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Young People Transitioning from out of Home Care and Youth Justice: Exploring the Experiences of "Dual Order" Care Leavers in Victoria, Australia

Abstract

This exploratory research examined the state care, education, youth justice and post-care experiences of 15 care leavers who were also involved in the youth justice system in Victoria, Australia. In-depth audiotaped interviews were conducted and later thematically analysed. Access to affordable housing and substance abuse treatment, and a meaningful relationship with at least one supportive adult characterised the lives of young people who had reduced or ceased their offending behaviour. Areas for future intervention and research are identified, including working with families, supporting education retention, and the need for better supported transitions from state care.

Background

Leaving care refers to the cessation of legal responsibility by the state for young people living in out-of-home care (OHC) under a child protection court order (Mendes et al. 2011). Of the 39 000 children and young people residing in OHC in Australia, an estimated 3 034 young people aged 15 to 17 years were discharged from care in 2011–12, including 857 in the state of Victoria, where the current study was conducted (Australian Institute of Health and Welfare 2013).

In acknowledgement of the support young people require to successfully transition to independence, the Victorian government has legislated for the provision of leaving care and post-care support services and funding for care leavers up to 21 years (Department of Human Services 2012). Nationally, Australian Out-of-Home Care Standards require care leavers to have a *Transition from Care Plan* commencing at 15 years (Department of Families, Housing, Community Services and Indigenous Affairs 2011). Despite these provisions, young people leaving state care

continue to be among the most vulnerable and disadvantaged groups in society. Their experiences of abuse and neglect, often poor in-care experiences, accelerated transtions to adulthood, and the lack of ongoing support they receive on leaving care make them vulnerable to ongoing adversity and various poor outcomes in adulthood (Mendes et al. 2011; Stein 2012).

One pressing concern is the overrepresentation of care leavers in youth justice systems, which are responsible for the statutory supervision of young people in the criminal justice system. Both community-based and custodial tariffs (including remand) exist within the Victorian youth justice system, which adopts a strong diversionary focus where possible (DHS 2011). The over-representation of care leavers in youth justice systems (so called "dual order" clients) is concerning, given that this group are more likely than non-offending peers to progress to the adult justice system (Kalb/Williams 2002), thereby increasing the risk of a range of associated negative life outcomes (Culhane et al. 2011).

State care and youth offending

The international literature consistently demonstrates high levels of offending and overrepresentation of young people from OHC backgrounds in youth justice systems (Cusick et al. 2010; Darker et al. 2008; Halemba et al. 2004; Smith/Thornberry 1995; Weatherburn et al. 2007). Australian surveys of OHC populations have indicated that between 13 and 28% of young people in care had experienced involvement with the youth justice system (DHS 2001; McDowall 2008, 2009), and surveys of youth justice populations also indicate that 21–28% of males and 36–39% of females on youth justice orders have had a history of child protection involvement (Murphy et al. 2010; Wood 2008). A number of factors appear to contribute to this association, as detailed below.

Child maltreatment, youth offending and out of home care

Several studies have examined the links between child maltreatment and youth offending (AIHW 2012; Jonson-Reid/Barth 2000a; Ryan/Testa 2005; Stewart et al. 2002; Widom 2003; Widom/White 1997). Research indicates that young people who have experienced maltreatment are more likely to have subsequent offending records (AIHW 2012; Stewart et al. 2002), and that maltreated young people who have been placed out of home were twice as likely to have subsequently offended than maltreated young people who were never placed out of home (Ryan/Testa 2005; Stewart et al. 2002). In correlational studies such as these, it is not possible to determine causa-

lity, however it has been proposed that OHC placement "... is likely to be indicative of the seriousness of the maltreatment" (Stewart et al. 2002, p. 5), potentially placing these groups at elevated risk of poor psychosocial outcomes, including affiliation with socially marginalised peers and offending behaviour.

