

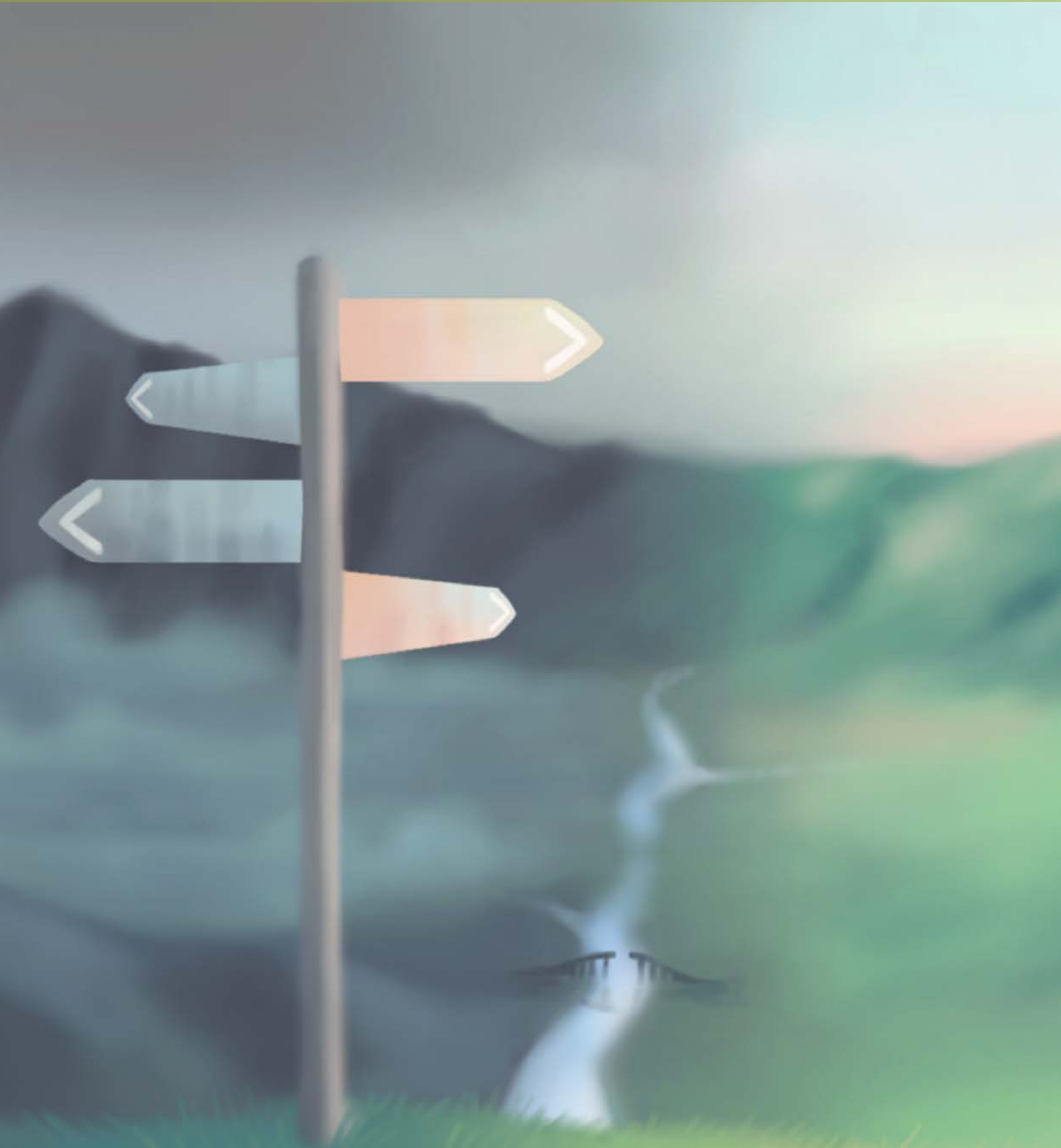
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A New Direction Home: The Future of Leaving Care



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Contributions to Parity are welcome. Each issue of Parity has a central focus or theme. However, prospective contributors should not feel restricted by this as Parity seeks to discuss the whole range of issues connected with homelessness and the provision of housing and services to people experiencing homelessness. Where necessary, contributions will be edited. Where possible this will be done in consultation with the contributor. Contributions can be emailed to parity@chp.org.au in Microsoft Word or rtf format. If this option is not possible, contributions can be mailed to CHP at the above address.

