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What are the factors that influence outcomes for unaccompanied humanitarian refugee minors leaving out-of-home care in Australia

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Abstract

Unaccompanied humanitarian refugee minors (UHRMs) are recognized globally as a vulnerable group due to their traumatic experiences in their country of origin, and distinct challenges resettling in a new country with limited if any family supports and ambiguous legal status. To date, there has been little research on their experiences within the out-of-home care (OOHC) system in Australia. This paper presents the findings of a small exploratory study, based on semi-structured interviews with young people and support workers, examining the factors that influence the outcomes when transitioning from OOHC at no later than eighteen years. The findings suggest that the availability of social support networks plays a key role in enabling them to access their core housing, education, employment and health care needs.

Keywords

Unaccompanied humanitarian refugee minors, care leavers, out-of-home care, social support networks

Introduction

Young people transitioning from out-of-home care (OOHC), often called care leavers, are known to be a vulnerable group at risk of adverse life outcomes. Their disadvantage reflects their often-traumatic childhood experiences prior to entering care, the varied stability and quality of supports provided by state OOHC systems, and the limited assistance they can call on from social and community relationships and networks as they transition to adulthood (Organisation for Economic Co-operation and Development [OECD], 2022; Sacker et al., 2021; Stein, 2021).

Unaccompanied humanitarian refugee minors (UHRMs) are young people who arrive in new countries as a result of war, climate disaster or other horrific events, and often without any parental or family support. They are likely to have experienced major emotional distress and trauma given the abrupt nature of their disconnection from established family and community networks (Dixon & Wade, 2007; Kohli, 2007). For example, they 'may have lost their parents, been out of school for years, subjected to sexual violence, forced to become child soldiers in sectarian conflicts or simply displaced' (Lee & Cheung, 2022, p. 92). Many are placed within domestic OOHC systems such as foster care or residential group homes. International research suggests that despite their different backgrounds, UHRMs may experience the same vulnerabilities as domestic care leavers when they transition from OOHC at approximately 18 years of age.

Relevance for Social Work

Given their core commitment to human rights and social justice, social workers arguably have a specific obligation to advocate for the rights of UHRMs as a particularly vulnerable group of young people who have been exposed to major trauma Australian Association of Social Workers [AASW], 2012). According to Williams (2019, p.205), they should actively 'challenge discourses, chiefly propagated by migration control agencies, that categorise post-18 UHRMs as migrants we have no duty towards'. Instead, social workers should 'emphasise their status as care-leavers and as people who belong' that are entitled to ongoing support beyond 18 years of age (p. 205).

In this paper we present the results of in-depth interviews with three UHRM care leavers, and two support workers. The principal findings highlight the varied outcomes for this group relating to the level of transition and post-care support received. Social support networks in particular are shown to play a key role in enabling UHRM care leavers to access their core housing, education, employment and health care needs. The paper concludes with recommendations for further research and policy development to provide ongoing support that reflects the needs of UHRMs as care leavers.

Literature review

The following section reviews international and local literature produced between 2011-2022, concerning the factors that influence outcomes for UHRMs leaving care.

A Spanish study based on interviews with sixty-eight UHRM care leavers and seventy-five non-UHRM care leavers found that the former experienced poorer outcomes in education and employment due to pressures to immediately enter the labour market. On the other hand, their psychological and physical health was better than the non-UHRMs, perhaps due to having more positive pre-OOHC experiences that were less likely to include exposure to abuse or neglect (Gullo et al., 2021).

A Swedish study based on interviews with eleven male UHRM care leavers aged 18-22 years, reported that they lacked community connections due to being given few opportunities whilst residing in residential care to form viable social networks with wider Swedish society (Soderqvist, 2014). Other research reported more mixed findings. A US study, based on interviews with thirty UHRMs who had just exited a foster care program, reported that most of the sample had positive outcomes in education, employment, and social relationships. However, they also experienced challenges around financial hardship and poor mental health (Evans et al., 2019). Two other US studies, based on a quantitative analysis of 193 youth, observed that UHRMs achieved stronger educational and employment outcomes when they were able to stay in OOHC to an older age, and consequently learn English and adjust to the American education system (Crea et al., 2017; Hasson et al., 2021). An English study highlighted that UHRMs often lack formal support on leaving OOHC including legal advocacy to navigate complex immigration systems (Wade, 2017).

