

## **Failure of care in state care: in-care abuse and postcare homelessness**

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## **Abstract**

This paper reviews initial findings from an AHURI (Australian Housing and Urban Research Institute)-funded research project examining housing outcomes amongst Australian young people who have been in state out-of-home care. Our findings suggest a linkage between incidents of in-care abuse and poor postcare housing outcomes amongst our research participants, including primary homelessness. Not attending school when leaving care was also highly associated with having experienced in-care abuse. The authors postulate that adverse in-care experiences may have contributed to poor postcare housing outcomes amongst the research participants and this paper raises a number of specific concerns related to neglect, abuse and assault whilst in care. It is also argued that support in the transition from care needs to be strengthened to mitigate poor postcare outcomes, as does accountability for in-care adversities.

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### **Introduction**

There has been significant recent concern regarding the quality of state out-of-home care, often initiated by serious cases of abuse against children and young people in care. This includes the recent Own Motion investigation into the Victorian child protection system by the Victorian Ombudsman (2010) and the current Parliamentary inquiry into child protection in Tasmania (Ogilvie, 2010); as well as the 2007 inquiry into sexual abuse in the Northern Territory which found “clear evidence that child sexual abuse is a significant problem across the Territory” (Northern Territory. Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, 2007:57). This article draws upon an extensive research project funded by the Australian Housing and Urban Research Institute (see Johnson, et al., 2009; Johnson, et al., 2010) which investigated housing outcomes amongst care leavers.

While the focus of this project was postcare housing outcomes, in the process of conducting this research project, we also uncovered a number of concerns regarding problematic in-care experiences - including abuse. Crucially, these experiences - including sexual and physical assault- appear to significantly contribute to poor postcare outcomes. While the methodological nature of this study means that we cannot definitively establish a direct causal link between in-care abuse and postcare homelessness and other poor outcomes, our findings nonetheless suggest a strong relationship between in-care abuse and postcare homelessness, as well as other indicators of in-care inadequacies and poor postcare outcomes.

## **Background**

On 30 June 2009 there were 34,069 children in state out-of-home care in Australia (Australian Institute of Health and Welfare [AIHW], 2010) including foster care, family and kinship care, respite care, and residential care. From 1998 to 2009 the rate of children in official care doubled from 3.1 to 6.3 per 1,000 children (AIHW, 2009).

It should be noted that children are placed in care for a number of reasons and are not placed in care solely due to abuse. Various adversities, such as the loss of parents or guardians, may also place minors in state care. Whether children are placed in care as a result of abuse and neglect or other unfortunate circumstances, it is commonly accepted that the state, in all of these cases, has a statutory duty of care. This stems from an accepted responsibility in the community that the state needs to care for young people when their parents are unable or unwilling to do so.

Over the past two decades there has been growing concern about the relatively poor housing outcomes of young people who have been in state out-of-home care in Australia. The National Inquiry into Homeless Children (Burdekin, 1989) identified state care and juvenile detention as factors significantly increasing the prospects of becoming homeless. A large body of Australian and international research into disadvantage among care leavers has also linked state care to: poor housing outcomes, mental health issues, poor physical health, early parenthood, drug and alcohol abuse, low income, low educational attainment, unemployment, and criminal involvement (Cashmore & Mendes, 2008; Cashmore & Paxman, 2006; Daining & DePanfilis, 2007; Dworsky, 2005; Freundlich & Avery, 2005; London & Halfpenny, 2006;

Mendes, 2004, 2005, 2009; Mendes, Moslehuddin, & Goddard, 2008; Moslehuddin & Mendes, 2006; Pinkerton, 2006).

