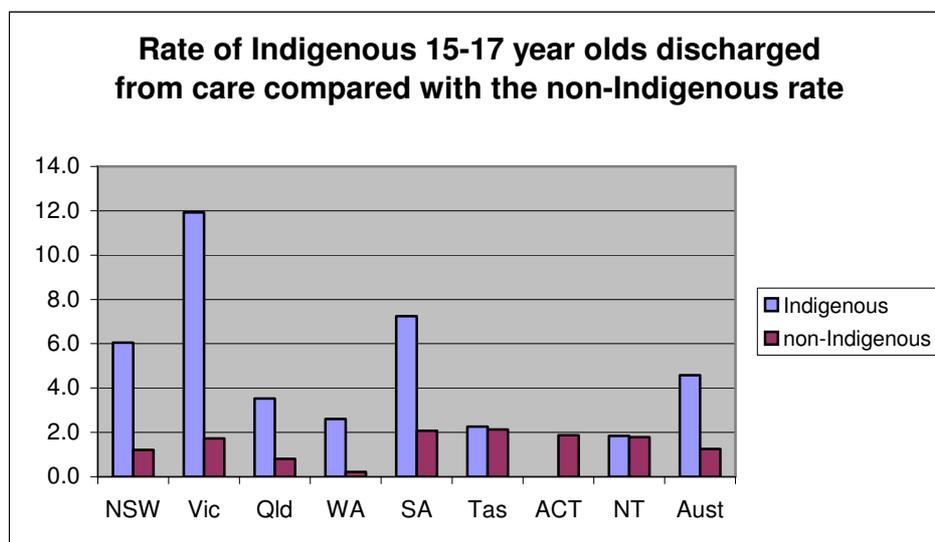
Indigenous young people

In the general population, 4% of 15 to 17 year olds are identified as Indigenous young people. Overall, 13% of all 15 to 17 year olds discharged from care and protection orders are Indigenous young people. This demonstrates the extent to which Indigenous young people are over-represented in the care and protection system.

Proportionally, this over-representation is greatest in Western Australia and Victoria where the rates of Indigenous 15 to 17 year olds discharged from care is 12 times and 7 times (respectively) as great as the non-Indigenous rates.

NT has a distinctive pattern with by far the highest proportion of Indigenous 15 to 17 year olds in the general population (43%) and a similarly high percentage of Indigenous young people of that age group discharged from care and protection orders (44%).

Figure 3.3: Comparison of Indigenous 15-17 year olds discharged from CPOs with non-Indigenous 15-17 year olds for 2003-04



(Source: AIHW special tables)

Gender

There are only marginally more males than females comprising the 15 to 17 years old on care and protection orders across Australia. Tasmania and South Australia have the highest proportions of males (though not large differences). Victoria, Queensland and WA have close to equal proportions of males and females. ACT and NT (in particular) have more females. The pattern for 2002-03, which included NSW, was similar.

Table 3.3: Young People 15-17 yrs on care and protection orders in 2003-04 by gender

Jurisdiction	% Male	% Female
NSW	na	na
Vic	52%	48%
Qld	49%	51%
WA	52%	48%
SA	55%	45%
Tas	57%	43%
ACT	46%	54%
NT	22%	78%
Aust	51%	49%

(Source: AIHW special table 3.10).

The TILA database

The Transition to Independent Living Allowance (TILA) data base is the first national data base which provides some limited national data. Following is an analysis of the TILA demographic data drawn from Excel reports provided by FaCSIA Youth Bureau. Over 1230 records is a robust number and represents all records by FaCSIA collected over almost a two year period. The TILA database has 1234 referral assessments completed between June 2003 and March 2005. The referral assessment collects demographic information on:

- age
- sex
- country of birth
- culturally or linguistically diverse background (optional)
- Aboriginal or Torres Strait Islander descent (optional)
- whether the young person has exited care
- accommodation type
- current labour force/educational status
- primary source of income
- risk factors e.g. multiple placements, no established social networks (multiple choices allowed)
- type of support sought from TILA.

Among these referrals, 56% (n=693) were female and 43% (n=535) were male (1% unstated). Approximately 11% (n=129) of referrals were from people of Aboriginal or Torres Strait Islander descent and 10% (n=122) identified as from a culturally and linguistically diverse background.

The age range of referrals was 15 to 28 years (date of birth 1977-1990). The majority of referrals were for people aged 18 to 21 (date of birth 1984-1987). This group represented 62% of all referrals. The largest number of referrals for a single-year age group was 283 (23%) for people aged 19 years.

The TILA form asks for details on participation in the labour force, education and training. Applicants can select more than one option. This question revealed that approximately:

- 21% of applicants were in full time education or training
- 9% were in part time education or training
- 1.5% were both studying and working part-time or casually.

In regards to employment approximately:

- 3% were employed full time
- 4% were employed part-time
- 7% had casual employment
- 35% were looking for work or unemployed
- 21% of applicants were not in the labour force, education or training.

Applicants are asked about their current living arrangements. A range of accommodation circumstances are cited. Of these:

- 36% were renting
- 17% were in crisis/short term SAAP placements
- 11% were boarding
- 8% were in private accommodation
- 6% were in foster care
- 3% were in a community placement
- 1% were in a caravan park and
- 1% were in a juvenile justice centre.

Other responses (16%) were hostel, 'other' or unstated.

In interpreting the data, the question is 'how representative are these young people of the population of young people leaving care?' On the one hand, TILA is targeted to young people at risk suggesting that the sample may be young people dealing with more difficult issues. On the other hand, these young people have some measure of agency support, having made the application through a 'referring organisation'. On balance, from our analysis of a sub-set of randomly selected TILA applications and the general perception of FaCSIA Youth Bureau staff, it appears that TILA applicants are fairly representative of young people who have left care in the age group.

4. Establishing alternate pathways

Most of the available evidence regarding what happens to young people who leave the formal child protection care system tends to suggest that all young people have a similar experience and that this invariably tends to be negative in tone. Most studies do not adequately differentiate within the cohort, young people who do appear to establish a life path that is not widely different to that of their peers who are raised in their families of origin and often supported by their parents well into their 20s.

The NSW longitudinal study is the exception; the longitudinal study does differentiate the experiences of the cohort of young people who have remained in the study (Cashmore and Paxman, 2005). However it is a small cohort of around 40 young people out of a possible cohort of 80 young people, in one jurisdiction, many of whom could not be contacted and some who have dropped out of the study over time. The authors speculate that many of the young people in this cohort of 80 young people who are not in the study might be those more likely to be experiencing even more significant issues and challenges post care.

Thus this research on costs set out to establish what those alternate pathways might look like across all of the service systems, over time, building on the existing evidence and generating new evidence based on extensive qualitative research with experienced practitioners and other key informants.

The study was required to identify five to six 'typical' pathways which young people might follow post discharge from a formal care order. In Stage One we worked with a sample of child protection practitioners to identify five very broad 'archetypal' pathways which they thought young people might follow post care. This is described in Table 4.1. This table was then further developed during Stage Two in a first round of individual interviews with a small sample of child protection practitioners, justice system workers and drug and alcohol workers before applying it more broadly for all key informants (see Appendix 1 for the final matrix).

Using semi-structured questions, the research team interviewed 120 key informants across Australia to further develop and articulate the pathways using concepts of service level usage intensity and frequency.¹⁵ Key informants were drawn from:

- six child protection service systems
- two drug and alcohol service systems
- two mental health service systems
- one juvenile and two adult justice systems
- ten non-government organisations providing services to young people and/or families in the formal child protection care system or supporting young people leaving care

- Indigenous workers
- three foster care agencies
- CREATE Foundation.
- three housing support services

Key informants were asked to draw on their practice knowledge and wisdom to:

- provide detailed case studies of young people or older people they were aware of who had either left or, in the case of young people, were about to leave the formal child protection care system. The research team then drew out the detailed information from practitioners about usage using the concepts of service usage frequency and intensity across each of the pathways.
- estimate, based on their years of experience, what proportions of young people might follow each pathway across two time periods – 16 to 24 and 25 to 60 years of age.

Foster parents were asked to use the matrices to talk through detailed case studies of young people to elucidate the pathways. They were also asked to estimate what proportion of young people, in their experience, were likely to follow the service usage pathways across the two age groupings.

The estimates were tested against the research evidence. In some cases the estimates were further tested by the respective service system, for example estimates by child protection practitioners of high numbers in drug and alcohol services, were then cross checked with drug and alcohol service, and vice versa. Appendix 2 provides a very detailed summary of the evidence used to assess usage levels.

In late July 2005, the Victorian based Centre For Excellence in Child and Family Welfare, published a small qualitative research project titled *Investing for Success*, which reported on the potential benefits of investing in support services for young people leaving care. This study interviewed 60 young people about their leaving care experience; the study assisted in triangulating the outcomes of this research reported by key informants, both practitioners and foster carers (*Investing for Success*, 2005).

Profile of the fieldwork sample

The research team purposefully selected professionals and other key informants with a long history in the respective service system or systems. This was done to increase the reliability of the qualitative data. Similarly the research team targeted foster parents with extensive experience of foster caring.

¹⁵ This is examined and explained further in the Section on *Estimating the overall costs to government* in chapter 5 *Costs to Government*

Following is a brief description of the key informants interviewed:

- The experience of child protection practitioners in ten locations in 7 jurisdictions ranged from five to 36 years with many having more than 20 years experience. Several workers reported working with fourth generation clients. Around 25% of the sample had worked with Indigenous populations including in remote and metropolitan areas. A small sample had also worked in mental health services and NGOs providing SAAP services.
- The drug and alcohol workers had worked in drug and alcohol services for between five to 17 years. Several of these workers had also worked in child protection and mental health services.
- The justice system workers had worked for between 18 months to 33 years in the justice system and several of these workers had also worked in child protection services. Three of these workers worked in regional centres.
- The NGO workers had worked for between five to 25 years with young people, with a small sample working in the same service for over 20 years. One of these services was a government funded Transition from Care Service.
- The foster parents interviewed also had between 13 to 35 years experience and two of the foster parents interviewed had been office holders in the Australian Foster Care Association for over 10 years. One of these foster parents also tested the pathways and estimates with her interstate peers.
- The CREATE focus group comprised six workers and three young people who had left the formal child protection care system.
- Indigenous workers interviewed worked in dedicated Indigenous services in four locations.

Service usage across the pathways

The research has revealed a pattern in both the detailed descriptions of the various pathways and the estimates across the key informants interviewed. This applies to both age ranges; 16 to 24 years and 25 to 60 years of age. The research reached saturation point relatively quickly on the pathway description. Estimating the usage levels across the two age groups proved more complex although most key informants attempted this step using their best knowledge of their respective client groups. This step was then supplemented by:

- The analysis of the TILA data
- Cross checking against all available evidence and allocating proportions to the usage levels defined in this study wherever this seemed possible
- Cross checking the estimates of the distributions with key informants in each service system.

This section addresses each of the service systems separately and brings together the qualitative data collected through key informants with other data drawn from the TILA data and other research and data. Table 4.1 was used by the study team as the starting point for developing very detailed patterns of service usage in each of the pathways.

Table 4.1: Alternative pathways – profile of ‘predictable’ pathways – original matrix used to test and develop pathways (August 2004)

Path-way	Housing support services	Health (General)	Mental Health	Drug and alcohol	Justice system	Family services	Income support	Employment Services/status
1	Rental then home purchase	Average	Average/nil	Average/nil	Nil	Average during childhood years	Not until retirement Maybe FTB	F/T or permanent P/T employment
2	Rental assistance early	Average to slight increase for GP usage	Average – slight increase in community based services	Average – drug information	Diversions possibly	Low level family support	2-3 periods of unemployment and regular FA payments	Possible short periods of unemployment Employment assistance
3	Supp. accom for 1-2 years /pub housing - 2-15 years	Average	Average Significant episodic depression	Significant for 3-4 years post care	Brushes with justice system – DV possible	Family support over several years or no children	Youth Allowance, and/or U/B for several years & episodic, Sole parent payment	Job Network intensive assistance/ JPET
4	Supp. Accom. Pub housing and Rent assistance – long term	Poor health and high use	Regular acute episodes	Episodic and ongoing	Occasional – might include high incidence of domestic violence	Moderate child protection and family support	Regular – U/B, sole parent benefit	Occasional casual employment, sporadic employment assistance
5	Supported accom and regular or sustained periods of homelessness	Health issues progressively worsen	Significant issues	Significant	Heavy use including gaol, DV issues might be high for women	Children in out of home care for periods Family Support regular	Constant	Intensive assistance on several occasions. Long term joblessness

Note: This matrix was provided to every key informant interviewed whether in focus groups or individually. This matrix outlined 5 possible broad pathways for people who have been in care – these possible pathways are across the life span to 60 years of age. It did not assume that pathways were linear, are identical or absolutely predictable. It is recognised that within each pathway there will be variations, disruptions, and interventions which might change a pathway considerably; positively or negatively. The matrix was used as a device to explore the likely pathways for the purpose of determining service usage levels by frequency and intensity and for informing the economic modelling. Between August 2004 and June 2005 this matrix was progressively built and the final matrix used is provided as Appendix 1.

Analysis of TILA applications for pathway information

The Transition to Independent Living Allowance (TILA) is administered by ‘administering organisations’ approved by the Department of Family and Community Services and Indigenous Affairs (FaCSIA). It is a maximum payment of \$1,000 as a once-off payment. Analysis of this data was one of the methods used to extrapolate the pathways and was used in the final phase of this project as one of the methods for triangulation of the key informant knowledge and information.

To be eligible for TILA support, all the following criteria must be met. The young person:

- is an Australian resident
- is between 15 and 25 years of age
- has left or is leaving court-ordered or other state-support care
- has not previously received TILA
- cannot obtain the requested support from any other area.

Individual TILA applications and the pathways

In order to get a more detailed picture of TILA applicants, random case file audits of 81 files were conducted. Files are based on administering agencies by state and territory. We worked through one file for each state and territory, sampling every third application where it met the criteria of having a transition plan, and the applicant had been in court ordered care. Around 70% of files sampled in this process had Transition Plans with sufficient information to build some picture of the applicant’s circumstances.

The approach was to build up a ‘case study’ of the young people using:

- demographic details – age, sex, ATSI, CALD etc¹⁶
- information on the TILA application relevant to the pathways – current living arrangements, labour force/education status, income, risk factors
- type of support being sought
- information from the Transition Plan
- any additional case notes provided.

We then made subjective judgements on which pathways and level the young person was likely to follow. While subjective, there were clear pointers to the respective pathway, for example:

- the young person was unemployed, no mention of training, career goals or clothes for job interviews - indicates high usage of income support in the future.

¹⁶ ASTI Aboriginal and Torres Strait Islander; CALD culturally and linguistically diverse

- the young woman was pregnant or with a small child, had no family support, perhaps identified problems with parenting, indicates moderate to high family services needs in the short to medium term.

Most frequently we could make estimates for housing, income support and employment services, occasional ‘family services’ for females, a few cases for justice system and mental health pathways, not many for health and drug and alcohol.

Appendix 4 provides ten ‘mini profiles’ of TILA applicants¹⁷. The profiles were purposefully chosen to represent the broad spectrum of applicants and illustrate our process of allocating pathway levels as well as to provide an insight into the complexity of issues facing some young people after leaving care.

These suggested pathways reflected through the TILA data resonate with the case studies provided by key informants.

Pathways across the service systems

This section describes the pathways which emerged using TILA data; data from existing studies; snapshots undertaken by program areas; examination of the range of studies and published papers; and the data collected through key informant interviews and focus groups. It is important to restate that these pathways are based on estimates using the best available information at this point in time. We have built the best possible understanding of both the pathways and the proportions of young people who might follow the pathways over their life course, being very explicit about the assumptions and the limitations of the research design.

In this section we introduce the concept of levels within each service system to account for the **frequency** and **intensity** of service usage levels within the five pathways.

Methodology for analysing key informants’ responses to percentages on pathways.

The key informant focus groups can be categorised into those working in:

- broad support service systems e.g. child protection, Tasmanian Department of Health and Human Services Review Team, Adolescent Protective Services
- specific services e.g. SAAP, mental health, drug and alcohol, corrective services, youth justice.

There was strong, consistent feedback on the inter-connections between the need for support across the various service systems, i.e. that high need in one area frequently results in high need across many of the other service systems. Conversely, access to education and/or employment was likely to see lower usage of services or decreased usage over time. Some focus groups provided estimates for each of the service support systems; others

provided generic (quantitative) estimates with comments on how specific service systems would differ from the generic pattern, including over time.

Findings from the key informants from the broader service systems were used to calculate pathway percentages for a generic pattern of support need. These percentages were calculated using the total number of clients reported to be on each pathway by the key informants. This was to overcome bias from combining percentages from quite large and small sample sizes¹⁸. The percentage patterns for each of the service systems were developed from this generic pattern taking account of:

- the findings from the focus groups which provided estimates for each of the individual service systems
- specific support services e.g. drug and alcohol services, adjusting for the fact that their clients are, by definition, only those people in predominantly high need of support and services
- qualitative feedback on patterns of service usage and variations between the service systems
- evidence available in research and small scale studies.

Predicting pathways across the life course

The study team worked with key informants to establish predicted pathways across the life course in two time frames; 16 to 24 and 25 to 60 years of age. Many key informants found this difficult to do for the older age group with the same level of confidence they felt about young people to around age 30. However the majority argued that they could predict that the pathways established by around 25 years of age were likely to be the very good indicators of the longer term pathways. They also argued that:

- A small proportion of young people in the middle three pathways might shift into a higher or lower level usage pathway dependent on their experiences in employment and/or education, or their experience with drug and alcohol or mental health issues.
- The most predictable pathways were seen to be those young people who were clearly in pathway usage levels 1 or 4 and 5. Many key informants argued that something very significant needed to occur to disrupt either pathway. Early or later success in education or employment was seen as a significant event which could sustain or change a pathway positively. Conversely, high levels of drug and alcohol use or coexisting drug and alcohol and mental health issues, extreme violence, or parental drug and alcohol use at an early age, were seen as more likely to sustain or worsen service usage over time.

In this next section we examine each service system in some detail.

¹⁷ No identifying information was recorded in our analysis. The profile reference numbers are internal to the research team and have no link with Departmental records. The names have also been changed.

¹⁸ Key informant samples ranged from small case loads to large service usage populations. For example one child protection focus group worked from a sample of approximately 90 young people, a Corrections focus group worked from a sample of 250 clients in one service, 15 in another, 9 in another.

Service system pathway - Housing support

Background information from research

Living in unstable accommodation at the time of discharge from care is one of the factors cited as inhibiting transition to independence. (Mauders et al, 1999). Mendes summarises Australian research on homelessness which demonstrates a disproportionate link between youth homelessness and a young person having been in care (Mendes, 2005).

Several studies reported instability in the housing arrangements of the young people interviewed, for example:

- a third had moved at least 3 or more times since leaving care (Cashmore and Paxman 1996)
- mobility in care continued to predict mobility in housing four to five years after leaving care (Cashmore and Paxman 2005)
- nearly half of the young people were in transitional housing (*Investing for Success*, 2005)
- a half had had periods of homelessness in the 6 months since leaving care (Mauders et al, 1999)
- young people who have been in care were twice as likely to be unable to pay their rent and four times as likely to be evicted, compared with a sample group of 19 year olds in the general population (Courtney and Dworsky, 2005).

Several studies have identified that only a relatively small proportion of young people are living with family post their care experience; Cashmore and Paxman estimate around 8%, (1996); *Investing for Success* found around 25% (2005); the NYARS research estimate around 9% (Mauders et al, 1999).

Conflict in shared accommodation and lack of family support are key reasons for homelessness and instability in housing.

Distribution across the housing pathways.

Three research studies provided comprehensive information on housing status. The table below shows:

- the percentage allocated to each pathway level based on the findings of each of the three studies
- the range of percentages for each pathway level
- a composite percentage calculated across the three studies, taking account of sample size.

These results for the housing service system, indicate that soon after leaving care:

- just over a half of the young people are living in independent or shared accommodation, with family or friends, (Pathways 1 and 2)
- a third are in supported accommodation or boarding houses (Pathway 3)
- 13% are homeless in refuges with a few in detention (Pathways 4 and 5).

The analysis of pathway outcomes for applicants for TILA produces a very similar pattern to the percentages calculated from the combined results of the studies when Pathways 1 and 2 are added together.

Chart A: Distribution across housing pathway levels (percentages)

	Sample size	Level 1	Level 2	Level 3	Level 4	Level 5	Total %
Aust Studies							
Cashmore	47	8%	35%	35%	17%	3%	98%
Investing	60	25%	31%	31%	7%	3%	97%
Maunder's	43	9%	54%	28%	4%	5%	100%
UK study							
UK Home Office	200	22%	31%	30%	11%	5%	99%
Range of %		8-25%	31-54%	28-35%	4-17%	3-5%	
Composite Percentage		15%	40%	32%	9%	4%	
TILA analysis	81	6%	50%	31%	12%	1%	

The UK study also reflects the general pattern of the Australian studies.

Long term need for public housing: *Investing in Success* (2005) quotes a 'conservative' estimate that 39% of the target group will require long term public housing support compared with 3.2% in the general population. The result, from our analysis, of 45% across Pathway levels 3-5, is in line with the *Investing in Success* prediction.

Key informant perspectives on housing pathways usage

This service system was one of the most frequently identified services used by the majority of young people, irrespective of the pathway, and predicted usage remained high across the life course for a reasonable proportion of people. All key informants identified this as one of the services most likely to be used by the majority of young people leaving care at some stage post leaving care. This ranged from relatively low levels of usage in Pathways 1 and 2 for a small proportion of young people for 2 to 5 years, through to almost constant use of Supported Accommodation Assistance Program (SAAP) or other forms of supported housing from age 16 through to age 60 on Pathways 4 and 5. For a small proportion of people their use of supported housing might be interspersed with periods of incarceration or institutional care in psychiatric institutions.

Key informants were of the view that for many people who had a formal care experience, housing would continue to be a problem across their life course. Factors seen to influence service usage in this service system included:

- The higher numbers of young people leaving care who have nowhere to live post leaving care unless their foster families remained involved – most of these young people do not have an option of returning to their families of origin.
- This group of young people were reported by SAAP providers to be high users of youth SAAP or other forms of supported housing for many years post care.
- Stable housing is a factor in how young people managed other issues in their lives, although some key informants argued that coexisting drug and alcohol and mental health issues were also likely to impact on housing stability.
- Young women with small children were reportedly often housed in public housing more rapidly than their counterparts without children.
- Sustained low income levels were seen as a likely outcome for a reasonably high number of this population group, making high usage in housing support more likely.
- Some people were seen as being very long-term supported accommodation users if they moved to Pathways 4 and 5 reasonably early in their lives.
- Access to education or stable employment were seen as important in enabling some young people to move into more stable accommodation over time.
- Long periods of detention or incarceration were likely to reduce usage levels for people who might otherwise be in supported accommodation.

Table 4.2 shows relative levels of service usage in housing pathways:

Table 4.2: Housing support levels of usage

Pathway level	Examples of service usage at this level
Level 1	Rent assistance for one or more years between the age of 16 to 24 years
Level 2	Occasional SAAP crisis stay and/or outreach – 20-30 hours of support for 2-3 periods over several years, Rent Assistance in private rental for 2-5 years or more, or long term transition housing (could be up to 4-5 years), may graduate to public housing
Level 3	2-3 SAAP support periods of several months duration until age 23-24, long term rental assistance in private market, or public housing, occasional use of SAAP women's/domestic violence service, if female, over the life course, could be long term Transition housing – 3-5 years – might graduate to longer term stable public housing
Level 4	Longer term and sporadic use of SAAP services, including many periods in SAAP crisis services, over many years, may be in supported housing run by other service systems eg. justice system or mental health, may or may not acquire stable public housing
Level 5	As above but may be interspersed with periods of gaol, including long periods of ten or more years, or psychiatric care during acute episodes. May also be a long-term crisis SAAP service day centre user as the person ages, constant changes in public housing if attained

Key informant estimates of housing support service usage across pathway levels over the life course

Key informants reported that estimates of people using housing support are likely to be highest across Pathways 2 to 4. Housing needs are likely to worsen over time where criminal justice issues, drug and alcohol and/or mental health issues exist.