Assistance from social workers and foster carers to establish and maintain supportive social relationships and networks (what has been called social capital, see Halpern, 2005) can be particularly helpful to UHRMs (Wade et al., 2012). For example, a recent study of thirty-eight UHRMs (mostly from Morocco and sub-Saharan African countries) transitioning from residential care in Catalonia, Spain, found that social participation in organized leisure and

other community activities had a positive impact on their social inclusion and transition into adulthood. The study, based on focus groups and interviews with the UHRMs, highlighted the key role of social networks in enabling the formation of supportive relationships. Conversely, an absence of social participation was detrimental to their social integration and associated well-being and emotional health (Iglesias et al., 2023).

To date, there is only limited research on the experiences of UHRMs leaving OOHC in Australia. One peer reviewed study, which critically reviewed existing knowledge regarding UHRMs in and leaving OOHC in both Australia and the UK, identified major gaps in knowledge about the experiences of UHRMs. In particular, it highlighted the need for further research to identify how their needs are assessed and suitable OOHC placements identified; the adverse impact of mandatory detention on their emotional health and well-being; the extent to which their cultural needs are met within placements; the availability of networks of social support; the impact of uncertain legal status; the effectiveness of transition from OOHC planning; and their eligibility for assistance from post-care services (Barrie & Mendes, 2011).

A number of grey literature studies have been completed by non-government organisations such as the Centre for Multicultural Youth (CMY) and the Multicultural Youth Advocacy Network (MYAN). These studies suggest that the experiences of UHRMs leaving care in Australia can include challenges of housing insecurity, difficulties in attaining suitable health care (including particularly badly needed mental health services) due to non-eligibility for Medicare, cultural differences and limited health literacy, limited access to further or higher education, restrictions on securing formal paid employment, and difficulties in advancing social capital as a result of language barriers, ongoing trauma and related difficulties in building trusting relationships. Their uncertain legal status can hinder them from accessing necessary support services and leave them reliant on informal assistance from community organisations

(CMY, 2013; Hazara & Dunwoodie, 2019; MYAN, 2012; Robinson & Gifford, 2019).

Conversely, UHRMs have demonstrated considerable resilience and determination in overcoming such barriers to participate in tertiary education and paid employment (CMY, 2013). Additionally, they have developed supportive social capital networks based on other UHRM care leavers, teachers, sports coaches and carers whose support has enabled them to achieve positive well-being and outcomes (CMY, 2013; Hazara & Dunwoodie, 2019). Given the lack of existing local academic research and the mixed findings apparent within the global literature, this study aims to elicit detailed information concerning the outcomes for UHRMs leaving care in Australia.

Australian Policy Context

Internationally, twenty-seven million people are registered as refugees, with forty-two per cent estimated to be under the age of 18 years (United Nations High Commissioner for Refugees [UNHCR], 2022, p.15). In Australia, UHRMs are defined as youth under 18 years of age who do not have a parent or legal guardian to provide care for them and have been granted a Humanitarian visa to remain in Australia. Many of these young people arrived by boat, and consequently spent time in mandatory detention which may have had a highly 'negative impact' on their physical and mental health (Robinson & Gifford, 2019, p. 260). UHRMs continue to experience a highly insecure legal status. Until a policy change in February 2023, Australian policy prevented those who arrived by boat from ever being issued with Permanent Protection visas. Instead, these UHRMs were granted short term Bridging Visas and then could apply for Temporary Protection Visas or Safe Haven Enterprise Visas, which must be renewed every three or five years respectively (Department of Home Affairs [DOHA], 2023; Robinson & Gifford, 2019). The numbers of UHRMs entering Australia has varied considerably.

Between 2008 and 2014, a total of 4,750 UHRMs arrived in Australia. However, since 2014 much smaller numbers have been arriving (Phillips, 2017). The most recent statistics, as of June 2021, report there were 156 children and young people receiving services through the support program across Australia, with only seven minors entering the program during the 2020-21 period as a result of Covid-19 restrictions. That is compared with forty new entrants in 2019-20 (DOHA, 2021, p.101).

