

SINK OR SWIM: LEAVING CARE IN NEW ZEALAND

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Abstract

New Zealand has fallen behind other Western countries in its attention to young people leaving the statutory care services to undertake independent living. These young people comprise a very small and hidden population here, and very little is known about long-term outcomes for them, except that, anecdotally, they seem to begin to have children early, and to struggle to raise them without coming to the notice of child welfare services. This qualitative study, aimed at creating an opportunity for this group to voice their issues, listened to eight Pākehā care leavers as they talked about their experiences in care, at the point of leaving care and since leaving care. Like their counterparts overseas, it is clear that they carry more than their fair share of emotional, social and scholastic deficits. They would benefit from legislative, policy and practice reform aimed at assisting them through a gradual transition to adulthood.

INTRODUCTION

"It's not Social Welfare's fault, like, there were not many options open, it was like ... like I was going to have to start [living independently] somewhere. Just I would have liked to have started at a later date and gradually fit into it."
(New Zealand care leaver)

The ground-breaking Children Young Persons and their Families (CYP&F) Act 1989 was the result of years of lobbying by a range of consumer and professional groups and particularly by Māori (Ministerial Advisory Committee 1986, Dalley 1998). The primary emphasis of the Act was the maintenance of children within their extended family or whānau group, rather than the earlier model of raising them in foster and residential care.

However, the funding and services to support families and communities to take on extra children, remedy their problems and manage difficult family dynamics were not available or were inadequate (Brown 2001). An increase in poverty caused by unemployment, reduced benefits and market-rate state rentals, and the attendant problems of stress, further reduced their ability to cope (Smith 1998, Morris and

O'Brien 1999, Duncan and Worrall 2000). Difficulties in finding suitable kinship placements, pressures on underfunded social work services to attend adequately to the huge influx of notifications of abuse and neglect, and reports of extreme maltreatment and deaths of children known to the Department of Child, Youth and Family Services (CYF), received considerable public attention.

One little-known consequence of these tensions is the plight of young people at the "back end" of the care and protection system – those who remain in state care until 16 years of age. On or around their 17th birthdays they are usually, and often rather peremptorily, expected to take up independent living with minimal support and no monitoring (Ward 2000b). In other words, in line with 1990s ideology, they become individuals accountable for their own lives, despite their tender age and other disadvantages. They then "disappear" from sight. Data are not available about their prevalence in adult health, mental health or criminal justice services. However, experienced social workers are familiar with their reappearance as the young parents of a new generation of at-risk children; thus they contribute to the "front end" again. In these cases, an opportunity to intervene in the inter-generational cycle of abuse and unhappiness has been missed.

Under the Act, a child may be deemed to be in need of care or protection for a range of reasons (s14), preferably through a consensus decision between family and CYF at a Family Group Conference (FGC). Unless the family is able to resolve the issues informally, a Declaration that the child is in need of care and protection can be made by a Family Court judge, who will generally make a Custody Order (s101) at the same time and possibly a Guardianship Order (s110) to the Chief Executive of the Department. Alternatively, a parent may enter into a short-term Voluntary Agreement (ss139 to 142) for the Chief Executive to take custody of a child or young person. These two circumstances constitute formal or statutory care arrangements and are generally at the cost of CYF. The child may be placed with family members, foster parents, or, in the case of a young person, in a family-like setting. These arrangements may be short-lived if the child is able to return to parents once matters are resolved, or if they are taken into the guardianship of kin or non-kin caregivers.

If ongoing issues concerning the child or the adults involved are not resolved in the early stages, a child or young person coming into care may experience a number of placements and a number of changes of school and may never settle permanently with any family. By the age of 16 or 17, they are unlikely to be ready to manage their own finances, relationships, education and difficulties without family or family-like support. Once they have been discharged from care, or custody orders or agreements

have lapsed, they no longer have any status with CYF, nor can this be reinstated at this age.

Care leavers have not been identified for statistical or any other purposes in New Zealand and have, until now, remained invisible. They may not comprise much more than 200 per year at present, although with care numbers increasing by 6-7% per year (verbal advice, Strategic Policy, CYF), this is on the rise. Table 1 indicates the sudden drop in care numbers around the ages of 16 and 17.