Table 4.3: Key informant estimates in the various levels

Level 1	Level 2	Level 3	Level 4	Level 5
15%	25%	30%	20%	10%

Estimates of housing support service pathways for the two life course age groups based on the research and key informant findings

The key informants' estimates were higher than the research findings for Pathway levels 4 and 5 and lower for level 2. On this basis the estimate adopted for the costing model represents middle ground through some adjustment between levels 2 and 4.

The percentages are the same for the two age brackets based on the overall key informants' views that housing would continue to be a problem for care leavers across their life course. This allocation may be an underestimate for the older age where criminal justice, drug and alcohol and/or mental health issues exist.

Table 4.4: Comparing informant estimates and the research estimates

Pathway	Level 1	Level 2	Level 3	Level 4	Level 5
Research %	15%	41%	32%	9%	4%
Informants %	15%	25%	30%	20%	10%
% estimates for 16-24 year olds	15%	30%	30%	15%	10%
% estimates for 25-60 year olds	15%	30%	30%	15%	10%

Sarah's story

Sarah, an Indigenous young woman who is now 27, came into formal care at around age 8 and was placed with a non-Indigenous family where she stayed until age 18. Sarah left school with good results and was considered highly employable and talented. However she had drifted into minor crime and into an itinerant lifestyle and frequently spending time on remand in gaols across several states. She renewed contact with her Indigenous family at around 20 years of age and became very angry about her life and with her adopted family. Her extended Indigenous family became very supportive but she continued to offend. She had two children who came to the regular attention of the care and protection system but were never removed. Sarah was placed on an extended bond with a supervision order through adult community corrections at age 23. A teacher who

had been her mentor at school made contact with her through a 'fluke' contact and Sarah began to talk about returning to education. Sarah began to address issues in her life with the support of her corrections officer. She returned to education, completed her justice orders, engaged with services and in the words of her adult corrections worker, 'blossomed'. Sarah still has some minor mental health issues, but is doing well with her children and is likely to complete her tertiary training and do well eventually. After almost six years of relatively high service usage Sarah is now settled and her use of services is primarily of housing support, with some income support, and occasional health and voluntary family support.

Service system pathway - Health – General

Background information from research

While general health is frequently listed as one of the priority service areas for young people leaving care (Mendes, 2004), most studies did not report on the status of young people's overall health and well being, or refer to general indicators of general health and well being. Those that did report used different measures of health or included general and mental health together; most responses in these studies were self-assessments.

In the general population:

- 11% of young people 18 to 24 years self assessed their health status as “fair” or ‘poor’ (this is nearly twice the rate of 15 to 17 year olds)
- young people who are unemployed (18 to 24) are more likely to report ‘fair/poor’ health than employed young people in that age group (13% compared to 9%) (AIHW 2003).

A UK Home Office Research study: ‘One problem among many’ (Ward et al, 2003) cites reported aspects of poor health of young people after leaving care as depression, asthma, alcoholism and “complaints to sleeping rough”.

Investing for Success (2005) determined that young people leaving care used general practitioner services nearly three times as much as the general population.

Distribution across the general health pathways

As stated above, it was difficult to draw out from the research consistent measures to estimate need for health services.

Investing for Success (2005) provided indicators on two measures – (i) health (mental and physical) and (ii) medical usage for the past 12 months. These results were detailed enough to separate out general health from mental health and to allocate percentages across the pathway levels as shown in the summary chart below.

Chart B: Distribution across health pathway levels (percentages)

	Sample size	Level 1	Level 2	Level 3	Level 4	Level 5	Total %
Aust Studies							
Investing (i)	60	35%	15%	14%	15%	21%	100%
Investing (ii)	60	15%	30%	27%	7%	20%	99%
Additional							
UK Study	200	77% (levels 1,2&3)			23% (levels 4&5)		100%
Range of Aust %		15-35%	15-30%	14-27%	7-15%	20-21%	
% across Aust studies		27%	21%	19%	12%	21%	

The differences between the two sets of results highlight the difficulties faced when drawing together results from different surveys, or in this case, in interpreting findings on different questions from the same study. However in aggregating across several levels it appears that around 70% are in pathway levels 1-3, and 30% are in levels 4-5.

Comparison with the general population lends validity to the estimate of 67% of young people post care being in levels 1-3 taking account of:

- being quite a bit lower than the general population where 89% of 18-24 year olds report having average to good health (converse of '11% have 'fair' or 'poor' health')
- the finding that young people who have been in care use general practitioners more often than the general population.

On this basis, there can be some confidence in the estimated breakdown across the five pathway levels yielded from calculating the overall percentage.

Key informant perspectives on health pathways

Key informants reported that health issues were likely to worsen over time for some young people and service usage might be low for the majority of young people in the first 2 to 3 years post leaving care. Whilst some young people might have minor health issues which developed into significant issues within a year or two post care, many key informants argued that many young people would not go near a health service unless ordered to by a Court or other authority. This was a consistent account from key informants across child protection, drug and alcohol and justice service systems, and foster carers.

The exception to this account was the experience of Indigenous young men in remote communities who often had extreme health issues by the age of 17 to 18 years of age through petrol sniffing or extreme alcohol use. However their use of health services might be very low as the communities they often returned to had minimal health services available. Their usage might escalate with an airlift by air ambulance as a result of a catastrophic event

such as chroming or serious injury through violence.

Other elements which influenced health service usage levels included:

- Early pregnancy for a high proportion of young women often followed by use of paediatric services for their babies and children who were sometimes the subject of child protection notifications requiring paediatric assessments or interventions.
- High levels of drug and alcohol use for a proportion of young people often coincided with co-existing mental health issues or vice versa – this was more likely to worsen over time and to manifest in higher service usage by the early to mid 20s – this often increased their use of GP services and accident and emergency services in hospitals.
- ‘Shopping’ for scripts by younger and older people, as drug and alcohol issues worsened, was reported by both adult corrections and drug and alcohol key informants as a common phenomena.
- As other issues worsened, for example domestic violence, child abuse, drug and alcohol or mental health issues, use of hospital services was more likely to increase – some key informants cited examples of clients who used hospital accident and emergency services monthly or more for many years with a very small number using hospitals weekly for long periods at a time.

Table 4.5 provides examples of relative service usage levels in health pathways.

Table 4.5: Health services - levels of usage

Pathway level	Examples of service usage at this level
Level 1	Average use of GPs and other health services for this age group and across the life span – 3 GP visits is average of the general population
Level 2	GP visits a little above average, occasional use of community health program, eg. Smoking or other support or education group, mental health or general health issues might increase GP usage over time
Level 3	Regular GP visits for chronic conditions, could be 12-15 visits per annum, 2-3 visits to A&E departments in hospitals, might increase over time, mental health/drug and alcohol and /or children’s health issues increases GP and A&E usage over time, paediatric use 2-3 times per annum if children involved
Level 4	Regular A&E use by early 20s, GP usage high, could be weekly and likely to average 18 to 24 visits, may shop for scripts, exceeds PBS safety net each year, high use of paediatric visits if children involved – could be 4-5 per annum, hospitalisation for injury or drug and alcohol abuse, may acquire brain injury requiring rehabilitation
Level 5	A&E use very high, PBS very high, may not use GP or may visit weekly for periods – average over time 18-24 visits per annum but could be higher, hospital use is high – may have multiple visits for injuries and general health crises, catastrophic injury or health issue possible eg, accident, drug or alcohol overdose, suicide attempt – may invoke high rehabilitation costs

Key informant estimates of health services usage across pathway levels over the life course

key informants identified health issues and health service system usage as complex for young people leaving care, and the health system as a service system where usage was likely to increase over time for a significant proportion of people. This service system was reported as especially complex for Indigenous young people living in remote areas. Health issues for young women who have a high rate of early pregnancy were also highlighted.

Some key informants working or living in Indigenous communities asserted that around 80% to 90% of young Indigenous men were likely to leave care at around 15 to 16 years of age, already experiencing the health effects of petrol sniffing or alcohol abuse. Whilst their health needs might be very high, their actual service usage is initially very low due to the low level of health services available in many remote areas, their resistance to engaging with health professionals and the difficulty of finding effective responses to substance and alcohol abuse. However, over time the service usage can be very expensive with use of the air ambulance from remote areas to metropolitan hospitals, or Royal Flying Doctor Services incurring high costs. These costs can manifest within 2 to 5 years of leaving care and, for some young men, may continue for many years with declining health, diabetes, and kidney and other organ failure incurring extraordinarily high costs.

Table 4.6: Key informant estimates in the various levels

Level 1	Level 2	Level 3	Level 4	Level 5
15%	20%	20%	25%	20%

Estimates of health service usage for the two life course age groups based on the research and key informants findings

The percentages from the two key informants and the research evidence align closely on pathways 2, 3 and 5. The *Investing for Success* study, which looked at use of medical services, was closer to the key informant estimates; we have therefore adjusted the overall percentage to be closer to those figures (*Investing for Success*, 2005).

Over the life course, health service usage increases, as older people use services more frequently and more intensively than younger people. This is reflected in a shift away from pathway levels 1 and 2 to pathway levels 4 and 5 for the older age group.

Table 4.7: Comparing informant estimates and the research estimates

Pathway	Level 1	Level 2	Level 3	Level 4	Level 5
Research %	27%	21%	19%	12%	21%
Informants %	15%	20%	20%	25%	20%
% estimates for 16-24 year olds	18%	20%	20%	22%	20%
% estimates for 25-60 year olds	15%	22%	13%	25%	25%

Tammy's story

Tammy, 30 years old, was seven when she was removed from her mother's care. She had been sexually abused, her mother also had serious alcohol issues. Tammy had many foster care placements and became a client of the drug and alcohol service at age 17 as a result of high poly drug use; her current worker had known her for 4 years. Tammy had a 14-year old daughter who was placed in care at age 9 as a result of risk through Tammy's drug and alcohol use. Tammy maintained contact with her daughter and had reunited with her mother who had also been a client of the same drug and alcohol service; the mother was 'clean' and was emotionally supporting Tammy and her daughter for several years. Tammy had been on a methadone program for 8 years, saw her worker weekly for the past 4 years (and her previous worker for the same period), spoke to her worker every day for 5-10 minutes by phone, and was making very good progress. She had begun discussing methadone withdrawal as her progress had been so steady. She had coexisting mental health issues and had 9 admissions to a psychiatric hospital in 4 years of 3-4 days per episode. She saw her GP 4 times a week and had a long history of justice system involvement with 9 court appearances for property offences over the past 10 years. She had never worked and had been on income support since leaving school at 15. She had recently completed a TAFE certificate, attended literacy classes and wanted to enrol in a TAFE community services course. She died in her sleep having taken a drug overdose. Her worker reported that since her death, her mother has commenced drinking again after being dry for 16 years, her daughter had 'gone off the rails' and is now using benzodiazepines, is pregnant and is at very high risk of suicide. Tammy's worker noted that Tammy might have gone into the workforce had she not died and might over time, have reduced her service usage in all pathways. She believes that Tammy's daughter is likely to use services at pathway levels 4-5 for a long time to come.

Service system pathway - Mental health

Background information from research

The National Mental Health Strategy report (2000) lists precursors to mental health problems in later life. A number of these relate to child protection, namely:

- physical, sexual and emotional abuse
- insecure attachment in infant/child
- family violence and disharmony
- experiencing rejection.

A US study of 659 adults post care aged 20 and 33 (Foster Care Alumni Studies, 2005) found a much higher incidence of mental health problems in their post care population compared with the general population:

- over double for mental health problems
- six times greater for Post Traumatic Stress Disorder and
- double the chance of experiencing major depression.

For Australia, on the face of it, the reported differences between the general population and the after care group are not so clear. In the general population, 18% of young people 18 to 24 years have mental health issues (AIHW (2003). For the post-care group:

- 21% of all respondents reported being diagnosed with a mental illness or disability (*Investing for Success*, 2005)
- twelve months after leaving care, 35% of young people reported that they had attempted to commit suicide, either while still in care or after being discharged from care (Cashmore and Paxman, 1996).

In one study around 50% of respondents leaving care had reportedly sought help from mental health professionals in the past six months. In the general population, 7% of 14 to 64 year olds have accessed professional support for mental health issues in the recent past (*Investing for Success*, 2005).

The inherent problems of comparing self-assessed health status across studies, raised in the general health service system section, are relevant to these comparisons.

Distribution across the mental health pathways

Two Australian research studies contain data and information on the mental health status of young people who have left care.

These studies assessed different aspects in the mental health area. Cashmore and Paxman assessed suicidal behaviour, and *Investing for Success* used diagnosis of mental health issues.

Chart C: Distribution across mental health pathway levels (percentages)

	Sample size	Level 1	Level 2	Level 3	Level 4	Level 5	Total %
Aust Studies							
Cashmore	47	19%	6%	40%	35%	0%	100%
Investing	60	65%	14%	8%	7%	6%	100%
Additional							
USA Alumni study	659			54% (3 to 5)			
Range of % - Aust studies		19-65%	6-14%	8-40%	7-35%	0-6%	
Composite Percentage		42%	13%	22%	19%	4%	

The percentage ranges varied widely on every level and it is probably not valid to calculate percentages across the two studies measuring different aspects of mental health.

However, the result of 44% allocated to pathways 3 to 5 – i.e. the proportion requiring treatment for minor to severe mental disorders - links with the finding that about half of young people post-care use mental health services (*Investing for Success*, 2005).

Key informant perspectives on mental health services usage

Mental health was identified as an issue of significance across the lifespan for many people post care. Drug and alcohol, mental health and adult Corrective services staff cited the lifelong impact of loss and grief as a feature of many of their clients who had a care history. For women they had observed that this was likely to manifest in depression or personality disorders, and for men in extreme depression or anti-social behaviour. Information from foster parents supported this view. Factors influencing service usage in this pathway included:

- Access to government provided mental health services is heavily constrained by the seriousness of the mental health diagnosis and symptoms so many people do not get access to state run mental health services until their mental health issues are extreme – this is unlikely to be in the first few years post care.
- For many people access to community run mental health services is more likely in pathway levels 2 and 3 and these are lower cost services.
- Suicide is a significant possibility for a proportion of people in this service system; the costs of this often ripple through the person's family via trauma and grief counselling, reactive depression for family members, children being in care for extended periods, the subsequent impact on the person's child etc.
- In regional areas access to mental health services is often very poor so usage patterns can vary significantly across regional and metropolitan areas

- This is a high cost system at the acute end – levels 4 and 5 usage are often very expensive.

Table 4.8 shows the relative levels of service usage in mental health pathways.

Table 4.8: Mental health services - levels of usage

Pathway level	Examples of service usage at this level
Level 1	No or low service usage – may experience minor mental health issues as per general population
Level 2	Minor usage for mental health issues such as 6-10 GP visits pa, could include community based support group in early years post care, could continue for life course at this level, could worsen over time or improve over time
Level 3	Mental health assessment(s), minor episodes of depression, anxiety, or other disorders, possible bi-polar but managed with GP (monthly or more) and community based mental health worker support, could use community based mental health service over many years, might have coexisting drug and alcohol issue (self medicating) but managed by GP and mental health worker support, unlikely to have state based mental health service at this level
Level 4	Coexisting mental health and drug and alcohol issues with allocated mental health case worker from state based mental health service, fortnightly with MH worker for 1 hour, crisis team visits on regular basis over many years, 2-3 hospital stays of 2-4 days across several years, or, several extended hospital stays for 2-3 weeks over 10-15 years, may stabilise at some point, may have extended stay in community based facility or supported transition housing for 3-4 years, suicide not unlikely, general health issues increase
Level 5	High rate of acute episodes over many years, likely to be lifelong, guardianship order for adult life (30-40 years), multiple and extended hospital stays (3-4 months) over many years, L/T mental health services case worker, weekly or more crisis team visits for medication regime, very poor overall health Or In a supported community facility with mental health worker for life course. Suicide is possible in this pathway at any point.

Key informant estimates of mental health service usage across pathway levels over the life course

Key informants reported that many care leavers do not use mental health services until there is a crisis by which time intervention and diversion is difficult; hence the estimates of the percentages in pathways 1 and 2 are relatively high. This service system is a very good example of where reported need does not align with reported service usage. Service usage in this system is very high in pathway levels 4 and 5.

Table 4.9: Key informant estimates in the various levels .

Level 1	Level 2	Level 3	Level 4	Level 5
20%	20%	15%	20%	25%

Estimates of mental health service usage for the two life course age groups based on the research and key informants findings

The estimated percentages for this service system were the most difficult to calculate. Actual mental health service usage by people in the 16 to 24 years age group is reportedly considerably lower than that of 25-60 age group, despite the reported prevalence of mental health problems in young people leaving the care system. The low availability of mental health services for this age group affected this reported usage level for young people aged between 15 and 20. As people get older and their conditions worsened, usage increases in intensity over time, as largely untreated mental health problems become more serious. Whilst key informants who worked in mental health confirmed that people over 30 years of age were more likely to be in the high usage levels pathways they were unable to be as clear as most other service system key informants had been regarding predicted usage levels for this population. The percentage estimates for the costing model were adjusted taking account of the strong views of the key informants and the evidence about the difference between need and service usage across the two age groups.

Table 4.10: Comparing informant estimates and the research estimates

Pathway	Level 1	Level 2	Level 3	level 4	level 5
Research %	42%	13%	22%	19%	4%
Informants %	20%	20%	15%	20%	25%
% estimates for 16-24 year olds	32%	38%	15%	10%	5%
% estimates for 25-60 year olds	25%	10%	25%	25%	15%

Amy’s story

Amy, who is now 23, was placed on a care order and in a long-term foster care placement at around 4 years of age, she became physically violent as an adolescent, covering up her inability to learn. She had a series of constant crises and disappeared when she was 16. She reappeared a few months later, pregnant, and in a violent relationship with her boyfriend. Police were often involved because of the abuse, and there was high drug use and drug selling by Amy. Her child was removed at birth and was placed in foster care on an order, but is now with the birth father and his parents, and is no longer in care. Violence increased between Amy and her new partner, they then separated. She loses her public housing regularly because of violence or rental arrears, and as a result is a frequent user of SAAP services. She also lives on the street from time to time and has been reliant on income support constantly since age 16. Amy gets involved with violent men, sells drugs, and will not use services unless ordered to – this seems unlikely to change. She has started being charged with minor offences and has received bonds to date; the seriousness of her crimes is increasing. Amy appears likely to have further children who may also be removed. Amy’s child is likely to re-enter the care system as her current arrangements are fragile and the child’s father’s family has a long history of crime and abuse. Either suicide or accidental drug death is a possible outcome for Amy, or constant gaol for drug related crimes. Amy is unlikely to ever gain employment.

Service system pathway - Drug and alcohol services

Background information from research

Substance use disorders caused by excessive drug and alcohol are quite high in the general population. Australian research indicates that:

- nearly one in ten young people over the age of 14 has a medium to high risk of long term alcohol related problems (House of Reps 2003; AIHW National Drug Survey 2004)
- for the 18 to 24 age group 16% have disorders caused by excessive drug and alcohol consumption (AIHW, 2003).

Drug and alcohol risk behaviours appear to peak in the 20 to 29 year age group:

- the 20 to 29 year age group is most at risk of alcohol related harm from excessive consumption (15%). This group also smokes more and uses more illegal drugs. (AIHW, 2004 Statistics on Drug Use; House of Representatives, 2003)
- around 10% across other age groups in the general population have alcohol-related risk of long term harm (AIHW Statistics on Drug Use, 2004).

Indigenous young people have particular problems in drug and alcohol areas:

- a quarter of Indigenous young people (aged 14 to 24) consumed alcohol at dangerous levels over a long period of time (AIHW, 2003).

Risk taking behaviour is reportedly high for young people leaving care:

- In the NYARS study (Maunder et al, 1999), 70% of young people reported using drugs at least experimentally.
- In *Investing for Success* (2005) 35% of young people after care reported using drug and alcohol services; of these 37% related to methadone, detox or post detox services.
- The UK study on drug use (Ward et al, 2003) found high illegal drug and alcohol use in young people leaving care (75% reported past use, or were still using illegal drugs).
- The Midwest USA study found that young people who had been in care were more than twice as likely than the general population sample to have attended a substance abuse treatment program (Courtney & Dworsky, 2005).

Distribution across the drug and alcohol pathways

Most reports cite the incidence of drug and alcohol involvement in general terms, so it is more difficult to derive figures on the relative proportions across the pathway levels.

Investing for success provides an indication of percentages across levels for the drug and alcohol pathway, based on 35% of post care young people using drug and alcohol services

with information on the type of service being used. (e.g. percentage accessing methadone treatment was allocated to pathway level 5).

As would be expected, the figure of 35% for care leavers (allocated across pathway levels 3 to 5) is higher than the 16% for young people in the general population aged 18 to 24 years.

In the UK Study (Ward et al, 2003) distribution across pathways is based on the type of drug used (rather than services used) and yields a higher percentage of users across pathway levels 3 to 5.

Chart D: Distribution across drug and alcohol pathway levels (percentages)

	Sample size	Level 1	Level 2	Level 3	Level 4	Level 5	Total %
Aust Study							
Investing	60	32%	33%	20%	10%	5%	100%
Additional							
UK Study	200	36%	12%	18%	21%	17%	
% (Australia)		32%	33%	20%	10%	5%	

Key informant perspectives on drug and alcohol service usage

Key informants cited usage of this service system as a significant issue for a relatively high number of young people post care. One drug and alcohol focus group suggested that at least 40% of all clients of drug and alcohol services had a formal care background and argued that this was probably a very conservative estimate. Co-existing drug and alcohol and mental health issues were cited as common experiences which were also linked to criminal justice system usage for some young people and older adults.

Patterns of service usage were impacted as follows:

- whether the drug and alcohol use commenced early in the young person’s adolescence or was a result of attempts to self-medicate mental health issues such as low level depression or other undiagnosed mental health conditions
- where drug and alcohol use was the primary issue, criminal activity was more likely to be a factor and this often led to Police or Court diversions or referrals into drug and alcohol treatment programs
- primary drug and alcohol issues with associated criminal activity were perceived as more likely to lead to Court ordered substance use assessments and interventions
- many young people were seen as very reluctant to access services immediately post leaving care if they had existing drug and alcohol issues in their lives – their service usage was seen as more likely to increase in their late 20s and for some people to be a life time issue precipitating service usage over 30 or more years
- many key informants argued that for a proportion of young people accidental or intentional overdoses were a likely outcome before the young person reached 30 –

this was reported by drug and alcohol practitioners, adult Corrective services practitioners, youth services practitioners, mental health practitioners and foster parents

- drug and alcohol practitioners indicated that many people with a care history were the people they observed were likely to be at the highest usage levels including in methadone programs.

Table 4.11: Drug and alcohol services levels of usage

Pathway level	Example of service usage at this level
Level 1	Nil usage or very low use of information services
Level 2	Minimal use – might use drug information service, community based support group, minor fines or police diversion possible
Level 3	Episodic and regular drug and/or alcohol use commencing early post care but low service use for first few years, increases over time, has an allocated drug and alcohol worker for 15 or more years, sees worker 4-6 times per annum on average, 1-2 episodes in detox of 3-4 weeks average stay over several years. Court ordered diversions and/or assessments – 3-4 instances
Level 4	Court ordered diversion programs – assessment and treatment, monthly 1-hour appointments with allocated drug and alcohol worker, may intensify over time, multiple detox stays of 3-4 weeks average stay over 10 or more years, methadone program for several years – might never leave methadone program, coexisting mental health issues for many
Level 5	Allocated case worker with weekly/fortnightly contact of 1 hour per week which may continue for 10 or more years, Court ordered treatment including periods of extended detox treatment, may have catastrophic use of drugs and alcohol which leads to brain damage or irreversible health impacts, coexisting mental health issues, suicide or accidental death possible before age 30, own children may start using at early age and court appearances start in adolescence for children, alcohol foetal syndrome likely for young women,

Key informant estimates of drug and alcohol services usage across pathway levels over the life course

Key informants reported high drug and alcohol support needs across pathways 2 to 5 with co-existing mental health issues and involvement in the justice system. Drug and alcohol abuse is more likely among the younger ages groups though fewer of this age group may access services. Those who do access services often need much more intense support.