Most UHRMs living in Australia are cared for in OOHC under the national government's Unaccompanied Humanitarian Minor Program. Through this program, the Australian Department of Home Affairs (DOHA) becomes their official guardian, and partners with State and Territory government child protection services as well as contracted non-government agencies to provide accommodation, settlement and support services to UHRMs. These services are intended to meet their core needs such as food, housing, clothing, education, health care and social support and enhance their life skills in order to enable their successful transition to independent adulthood at 18 years of age. Adult UHRMs may be eligible for some further assistance including state and territory education and employment services, and access to the national Transition to Independent Living Allowance which is a one-off payment of $1500 (DOHA, 2019). However, they cannot attain Commonwealth supported places in universities, and hence have to pay full international fees to participate in higher education although some universities have established targeted scholarships to assist this cohort (Hazara & Dunwoodie, 2019; Robinson & Gifford, 2019).

Leaving Care Policy Context

Young people transitioning from OOHC are a vulnerable group due to their difficult pre-care, OOHC, and leaving care experiences. As a result, many experience ongoing challenges

including episodes of homelessness, poor physical and mental health, involvement in the criminal justice system, and limited engagement with education and employment. Those who have achieved positive life trajectories usually are able to rely on supportive and ongoing personal relationships and social networks (Martin et al., 2021; OECD, 2022).

Until recently, all eight Australian States and Territories ceased formal support to youth in OOHC once they turned 18 years. However, following an advocacy campaign led by Home Stretch, all jurisdictions have now extended OOHC till 21 years. This extension of care reflects evidence that staying in care longer enables young people to solidify their social and community supports in order to meet their core developmental needs (Mendes, 2022). To date, however, there has been no specific research on the experiences of and outcomes for UHRMs leaving OOHC in Australia. Little is known about the impact of their refugee experience on their transition to adulthood, or whether their care arrangements have adequately prepared them to live independently. There is also little information available on the services UHRMs access once they turn 18 years of age if they continue to remain in Australia, and it remains unclear whether UHRMs leaving OOHC can access the newly established extended care programs in each jurisdiction.

Consequently, the following research question was adopted for this study: What are the factors that influence outcomes for unaccompanied humanitarian refugee minors leaving out-of-home care in Australia?

Methods

Although there is substantial international research on the experiences of UHRMs leaving OOHC, there is little specific research on UHRMs leaving OOHC in Australia. Consequently, we employed an exploratory study design in order to establish local knowledge on the chosen

topic (Flynn & McDermott, 2016). Similar study designs have been adopted in primary research concerning the experiences of UHRMs leaving care elsewhere (Soderqvist, 2014).

Sampling and Recruitment

The target population of this Master of Social Work student research study was UHRM care leavers, and support workers and foster carers who had experiences of supporting this group. We aimed to recruit up to five participants from each group for in-depth interviews. A combination of researcher-driven purposive sampling and respondent-driven snowball sampling was used to locate participants within the State of Victoria where the researchers were based. The initial recruitment approach involved contacting the Victorian Government's State Refugee Minor Program, however, this method was unsuccessful due to procedural constraints which required formal permission from the national Department of Home Affairs to participate. Approaches to the peak child welfare service provider body and a number of leading non-government child welfare services were also relatively unsuccessful, other than recruiting one worker participant. Finally, an approach to an academic known to assist UHRMs attending university resulted in the recruitment of an additional support worker and three UHRM care leaver participants.

The above strategies resulted in the eventual recruitment of five participants who each consented to participate in semi-structured interviews. Though a smaller sample size than originally intended and missing the perspectives of foster carers, the sample is considered satisfactory for providing in-depth data for this exploratory study. Given the lack of existing research on this topic, eliciting detailed narratives from even a small number of UHRMs and workers that have supported them is a significant contribution to addressing this knowledge gap.