Table 1 CYF Clients in Care as at 30 June 2000

Age	Caregiver type					Total
	Agency	CYF	Family Home	Whānau	Residence	
0	6	50	1	38		95
1	26	55	4	59		144
2	24	72	3	60		159
3	22	71	6	80		179
4	24	68	5	63		160
5	27	82	1	72		182
6	25	65	8	93		191
7	29	87	4	65		185
8	37	91	5	89		222
9	34	95	8	91		228
10	32	97	13	92	1	235
11	30	111	14	84	3	242
12	53	99	16	75	2	245
13	49	106	27	82	6	270
14	73	114	43	77	17	324
15	61	116	24	72	29	302
16	40	62	20	55	34	211
17	7	27	2	14	4	54
18		10	1	2		13
19		3				3
Total	599	1,481	205	1,263	96	3,644

This article briefly outlines attention given to date to this issue overseas and in New Zealand. It then looks at social work practice here, via the accounts given by eight New Zealand care leavers, of their personal experience of care and leaving care. It considers current New Zealand legislation and policy and makes suggestions for a more gradual transition-to-adulthood practice for this vulnerable group of young people, designed to increase their chances of positive adult outcomes.

THE OVERSEAS EXPERIENCE

About 8,500 young people leave care in England and Wales every year (Biehal et al. 1995). No doubt thanks to their numbers and resultant visibility, British care leavers' difficulties began to be highlighted and researched as early as 25 years ago (Godek 1976) and strong lobby groups of young people, caregivers, social workers and youth workers formed (Biehal 1999). Since 1983, "leaving care" has been recognised as a major social issue (Stone 1990), enabling significant legislative and practice changes. A considerable body of literature has been produced on the subject, including comparative studies with non-care leavers (Stein 1997). All have revealed multiple disadvantages for these young people.

Upon leaving care, a lack of adequate preparation coupled with the early age at which care leavers are expected to assume adult responsibilities have tended to mean that loneliness, isolation, unemployment, poverty, homelessness, movement and "drift" were likely to feature significantly in many of their lives. (Biehal et al. 1995:4)

A similar awareness developed concurrently in the United States and, on both sides of the Atlantic, efforts to remedy the situation have been underway for many years. In 1986 a United States federal programme resulted in the proliferation of programmes focused on preparing young care leavers for independent living (Mallon 1998). In Britain, provision of Leaving Care Programmes by local authorities became mandatory in the 1989 Children's Act. Ranging from housing provision to drop-in centres for care leavers up to the age of 20, and sometimes as old as 25, these were extensively evaluated during the 1990s (Biehal et al. 1995, Stein 1997, Broad 1998). Last year, the British Government passed a Children (Leaving Care) Act, which comes into force in October 2001, with a budget of 256 million pounds sterling. It aims to ensure that all care leavers are supported and monitored until the age of 21 or, under certain circumstances, later (Department of Health 2000).

In both Britain and the United States, and in most other developed countries, the leaving-care age is the young person's 18th birthday, although earlier discharge is not uncommon. A large Australian study found that 17% of their New South Wales participants were discharged at 16, despite being in unstable circumstances. The authors write, "it is inappropriate for the state as guardian to abdicate responsibility and abandon such young people to their limited resources" (Cashmore and Paxton 1996:166). In New South Wales, 77% of care leavers are discharged at 18, however (ibid.).

PASSING LIKE SHIPS IN THE NIGHT

Paradoxically, when this issue was being raised in Britain and the United States in the 1970s and early 1980s, we had comparatively enlightened policy and practice in New Zealand, which promoted a young person's gradual developmental transition to adulthood (Department of Social Welfare 1985). One ex-social worker/senior manager informed me:

"In my practice days (late seventies, early eighties) we had to write to Head Office with a report before discharging a child or young person from care. If they had no effective guardian or otherwise couldn't manage, they definitely stayed a state ward until they were 20. There were a whole lot of departmental statuses, and the older ones usually moved to Work or Independent (status) before they were discharged. There was a whole graduated process rather more like leaving home, of gradual increase in responsibility by the young person." (E-mail communication 24 March 2000)

This practice, as well as the provision of guardianship to the age of 20 in both the previous and the current legislation, may previously have meant that overseas concerns about young care leavers appeared irrelevant to New Zealand. With the advent of the CYP&F Act, it was possibly envisaged that this group would no longer exist, since all children would preferably be living with family or in permanent placement. Meanwhile, fiscal constraint has silently conspired towards the discharge of almost all young people from care on or around their 17th birthdays (see Table 1).