Table 4.12: Key informant estimates in the various levels.

Level 1	Level 2	Level 3	Level 4	Level 5
15%	20%	23%	22%	20%

Estimates of drug and alcohol service usage based on the research and key informants findings

The main research finding for young care leavers reported 35% accessing drug and alcohol services. Based on the informants' reports, usage across pathways 3 to 5 has been increased to a total of 53% across all three pathways - estimates which are higher than the research finding to reflect higher usage further down the track but adjusting down to take account of the 'harder end' perspective of the key informants.

Key informants' views were that while drug and alcohol abuse is more likely among the younger age groups, some in this age group tend not to access services. On this basis, the % estimates used in the costing model are the same for both life course age brackets.

Table 4.13: Comparing informant estimates and the research estimates

Pathway	Level 1	Level 2	Level 3	Level 4	Level 5
Research %	32%	33%	20%	10%	5%
Informants %	15%	20%	23%	22%	20%
% estimates for 16-24 year olds	25%	22%	21%	17%	15%
% estimates for 25-60 year olds	25%	22%	21%	17%	15%

Jason's story

Jason, an indigenous young man, now 36, was placed on a care order at 8 years of age and has a long family history of violence and alcohol abuse. He lives in a remote Indigenous community and spent over 12 years living in a large regional town where he was in a foster care in a non-Indigenous foster family. He returned to his community at age 21. He has four children, aged between 4 and 12 years of age, who live with him and their mother. The remote community has very few employment options, a high level of alcohol use and family violence and very few services. Jason is very connected to his family of origin and is unlikely to leave his community in the foreseeable future. Jason lives with severe depression and uses alcohol to self-medicate. He has a history of regular Court appearances for alcohol related crimes including violence against his partner Jade. He has spent several periods in gaol on remand and on short sentences; the gaol is located over 800 kms from his community. On several occasions following a gaol term he has accessed CDEP in his community and done well for several months. However over the past 10 years these periods of employment have lessened, his alcohol use is increasing and his health is beginning to suffer considerably. His children have been the subject of several child protection notifications although they have remained with their family. The issues with his children may well worsen although his partner cares for them as well as she can. The visiting community nurse spends considerable time with Jade and Jason. Jason's future use of services is likely to increase as his health worsens and the pathway he is following is unlikely to improve. If Jason lived in an urban city his service usage might be quite high across several service systems. Given his location, the service usage is highest in the justice system and income support and both may increase; DSP seems like a potential income support pathway. His usage of health services may also increase over time as his health worsens.

Service system pathway - Justice systems

Background information from research

There is some useful emerging evidence and promising data tracking initiatives in the juvenile justice and adult corrections service systems. However many of these initiatives are still in the early stages of development.

Patterns of offending in the general population:

- males in the 18 to 24 age group offend at 11 times the rate of female offenders in that age group, though this gender difference is decreasing over time (the rate was 30 times greater for males than females in 1982) (AIHW, 2003)
- Indigenous young people are much more likely to be apprehended than non-Indigenous young people (44% compared with 17%). (OSCAR, 2005; AIC Australian Crime, 2002)
- the patterns of higher representation of offender males and Indigenous people is also repeated in the prison population (AIC, 2002a)
- the majority of offenders are placed in community-based programs (73% of all offenders) compared to 27% in prison (AIC, 2002a).

Research indicates that child protection factors such as substantiated incidents of abuse and out-of-home care are predictive of youth offending (AIC Profile of Young Offenders, 2003) and that in particular the stability and number of placements increase the likelihood of a child in care being involved in crime (Owen and Lunken, 2000).

Of young people 15-18 years in the youth justice system in South Australia, examination of data over the last five years shows consistently that just over half were, or had been, on a Care and Protection Order (CPO). Also while only approximately a quarter of these young people were females, the proportion of females (15 to 18 years) who were on remand and on CPOs was similar to that of males (South Australia CYFS, 2005).

A very small WA data matching project suggests that there may be a substantial number of young people who have been involved in the juvenile justice system and been Wards of the State and are transitioning from juvenile detention to adult imprisonment. The data suggests that in the order of 40% of a small sample of young people appear to make this transition (WA Department of Justice 2005).

A study of women prisoners in Western Australia (WA Department of Justice 2002) found that a high proportion of the women prisoners (19%) had been in care as children: 26% for Aboriginal women prisoners compared with 13% for non-Aboriginal women.

Distribution across the justice pathways.

Two research studies which interviewed young people after leaving care provided sufficient information to estimate involvement across the five pathway levels. There is a close match

between the results of these two studies indicating that:

- just over half of the population of young people leaving care were not involved with the juvenile justice system (pathway levels 1 and 2)
- the remainder are spread fairly evenly across pathway levels 3-5, as shown in the table below.

Chart E: Distribution across justice pathway levels (percentages)

	Sample size	Level 1	Level 2	Level 3	Level 4	Level 5	Total %
Aust Studies							
La Trobe/Owen	138	26%	26%	14%	14%	20%	100%
Investing	60	26%	25%	19%	18%	12%	100%
Additional							
AIC Pathways	1083	na	na	na	19%	7%	26%
Range of %		26%	25-26%	14-19%	14-18%	7-20%	
Composite Percentage		26%	26%	16%	15%	18%	

The NYARS study (Maunder et al, 1999) reported a similar finding that almost half of young people interviewed six months after leaving care reported having committed criminal offences since leaving care.

Two large, key studies looking at the criminal justice system support these findings and provide substantial evidence of the links between young people on care and protection orders and involvement in both juvenile and adult justice systems.

The AIC Pathways from *Child Maltreatment to Juvenile Offending* (AIC 2002b) looking at a cohort of over 1000 17 year olds found that 26% of maltreated children placed outside the home subsequently offended at least once (by the age of 17). This figure of 26% is in line with the estimates for pathways 4 and 5 from the two studies of young people after leaving care.

Looking ahead into the life cycle, the AIC Criminal Trajectories research (cohort of 1500) found that 91% of young offenders on care orders moved to adult orders (AIC, 2002c).

Key informant perspectives on justice system pathways usage

This service system was identified by a relatively high number of key informants as a very high use system for people post care. This was true across the life course and for both age cohorts. Corrective services staff interviewed estimated that between 50% to 80% of their clients across both gaols and community corrections had a formal child protection care history. Foster parents claimed that they often knew by the time a young person was in their early adolescence whether they would 'graduate' into the adult justice system. Foster

parents estimated that more than 50% of young people who had been in their care were likely to have a long term experience in the justice system. Some child protection practitioners reported similar views. Elements impacting on justice system service usage reported by key informants included:

- the transition of young people from the juvenile justice system to the adult justice system was seen as a very significant cost and issue
- as orders were imposed by Courts it was easier to identify this cohort
- key informants cited anecdotal evidence that for some young people the justice system provided some structure and support to their lives and that they would commit minor crimes to get access to this support in the absence of ongoing child protection support
- criminal justice usage was also linked to drug and alcohol related offences for many young people especially in the first few years post care
- heavy criminal justice system usage could be disrupted by a significant intervention at any point in a long criminal justice usage history, particularly if the offences were violence related - this was seen as more possible than in some other service system patterns, for example drug and alcohol was seen as a more difficult pattern to change.

Table 4.14: Justice system levels of usage

Pathway level	Examples of service usage at this level
Level 1	Very low or no usage – may involve minor speeding or other traffic fines
Level 2	Minor fines, Court appearance on minor offences for early years post care, no other service usage
Level 3	Drug and alcohol related petty offences might commence early in the post care years – 3-4 Court appearances for property crime, and/or several short remand periods, short period of detention – 6 months over 2-3 years Might receive gaol sentence for domestic violence, assault. Community based orders – several over a number of years
Level 4	Minor or serious drug related crime, graduates from youth justice system into adult system, custodial sentence in first 3-5 years post care – likely to be 2-3 periods of 3-6 months for 5-6 years, or Longer period for violent crime – 5-8 years Likely to have several periods of incarceration across life course
Level 5	Very high rate of incarceration – frequent periods of short gaol terms - 15-20 years gaol over 40 years, extended parole period/s of 3-6 years across 40 years, community based orders likely to have preceded this usage - 3-4 years of 6 months or longer, 100 or more court appearances Or Single and serious criminal act leads to 20-25 years gaol and several years parole and community corrections – weekly contact of 1 hour for up 5-8 years

Key informant estimates of justice system usage across pathway levels over the life course

Key informants reported that many of their clients had consistently high involvement in the justice pathways 3 to 5. This was reportedly true across all professional groups and foster carers.

Table 4.15: Key informant estimates in the various levels.

Level 1	Level 2	Level 3	Level 4	Level 5
15%	15%	20%	23%	27%

Estimates of justice system usage for the two life course age brackets based on the research and key informant findings

The justice system was the predominant system where there is a strong body of research on the formal care status of young people. This lends some legitimacy to the percentages drawn from the research analysis. However, the percentage estimates of clients of justice services may be biased towards male involvement and may over-represent the proportion of the full cohort of care leavers involved in the justice system.

Pathway levels 4 and 5 involve periods of custodial sentences. There is very low incidence of custody in the general population (i.e. 0.15% of the total population in custody on a reference night (AIC, 2002). Even given the strong evidence of high levels of over-representation of care leavers in the justice system in the early years and over the life course, taking into account the general population incidence, the estimates used in the costing model for pathways 4 and 5 in the justice system have been reduced quite significantly. This is likely to be a conservative estimate, given the high levels of young care leavers involved in the justice system before or soon after leaving care, the known recidivism and the strong connections between drug and alcohol abuse and offending.

Table 4.16: Comparing informant estimates and the research estimates

Pathway	Level 1	Level 2	Level 3	Level 4	Level 5
Research %	26%	26%	16%	15%	18%
Informants %	15%	15%	20%	23%	27%
% estimates for 16-24 year olds	28%	28%	30%	9%	5%
% estimates for 25-60 year olds	28%	28%	30%	9%	5%

Bill's Story

Bill, 31 years old, lives in a regional town a long way from a metropolitan city. The worker telling this story has known him for 13 years and has a good knowledge of Bill's life and background. Bill is assessed as having a borderline intellectual disability and was in a residential facility from pre school age to 18 years; he left care at his 18th birthday. He was homeless and used SAAP crisis services for around 4 years constantly and then committed a rape and arson. He was in a forensic psychiatric centre for 5 years and on release was placed in the care of the State Guardian. His affairs are managed by the body responsible for managing adult cases such as his. He spent 3 years in supported accommodation post release and recently moved into public housing. He has an allocated mental health worker whom he sees weekly and a corrections worker he also sees weekly. He now receives an intensive package of support through the high and complex needs project of around \$250,000 pa for the next 2 years. The worker predicts that he will probably be at Pathway 4 usage level for most of his life with a possibility he may be a Level 5. His current usage is at Pathway level 5.

Service system pathway - Family services

Background information from research

The need for family services in general is often aligned with involvement in many of the other service areas, in particular – housing, drug and alcohol, mental health, justice system, and/or income support.

The effect of multiple needs is exacerbated for very young parents and their children. Teenage mothers are at risk of adverse outcomes in employment, housing, mental health and of need for income support. A child of a teenage mother is also at risk of poor outcomes including poverty, being a victim of abuse or neglect, becoming involved in crime (AIHW 2003).

Only one study (*Investing for Success*, 2005) reported any evidence of causal links between family services and other support. In this study, at interview, 28% of the young people already had one to three children. Nearly a third of the children of these young parents in the survey group were already in care. The reasons, in order of frequency were:

- parent involved with child protection services
- domestic violence
- parents' drug use
- mental health
- child abuse.

In the study on women prisoners (WA Department of Justice 2002), almost half of the women prisoners who had children did not have custody of all of their children prior to imprisonment; 15% of the children of these women prisoners were in foster care at the time of the research was being undertaken.

Distribution across the family services pathways

Most of the studies on leaving care only record the high proportion of young women who are pregnant and/or have a child or children soon after leaving care as shown in the table below.

The percentage of young people post care who have a child soon after leaving care, calculated from the four studies, is 24% of the total (not of females only). This rate is similar to the Midwest USA study (Courtney and Dworsky, 2005) where 25% of 19 years who had been in care had at least one child - 32% of females and 14% of males.

The birth rate for 15 to 19 yrs in the general population is 2 births per 100 young women. This high rate of teenage pregnancy in young women leaving care (roughly 24 times greater than the general population) gives some indication of the high family support needs of the target group.

Chart F: Distribution across family support pathway levels (percentages)

Aust Studies	Sample size	Level 1	Level 2	Level 3-4	Level 5
La Trobe/Owen	138	na	na	17%	na
Cashmore	47	na	na	33%	na
Investing	60	na	na	20%	8%
NYARS/Maunders	43	na	na	33%	na
Percentage overall				24%	

Because of the known multiple needs of young parents without support and the inter-relatedness of support needs, it is difficult to establish quantitative estimates of usage of family services across each of the pathway levels. The figures in the table above, based mainly on rate of pregnancy in young care leavers, may greatly underestimate the need for a wide range of family support services.

Key informant perspectives on the use of family support services

The use of family support services by people who have previously been on formal care orders was identified by child protection practitioners, foster carers, and justice and drug and alcohol practitioners as a likely outcome for a considerable number of this population group. Many of the experienced child protection practitioners reported working with third and fourth generation families. Practitioners reported that many young women and men who became parents at a young age, would not readily access family support services and did their best to keep both child protection and community based family support services out of their lives. Foster parents supported this story. However most key informants were strongly of the view that some people would subsequently have extensive service system usage for 15 or more years, others for shorter periods and some would manage well. Factors influencing service usage in this service system included:

- strong resistance by both mothers and fathers who had been in formal care, in the early years post care, to any engagement with any of the family support services which might lead to or imply the need for care of their children
- access to community based family support services was more likely in the early 20s and this sometimes prevented child protection issues
- for some parents long term use of community based family support services was a feature – this was usually a pathway level 2 or 3 service
- risks to children in some families were detected during pregnancy for some young women and the loss, through removal, of a child at birth or soon after often led to further and multiple pregnancies, multiple child protection notifications and investigations, and the removal of all children
- many families in pathway levels 4 and 5 often had multiple issues and were also high users of drug and alcohol, mental health, income support and sometimes justice system services
- a small proportion of these families were also users of housing support for extended

periods or irregular usage of high cost supported accommodation for shorter periods

- extended family day care and other forms of respite were also common for this population group.

Table 4.17: Family support levels of usage

Pathway level	Example of service usage at this level
Level 1	Average use of universal services for example maternal and child health, play groups, child care usage similar to general population who use these services
Level 2	Food vouchers in early years of parenthood, occasional financial counselling, occasional family day care for respite, occasional referral to parenting group or play group, might access a family support service in an NGO for several months, might access Reconnect service in later years of parenting
Level 3	Respite care organised following child protection notification, ongoing family support, might be several notifications and investigations over 5- or more years, occasional substantiation and child protection involvement for several years with fortnightly or more contact, might access voluntary out of home care for short periods, might access domestic violence service on several occasions,
Level 4	More serious notifications and substantiations, could be singular or multiple, likely to be drug and/or alcohol related, violence in family high probability, accessing women's services regarding violence, child protection worker has fortnightly contact, mental health issues compound family services usage, may have short or long term foster care for 5 or more years or several episodes of short term foster care
Level 5	Early and long term involvement of child protection, likely to be very long term out of home care possibly for several children, if child/children left at home might be weekly contact with child protection worker, court appearances likely, high use of domestic violence services possible for some families, parenting classes or support services likely in early years, multiple issues highly likely for sustained period – 20 or more years to next generation

Key informant estimates of family services usage across pathway levels

Key informants consistently reported very high incidence of pregnancy at young ages requiring intensive support in the early years. Across the life cycle there is a consistent incidence of service usage at pathway levels 3 to 5 affected by co-existing issues such as domestic violence, drug and alcohol, low income and the need for supported accommodation.

Table 4.18: Key informant estimates in the various levels

Level 1	Level 2	Level 3	level 4	level 5
18%	22%	20%	18%	22%

Estimates of family services usage for the two life course age groups based on the research and key informant findings

There is very limited research or evidence about patterns of service usage in the family services system. In the early care leaver research studies, the main pointer to need for family services was the consistently high proportion of young women who were pregnant or

already had a child, or children, and the lack of social support for the young woman concerned. The key informants were able to provide a broader picture of high need for family services and the high incidence of intergenerational need for care and protection. Child protection and corrections key informants reported that use of family support services was likely to be sustained across the two age groups, being slightly higher for people in their early to mid 20s through to late 30s or early 40s.

Child protection practitioners argued that over time reengagement in the child protection system with their own children (and also grandchildren) was likely to maintain usage of family services across the life course. It could be that the practitioners were reporting more from the perspective of female clients who are more likely to be single parents accessing family support.

On this basis, the percentages used in the costing model shift somewhat away from Pathways 3 to 5 to higher percentages in Pathway 1 and 2. The percentages are the same for the two age groups given the consistent access to services over time.

Table 4.19: Comparing informant estimates and the research estimates

Pathway	Level 1	Level 2	Level 3	level 4	level 5
Research %	?	?	?	16%	8%
Informants %	18%	22%	20%	18%	22%
% estimates for 16-24 year olds	26%	24%	15%	15%	20%
% estimates for 25-60 year olds	26%	24%	15%	15%	20%

Paul's story

Paul, now 33, was in the formal child protection care system between the ages of 11 and 17 years, and keeps in touch with a caseworker who worked with him for five years until he left care at 18. Paul rings his previous caseworker two to three times a year as he has been one of the most consistent people in Paul's life since his early teenage years. Paul lives in a small coastal town, is a self-employed contractor, has a partner and a five year-old child, is doing well and has never been on income support. He is very active and plays sport regularly and generally enjoys a full and active life. He travelled extensively for six years after leaving care and worked his way around Australia. He rarely uses services, keeps in touch with his foster parents and birth parents and has no observable mental health or drug and alcohol issues. His previous worker says Paul is determined to provide his child with a better start than he had himself. Paul's worker predicts that Paul will follow this pathway for the rest of his life barring any unforeseen events of the kind which might occur to anyone living in Australia today.

Service system pathway - Income support

Background information from research

The research suggests that income levels for young people leaving care is lower than for the general public.

- for young people leaving care, *Investing for Success* (2005) surveying 18 to 25 years old care leavers found that 50% of the young people surveyed had income of less than \$200 per week from all sources
- comparing with the general population, 24% of 20 to 24 year olds and 68% of 15 to 19 year olds get less than \$200 per week (AIHW, 2003) - though many of the younger group would most likely be students dependent on parents.

Further evidence of high usage of income support for young care leavers:

- over two thirds of young people leaving care received unemployment, sickness or supporting parent benefit (Maunder et al, 1999)
- 56% hold a health care card and 21% receive rental assistance (*Investing for Success*, 2005)
- the Cashmore and Paxman study (1996) found that 12 months after leaving care, 20% of young people were on a wage, the remainder were on AUSTUDY, ABSTUDY, Job Search, sickness or other benefits. Nearly half said that they were having trouble “making ends meet”.

Distribution across the income support pathways.

Two Australian research studies provided data on income and income support for young people who have left care.

- The Cashmore and Paxman study gave information on type of benefit (e.g. AUSTUDY, Job Search)
- *Investing for Success* gave a breakdown by weekly income from all sources.

A third study (Maunder et al, 1999) provided the percentage of young people in the sample on unemployment, sickness and supporting parent benefits. This could not be broken down across levels, but would place people on the lower spectrum of pathways.

Chart G: Distribution across income support pathway levels (percentages)

Aust Studies	Sample size	Level 1	Level 2	Level 3	Level 4	Level 5	Total %
Cashmore	47	20%	16%	36%	21%	7%	100
Investing	60	2%	8%	11%	27%	52%	100
NYARS/Maunders	43			64% L3-5			64
Range of %		2-20%	8-16%	11-36%	21-27%	7-52%	
Composite Percentage		10%	12%	22%	24%	32%	

The table shows that the range of percentages allocated to pathway levels varies quite a lot between the two studies. This is due mainly to the high proportion of young people with low incomes in the *Investing for Success* (2005) study.

The Cashmore and Paxman study data was collected 12 months after young people left care, while *Investing for Success* reports on a sample of young people up to 25 years. It is not really possible to extrapolate from this whether the lower incomes for the *Investing for Success* sample indicate declining income further along the life cycle or whether it is somehow a feature of the sample.

The NYARS (Maunders et al, 1999) study reported 64% of the young people (18-25 years) across six states and territories were on income support. This supports the finding of high reliance on income support for many of young people for several years after leaving care.

Key informant perspectives on income support service system usage

Income support was reported as one of the service systems which some young people might never use apart from accessing the TILA. On the other hand, there was also a strong view expressed that many people will use income support post care and consistently throughout their lives. This was reported as more likely for people experiencing coexisting mental health and drug and alcohol problems, and experiencing long term homelessness from an early age. Practitioners and foster carers had very strong and consistent views regarding usage of this service system.

Factors reported as influencing service usage in this service system included:

- the loss of state based financial support on leaving care and the absence of parental support common to the majority of young people – this was seen as a major barrier to independence and as one of the most challenging issues for young people who are alienated from their birth families and who do not have stable, long term foster care relationships
- low educational achievements for many young people post secondary school impacting on their employment prospects

- high rates of early pregnancies and subsequent use of sole parent payments for extended periods
- the transition to Disability Support Pension (DSP) for many people experiencing significant mental health, drug and alcohol, and/or other health issues – this can occur at an early age for some young people and for prolonged periods
- a smaller number of young people were reportedly determined not to stay caught in the ‘welfare system’ and subsequently actively sought work and often engaged in the education system to tertiary levels. The only income support reportedly accessed by this group was TILA and Austudy¹⁹.
- some young women who became sole parents were in the sample of young people reportedly accessing education through JPET²⁰.

Table 4.20: Income support levels of usage

Pathway level	Example of service usage at this level
Level 1	Might access TILA only, or very brief period/s of income support then nil (excluding Austudy)
Level 2	TILA, youth allowance for 6 months or more, very occasional periods of sole parent payment or unemployment benefit across 5-6 years
Level 3	TILA, youth allowance for several years, might be interspersed with periods of casual employment, longer periods of unemployment benefits or sole parent payments, might edge into DSP later in life, might be employed for 5 to 6 years over many years (15-20), the less access to employment the more likely that this pathway might lead to DSP, alternatively late education effort in the 30's might lead to longer term employment
Level 4	TILA, regular income support since leaving care, never been in employment, might experience multiple suspensions and breaches, frequent Centrelink customer, occasional gaol periods might see income support withdrawn
Level 5	Long term income support, on DSP from an early age, frequent use of Centrelink services, long term unemployment benefits or long term sole parent benefit then transitions to unemployment benefit

Key informant estimates of income support usage across pathway levels over the life course

Key informants reported high usage of income support throughout the life cycle due to a high proportion of sole parents on unemployment benefits where drug and alcohol and homelessness were strong features.

Table 4.21: Key informant estimates in the various levels

Level 1	Level 2	Level 3	Level 4	Level 5
10%	15%	25%	25%	25%

¹⁹ Austudy was not included in the costing as it was not considered to be an avoidable cost.

²⁰ Job Placement Employment and Training Program

Estimates of income support for the two life course age groups based on the research and key informants findings

There is quite close alignment between the research and key informants’ estimates apart from a greater skew towards pathway level 5 in the research percentages. Since this is due to particularly low-income levels for one of the research studies, the key informants’ estimates have been adopted.

In addition, the percentage on pathway level 5 has been reduced, and pathway level 1 increased, recognising that people in prison do not receive income payments.