Participant Overview

Three UHRM care leavers were interviewed (referred to as UHRM 1, UHRM2, and UHRM 3). All participants had been placed in residential care provided by contracted agencies for between six months and one year. These participants were all male, aged 25-27 years, and from Afghanistan. Interviews were also conducted with two people who had experience working with UHRMs in and leaving OOHC (referred to as Worker 1 and Worker 2). One of these participants had experience as a program manager for an agency contracted to provide care for UHRMs, and the other had experience volunteering with agencies and community organisations supporting UHRMs leaving care. The UHRMs they supported were mostly males who had been placed in residential care with a small amount residing with family members. Their countries of origin were Afghanistan, Pakistan, Korea, Iran, Ethiopia, Vietnam and Sri Lanka.

Data Collection and analysis

This study employed qualitative data collection which allows for the in-depth exploration of participant lived experience and can promote the voices of vulnerable or hard to reach groups (Liamputtong, 2019). Semi-structured interviews were used by the student researcher totalling one to one and a half hours. Two of the UHRM care leaver participants elected to participate in a dyadic interview to increase safety and trust, and all other interviews were conducted individually. The interviews were conducted via Zoom due to time constraints, and with participant consent these were recorded for transcription purposes.

The interview data was analysed using a thematic framework based on analysing ‘patterns of meaning’, going beyond identifying what is most common, to emphasise the data that is most

important to the research question (Braun and Clarke, 2012, p.57). This study employed Braun & Clarke's (2012) active process of searching for themes through becoming familiar with the data, generating initial codes and reviewing these to draw out themes. Rough transcriptions of each interview recording were produced by the online service Otter, and then refined by the student researcher (author one). Deductive codes sourced from the existing literature were used to inform the analysis, and further inductive codes were generated through reviewing the transcripts using NVivo. Transcripts were shared with the thesis supervisor (author two) to facilitate peer debriefing around the emerging codes and themes, and increase the validity of the analysis process (Flynn and McDermott, 2016). The resulting codes were organised into relevant themes which are discussed in the findings chapter.

Ethical Considerations

This study received approval from the Monash University Human Research Ethics Committee. Participants were provided with explanatory statements which detailed the research nature and process including benefits and potential risks, and listed contact numbers for services that could be accessed if discomfort was experienced. Participants also signed a consent form prior to completing their interview.

All participants were over the age of 18 years, and UHRM care leaver participants had several years of temporal distance since leaving OOHC. They were reimbursed with a $20 supermarket voucher in recognition of their time. In line with the AASW Code of Ethics (2020), appropriate measures were applied such as de-identifying participant responses and maintaining professional boundaries between the researcher and participants.

Findings

The responses from our participants showed that despite some UHRM care leavers achieving successful transitions from OOHC, this group can experience significant barriers to positive outcomes associated with a lack of formal post-care supports and insecure visa status. Areas that were particularly challenging for this cohort included accessing education, employment, housing and healthcare. To overcome these barriers, UHRMs relied on both individual agency and social support from fellow UHRMs and community groups. The following presents these findings alongside connections to existing literature.

Transitioning from OOHC

The experiences of UHRMs leaving OOHC were largely characterised by minimal support to transition from care at 18 years of age, and a lack of formal support post-care. Participants reported UHRMs being given little notice that they would be leaving their care arrangement, and receiving limited support from carers or case managers in preparing to leave care.

> I remember the case manager coming with a paper saying you will leave in two weeks. (UHRM 2)

Worker 2 highlighted the experiences of UHRMs preparing to leave and transitioning from care based on how the processes of individual agencies contracted to care for UHRMs varied.

> I've worked with agencies that had limited support they were allowed to give, so some absolutely stuck by that, it was a rule. Whereas other case managers may have been a bit more compassionate and supportive. (Worker 2)

In the time immediately following care, participants described UHRMs experiencing limited formal support as compared to what they had received in OOHC. This appeared to be partly

connected to the Department of Home Affairs ceasing to act as guardians of UHRMs once they turned 18.

> We were just thrown out of the care house…the support all of a sudden cut from immigration. Then we had to find our own way and given our language barriers and lack of experience, this made the challenges a lot worse. (UHRM 3)

All UHRM participants reported the complete suspension of services from OOHC agencies shortly after leaving care, and a transition to receiving case management services from the Red Cross largely concerned with facilitating Centrelink (the Australian government agency that administers the social security system) payments and handling immigration paperwork.