Our previous research findings indicate that those care leavers who can access material and/or emotional support from either their biological or foster families upon leaving care are more likely to have a smooth transition to independent living than their counterparts who cannot access such support (Johnson, et al., 2010). Most young Australians in the early 21<sup>st</sup> century continue to live with their parents until their mid-twenties (Cashmore & Mendes, 2008; London, 2004; Mendes, 2005). In stark contrast, care leavers in Australia have relatively few support structures to depend upon once they leave the purview of the state (Mendes, 2005), which in turn leaves some care leavers highly susceptible to becoming homeless. This article, however, suggests that adverse in-care experiences in themselves may also detrimentally impact upon the success or otherwise of postcare transitions to independence.

## **Methodology**

Semi-structured interviews with 77 care leavers in Victoria (n=42) and Western Australia (n=35) aged 18-25 at the time of interview, were conducted in 2008-2009. An overview of participants' characteristics is outlined in Table 1. A multi-pronged approach was adopted to reach a broad sample of care leavers. This included liaising with specialist leaving care service providers, out-reach and residential youth service providers, general homelessness service providers and media announcements. The interviews lasted for about an hour and reviewed the participants' in-care experiences; transition from care and postcare experiences, such as their relationships with their biological families and carers; financial situation; and

concept of housing. These interviews emphasised housing and housing outcomes rather than in-care experiences per se. In addition, three round-table discussions with key stakeholders among generic and specialist service providers and staff from the government sector were carried out, informed by a preliminary analysis of the interviews with care leavers.

The purposive sampling approach adopted suggests that our research participants may not necessarily be representative of all care leavers. In addition, generalisations of in-care experiences of abuse cannot be made based on this study, as participants were not asked directly about in-care adversities. Instead, the narratives of abuse outlined in this article were volunteered by participants. As such, reported frequencies of abuse are likely to be significant underestimates and attempts to indicate relationships beyond comorbidities are likely to be limited. Nevertheless, as this is one of the larger Australian studies of care leavers, the narrations that follow do suggest significant inadequacies in the provision of state out-of-home care. Pseudonyms are used to protect the identity of the participants throughout this article.

**Table 1: Interview participants**

<i>Gender</i>							
	Male		Female		Transgender		<b>Total</b>
Freq.	40		34		3		<b>77</b>
<i>Age came into care</i>							
Age	0-3	4-10	11-15	16-17			<b>Total</b>
Freq.	17	22	30	7			<b>76</b>
<i>Number of placements in care</i>							
	Single	Few (2-5)	Multiple (6-10)	Numerous (11-20)	High (21-49)	Very high (50 +)	<b>Total</b>
Freq.	10	32	10	12	7	5	<b>76</b>
<i>Highest level of completed education</i>							
	Year 9 or Below	Year 10	Year 11	Year 12	TAFE or University	<b>Total</b>	
Freq.	17	24	8	20	8	<b>77</b>	
<i>Age left care</i>							
Age	11-15	16-17	18				<b>Total</b>
Freq.	18	22	37				<b>77</b>

## **In-Care Abuse**

“States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child” (Article 19 (i) Convention on the Rights of the Child [United Nations, 1989]).

Some of those who enter state out-of-home care in Australia have background experiences of neglect, abuse and sexual abuse (Frederick & Goddard, 2006; Mendes, 2005, 2009; Mendes, et al., 2008). In these cases, the state assumes responsibility to end the abuse by removing the child or young person from what is perceived as an *at-risk* situation. It is therefore of real concern that our research identified a number of serious in-care inadequacies and incidences of abuse. Some of the breaches outlined below could qualify for criminal charges being laid against the perpetrators and, in some instances, criminal investigations and convictions related to these incidences were either ongoing or had previously taken place.

Table 2 below outlines the reported frequencies of abuse among our research participants. These frequencies refer to explicit statements of abuse or the explicit narration of an abusive incident. As already noted, we did not directly ask participants whether they had experienced abuse, although generic questions regarding their care experiences were raised. As such, these frequencies are likely to be significant underestimates.