The percentages used in the costing model are the same for the two age groups. This is based on the views of key informants that high need at the intensive end of income support often spanned the life cycle due to:

- a high proportion of sole parents who are on income support and move onto other benefits post parenting
- long term unemployment due to drug and alcohol and/or mental health issues
- long term income support for disabilities
- long term homelessness.

Table 4.22: Comparing informant estimates and the research estimates

Pathway	Level 1	Level 2	Level 3	Level 4	Level 5
Research %	10%	12%	22%	24%	32%
Informants %	10%	15%	25%	25%	25%
% estimates for 16-24 year olds	15%	15%	25%	25%	20%
% estimates for 25-60 year olds	15%	15%	25%	25%	20%

John’s story

John who is now 45 was placed in care from the age of five. As an adolescent he was involved with juvenile justice services for offences relating to alcohol. He had brief periods of income support post school with occasional casual employment. He used no drug or alcohol services and his offending was very minor. At the age of 18 he joined the army. The structure of the army, and his relationship with an officer who acted as a mentor and role model, are seen as leading to John’s success in establishing a stable life. After he left the army when he was in his very late 30s he gained further stable, ongoing employment. He is a parent of two children with no major obvious parenting issues and both children are doing well in education. He had no major health problems and no mental health problems. John was described as likely to be at Pathway 1 usage throughout his life.

Service system pathway - Employment support

Background information from research

Little evidence or research has been undertaken on employment support with respect to this population. However the level of education achieved by an individual is a precursor or determinant of success in future employment and there is some research available in this regard.

Many of the Australian studies on young people leaving care did not differentiate employment and study. However, the *Investing for Success* (2005) survey shows that 13% of the young people leaving care attained a year 12 certificate. The La Trobe University study (Owen and Lunken, 2000) reported a higher figure of 33% still in education at 18 years (this figure could include work skills and trade courses).

For young people generally, workforce participation is higher for the general population than for young people who have left or leaving care:

- workforce participation was 54% for young people aged 15 to 24 years generally (AIHW, 2003), compared with around 30% for young people who had left care (Maunder et al, 1999; *Investing for Success* 2005).

Lower levels of educational attainment and higher numbers on income support point to the need for employment support services for young people after leaving care.

Distribution across employment support services pathways.

Three research reports gathered information on the employment status of young people post care.

Chart H: Distribution across employment support pathway levels (percentages)

Aust Studies	Sample size	Level 1	Level 2	Level 3	Level 4	Level 5	Total %
Cashmore	47	21%	21%	44%	8%	5%	99%
Investing	60	29%	15%	14%	31%	11%	100%
NYARS/Maunder	43	23%	14%	30%	10%	23%	100%
Range of %		21-29%	14-21%	14-44%	8-31%	5-23%	
Percentage		25%	17%	25%	21%	13%	
TILA	1234	24%	20%	26%	9%	21%	

The ranges of percentages are fairly consistent across pathways 1 and 2, but vary quite widely for the other pathways.

Statistics on employment status from the full TILA database validate the distribution across

pathways, with very similar results between the TILA results and the pathway percentages calculated across the three studies, (particularly when pathway levels 4 and 5 are added together).

Key informant perspectives on usage of the employment support system

Many key informants reported that usage in this service system was probably highest in pathway levels 1, 2 and 3 arguing that by the time people were into a pathway level 4 other issues impacted on their willingness to engage in the high cost end of employment support services. They also argued that access to pathway levels 4 and 5 were more likely in the early years post care and for shorter periods than for other service systems. By around the age 30 many people were entrenched in other life pathways which made accessing employment support services less likely. This service system was also the one many people argued made the most observable difference to whether someone moved to a higher service usage or reduced service usage; i.e. a positive employment support experience might lead to employment or further education and longer term benefits which changed their life course positively.

Factors reportedly influencing this service system included:

- the low educational attainment of many young people post care meant many were more likely to access employment support in the early years post care
- early access to intensive assistance, JPET, or Personal Support Program (PSP) lead to a reasonable number of young people transitioning to employment and not progressing to the higher level service usage
- the absence of employment support services in remote areas means that many Indigenous young people are not able to access employment support services at the higher usage levels – this study did not attempt to collect CDEP data relevant to Indigenous communities
- JPET is now targeting young people at risk so use of this service by this population group is likely to be high in the first few years post care.

Table 4.23: Employment support levels of usage

Pathway level	Examples of service usage at this level
Level 1	Nil use, in education or employment
Level 2	Occasional PSP, occasional casual employment, might use JPET, might lead to part time employment and/or permanent employment
Level 3	Occasional PSP, period of intensive assistance, might access mental health employment support service, occasional casual employment, access to JPET or other training opportunities might lead to long term employment
Level 4	Long term and early unemployment likely, several periods of intensive assistance, regular PSP
Level 5	Never employed, multiple periods of intensive assistance and/or PSP, might be interspersed with periods of incarceration or hospitalisation for mental health issues, best outcome might be casual employment

Key informant estimates of employment support services usage across pathway levels over the life course

Key informants reported that usage is highest in pathway levels 1,2 and 3 and few people are in pathway levels 4 and 5 for long periods. Use of employment services is heavier in the early years with a shift to income support in later years. This was the service system which key informants were least confident to estimate.

Table 4.24: Key informant estimates in the various levels

Level 1	Level 2	Level 3	Level 4	Level 5
25%	20%	25%	15%	15%

Estimates of employment support services usage for the two life course age groups based on the research and key informant findings

Despite the difficulties reported by key informants in estimating usage of employment support, there is a close match between the research and informant estimate and also the TILA data (if pathway levels 4 and 5 are added together).

Usage of employment support services was likely to be higher in the first 10 to 15 years with usage of pathway levels 3 to 5 dropping off as people become older.

Table 4.25: Comparing informant estimates and the research estimates

Pathway	Level 1	Level 2	Level 3	Level 4	Level 5
Research %	25%	17%	25%	21%	13%
Informants %	25%	20%	25%	15%	15%
% estimates for 16-24 year olds	25%	20%	25%	15%	15%
% estimates for 25-60 year olds	30%	22%	25%	18%	5%

Jo’s story

Jo, now 23, is the second generation in her family on a care order, was in high conflict with mother, and came into care at 12 and left at 18. She received an intensive support package at 16 through an NGO service as she was acting out, she had significant drug and alcohol issues, mental health issues, and eventually dropped out of school. She left care at 18, and refused services. She made contact with her child protection worker around 6 months later, and wanted to go back to education. She was linked to a SAAP outreach service, which supported her into education and she recently finished youth studies and is now enrolling at university. She had around 18 months in Newstart, received TILA, then transitioned to Austudy, won a scholarship for university, and is now doing volunteer work and wants to be a Social Worker. Her worker predicts she will have low usage of services over time, and was on Pathways 2 and 3 for around 2-3 years. She is likely to be employed and well for the rest of her life, she might have occasional issues as her relationship with her mother is still difficult. Jo is not likely to be high cost service user for the rest of her life.

Summary of usage across all service systems

Using data collected across all service systems, and across both stages, the study team developed the following pathways estimates.

Most key informants rounded their estimates to multiples of 5. Key informants also found it easier to estimate levels 1,2 and 5 than levels 3 and 4, but frequently stated that broadly between 40-50% would be spread across levels 3 and 4. Mid-range points have been selected by the study team so that the percentages for each pathway of a service system adds to 100%. Table 4.26 provides a summary of the crude estimates by key informants and Table 4.27 provides a summary of the results of the summary of estimates using the research evidence.

Table 4.26: Summary of key informant crude pathway estimate of service usage over the life course across all service systems

Path way	Housing support services %	Health (General)	Mental Health %	Drug and alcohol %	Justice system %	Family services %	Income support %	Employment support Services %
1	15	15	20	15	15	18	10	25
2	25	20	20	20	15	22	15	20
3	30	20	15	23	20	20	25	25
4	20	25	20	22	23	18	25	15
5	10	20	25	20	27	22	25	15

Some key informants found it easier to estimate pathways and levels of usage across all service systems. Many key informants argued that for young people in pathways levels 1 and 5 the life course service usage pathways are often predictably linear, as in consistently high or consistently low, as described in the respective service usage levels.

Table 4.27: Summary of Pathway estimated percentages of service usage over the life course based on research findings

Pathway	Housing support services %	Health (General)	Mental Health %	Drug and alcohol %	Justice system %	Family services %	Income support %	Employment support Services %
1	15	27	42	32	26	?	10	25
2	30	21	13	33	26	?	12	17
3	30	19	22	20	16	?	22	25
4	15	12	19	10	15	16	24	21
5	10	21	4	5	18	8	32	13

The study team further adjusted the percentages taking account of both key informants and research findings. These adjusted figures are used in the costing model to calculate the number of people on each pathway level for each service system across the two life course age brackets. These final adjusted percentages are drawn out in Chapter 5 – Tables 5.5 and 5.7

5. Costs to Government.

The activities/items to be costed

Chapter 4 provided a detailed summary of the eight service systems considered in the study. This Chapter now addresses how the costings were derived drawing on the data gathered in the field work and the research phase. Simultaneously the study team examined the Report of Government Services (ROGS) and sourced information on some unit costs for services where ROGS data was not available or could not be extrapolated adequately.

Where possible these costs are estimated over the lifetime of the total group of people, who have left formal child protection care, from the age of 16 up to 60 that is, ages 16 to 59 inclusive.

Three main points should be noted about the nature of the costings. First, the study is designed to estimate the financial cost to government. This cost includes government expenditures for people post care, which may be called direct costs. The total cost also includes income foregone by government because of lower tax revenues. The former category is much larger and the main focus of this study.

Second, the study is concerned only indirectly with the functioning and needs of people post care. A person may have high needs but be a low user of services because either (a) the service is not readily available to that person or (b) the person is reluctant to seek out or use such services. This generally does not apply to income support, but may do to mental health or counselling services for example. However, in the long run, many individuals with high needs are very likely to require and to obtain a high level of services from several service systems.

Third, the focus on government costs means that the often considerable social or personal costs of young people who are leaving or who have left the formal child protection care system are outside the scope of this study, as described in Chapter 2. In the extreme example the cost impacts of young (and older) people who commit suicide are not included in this study (except for public costs incurred up to that point) despite their paying the supreme price of loss of life.

Types of costs provided

The study provides two main sets of cost estimates:

- estimates of the cost to government for the cohort of 1150 young people who left the protection system in 2003/2004
- estimates of the cost to government of typical pathways for a number of individuals.

In both cases, annual and lifetime costs are estimated. The lifetime costs are not discounted. This is because the lifetime costs for a single cohort also represent the

approximate annual cost for all cohorts leaving care. Thus estimated “lifetime costs” can be interpreted either as 44 years of costs for one cohort or as the annual cost for 44 cohorts, including the previous 43 cohorts. The latter is the estimated annual gross cost to government.

We must note also the concept of gross cost. Nearly everyone in the population receive some form of government assistance/expenditure. The incremental or net cost to government of persons leaving care is the difference between expenditure for persons leaving care and expenditure on other persons in the general population.

Method for estimating government costs

In order to develop estimates of the overall cost to government of providing services for the group of people who have left formal child protection care system, the study adopted the following steps:

- identified the type and quantity of services provided for each major service system and for each general pathway 1 to 5
- identified unit costs for each type of service in each service system and general pathway
- estimated the average annual cost (expenditure) per person for each general pathway (expenditure equals quantity of service times unit cost).

These steps can be expressed formally as:

$$E_{H1} = \sum Q_i C_i$$

where

- E_{H1} is the average expenditure on an individual receiving housing support in pathway 1
- there are $i = 1 \dots n$ housing services provided in pathway 1
- Q is the number of each of these services provided
- C is the unit cost of each of these services.

In many cases only one or two kinds of service are provided in a pathway for a service system.

Table 5.1 shows the process for each service system and pathway. For the service systems other than housing shorthand notation is used for simplicity.

Table 5.1: Estimating Expenditure per Person per Annum by Service System and Pathway

Pathway	Housing	General health	Mental health	Drug & alcohol	Justice system	Family services	Income support	Employment Support
1	$E_{H1} = \sum Q_i C_i$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$
2	$E_{H2} = \sum Q_i C_i$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$
3	$E_{H3} = \sum Q_i C_i$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$
4	$E_{H4} = \sum Q_i C_i$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$
5	$E_{H5} = \sum Q_i C_i$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$	$E = \sum QC$

In the following steps the study:

- estimated the number of people in one year in each general pathway separately for ages 16-24 and 25-60
- estimated the average annual cost of each of the major service systems.

Total expenditure for each service group and pathway is the product of the number of persons in that group and pathway and average expenditure per head. This can be expressed formally as:

$$TE_{H1} = N_{H1} \times E_{H1}$$

where

- TE_{H1} is total expenditure in housing in pathway 1
- N_{H1} is the number of people in housing in pathway 1
- E_{H1} is average expenditure per head in housing in pathway 1

The numbers in particular pathways vary in different service systems. However, for each service system, the numbers in all pathways sum to 1150.

Table 5.2 shows the process for each service group and pathway. For the service groups other than housing we have again used a shorthand notation for simplicity.

Table 5.2: Step Two: Estimating Expenditure per 1150 Persons per Annum

Path way	Housing	General health	Mental health	Drug & alcohol	Justice system	Family services	Income support	Employment
1	$TE_{H1} = N_{H1} \times E_{H1}$	$N \times E$	$N \times E$	$N \times E$	$N \times E$	$N \times E$	$N \times E$	$N \times E$
2	$TE_{H2} = N_{H2} \times E_{H2}$	$N \times E$	$N \times E$	$N \times E$	$N \times E$	$N \times E$	$N \times E$	$N \times E$
3	$TE_{H3} = N_{H3} \times E_{H3}$	$N \times E$	$N \times E$	$N \times E$	$N \times E$	$N \times E$	$N \times E$	$N \times E$
4	$TE_{H4} = N_{H4} \times E_{H4}$	$N \times E$	$N \times E$	$N \times E$	$N \times E$	$N \times E$	$N \times E$	$N \times E$
5	$TE_{H5} = N_{H5} \times E_{H5}$	$N \times E$	$N \times E$	$N \times E$	$N \times E$	$N \times E$	$N \times E$	$N \times E$
Total	Total	Total	Total	Total	Total	Total	Total	Total

The final steps then:

- estimated the total cost of each service system
- estimated the net cost of services to people who have left the care system by subtracting the estimated annual cost of services to a similar number of other persons in the community.

The second set of estimates were the cost to government of typical pathways for a number of individuals. To estimate the lifetime costs of individuals' pathways, the study used the unit costs which had been developed, and:

- identified five 'typical' pathways followed by individuals
- identified the services used by an individual in each typical pathway level
- estimated the number of years an individual uses a service on a specific pathway,
- estimated the annual and total costs of each individual pathway from ages 16 to 60.

All five pathway costs are summarised in Table 5.19, and examples of the costing details are in Appendix 5.

Estimating the overall costs to government

Specifying the pathways and levels

The work done in Stage One of the research identified five broad pathways that young people might follow after leaving care. As described in Chapter 4 above, more detailed general pathways were developed through a lengthy process, based on interviews with experienced practitioners, service providers, program managers from all service systems and some young people who had formerly been in the care and protection system. All such respondents are described collectively as 'key informants'.

Taking each service system in turn, the research team asked key informants to estimate the frequency and intensity of people's use of each service at a given pathway level. Frequency was identified as frequency of service use in a typical year (eg "two SAAP support services a

year), and intensity as quantity of service used (eg “each SAAP support service is for 5 days duration”). Five broad pathways were then developed, with pathway 1 the lowest usage level of services and pathway 5 the highest usage level. As described in Chapter 4 above, these general pathways were further developed with examples given for a range of sub-pathways. Appendix 6 shows the frequency and intensity of service usage for each sub-pathway, and thus provides the basic data on the quantity of services used.

Identifying unit costs for each pathway and sub-pathway

As noted, unit costs were developed for each service in each major service system. This was done by first specifying a unit of service: that is, the basic amount of service used by an individual, and includes items such as “one SAAP support day”, “one inpatient day in a community mental health facility”, “one prisoner day in gaol”, “one group session of family counselling.”

The ‘unit cost’ is the cost to government of providing a unit of service. Full unit costs require provision for overhead costs, such as management, administrative overheads, relevant capital costs and so on.

The primary source for obtaining unit costs is the Productivity Commission (2005) *Report on Government Services* (“ROGS”). Note that most costs were 2003-04 prices. In a few instances where the specific unit of service was not costed in ROGS, the research team were able to identify an appropriate alternative unit of service from ROGS and establish a reliable costing.

Where the units of service were payments to individuals, e.g. the Medicare refund for a visit to a general practitioner, or the youth allowance, the study allows an extra 20% for the administrative and other on-costs of government. Similarly, 20% was added to some unit costs for services provided by NGOs (e.g. for counselling or employment services).

In a few instances where no unit costing data were available, but the items were significant components of a pathway, the research team provided their best estimate or used data from an individual service provider. A detailed spreadsheet setting out all the source data for the unit costs for each service system is available for government agencies and other researchers who may want to replicate the methodology for their jurisdiction or research.

It should be noted that the unit cost of a service differs from ‘the average cost per capita’ of a service. The latter is the estimated cost per each member of the population, whether they use the service or not. As some unit cost information in ROGs (e.g. policing services) was calculated on a ‘cost per person’ basis, these costs were not used, and the research team used other sources to derive unit costs.

Estimating the annual costs of each pathway

Having identified the major unit costs for each service system, the next step was to assign the appropriate number and mix of units of service to each pathway (and sub-pathway) for each service system, and to calculate the average costs per year. For each higher pathway, there are more units of service and combinations of units of service. For example, a person on pathway 1 for general health might receive three GP Medicare payments and three PBS²¹ subsidy payments per annum, while someone on pathway 3 might receive 12 Medicare payments and 12 PBS payments, as well as other general health services such as visits to hospital outpatient and accident and emergency services. These costs were calculated for each pathway and sub-pathway identified for each service system.

For some service systems, the unit cost of services varies with age, eg income support. Also the amount of use differs between the two age groups, eg the older group tends to use more general health and mental health services than the younger group.

Tables 5.3 and 5.4 provide a summary of the annual costs per person for each service system pathway. In order to avoid skewing the average cost of a pathway these tables exclude 'outlier' costs of services (such as high and complex needs programs) where the costs are extremely high and the total number of people using the services is very small.

Table 5.3: Average Estimated Annual Cost per Person (\$) Ages 16-24 (Rounded)

Pathway	Housing Support	General Health	Mental Health	Drug & Alcohol	Justice	Family Services	Income Support	Employment Support
One	-	320	-	-	250	800	-	300
Two	1,700	990	350	400	1,500	990	3,250	900
Three	8,700	1,800	1,600	2,400	7,500	4,000	6,900	1,300
Four	11,350	4,000	7,000	6,500	31,600	3,800	9,400	3,360
Five	16,000	9,800	67,000	17,000	83,000	57,000	14,000	4,500

²¹ Pharmaceutical Benefits Scheme

Table 5.4: Average Annual Cost per Person (\$) Ages 25-60 (2003-04 prices – Rounded)

Pathway Level	Housing Support	General Health	Mental Health	Drug & Alcohol	Justice	Family Services	Income Support	Employment Support
One	0	320	0	0	250	800	0	300
Two	2,000	990	350	350	1,600	990	3,250	900
Three	3,200	1,800	1,600	2,200	7,050	4,000	6,900	1,500
Four	13,400	4,000	6,900	5,750	31,000	38,400	9,400	3,000
Five	16,000	9,850	66,900	18,400	77,000	57,000	14,000	4,500

The average cost per person per annum, for each service system, increases markedly from pathway level 1 to pathway level 5: the cost increases are the greatest between pathway levels 3 and 4, and 4 and 5. The highest average annual costs per person are in pathway level 5 of the justice system (in the order of \$80,000), mental health (about \$70,000), and family services (about \$60,000), with the lowest in employment support (\$4,500).

It may be noted that Tables 5.3 and 5.4 do not include an estimated total cost for each general pathway level. This is because few individuals use every service across that level. Most individuals leaving formal care may be in one pathway level for one service and in another pathway level for some other service or services. This is demonstrated in Chapter 4 and most obvious in the case studies.

Estimating the number of people formerly in the protection system in each pathway

Chapter 4 describes how key informants were asked to estimate the proportions of people likely to be in each pathway, and the responses provided. It also reviews similar estimates in published studies of persons leaving the formal child protection system, and develops a composite set of estimates for the proportions of people in pathway levels 1 to 5 for each service system. It must be noted here that these usage estimates are consensus estimates and do not claim to be more than that.

These percentages are presented in **Tables 4.26 and 4.27** and are repeated below for each of the two age groups: 16 to 24 and 25 to 60. These percentages are applied to the 1150 persons in one age cohort estimated to leave the child protection system in one year, and thus show the estimated numbers of persons in each pathway for each service system.

Table 5.5: Percentages in each pathway level - Ages 16-24

Pathway level	Housing support	Health (General) 16-24	Mental Health 16-24	Drug and alcohol	Justice	Family services	Income support	Employment support
	%	%	%	%	%	%	%	%
one	15	18	32	25	28	26	15	25
two	30	20	38	22	28	24	15	20
three	30	20	15	21	30	15	25	25
four	15	22	10	17	9	15	25	15
five	10	20	5	15	5	20	20	15
Totals	100	100	100	100	100	100	100	100

Table 5.6: Number of people in each pathway level for each Service System - Ages 16-24

Pathway level	Housing support	Health (General)	Mental Health	Drug and alcohol	Justice	Family services	Income support	Employment support
One	173	207	368	288	322	299	173	288
Two	345	230	437	253	322	276	173	230
Three	345	230	173	242	345	173	288	288
Four	173	253	115	196	104	173	288	173
Five	115	230	58	173	58	230	230	173
Totals	1150	1150	1150	1150	1150	1150	1150	1150

Table 5.7: Percentages in each pathway levels - Ages 25-60

Pathway level	Housing support	Health (General)	Mental Health	Drug and alcohol	Justice	Family services	Income support	Employment support
	%	%	%	%	%	%	%	%
One	15	15	25	25	28	26	15	30
Two	30	22	10	22	28	24	15	22
Three	30	13	25	21	30	15	25	25
Four	15	25	25	17	9	15	25	18
Five	10	25	15	15	5	20	20	5
Totals	100	100	100	100	100	100	100	100

Table 5.8: Number of people in each pathway for each service system - Ages 25-60

Pathway level	Housing support	Health (General)	Mental Health	Drug and alcohol	Justice	Family services	Income support	Employment support
One	173	173	288	288	322	299	173	345
Two	345	253	115	253	322	276	173	253
Three	345	150	288	242	345	173	288	288
Four	173	288	288	196	104	173	288	207
Five	115	288	173	173	58	230	230	58
Totals	1150	1150	1150	1150	1150	1150	1150	1150

It should be noted that the percentages of people in each pathway have been estimated separately for each service system. Thus the total number of persons for each service system is 1150. However, the numbers do not add across the systems. This reflects the fact that patterns of service use can differ significantly between individuals. An individual may not use all the services across a specific pathway level e.g. a person in gaol (justice pathway level 5) would not use income support or housing services. What we believe to be necessary adjustments for total costing purposes are made below.

Estimating the average annual costs of each service system

To estimate the average annual costs for each service system, the average annual costs per person shown in Tables 5.3 and 5.4 above are multiplied by the numbers in each pathway from Tables 5.6 and 5.8. The results are set out in Tables 5.9 and 5.10 below. Note however that these figures are on the high side for justice for ages 16 to 24 and for justice, family services and employment for persons aged 25 to 60 because of the implicit overestimates of people in some higher pathways in these services as noted above. The appropriate cost adjustments are made in Table 5.11.

