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The impact of transition interventions for young people leaving care: a review of the Australian evidence

Renée O'Donnell^a, Kostas Hatzikiriakidis^a, Philip Mendes^b, Melissa Savaglio^a, Rachael Green (nee Cox)^b, Gary Kerridge^c, Graeme Currie^c and Helen Skouteris^b

^aMonash Centre of Health Research and Implementation, School of Public Health and Preventive Medicine, Monash University, Melbourne, Victoria, Australia; ^bDepartment of Social Work, Monash University, Melbourne, Victoria, Australia; ^cWarwick Business School, University of Warwick, England, UK

ABSTRACT

Whilst advancing outcomes for young people transitioning from out-of-home care is a national priority, no synthesis of Australian interventions that support their transition from care and into independence currently exists. The aim of this systematic scoping review was to examine the characteristics of such interventions delivered in Australia and to evaluate their impact. Papers were included if they assessed the extent to which transitional support interventions, delivered in Australia, improved housing, employment, education, financial, health, or social functioning outcomes. Eleven studies were included. Interventions primarily adopted a case management approach to support care-leavers' transition. Interventions facilitated improvements in care-leavers' independent living outcomes (e.g., housing, education, and financial stability), but less so in health outcomes. This synthesis provides guidance for how research organizations in partnership with community service organizations and statutory services should develop and deliver interventions to support young Australians transitioning from care.

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Transition; out-of-home care; intervention; review

Outcomes for care-leavers

Currently, there are nearly 45,000 Australian children in Out-of-home Care and approximately 3,300 young people aged 15–17 years who leave care each year (AIHW, 2020, Table S5.2). Leaving care is formally defined as the cessation of legal responsibility by the state for young people residing in OoHC under a child protection order (Mendes et al., 2014). Young people who transition from care settings (residential, kinship and foster care) have been identified as some of the most disadvantaged and vulnerable young people in our community (Mendes, 2019a). Indeed, there is a large body of evidence demonstrating that, when compared to non-care-leavers, young people who leave care are more likely to experience significant difficulties across a range of outcomes, including mental illness, poor physical and mental health, involvement in the youth criminal justice system, substance misuse, low educational attainment, unemployment, and homelessness (Campo & Commerford, 2016; Muir et al., 2019; Smales et al., 2020). Specifically, approximately 35% of young people experience homelessness within the first 12 months after leaving care (McDowall, 2009).

CONTACT Helen Skouteris  Helen.skouteris@monash.edu

 Supplemental data for this article can be accessed [here](#)

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Poor transition

There are two main reasons why young Australian people struggle to transition effectively from OoHC and into independent living. First, mandating care-leavers into adulthood at 18 years is considered premature and increases their vulnerability and marginalization (Mendes, 2019a, 2019b). Due to the physical, developmental, and psychological impact of their trauma, young people in care are often at a younger developmental age than their chronological age (Webster, 2016). As a comparison, non-care-leavers typically transition from their familial home and into independence at 24 years of age (Wilkins et al., 2019). Therefore, there is strong support to extend OoHC to at least 21 years (Australian Institute of Family Studies [AIFS], 2016; Mendes, 2019a; Mendes & Rogers, 2020). Second, research shows that the OoHC system does not adequately prepare care-leavers to transition out of care (Mendes, 2019b). For example, only 46% of young Australian people aged 16–19 years approaching transition reported having a *'leaving care plan'*, and are rarely involved in this (i.e., a leaving care plan is developed in preparation for the young person exiting care and details what supports they need to do so; Muir & Hand, 2018). Without a leaving care plan, access to ongoing financial, housing and social support is significantly impeded (Beauchamp, 2014; Mendes, 2019b). Care-leavers often do not have access to a sense of structure, organization, and support network that non-care-leavers typically utilize to ease their transition into adulthood (Campo & Commerford, 2016). Overall, care-leavers face a post-care system that is ad hoc and fails to meet their needs.