Children whose first OHC placement occurs at an older age or who continue to experience maltreatment into adolescence are more likely to offend (Jonson-Reid 2002; Jonson-Reid/Barth 2000b; Ryan/Testa 2005; Smith et al. 2005; Stewart et al. 2002, 2008). Additionally, studies suggest that offending is more likely amoung young people who have experienced greater placement instability (Barn/Tan 2012; Cusick et al. 2010; Johnson-Reid/Barth 2000b; Ryan/Testa 2005; Taylor 2006; Widom 1991) or who have had placements in group homes or residential care settings (Ryan et al. 2008; Taylor 2006; Wise/Egger 2008). While some research suggests that offending behaviour occurs subsequent to placement instability (Ryan/Testa 2005), the inverse may also be true in some cases (Darker et al. 2008). Not surpisingly, there is also evidence that young people entering care as a result of behavioural problems are more likely to offend than those placed solely due to maltreatment (Coleman/Jenson 2000; Jonson-Reid/Barth 2000a; Widom 1991).

Studies of dual order young people have reported that males offend at higher rates than females (as is the case across the board with youth offending), and that the risk of offending increases throughout adolescence, and then declines in the approach to early adulthood (Cusick et al. 2010; Darker et al. 2008; Ryan et al. 2008, 2010; Stewart et al. 2002). Dual order client populations also display other attributes associated with youth offending, including higher levels of criminality amongst family members, educational exclusion or disengagement, substance abuse and mental health issues (Darker et al. 2008; Halemba et al. 2004).

Youth offending and leaving care

Some studies have examined youth offending during the transition from care. Care leavers in the US were found to be twice as likely to engage in offending from age 16 to 17, and more likely to report being arrested between 18 and 19 years of age compared to their peers in the general population (Cusick/Courtney 2007). However, by ages 21–22, there were fewer differences between the offending of care leavers and the general population (Cusick et al. 2010). A UK study of 39 care leavers identified that only one of eight young people who had left care aged 18 or over had served a

custodial sentence, compared to 13 of the 20 who had been discharged by the age of 16, indicating that age of discharge may impact upon post-care offending (Taylor 2006). A more recent study by Lee et al. (2012) also found some evidence that remaining in care past the age of 18 years reduced the likelihood of criminal justice system involvement for females.

No Australian studies have specifically examined offending during the leaving and post-care period, from age 15 to 21, yet this is a significant time for many reasons: first, it is generally during this developmental period that offending increases (Farrington 1986; Hirschi/Gottfredson 1983); secondly, offending behaviour during this time is likely to impact upon the transition from care, and thirdly, transitioning into youth justice custody may impact upon access to leaving care and post-care supports (Mendes et al. 2012). There is little literature which explores the backgrounds, experiences and outcomes of dual order clients. Such data is necessary in order to deepen our understanding of potential risk and protective factors with respect to offending behaviour among care leavers, so that more effective policies and interventions can be developed (Taylor 2006).

This paper reports on findings from the second phase of a study focusing on young people leaving care who have also experienced involvement with youth justice systems. The first phase of the study canvassed the views of key stakeholders (service providers) regarding the needs of dual order clients, current policy and practice responses and barriers to positive outcomes (Mendes et al. 2012). Findings documented a range of factors that contribute to offending, varied responses by the child protection and youth justice systems, limited utility of leaving care plans, and the availability of preventative and diversionary programs. Overall they pointed to a need for more formalised interagency collaboration and intensification of the interventions and supports offered in custodial settings and post discharge from custody or care (Mendes et al. 2012).

The second phase was a qualitative, exploratory study which aimed to access the perspectives of young care leavers to generate a more in-depth understanding of:

- The backgrounds, OHC and education experiences of dual order care leavers, as well as their post-care experiences and outcomes to date
- > The experience of dual order clients with offending behaviour, and involvement in the youth and adult justice systems, and
- Social or educational programs which are perceived by the young people to have helped or have had the potential to do so.

The study was approved by the university Human Research Ethics Committee.

Method

Participant recruitment: Staff of the project's seven non-government child and youth partner agencies identified current or previous clients who met the following eligibility criteria:

- > Aged 18 to 26 years
- > Previous placement in out of home care (at least 6 months)
- Previous involvement in the youth justice system (either community-based or custodial order)

Convenience sampling was utilised, and the interview location and time were either arranged by agency staff or by the research assistant in consultation with the young person. Informed consent was obtained by both agency staff and the research assistant (a trained social worker), discussing the project with the young person prior to the interview, and the young person was advised they were able to withdraw from the study at any point.