Table 5.9: Average Annual Costs to Government (\$'000) of Pathways in each Service System – Ages 16-24 (2003-04 prices)

Pathway level	Housing Support	General Health	Mental Health	Drug & Alcohol	Justice	Family Services	Income Support	Employment Support
One	-	67	-	-	81	252	-	86
Two	584	229	161	93	482	274	563	207
Three	3,019	410	282	581	2,576	720	1,986	363
Four	1,964	1,016	803	1,260	3,289	6,637	2,705	581
Five	1,847	2,270	3,882	2,947	4,822	13,154	3,219	779
Totals	7,414	3,992	5,128	4,881	11,249	21,036	8,473	2,016

Table 5.10: Average Annual Costs to Government (\$'000) of Pathways in each Service System – Ages 25-60 (2003-04 prices)

Pathway level	Housing Support	General Health	Mental Health	Drug & Alcohol	Justice	Family Services	Income Support	Employment Support
One	-	56	-	-	81	252	-	104
Two	736	251	42	93	514	274	563	228
Three	1,100	268	470	519	2,438	720	1,986	432
Four	2,330	1,157	2,012	1,127	3,259	6,637	2,705	621
Five	1,847	2,842	11,578	3,187	4,477	13,154	3,219	261
Totals	6,013	4,574	14,103	4,926	10,768	21,036	8,473	1,645

As we have noted, the two main cost drivers are the amount of services used and the number of people using them. Tables 5.3 and 5.4 above show that the average annual cost per person of pathway level 5 in justice (about \$80,000) is considerably higher than for pathway level 5 in family services (\$57,000), reflecting the fact that a year in prison is more expensive than a year of out-of-home care and child protection services. By contrast, Tables 5.9 and 5.10 show that the total annual cost for the cohort is considerably higher for family services (\$21million) than for justice (\$11million). This difference occurs because significantly more people in the cohort use child protection services for their children (35% in pathway levels 4 and 5) than use prison services (14% in pathway levels 4 and 5).

Estimating the gross cost of government services

The total cost for each age group is the average annual cost to government for each service system multiplied by the average number of years a person is likely to spend on that pathway, established in the fieldwork and research phase. Thus, for the justice system, it was estimated that people in both age groups (16 to 24 and 25 to 60) would spend considerably fewer number of years, on average, in pathway levels 4 and 5, than in pathway levels 2 to 3. In relation to family services, and child protection services in particular (in pathway levels 3, 4 and 5), it was assumed that an adult would have an average of 2.5 children, and that they would use these services for a total of 18 years.

These estimates were derived by modelling and testing scenarios on the length of time individuals would be likely to use a particular service, drawing on key informant and other data, and testing these with experienced practitioners. In the case of child protection and family services, this was tested with the Steering Committee and with a sample of program and policy managers within two jurisdictions. This reduced the possibility of overestimating service usage. In most cases the study team erred on the conservative side in all estimations.

The estimated number of years in each system are shown in Table 5.11. As previously noted this implies that the percentages shown in Tables 5.3 and 5.5 are overestimates on a lifetime basis. However the adjustments in Table 5.11 are considered realistic.

Table 5.11: Gross Cost to Government (\$m) for each service system

Service system	16-24 (pa)	16-24 no yrs	16-24 totals	25-60 (pa)	25-60 no. yrs	25-60 totals	Combined totals 16-60 \$m
Housing	7.4	9	66.7	6.0	35	210.4	277.2
General Health	4.0	9	35.9	4.6	35	160.1	196.0
Mental health	5.1	9	46.2	14.1	25	352.6	398.8
Drug & Alcohol	4.9	9	43.9	4.9	35	172.4	216.3
Justice 1-3	3.1	4	12.6	3.0	5	15.2	27.8
Justice 4-5	8.1	2	16.2	7.7	15	116.0	132.3
Family Services	21.0	9	189.3	21.0	9	189.3	378.6
Income Support	8.5	9	76.3	8.5	35	296.6	372.8
Employ't Support	2.0	9	18.1	1.6	6	9.9	28.0
All totals			505.2			1,522.5	2,027.7

The estimated gross lifetime cost to government for this cohort over a 44-year period is just over \$2 billion²².

This total cost can also be interpreted as the annual cost of 44 cohorts in one year. It is equivalent to an annual cost of \$46.1 million per cohort of 1150 persons and to an annual average cost of approximately \$40,000 per person who has left the formal child protection care system.

In the 16 to 24 age group, the estimated costs for the cohort over 9 years are highest in the family services system (\$189 million). These costs are incurred mainly in child protection services. This is consistent with the earlier observation (in Chapter 4) that young women who have been in the formal child protection care system have children at a young age, often before they exit care, and that they tend to have larger than average families. There are also high costs in income support (\$76 million) and housing support (\$67 million) for this age group.

²² If this figure was adjusted for inflation it would of course be much higher. This figure also assumes that the number of young people leaving care will remain constant and does not allow for a significant rise in the annual cohort leaving care. However it also does not allow for changes in policy which might reduce the numbers leaving care annually.

In the 25 to 60 age group, mental health is the highest cost service system (\$350 million), reflecting the high unit cost of community residential facilities in pathways four and five, usage over a long period of time (25 years on average), and a high proportion of the cohort using mental health services in the adult age group compared to the younger age group. Income support costs are also high at almost \$300 million, as many of this group experience long-term chronic unemployment. At \$210 million, housing support is also a higher cost service system, reflecting mainly the long-term use of public housing.

A significant cost driver is the length of time people use a service system. These results suggest that any policies directed at reducing the overall costs to government should be based on a two-pronged approach – reducing the numbers of people on the most expensive pathways, and reducing the length of time they spend on these pathways.

The cost impact of changes in the proportions of people in each pathway²³

The cost impact of reducing the proportion of people using services on the highest cost pathways can be modelled as shown in the following three scenarios. Starting with the data from Tables 5.6 and 5.8, **Scenario 1** models what cost reductions might result if 10% of people on each pathway in each service system were supported to move up to the next lower pathway, i.e. 10% of people in pathway 5 moved to pathway 4; 10% of people in pathway 4 moved to pathway 3, and so on. Starting with the data from Tables 5.5 and 5.7, **Scenario 2** models the impact of reducing the percentages of people in each pathway level in each service system by 10 points (i.e. 25% becomes 15%) and moving them up to the next lower pathway level, i.e. from pathway 5 to pathway 4, and so on. Also starting with the data from Tables 5.5 and 5.7, **Scenario 3** models the impact of reducing the percentages in each of pathway levels 2 to 5 by 5 points, and adding them all to pathway level 1.

Tables 5.12 and 5.13 show the estimated savings in annual costs for the cohort of 1150 people for each of the three scenarios.

Table 5.12: Modelling Scenarios: Average Annual Savings to Government (\$m) Ages 15-24

Version	Housing Support	General Health	Mental Health	Drug & Alcohol	Justice	Family Services	Income Support	Employment Support
Scenario 1	0.4	0.2	0.5	0.3	0.9	1.1	0.4	0.08
Scenario 2	1.8	1.1	4.3	2.0	6.6	6.5	1.6	0.5
Scenario 3	2.2	0.9	4.4	1.5	7.1	5.6	1.9	0.5

²³ The study team was requested by the Steering Committee to model several scenarios for potential cost savings using percentage changes.

Table 5.13: Modelling Scenarios: Average Annual Savings to Government (\$m) Ages 25-60

Version	Housing Support	General Health	Mental Health	Drug & Alcohol	Justice	Family Services	Income Support	Employment Support
Scenario 1	0.3	0.3	1.3	0.4	0.8	1.1	0.4	0.08
Scenario 2	1.9	1.1	7.7	2.1	6.3	6.5	1.6	0.4
Scenario 3	2.0	0.9	4.4	1.5	6.7	5.6	1.9	0.5

Applying Scenario 1, the highest annual cost savings for the 15 to 24 age group would be in the family services system (\$1.1m) and justice (\$0.8m). For the 25 to 60 age group the highest savings would be in the mental health system (\$1.3m) and family services (\$1.1m).

Applying Scenario 2, the highest annual cost savings for the 16 to 24 age group would be in the justice and family services systems, with both being in the order of \$6.5 million. For the 25 to 60 age group, the highest annual savings (\$7.7 million) would be in the mental health system. The justice and family services systems would also have significant annual savings, in the order of \$6.2 and \$6.5 million respectively.

Applying Scenario 3, the highest annual cost savings for the 16 to 24 age group would be in the justice system (\$7 million), followed by family services (\$5.6 million) and mental health (\$4.4 million). For the 25 to 60 age group, the highest annual savings would again be in justice (\$6.7million), family services (\$5.6 million) and mental health (\$4.4 million).

It is considered that Scenario 1 is the most realistic option, as the methodology used to model Scenarios 2 and 3 somewhat over-estimates the annual savings which could be achieved. Table 5.14 below shows the gross savings results over the 44 year life cycle for all three scenarios, applying the years of service usage set out in Table 5.11 above.

Table 5.14: Modelling Scenarios: Gross Life Cycle Savings to Government (\$m) for each Service System

Service system	Scenario 1	Scenario 2	Scenario 3
Housing	15.4	81.5	89.9
General Health	11.5	48.6	39.1
Mental health	36.0	232.0	149.7
Drug & Alcohol	15.5	92.4	67.9
Justice	12.5	107.5	111.8
Family Services	19.9	117.0	101.1
Income Support	15.6	71.2	85.3
Employment Support	1.2	6.8	7.6
All totals	127.7	757.0	652.3

Under all three scenarios the highest total savings over the life cycle would be in the mental health system (estimates range from \$36m in Scenario 1 to \$232m in Scenario 2), reflecting the fact that the higher pathway levels have very high costs, and people with serious mental illness are likely to use these services over a long period of time. The next highest savings in Scenarios 1 and 2 are in the family services system (\$20m and \$117m respectively) and in Scenario 3 the justice system (\$112m). Scenario 1 also has relatively high savings in the areas of housing support, drug and alcohol services and income support (in the order of \$15m each).

Again, it is considered that Scenario 1, with an estimated total lifecycle savings of \$128m for the cohort, is the most realistic option. Scenario 2 is considered the least realistic as it would result in zero people being in pathway level 5 for both housing support and justice services over the life cycle. Scenario 3 also has some over-estimation of savings as it would result in zero people being in the justice system over the life cycle.

Estimating the net costs to governments

In order to estimate the incremental cost of government services for the population group leaving the formal child protection care system, the estimated cost of government services for a cohort of 1150 adults in the general population who did not use child protection services is subtracted from the gross cost of government services for the sample population group.

The study has extremely limited and unreliable data on the proportions of people in the general population in either major age group in almost all of the general pathways. For the purpose of this exercise it is assumed that 90 per cent of the general population would be in pathway level 1 and that the rest would be distributed in falling percentages in the higher pathway levels as shown in Table 5.15. The average cost of a pathway level is derived from the cost estimates in Tables 5.3 and 5.4. However, it is assumed that an individual will not use all the services in a high pathway level, thus we take three-quarters of the costs in pathway levels 3 to 5 and use round numbers to make our estimates.

Table 5.15: Estimated Annual Cost (\$'000) for Persons in the General Population 2003-04 prices

Pathway	Percentage	Number	Cost/person	Total cost (\$)
1	90.0	1035	800	828,000
2	5.0	57	3,000	171,000
3	3.0	35	25,000	875,000
4	1.5	17	50,000	850,000
5	0.5	6	100,000	600,000
Total	100.0	1150		\$3,324,000

The estimated annual cost of government services to 1150 persons in the community who were never in the child protection and care system is \$3.324 million. This equates to an estimated \$2,890 per person.

This implies that the average net cost of a person from a formal child protection background is \$37,155 per annum and that the net cost of 1150 persons is \$42.7 million per annum. Thus the net lifetime cost to government for this cohort over a 44-year period is \$1.879 million²⁴. Of course these estimates should be not regarded as precise net costs, but they are fair order-of-magnitude estimates.

Loss of Income Tax and GST Revenue

The interviews with key informants and the research indicates that individuals leaving the child protection system have lower income earning potential than other individuals. This has an indirect cost to government in loss of income tax and GST revenue.

As our research was not designed to elicit information about personal income, we have no direct measure of the loss of income or therefore of the loss of public revenue. However, in a Victorian survey by the Centre for Excellence, Raman, Inder and Forbes (*Investing for Success*, 2005) found that the average weekly income of individuals between 16 and 24 years of age who have been in child protection care is \$250 a week (\$13,000 per annum) compared with the average weekly income of \$408 for all persons in this age group (\$21,216 per annum). The comparable figures for the 26 to 60 age group were \$408 per week and \$673 per week respectively (converting to \$21,442 and \$34,996 per annum respectively).

Table 5.16 shows the income tax and GST payable for these income levels. The GST estimate is based on the assumption that GST applies to expenditure equal to 66 per cent of disposable income (as it does not apply to most food and rent, or to health products).

As shown in Table 5.16, on average, persons aged 16 to 24 without a child protection background pay an additional tax of \$1,847 per annum. Persons aged 25 to 60 without this background pay an additional tax of \$4,674 per annum.

For an annual cohort of 1150 persons formerly in the care and protection system, the total tax foregone (compared with other persons) is \$2.12 million for the 16 to 24 age group and \$5.38 million for the 25 to 60 age group.

To convert these estimates to an annual figure, we allow for 9 cohorts between the ages of 16 and 24 inclusive and 35 cohorts between the ages of 25 and 59 inclusive. For these 44 cohorts, there would be a total loss of income to government of \$207 million per annum.

²⁴ However, at present value costs this would fall to \$1037m if the \$42.7 were discounted by 3% per annum, and \$754m if discounted by 5% per annum.

Table 5.16: Income Tax and GST Payable as a Function of Income (\$)

	Average Formerly in care 16-24 (\$)	Average all persons 16-24 (\$)	Average Formerly in care 25-60 (\$)	Average all persons 25-60 (\$)
Gross income	13,000	21,216	21,442	34,996
Income tax	1,190	2,587	2,625	6,671
Disposable income	11,810	18,629	18,817	28,325
GST related expenditure	7,795	12,295	12,419	18,695
GST paid	780	1,230	1,242	1,870
Income tax + GST	1,970	3,817	3,867	8,541
Extra tax paid		\$1,847		\$4,674

There is no precise relationship between pathways followed by individuals and income earned and therefore between pathways and public revenue foregone. However, assuming that pathway level 1 represents normal income, pathway level 3 represents average income for persons formerly in the care system, and that in pathway level 5 there is no income, the approximate impacts of individual pathways on public revenue are shown in Tables 5.17 and 5.18. Note that the interpolation for pathway levels 2 and 4 is not linear. As shown, total tax foregone ranges from \$0 to \$3817 per annum for the 16 to 24 age group depending on the pathway level and from \$0 to \$8541 per annum for the 25 to 60 age group.

Table 5.17: Income tax and GST payable by pathways for 16-24 age group (\$)

Pathway	Gross income	Income tax	GST	Total tax	Tax foregone
One	21,216	2,587	1,230	3,817	0
Two	18,000	2,040	1,053	3,073	744
Three	13,000	1,190	780	1,970	1,847
Four	5,000	0	330	330	3,487
Five	0	0	0	0	3,817

Table 5.18: Income tax and GST payable by pathways for 25-60 age group (\$)

Pathway	Gross income	Income tax	GST	Total tax	Tax foregone
One	34,996	6,671	1,570	8,541	0
Two	30,000	5,171	1,639	6,810	1,731
Three	21,442	2,625	1,242	3,867	4,674
Four	10,000	680	615	1,295	7,246
Five	0	0	0	0	8,541

(Source: *Investing for Success*, 2005))

Estimating the Costs of Typical Individual Pathways

A fundamental step in calculating the cost of a pathway followed by an individual, was the need to establish the length of time a service was used at a particular pathway level.

Key informants and research evidence provided estimates about how many years an individual might use a service at a particular pathway level. For example, a person with a pattern of offending after they left the care and protection system might be minor offences and diversions for 5 years (justice pathway level 2), followed by prison (justice pathway level 4) for 10 years and then have no more or minimal offending (justice pathway level 1).

Informants provided crude estimates of the typical patterns of service level usage across the different service systems. This was tested against any available evidence or other research. For example, an individual on a specific pathway in terms of overall costs (eg pathway level 3), may actually be on a different pathway for some services: eg pathway level 2 for housing support, and pathway level 4 for employment support.

Five ‘typical’ pathways of individuals’ service usage have been modelled and costed. The descriptions (or case studies) of three of these pathways in terms of hypothetical individuals’ experiences are provided in Chapter 4, and the underlying costing tables are at Appendix 5. Table 5.19 provides a summary of the cost estimates for each of these typical individual pathways.

Table 5.19: Costs of ‘Typical’ Individual Pathways

Individual Pathway	Total cost 44 yrs (\$)	Av cost per annum (\$)	Range" (\$) per annum
Very low cost	35,930	820	0 - 999
Low cost	123,850	2,800	1000 - 4999
Mod cost	1,003,360	22,800	5,000 - 29,999
High cost	2,217,670	50,400	30,000 - 74,999
Very high cost	4,127,000	93,800	over 75,000

The costs of these ‘typical’ pathway levels range from under \$1,000 per annum for an individual on a very low cost pathway level 1, to almost \$100,00 per annum for a very high cost pathway level. The ‘lifetime’ costs range from \$36,000 for an individual on a very low cost pathway level 1 to over \$4 million for an individual on a very high cost pathway level 5. If the ‘moderate cost’ pathway is taken as the median, it can be seen that the lifetime cost of an individual on the lowest cost pathway level 1 would be only 4% of the median. By contrast, the lifetime cost of an individual on the highest cost pathway levels would be 400% of the median. The cost differentials are even greater when compared with a ‘typical’ pathway for an individual in the general community, as 90% of them were estimated to be in the ‘very low cost pathway’, costing governments an average of only \$36,000 over the 44-year life cycle.

An examination of each 'typical' pathway case study can provide an insight into how the specific combinations of service usage contribute to overall costs, and may be useful in identifying potential (early) interventions which may reduce costs to governments as well as improving the life outcomes for the group of young people leaving the care and protection system.

6. Policy implications

In this chapter we briefly address the emerging policy implications and possibilities for future research and data collection raised over the two years of this research.

This study has raised many policy issues for governments and also demonstrates the complexity of the issues facing all governments with an interest in improving the lives of young people who find themselves in the care of the state. Dealing with intergenerational abuse and neglect is extremely challenging and poses economic, social and ethical dilemmas with no apparent or easy solutions. The stories behind this study provide both insights and challenges. Whilst it seems that many young people do go on to lead productive and healthy lives, many other young people face massive issues into their later years which impact on the cost of government services. It is a moot point whether their lives would have been different had they not been placed in the formal care of the state; such conclusions are not possible within this or any identified existing study.

The issues related to the ongoing role of the state as ‘corporate parent’ are very current and are receiving attention worldwide. The recent interest by all Australian governments in transition services derives from a genuine commitment to ensure that young people who have been in the care of the state, as children, are assisted into adulthood and are not simply left to fend for themselves. However these services are also very complex as many young people reportedly do not want to use any government services in the years immediately post leaving care. There is also limited evidence yet on what works and what this population of young people need and want in the early adult years. Hence the need for ongoing research and data is clear.

This research did not set out to assess effectiveness nor to make any policy or practice recommendations. It was however required to identify areas for further research and data collection. It has the rare advantage of having accessed and utilised the practice wisdom and acquired knowledge of a broad range of professionals and foster carers with many years experience in this field of complex human services delivery and social policy.

The results of this study suggest that any policies directed at reducing the overall costs to government need be based on a two-pronged approach – reducing the numbers of people on the most expensive pathways and reducing the length of time they spend on these pathways. The implications of moving young people into lower usage pathways is very significant and would represent significant savings to government and increase the life opportunities for young people. How that could happen is well beyond the scope of this study.

This raises the place of transition services for young people and the role such services might play in supporting young people into productive and supportive environments. Most of the transition services have only been in place for the past 5 to 10 years maximum and most are as recent as the past 2 to 3 years. The anecdotal evidence collected in this study suggests

that both governments and non-government agencies working with young people are actively working to intervene early in the lives of young people as they leave the formal child protection care system rather than wait until their life challenges are profoundly complex and entrenched.

In addition the detailed costings shown in the 'typical pathways' case studies provide an insight into how specific combinations of service level usage, and the length of time services are used, contribute to overall costs. These may be useful in identifying potential (early) interventions which may reduce costs to government as well as improve life outcomes for people who have left the formal child protection care system.

The other significant anecdotal evidence was the consistency with which foster carers, NGOs, child protection, justice, corrections and drug and alcohol professionals cited stability and consistency of the existence of a significant adult in the life of a young person as a key factor which made a difference to the pathways young people might follow. Success in education and/or employment as factors were also reported. This has implications for practice and for research and suggests that notions of mentors and/or key workers (adopted in other services such as the disability field) are worthy of further exploration.

Recent evidence emerging from the NSW study suggests that resilience is a factor for many young people and this is the subject of a significant body of research in psychiatry, psychology, social work, trauma and grief, and education (Cashmore and Paxman, 2005). This is relevant to any future initiatives which seek to achieve earlier interventions in the lives of young people dealing with trauma and loss.

Research and data implications

This research has identified some implications for both future data collections and commissioned research. The most significant implications described further in the report include:

- immediate attention in each jurisdiction to building on the opportunities offered through existing data matching projects (in particular the various integrated justice information data strategies) to improve the reliability of evidence and comparable data regarding the pathways into other service systems
- research on the models, effectiveness and costs of transition services in Australia and internationally
- examination of the current levels of investment by governments in transition from care services in the light of possible longer-term cost savings which could be made if young people are supported with improved transition from care services.

In addition to these three priorities the evidence and research base on the experiences of young people leaving the formal child protection care system could be improved by:

- immediate attention to building improved data collection in each of the high usage service systems regarding the prior care status of people accessing and using services such as mental health, drug and alcohol and housing support
- strategies to build more comparable data across jurisdictions on risk factors for all young people leaving care and entering adulthood
- commissioning future research on:
 - the factors which contribute to and assist young people into low service usage pathways, this includes resilience factors
 - interventions which could reduce the risks of graduating into high service usage pathways
 - the extent of second and third generation families in the various child protection systems
 - interventions for people with prior care status entering other adult service systems which recognise and respond to ongoing issues related to prior abuse and neglect
- exploration of opportunities to build on the existing national child protection data collection system managed through AIHW to collect more comparable data across jurisdictions on risk factors for all young people leaving care by age group.

The data building model used in this study can be further developed, or elements replicated over time, and the findings tested in future research. The project highlighted the relevance of the topic for every service system examined and the overall lack of evidence and research about the experiences and outcomes for a significant number of people when they have left the formal child protection care system.

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Appendix 1: How the case study methodology evolved – examples of service level usage

Alternative pathways – progressively developed between January 2004 and June 2005

This matrix was developed over two stages with a first draft fashioned between January and April 2004 and the second in Stage Two between August 2004 and June 2005. This table was used to explain and refine the concepts of frequency and intensity and to develop the detailed case studies in all of the key informant interviews and focus groups. It was widely supported by every key informant group as a useful and valid device and as an accurate reflection, in a conceptual structure, of how workers think of the difference in the levels of usage across the pathways. It was also validated as an accurate reflection of the pathways key informants had observed or were aware of for both young people post care and older people in the various service systems who had a history of being in care when a young person.