The 2021 Parity Publications Schedule

February: 'A New Direction Home: The Future of Leaving Care'
March: A Room of One's Own: Reforming Rooming and Boarding Houses
April: The Future of Youth Housing
May: In the Heart of the City: Responding to Homelessness in the Capitals
June: Where to Now for Social Housing?
July: Learning from Lived Experience
August: 'Every Grain of Sand: Preventing Homelessness Deaths'
October: Rethinking Early Intervention
November: Understanding and Responding to Indigenous Homelessness
December: Responding to Homelessness in Western Australia (TBC)

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Alone by Edmund Dulacs.

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Editorial

Jenny Smith, Chief Executive Officer, Council to Homeless Persons



Celebrating: we have come a long way – with still a long way to go

This edition of *Parity* comes at a time when there is cause for celebration. Changes for the better have taken place in the provision of out of home care (OoHC), and considerable successes have been achieved through years of relentless advocacy culminating in the *Home Stretch* campaign. Today all but one Australian state and territory, has either adopted or has in its sights the extension of care to 21 years.

In 2010, we saw the first edition of *Parity* dedicated to discussing the nexus between homelessness and OoHC. The edition's title '*Everybody Knows*' referred to the widespread, if not at the time universally accepted, understanding that disproportionately large numbers of young people were leaving care and transitioning into homelessness. The evidence

was already compelling that for many of these young people, this was a pathway to repeated episodes of homelessness and for too many, the experience of chronic homelessness.

Service providers and advocates worked hard to break this nexus by developing more effective leaving care transition plans to better prepare young people for the rigours of 'independence'. They also sought to extend the period of care to 21 years of age, to give these plans the time to be fully implemented, and to provide the intensity of support needed during young adulthood. Over time, this movement crystallised into the Home Stretch campaign.

The successes of this campaign are testimony to the strength, determination and commitment of its advocates. The policy and service provision reforms implemented or on their way, are firmly founded on both local and international research. The movement for extending care and better preparing young people for the world post-care, is not just limited to Australia. Australia is in fact part of a global effort that has recognised that forcing young people from statutory care unprepared for the demands of their society, is for most, a recipe for disaster.

Now that the principle of extending care to 21 years of age has in large part been adopted, it is critical that the three additional years of care is fully supported by programs that succeed in setting young people up for a lifetime of opportunity. Programs must effectively support those in care to be prepared for the demands of work, and living

in a world where gaining meaningful paid employment still essentially underpins social and economic inclusion.

This places a premium on education and training, which must be tailored to the reality that many in care carry the additional burden of trauma as well as other forms of disadvantage.

In this light the information provided by the evaluations of the programs underway in the first flush of the success of extending care to 21, will be absolutely vital to assist ongoing service development.

These programs also need to be tailored to reflect the diversity of young people in and leaving care. Their diversity reflects the diversity across our society, as well as that wrought by our social fault lines of disadvantage and discrimination.

That far too many Aboriginal young people experience OoHC is only one example of the need to ensure that transition planning is culturally driven and tailored to the individual requirements of the young person. Back in 2010, we spoke of leaving OoHC as becoming legally, economically and financially independent. More than a decade later, by and large we are clearer it is the inter-dependence of young people leaving care that we must support by leveraging the social networks in which we all need to grow and develop.

Acknowledgements

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Introduction: The Evidence for Extending Care

Extending Out-of-Home Care Support to 21 Throughout Australia

Dr Joseph J. McDowall, Executive Director (Research) CREATE Foundation, Adjunct Associate Professor, School of Nursing, Midwifery and Social Work, University of Queensland

Background

Globally, the out-of-home care research literature extensively documents the relatively poor outcomes achieved by young people with a care experience, particularly as they strive for independence. In all the major life domains (for example, health, education, employment and finances, relationship formation, family and cultural connection) they experience greater disadvantage than do their counterparts in the general population.¹

It has been widely acknowledged that the requirement to 'leave care' at 18 years creates an unnaturally abrupt transition to adulthood.² At this time when many physiological and social changes are occurring in a young person's life, it is not appropriate to expect that they also should be able to handle a complete physical relocation, leaving the placement they may have been in for years to find somewhere else to live. Current data indicates that 30 per cent of care leavers will experience homelessness at some stage in the first year after this disruption.³ Could emerging adulthood be handled more gradually?

Mark Courtney conducted the seminal work in this field when he presented a natural comparison between outcomes for care leavers from Illinois in the United States (US) that allowed young people to remain in care until age 21, and an adjacent state (Wisconsin) that ended care at 18. The extensive body of work by Courtney and colleagues^{4,5} has consistently demonstrated the benefits that can accrue from that extra three years of support.