Australian context

In Australia, it is a minimum requirement that young people transitioning from OoHC have a leaving care plan and receive a Transition to Independent Living Allowance, a one-off payment of up to 1,500 AUD to cover basic costs (Commonwealth of Australia, 2012). Due to inherent issues underpinning leaving care plans (e.g., low uptake) coupled with the high costs of living independently (Australian Institute of Health and Welfare [AIHW], 2019), consensus has formed that more support is needed to ensure effective transitions from care (Campo & Commerford, 2016; Mendes, 2019a). The National Framework for Protecting Australia's Children (2009–2020) named increased support for care-leavers as a national priority (Commonwealth of Australia, 2012). This priority specifies that young people leaving care should receive integrated support that is tailored to their individual needs, builds upon their development and prepares them for independence. However, the National Framework does not provide any specific funding to assist in delivering increased and integrated support for care-leavers. Rather, funding by the States and Territories is discretionary, not mandatory. Therefore, the type of support offered to care-leavers across Australia is not uniform. There also appears to be very little synthesis of Australian-based reports and empirical studies to show which type of intervention is most effective in improving individual outcomes. Given this variability, understanding of interventions and their outcomes remains localized, making it difficult for policy makers and professionals to determine which interventions may be more or less effective in improving individual outcomes.

Prior research

Two systematic reviews have synthesized the effectiveness of interventions for care-leavers (i.e., Heerde et al., 2018; Woodgate et al., 2017) yet these reviews did not include a single Australian study. Woodgate et al.'s (2017) scoping review identified 68 studies that evaluated interventions to facilitate young people's transition from care. The majority of studies were based in the U.S (57/68 studies) and were typically focused on improving the young person's housing, education, and employment outcomes, with only a paucity of studies focused on health outcomes. Unsurprisingly given their objectives, these interventions were found to be effective in improving housing, educational and employment outcomes. However, they were less effective in facilitating health outcomes,

which is concerning as these young people experience poorer mental and physical health outcomes after transitioning from care (Muir et al., 2019; Smales et al., 2020). These findings were also supported by a recent meta-analysis that examined the effectiveness of US programmes for young people transitioning from care (Heerde et al., 2018). Across 19 studies, moderate improvements were identified in housing and educational outcomes, but again, only small improvements were observed across health outcomes.

These findings highlight that interventions appear to be effective in improving care-leavers' outcomes across housing, education and employment, while fewer studies were focused on improving the health outcomes of care-leavers and subsequently less improved outcomes were observed across these indicators. Given that this population experience ongoing health concerns after transitioning from care, it is important that such interventions also seek to facilitate better health outcomes, particularly as poor health can pose a barrier to achieving independent living (Muir et al., 2019). Further, as the reviews were informed predominately by U.S-centric studies, it is difficult to leverage this evidence and apply it to the Australian context given how dissimilar the two countries are in terms of child protection policies and governing legislations (National Conference of State Legislatures, 2017).

Current study

While supporting young people when they transition from care is an Australian national priority, there has been very little attention directed to what this should actually look like, and understanding the extent to which different supports are effective. Although there are international practices from which lessons could be learned, applying findings from other countries is challenging because of contextual differences. A relevant national evidence-base is lacking to inform policy development and best practice in service delivery for young people leaving care. To address this, a systematic scoping review was conducted to examine the types and impact of transition from care interventions for young people. Specifically, we sought to answer the follow research questions: (1) what are the characteristics of transition interventions that have been delivered in Australia in the past 10 years?; and (2) what is the impact of such interventions in improving care-leavers' individual outcomes?

Method

Design

A systematic scoping review was conducted, following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement guidelines.

Search strategy

A systematic search of the literature was conducted for studies that had evaluated the impact of interventions supporting young people's transition from OoHC in Australia. Five electronic databases were searched: PsycINFO, MEDLINE, CINAHL plus, Embase, and Social Sciences Citation Index, using the following combination of keywords: 'youth', 'out-of-home care', 'transition' and 'programme'. The search syntax is presented in [Appendix A](#). A search of grey literature was also conducted to uncover evaluations of programmes conducted by governments or community service organizations, which are rarely published in conventional academic repositories. The search syntax presented in [Appendix A](#) was used to search for grey literature papers in Google, Google Scholar, and ProQuest Central (including Social Science Database, Sociology Database, and Pro-Quest Dissertations and Theses Global). Further, the websites of government departments and community service organizations who are responsible for the oversight of out-of-home care in each state and territory in Australia

were searched for reports relating to transition interventions for care-leavers (e.g., MacKillop Family Services, Uniting Care, Anglicare, etc.). Reference lists of papers were also manually checked for possible papers to be included in the review.

Inclusion and exclusion criteria

Papers were eligible for inclusion in this systematic scoping review if they met the following criteria: (1) the study examined the impact of a transition from care intervention; (2) study participants were young people who were either approaching transition from care, in the process of leaving care or had recently (in the prior 18 months) transitioned into independence; (3) the study explored the impact of the transition from care programme on young people's outcomes (e.g., housing attainment, employment, education, physical health, mental health, and/or social functioning); and (4) the research was conducted in Australia, published between 2010 and 2020 inclusive, to provide an overview of the most recent evidence to inform current practice. Protocol papers, commentaries, reviews, and descriptive studies were excluded.