Path way Level	Housing support services	Health (General)	Mental Health	Drug and alcohol	Justice system	Family services	Income support	Employment Services/status
1	Goes home, finds own accomm, sharing, or with other significant adult. Some rent assistance	Average use of GPs, occasional hospital use	Nil to minor – might have minor anxiety or depression	Nil to minor use	No issues, occasional fine (eg. speeding)	May use child care, family support, maternal health	Might access TILA, Family Assistance (FA)	Employed or education mostly, may use occasional employment support
2	Private rental, sharing, long term public housing, might use SAAP outreach once, rent assistance	GP usage a little above average, accesses community health programs	Low usage might have minor anxiety or depression, might access funded support group	Minimal use of drug information service, fines, police diversion	Minor fines, warnings, may be single court appearance for minor offence/s	Regular food vouchers for a while, financial counselling, maternal health services	TILA, FTB long term, occasional unemployment, income support.	Occasional unemployment, casual work, employment support service, PSP
3	Long term rental assistance, or public housing, or private boarding, 2-3	GP usage increases over time to maybe monthly, Hospital emergency use	Minor episodes of depression, anxiety, OCD or possible bi-polar or schizophrenia, diagnosed but not	Episodic and regular D&A use, possible detox periods, fines, initial use 16-25 very high	D&A related petty offences, fines, bonds, might have suspended sentence,	CP notifications, Family Day care for respite, Reconnect, family support	FTB, income support LT,	Occ casual employment, intensive assistance, PSP

Path way Level	Housing support services	Health (General)	Mental Health	Drug and alcohol	Justice system	Family services	Income support	Employment Services/status
	SAAP usage occasions over 2-5 years	2-3 times pa	managed, or may be prolonged depression untreated, occasional crisis team service escalating over time		crimes may increase over time	services throughout childhood		
4	Ongoing RA, public housing, high SAAP use on and off for many years, Increased risk of chronic homelessness	High A&E use (regular), GP usage high, Bulk billing practice use, high PBS use above threshold	Co-existing MH and D&A use, more severe episodes, occasional hospital admission, mental health worker for long term issues	D&A client, fines, heavy court appearances, D&A spasmodic service use, detox periods or methadone program	Minor or serious D&A related crime, regular offences, YTC in early years, Custodial youth and/or adult sentence, Possible parole periods	My be some violence related to D&A use, use of family services, poss CP notifications, poss foster care	Regular income support	Long term unemploymt, breaching, intensive assistance
5	Homelessness or constant public housing moves, or very high SAAP service usage, crisis service use	A&E use very high, high PBS use, hospital use high, GP use very high and constant (including bulk billing)	May have high rate of acute episodes and long hospital stays, or untreated depression, Guardianship order, Psychotic episodes may involve police action	May have very high co-existing mental health issues and D&A use, May have detox episodes, regular D&A contact, justice order to attend programs	May have very high rate of incarceration, may be repeat offences for D&A related crime or violence	Long term CP involvement if children involved, removal of children, foster care use, intensive family support,	Long term DSP or irregular income support or long term unemploymt benefit	Never employed, several intensive assistance packages in early years or may have several intensive packages in later years

Appendix 2: Data and research examined - by service system

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
General overview research				
Precursors/ Factors influencing transition	Reported under service support areas	<p>NYARS report - data collected 1996.</p> <p>Maunder, D., Liddell, M., Liddell, M., and Green, S., (1996) <i>Young people leaving care and protection: Report to the National Youth Affairs Research Scheme</i>, Melbourne</p>	<p>Factors assisting transition:</p> <ul style="list-style-type: none"> • stable, positive experience of care • resilience and belief in self • availability of support - mentors or advocates, previous carers and workers and/or after-care support workers • family contact while in care and during transition, or re-established after leaving care <p>Factors inhibiting transition to independence</p> <ul style="list-style-type: none"> • unresolved anger towards family, workers or the 'system' • unstable placement and multiple carers and workers • living in unstable accommodation at the time of discharge • lack of long-term goals, lack of income • contact with the juvenile justice system and imprisonment • lack of preparation for leaving and lack of later contact with the care system. 	43 young people in the study – information collected on discharge from care and interviewed young people who had been independent for 2 years or more.

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
<p>Precursors to pathway areas – background to study</p>		<p><i>“Improving Family Foster Care – Findings from the Northwest Foster Care Alumni Study”</i>; The Foster Care Alumni Studies (USA), revised March 2005</p>	<p>Pages 14, 15 and 16</p> <p>Predictor variables</p> <ol style="list-style-type: none"> 1. Demographics (3 predictor variables) 2. Pre Placements risk factors (25 predictor variables) 3. Intervention Group (2 predictor variables) 4. Foster Care Experience (22 predictor variables) <p>Outcome variables</p> <ol style="list-style-type: none"> 1. Mental Health (10 Outcome variables) 2. Education (5 outcome variables) 3. Employment and Finances (9 outcome variables) 	<p>(USA)</p> <p>Project studied outcomes for 659 alumni placed in family foster care as children. Adults between 20 and 33 who have been in foster care between 1988 and 1998. The study focused on identifying how alumni were faring and what foster care experiences resulted in positive outcomes.</p>
<p>Longitudinal study on young people leaving care in NSW</p>	<p>Reported under service support areas</p>	<p>Cashmore, J. & Paxman, M. (1996), <i>Longitudinal Study of Wards Leaving Care</i>, Social Policy Research Centre, University of New South Wales.</p> <p>Cashmore, J. & Paxman, M. (2005), follow-up study - <i>Predicting After-Care Outcomes: The Importance of Perceived Security</i>, Social Policy Research Centre, University of New South Wales, Sydney.</p>	<p>A longitudinal study which compares the experiences of young people leaving care with those of young people living with their parents and young people who left home early around the age of 16 years through a series of four interviews over a period of five years</p> <p>The 1996 study examines the characteristics and support needs of young people twelve months after leaving care. These findings are reported under the relevant services support areas below.</p> <p>The 2005 follow-up report re-examines these characteristics, identifies four general outcome pathways for young people five years after leaving care and analyses factors with contribute to resilience and stability after care.</p>	<p>The authors believe that this research may bias somewhat towards young people who are achieving better outcomes than the overall average, since those young people who could not be contacted for interview may have less stability in their lives, and less contact with support services.</p> <p>For the 1996 study, young people were interviewed prior to leaving ward ship, 3 mths and 12 mths after leaving ward ship. Results quoted are from 47 young people interviewed 12 mths after leaving.</p> <p>The re-contact rate for the 2005 study was 87%</p>

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
USA longitudinal study of youth who had been in foster care.		Courtney, M.E. & Dworsky, A et al. (2005), <i>Midwest 1.Evaluation of the adult functioning of former foster youth</i> <i>2. Early outcomes for young people transitioning from out-of-home care USA</i>	Young people who were still in care at the age of 19 with stable housing and continued access to health and education services had decreased risk of economic hardship, less involvement in the criminal justice system and females were less likely to become pregnant, compared with the group of young people who had left care several years earlier.	Second wave study <i>Outcomes at Age 19</i> compares the status of 603 of the 736 young people who had been interviewed at age 17 years preparing to leave state care. The results are compared with young people aged 19 still in the care of the state and with a nationally representative sample of 19 year olds who had never been in care.
Study on leaving care practices in Vict		‘Improving outcomes for young people leaving care in Victoria’, Green (CWAV) and Jones (Salvation Army Crossroads Network) 1999,	Analysis of common feelings and experiences of faced by young people in care (p11) Outcomes for YP leaving care, inadequate preparation, housing instability, high unemployment, early parenthood (p15-16) Factors influencing outcomes leaving care(p17) Literature review of routes to independence/family contact (p21-23)	
Responding to people with Multiple and Complex Needs		The project produced Literature review by Thomson Goodall Associates (2002), Responding to People with multiple and complex needs – client profile and case studies (Jan 2003), Phase one report - research and analysis, Phase two: Future directions (July 2003)	The project found service responses for people with multiple needs have been fragmented, incomplete and crisis driven. Cross-sector case planning has been lacking for many with a reliance on one-off accommodation and intensive support at very high costs. The project has developed a multiple and complex needs service model involving multidisciplinary assessment and intensive case management. Within the target group, 22% were young people still involved in the child protection system, already with multiple needs including substance abuse, high-risk behaviours, contact with emergency services, mental health issues and socially isolated.	Target group 247 people who have complex needs defined as needs in two or more program areas, needs not met by existing services, whose challenging behaviours place themselves, staff and the community at risk, who require long term responses.

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
Comparison of UK and Australian leaving care debates		<p>P. Mendes and B. Mostehuddin International Journal of Social Welfare, Vol.13, 2004, p.332-33</p> <p><i>Graduating from the Child Welfare System: A comparison of the UK and Australian leaving care debates</i></p>	<p>P. Mendes and B. Mostehuddin International Journal of Social Welfare, Vol.13, 2004, p.332-339</p> <p>Young people leaving care have experienced poor outcomes in terms of homelessness, substance abuse, poor mental and physical health, education and employment deficits, social inclusion, involvement in crime and early parenthood. The article compares the legislative and programme responses of the UK and Australian governments to the problem.</p>	
USA comparisons		<p>Mendes, P. (2005), 'From State Care to Independence: A comparison of the Australian and USA Leaving Care Debates', Social Policy Journal, 4(1), pp.51-63.</p>	<p>In the USA, the <i>Foster Care Independence Act, 1999</i> expands assistance including room and board and access to Medicaid for care leavers aged 18-21 years, and increases state accountability for outcomes for care leavers.</p> <p>The USA and Australia have similar federal legislative frameworks for State care. Because child protection is the responsibility of each State and Territory jurisdiction, this results in:</p> <ul style="list-style-type: none"> • no uniform in-care or leaving care standards across Australia • States and Territories retain considerable choice as to how to implement policies and legislation • separate campaigns are required to address legislative and program responses in each State and Territory 	

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
UK leaving care responsibilities		UK Department of Health, (2000), <i>More time to implement proposals for children leaving care</i> , Press release, Ref 2000/0725	<p>In the United Kingdom, the <i>Children (Leaving Care) Act 2000</i>, requires:</p> <ul style="list-style-type: none"> • local authorities to ensure 16-17 year olds leaving care have a pathway plan to independence and provide support for them to meet their plan objectives, • each care leaver to have a Young Persons Advisor to co-ordinate support and assistance up to the age of 21, particularly with education, employment and financial management, • a new financial regime for care leavers to ensure they have comprehensive financial support, • assistance with education or training to continue to the end of the agreed plan, even if it takes someone past the age of 21 	
Leaving care policies in NSW and Victoria		Mendes, P. & Mostehuddin, B. (2004), 'Moving out from the State Parental Home: A Comparison of Leaving Care policies in Victoria and New South Wales', <i>Children Australia</i> Volume 29, No 2.	The study compares existing legislative and program supports for care and examines key political and policy actors that have either helped or hindered the development of leaving care policies and services in leavers in NSW and Victoria. It also examines the principal unmet needs of care leavers.	
Child Protection Prevalence		<i>Child Protection Australia</i> 2002-03, and 2003-04, AIHW,	Special Tables provided by AIHW in consultation with NCPASS on data on children 15, 16 and 17 on care and protection orders, - total number, discharged during the year, type of order, gender, age, Indigenous status, etc.	

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
1. Housing Support services				
1.1	8% - 1 70% 2-3 17% 4 3% - 5	<i>Longitudinal Study of Wards Leaving Care</i> , Cashmore, J and Paxman, M, commissioned by NSW Dept of Community Services 1996, p113	Types of accommodation used since discharge included: <ul style="list-style-type: none"> • 8% family (1) • 30% independent or shared accommodation (2-3) • 20% friends, friend's family (2-3) • 20% foster home (2-3) • 17% supported, refuge (4) • 3% street (5). <p>Instability (p110) – 12mths after leaving care, 33% had moved at least 3+ times. Main reasons for leaving were</p> <ul style="list-style-type: none"> • conflict (alcohol use, abusive behaviour) either by young person or by those sharing with – usually leave within 3 mths • desire for independence – usually after about 12 mths 	
1.2	50% - 1 22% - 2-3 17% - 4 2% - 5	<i>Pathways to Interdependence and Independence: the Leaving Care Initiative</i> , Owen and Lunken, La Trobe Uni, for the Department of Human Services, Victoria, 2000	Page 75/76 Placement immediately following discharge of order. 50% - with parents, relative (1) 12% - Independent sharing (2) 6% - with a , friend's family (2-3)	Status of 138 young people 14-18 yrs discharged from care from custody (45%) or guardianship (55%) orders for 6 months or more. Figures in brackets provide key to categorising into pathway levels.

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
			<p>4% - boarding house/private board or hostel (3) 8% foster home, ACP, other home based (4) 3% - supported accommodation (4) 6% - "Lead Tenant House" (4) 2% - Prison/JJ Centre (5) 8% - other/not known</p>	
<p>1.3</p>	<p>25% - 1 62% - 2-3 10% - 4-5</p>	<p><i>Investing for Success – the economics of supporting young people leaving care</i>, Centre for Excellence in Child and Family Welfare, 2005</p>	<p>Page 22 At the time of the survey</p> <ul style="list-style-type: none"> • 25% were living with friends or family (1) • 22% lived alone (2-3) • 8% - sharing accommodation (2-3) • 27% were living either with a partner or a child or both (3) • 5% lived with a previous carer (2-3) • 10% were homeless (5) <p><u>Use of services in the future: p42</u></p> <ul style="list-style-type: none"> • 8% already in public housing, 47% in transitional housing. <p>Based on anecdotal evidence, assume two thirds of the 47% will require housing support, plus those already in public housing –</p> <ul style="list-style-type: none"> • estimate 39% require public housing compared with 3.2% in the general population. 	<p>Sample of 60 young people from Victoria who have left care - 30 young people with positive outcomes and 30 with negative outcomes. The study acknowledges that this mix may under represent the young people with negative outcomes.</p>

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
1.4	9% - 1 54% - 2 28% - 3 7% - -4-5 2% - 5	Young people leaving care and protection: NYARS report - data collected 1996.	Table 8.1 p 52 6 months after leaving care: <ul style="list-style-type: none"> • 9% with parent/relative/foster parent (1) • 5% with friends (2) • 49% renting house/flat (2) • 12% boarding (3) • 16% supported accommodation program (3) • 7% refuge/shelter/homeless (4-5) • 2% prison (5) Instability – <ul style="list-style-type: none"> • 50% reported a period of homelessness since leaving care 	43 Young people - status 6 months after leaving care. Data collected over five States.
1.5	22% - 1 61% -2-3 11% - 4 6% - 5 (UK)	<i>“One Problem among many: Drug use among care leavers in transition to independent living”</i> – Home Office Research Study 260, February 2005	Page 9 Accommodation type for survey respondents <ul style="list-style-type: none"> • Own Flats/bed sits (alone or sharing) – 22% (1) • Supported lodgings/foyer projects – 37% (2-3) • Hostels (including B&Bs) – 24% (2-3) • Social services care placement – 11% (4) • No fixed abode – 6% (5) No fixed abode includes those people sleeping rough or sleeping on a friend’s floor.	UK study - 200 Young people in care or recently left care surveyed aged 14 to 24 years. Sub sample of 30 were selected to participate in an in-depth interview. 52% male Average age 18 – <16 = 3.5% 16 – 18 = 59% 19 – 21 = 29.5% >24 = 8%

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
1.6	22.2% 3-4 (USA)	<i>“Improving Family Foster Care – Findings from the Northwest Foster Care Alumni Study”</i> ; The Foster Care Alumni Studies (USA), revised March 2005	Page 37 22.2% experienced homelessness for one day or more within a year of leaving foster care.	
2. Health (General)				
Health (Prevalence in the general population) 2.1	11% - 3/4 (General pop)	<i>Australia’s Young People: their health and wellbeing</i> , AIHW, 2003, p27	11% of young people 18-24 yrs self-assessed their health status as ‘fair’ or ‘poor’, compared with 6% for 15-17 year olds. Link between health and employment – 13% of unemployed 18-24 rated health as ‘fair/poor’ compared with 9% employed in that age group.	
Pathways to transition 2.2	15% 4	<i>Pathways to Interdependence and Independence: the Leaving Care Initiative</i> , Dept of Social Work, La Trobe Uni, for the Department of Human Services, Victoria, 2000	Page 79 15% - some form of chronic disease	Health of YP in final 12 months of leaving care. “likely that data under reports the health needs of the young people”
2.3	35% - 1 15% - 2 14% - 3 15% - 4 21% - 5	<i>Investing for Success – the economics of supporting young people leaving care</i> , Centre for Excellence in Child and Family Welfare, 2005	Page 24 <ul style="list-style-type: none">35% claimed to have not been diagnosed with a disability or illness. (1) Of the 65% with disability or illness <ul style="list-style-type: none">23% some illness but not specified – 15% of overall total – Level 2 on general health22% have been diagnosed with an	Sample of 60 young people aged 18-25 from Victoria who have left care

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
			<p>intellectual disability (ADHD, learning disability,</p> <ul style="list-style-type: none"> • literacy and learning difficulties, short term auditory memory disorder) – 14% of total – level 3 on general health • 23% reported some type of disability or illness (hep c, diabetes, impaired vision, endometriosis, arthritis and cancer) (15% of total – level 4) • 32% have been diagnosed with a mental disability or illness (schizophrenia, depression, anxiety, eating disorders, PTSD, substance abuse, obsessive compulsive disorder, bipolar disorder) - 21% of total – level 5 on general health 	
2.4	50% - 1/3	<i>“The Audit of Children & Young people in Home Based Care Services”</i> – Department of Human Services, Victoria, 2001	<p>Page 6 (Exec Summary)</p> <p>The majority of children surveyed were in good physical health and experiencing positive peer relationships.</p> <p>Part III, Case managers assessment of clients</p> <p>86% - good health</p> <p>11% - moderate health</p> <p>3% - poor health</p>	
2.5	77% -1&2 23% - 4&5 (UK)	<i>“One Problem among many: Drug use among care leavers in transition to independent living”</i> – Home Office Research Study 260, February 2005	<p>Page 10 (under heading of “general health)</p> <p>Reasons for poor health related mainly to diet and illness including suffering depression, asthma alcoholism and complaints due to sleeping rough.</p> <p>Prescribed medication was being taken by a fifth (21%) mostly for depression</p>	

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
2.6	1 – 15% 2 – 30% 3 – 27 % 4 – 7% 5 – 20%	<i>Investing for Success – the economics of supporting young people leaving care</i> , Centre for Excellence in Child and Family Welfare, 2005	Page 66 Number of times to the GP in the last 6 months 15+ - 20% (5) 9 – 14 - 6.7% (4) 4-8 -.27% (3) 1 – 3 -. 30% (2) Zero .- 15% (1) Page 41 Study indicated a higher usage of GP services by young people leaving care compared to the general population. Average visits for young people – 6.7 over a six month period, general population, 2.7 visits	
3. Mental Health				
Mental Health: Prevalence for YP in general population 3.1	18% - 3/4 (General pop)	<i>Australia's Young People: their health and wellbeing</i> , AIHW, 2003, p96	11% of young people 18-24 yrs have anxiety disorders and 7% have affective disorders (mainly depression), in addition 16% had substance use disorders	No indication of severity
Precursors to Mental Health problems 3.2		<i>Promotion, Prevention and Early Intervention for Mental Health</i> , A Monograph 2000, National Mental Health Strategy.	Risk factors identified include <ul style="list-style-type: none"> • physical, sexual and emotional abuse • insecure attachment in infant/child • family violence and disharmony • experiencing rejection 	

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
Pathways in Transition 3.3	68% - 1 5.4% 3 7.3% - 4 4.8% - 5	<i>Pathways to Interdependence and Independence: the Leaving Care Initiative</i> , Dept of Social Work, La Trobe Uni, for the Department of Human Services, Victoria, 2000	Page 80 Risk behaviours - 68% had no risk behaviours recorded – of the 32% remaining 17% sexual activity (3/4) 23% Running away (4) 6% Self Harm (5) 9% Suicide attempts (5)	Percentages adjusted to apply to whole group
3.4	35% - 1 30% - 1 14% - 2 21% - 3-5	<i>Investing for Success – the economics of supporting young people leaving care</i> , Centre for Excellence in Child and Family Welfare, 2005	Page 24 <ul style="list-style-type: none"> 35% report no illness or disability Of the 65% with disability or illness <ul style="list-style-type: none"> 22% have been diagnosed with an intellectual disability (ADHD, learning disability, literacy and learning difficulties, short term auditory memory disorder) – (issues more general health than mental health?) 14% of overall total 32% have been diagnosed with a mental disability or illness (schizophrenia, depression, anxiety, eating disorders, PTSD, substance abuse, obsessive compulsive disorder, bipolar disorder) – 21% of overall total remainder – 21% some illness and 23% physical disability and illness – 30% of overall total do not report mental health issues 	Report analyses disability and illness as one category.

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
			<p>Page 41</p> <p>Survey results found that 50% of YP leaving care have sought help from mental health professionals. General population (14 – 64) 7% access mental health professionals – seen by report as an over estimate.</p>	
3.5	32% -3/4	<i>“The Audit of Children & Young people in Home Based Care Services”</i> – Department of Human Services, Victoria, 2001	<p>Page 6 (Executive Summary)</p> <p>18% of sample were identified as having a diagnosed mental health issue</p> <p>14% of children and young people in the sample had threatened suicide.</p>	<p>Study of children <u>in</u> care</p> <p>Study involved 600 subjects from the Vict Govt Home Base Care database of children in care. Age range 0-16 years. 28% are 14-16 years.</p>
Suicide for YP leaving care 3.6	25% - 1-2 40% - 3 35% - 4	<i>Wards Leaving Care</i> 1996 Cashmore, p149	<p>25% no thought of suicide (1-2)</p> <p>40% of wards thought about suicide before and after care (33.3%) and since discharge only (6.7%) (3)</p> <p>35% attempted suicide (either before or after discharge). (4)</p>	<p>Results quoted are from 47 young people interviewed 12 mths after leaving</p> <p>Study only asks about suicide, no other questions relating to mental health.</p>
3.7	54.4% - 4 (USA)	<i>“Improving Family Foster Care – Findings from the Northwest Foster Care Alumni Study”</i> ; <i>The Foster Care Alumni Studies (USA)</i> , revised March 2005	<p>Page 32 - 54.4% of alumni had current mental health problems - general population (USA) 22.1%</p> <p>Prevalence of post traumatic stress disorder (PTSD) is higher at 25.5% - general population = 4.0%</p> <p>PTSD, depression and social phobia may be the most significant mental health conditions.</p> <p>Major depression experienced over the last 12 months 20.1% - General population = 10.2%</p>	

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
4. Drug and Alcohol				
Prevalence 4.1	16% - 3/5 (General pop) 25% - 4/5 (General Indig.)	<i>Australia's Young People: their health and wellbeing</i> , AIHW, 2003, p96	16% of young people 18-24 were assessed as having substance use disorders (alcohol harmful use, alcohol dependence, drug use disorders) 25% of Indigenous young people 14-24 year olds consumed alcohol at levels considered high risk over the long (page 344)	
Drug Use: Prevalence data 4.2		<i>Statistics on drug use in Australia</i> , 2004, AIHW	Almost 10% of the population 14+ yrs were at risk or high risk of alcohol related harm. The age group most at risk was 20-29 years with 14.7% risk.	
Drug abuse General Youth Prevalence and costs 4.3		Road to Recovery, Report on substance abuse by House of Reps Standing C'tee on Family and Comm Affairs, 2003	15% teenagers (14-19yrs) smoked daily, 28% had used illicit drugs and 12% drank so much alcohol that they were at risk of long term harm. 20-29yr olds smoke more, use more illicit drugs and put themselves at greater risk of long-term harm (no figures given) Tangible costs of alcohol abuse greatest for workplace and road accidents, illicit drugs greatest in crime.	