Despite access to some support, the data showed challenges due to gaps or a lack of flexibility in services that UHRMs were eligible for.

> There are limited options after care, it's difficult to engage housing services as they're not homeless, they're seen as transitioning. It's difficult to get extra resources because Centrelink is set in stone…but it's not enough for those young people. (Worker 1)

Due to the limited formal supports that UHRMs received post-care, some community groups and informal networks were relied upon to provide more comprehensive support.

The lack of ongoing support post-care has also been identified by previous local and international studies which reported that the abrupt transition from being a minor in OOHC to an adult migrant creates confusion and uncertainty about their leaving care process and associated eligibility for services (Gullo et al., 2021; MYAN, 2012; Robinson and Gifford,

2019). Earlier studies noted the experience of UHRMs relying on community supports post-care due to exclusion from mainstream care leaver support frameworks. As noted by Barrie & Mendes (2011) and Robinson and Gifford (2019), the support provided by community groups can act as a significant protective factor supporting the wellbeing of UHRM care leavers when formal government support is lacking. The examples of smooth transitions from OOHC for UHRMs detailed in our findings resemble what Wade (2017) recommends as best practice to support this group, whereby they have access to the individualised and long-term support available to all care leavers, while additionally having their discrete needs met as UHRMs navigating complex legal processes.

Impact of pre and in-care experiences

All of our UHRM participants had spent up to six months in immigration detention prior to their placement in OOHC. They described this as a dehumanising and distressing experience during which they felt under constant surveillance. The detention caused damage to the mental health of UHRMs, and undermined their ability to trust relationships and services post-care. Australian literature has previously highlighted the adverse impact of time spent in detention on the mental wellbeing of UHRMs post-care (Barrie & Mendes, 2011; Robinson & Gifford, 2019; CMY, 2013). This concern, however, is mostly not reflected in the international literature which is based on countries with no history of detaining UHRMs. Nevertheless, Gullo et al. (2021) adds that the limitations placed on UHRMs in OOHC can cause disengagement post-care from services they regard as restrictive.

After being placed in OOHC, some UHRMs reported a continuation of this harsh treatment by carers and contracted agencies. UHRMs 1 and 2 described the controlling behaviours of carers who reported to authorities on their daily movements, and placed restrictions on where they

could shop for food and clothing and their social activities.

> We had a lot of discussions with the carers, they were restricting us a lot, especially on buying stuff, and we couldn't plan to go out a lot. (UHRM 2)

Participants also described episodes of discrimination and punitive behaviour towards UHRMs by carers. An extreme example of this behaviour was that some UHRMs were directly sent back to immigration detention following incidents in care programs.

> They said if you do anything we will send it to immigration, and immigration said if we hear anything from your carer we will send you back to detention, this was very clear. (UHRM 1)

Experiencing this punitive treatment whilst in OOHC appears to have had an adverse impact on the development of life skills by UHRM care leavers.

> I think that there are a lot of skills and knowledge to this day, for those that were unaccompanied minors, that they didn't have access to…the requests that came from the group 5, 10 years down the track was to run sessions on dental health, nutrition, and also sexual health…I think the big thing for them is to have somebody that they can trust. (Worker 2)

To be sure, not all UHRMs had negative experiences whilst living in OOHC. UHRM 3 discussed a positive experience, describing supportive relationships with carers who assisted with daily activities, connected them to their home culture, and provided emotional support. This experience resulted in UHRM 3 being the only UHRM care leaver participant in our study to not report feelings of distrust in services and relationships post-care.

Similarly, Worker 1 presented an example of best practice in providing care for UHRMs which

involved a highly individualised approach with different 'streams' of care arrangements based on the young person's need for support.

> In the higher stream we had care every night, sometimes it would involve pickups from schools and things like that…we would try and match this with the young person's needs. When they went down the stream they had less care, might be someone coming in strategically 2-3 times a week. (Worker 1)

Existing research validates what our participants have identified as supportive OOHC experiences that facilitated positive outcomes for UHRMs post-care. Both Evans et al. (2019) and Crea et al. (2017) associate successful outcomes with cultural training of staff and carers, assistance with immigration claims, opportunities to learn English, and development of independent living skills.