**Table 2: Frequencies of abuse (n=77)**

	Physical	Sexual	Other/Unspecified	Individuals <sup>1</sup>
Pre-care	11	5	2	16
In-care	13	7	13	25
Postcare	7	2	4	12
Females	12	8	8	18
Males	13	5	7	18
Transgender	2		2	2
Individuals <sup>1</sup>	27	13	17	38

<sup>1</sup>These numbers refers to the total number of individuals and does not reflect a sum for each column or row as some individuals experienced multiple forms of abuse and/or abuse at multiple stages.

In total, 38 individuals, just under half of our research participants, reported having experienced abuse at some point. Of note, however, is the fact that almost a third of respondents – or 25 individuals – reported in-care abuse. Of course, it should be acknowledged that some respondents reported very positive in-care experiences, suggesting that while in care they had better opportunities and more constructive lives than before entering and after exiting care. However, as can be seen from Table 2, the majority of reported incidents of abuse among our participants occurred whilst in care and two-thirds of the participants who outlined having been abused reported in-care abuse. Physical abuse was cited most commonly, followed by other or unspecified forms of abuse (such as verbal or financial abuse). Whilst sexual abuse was cited as the least common form of abuse – 17% of all research participants- more than one-third of all participants reporting having been abused indicated that they were sexually abused at some stage. As participants for this study were

purposively selected, findings cannot be generalised. However, the frequencies and severity of the abuse outlined are of serious concern.

It is important to note that the perpetrators were not always carers. For example, a young female referred to the research project by one of the specialist leaving care non-government service providers had been placed in residential care. While there she was sexually assaulted by one of the other residents. It could be argued that this disturbing incident was outside the purview of the child protection agency. However, she had been warned by staff of the perpetrator prior to this incident. Her despair was evident to the interviewer when she exclaimed in tears:

*“Why did they put me there? Why did they put me in there when they knew that boy was a risk?”*

Incidents of sexual abuse were not limited to female participants but were also reported among some male participants. Nicholas indicated that his uncle, who was his carer at the time, made sexual advances towards him. Sandra similarly indicated that she was sexually abused by carers in different placements, although she did not indicate who the perpetrators were:

*“...the third, fourth foster home that I lived in was reasonably good even though it broke down in the end but the rest of them were quite bad. I was sexually and physically abused in both [of the first two placements] and I think the Department has a long way to go before they have safe foster homes out there for people.”*

While sexual abuse in care is obviously of deep concern, any form of in-care abuse is unacceptable. Several participants outlined their struggle of being abused, and then not being

believed by the authorities. Isabel outlined the abusive behaviour of her carers and the response from the police:

*“I lived with them for two years. ... I ran away, but every time the police brought me back and I would say, “Look, this is what they have done to me,” and then they would act so friendly and thinking, ‘Oh we love her and blah, blah, blah.’ And they would say, ‘Everything looks fine here, you have to stay.’ But they locked me in cupboards, they threatened to throw me out the window, they tried to drown me twice, they made me eat mouldy and stale bread, they punched me, kicked me, strangled me, made me basically do everything while they sat on their arse or went out to parties. Yeah, they sliced me with a knife and left me with a scar and made me drink a bottle of cordial that I didn’t make properly and sour milk from a babies bottle; yeah. I lived with that for two years ...”*

Similarly, Brian outlined his struggle after being in an altercation with the staff at a residential service provider and how the claims and views of staff were taken into account by the authorities whilst his version of the events were not:

*“One day I hit one of the staff because they hit me, it was a bit of a messy situation, and then cops got called and I got taken away and they charged me with assault on a public officer but he hit me first and they wouldn’t take any of that. And when it got to court it got dragged out for so long that in the end the [child protection department] said don’t worry about it just plead guilty and it will all be over, we’ll get him. ... and when the judge says so you take responsibility for hitting this officer and I said “No, he hit me first!” I just plead guilty to hitting him; they didn’t explain it and they tried to trick me into saying I plead guilty. ...And then they did an internal investigation and the internal investigation went on for three years. They interviewed me twice, this guy didn’t lose his job ... he got removed from the hostel from which time my Play Station 2 went missing and all my games went missing and a bike went missing from a locked door. ... I was on the police video with a bloody lip and they said ‘who hit you?’ And I said ‘he did’. And they didn’t charge him at all and he strangled me and I had a doctor’s report saying that I had bruises on my neck and soft tissue damage. I got put in jail for hitting him and I told them my neck is sore but they didn’t take the doctor’s certificate they said that I could have*