Courtney's research has led to changes to federal legislation in the US to provide financial support for states that undertake to provide in-care support until 21. Also, it was influential in leading to the introduction of the 'Staying Put' program in the United Kingdom that now continues to provide direct support for young people who request it, both in home-based and residential care.⁶ It also was influential in underpinning the Home Stretch campaign that recently has been mounted in Australia.

In response to significant advocacy for extending placement support to 21, several Australian states have now

adopted this policy. The Australian Capital Territory was the first to include the provision in legislation; however, its implementation is at the department head's discretion. In 2018, Tasmania introduced the option for young people to remain in a placement to 21; South Australia included the 'option to stay' in a raft of legislative changes following the Nyland Royal Commission, and Victoria and Western Australia recently have recognised the benefits of extended placement support as part of budgetary restructuring following the Covid-19 pandemic.

The issue is that two states and one territory (New South Wales [NSW], Queensland [QLD] and the Northern Territory) have not responded to the overwhelming evidence, and followed the lead of most of the developed world, in providing young people with a care experience, that is, young people for whom they have been responsible as the 'corporate parent', with support that has been shown to give them the best platform from which to transition to adulthood.

What do the young people think about this situation? Recent research shows that remaining with their carer after turning 18 is not anathema to many young people; indeed, over half stay with their carer in the first year of transition.⁷ However, carers have to provide this support without any compensation. With some funding provided by governments, more opportunities can be provided; and more of the half who leave placements may consider staying as an option.

Young Persons' Data

The study discussed here is based on consultations conducted in two of the obdurate states (NSW and QLD) by the CREATE foundation with



Image courtesy of Christine Thirkell

87 young people aged between 15 and 18 years (54 per cent female; 37 per cent Indigenous; 66 per cent in home-based placements; 17 per cent in residential care) in out-of-home care to gain their perspective on being supported in a placement until they reach 21 years of age. Given their level of preparation for independence, 52 per cent of respondents felt quite confident they could access health care when needed and find transport to get around. However, only 31 per cent were confident of finding suitable accommodation, and 21 per cent of managing their money.

When given three options for possible future accommodation, 51 per cent of respondents indicated a high likelihood of remaining with their carer; 12 per cent would value support in a different placement; and 36 per cent were most likely to seek independence. In their open comments about the benefits of remaining with a carer, many young people ($n=38$) mentioned a gradual transition; having the same opportunities as non-care experienced youth ($n=24$); continued emotional support ($n=18$); and better mental health ($n=13$). However, challenges raised by remaining were identified, including issues with privacy ($n=22$); relationship complications ($n=17$); and a general loss of independence ($n=17$).

Young people were clear in their views about how long care should be available. Only 9 per cent felt that support should end at 18 years. In contrast, 46 per cent wanted it to continue until 21. However, the remaining 45 per cent indicated they could benefit from help up to 25 and beyond.

Based on the guidelines expressed in the *National Standards for Out-of-Home Care*, leaving-care planning should begin at no later than age 15. When asked where they planned to live after aging out of care at 18, 23 per cent of this sample were unsure what they were going to do. Of the remainder, 47 per cent intended to stay with a foster or kinship carer, while 21 per cent thought they would rent alone. Overall, 11 per cent wanted to return to family (birth parents: eight per cent; other relatives: three per cent). Others thought of setting up their own

home with a partner (four per cent), while the several wanted shared accommodation (supported living or joint rental [17 per cent]).

The final section of the consultation introduced a 'hypothetical.' Young people were asked to estimate the likelihood of their achieving a range of outcomes under the two conditions: staying with a carer or living independently. The differential ratings given to the proposed achievements reflect the confidence young people feel when remaining in a stable, supported situation compared with if fending for themselves. For example, for the following areas, results presented show the percentages of respondents who felt 'quite likely' they would achieve the outcomes under the 'stay' vs. 'leave' conditions: Complete secondary school: 55 per cent vs. 31 per cent; undertake further study: 69 per cent vs. 31 per cent; obtain apprenticeships: 48 per cent vs. 20 per cent; obtaining full-time employment: 50 per cent vs. 31 per cent; obtaining part-time employment: 69 per cent vs. 40 per cent; and finally, finding suitable accommodation: 56 per cent vs. 28 per cent.

Implications

The findings of this study show that many young people in out-of-home care, in states where they have not yet experienced extended support, recognise a number of advantages that could stem from remaining longer with their carer. Clearly, the demand is evident with between one half and two thirds of young people in this sample interested in the option of continued placement support, and almost half intending to remain with a carer. Why are the three outlying governments in Australia not accepting the consistent evidence from around the world, or listening to the needs expressed by the children for whom they are responsible, and make extended support for those leaving the care system universal throughout the nation?