Accessing Housing

Without access to formal extended care supports, UHRMs appeared to have few options for accessing housing other than private rental properties. Participants described the associated challenges in locating accommodation given tight rental markets, language barriers, and a lack of rental history and permanent visa status making realtors hesitant to rent to UHRMs.

The UHRM participants also reported a lack of advocacy from carers and contracted agencies to assist in overcoming these barriers to accessing housing post-care. For the cohort that UHRMs 1 and 2 left care with, their visa status presented challenges to the point where they were unable to locate any options for independent living immediately post-care.

> I spent another three months after I turned 18 with the other boys because of

> our visa so immigration decided that they can stay in the house a little bit…then we spent time in a hotel for two months until we found accommodation. (UHRM 1)

Nevertheless, positive outcomes were often achieved through UHRMs building relationships with real estate agents and using this resource to assist themselves and fellow UHRM care leavers.

> We kind of created a trusting relationship with real estate agents...they said anytime you need a house tell me, but the beginning was challenging, they said how we can trust this 18 year old boy? But because we had a good experience with them they said we will give you more houses and tell me if you know anybody else. (UHRM 1)

Some community agencies assisted UHRMs to build these relationships which assisted with smooth transitions from care, however, in the case of UHRM 1 this relationship had to be developed independently and was consequently a more challenging experience. Additionally, UHRMs sometimes accessed housing through referrals from friends or via moving in with former UHRMs or family.

One of the most positive experiences of accessing housing post-care was described by UHRM 3, facilitated through receiving a high level of support from the high school he was attending.

> They said that we have a boarding school here and we can accommodate you. So that was a very smooth transition for us…The school was so generous to me, I finished in November but I still stayed there until January two months for free. (UHRM 3)

This participant was then able to access further housing through support from friends he had met in detention and via scholarships from universities. However he emphasised the uniqueness of his experience as compared to other UHRM care leavers.

These difficulties reported by UHRM care leavers accessing housing have not been previously explored in academic studies, particularly the finding that they face additional challenges due to language barriers and a lack of rental history and permanent residency. It seems there is a lack of formal services to assist UHRMs to locate appropriate long-term housing post-care in Australia compared to other locations where research has been conducted.

Accessing Education

Although UHRMs 1 and 2 received no financial support from the national government or care agencies, funding from the Victorian State Government enabled them to finish their secondary education. Where support wasn't available from state governments, other UHRMs received tuition support directly from schools themselves. Additionally, schools often provided UHRMs leaving care with access to free uniforms, textbooks, electronics, and meals.

However not all UHRMs experience a supportive school environment, with Worker 2 describing several instances of UHRMs experiencing racism and discrimination.

> I've heard stories of teachers telling them that they're taking the place of other students if they were to go to university…I had one student that was told not to come on the day that photographs were taken because she was an asylum seeker, she was told that she wasn't a real student…another who was told that when she presented her story in English about being an asylum seeker, the

> teacher pulled her aside and told her it wasn't appropriate to do that in class, and they didn't believe her stories of being in detention. (Worker 2)

Accessing tertiary education was a significant challenge for this group. UHRMs reported being unable to access subsidised domestic places at university or TAFE, and barriers to obtaining scholarships due to limited availability, strict eligibility and universities requiring documentation such as passports. For UHRMs 1 and 3 it was only through directly contacting universities and finding staff members willing to advocate for them that they were able to secure scholarships.

Although all three participants eventually managed to successfully access higher education, this was not the case for many in their cohort.

> Most of our friends when they finished high school they couldn't pay the university fees, they had no job, they were surviving from Centrelink payments. (UHRM 2)

Another reason that some UHRMs did not pursue further education was that they had to secure full-time work to send money to family in their home country.

Our findings regarding barriers to educational access are conversant with those of earlier Australian studies which reported the challenges posed by student fees and limited availability of scholarships (Hazara & Dunwoodie, 2019; Robinson & Gifford, 2019). However, this concern has largely been absent from international studies, where the policy and visa context concerning UHRMs differs. Our findings regarding pressure to enter the paid workforce also align with existing research noting demands on UHRMs to earn money in order to support family overseas (CMY, 2013; Gullo et al., 2021).