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
Drug Use – General Population 4.4		<i>National Drug Strategy Household Survey, 2004</i> AIHW	9.9% of population 14+ yrs at medium to high risk of long term alcohol related problems (based on average number of standard drinks per week) Percentages are similar for females and males. 15.3% of the population 14+ have used illicit drugs in the last 12 months (no measure of intensity of use)	
Drug and Alcohol Transitions 4.5	8.3% - 5	<i>Pathways to Interdependence and Independence: the Leaving Care Initiative</i> , Dept of Social Work, La Trobe Uni, for the Department of Human Services, Victoria, 2000	Page 80 Risk taking behaviour Of the 32% young people surveyed with high risk behaviour Drug or alcohol abuse – 26%	Percentages adjusted to apply to whole group Report did not separate drug and alcohol usage.
4.6	32% - 1 33% -2 20% - 3 10% - 4. 5% - 5	<i>Investing for Success – the economics of supporting young people leaving care</i> , Centre for Excellence in Child and Family Welfare, 2005	35% had attended some type of drug or alcohol service 25% - counseling (3) 17% - detoxification (4) 10% - methadone (5) 10% - rehabilitation or post detoxification program (4) 5% - family based drug/alcohol service (3) 28% - drug/alcohol service for young people (3) 2% - drug/alcohol service for Koori community (5) 3% - Narcan (5)	Survey of 60 young people aged 18-25, Victoria % breakdown within the 35% who have attended D&A services have been converted to % of the whole sample

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
			Note: Level 3 = 58% of 35% = 20% Level 4 = 27% of 35% = 10% Level 5 = 15% of 35% = 5%	
4.7	48% 1&2 9% 4&5 (UK)	<i>“One Problem among many: Drug use among care leavers in transition to independent living”</i> – Home Office Research Study 260, February 2005	Page 12 Frequency of alcohol consumption 9% - most days 34% - at least once a week 20% - at least once a month 23% - less than once a month 10% - used to drink but no more now 4% - Never drink alcohol. The majority were social drinkers (48%) 9% were heavy drinkers Study showed that 29% were drinking less and 26% drinking more than 12 months before - 31% stayed the same	Percentages adjusted to reflect whole group Over 100% as young people were able to record more than one usage.
4.8	25% - 1 36% - 2 18% - 3 21% - 4 17% - 5 (UK)	<i>“One Problem among many: Drug use among care leavers in transition to independent living”</i> – Home Office Research Study 260, February 2005	Page 15 Illegal drug use in this population was common. 75% of total sample had reported past use, or were still using illegal drugs. Of the 75%, 55% were men (pg17) Cannabis – 73% Ecstasy/amphetamines – 29% and 28% Crack cocaine – 14% Heroin – 9%	

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
			<p>34% reported smoking cannabis every day – this level is considerably higher than other studies with people of similar age (no details given of other survey results in report- therefore to plot pathway - 34% of 73% of 75%= 18% in pathway 3</p> <p>Report also details changing patterns of drug use (page 23)</p>	
4.9		<i>Petrol sniffing in aboriginal Communities: A Review of Interventions</i> (d,Abbs and MacLean , 2000	A complex range of interrelated causes have been proposed to explain Aboriginal drug and alcohol use and misuse, including petrol sniffing and other forms of volatile substance misuse, These include dispossession, social deterioration involving family breakdown and loss of important care givers, poverty, boredom and the propensity to block out reality. (d'Abbs and MacLean 2000)	
4.10		<i>Young people leaving care and protection: NYARS report - data collected 1996.</i>	<p>Page 20</p> <p>Thirty of the 43 interviewed had used drugs at least experimentally (70%)</p>	
5. Justice system.				
5.1 Corrections Prevalence data		<i>Australian Crime – facts and figures 2002, AIC</i>	<p><u>Offenders</u> in juvenile and adult corrections</p> <ul style="list-style-type: none"> • 3% of all males 10+ yrs and 0.8% of females. • predominant age group 15-19 (2.1% of 10-14yr olds, 7.7%-15-19, 4.7%, 20-24, 0.8%-25+yrs.), • 73% of all offenders were placed in community-based programs, 27% served a 	<p>Figures are for 2001</p> <p>Offenders are 'alleged offenders'</p> <p>Prisoners counted on 30 June 2001</p>

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
			<p>sentence in prison.</p> <p><u>Prisoners:</u></p> <ul style="list-style-type: none"> • 0.15% of the total population were in custody, (0.12% of total population were sentenced prisoners). • 93% of all prisoners were male, • 64% of all prisoners were less than 35years. • Indigenous imprisonment rate was 13 times higher than for non-Indigenous prisoners. Indigenous prisoners comprised 20% of the total prisoner population in 2001. 	
5.2 Prevalence data for General YP population		<i>Australia's Young People, Their health and wellbeing</i> , AIHW, 2003, Part V., page 307, 309, 353	<p>In June 2002, 24% of prisoners were less than 25 years.</p> <p>Imprisonment rate for males 18-24 yrs, was 11 times the rate for females - 520 per 100,000 (equivalent 0.5%) compared with females – 40 per 100,000 (0.04%) In 1982, the male rate was 30 times that of females 18-24 years. Rates of imprisonment for Indigenous young people - increase with age – 0.165% under 18 yrs and 2.9% 20-24 yrs</p>	
5.3 General Population	16.7% of 10-17yrs	<i>Young people born in 1984: Extent of Involvement in the Juvenile Justice system</i> , Office of Crime Statistics and Research (OSCAR), SA Govt. OSCAR News April 2005	<p>Within the 1984 birth cohort, 16.7% of young people in SA experienced at least one contact with the juvenile justice system. This includes:</p> <ul style="list-style-type: none"> • 25% of males • 8% of females • 44% of Indigenous youths 	The study identified what proportion of the 1984 birth cohort in Sth Aust (N = 20,900) experienced at least one formal police apprehension during juvenile years (10-17).

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
			<p>Indigenous young people were also more likely to be apprehended for the first time at a younger age. 7% had been apprehended at least once by the age of 11, and 35% by the age of 14. This compares with less than 1% and 4% for the same age groups for non-Indigenous young people.</p>	
<p>5.4 Prevalence data for YP</p>		<p><i>Juveniles in Crime Part 1; Participation rates and Risk factors</i>, NSW Bureau of Crime Statistics and Research, 1998</p>	<p>Crime participation was considerably lower for Years 11 and 12 compared to Year 10. Results for Year 10s are reported because the majority of young people leaving care complete Year 10 or less. Crime participation was considerably lower for Years 11 and 12 compared to Year 10. Results for Year 10s are reported because the majority of young people leaving care complete Year 10 or less.</p> <p>Page 22</p> <p>For Year 10 students surveyed, crime participation over previous 12 months – 52% of Yr 10 school population</p> <p>Level 3 type crimes</p> <ul style="list-style-type: none"> • Assault - 60.8% - • Malicious Damage – 64.5% • Receiving or selling stolen goods - 29.9% • Shoplifting goods worth more than \$20.00 - 25% <p>Level 4-5 type crimes</p> <ul style="list-style-type: none"> • Break and enter - 15.5% - • Motor Vehicle theft - 11.4% <p>(Page 54)</p>	<ul style="list-style-type: none"> • Self questionnaire of students in year 7 to year 12. • 10441 usable questionnaires • survey conducted as part of the NSW component of 1996 Australian School Student's Alcohol and Drugs Survey • No reference to children in or leaving care

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
			<p>Substance use also emerged as an important risk factor for participation in different types of crime.</p> <p>Alcohol use was related to participation in both violent crime and destructive property crime and cannabis use was a particularly strong predictor of acquisitive property crime.</p>	
<p>5.5 Young Offenders – General Population (ACT)</p>	<p>1.1% - 3 0.8% - 3 0.4% - 4 0.2% - 5</p>	<p><i>Profile of Young Offenders in the ACT 2001-2002, report to the ACT Chief Ministers Department, Australian Institute of Criminology, 2003</i></p>	<p>Page 7 & 8 In 2001/02 3.7% of ACT Youth cohort (12 – 25) were charged by the Police (2571)</p> <ul style="list-style-type: none"> • 4.9% of these identified as indigenous • 16.3% aged 16-17 years • 76.5% aged 18 – 25 years <p>Young people aged 18 – 25 years (percentage of ACT youth cohort)</p> <ul style="list-style-type: none"> • 1.1% - commenced adult court orders • 0.8% - were on adult community based orders • 0.4% - were admitted to Belconnen Remand Centre • less than 0.1% began serving periodic detention at Symonston Periodic Detention Centre • less than 0.1% began serving sentences in NSW prisons. 	<p>Provides comparisons between ACT, WA, SA and VIC around</p> <ul style="list-style-type: none"> • population cohorts of young people charged by the police broken into age groups • Gender of young people charged • Cautions given by police, • Diversionary conferences broken down by age group, and • Appearing before Magistrate’s Court. <p>No reference to children in or leaving care</p>

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
			<p>Page 23</p> <p>2.8% of ACT population of same age (18 – 25 years) had appeared before the ACT Magistrates court. The five most common offences</p> <ul style="list-style-type: none"> • Driving offences • Theft • Drink driving • Assault and breach conviction/bail orders <p>30% had previously appeared in the Magistrates Court prior to 2001/02</p>	
<p>5.6 Links between out of home care and offending</p>	<p>26% - Levels 4-5</p>	<p><i>Pathways from Child Maltreatment to Juvenile Offending</i>, Australian Institute of Criminology, Trends and Issues 241, 2002.</p>	<p><u>Precursors</u> - 11 predictive factors to youth offending:</p> <ul style="list-style-type: none"> • gender • Indigenous status • Age at first maltreatment incident • Age at final maltreatment incident • Number of notifications • Number of maltreatment incidents • Substantiated incidents for • Emotional abuse, • Physical abuse • Sexual abuse • Neglect, and • Out-of-home placement 	<p>Data sources – children born in 1983 who had recorded contact with Queensland’s Department of Families child protection system and/or the juvenile justice system were included in the study. These data were extracted in 2000 when the children had turned 17 and were no longer under the jurisdiction of the Department.</p> <p>The report uses ‘placement outside the home’ as an indicator of the seriousness of the maltreatment. (N=1083) Findings suggests that the greater the severity of the maltreatment, the greater the likelihood of subsequent criminal offending.</p> <p>‘Maltreatment’ is defined as both ‘substantiated’ cases of abuse or ‘at risk’.</p> <p>Indigenous figures are for ‘maltreated; and so is a wider group than those in ‘out of home care ‘</p>

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
			<p><u>Findings:</u></p> <ul style="list-style-type: none"> • 26% of maltreated children who were placed outside the home subsequently offended at least once (by age 17 yrs), compared with 13% of children who were never placed outside the home. • 42% of maltreated Indigenous children committed offences compared with 14% of non-Indigenous maltreated children. <p>Physical abuse and neglect are more predictive of offending than sexual or emotional abuse. Young people whose final maltreatment occurs in adolescence are at greater risk of offending than children whose maltreatment does not extend beyond childhood.</p>	
5.7	24% - Levels 4-5	AIC Trends and Issues No 265, <i>Youth Justice: Criminal Trajectories</i> , AIC Trends and Issues No 265, 2002.	Researches recidivism among young offenders who had received a supervised juvenile justice order in 1994-95. A sub-group was also subject to care and protection orders. Young offenders who are on care orders were more likely to move to adult order (91% compared 77% not on CPO)	These two studies are (5.6 and 5.7) are not directly comparable – not all children on CPO are in out of home care. If it is accepted that the 91% figure for CPO would not be lower for CPOs who are in out of home care, then 91% of the 26% who are in out of home care and offend - go on to be adult offenders i.e. estimate: 24% offend as adults
5.8	52% - 1-2 28% - 3-4 20% - 5	<i>Pathways to Interdependence and Independence: the Leaving Care Initiative</i> , Dept of Social Work, La Trobe Uni, for the Department of Human Services, Victoria, 2000	Page 87 31% - No offending history (1-2) – 52% of known* 17% - ‘non-serious’ criminal activity (3-4) - 28% of known 12% - Chronic, serious and/or violent crime (5) – 20% of known	Young people leaving care N = 138

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
			40% - unknown *assumes 'unknown is distributed in the same proportions as 'known'.	
5.9	<i>Males 13 times, females 35 times more than average</i> <i>Level 3-5</i>	<i>Pathways to Prevention: developmental and early intervention approaches to crime in Australia,</i> National Crime Prevention, Attorney-General's Dept, Canberra, 1999.	<p>In 1993–94, males were 13 times more likely and females 35 times more likely to be admitted to a detention centre if they were wards than if they were not (Community Services Commission, 1996, <i>The drift of children in care into the juvenile justice system: Turning victims into criminals</i>. Sydney).</p> <p>Children in ward ship are more likely to come to the notice of the juvenile justice system as a result of instability in their out-of-home placements, because of homelessness and the need to commit crimes (fare evasion, theft, break and enter) to survive. Widom (1992), found that it was not being placed in care that increased the likelihood of children in care being involved in crime, but the stability and number of their placements. 'Children who moved three or more times had significantly higher arrest rates (almost twice as high) for all types of criminal behaviours - juvenile, adult, and violent - than children who moved less than three times'.</p> <p>Once they are in the juvenile justice system, wards and other children in care are more likely to be refused bail because of the lack of appropriate supervised accommodation, because of their lack of community ties and support from their families. (Community Services Commission, (1996),</p>	

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
5.10	51% - 1-2 37% - 3-4 12% - 5	<i>Investing for Success – the economics of supporting young people leaving care</i> , Centre for Excellence in Child and Family Welfare, 2005	Page 22 37% charged with an offence 12% had spent time in detention(does not count those on community correction orders) Page 42 The figure of 12% of young people leaving care having spent some time in detention during the past 12 months contrasts with 0.19% in the general population either imprisoned <u>or</u> on community correction orders. [Because community orders are not included in the 12%, the gap with general population is even greater.	Sample of 60 young people from Victoria who have left care
5.11	4% - level 5	<i>Wards Leaving Care</i> 1996 Cashmore and Paxman,p129	4% of young people interviewed were in correction institution 12 mths after discharge from ward ship, (11% of males)	Results quoted are from 47 young people interviewed 12 mths after leaving care
5.12	50% level 2/4	<i>Young people leaving care and protection:</i> NYARS report - data collected 1996.	Executive Summary p viii Almost 50% reported having committed criminal offences since leaving care	43 Young people - status 6 months after leaving care.
5.13	65% - L1 12% - L2 20% - 3/4 3% - L5	<i>“The Audit of Children & Young people in Home Based Care Services”</i> – Department of Human Services, Victoria, 2001	Page 33, With aggressive or violent behaviour, case managers reported that of the sample group: 65% had no issues 12% exhibited moderate behaviour 20% were having minor problems and 3% having severe problems	Study of children <u>in</u> care Study involved 600 subjects from the Vict Govt Home Base Care database of children in care. Age range 0-16 years. 28% are 14-16 years

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
5.14	9% - (UK)	<i>“One Problem among many: Drug use among care leavers in transition to independent living”</i> – Home Office Research Study 260, February 2005	Page 9 9% (2% female/7% male) reported having lived in a secure setting or Young Offenders Institute. The majority (61%) of those had done so on one occasion, 5 (27%) for two occasions and 2 (11%) had been in secure environment on at least five occasions or more.	
5.15	20% - 4	<i>Investing for Success – the economics of supporting young people leaving care</i> , Centre for Excellence in Child and Family Welfare, 2005	Page 22 7% - had requested an intervention order to be taken out 10% had been served an intervention order 3% reported being involved in a domestic violence situation	N = 60
5.16		The Progression of Wards to Adult Prison, Western Australia Dept of Justice, (unpublished analysis provided to the Project, 2005)	An analysis of WA Department of Justice data (2005) reveal that young offenders who had been wards and had progressed to adult prison report high levels on, self harm, suicide attempts, drug use, mental health symptoms and indigenous Status.	WA Dept of Justice administrative data. Status of ‘Ward’ is not externally validated. The number of wards is relatively small and all interpretation should be made with caution..
5.17		Western Australian Department of Justice, (2002), Profile of Women in Prison: A report by the Community and Juvenile Justice Division.	A study of women prisoners in Western Australia (WA Department of Justice 2002) found that 19% of the women prisoners were Wards of the State as children (26% for Aboriginal women prisoners compared with 13% for non-Aboriginal women). Almost half of the women prisoners who had children did not have custody of all of their children. Of the children of women prisoners who did not care for their children prior to imprisonment, 15% were currently in foster care.	Report drawn from the ‘Prisoner Characteristics and Needs Survey’, Oct-Nov 2001, run in all WA prisons which accommodate women prisoners. 199 women approached to participate, 140 consented – 70% response rate.

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
6. Family Services				
6.1 Teenage Pregnancy precursors		UNICEF 2001; Healy 2001 quoted in Australia's Young People, AIHW 2003, p113	Teenage mothers are at risk of adverse social and psychological outcomes, such as leaving school early, having no or low qualifications, being unemployed or low paid, living in poor housing, suffering from depressions and depending on government income assistance. A child of a teenage mother is also at risk of poor outcomes, including living in poverty, becoming a victim of neglect or abuse, becoming involved in crime.	
6.2 Birth rate Pregnancy		Australia's Young People, AIHW , 2003, p132	Birthrate for 15-19 - is 20 per 1,000 (decrease from 55 per 1,000 in 1971 20-24 yrs – 62 per 1,000 (decrease from 182 per 1,000 in 1971.	Birth rate is the number of births per 1000 females of a given age.
6.3 Pathways	17% 3/4	<i>Pathways to Interdependence and Independence: the Leaving Care Initiative</i> , Dept of Social Work, La Trobe Uni, for the Department of Human Services, Victoria, 2000	Page 86 17% of young people in sample were either pregnant or were parents	
6.4	33% of females Level 3-5	<i>Wards Leaving Care 1996</i> Cashmore and Paxman, p 144,Exec Summary xiv	Nearly one in three of the young women had been pregnant or had a child soon after leaving ward ship, compared with 2% in the general population of young women in that age group.	Results quoted are from 47 young people interviewed 12 mths after leaving
6.5	20% - 3-4 8% - 5	<i>Investing for Success – the economics of supporting young people leaving care</i> , Centre for Excellence in Child and	Page 23 At the time of the survey, 28% of young people already had one to three children. 29% of the children of all parents in the survey	Evidence of intergenerational cycle of care and protection [Calculation: 17 parents had 26 children. 29% of children were already in care =

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
		Family Welfare, 2005	<p>group were in care</p> <p>Of these children:</p> <ul style="list-style-type: none"> • 33% was because parents were already involved with child protection services • 22% - domestic violence • 22% - use of drugs by parents • 11% mental health reasons • 11% due to child abuse 	<p>approx 8 children. Pro rata 5 parents have 8 children.</p> <p>5 parents (8%) of total sample have children in care, - Level 5</p> <p>12 parents (20%) young parents - Level 3-4</p> <p>21% of sample young people have 1 to 3 children.]</p> <p>Difficult to predict the level of services required by the 71% who do not yet have children</p>
6.6	71% - 3	<i>Investing for Success – the economics of supporting young people leaving care</i> , Centre for Excellence in Child and Family Welfare, 2005	<p>Page 24</p> <p>of the YP leaving care with children</p> <p>71% (17) received a parenting payment,</p> <p>41% receive Child Care Benefits</p> <p>77% received Family tax benefit</p> <p>47% received maternity allowance</p> <p>65% received the Maternity Immunisation Allowance.</p>	
6.7	33% of females Level 3-5	<i>Young people leaving care and protection: NYARS report - data collected 1996.</i>	Just over one third of young women had become pregnant or had a child soon after leaving care	
6.9	10% - 4 4% - 5 (UK)	<i>“One Problem among many: Drug use among care leavers in transition to independent living” – Home Office Research Study 260, February 2005</i>	<p>10% had one child or were expecting a baby,</p> <p>4% had two or more children</p> <p>Contrasts with National (UK) population – 3% of young women aged 15 – 19 had given birth in 1998.</p>	

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
7. Income Support				
Pathways 7.1	20% - 1 16% - 2 36%- 3 28% - 4-5	<i>Wards Leaving Care</i> 1996 Cashmore and Paxman p129, Exec Summary xiv	20% on full time wage (1) 16% on AUSTUDY or ABSTUDY (2) 36% on Job Search (3). 28% - other benefits – sickness, special, in detention 12 months after discharge, nearly half said that they were having problems ‘making ends meet’ financially	Results quoted are from 47 young people interviewed 12 mths after leaving
7.2	1 – 1.7% 2 – 8% 3 – 11.7% 4 – 26.7% 5 – 51.7%	<i>Investing for Success – the economics of supporting young people leaving care</i> , Centre for Excellence in Child and Family Welfare, 2005	Page 63 Low income levels – over 50% have a weekly income from all sources between \$100 and \$200. 47% weekly income of \$200-\$300. Weekly income – Percentage - pathway \$100 - \$200 - 51.7% - (5) \$200 – 300 - 26.7% - (4) \$300 – 400 - 11.7% - (3) \$400 – 500 - 1.7% - (2) \$500 – 600 - 6.7% - (2) \$600+ - 1.7% - (1) 53% have a Health Care Card 29% have received Youth Allowance 21% rent assistance.	

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
7.3	64% on Levels 3-5	<i>Young people leaving care and protection: NYARS report - data collected 1996.</i>	64% on unemployed, sickness or supporting parent benefits.	
7.4	14% - 4	<i>Investing for Success – the economics of supporting young people leaving care, Centre for Excellence in Child and Family Welfare, 2005</i>	Page 24 Despite high proportion claiming to have been diagnosed with a disability or illness, only 14% receive a Disability Support Pension.	
7.5	33.2% - 5 45% 2-4 21.3%	<i>“Improving Family Foster Care - Findings from the Northwest Foster Care Alumni Study”</i> ; The Foster Care Alumni Studies (USA), revised March 2005	Page 2 33.2% of the alumni had household incomes below or at poverty level 21.3% household income greater than three times the poverty level	
7.6		Australia’s Young People, AIHW 2003,	Page 291 54% of young people not homeless, receiving youth allowance (at the independent rate) were in state care or ward. Proportion of young people (15 to 19) receiving youth allowance - 22% Young people aged 20 – 24 receiving income support – 34% of females were receiving parenting payment (either single or partnered) 40% of males and 20% of females were receiving new start allowance. Page 289 The age where the highest proportion income	

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
			<p>support was at 17 for males (one in four) and for females at age 20 (32%).</p> <p>Page 286</p> <p>32% of 15-19 year olds did not receive an income, 6% of 20 – 24.</p> <p>68% of 15 – 19 earned less than \$200 per week, 24% of 20-24</p>	
8 Employment Services				
Prevalence Employment General and Indigenous YP 8.1		<i>Australia's Young People</i> , AIHW 2003, p326	<p>57% of non-indigenous YP aged 15-24 yrs are employed, compared with 34% for Indigenous.</p> <p>Around 38% of non-Indigenous YP 15-24 yrs were attending educational institutions, compared with around 24% of Indigenous YP.</p>	Figures are for August 2001
Employment status (and Education) after leaving care 8.2	<p>42% - 1-2</p> <p>44% - 3</p> <p>8% - 4</p> <p>5% - 5</p>	<i>Wards Leaving Care</i> 1996 Cashmore and Paxman p121, Exec Summary xiv	<p>12 mths after leaving care,</p> <p>42% were working or studying.</p> <p>44% unemployed ,(young women over-represented (twice unemployment rate of age peers). General population 27%of 15-19yos unemployed</p> <p>8% - young women pregnant or looking after a child</p> <p>% in juvenile detention or prison</p>	Results quoted are from 47 young people interviewed 12 mths after leaving
Education - precursors to employment pathway 8.3	<p><i>Education Levels</i></p> <p>61% - 1&2</p>	<i>Investing for Success – the economics of supporting young people leaving care</i> , Centre for Excellence in Child and Family Welfare, 2005	<p>Page 21</p> <ul style="list-style-type: none"> • 2% completed to year 3 • 10% - achieved schooling to year 7 • 20% - achieved schooling to year 8 	Survey of 60 young people aged 18-25, Victoria

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
	30% - 3&4 2% - 5		<ul style="list-style-type: none"> 48% completed year 10 13% completed year 12 	
8.4	23% - 1 14% - 2 40% - 3&4 23% - 5	<i>Young people leaving care and protection: NYARS report - data collected 1996.</i>	Labour force participation Employed full time – 23% (1) Employed part time – 7% (2) Studying – 7% (2) Unemployed – 40% (3&4) Not in labour force (5) Prison – 2% Sickness benefit – 7% Supporting parent – 14%	
8.5	29% - 1 29% - 2-3 42% - 4-5	<i>Investing for Success – the economics of supporting young people leaving care, Centre for Excellence in Child and Family Welfare, 2005</i>	Page 22 29% employed – (1) 29% unemployed with some employment in previous year (2-3) 42% unemployed – had not had any work within last 12 mths (4-5)	
8.6		<i>Pathways to Interdependence and Independence: the Leaving Care Initiative, Dept of Social Work, La Trobe Uni, for the Department of Human Services, Victoria, 2000</i>	Page 81 100% of 14 year olds at school 56% of 15 year olds at school 33% of 16 year olds at school 26% of 17 year olds at school 33% of 18 year olds at school	