Cost would not seem to be a critical factor, since five other jurisdictions in the country have managed to fund an extended-care program, even in these parlous economic times affected by financial crises and pandemics. Indeed, the evidence is compelling that such support could even

represent a sound financial investment of public money.⁸ Possibly, it is simply a lack of political will. In spite of jurisdictions mouthing the 'best interests of the child' principle, some young people transitioning from care to adulthood in certain jurisdictions in Australia are treated as second-class citizens, not worthy of continued essential support after turning 18. Such unnecessary, differential treatment makes a mockery of Australia's 'fair go' ethos. Why should young people coming to the end of a difficult journey through out-of-home care be further disadvantaged simply because they live in certain parts of such an affluent country.

All governments (local, state, territory, and federal) must work together, and adopt comparable best practice, to do everything possible to ensure that young people transitioning from the care system have the support needed to give them the best chance of becoming valued and contributing members of society.

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Housing Plus Supportive Relationships: What do extended care programs internationally tell us about best practice transitions for care leavers?

Associate Professor Philip Mendes, Monash University

International research suggests that many young people transitioning from out of home care (OoHC) are likely to experience housing instability, transience and homelessness. For example, a recent study of leaving care policy and legislation in 36 countries identified secure housing as a major challenge in 31 countries, or 86 per cent of the sample.¹

One leading policy initiative to combat the risk of homelessness has been the extension of OoHC till 21 years of age or older in some jurisdictions. In Australia, the Home Stretch campaign has identified a projected reduction in homelessness (and associated cost benefit savings) as one of the strongest arguments in favour of extended care programs.²

This paper examines the impact of extended care on housing outcomes in two countries, the United States (US) and England. Some implications are drawn about what strategies work to reduce homelessness, and equally what additional supports may be necessary to enhance outcomes for more vulnerable groups of care leavers.

Extended Care in the US

The US enacted the Fostering Connections Act in 2008 as a form of extended care, 'giving states and nationally recognised Native American Tribal Nations the option of maintaining young people in foster care until 21 years'.³ Additional housing assistance was a key component of this initiative.⁴ The program imposes eligibility criteria requiring participants to be completing secondary school or an equivalent program, or enrolled in postsecondary or vocational education, or participating in a program or activity that promotes or removes barriers to employment,

or employed 80 hours a month, or incapable of school and/or work requirements due to a documented medical condition.⁵ To date, 30 of the 50 states have adopted this option of extending care till 21 with federal financial assistance.

Mark Courtney and his colleagues have completed two separate evaluations of the benefits of extended study in the US. The first study, known as the Midwest evaluation of the adult functioning of former foster youth, used personal interviews to compare the outcomes for care leavers in Illinois where extended care till 21 years was already available, to outcomes for a similar cohort in Iowa and Wisconsin where OoHC ended at 18 years of age. Their second more recent study, known as the California youth transitions to adulthood study or CalYOUTH, used mixed methods to examine the impact of extended care in California, which has the biggest population of youth in care post-18 years in the US.

The Midwest study reported that between 31 and 46 per cent of the participants experienced homelessness at least once by the age of 26 years. But they added that the relative risk of homelessness was greater between 17 and 19 years for the cohorts from Iowa and Wisconsin than those from Illinois. This finding suggested that extended care protected participants from homelessness at least during the initial transition from care.⁶ It was also evident that some cohorts in all three states were at greater risk of homelessness including: those who had absconded more than once from foster care; were placed in a group care setting; experienced physical abuse prior to entering care; had participated in more delinquent

activities; and lacked a close relationship with family members. In addition to recommending the extension of care till 21 years, the researchers highlighted effective transition planning involving concrete plans to address housing needs and advancing supportive relationships with family members as protective strategies.⁷

The CalYOUTH research team examined three particular questions in relation to housing outcomes:

1. What were the housing experiences of those leaving foster care between 17 and 21 years?
2. The impact of extended care till 21 years on incidences of homelessness during this four-year period.
3. Connections between homelessness and other characteristics and life experiences of care leavers such as history of abuse etc.

They reported that approximately one third of this cohort had been homeless between 17 and 21 years, but the length of homelessness was mostly shorter than three months. Risk factors for homelessness included being male or a member of a sexual minority, a history of neglect by caregivers, or a history of being placed in congregate (group) care. Conversely, each year staying in care between 17 and 21 years reduced the risk of homelessness by 28 per cent, reduced the potential for additional episodes of homelessness by 32 per cent, and lessened the total period of homelessness by about 15 days.