*strangled myself. And jail said that I didn't have anything wrong with me when I went in there and the police lost the video tape."*

Brian was subsequently awarded compensation, through a settlement with the respective child protection department, for the abuse he experienced whilst in care. While the allegations of sexual and physical abuse outlined above are disturbing, it is important to remember that abuse can also take other forms, including financial abuse. Anya stated:

*"One of my foster carers stole 4,000 dollars off me ... and I had to go to court and all that"*

While the incidence of in-care abuse is disturbing in itself, we are also deeply concerned about the impact of this upon young care-leavers once they have left the care system. It can certainly be the prelude to continued adversities and can also heavily corrode the young person's trust in authorities and agencies. Indeed, our research suggests a strong relationship between in-care abuse and poor postcare outcomes among our research participants, as the next section illustrates.

### **Postcare outcomes**

*"Everyone has the right to a standard of living adequate for the health and well-being of himself (sic) and of his (sic) family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his (sic) control" (Article 25 (i) Universal Declaration of Human Rights [United Nations, 1948]).*

### *Homelessness*

The definition of homelessness is culturally determined (Chamberlain & MacKenzie, 1992) and Australia has adopted a cultural definition of homelessness (Chamberlain & MacKenzie,

2008). A narrow “common sense” interpretation of homelessness is being “roofless” (ibid). In Australia, this is consistent with being primary homeless, which includes “sleeping rough or living in an improvised dwelling” (Homelessness Taskforce, 2008:3). While poor housing outcomes among care leavers have been well documented, in Australia and elsewhere, the prevalence of homelessness amongst our research participants was still striking.

One-quarter of our research participants were primary homeless when interviewed and 64% had at some point been primary homeless. Incorporating the broader cultural definition of homelessness, which includes those living temporarily with friends and relatives, accommodated with specialist homelessness service providers, and people accommodated in boarding houses and hostels (Chamberlain & MacKenzie, 2008), 61% of our participants were homeless when interviewed and 95% had at some point been homeless. As the federal government has adopted a policy of “no exits into homelessness from statutory care” (Council of Australian Governments, 2009; Homelessness Taskforce, 2008), the high proportion of homelessness among our research participants is of grave concern.

Reviewing the impact of in-care abuse among our participants on primary homelessness, Tables 3 and 4 indicate that there appears to be no relationship between ever being primary homeless and having experienced in-care abuse. However, research participants who experienced in-care abuse were almost twice as likely to be primary homeless at the time of interview compared to the research participants who did not indicate having experienced in-care abuse.

**Table 3: In-care abuse and ever primary homeless**

	Primary Homeless	Never Primary Homeless	Total <sup>1</sup>
Experienced In-Care Abuse	16 (64%)	9 (36%)	25 (32%)
Physical <sup>1</sup>	9	4	13
Sexual <sup>1</sup>	6	1	7
Other <sup>1</sup>	9	4	13
Did Not Experience In-Care Abuse	33 (63%)	19 (37%)	52 (68%)
Total	49	28	77

<sup>1</sup>These numbers refers to the total number of individuals and does not reflect a sum as some individuals experienced multiple forms of abuse.

**Table 4: In-care abuse and currently primary homeless**

	Currently Primary Homeless	Not Currently Primary Homeless	Total <sup>1</sup>
Experienced In-Care Abuse	10 (40%)	15 (60%)	25 (32%)
Physical <sup>1</sup>	4	9	13
Sexual <sup>1</sup>	5	2	7
Other <sup>1</sup>	5	8	13
Did Not Experience In-Care Abuse	11 (21%)	41 (79%)	52 (68%)
Total	21	56	77

<sup>1</sup>These numbers refers to the total number of individuals and does not reflect a sum as some individuals experienced multiple forms.