Pathway Area	Estimate of Level	Literature Title	Data Evidence	Caveats/ Background
		Perkins, D. & Nelms, L. (2004), 'Assisting the most disadvantaged job seekers', in Carlson, E (ed) <i>A Future that Works: economics, employment and the environment</i> , Centre of Full Employment and Equity, University of Newcastle, Newcastle.	Poor health and physical disability, mental health, domestic violence, substance abuse and lack of social support are barriers to employment	

Appendix 3: State and Territory Governments: Transition from care policies and services (summary only)

	Legislation and policy	Leaving Care Services and other support	Future goals and plans
NSW	<p><i>Children and Young Persons (Care and Protection) Act</i>, 1998, (S.165 and S. 166) allows the Minister to provide assistance for young people 15-25 years leaving care, such as information about available services, assistance (including financial) with accommodation, education, finding employment, legal advice and accessing health services.</p> <p>The Minister has discretion to continue support after the young person reaches 25 years.</p> <p>The agency responsible for a young person in care must prepare and implement a transition plan, and provide access to personal information held by the Department.</p>	<p>DoCS funds a number of non-government organisations such as Relationships Australia, Burnside, Centacare, St Vincent's, Adolescent Care, Stretch-a-Family and Wesley Dalmare Youth Services to provide assistance to people who have been in care.</p> <p>These services provide counselling, support in finding employment, health care, legal advice, advice about financial assistance, and advocacy.</p> <p>(Source of this information: NSW Department of Community Service website)</p>	
Vict	<p>New <i>Children, Families and Youth Bill</i> provides for assistance to young people who have left care up to age 21.</p>	<p>Leaving Care Mentoring Initiative in four regions with an adult mentor to assist transition</p> <p>Transitional housing project provides assistance with accommodation</p>	<p>Leaving Care forum – practitioners and service providers – plans to consult about after care experiences to inform future policy development in line with the new legislation.</p>
Qld	<p>Transition planning in place from age 15. Assistance does not automatically cease on discharge. The decision to provide ongoing support is based on whether existing case goals have been achieved.</p>	<p>Several community organisations are funded to provide Supported Independent Living – a residential building with external support through regular visiting (most suited to 15-17 year olds in transition) .</p> <p>Department developed a guide <i>Where to from here?</i> - directory of services</p>	<p>Additional funding to establish new Supported Independent Living services or expand existing services</p>

	Legislation and policy	Leaving Care Services and other support	Future goals and plans
WA	<p>Current practice requires a plan to be made 12 months prior to leaving care. Specific protocols for young people with disabilities leaving care.</p>	<p>Three Preparation for Leaving and Aftercare Services funded in response to State Homelessness Taskforce.</p> <p>Transitional Support Service funded under SAAP</p> <p>Dept for Community Development resource guides to help locate records – Looking West: (Aboriginal records) and Signposts</p> <p>The Dept for Community Development funds Ida Curtois Awards and scholarships for young people enrolled in further education.</p> <p>Salvation Army Crossroads initiatives include Youth Services database on the internet, narratives on DVD, Leaving Care Guide and peer mentor program</p>	<p><i>The Children and Community Services Act 2004</i> to be proclaimed in March 2006 – provision for aftercare services to young people 15-25 yrs. Currently developing policy to implement the new legislation.</p> <p><i>Leaving Care Protocols and Practice Manual</i> for the Dept and non-governments services is under development</p>
SA	<p>South Australian Children’s Protection Act 1993 – Part 2 S8(h) lists assistance to yp discharged from guardianship as a general function of the Minister.</p> <p>Transition planning is seen as part of the case planning process and should commence at least two years prior to the order ending.</p>	<p>Two Dept teams provide transition assistance and links to service providers.</p> <p>Accommodation and support services to assist transition for young people with complex needs include:</p> <p>Specific Indigenous Youth Accommodation Services for 15-18 yr olds.</p> <p>Core and clusters model housing</p> <p>Individual Packages of Care</p>	<p>Youth Housing Project (Stepping Stones) is trialing a collaborative housing and support model for young people leaving guardianship.</p> <p>DECS is developing an Individual Learning Plan for all young people (yp).</p> <p>A Leaving Care Kit is being developed for use by yp to assist transition planning.</p> <p>Developing post care services provided by the Department.</p>

	Legislation and policy	Leaving Care Services and other support	Future goals and plans
Tas	The <i>Children, Young Persons and Their Families Act 1997</i> - recognises the need to support young people after guardianship ceases at 18. The Act does not specify the nature or duration of after care support.	Looking after Children (LAC)planning process includes a record of what is required to enable a good start in adult life. CP workers may support yp including financial support, through an approved leaving care plan for up to one year after guardianship ceases	Further work on implementing LAC planning for transition from care to independence. Leaving care package recognising transition commences at least 3 years before leaving and continues after care. Dept progressing a support and advocacy program to assist yp in accessing additional supports.
NT		No specific NT leaving care programs	New legislation with provision for greater financial assistance to yp leaving care - yet to be passed.
ACT	Under the <i>Children and Young People Act 1999</i> , s33 , the ACT government may provide services and assistance after the expiry of Care and Protection Orders. The Looking After Children system of care ensures that young persons in care have a transition plan that reflects aspirations and needs.	The ACT works in partnership with CREATE and Care Leavers Australia Network to assist young people in transition to independence. The 'Turnaround' program targets young people with complex and special needs and complements existing support in an intensive case management environment with active participation of the young people leaving care.	The review of the Act 1999 is well advanced with leaving care identified as an important issue. Funding negotiations with NGOs are well advanced for an improved services model for yp leaving care. A new range of residential and support services expected to be in place early in 2006.

The study team sought information from all jurisdictions on their current transition from care initiatives. Not all jurisdictions responded and in these cases the study team relied on websites and other publicly available material for that jurisdiction.

Appendix 4: TILA Profiles

Ten mini profiles selected to represent the range of 81 TILA case files examined

Profile 1 Female - 21 years

- Living in a caravan park
- Employed full time with employment income
- Goal to train as a chef
- Seeking grant for education and employment support and home establishment

Estimate – Positive outlook with average levels of support in housing, income and employment – around Pathway level 1-2.

Profile 2 Female 20 years – parent

- Not in the labour force, with income from Centrelink (probably Supporting Parent Benefit)
- In rental accommodation and seeking grant for home establishment
- Has a new baby and some support from family and friends
- Transition Plan shows that she is currently working on improving living skills

Estimate – some need for housing assistance – (Level 2), given there is some support from family – need for family services and income support likely to be average (Level 3) with sporadic employment assistance - Level 4.

Profile 3 Female 22 years – parent

- Currently in rented accommodation and seeking grant for furnishings
- Not in the labour force, income from Centrelink
- On a disability pension - mobility difficulties
- Has an infant son and needs assistance to parent safely

Estimate – given the combination of disability and parenting issues likely to have moderately high usage of family services, income support, after several years may require intensive employment services, possibly higher than average health services.

Profile 4 Female - 26 years

- Currently living in a caravan, episodic homelessness
- Not working and receiving income from Centrelink
- Receiving counselling to address issues such as anger management
- Seeking grant for home establishment and food/clothing
- No mention of employment or study goals

Estimate – Already about 10 years on a path of periods of homelessness, no employment goals and anger management issues. Likely ongoing high usage of housing, income and employment support services (around level 3-4) and quite likely average (3) usage of mental health services.

Profile 5 Female – 19 years

- Currently living in a motel with a partner who is employed at the motel
- Unemployed with income from Centrelink, not managing money
- Not good at attachments, ends relationships often
- Other tenants complain about her behaviour. The police are frequently called to housing disturbances
- Risk factors – multiple placements, no established family networks
- Seeking grant for bond payment and home establishment

Estimate – Intensive ongoing support in housing and employment services (Level 4), regular income support (Level 4), and likely continued involvement with the justice system and domestic violence (Level 4)

Profile 6 - Male 21 years

- Was previously working full time but left to finish high school, was then offered an apprenticeship but chose to attend university, has started a commerce degree
- Income from Centrelink – (probably AUSTUDY)
- CALD background
- Currently living in private rental
- Is very connected to foster family

Estimate – Strong career goals and positive outlook. Likely to have low support needs once study is completed – low service usage (Level 1)

Profile 7 - Male 22 years - parent

- Currently in SAAP funded accommodation
- Unemployed with income from Centrelink
- Risk factors - no established family or social networks, needs on-going support services
- Has a child
- Seeking grant for a computer for study.

Estimate – average (Level 3) need for housing, family services, income and employment services support. Goal of study with a view to getting work suggests the possibility that usage of services may reduce over the life cycle.

Profile 8 – Male 20 years

- Employed casually with primary source of income coming from his employment,
- Has a history of frequent changes of employment
- Is living in SAAP funded accommodation
- Reports of clashes with his mother – sometimes violent
- Has a mild intellectual disability

- Is assessed as needing on-going support services

Estimate – Has a history of employment, but with instability, likely to use intermittent Level 3-4 usage in income support, employment services, above average accommodation support and family services if he becomes a parent.

Profile 9 - Male 19 years

- Currently boarding and seeking grant for bond and rent payment and food and clothing
- CALD background
- Unemployed
- Assessed as having multiple risks
- Has diabetes
- Some Juvenile Justice involvement
- Has previously received periods of JPET assistance
- Referred to a mentoring program

Estimate – Has multiple needs and issues of concern, but also has access to several avenues of support. Likely to have intermittent usage at Level 3-4) in housing, health, income and employment, perhaps further justice system issues

Profile 10 - Male 19 years

- Currently in SAAP funded accommodation
- Unemployed with income from Centrelink
- Risk factors – experienced multiple placements, need on-going support services, associated multiple risks
- Has a disability and is slowly responding to the challenges of independent living, pension is paid through the public trustee under the auspices of the community advocate.
- Seeking grant for home establishment

Estimate – Life likely to be a challenge with continued need for support at an intense level for accommodation, health and/or mental health (depending on the type of disability), income and employment services (Level 4 - 5).

Appendix 5: Examples of costings for pathways

Very Low Cost Pathway: Less than \$1,000 per annum

Summary: This individual costs government, on average, \$35,931 over the life course from 16-60; the average cost per annum is \$817

	Housing Support	General Health	Mental Health	Drug & Alcohol	Justice	Family Services	Income Support	Employment support
Description of service usage	Very limited housing support in early years only; a few days SAAP and 6 months rent assistance	Average usage of GPs and scripts	nil	nil	Occasional speeding fine	Universal services only	TILA and a few months Youth Allowance	Occasionally uses Job Search
Unit costs (total service costs) \$	\$44 per SAAP support day; CRA \$93 pf	37 per GP visit; 40 per script			250 per fine administered	24 per MCH visit; 31 per FDC session	TILA 1000; YA 399 pf	300 per Job Search occasion of service
Av costs (\$) one year	1,693	323			250	842	3252	300
No. of years used	3	44			10	8 (4 for each of 2 children)	2	3
Costs to age 60	5,079	14,212			2,500	6,736	6,504	900

Low Cost Pathway: \$1,000 to \$4,999 per annum

Summary: This individual costs government, on average \$123,858 over the life course from 16-60; the average cost per annum is \$2,815

	Housing	General Health	Mental Health	Drug & Alcohol	Justice	Family Services	Income Support	Employment Support
Description of service usage	Short periods of SAAP support and crisis accommodation, interspersed with private rental and some rental assistance	Slightly above average GP usage	Nil	Attends drug and alcohol counselling group	Police diversion program(s) when young; occasional fines or bond	family support group session for 3 –4 months; visits to financial counselor; MCH & FDC	TILA, then Low level use of Youth Allowance and Newstart	Occasional use of JPET and Personal Support Program
Examples of Unit Costs \$ (total service costs)	44 per SAAP support day; CRA 93 per fortnight	40 per bulk-billed GP visit; 40 per script		46 per D&A group session	1200 per diversion program; 250 per fine administered; one month bond @11 per day community corrections	30 per FS group session; 60 per FC visit 24 MCH; 31 FDC	TILA 1200;YA 399 per fortnight; Newstart 405 pf	840 per short JPET program; 1500 per PSP
Av costs (\$) one year	1693	994		368	1498	991	3252	900
No. of years used	10	44		10	9	10	10	4
Costs to age 60 (S)	16,930	43,736		3,680	13,482	9,910	32,520	3,600

Moderate Cost Pathway: \$5,000 to \$29,999 per annum

Summary: This pathway of a female with children costs government, on average **\$1,003,360** over the life course from 16-60; and **\$22,804** per annum

	Housing	General Health	Mental Health	Drug & Alcohol	Justice	Family Services	Income Support	Employment Support
Description of service	Periods of stay in refuges; some SAAP and CRA	Above average usage of GP and PBS services; some visits to hospital A&E and paediatric outpatient services	Regular use of community mental services	nil	police diversion program when young; then some fines and community corrections	Regular family counseling and parenting support; some child protection	Parenting payments then ongoing Newstart	Personal Support Programs when children no longer dependent
Examples of Unit Costs (total service costs)	44 per SAAP support day; CRA 93 per fortnight	40 per GP visit; 40 per script; 281 A&E visit; 105 per outpatient occasion of service	46 per group session; 180 per counseling session	0	1200 per diversion program; 250 per fine administered; 11 per day community corrections	180 Family counselling day; 46 parenting group day; 1447 CP	PP 608 pf; pharm 7 pf; Newstart 485 pf	1500 per PSP
Av costs (\$) one year	3189	1785	1632		7066	4159	13996	1500
No. of years used	44	44	34	0	5	18	44	2
Costs to age 60	140,316	78,540	55,488		35,330	74,862	615,824	3000

High Cost Pathway: \$30,000 to \$74,999 per annum

Summary: This pathway of a Male with Drug and Alcohol and Justice Issues costs government, on average **\$2,217,670** over the life course from 16-60, and **\$50,402** per annum

	Housing	General Health	Mental Health	Drug & Alcohol	Justice	Family Services	Income Support	Employment Support
Description of service	Frequent crisis accommodation and long term supported accommodation (when not in prison)	Above use of GP and PBS services and frequent visits to A&E	nil	Frequent D&A counselling sessions; several episodes of detox care when young; then daily methadone maintenance	frequent court appearances, periods on remand and periods totalling 7 years in prison	nil	TILA one-off; frequent use of YA then Newstart (when not in prison)	2 Intensive Support Packages when young
Unit Costs	44 per SAAP support day	40 per GP visit & script; 281 per A&E visit		180 per D&A counselling session; 6896 per youth episode of detox care; methadone maintenance 14600 pa; 1200 court-ordered asst	750 police services to judicial process; 300 per case finalised in magistrates court; 11 per day community corrections; 190 per day remand; 204 per prisoner day		TILA 1200; YA 399 pf; Newstart 485 pf	4500 ISP
Av costs (\$) for one year	13466	4017	0	18421	31332	0	9394	4500
No. of years used	37	37	0	37	17		37	2
Costs to age 60	498,242	148,629		681,577	532,644		347,578	9,000

Very High Cost Pathway: over \$75,000 per annum

Summary: This pathway of a Female with Children in Long Term Foster Care costs government, on average \$ 4,127,105 over the life course from 16-60, and \$93,798 per annum

	Housing	General Health	Mental Health	Drug & Alcohol	Justice	Family Services	Income Support	Employment Support
Description of service	Frequent periods of ongoing SAAP crisis services alternating with 'squats'	Frequent A&E visits and periods of hospitalisation	regular MH counselling sessions; several short periods of psych hospitalisation	regular visits from a court-ordered case worker, counseling and occasional detox care	10 court appearances; community orders totalling 26 weeks	Parenting support then several substantiations and extended periods of OOH care for children	parenting payments then ongoing Newstart	nil
Unit Costs	44 per SAAP support day	40 per GP visit & script; 871 per public hospital inpatient day	180 per MH counselling session; 529 per adult MH inpatient day;	402 per D&A caseworker visit; 180 counselling session; 102 adult detox day	750 police services to judicial process; 300 per case finalised in magistrates court; 11 per day community corrections	9112 per substantiation; 29298 per OOH care year	PP 608 pf; pharm 7 pf; Newstart 485 pf	
Av Costs (\$) for one year	13466	9868	6985	18421	31332	57192	13996	
No. of years used	44	44	25	44	15	18	44	
Costs to age 60	592,504	434,192	174,625	810,524	469,980	1,029,463	615,824	0

Appendix 6: Examples of Frequency and Intensity of Service Level Usage: Sub-pathways (this table provides 3 – 4 examples in each level of the different types of services which might represent the range of expenses)

Pathway	Housing Support	Gen health	Mental Health	Drug & Alcohol	Justice	Family Services	Income Support	Employment services
1	Nil	Below average usage: GPs 3 visits pa (average 5.4); 3 prescriptions per person	Nil	Nil	Nil	universal services only	Nil	One use of Job Search and Job Search support
1.1	6 months CRA				speeding fine	no children		Three contacts with Job Search
1.2	One year CRA							
2	One SAAP outreach service; 6 months CRA	3 GP visits; 3 prescriptions; plus 2 public hospital inpatient days	Low level mental health issues; manages within mainstream system	Attend drug/alcohol counselling group 3 hrs week for 8 weeks	3 minor fines	1 family support group session per week for 3 months; 4 visits to financial counsellor	TILA one-off payment; youth allowance 3 months each year	One Job Placement Employment and Training Program (JPET) of 2 months duration [ages 16-20]
2.1	4 days SAAP support, twice a year ; 6 months CRA	6 GP visits; 2.9 path tests; 0.45 imaging; 6 scripts	attend community mental health group 1 day per week for 8 weeks [ongoing for 7 years]		5 cautions	12 food vouchers; use of FDC weekly for respite, over 3 months; reducing to respite once a month	TILA plus Parenting Payment for single parent with children under 13	JPET for 4 months duration [ages 15-20]

Pathway	Housing Support	Gen health	Mental Health	Drug & Alcohol	Justice	Family Services	Income Support	Employment services
2.2	3 weeks stay in crisis service; 6 months CRA	6 GP visits; 2.9 path tests; 0.45 imaging; 6 scripts; plus one visit to A&E			police diversion program	one parenting program 3 hrs per week over 3 months	Newstart (age 21+) 3 months each year	One Personal Support Program (PSP) [ages 21+]
2.3		6 GP visits ; 2.9 path tests; 0.45 imaging; 6 scripts; plus one half day/week community health session			1 court appearance on minor charges; bond for 3 months			
3	One SAAP outreach service; 6 months CRA	12 GP visits; 12 scripts; 3 visits to A&E	Attend mental health support group 1 day per week for 6 months per annum	sees D&A counsellor for 1 hour 4-6 times pa	4 court appearances; 4 occasions of bail of 1 week each;	one notification, one investigation, one substantiation; one period community-based family counselling 12 days; one parenting program 3 hours per week for 3 months; 3 months of voluntary out-of-home care; plus one day respite FDC pw	TILA; plus Youth Allowance 6 months each year	JPET for 6 months

Pathway	Housing Support	Gen health	Mental Health	Drug & Alcohol	Justice	Family Services	Income Support	Employment services
3.1	4 days SAAP support, twice a year; 6 months CRA	12 GP visits; 12 scripts; 3 visits to A&E; plus 6 paediatric outpatient consults	mental health court-ordered assessment; counselling in community for 6 sessions;	combined D&A and MH court-ordered assessment; counselling in community for 6 sessions; plus 2 case reviews per annum	4 weeks on remand; plus 3 diversion programs totalling 3 weeks duration]	notification, investigation and substantiation as in 3 above; [plus "Reconnect" program for adolescent children for age cohort 25+]	TILA plus Parenting Payment (and other allowances) for single parent with children under 13	JPET for 10 months
3.2	3 weeks stay in crisis service; 6 months CRA	18 GP visits; plus 24 scripts	has mental health issues but does not access service	youth 16-21: 2 episodes of detox care; [adult: 2 periods of detox service of 3 weeks duration]	one month incarceration	one notification, one investigation, one substantiation; one period community-based family counselling once a week for 3 months; mandated OOH placements of 12 weeks for 3 children	Age 21+: Newstart 6 months each year	Age 21: two PSP
3.3			allocated a Mental Health Worker: 4 visits per year	weekly counselling sessions from D&A worker ongoing; [may change behaviour by age 23 and no				

Pathway	Housing Support	Gen health	Mental Health	Drug & Alcohol	Justice	Family Services	Income Support	Employment services
				longer use service]				
4	ongoing CRA	26 GP visits; 26 PBS scripts	fortnightly counselling sessions in the community	25 counselling sessions of one hour duration	10 court appearances; community orders totalling 26 weeks	2 notifications, 2 investigations, 2 substantiations ; 6 months foster care placement for one child; 1 hr child protection worker visit per week ongoing for 15 years or more.	TILA; plus YA 9 months	Package of ISP supports [ages 16-20]
4.1	3 months in crisis service [women or youth]; plus 9 months in transition service; [for 2 years]	26 GP visits ; 26 PBS scripts; 2 A&E visits; plus 12 paediatric consults	2 periods of hospitalisation for 4 days per stay pa for 7 years; 1st yr child rate; [also level 4 GP usage and scripts]	youth 16-21: 3 episodes of detox care; [adult: 3 detox periods of 6 weeks duration] plus 1 case conference and 4 case reviews	1 month in remand; 3 years in adult prison aged 21-24; [then no more offending]		Newstart 9 months each year	Adult [21+] extended PSP
4.2	9 months use of men's day crisis centre and use of crisis bed services	3 A&E visits; plus hospital for 6 days; [long term medical and health support costs in outyears]	allocated a Mental Health Worker: 8 visits per year	ongoing methadone maintenance - one prescription per day	2 years in youth detention centre;		Parenting payment and allowances for 6m (children in care 6 months)	Nil usage

Pathway	Housing Support	Gen health	Mental Health	Drug & Alcohol	Justice	Family Services	Income Support	Employment services
4.3	public housing tenant		CAT crisis team visits once a week; 6 months in non-24 hr staffed community facility		1 month in remand; followed by prison			
4.4			6 months in 24-hr staffed community facility					
5	ongoing SAAP crisis services [men and women]	50 GP visits; 50 PBS scripts; 5 A&E visits	CAT crisis team visits once a week; 3.5 months total hospital	court ordered caseworker : 25 weekly visits per annum; plus ongoing methadone maintenance; plus 1 case conference and 4 case reviews	Prison ongoing	one year foster care for 3 children; child protection case worker one visit per week all year	TILA; plus YA ongoing	Nil usage
5.1	three months stay in a women's refuge	20 A&E visits; plus hospitalisation for a total of 10 days per annum	CAT crisis team visits 6 times year; ongoing treatment non-24 hr staffed community facility	court ordered caseworker: 25 weekly visits per annum; youth 16-21: 6 episodes of detox care; [adult: 6 detox periods of 6 weeks duration] plus	one period of 6 months incarceration plus 1 day community corrections per week	3 notifications, investigations and substantiations for each of 3 children; foster care and child protection as in 5 above	Newstart ongoing	

Pathway	Housing Support	Gen health	Mental Health	Drug & Alcohol	Justice	Family Services	Income Support	Employment services
				1 case conference; plus 4 case reviews				
5.2	supported correctional housing	catastrophic illness with extreme health costs: 4 weeks in acute hospital with traumatic MVA injuries; 3 weeks inpatient rehab; plus ongoing disability support.	ongoing treatment 24-hr staffed community facility		3 court appearances; 1 day community corrections orders for 4 months and total of 4 months incarceration	One family counselling session per week for 6 months; 3 months intensive family support package [one-off]	Disability Support Pension: youth /adult ongoing	
5.3	supported public housing ongoing	high level usage of health services in gaol			5 years of youth corrections followed by adult prison ongoing	[for age 25+ high and complex needs] package of intensive support and daily care		