Quality assessment

The quality assessment of studies was evaluated by the Mixed Methods Appraisal Tool (MMAT), revised version (Hong et al., 2018). This assessment tool is specifically designed for systematic reviews that include qualitative, quantitative, and mixed-method studies. It applies different quality criteria for different study designs, taking into consideration the unique characteristics of each design. Three study categories were utilized to account for the mixed designs included in this review: qualitative studies (category 1), quantitative descriptive studies (category 4), and mixed-methods studies (category 5). Each study was rated against five items from the appropriate category of criteria as either 'yes', 'no' or 'can't tell'. If studies achieved a 'yes' for more than 3/5 criteria from its study design category, it was rated as 'high quality'. Anything less was categorized as 'low quality'.

Results

Study selection

As shown in [Figure 1](#), the search identified a total of 2,275 potentially relevant papers. After the removal of 964 duplicates, 1,311 papers were screened at the title and abstract level. The abstract and title search was conducted independently on all papers by two researchers with a random 20% of these cross-checked by a third researcher. Agreement was high, with an inter-rater agreement of .96. Any disagreements were discussed between the three authors, which resulted in 89 potentially relevant papers to be read in full by two researchers. That same process was applied to the full-text assessment, and 87 papers were excluded as they did not meet the inclusion criteria. Nine eligible papers were identified from the grey literature search. Therefore, a total of 11 studies were included in the review (two peer-reviewed studies and nine from the grey literature).

Quality of studies

The quality assessment for the 11 studies is presented in [Appendix B](#). A total of 8/11 studies (73%) were of high quality, and the remaining three studies were of low quality (Compass Leaving Care Limited, 2019; Jurczynszyn, 2018; McDowall, 2011). All three quantitative studies were low in quality due to a high rate of nonresponse bias, a lack of valid, reliable, or pre-tested measurements, and statistical analyses were not often described nor justified. Contrastingly, all qualitative studies were of high quality due to adequate data collection methods and well supported interpretation of results (Baidawi et al., 2017; Meade & Mendes, 2014; Mendes, 2011). The mixed methods studies were of