Extended care and associated social supports was identified as a significant

protective factor enabling access to secure and stable accommodation.⁸

Additionally, a study of extended foster care in Washington State reported that young people participating in extended care were far less likely than those not in extended care (16 per cent compared to 45 per cent) from 18 to 21 years to experience homelessness at least once. There was still a major but reduced difference for the two cohorts aged 21 to 23 years (22 per cent compared to 38 per cent).⁹

Extended Care in England

England introduced a form of extended care, the Staying Put program, that commenced as a pilot from 2008–11 in 11 local authorities, and was later legislated as an ongoing duty on all local authorities in England on 13 May 2014, in part 5 Welfare of Children (98) of the *Children and Families Act 2014*. The three stated objectives of the Staying Put pilot were to advance a more gradual and normative pathway to adulthood; to assist young people to optimize achievements in 'education, training and employment'; and to give 'weight' to the views of young people on the timing of their move from care to independence.¹⁰ The Staying Put model presented two conditions for inclusion. One was an established family-type relationship with a former foster carer. Additionally, there was an expectation of participation in education, employment or training.¹¹

A research team led by Emily Munro used mixed methods to complete an evaluation of the Staying Put trial in 2012. They reported systemic benefits of the Staying Put program such as stable and supportive relationships providing ongoing emotional support to young people who are not developmentally ready for adulthood at 18 years;¹² and greater housing stability within a secure family-type environment which facilitates engagement in education or training and employment including improved access to higher education, and enables young people to undertake a gradual transition not dissimilar to their peers in the broader community. These positive outcomes were identified as resulting in both individual and societal benefits, including greater future earnings and less reliance

on income support payments by the young people, and associated savings in government expenditure.¹³

Conversely, concern was expressed that the eligibility criteria could exclude young people leaving residential care who were likely to have the most disadvantaged backgrounds, and be particularly at risk of homelessness due to ongoing mental health challenges.¹⁴

Conclusion

Extended care provides care leavers with a safety net including guaranteed housing assistance that enables a more gradual and less compressed transition from care to adulthood. The availability of stable housing assists care leavers to participate in education, training and employment, and to maintain continuing relationships with key supportive adults such as foster or kinship carers, extended family members, and informal community contacts or mentors.

Nevertheless, the findings from evaluations of extended care in the USA and England suggest that some groups of care leavers remain more vulnerable to becoming homeless. In Australia, groups requiring additional specialised assistance are likely to include those leaving youth justice custody, young parents, those with a disability, Aboriginal and Torres Strait Islander young people who may self-exit at a very young age,¹⁵ and those leaving residential care who may have the most complex needs yet are not able to remain within existing homes. Many young people in these cohorts may need extended care and support well beyond 21 years.¹⁶

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Why Should We Keep Caring?

Liana Buchanan, The Commission for Children and Young People's Inquiry into Leaving Care

Last November, in an Australian first, the Victorian Government committed to give all young people leaving out-of-home care (16 and over) an allowance to support their accommodation until they turn 21. This welcome, if overdue, extension of the Home Stretch program means that all young people exiting care can get support to continue living with their foster or kinship carer or can access financial assistance to transition to independent living. It means that in Victoria, at least, the state has recognised it cannot and should not simply walk away from young people in care on the date of their eighteenth birthday.

As the Commission for Children and Young People, we have been working alongside Home Stretch advocates since that vital campaign was launched. We also conducted a major inquiry into outcomes for care leavers and used it to formally recommend this extension of Home Stretch to all young people leaving care. While focused on Victorian data and practices, the final report *Keep caring: Systemic inquiry into services for young people transitioning from out-of-home care*, is relevant across Australia. It highlights just how needed this Victorian investment is, and the further actions that should be taken to support young people leaving care. It uses young people's voices and views, child protection file reviews and previously unpublished data to give a full, harrowing account of how badly we have been letting care leavers down, and the impact this has had on too many lives.

Care leavers in Victoria face an unacceptably high risk of homelessness. About one third of young people access homelessness services within three years of leaving care in Victoria. For young people

leaving residential care the figure is higher still; half are homeless within three years. This mirrors the endemic levels of homelessness among care leavers across Australia, with a 2015 study — conducted by Swinburne University of Technology — finding that almost two-thirds of homeless young people in Australia had spent time in out-of-home care. Our inquiry found these high levels of homelessness could be directly attributed to the lack of homes set aside for young people leaving care. In 2019 there were over 2,500 young people under 21 eligible for leaving care supports in Victoria, yet there were only about 300 housing options (including reserved housing, supported accommodation or allowances) available to them.