Data collection: Semi-structured in-depth interviews were conducted with the young people, covering a range of topics which were derived from the literature review and our own prior studies (e.g. examining experiences of OHC, education, leaving care, post-care, early offending and youth and adult justice systems). Visual timelines tracking events such as entry/exit from care, changes in placement and schools, and youth justice involvement were created with each young person. The young people were encouraged to refer to the timeline to describe temporal relationships between events. A short demographic questionnaire was also completed at the conclusion of each interview, including information such as the total number of OHC placements and highest level of education achieved. Interviews ranged from 19.5 to 97.5 minutes (mean = 44 minutes; SD=19.6 minutes).

Data Analysis: All interviews were audio-taped and transcribed and data were then entered into NVivo9 (Richards 2005) for coding. Thematic analysis was conducted using the systematic approach to data reduction and description as outlined by Huberman and Miles (1994). Transcripts were reviewed, and codes were developed which noted patterns and themes, and code frequency was noted to emphasise commonly occurring ideas.

Respondent sample: The final sample comprised 15 care leavers aged 18 to 26 years who were interviewed between February 2012 and May

| Table 1 | Socio-demographic characteristics of the young people |
|---------|---|
|---------|---|

| Age (mean, [range]) | 20.4 years, [18–26 years] |
|---|-----------------------------------|
| Gender | 10/15 male; 5/15 female |
| Location | 12/15 metropolitan; 3/15 regional |
| Country of Birth | 13/15 Australia; 2/15 New Zealand |
| Aboriginal and Torres Strait Islander (ATSI) status | 2/15 of ATSI origin |

2013. Interviews were either conducted at agencies familiar to the young person (n=11), or at the young person's home (n=4). Socio-demographic and care characteristics of the sample are shown in Table 1 below.

The sample's demographic characteristics reflect those of Victorian care leavers overall in terms of Indigenous status and the proportion who entered care after the age of 12; however females were under-represented and young people who had been in care for more than two years were over-represented (Cummins et al. 2012).

Results

Results are presented thematically below. Pseudonyms are utilised in order to protect respondents' privacy where quotes are used to illustrate various findings.

Out of home care and personal characteristics

Participants described various reasons for entry to care and care experiences. The largest subgroup of young people had entered care in adolescence as a result of various combinations of behavioural issues, family conflict, being "kicked out" by parents and / or running away (7/15), as opposed to a direct consequence of abuse or neglect (5/15). Three of the young people, all of whom had initially entered care at approximately 5 years, could not articulate the reasons why they had initially needed to do so. Other characteristics of the study sample are detailed in Table 2 below, including a high proportion reporting substance abuse problems, mental health issues and family involvement in the criminal justice system.

No young people described any long-term foster care placements, however some had kinship placements for extended periods (e.g. longer than 6 months). By the time of leaving care, almost all of the young people had experienced residential care placements, which were often described as lacking boundaries, discipline and care. Young people's accounts indicated that their offending behaviours in the context of residential care were, at times, ignored or tolerated, while at other times were managed by

Table 2 Self-reported state care and individual characteristics of young people

| Age of entering care (mean, median, [range]) | 10.5, 12.5, [2–16] years |
|---|---------------------------|
| Age of leaving care (mean, median, [range]) | 17.4, 17.5, [16–18] years |
| More than two placements | 12/15 |
| Substance abuse problems | 12/15 |
| Mental health diagnoses | 10/15 |
| Family involvement in the criminal justice system | 11/14 |

containment through external services (e.g. psychiatric, secure welfare or police responses), rather than via "in-house" responses:

I would slam myself against walls, not meaning to break them, and I would like fall through the wall. I would assault the workers, I would bite them... They would just call the police... I got charged like, 38 times, I think it was. (Leigh, 19 years)