Accessing Employment

According to the participants without full working rights in Australia, many UHRM care leavers had to accept illicit work in the form of cash-in-hand jobs or below minimum wage employment to support themselves throughout high school and university. Legitimate employment was only accessible to many UHRMs after being granted particular visas which in many cases were not given immediately post-care. Even those with working rights reported being given no support from carers or agencies to access employment, instead having to rely on teachers or community members.

> All of the jobs I found were through connections in the community, people from soccer or from getting together in some Afghani celebration, and some people from community detention or community houses. (UHRM 2)

With barriers to education and obtaining qualifications in a skilled field or trade, many UHRMs were unable to pursue their desired career path. Participants reported that this forced many into unskilled construction labour for which they had little passion, but due to financial necessity they became stuck in these fields and eventually lost the drive to pursue their desired careers.

Even after obtaining university qualifications, accessing full time employment was a challenge. UHRM 3 had employers reject him for not having permanent visa status or being able to provide identification documents. This placed him in the situation of having to pretend to have permanent residency in order to obtain an interview, and then he was fortunate enough to find an employer who was sympathetic when he explained the reality of his situation. His experience highlights the lengths UHRMs can be forced to go to in order to access their basic right to employment. It was noted, however, that UHRMs who did access employment were then able to build positive work relationships and maintain job security.

Previous local and international studies similarly found that overall employment outcomes for UHRMs are positive, with many able to secure ongoing full-time employment post-care (Hasson et al., 2021; Multicultural Youth Advocacy Network, 2012). As with the current study, Robinson & Gifford (2019) argue that the most significant barrier to employment is visa status, which can severely restrict the working rights of UHRM care leavers and lead to workplace exploitation or illegitimate employment. These legal barriers to employment have not been identified in the international literature (Hasson et al. 2021).

Accessing Healthcare

UHRM participants described being initially ineligible for Medicare (the national health insurance program) due to their visa status and requiring support letters from the Red Cross to access mainstream healthcare. This also adversely impacted their ability to access specialist healthcare services. More generally, formal support to access healthcare appeared to be minimal or inconsistent, creating challenges for UHRM care leavers attempting to navigate the Australian healthcare system, particularly for those with complex health conditions. Additional challenges that UHRMs experienced in accessing healthcare related to language barriers.

Worker 2 highlighted how growing up without a trusted adult to pass on health related knowledge could cause acute distress for UHRMs experiencing health issues post-care.

> One boy developed alopecia, and he was terrified, because the last time he saw that in anybody was with his mother who had died of cancer before he left Afghanistan…So he needed somebody explained to him that his hair loss didn't mean that he was going to die like his mother did. (Worker 2)

Accessing mental health services was another challenge for UHRMs leaving care. All UHRM participants described experiencing mental health concerns post-care, however, many were discouraged from accessing support due to cultural and financial barriers.

> In our culture, when it comes to mental health, we never had this thing in our country, we didn't usually go to them very often, unless we really trusted them, or we had to. (UHRM 1)

In addition to cultural barriers, UHRMs were also deterred from accessing mental health support by the trauma they had experienced from being subjected to high surveillance and forms of punitive behaviour during their time in detention or OOHC.

> We were scared because in the detention centre they were writing reports on everything, and we went to mental health specialists they were writing reports and we didn't know that they were helping us…we were scared maybe this would affect our future situation or future career. (UHRM 2)

Even for UHRMs that had the confidence and means to seek support, participants described a lack of services equipped to respond to their specific mental health needs. Despite these barriers, UHRM 3 was able to describe an experience of accessing helpful mental healthcare.

> In terms of mental healthcare, it was very good. We had a non-profit organisation and I had a counsellor there that I would go once a month and talk to her. She was very nice, and she would just listen to my voice. (UHRM 3)

This positive example suggests that gaining access to appropriate mental health services was dependent on the practices of the individual agencies supporting the UHRMs.

These findings are conversant with those of earlier research which report that UHRM care

leavers may experience poor health outcomes as a result of traumatic migration experiences and facing high levels of uncertainty post-care (Evans et al., 2019; Robinson & Gifford, 2019). Our participants further identified the negative impact of punitive behaviour and strict surveillance during time spent in detention and OOHC on UHRMs trust in and engagement with mental health services. This finding has not been captured in previous literature, suggesting the need for further examination.