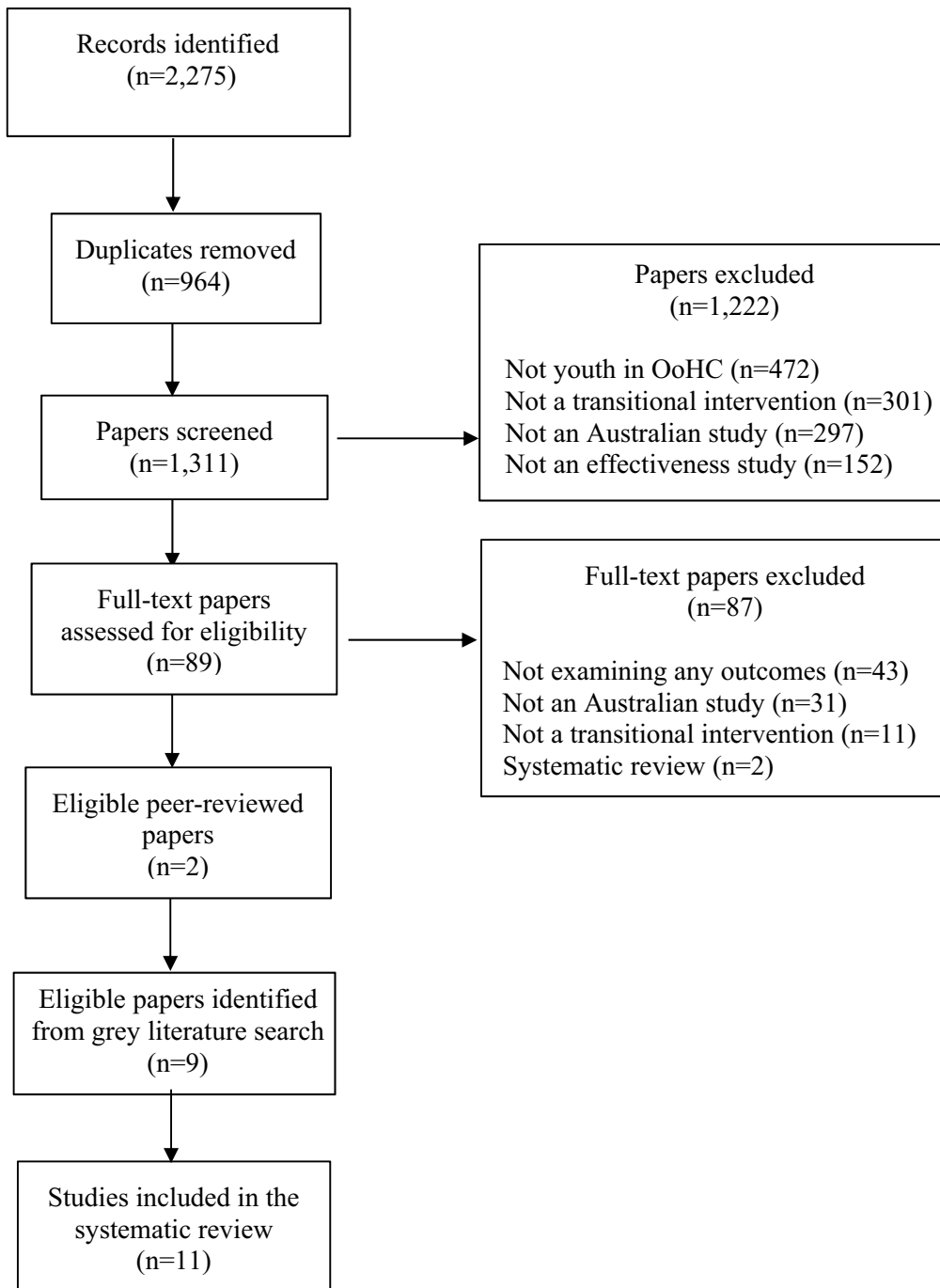


Figure 1. Stages of study selection according to PRISMA.

high quality as they provided an adequate rationale for adopting a mixed method design to address the research question, and integrated their interpretation of both qualitative and quantitative components into the results (Anglicare, 2016; Baldry et al., 2016; McDowall, 2016; Purtell et al., 2016; West et al., 2013). It is acknowledged that reports published in grey literature repositories are

often not typically conducted at a standard of rigour that would be expected in peer-reviewed articles, yet in general, the studies were methodologically sound.

Summary of studies

As the interventions targeted various outcomes and were not focused on one particular component of the transition of the individual (i.e., housing intervention), the characteristics of the interventions refer to duration, frequency, content and approach employed. A detailed description of the intervention characteristics is presented in Supplementary Table 1.

Intervention characteristics

Origin of delivery

With the exception of two interventions that were delivered by state government departments (Baldry et al., 2016; West et al., 2013), 9/11 programmes were delivered by community service organizations, such as Anglicare, Berry Street, or the CREATE Foundation. Half of the programmes included in this review were implemented in Victoria, and only three studies examined programmes across more than one State. The remaining interventions were implemented in Queensland, New South Wales, and Western Australia. One intervention specifically targeted Aboriginal and Torres Strait Islander young people (Baidawi et al., 2017).

Duration

Across the studies, young people typically had first contact with the transition intervention when they turned 16 years. The duration of transitional support varied widely depending on the purpose of the programme and care-leavers' individual needs. For example, Berry Street's Stand By Me programme intended to provide support to young people for a maximum duration of five years between the ages of 16 and 21 (Meade & Mendes, 2014; Purtell et al., 2016), while the New South Wales Homelessness Action Plan provided support for a period of 12 months (West et al., 2013).

Content of interventions

The content of the programmes varied including, case-management, educational, care planning and health assessments. The majority of programmes (6/11) adopted a case management approach wherein care-leavers were provided with a case worker who aimed to support their needs during the transition phase (Baldry et al., 2016; Compass Leaving Care Limited, 2019; Meade & Mendes, 2014; Mendes, 2011; Purtell et al., 2016; West et al., 2013). Young people were assigned a key case worker who coordinated the provision of support across several domains depending on the young person's needs (e.g., attaining stable housing, securing employment, accessing financial payments, accessing physical or mental health services, developing independent living skills, or increasing social connectedness). Similarly, Anglicare (2016) assigned care-leavers a key worker who acted as a mentor and provided the young person with skills coaching (e.g., budgeting, managing daily routines) and co-ordinated their access to mental health services.