While we must continue to aspire to the very commendable objects and principles of the Act, we cannot, if only for reasons of the eventual cost to society, continue to ignore the very real plight of these teenagers.

THE CURRENT NEW ZEALAND LEAVING-CARE EXPERIENCE

Two recent pieces of research, the first on this topic in New Zealand, have already helped to highlight the plight of young care leavers here, paving the way to improved policy and practice. Trish Ward's Master of Social Work thesis, *Happy Birthday – Goodbye*, is a study of the files of 35 young people on the point of leaving care (Ward 2000a). Ward has subsequently published two articles in the CYF journal *Social Work Now* (Ward 2000b and Ward 2001). My own Master of Arts (Social Policy) thesis, *Sink or Swim: Leaving Care in New Zealand*, was completed shortly after Ward's. It is a qualitative study of eight young care leavers, who had left care up to four years earlier.

The findings of these two studies complement each other and are consistent with overseas research.

Both studies contributed to the recent ministerial review by former Principal Youth Court Judge Mick Brown (Brown 2001). He recommended that the guardianship provision to 20 be used more widely and that care leavers be supported in their transition to adulthood (Recommendation 5.7). This is currently being looked into by the Ministry of Social Policy (Minister of Social Services 2001). This is a positive first step in recognising this group and its needs.

In carrying out my research I was interested in providing an opportunity for young care leavers to contribute to policy development concerning them, which has hitherto not occurred here. I therefore decided to use a qualitative method of research focused on their accounts of the care and leaving-care experience. The “disappearance” of care leavers meant that participants were extremely difficult to locate. After networking among caregivers and other interested parties, I found six young women and two young men, aged between 16 and 20 years. One was in the process of leaving care, while the others had left care between six months and four years earlier. Despite high numbers of Māori and Pacific children and young people in care, as a Pākehā (New Zealand European) researcher I limited the study to Pākehā only, as topics to be discussed were highly personal and cultural difference could have impacted negatively on both the participants’ testimony and my interpretation of it.

An open form of narrative interview was used, unfolding like conversations in which participants recounted their experiences and I asked questions aimed at clarifying facts and checking validity. The participants were asked to talk about three distinct periods in their lives: the period they spent in care and the services they received; the leaving-care process they experienced; and the period since leaving care. They did so with dignity and integrity. Interpretation of the data was made against the backdrop of the care and protection principles of the CYP&F Act (s13) and in terms of protective and risk factors existing in the young people’s lives at any one time.

The Period in Care

Children and young people who come into care already suffer a deficit of factors that would have been protective of their safety and development. Their primary relationship of trust, love and protection has been damaged or lost, or has perhaps never developed. Most have suffered from abuse, neglect and/or rejection, which have interfered with their development. They may well have behavioural or mental health

disorders (Wells and Smith 2000). Building in protective factors can turn that deficit around. Failing to do so is likely to compound the level of risk to a positive adult outcome (Maughan and Champion 1990).

The Act's care and protection principles are an excellent guide to building in protective factors – strengthening the immediate and extended families and iwi (tribe) or community networks, rebuilding and maintaining original attachments or, where this is not possible, developing new ones. The development and maintenance of identity in terms of family, culture and location, and of stability in terms of a sense of continuity and minimal disruption, are emphasised, as is the importance of upholding children's and young persons' rights.

This group of participants may not have been a representative sample of young people in care at 16, but they did offer a broad range of care circumstances and outcomes. Two had experienced stable loving placements and had made permanent attachments to non-kin families. Two others had experienced long-term although not permanent placements, one with a caregiver and one in a residential setting, while the remaining four had experienced only relatively short and multiple placements. Some had been placed at times with family members, but these placements had all been short-lived.

Most had some contact with family while in care, but much of this was sporadic and fraught with conflict. Separation from siblings was keenly felt and identification with family was important, although often a source of sorrow.