#### *Employment and education*

Reviewing the impact of in-care abuse among our participants on employment and participating in schooling when leaving care, as outlined in Tables 5 and 6, there appears to be little impact of in-care abuse on employment status when leaving care. However, participants who did experience in-care abuse were 60% less likely to be in school when exiting care than their counterparts who had not experienced in-care abuse.

**Table 5: In-care abuse and employed when leaving care**

	Employed when left care	Not employed when left care	Total <sup>1</sup>
Experienced In-Care Abuse	8 (35%)	15 (65%)	23 (34%)
Physical <sup>1</sup>	3	9	12
Sexual <sup>1</sup>	2	4	6
Other <sup>1</sup>	3	9	12
Did Not Experience In-Care Abuse	15 (33%)	30 (67%)	45 (66%)
Total	23	45	68

<sup>1</sup>These numbers refers to the total number of individuals and does not reflect a sum as some individuals experienced multiple forms of abuse.

**Table 6: In-care abuse and in school when leaving care**

	At school when left care	Not at school when left care	Total <sup>1</sup>
Experienced In-Care Abuse	7 (29%)	17 (71%)	24 (35)
Physical <sup>1</sup>	4	9	13
Sexual <sup>1</sup>	2	4	7
Other <sup>1</sup>	4	8	12
Did Not Indicate In-Care Abuse	22 (49%)	23 (51%)	45 (65%)
Total	29	40	69

<sup>1</sup>These numbers refers to the total number of individuals and does not reflect a sum as some individuals experienced multiple forms of abuse.

In summary, this research study found that care leavers generally exhibited poor postcare outcomes, particularly with regards to housing, employment and education. It is interesting to note that some of these poor outcomes do not differ significantly among participants who experienced in-care abuse and those who did not experience in-care abuse. However, it is notable that substantial differences were found among these two sub-groups with regards to currently being primary homeless when interviewed and being in school when exiting care. While caution is warranted when interpreting these findings due to the purposive selection of participants and the fact that the in-care abuse classification is based on volunteered information, two observations can still be made. Firstly, obtaining and maintaining housing was and continued to be a significant challenge for many of our research participants, particularly for those who experienced in-care abuse. Secondly, research participants who experienced in-care abuse were less likely to be in school when exiting care compared to their counterparts. Both of these points have important implications for the successful transition from care and for future policy directions, as we will see in the next section.

### **Transition from care**

There are no uniform national minimum standards of support for care leavers in Australia (Cashmore & Mendes, 2008). While Australia's commitment to international conventions such as Universal Declaration of Human Rights; the International Covenant on Civil and Political Rights, and the Covenant of the Rights of the Child does not provide a legal basis for the government's statutory duty to children and young people in state care, the moral duty cannot be neglected particularly as the governments refer to these conventions in, for example, the National Framework for Protecting Australia's Children 2009-2020 (Council of Australian Governments, 2009). Many care leavers consequently face multiple challenges.

For those who cannot rely on their family for support, these challenges are obstacles of significant magnitude. As indicated in this study, obtaining and maintaining housing appears to be a pivotal and complex task for a majority of our research participants – especially so for those who experienced in-care abuse. This was also highlighted by the service providers during the round-table discussions:

*“...to be able to live independently, to be able to hold down a job, to be able to do all of these things and I think some people just aren’t capable of it and they’re just not getting the level of support that’s required to deal with everyday life, that, you know, young people that were in a stable home would have the support of parents and things like that...”*