Without family to fall back on for accommodation, the years after leaving care can be very precarious. One young person told the Commission:

Leaving care planning started at 16 — the plan was for me to move in with my dad in [another state]. I thought that would be fine. It fell through when I was about to turn 18 and there was no back-up plan.

The Victorian Government's recent budget commitment is a bold step towards solving the problem of homelessness among care leavers. Several recipients of Home Stretch praised the program:

I can't thank [my Home Stretch agency] enough for all of the help they have given me ... It has been great for my gran. [My Home Stretch agency] has been such a blessing. It was a smooth transition for me a bit before I was about to leave care... I remember the day they came to my house and

were explaining the program. My gran was so happy.

However, the challenges faced by care leavers extend far beyond homelessness. While some care leavers thrive in adult life, our inquiry found they are too often held back by intersecting forms of disadvantage and understandably anxious about their futures.

One young Aboriginal woman told the Commission:

You turn 18 and everything just goes, you just shit yourself. Hard transition being an adult after being in that system for so many years.

Of the young people who left care in Victoria between 2006 and 2014, more than half had presented to or been admitted to mental health services. Our inquiry found that more than two thirds (67 per cent) of young people leave care without the supports they need for their mental health.

One young person with an experience of leaving care told the Commission:

For trauma, your brain does not process it until you feel safe which is when the mental health issues arise when you are in your own environment. The funding for mental health for children with a care experience needs to extend a lot further.

Our inquiry found that almost half (44 per cent) of all young people on the verge of leaving care are no longer studying or in any kind of vocational training — a scathing indictment of the out of home care system. Most of these young people had experienced the social dislocation of multiple placements

or unresolved challenges with their mental health, which made staying at school incredibly challenging.

Many young people shared with the Commission their aspirations for further education, training and meaningful work after care. Yet, our Keep caring inquiry found the limited support these young people typically receive to get back to school or start vocational training contributes to poor educational outcomes and high levels of unemployment among care leavers.

All young people need the support of family, friends and community as they make their first forays into adult life. Yet, our inquiry found few young people in care get enough support to repair relationships with parents or siblings before leaving care, or to make positive connections with the community around them. Conversely, some young people told us that a mentor or a supportive family member could really help:

A mentor from Whitelion really made a difference. He did not take any money to do it. He could have got reimbursed but he would always just reach into his own pocket. He really helped me out and was always introducing me to new food and new experiences.

The hardships and disadvantage endured by care leavers are disproportionately borne by Aboriginal young people, who make up about one in six of all young people leaving care in Victoria. These young people need extra support from culturally safe services to build and maintain connection to culture in a stable home. In Victoria, about a quarter of these young people still miss out on the support of an Aboriginal Community-Controlled post-care support program when they leave care.

The inquiry also found that young people leaving care with a disability — who make up about a third of all care leavers — also face distinct challenges securing appropriate accommodation and continuity of disability supports. These young people often find themselves on the verge of leaving care without suitable accommodation.

Historically, across Australia, post-care supports to respond to care leavers'

entrenched disadvantage have been piecemeal and discretionary. In fact, Victorian law specifically denies young people an enforceable right to support after they leave care.

Following the lead of the United Kingdom and the United States, our inquiry calls on the Victorian Government to guarantee every young person who leaves care a base level of support including the right to a stable home, help to recover from trauma, and education and training.

The extension of Home Stretch is an unprecedented step in this direction. But for many young people with unresolved trauma, this allowance (of about \$14,000 a year) will not be enough to help them maintain a stable home. Consequently, our inquiry recommends significantly expanded housing options — which includes housing stock and support services — tailored to the diverse needs of young people leaving care.

Unfortunately, improved post-care supports on their own will not suffice to drive improved outcomes for care leavers without parallel reform to the care system. Our inquiry found that the challenges faced by care leavers can often be traced back to their experience of the out-of-home care system itself, a system that does too little to support them or to prepare young people for their lives after care.

The Commission's 2019 inquiry, *In our own words: Systemic inquiry into the lived experience of children and young people in the Victorian out-of-home care system*, highlighted that for many children and young people, their experience of the out-of-home care system is one of constantly moving between homes, constant changes in workers, poor safety and having no say in the decisions made about them.

These long-known shortcomings in care, which are all too common throughout Australia, are further magnified by poor leaving care planning for young people still in care. Local and international research suggests that young people in care who benefit from early and collaborative leaving care planning, tend to have a smoother transition to adult life.