For three participants, supportive social work went some way to compensating for the lack of family relationships and stable placement. Participants appreciated efforts made on their behalf, often in the face of obstreperous behaviour from themselves or family members:

“You know, she (the social worker) was good to me, but I suppose I had to grow up to realise that people were trying to help. And she was definitely out there for me. If I wanted something, she was there for me.”

There was also appreciation expressed of the protection afforded them by the system from the abuse and neglect they had suffered as children.

Many instances of system failure were recounted, however, and are too numerous to mention here (Yates 2000). All these instances fell short of meeting the care and protection principles. They ranged from lack of effort or refusal to cultivate family

relationships, to failure to consult with or listen to a young person's view, to poor emphasis on educational continuity and development. They all had the potential to impact on later outcomes and, in most examples identified in this study, clearly did. Identical and similar issues are identified in the overseas literature (Stein and Carey 1986, Mech 1988, Conte et al. 1994, Cashmore et al. 1994).

Leaving Care

The overseas research shows that at the point of leaving care there are once again important factors that are protective if provided and increase risk to adult outcomes if not. These factors include:

- continued significant psychological attachments and relationships providing support and a sense of identity and belonging;
- a level of independence appropriate to the young person's life skills, educational achievement and employability;
- sufficient regular income and material well-being; and
- stability (Stein and Carey 1986, Stone 1990, Biehal et al. 1995, Cashmore and Paxton 1996, Mallon 1998).

From these factors, criteria of a successful exit from care were developed for this study. They were that:

- dislocation and upheaval were minimised;
- physical and mental stability were adequate; and
- the young person was achieving well, was making sensible and determined decisions and had living skills appropriate to their level of independence (Yates 2000).

Table 2 gives some indication of the circumstances of the eight participants at the point of leaving care.

Table 2 Circumstances at the time of leaving care

Age	Behavioural and mental health issues	Financial, work and study status	Accommodation	Significant and supportive relationships
16	Emotional/identity issues, but no behavioural issues	UCB plus Youth Care Supplement Still at school	Living with caregiver and family	Excellent; caregiver/guardian and their family
17 ^{1/2}	Emotional/identity but no behavioural issues	Full-time work and some study	Own living quarters provided with job	Intermittent contact with ex-social worker and carers
17	Emotional/identity but no behavioural issues	IYB At school	Living with caregivers, paying board	Excellent; caregivers and their family
Almost 17	Emotional/identity but no behavioural issues	IYB At school	Flatting with 2 other school pupils	Some contact with busy ex-caregiver, older siblings
16	Severe behavioural and MH issues – A&D, offending, depression	Income Support * On TOPS course	Living with mother, paying board	Older sibling; extreme difficulties with mother
17 ^{1/2}	Severe behavioural and MH issues – A&D, ADHD, self-harm, depression	Income Support * On TOPS course	Expelled from residence. Boarding with adult acquaintance	None
16-17	Severe behavioural and MH issues – ADHD, depression, offending	IYB On TOPS course	Caravan in caravan park	Some contact with busy social worker
16 ^{1/4}	Severe behavioural issues – absconding, non-compliance	IYB No work or training	Boarding	Landlady and irregular contact with other adults

*Actual benefit or allowance not known

A&D Alcohol and drug dependence

ADHD Attention Deficit Hyperactive Disorder diagnosed

IYB Independent Youth Benefit (paid to young person under 18)

MH Mental Health

TOPS Training Opportunity Programmes

UCB Unsupported Child's Benefit (paid to caregiver)

For six of my eight participants, the point of leaving care involved sudden change, reduced support and greatly heightened self-responsibility. There seems to have been minimal attention paid to educational or vocational achievement, and without this there was little hope of finding stable employment. Preparations to equip them for their new-found independence appeared to be absent or minimal. There was perhaps a lack of understanding or a sense of powerlessness on the part of both the young people and the adults around them in terms of the issues involved in the transition to adulthood and procedures for leaving care. One participant stated: "I don't know, I just got discharged. That was, like, real sudden."

In fact, all six appear to have been virtually abandoned by care services, at least at some level – some automatically through the lapse of agreements or orders, and others through discharge of orders at the earliest opportunity. Two had ongoing guardianship orders at the time, but considered themselves to have left care when financial and placement support had stopped on or around their 17th birthdays.