Social Capital

The UHRM participants reported having minimal access to social capital post-care, particularly from cultural communities and carers.

> After I leaving, I did not get support from the community, or the carers that I knew. (UHRM 2)

As noted earlier, some UHRMs experienced racism and discrimination which was another source of trauma for this group and created challenges in building social capital post-care. However, where social support was given, it had a positive impact on the leaving care experiences of UHRMs, with those who had assistance from extended family, friends and cultural or social communities having the smoothest transition from OOHC. For UHRM 3, receiving support from local community groups assisted him in adjusting to Australian life post-care, and allowed him to build close relationships for emotional support.

Another source of support for UHRMs, and for some the only form of social capital they had access to when leaving OOHC, was relationships with other UHRMs that they met in immigration detention or spent time with in OOHC. UHRMs 1 and 2 emphasised the value of their peer relationships.

> I met [UHRM 1] and the other boys in the detention centre, we knew each other from there, we didn't know each other back in Afghanistan, and we trust each other…Basically we made the community by ourselves. (UHRM2)

For UHRM 3, although his community of UHRMs wasn't always able to offer financial assistance, they still acted as a significant source of material and emotional support.

> Because we all were in the same situation, none of us were better off than the others and could help each other. But we had a shared problem that we could talk about so we were always talking, and some people would know other people that had a bedroom available in their apartment. (UHRM 3)

Previous literature has identified that access to social capital assists UHRMs to achieve positive outcomes and well-being post-care (Mendes et al., 2011). Similarly, our findings identified the important role played by social capital supports in the form of teachers, friends, and community members assisting UHRMs when leaving OOHC to access education and employment. Further, Soderqvist (2014) argues that connections developed with members of the dominant cultural group can assist UHRMs to integrate into society post-care. This concept reflects the experience of UHRM 3, who formed close relationships with local youth through a community organisation which supported his emotional wellbeing and adjustment to Australian life post-care.

Policy and Practice Implications and Recommendations

The findings demonstrate that UHRMs can achieve highly positive outcomes when given access to culturally appropriate and extended leaving care supports. They also highlight how restrictive visa status can contribute to the social exclusion of UHRMs, particularly as a barrier

to accessing housing, education, employment and healthcare. Additionally, mandatory detention policies have caused significant long-term trauma for UHRMs.

Our findings suggest the following recommendations for UHRM leaving care policy and practice:

1. UHRMs be granted access to holistic transition planning programs that enable them to develop the key life skills required to succeed in the Australian environment.
2. The full inclusion of UHRM care leavers in the extended leaving care programs that are now offered to most other care leavers until the age of 21 in all eight Australian jurisdictions, with particular regard to advancing access to ongoing housing support.
3. Investment in culturally appropriate and trauma informed services for UHRMs transitioning from care, particularly in the area of mental health.
4. In line with the AASW (2020) commitment to social justice and human rights, more action should be taken by social workers to promote the right of UHRMs to permanent protection.

Conclusion

Through in-depth interviews with UHRM care leavers and support workers, this study has been able to present rich exploratory findings on the experiences of UHRMs leaving care in Australia. Conversant with existing literature, this research has shown that UHRMs can experience highly varied transitions from care depending on the level of formal and informal support provided. In particular, we found that social support networks have played a key role in UHRMs being able to meet their core housing, education, employment and health care needs post care. New evidence has been generated to demonstrate that a lack of permanent visa status

creates barriers for UHMs leaving care, and traumatic pre and in-care experiences have had a lasting effect on the level of trust in services post-care. Through identifying instances of best practice in supporting UHM care leavers, this research can inform the direction of services and policy concerning this group, particularly in relation to the provision of formal ongoing support for UHRM care leavers through inclusion in extended leaving care programs across Australia. Future research in this area would preferably collect data from a larger and more representative sample of UHRM care leavers and their carers across the eight Australian States and Territories. Comparative research with other jurisdictions would also be valuable to identify learnings from best practice and policy internationally for the Australian context.

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