Supporting vulnerable young Tasmanians to have the best start in life possible: Improving transition out of Out of Home Care in Tasmania.

This essay will aim to describe the unique experiences and needs of vulnerable young people who live in Out of Home Care (OOHC) as they transition to independence. It will explain some of the established barriers to providing adequate transition support and give a perspective of the current Tasmanian OOHC transition cohort and how paediatricians can improve the outcomes for these young people.

The transition period from adolescence to adulthood is recognised as a significant stage of development which comes with substantial challenges. Young people who have experienced living in OOHC which includes foster care, kinship care or residential care, face this transition without family support and significant barriers such as poor mental health, higher rates of disability/ medical needs and face ongoing social disadvantage (Nathanson & Tzioumi, 2007). Children and young people in State care, by definition, have experienced neurodevelopmental trauma which significantly impacts their long-term developmental, physical and emotional wellbeing (Webster, 2022). These experiences may include chronic neglect and poverty, physical and sexual abuse, witnessing violence in the home, and exposure to drugs and alcohol whilst in utero or as small children when the brain is still in crucial stages of development, or witness severe parental mental health issues and substance abuse problems. These experiences are collective termed Adverse Childhood Experiences or "ACEs". Once children enter the care system, there may still be further exposures to ACEs such as frequent care placement changes and unstable attachment to caregivers. Stable and nurturing attachment figures are crucial for supporting the developing brain. Children who experience neurodevelopmental trauma and unstable attachment figures are understood to spend more time functioning in 'survival mode' of their primitive brain (Herzog & Schmahl, 2018). A stable nurturing caregiver is the key factor for children to be co-regulated and eventually self-regulate and allow the brain to function in the higher areas of emotional and executive processes. Only when children and young people are feeling safe, secure, and loved can they function in these higher brain states to advance their skills in rationalisation, consequential thinking and developing their own concept of 'self'. This understanding of the importance of early childhood attachment figures is crucial to then understanding why young people in OOHC may lack the developmental and cognitive skills required for independence by age 18. It also highlights why professionals such as paediatricians and mental health clinicians who are trained to understand the impacts of trauma of neurobiological development can play a key role in informing system change in this area. There is also consistent evidence that ACEs contribute significantly to long-term physical health conditions and adult diseases including ischaemic heart disease, cancer, chronic lung disease and liver disease (Felitti et al., 1998). Therefore, the need to support a health-based transition system for young people in OOHC is needed given they already have a higher risk of long-term negative health outcomes when starting their adult life.

The current time period of transition is set at age 18, when statutory orders expire. This is not the expectation or experience of young people living without the disadvantages of those in OOHC. The Household, Income and Labour Dynamics in Australia (HILDA) Survey has found that the average age of young adults leaving their family home continues to increase; in 2019 this was 24 years for males and 23 years for females (Wilkins, et al. 2019). The study found that economic factors such as rising housing costs and reduced full-time employment rates were more influential factors than educational factors. Therefore, it cannot be expected that young people in OOHC are able to navigate independence at age 18 in the current

economic environment in Australia. Dixon et al. (2015) described the concept of 'corporate parenthood' founded on the principle that governments and services should make the same kind of commitment to providing ongoing nurturing and support to children in OOHC that parents do, who are clearly supporting their children beyond the age of 18.

It is evident that the needs of young people in OOHC transitioning to adulthood are high, and unfortunately to date they have not had adequate assistance and system scaffolding to assist their transition. Key factors identified in Australian literature include sudden exits at 18 years without adequate post-care support, insufficient post-care services, insufficient support for carers to understand how to help facilitate smooth transition, inadequate planning of needs of young people, and no 'whole of system approach' to working with young people transitioning from OOHC (Campo & Commerford, 2016). In 2009 the CREATE foundation which is the national consumer body representing the voices of children and young people in OOHC, surveyed 325 young people across Australia with OOHC experience between the ages of 18-25 years (McDowall, 2020). The survey identified that only 36% of participants had a transition plan in place. At age 18, 49% left the carer's household with only 19% feeling like they had time to prepare. A shocking 17% were homeless at the point of leaving a carer's house and this increased to 30% within the first year of leaving care. In the current Australian housing crisis, it can only be assumed that these figures are much higher. Beyond basic housing, young people also identified their health needs as high priority, listing access to mental health services, basic GP and dental services as lacking and financially unobtainable. Importantly basic provision of personal documents such as birth certificates and Medicare details required to access health services were only received by 42% of the survey participants. Federal funding initiative is available to each young person aged 15-25 in OOHC for a Transition to Independent Living Allowance (TILA) which is one-off payment of $1,500 (Families and Children, 2022). TILA has to be applied for through the relevant state or territory child protection service, however the study found that only 43% of respondents had been supported to apply for this nominal funding (McDowall, 2020). Clearly there is work to be done to scaffold the system processes that are needed to ensure young people in OOHC have a chance to succeed in independence.

In Australia, the governing legislation and policies for child protective services are the responsibility of each state and territory. However, a key priority of the *National Framework for Protecting Australia's Children 2009-2020* has been supportive of a national consistent approach to effective transition of young people leaving OOHC. The national framework strategy describes the importance of preparation and planning, recommending the transition process starts at age 15 (Council of Australian Governments, 2009). There is however no legislative obligation for states and territories to follow these minimum standards. In Tasmania, there is no legislative requirements for post-care support but there are policy requirements for transition planning to begin at 15 years of age and young people can access post-care financial support between the ages of 15-24 years if they were in care for two or more years from the age of 14 years (Campo & Commerford, 2016). However, the translation of policy into practice is lacking. In a preliminary audit conducted of Tasmania's OOHC population, there were 201 young people aged 15-18 years on state guardianship orders in some form of OOHC as of July 2022. In the southern catchment area of the Tasmania Health Service where there are established Out of Home Care Clinics for routine health checks and specialist paediatric care, only 45% of these young people were seen in the prior 12 months. There is currently no formal transition clinic to focus on the evolving health and wellbeing needs of these young people. In my current role working in Community Paediatrics as a dual-training advanced trainee in General Paediatrics and Adolescent and Young Adult

Medicine, I am aiming to introduce these clinics in 2022. These clinics will run separate to standard paediatric OOHC clinics with a clear focus on multi-agency transition planning. All young people aged 15-18 years in state-care will be offered appointments with the aim to be reviewing them annually in their 15th and 16th years and then twice in their 17th year and once after the age of 18. The clinics will be structured to address each of the six wellbeing domains set out in the Tasmanian Government 2021 *Child and Youth Wellbeing Strategy* "It takes a Tasmanian village" and align with current Child Safety Service practice advice and the CREATE foundation recommendations. It will aim to not only address the health needs of the young people and ensure they are linking with GPs/ adult specialists but also ensure that adequate planning for post-care supports start from age 15 and continue past 18 years of age. It would be the expectation that there is attendance of both caregivers as well as the Child Safety Officer who represent the 'corporate parent' of the young person would participate in these appointments to ensure that all services are working collaboratively to support the young person to the best of their capacity. In 2023, when community paediatrics becomes a state-wide service, I hope that these clinics will be established in the North and North-west of the state as well. Through these clinics I hope to be able to identify the health and wellbeing needs of Tasmanian young people living in OOHC to inform future services, advocate for policy change and funding initiatives to support this highly vulnerable group.

Support for those leaving OOHC is complex. Structural system changes with a developmental and well-being focus, which paediatricians are well placed to lead, are needed to help overcome the inherent disadvantage that led to the young people being brought into care initially.

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