All six experienced a sudden and significant drop in their financial provision and at the same point became entirely responsible for their own financial management and budgeting. One was discharged "home" to a parent, but this had little hope of providing stability, since that relationship had not improved over time. Two were boarding and one was living alone in a dangerous caravan park. One, still at school, went flatting with classmates and was very vulnerable. Only one, just leaving care at the time of interview, had significant family-like support. All the other situations proved short-lived.

Four of this group of six carried multiple risk factors. They described or identified serious behavioural or mental health problems, including Attention Deficit Hyperactive Disorder (ADHD), substance dependence and serious depression. All four had missed much of their secondary schooling and none had any school qualifications. Some were on job or skills training schemes when leaving care (only one completed the course) and none of them were employed. While they all had a modicum of adult support, none appears to have had a strong sense of either family or community identity. All therapeutic services were dropped before or at this point. They were aged between 16 ¹/₄ years and 17 ¹/₂ years at the time they left care.

An Example of Managed Discharge from Care

Of the remaining two participants, one was discharged to the guardianship of their long-term caregiver and experienced little change or disruption, apart from enjoying a

sense of becoming “normal”. The eighth provides an interesting example of managed discharge from care to independence, in spite of the constraints of the current system. Although the young person wanted to “escape” care as soon as possible (and there was possibly similar pressure from management), the social worker managed to delay this briefly, working in a negotiative and informative way with the young person to achieve career goals beforehand.

Before discharge, as well as achieving qualifications, this young person had learnt and practised a number of independent living skills, including sharing semi-independent accommodation, studying and regulating their life, budgeting and working full-time. The social worker appears to have managed to “stretch the rules” by obtaining a Student Allowance for the young person while they were still under custody and guardianship. The social worker also succeeded in securing funding for setting-up costs, the only case in which this appears to have happened.

This partnership approach promoted self-determination by supporting the young person in making well-informed decisions and developing self-esteem as the result of their achievements. The young person’s rights to protection and participation were upheld. The point of discharge involved no dislocation or upheaval. The young person stated: “Oh, it was good, ‘cause I’d already been on my own for a year and a half, so all it was, was a bit of paper.”

In both of these cases, the criteria for a successful exit from care had been achieved, although for the second one discharge proved to have occurred too soon. The young person, so well supported by her social worker and launched into a career, could have benefited from ongoing guidance and other family-like support provided by CYF. She became a single mother at the age of 18. (In fact, of the three young women of whom I receive some news at times, all are now single mothers, aged between 17 and 21.)

Since Leaving Care

It is difficult to assess long-term outcomes based on the time of the research interview, as the young people’s circumstances changed frequently. There was clearly, however, some correlation between levels of risk and protection during and on leaving care, and those experienced after leaving care.

Most of the participants experienced crises after leaving care which interfered with the achievement of goals or put them at serious physical or emotional risk. For the four identified earlier as carrying multiple risk factors on leaving care, the period since had

been extremely difficult and hazardous for much of the time, involving violence, loneliness and dangerous levels of alcohol and drug use. Two entered periods of offending immediately and chalked up criminal records, one awaiting a possible jail sentence at the time of the interview. One young woman, still 16, was leading a dangerous itinerant lifestyle, counting on a mobile phone for safety. There was no, or virtually no, adult support through these crises and minimal safety nets to replace the protective services they had lost.

Only two of the eight participants had been in continuous study or employment since leaving care, and only they and one other had progressed with study or training.

It is difficult to imagine that the intention of the CYP&F Act is to allow young people with serious behavioural problems (some with diagnosed psychiatric disorders) and incomplete schooling to be discharged to independence at the age of 16 or 17, without the family support that allows young people to seek shelter and help when times are tough.

CONCEPTUALISING LEAVING CARE IN NEW ZEALAND

Unfortunately there is little in either the legislation or policy to prevent this. Discharge to independence is not mentioned specifically in the Act, and the matter is further complicated by the definition of a young person being given as “a boy or girl of or over the age of 14 but under 17” (s2), despite the guardianship provisions to age 20. If a custody order under the CYP&F Act is the legal basis for care, which is the most common scenario, then the young person’s status with the department lapses automatically on their 17th birthday. The responsibilities and duties of Guardianship, where they persist beyond that point, are uncertain and expenditure is discretionary.