Our inquiry reviewed what planning is actually occurring for young people in care in Victoria. While all young people in care aged 15 and over in Victoria must have a plan to help guide their transition to independence, our inquiry found that less than half (43 per cent) of young people in care have one of these plans. Also, most young people did not have an opportunity to take part in planning about their own future. Keep caring found this lack of planning indicative of an out-of-home system so overwhelmed by managing crises that it has little to no regard for helping young people prepare for life after care.

One young woman who was still in care told the Commission:

Child Protection didn't talk to me about leaving care ... [My aunty] says that we will still have a home here with her [after we turn 18]. No workers have spoken to us other than to say that we can leave when we are 18.

Giving care leavers the best start in adult life means transforming the out-of-home care system to become the bedrock for a positive transition to independence. It means all young people in care need to be supported to keep learning or return to study or training and develop independent living skills in a stable and caring home. Transforming care also requires those working with young people to help them develop aspirations for their future and work out the steps to get there.

Finally, we need to do much more to measure the life trajectories of care leavers in Australia. *Keep caring* recommends that the Victorian Government gather and publish data every two years on the life outcomes of care leavers along such critical domains as health, employment, education and housing.

This should be happening across Australia. Until we start giving the life outcomes of care leavers more visibility, we have little hope of driving the policies and system-wide reform necessary to move the needle in the right direction. Young people deserve nothing less.

The Home Stretch Queensland Campaign: Triggering Change

Leanne Wood, Research and Advocacy Advisor, Anglicare Southern Queensland
Aimee, Youth Advisor, Home Stretch Queensland Steering Group

Introduction

Sometimes people have to be triggered into change. We need people in the top jobs to hear kids' real stories. Can you imagine a world in which young people have the support to deal with their trauma as they leave care, and build their own natural community of people who care about them?

—Aimee

This is partly the story of a campaign. Mainly though, it's not a story at all — it's about the real lives of young people like Aimee who leave the care of the Queensland Government at 18 or 19 without the surety of a place to call home, and a guaranteed right to the support they need to transition to adulthood.

Aimee is the youth advisor on the Home Stretch Queensland Steering Group. Fuelled by coffee, Aimee and I talk at length about what the introduction of extended care and support in Queensland could mean to young people who are facing their 18th or 19th birthdays with trepidation. There are so many more choices to be made as an adult, Aimee points out, and the repercussions of those choices are so much greater. Young people who have been in care are often the kids who are most vulnerable, still dealing with experiences of trauma — too young to have independence forced upon them when they're not ready for it.

With the café tables around us generating a buzz of conversation and connection, we ponder

the words of the former Queensland Government Minister for Child Safety, Youth and Women, who said:

Young Queenslanders leaving the family home traditionally have the support of parents and relatives to prepare them for the world. They're not told to pack their bags and hit the highway on their 18th birthday, and neither should young people in care.¹

Too many young Queenslanders do in fact have to 'hit the highway' when they leave care. The fourteen community organisations and peak bodies represented in the Home Stretch Queensland Steering Group support many thousands of children and young people in care. We see many of the young people we have supported struggle, often over a period of years, with homelessness, social isolation, unemployment, and physical and mental health challenges when they leave care.^{2,3}

Experiences like Aimee's are too common:

I had nowhere to live. There was no social housing for me. I didn't have a job. I turned 18 and was left at a bus stop. It happens all the time. Kids are dropped at places knowing it'll only be for one or two nights, and then there's nowhere for them to go.

At the same time, we have seen governments in other jurisdictions, in Australia and internationally, take the simple step that makes the difference between these young people thriving, or just surviving: they have introduced extended care and support to 21 years.

Home Stretch in Queensland

Over the past three years, the campaign in Queensland has gradually gathered momentum. We were keen from the start to ensure that the campaign was a collaboration,

and that organisations across the state felt ownership of the issues and were committed to change. The establishment of our Queensland steering group in mid-2019 drew together organisations covering southeast, central and/or far north Queensland; and includes peak and representative bodies such as Peakcare, CREATE Foundation, the Queensland Aboriginal and Torres Strait Islander Child Protection Peak Ltd (QATSICPP) and Queensland Foster and Kinship Care (QFKC).

The launch later that year at Griffith University's inner-city Southbank



campus drew nearly 100 local supporters from the community sector and academia, as well as concerned young people, adults and the media. Simultaneous regional launches took place in Cairns, Mt Isa and Rockhampton, demonstrating statewide support for extended care and support to 21. The national Home Stretch office in Anglicare Victoria has provided ongoing assistance and links into progress in other states. Victoria has set the bar high, with the recent announcement of the full implementation of Home Stretch for all young people transitioning out of care from all placement types;⁴ while other states offer various levels of commitment.