School experiences

School difficulties were described by many young people, including experiences of bullying, conflicts with students and teachers and specific learning difficulties. Twelve of the young people had experienced suspensions and/or expulsions, and Year 10 (age 15 to 16) was the highest school educational level achieved (6/15 young people). A number of young people expressed disappointment and regret at their lack of education, for example:

I should have gone to school. If I would have been at school already I would have passed my education. I look at my friends now... they've already got cars, holidays, jobs. I look at them and, fuck, it should have been me doing that. (Sam, 18 years)

Educational disengagement tended to coincide with multiple and complex problems, often occurring in early adolescence (around the time of entering residential care and secondary school). Many respondents re-engaged in alternative education programs, and the majority had also participated in further education. Yet translating training and education into employment opportunities proved difficult, with only three of the young people having employment experience.

Offending behaviour

Offending behaviour commenced at the age of 12 to 13 years for nearly two thirds of the sample (9/15), and in about half of the cases, offending behaviour began prior to first entering care (7/15). Assault, theft, and substance use and property damage were common initial offences described, often with multiple offence types emerging simultaneously. Respondents were more likely to describe receiving charges (as a minor) for offences which occurred only outside of the placement environment (9/15), compared to those which occurred solely within the placement environment (2/15), or both outside and inside the placement environment (4/15).

Three main social contexts were described in relation to young peoples' initial offending:

- Socially-based offending (8/15), for example with friends, peers in care or school and partners
- Lone offending (6/15), consisting either of thefts outside or assaults/property destruction inside residential care units
- Family-based offending (2/15), with immediate and/or extended family members

Substance use and social pressure emerged as key factors associated with offending behaviour. The majority of young people described committing offences while intoxicated, and a minority progressed to committing crime to fund substance use. For some of the young people, family systems, rather than statutory systems, were the context of their initial exposure to antisocial activities, including interpersonal violence, substance use and other offending behaviours. A number of young people could point to family members who were seen as far "worse" than them in relation to criminal activity, and many described social rewards for offending behaviour from family, partners and peer networks. Young people often spoke about "following" older family members or older partners into offending, for example:

I looked up to my brother a bit too much and I seen him do this stuff so I just probably – yeah, looking at him, see what he's doing, you know, I saw a fair bit. (Ben, 20 years)

Youth justice involvement

Initial youth justice involvement occurred at an average age of 14 years, as detailed in Table 3 below.

A time lag was observed between the point at which young people begin offending, and the age at which they eventually became involved with statutory Youth Justice services. In all cases, initial OHC involvement preceded initial youth justice involvement, and for half the sample, this occurred within two years of entering care. One noteworthy theme was the lack of knowledge and recall of many young people concerning the precise reasons they were involved with youth justice, or the orders which they had been placed under. While one third of the young people had positive appraisals of community-based youth justice services, including appreciating access to practical and emotional support, another third of the sample believed that these interventions made little difference to their offending. Those who entered youth justice custody were evenly divided between those who described positive experiences (e.g. access to material goods, education and positive staff interactions), and negative experiences (a sense of being unsafe and/or losing connections with workers and friends in the community). Finally, four young people reported witnessing, experiencing or perpetrating assaults whilst in youth justice custody.

Table 3 Youth justice involvement of young people

| Initial Youth Justice involvement (mean, [range]) | 14.1, [10–16] years |
|---|---------------------|
| Custodial Youth Justice order (including remand) | 7/15 young people |
| Ceased Youth Justice involvement ≤ 18 years | 10/15 young people |
| | |

Leaving care experiences and outcomes

While some young people described positive aspects of leaving care, including opportunities to acquire material goods, the majority described a chaotic transition associated with escalating substance use and/or offending behaviour immediately preceding, during and/or soon after the transition from care. Returning to family was the most common post-care placement (6/15), followed by temporary or permanent government housing (4/15). A further four young people technically exited to homelessness, either residing in boarding houses, refuges, or "couch surfing" with acquaintances. The seven young people who had accessed post-care services at the time of leaving care tended to have been in care for a longer time than those who did not access these services. While few participants described any relationship with biological fathers, three young people described a supportive relationship with their mothers. The remainder of the young people either described having no relationship with their mothers, or one which

was estranged or conflictual in nature. Overall, there were fairly problematic outcomes in relation to many other life domains – 8/15 young people had experienced homelessness since leaving care, two participants were pregnant and five young people had one or more children of their own.