Long term transitional support has been identified as one element which can mitigate poor outcomes for at risk young people (Lemmon, 2008). Victorian service providers, for example, have argued that transitional support needs to be in place for two to five years (Mendes, 2004). Mentoring programs may also be warranted (Griffin, 2006). The young person has to be involved in this process and articulate what services would be required and what goals to pursue. While it is appropriate for this process to take place in the transition from care, some of the inadequacies in care itself suggest that the young person needs to be more involved in this process as well (Alivizatos, 2006). Although support programs for care leavers will require additional funding, it is important to note that investment in such support structures may prove cost effective in the longer term, as it has been estimated that the life time cost to the states from poor outcomes could be \$738,741 per Australian care leaver (Forbes, Inder, & Raman, 2006). It is therefore financially rational for the states and federal government to combine efforts and resources to mitigate care leavers’ poor postcare outcomes through transitional support programs. It may also be necessary to have a more uniform national child protection framework. Not only will this streamline policy and supports available to care

leavers, but if the financial implications and rewards of mitigating poor postcare outcomes are reflected on a single bottom-line, the cost-benefits could also be substantial.

The objective of child protection is to act in the best interests of the child or young person. Many young people will be able to articulate for themselves what their best interests are, particularly if their current circumstances are inadequate. While this paper has briefly outlined in-care adversities and poor housing outcomes amongst our participants; it is important to acknowledge that care leavers and young people are a resilient and diverse group (Moslehuddin & Mendes, 2006). Nonetheless, long-term transitional support is warranted to mitigate poor housing outcomes and young people need to be involved in these processes; both while in care and for a transitional period following care.

Various schemes to compensate victims of abuse while in state care have been initiated. However, recent cuts in the Western Australia's Redress scheme to compensate abuse victims are disturbing, not least for undermining the credibility of efforts to mitigate the adversities of in-care abuse. While Redress WA sought to compensate up to 55,000 persons who were abused in-care, only 10,000 compensation applications were received (ABC News, 2009). The maximum compensation Redress WA can award was also reduced from \$80,000 to \$45,000. As "[m]any people have re-visited immense trauma in order to prepare their application for Redress WA" (Western Australian Council of Social Services Inc., 2009), this cut serves to seriously undermine the sincerity of Governments' efforts to compensate victims of in-care abuse.

Strengthening the accountability of the community welfare departments in those cases where they appear to have failed in their duty of care is warranted. This will not only compensate

and assist care-leavers with adverse in-care experiences, but financial accountability and consequences for inadequacies may also improve the rigour of ensuring appropriate and secure care placements in the future.

## **Conclusion**

Australian and international research has consistently identified poor housing outcomes among young people from a care background and this qualitative research project has built upon this work in various ways, uncovering a number of serious incidents of in-care sexual, physical and financial abuse in the process. This article has outlined a number of serious in-care cases of abuse. We argue that although the statutory responsibility of child protection falls into the respective state or territory child protection department, the federal government through its ratification of international conventions and commitments must also bear a duty of care. It is evident that governments' duty of care, both during state out-of-home care and in the transition from care, needs to be significantly improved and expanded, as do avenues for accountability and compensation. We argue for universal transitional support for young people leaving state out-of-home care. This support should be available unconditionally and include avenues for compensation and restoration for in-care adversities.

The narratives of some research participants highlighted in this article suggest a failure of care while in state out-of-home care. Given the state's role, in its own right and through international conventions, to intervene and protect young people from abuse and neglect by removing children from abusive situations, strengthening the care in state out-of-home care and support in the transition from care is of utmost importance. Whilst we are methodologically limited in being able to definitively establish a causal relationship between

in-care abuse and poor postcare outcomes, our research nonetheless does suggest a close relationship here. The incidence of in-care abuse does appear to compound the already stark difficulties that many young care leavers face in securing positive postcare outcomes. Most of these young people have come into the purview of state care having already experienced a variety of profound difficulties and challenges, so the fact that the care system itself has sometimes served to compound their adverse experiences is deeply disturbing. Frankly, these young people deserve far better.

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