Nor do the guidelines in CYF’s *Care and Protection Handbook* discuss the age at which a young person should or should not be discharged from care, although they emphasise the importance of planning and the young person being “adequately prepared” in terms of skills “that promote self-sufficiency” and “factors in a successful move” (Children, Young Persons and their Families Service 1998: Section 9 p.59). Rather than recognising a *gradual* transition to adulthood as a process, however, the gaining of independence is treated rather like another move or event in the young person’s life.

Without clear legislative obligations or policy for care leavers, it is perhaps not surprising that time and the competitive dollar are spent on younger children and young people. The natural demands of young people for increased independence and

the extremely difficult behaviours of some may serve to reinforce the current practice of discharging young people at 16 or 17, whether they are ready or not. The harsh reality is that some of our most vulnerable young people experience a regime, however inadvertent, of “sink or swim”.

Cashmore and Paxton expressed similar concerns in the NSW context:

There is reason then for concern about an inflexible policy and about current practice which takes little or no account of young people’s maturity, wishes or preparedness for independence and does little to ensure that they are prepared. (1996:166)

A review of policy¹ ought to involve a re-conceptualisation of leaving care. Included in this might be consideration of the costs to society of poor adult outcomes, developmental issues and current “norms” in the transition to adulthood and legislative reform, perhaps through the proposed “Care of Children Act” (Law Commission 2000).

Some Preliminary Ideas for Policy Development in this Area

The following ideas are offered as a means of generating discussion amongst decision makers, policy advisers, practitioners, caregivers and young people. Initiatives such as these would require some extra funding to put into practice, but in the longer term, in terms of state expenditure, could represent an eventual economy or an investment.

- Further research, especially concerning Māori and Pacific care leavers and young people in kinship care, would be required. More in-depth investigation into overseas leaving-care programmes is also important (Stein 1997, Broad 1998).
- Recognition of the impact of a young person’s childhood experiences in care, and the quality of social work practice and provision at this time, is important. Attention to compliance with the principles of care and protection is the best approach to achieving family reunification or family-like placement, significant psychological attachment, the minimisation of disruption to placement and schooling, reconciliation with family members and attention to the rights of the child or young person. These cannot be achieved, however, without commensurate resourcing.

¹ This is currently being undertaken; see appended “Note”.

- More emphasis on attachment theory would heighten the chances of developing stable and committed placements. “Caregiving based on attachment theory ... enables children to develop a secure base to work from. This puts great emphasis on the concepts of continuity and mobilising support around transition points, such as when children enter or exit services” (Cashmore et al. 1994:131).
- Developmental issues would also need serious consideration. A rigorous assessment process, based on developmental attainment, readiness for increased independence and mental health status, could be devised for all young people of say, 14 years and over, to accompany the current annual planning and review system². The new British Children (Leaving Care) Act is designed to ensure that all young people have a pathway plan by the age of 16, developed in a one-to-one partnership with a personal adviser and continued, with financial support, through the transition to adulthood to at least the age of 21.
- Planning processes and consultation with the young person and significant others would need to be proactive. Biehal refers to “the fact that care leavers typically lack power both as citizens and as service users” (Biehal 1999:94). Development, confidence and a sense of self are enhanced where the young person is well informed and encouraged and supported to participate actively in his or her decision making, planning and appropriately conducted court processes.
- Better definitions would need to be considered and in particular the notion that independent adulthood is achieved through a gradual transition. For those who experience family disruption to the extent that they are brought up in care, even if only for a short period, transition to adulthood needs to be well supported and simulate as closely as possible that of young people in families. This recognition would also require a serious commitment to funding this transition so that these young people can be given every opportunity to overcome their disadvantages and to attain positive adult outcomes.

A Transition-to-Adulthood Programme

This could be incorporated into practice in the following way. Any young person in care at 16, for whom return to original guardians or permanency had not been successfully achieved, would be under guardianship (or its equivalent under a Care of

² The Youth Services Strategy, designed to better meet the needs of children and young people aged 12 and over, is well placed to tackle such developments. Its focus to date has mostly been on youth offenders, but the application has extended to include care and protection clients.