Offending behaviour and criminal justice system involvement post-care

Nearly one half of the participants (7/15) all of whom were male, had also experienced involvement with the adult criminal justice system. Six of these young people had spent time in adult custody since leaving care, and four had further charges pending. These respondents generally entered care at a later age (after 10 years), either due to behavioural issues or family conflict. Post-care factors which were more commonly described by the young people who proceeded to the adult justice system included:

- Having no support from a post-care worker at the time of leaving care
- > Experiencing homelessness since leaving care, and
- Having no non-professional post-care supports (i.e. only being connected to voluntary or involuntary services or workers since leaving care)

Notably, two thirds of the participants had either desisted from offending or greatly reduced their offending behaviour. These young people typically reported having had access to affordable housing and a meaningful relationship with at least one supportive adult (e. g. a former worker, partner or parent). Becoming a parent and dealing with substance abuse issues were each described as key factors which precipitated a reduction in offending. The young people who had reduced their offending often described an attitude shift based on a level of care for themselves et al. which had not previously dominated their decision-making. Such attitudes included desiring a "better life", not wanting to lose custody of their own children, wanting to avoid further entrenchment in the adult justice system and realising the impact of their offending.

I've got too much to lose, yeah? I've got my daughter, you know? If I gave up my daughter, what's the point in me being around? (Mark, 20 years)

I just don't want to get into trouble any more. And I don't want to risk losing my child when it's born and stuff... I'm just sick of it. I just want to settle down and have an education and just get my life back to normal. (Jasmine, 18 years)

The four young people in the study who exhibited ongoing offending behaviour at the time of the interview were male and aged between 19 and 25 years. All were currently on adult criminal justice orders, and three had further court cases pending. Extensive family involvement in the criminal justice system, later age of entry to care, problematic alcohol use and estrangement from family were recurring themes in the interviews with these young people, who also appeared to have no significant adult relationships other than various agency workers.

Discussion

This study sought to explore the experiences and views of a sample of care leavers who had also experienced involvement with the Victorian youth justice system. The findings presented rely on retrospective self-report data, which are subject to issues concerning participant recall and bias. As Taylor observed (2006, p. 69–70) the memories may be "... complicated by the often traumatic nature of their earlier experiences and by the fragmented picture that they may have as a result of movement and change". Additionally, the findings are limited by factors relating to the sample (both the small size and single jurisdictional nature) as well as the lack of mixed methodology adopted. Given the sampling frame, the findings are more reflective of the experiences of young people who remain connected to services and supports after leaving care. This may under-represent certain groups of care leavers, for example those who have remained involved with Youth Justice, those who had entered the adult custodial justice system and those who had previous involvement with Youth Justice but were faring well and no longer connected to services. Nonetheless, the voice of dual order care leavers has been lacking in the research to date concerning offending among young people leaving care, and provides valuable insights into the histories and experiences of care leavers who have been involved in the youth justice system.

The findings highlight a challenge for the OHC sector in its response to young people, particularly those entering care in adolescence, who already present with difficult behaviours, including offending behaviour. The finding that many young people enter the care system already exhibiting offending behaviour suggests a need for embedded direct and indirect responses to these issues if young people are not to progress by default to the youth justice system. Working in collaboration with youth justice services to devise appropriate responses is one potential strategy for state care systems. The experiences of residential care described par-

allel those of a previous UK study of dual order care leavers (Taylor 2006), which found that "... there was a general consensus amongst the young people that there is very little that [residential care] staff can do to control unruly residents, who are themselves usually well aware of this fact" (p. 95). Findings of the current study pointed to the value of smaller residential units, lower staff numbers and staff turnover in residential care, and more one-to-one time for young people in residential care, echoing other international studies (Ryan et al. 2008; Taylor 2006). Additionally, a gap in the availability of therapeutic placement options for adolescents in OHC has been highlighted.