The CREATE Foundation delivered two educational-based programmes which aimed to raise awareness regarding the importance of, and how to effectively transition into, independence by distributing promotional materials (e.g., posters, newsletters, information packs, wallet cards) to care-leavers and child safety departments (McDowall, 2011, 2016). Baidawi et al. (2017) developed culturally appropriate transition care plans for Aboriginal and Torres Strait Islander youth in OoHC. Finally, a nurse-led programme developed and implemented in Queensland provided care-leavers with comprehensive health assessments to address their unmet health needs (Jurczynski, 2018).

Intervention outcomes

The impact of the programmes were evaluated using either qualitative semi-structured interviews with care-leavers and key programme stakeholders (n = 3; Baidawi et al., 2017; Meade & Mendes, 2014; Mendes, 2011), quantitative methods, such as surveys or an examination of administrative data to collect information regarding care-leavers' pre and post-care status (n = 3; Compass Leaving Care Limited, 2019; Jurchyszyn, 2018; McDowall, 2011), or a mixed-methods approach (n = 5; Anglicare, 2016; Baldry et al., 2016; McDowall, 2016; Purtell et al., 2016; West et al., 2013). The follow-up period and the amount of time that care-leavers had spent in independence varied across studies. Please refer to Supplementary Table 2 for more information regarding intervention outcomes. The subsequent section will first synthesize the findings from the peer-reviewed studies, followed by the findings of the grey literature studies for comparability.

Peer reviewed outcomes

One of the two peer-reviewed studies examined the effectiveness of adapting existing transition care plans to be more culturally appropriate for Aboriginal and Torres Strait Islander youth in OoHC (Baidawi et al., 2017). Through qualitative focus groups with child and family welfare staff, adapted transition plans were found to be effective in facilitating increased cultural and family connectedness for the youth (i.e., greater understanding of their cultural heritage, Baidawi et al., 2017). However, the case workers recognized that there were a large number of Aboriginal and Torres Strait Islander youth who did not receive adapted transition plans for a myriad of reasons (e.g., Aboriginal Community Controlled Organizations were under-resourced, inadequate referral system, youth hesitant to identify as Aboriginal or Torres Strait Islander). The second peer-reviewed study examined the effectiveness of St Luke's Anglicare Leaving Care and After Care Support Service in addressing housing, employment, social support, and community integration outcomes (Mendes, 2011). Through qualitative methods, Mendes (2011) found that the majority of care-leavers secured stable housing, were either employed part-time or undertaking work experience, and were receiving positive social support from family and friends. However, specific figures were not reported, and it was noted that young people who exited care in remote communities experienced significant social isolation.

In the subsequent section, the grey literature has been synthesized according to six key outcome areas including, housing, education, employment, financial stability, social support and mental health and substance misuse.

Housing

Six of nine grey literature papers evaluated the impact of transition programmes upon housing outcomes (Anglicare, 2016; Baldry et al., 2016; McDowall, 2016; Meade & Mendes, 2014; Purtell et al., 2016; West et al., 2013). Each of these studies found that the majority of care-leavers who participated in the programme were able to secure stable accommodation after leaving care. For example, Purtell et al. (2016) reported that all 12 care-leavers enrolled in the Stand By Me programme were provided with housing support, and nine remained in stable housing (e.g., private rental, boarding house, etc) by the end of the programme's three-year pilot period. Similarly, West et al. (2013) reported that 73% of care-leavers maintained stable housing one year after leaving care.

Education

A total of five out of nine grey literature studies evaluated the impact of transition programmes upon educational outcomes (Anglicare, 2016; Baldry et al., 2016; Compass Leaving Care Limited, 2019; McDowall, 2016; Purtell et al., 2016). There were 57% of care-leavers from the Transition to Leaving Care programme (Anglicare, 2016), and 79% of young people who received the COMPASS Programme (Compass Leaving Care Limited, 2019) enrolled in further education or training at the conclusion of the programme, respectively. Moreover, McDowall (2016) reported that 70% of young

people engaged in the Go Your Own Way programme expressed their intention to pursue further education. The two remaining studies reported that several care-leavers were either enrolled in further education or motivated to continue further education, but specific figures were not provided (Baldry et al., 2016; Purtell et al., 2016).