Children Act) and would follow a transitional programme comprising steps to independence up to and perhaps beyond the age of 20. This would need to provide for the young person to gradually achieve levels of independence and maturity required for a smooth transition to young adulthood. The young person would need to be able to experiment and to make mistakes. The programme would be supportive and advantageous to young people, who would avail themselves of it on a voluntary basis. Young people would be consulted and would contribute to the development of this programme. (It is important to note that there have been numerous local attempts over the years to establish projects or programmes designed to support young care leavers. Learning from these could contribute to a national transition-to-adulthood programme.)

Provisions might include:

- gradual financial independence, to earnings, student allowance or income support;
- ongoing placement where required, as well as the facilitation of other accommodation options, such as boarding, flatting and “halfway” or emergency housing;
- material and/or financial support in setting up independent accommodation;
- financial support for study in the form of fees and books;
- ongoing one-to-one social work support and planning, with either the care social worker or a specialist leaving-care social worker;
- ongoing provision of therapeutic assistance;
- ongoing support in job hunting and career development;
- opportunities to meet and/or communicate with other care leavers to discuss common issues;
- well-designed information packs on becoming independent, covering accommodation, financial management, study, CV writing, legal matters, health, contraception, alcohol and drugs, relationships, loneliness, etc., and designed in partnership with young care leavers and other young people;
- access to services that provide help and advice in these and other areas; and
- feedback loops and follow-up research and evaluation of the programme.

Inter-departmental cooperation would need to be addressed in order to allow for young people still in guardianship to receive income support and student allowance, perhaps on special Work, Study and Independent statuses such as those of the 1970s and 80s (see earlier quote).

A young person could leave and return to the transitional programme. Service providers would not be responsible for their survival but would be there in a purely

supportive capacity, in the way that family are for most young people. Whether a young person was using the programme or not, guardianship would continue until the age of 20. Services could remain available, perhaps in more limited form, after guardianship lapsed.

The emphasis in social work with young people by the time they reach the age of 17 would have become one of partnership. Social worker and client would together explore education, career and accommodation options, family and other support networks, and emotional or relationship issues requiring attention. On reaching the age of 17, all decisions would be taken by the young person in consultation and negotiation with the social worker, working on the principle of learning through the consequences of actions. Thus, financial and other support would be provided if the young person meets certain conditions negotiated realistically and based on the well-being and level of maturity of the young person, rather than fiscal constraints or adult expediency.

A voluntary and empowering programme of this type would require a serious paradigm shift in social worker/client dynamics. Tools such as Motivational Interviewing (Miller and Rollnick 1991) would be useful in developing this.

CONCLUSION

Two New Zealand studies (Ward 2000a, Yates 2000) clearly indicate that young people leaving care in New Zealand are, like their overseas cohorts, significantly at risk of poor adult outcomes via homelessness, early parenthood, long-term mental health and substance problems, long-term unemployment, criminality and loss of potential.

New Zealand is 15 to 20 years behind Britain and the United States in attending to this area. This may be due in part to low numbers, but also to the emphasis of the New Zealand legislation on individual and family responsibility, and the pressures on the welfare system during the 1990s. Current developments, via the recent ministerial review (Brown 2001), give hope for some movement in this area.

It is time for consideration of leaving care as a gradual, negotiated and well-supported transition to adulthood, in which a young person's chances of a positive adult outcome are maximised rather than jeopardised. A government that supports the notion that families should be responsible for their offspring until they reach the age of 25 must model that belief in its own role of acting in loco parentis.

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NOTE

Child, Youth and Family's policy on young persons moving from care to independence contains information on the development of skills that promote self-sufficiency and factors that influence a successful transition. The Department is currently reviewing this policy to ensure it meets the needs of young people leaving care, and will develop more detailed practice guidelines if needed.

Child, Youth and Family recognises that its work to prepare young people for independence is not always ideal, but is also aware that there is some very good work done in this area. High-risk young people involved in the Youth Services Strategy have very detailed plans developed, including how they will exit care. Some Child, Youth and Family sites run excellent programmes for groups of young people, e.g. the Real Youth programme in Nelson.

The CYP&F Act and the care provisions of the Guardianship Act are the subject of policy work that has been initiated by the Ministry of Social Policy.