The respondents' educational experiences were also consistent with those reported for the OHC and youth justice populations more broadly (Cashmore/Paxman 2007; Jackson 2001; Ryan et al. 2008; Taylor 2006). Akin to findings of previous research (Stewart et al. 2008), the transition from primary to secondary education appeared to be a high-risk period for educational exclusion or disengagement, as did the time of entry into residential care. Strengthening the capacity of the education sector to identify and respond appropriately to trauma, learning difficulties, behavioural and welfare issues may therefore be a potential early intervention approach in this area (Mendes et al. 2012). Additionally, facilitating ongoing connections with education during the transition into residential care is of key importance, as is the availability of alternative educational options for dual order clients. The findings highlighted difficulties translating education into longer-term training and employment outcomes for this group, presenting an area for strengthening interventions and further research (Cusick et al. 2010).

Experiences of the interviewees in relation to housing, employment and early parenthood are also reflective of previous studies (Mendes et al. 2011; Taylor 2006). Aside from housing and other practical supports such as access to income support, practical and emotional support from pro-social adult role models was evident in the lives of young people who had reduced or ceased offending behaviour. Post-care models for dual order clients should incorporate strategies for building and sustaining these connections, particularly for young people entering care in adolescence, who our findings suggest may be more vulnerable to not accessing leaving care and post-care supports, and becoming involved with the adult justice system.

While the involvement of family members in the criminal justice system is mentioned in previous studies of youth and adult justice populations (Indig 2011; Mendes et al. 2012), the interviews with young people served to emphasise the extent of this family involvement for some young people. Previous research has also found that in-care offending among young people may sometimes be "... a continuation of established behaviour precipitated by their experience of family failings and socio-economically deprived background" (Barn/Tan 2012, p. 219).

Research indicates that dysfunctional family relationships (particularly within environments characterised by disadvantage) contribute to the development of offending behaviour and to reoffending (Ganem/Agnew 2007; Putkonen et al. 2007). A substantial proportion of the young people entered care as a result of behavioural issues, being "kicked out" of home, or because of their need to escape the stress of chronic family conflict. Additionally, many returned to live with a family member at some point after leaving care. This suggests a potential usefulness for various family-based interventions either prior to entering care, during leaving care planning, or within youth justice interventions (Mendes et al. 2012). Clearly such approaches will be unsuitable in certain circumstances, however there is a growing evidence-base supporting family-based interventions with young people with offending behaviours (Andrews/Bonta 2003; Farrington/Welsh 2003; Knorth et al. 2008; Murphy et al. 2010).

The findings also support the need for the implementation of the trauma-informed practice approaches within youth justice systems. At the same time, one concern highlighted by Taylor (2006) is the need to avoid a situation where youth custodial environments are experienced as more secure and responsive than residential care placements. It is therefore advisable that similarly intensive and responsive therapeutic options be made available to young people in OHC settings in the community.

For many of the young people in this study, offending behaviour had ceased or significantly reduced by the time of the interviews. Yet nearly one half of the sample had also experienced involvement in the adult justice system. Young people who had no relationships with either parent appeared particularly vulnerable to ongoing offending behaviour, as has been suggested by other studies of dual order care leavers (Cusick et al. 2010). Future research should seek to determine the extent to which the experiences described by informants in this study (most notably that male gender, later age of entry into care, a lack of formal and informal support at the time of leaving care and post-care homelessness may be associated with adult justice system involvement among care leavers) are borne out

by larger-scale, representative samples that can map trajectories from maltreatment to offending.

Conclusion

This research demonstrates that understanding the backgrounds and offending histories of young care leavers provides a distinct opportunity to identify areas for policy and practice interventions and future research which may contribute to reduced involvement of this group in the youth and adult justice systems. Key areas which were highlighted include the potential for family-based interventions, the need for trauma-informed approaches in OHC, education and youth justice systems, and the need to address barriers to accessing material and social supports during the transition from state care to independence. More generally, it is recommended that a legislative amendment be introduced to make Victorian post-care support mandatory rather than discretionary as per UK legislation (Children [Leaving Care] Act 2000).

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