Employment

Six grey literature studies examined the extent to which the transition programme improved the employment status of young people after leaving care (Anglicare, 2016; Baldry et al., 2016; Compass Leaving Care Limited, 2019; McDowall, 2016; Purtell et al., 2016; West et al., 2013). Five studies reported the specific proportion of care-leavers who had secured employment after leaving care, which varied significantly across the studies (Anglicare, 2016; Baldry et al., 2016; Compass Leaving Care Limited, 2019; McDowall, 2016; Purtell et al., 2016). For example, Purtell et al. (2016) reported that all nine participants were able to secure either full-time employment or work experience. In contrast, Anglicare (2016) found that only one care-leaver out of seven secured stable employment. Finally, West et al. (2013) found that after the Homelessness Action Plan, 40% of care-leavers were engaged in employment support programmes.

Financial stability

Five studies examined the extent to which participation in the transition programme improved financial stability after leaving care (Anglicare, 2016; Baldry et al., 2016; McDowall, 2016; Meade & Mendes, 2014; Purtell et al., 2016). Three of these programmes provided care-leavers with some form of direct financial assistance (e.g., brokerage, budget planning, access to youth allowance; Anglicare, 2016; Meade & Mendes, 2014; Purtell et al., 2016). Using qualitative methods, the participants from these studies reported improved ability to access payments such as the Transition to Independent Living Allowance and Centrelink youth allowance. For the other two studies, McDowall (2016) reported that the majority (95%) of participants were already receiving some form of financial support (e.g., youth allowance, paid employment, support from parents, etc.), and Baldry et al. (2016) reported that 64% of care-leavers were in the process of seeking support to address financial concerns.

Social support

A total of six of the nine studies examined the extent to which the programme improved social support (Anglicare, 2016; Compass Leaving Care Limited, 2019; Meade & Mendes, 2014; Mendes, 2011; Purtell et al., 2016; West et al., 2013). Two of these studies reported that the majority of care-leavers had a positive social network which they could rely on for support (Compass Leaving Care Limited, 2019; Mendes, 2011). In contrast, two studies reported that the majority of participants abandoned their social networks because they were a negative influence (e.g., drug use, criminal activity) and subsequently lacked ongoing supportive relationships (Meade & Mendes, 2014; Purtell et al., 2016). The final study highlighted that engagement with the Transition to Leaving Care programme increased young people's social skills to maintain supportive relationships (Anglicare, 2016).

Furthermore, three studies examined the extent to which care-leavers were able to successfully reconnect with their families after leaving care (Meade & Mendes, 2014; Purtell et al., 2016; West et al., 2013). Two of these studies reported that key programme workers successfully helped several care-leavers reconnect with their birth families and foster positive relationships, but conflicts still occurred (Meade & Mendes, 2014; Purtell et al., 2016). Furthermore, West et al. (2013) reported that 40% of care-leavers were able to reconnect with their family, however the quality of these relationships was not explored.

Mental health and substance use

Only three out of nine studies examined the influence of the transition programme upon care-leavers' mental health and substance use outcomes (Baldry et al., 2016; Meade & Mendes, 2014; Purtell et al., 2016). However, only Baldry et al. (2016) reported specific values, finding that 21% of care-leavers with a suspected or diagnosed mental health issue, and 37% of care-leavers with substance misuse issues demonstrated improvements post-care. One intervention provided care-leavers with comprehensive health assessments to address unmet health needs (Jurczynszyn, 2018), and found that 74% commenced immunization catch-ups and 66% were referred to a specialist health service (e.g., psychology, dentistry etc).

Discussion

To the authors' knowledge, this is the first review to synthesize the Australian evidence base of interventions that support young people's transition from OoHC. The review examined the characteristics and impact of such interventions that have been implemented in Australia to improve outcomes among care-leavers.

Despite efforts to make increased support for care-leavers an Australian national priority for the past decade (Commonwealth of Australia, 2012), only 11 studies were identified, two of which were peer-reviewed. This suggests that the Australian evidence base is still in its infancy; there remains a lack of published evaluations regarding the implementation and impact of OoHC transition interventions. Further, the results of this review did not identify any programmes that were implemented at a national level. Rather, most programmes were delivered at a local level by a range of Community Service Organizations, predominantly in the state of Victoria, with only three programmes delivered across more than one state. This confirms that the delivery of transitional support to care-leavers across Australia is not uniform and varies significantly. Therefore, a nationwide, best practice framework is greatly needed to support young Australian people's transition from OoHC in line with the recommendation made by the National Framework (Commonwealth of Australia, 2012). This will improve coordination of transitional planning, and ensure that best practice can be maintained across Australia rather than regional variation.

In terms of programme characteristics, the programmes differed in their duration ranging from 12 months to five years. The programmes that offered longer term support, beginning from age 16 (i.e., while young people were still in care) and continued until they were 21 (e.g., the Stand By Me programme, Meade & Mendes, 2014; Purtell, 2016) were more effective in assisting care-leavers to achieve stable housing, employment, positive social connections, and access to financial and mental health support, as compared to shorter-term programmes. Young people from OoHC experience ongoing instability, transience, and chaos in all aspects of their lives (Flatau et al., 2015), so it is not surprising that offering consistent and stable support is necessary for improvement. Considering the complex issues these young people face, and their inherent challenges in forming trust and maintaining relationships (Moore et al., 2018), programmes should provide long-term support to not only allow space for relationship building, but to also allow the young person time to master skills and attitudes necessary to successfully transition to adulthood.

In terms of impact, this review found that transitional support programmes that have been evaluated over the past decade have enhanced Australian care-leavers' outcomes related to their independent living (e.g., housing, education, and finance stability), more so than their health and wellbeing. Indeed, after engagement in the interventions, the majority of care-leavers achieved housing stability, reported high rates of enrolment or motivation to enrol in further education, and gained access to financial payments. These findings are consistent with previous reviews of international evidence that found transitional support interventions for care-leavers to be most effective in improving outcomes associated with independent living (Heerde et al., 2018; Woodgate et al., 2017). These programmes are effective in providing coordinated support and assisting care-leavers to overcome the barriers to gaining stable housing, continue or finish education, obtain and

maintain employment, and increase access to financial stability, which allows them to adequately prepare for and achieve independence. Capability surrounding care-leavers' management of finances was not shown to improve significantly, and employment outcomes varied, while other indicators of independent living, such as cooking and budgeting, were not assessed, suggesting that greater focus on skill building may be required in future programmes to achieve outcomes indicative of successful independent living.

The programmes had less success in improving care-leavers' general health (i.e., social support, mental health, substance misuse, and physical health). Only a small proportion of studies found improvements in care-leavers' social support networks after engaging in the programme (Anglicare, 2016; Compass Leaving Care Limited, 2019; Mendes, 2011) and in mental health and substance misuse (Baldry et al., 2016). These findings are consistent with the international literature (Heerde et al., 2018; Woodgate et al., 2017) that found transitional support programmes to be less effective in improving health as compared to independent living outcomes. Whilst the majority of studies in this review (8/11) assessed the impact of the programme on a health-related outcome (e.g., mental health, social support, or physical health), the transition interventions themselves primarily aimed to assist young people to achieve indicators of independence (e.g., housing, employment), rather than specifically aiming to improve health outcomes, which may account for these findings. Research suggests that health outcomes may take longer to achieve than independent living outcomes as they are an ongoing process for young people (Rahamim & Mendes, 2015), which may also explain the current findings. Given the role that both independent living skills and health outcomes play in the holistic wellbeing of the individual (Muir et al., 2019), it is important that transition programmes focus on supporting both of these outcomes.

Limitations and future recommendations

There are key limitations of this literature worth noting. First, these studies had small sample sizes and were predominantly trialled in just one state in Australia – Victoria. Therefore, caution is required when interpreting the impact of these programmes and the extent to which they are generalizable to the wider population of young people transitioning from care in Australia. The descriptive statistics and qualitative exploration from the reviewed studies provide valuable insight into the improved experiences of these young people when compared to previous literature among those who have not received such support (Campo & Commerford, 2016). However, more rigorous (e.g., experimental studies) and longitudinal research with larger sample sizes across the various states and territories is needed to increase confidence in the findings that transitional support interventions can result in successful outcomes across different jurisdictions, and to determine whether these outcomes are sustained over time.

Only one of the studies tailored support to youth who identified as Aboriginal or Torres Strait Islander (Baidawi et al., 2017). This is concerning in light of the disproportionately high rates of young people in care who identify as Aboriginal or as a Torres Strait Islander. They are 11 times more likely to be placed in care than young people who do not identify as Aboriginal or as a Torres Strait Islander and constitute about one third of those young people aged 15–17 years who leave care annually (AIHW, 2020). There is a plethora of research highlighting the role that cultural appropriateness plays upon intervention effectiveness (Barrera et al., 2013). Therefore, greater effort needs to be directed towards ensuring that these programmes are culturally appropriate to adequately meet the needs of these care-leavers.

Implications

Transitional programmes that provide long-term, consistent, and integrated coordinated support that is tailored to an individual's needs can foster improved independent living outcomes post-transition. However, to date, current interventions are less successful in targeting and improving

health outcomes. Given the adverse health outcomes for young people transitioning from care (Muir et al., 2019; Smales et al., 2020), it is essential that such programmes are adapted or developed to increase emphasis on facilitating improvements in health outcomes (e.g., mental, physical, and social health), in addition to fostering outcomes that are indicative of independent living (e.g., housing). With the paucity of studies reviewed, it is clear that more programmes are needed to cater to the needs of Australian young people transitioning from care. Only 11 programmes to date have been evaluated in the prior decade, supporting a total of 1,200 young people, yet the demand for more support is clearly high (Australian Institute of Family Studies [AIFS], 2016). More evaluative research on the impact of existing transitional support programmes is needed to build the evidence base in Australia. The findings of this review may inform future iterations of such programmes so that support can be adapted, scaled-up, and implemented on a larger scale.

Conclusion

This systematic scoping review provides a synthesis of the available Australian evidence of support interventions for youth who are transitioning from care and into the community. This synthesis provides direction for how future research organizations in partnership with community service organizations and statutory services should develop and deliver interventions to support young people transitioning from care in the Australian community.

Disclosure statement

There are no competing interests to disclose

Author contributions

Renee O'Donnell, Kostas Hatzikiriakidis and Melissa Savaglio were responsible for the write up of this review. Philip Mendes, Rachael Green, Gary Kerridge, Graeme Currie, & Helen Skouteris were responsible for the development of the study and revising manuscript drafts.

ORCID

Philip Mendes  <http://orcid.org/0000-0002-2750-4140>

Rachael Green (nee Cox)  <http://orcid.org/0000-0001-7470-7621>

Helen Skouteris  <http://orcid.org/0000-0001-9959-5750>

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Appendix A. Systematic search

'youth' OR 'child*' OR 'young*' OR 'adolescen*' OR 'teen*' OR 'juvenile*' OR "minor
 AND
 'out of home care' OR 'resi* care' OR 'group home*' OR 'foster care*' OR 'foster child*' OR 'foster youth' OR 'foster
 home' OR 'kinship car*' OR 'kinship service*' OR 'kinship placement' OR 'permanency' OR 'child welfare' OR "congregate
 care
 AND
 'intervention' OR 'program*' OR 'strateg*' OR 'technique' OR 'after care' OR 'permanency plan' OR 'pathway plan' OR
 'prepar*' OR 'innovation*' OR 'initiative' OR 'enterprise' OR 'solution' OR "support*
 AND
 'transition*' OR 'transitional living' OR 'transition* support' OR 'support*' OR 'independent living' OR 'terminat*' OR
 'conclud*' OR 'finish*' OR 'cease' OR 'cessation' OR 'ageing out' OR 'care leaver' OR 'leav* care' OR 'after care' OR 'mov*'

Appendix B. Quality assessment using the mixed methods appraisal tool

Criteria	Qualitative Studies					Quantitative Descriptive Studies					Mixed Methods Studies					Overall Score
	1.1	1.2	1.3	1.4	1.5	4.1	4.2	4.3	4.4	4.5	5.1	5.2	5.3	5.4	5.5	
Anglicare (2016)	Y	Y	Y	Y	Y	Y	N	C	N	N	Y	Y	Y	Y	N	4/5
Baidawi et al.(2017)	Y	Y	Y	Y	Y											5/5
Baldry et al.(2016)	Y	N	Y	N	N	Y	C	N	Y	Y	Y	Y	Y	Y	N	4/5
Compass Leaving Care Limited (2019)						Y	Y	C	C	N						2/5
Jurczyszyn (2018)						Y	C	C	C	N						1/5
McDowall (2011)						Y	Y	Y	C	N						3/5
McDowall (2016)	Y	Y	C	Y	Y	Y	Y	N	N	N	Y	Y	Y	Y	N	4/5
Meade (2014)	Y	Y	Y	Y	Y											5/5
Mendes (2011)	Y	Y	Y	Y	Y											5/5
Purtell (2016)	Y	Y	Y	Y	Y	Y	C	N	Y	Y	Y	Y	Y	Y	Y	5/5
West et al.(2013)	Y	Y	N	Y	N	Y	Y	N	Y	N	Y	Y	Y	Y	Y	5/5

Categories 2 and 3 (randomized controlled trials and non-randomized studies) were removed as no studies adopted those designs.

N = No, Yes = Y, C = can't tell (e.g., either not reported or can't determine from information provided).