Good, better ... but not yet the best

In Queensland, a range of government initiatives has been put in place to help young people leaving care. These include the extension of allowances to foster and kinship carers looking after young people up to the age of 19 years; changes to the *Child Protection Act 1999* that extended eligibility for post-care support to young people aged up to 25 years; and the related redesign of *Next Step After Care* to become *Next Step Plus*, which aims to provide support in areas such as managing finances; finding accommodation; training and employment; keeping safe and healthy; relationships; and obtaining legal advice.

The initiatives above are undoubtedly positive, and support many young people in their transition to adulthood. But many also miss out. As well as winding up at 19 years, the recently extended allowances don't include extended support for the more than one in 10 young Queenslanders in care who live in residential, semi-independent living or non-approved placements.⁵ Nor do they provide the guarantee of case worker and other support, or the certainty that young people will have the security and stability of a place to call home.

The importance of home has been core to the Queensland campaign. It has been the constant thread running through documents such as our state Home Stretch report;⁶ our policy position paper⁷ and budget submission;⁸ conference presentations; and in every one of

the 200 or so letters we have sent to the Premier, Ministers, Members of Parliament and the Opposition, and candidates in the recent state election.

'Just finding a roof over their head for a young person doesn't mean that they're not going to end up homeless,' says Aimee.

'Kids need a place where they can build a community, people around them who aren't paid to support them. You can't build a natural network of support if you're shifting from place to place, taking accommodation that's not appropriate or safe because it's that or nothing.'

'And no one can work at other issues they might have, mental health or the effects of DV or coping with trauma, without being safe in the first place.'

'It's a bit more cost and work when young people are in that transition phase, but far less traumatising for the young person and much less likely that things will go wrong in the future.'

Deloitte Access Economics has done the sums on this. They demonstrated that for every \$1 invested by the Queensland Government in continuing care and support for the approximately 500 young people who transition from care to adulthood each year, there would be \$2.69 generated in either savings or increased income due to improved social outcomes.⁹

Given these benefits, there is no question that extended care makes good sense for this generation and the next.

Access to a safe and supportive home environment provides a safety net as young Queenslanders grow into adulthood. Having this option available is a right due to every care leaver — from whatever type of care; from any cultural background; and dealing with any kind of physical, social or intellectual challenges.

A Final Word

Among the commitments that the Queensland Government makes to children and young people are assurances that we will do our very best for them and support young people to dream big, achieve great things and become an awesome adult.¹⁰

Now working with a third term Labor government, the Queensland Home Stretch campaign will continue to build on the foundations we have established to date.

Aimee has the last word as we leave the café, standing in queue behind a gaggle of teenagers discussing weekend plans.

'Extended care has to be done properly — it can't be token. Young people in care have the same right, and deserve the same opportunity, to become 'an awesome adult' as other young Queenslanders.'

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What Does Australian Research Tell Us About Best Practice Housing Pathways for Young People Transitioning from Out-of-Home Care?

Lena Turnbull, Jacinta Chavulak, Philip Mendes, Monash University Department of Social Work

Introduction

The provision of safe, secure and affordable accommodation is a crucial component in the transition from care to adulthood, and is closely linked to positive outcomes in health, social connections, education and employment. Yet, many research studies have found a high correlation between state care and later housing instability, transience and homelessness.

This paper examines what recent Australian research tells us about best practice housing pathways for young people transitioning from out-of-home-care. Eleven different search terms were utilised which focused on the housing needs of young people leaving care with different phrasing. Four search platforms were accessed. Twenty-eight articles from 2011–2021 were located with ten articles categorised as scholarly and 18 articles categorised as scholarly grey. For each document which were deemed appropriate for the literature review, 10 questions were explored including study location, methodology, sample accessed, key findings, and recommendations for policy and practice change.

Scholarly Literature

Scholarly Literature was defined as any report published in a peer-reviewed scholarly journal which included a methodology section. Key themes from ten articles were identified and are discussed below.

Care leavers experience poorer housing outcomes

Care leavers experience poorer outcomes than their non-care peers when it comes to education, employment, health and housing.¹ Often young people who leave OoHC

become homeless and are required to access the homelessness system.²

Lack of transition planning, lack of housing support and inadequate housing resources to fulfil transition plans were identified as systemic factors contributing to housing instability and homelessness post care.³ Another factor contributing to poor housing outcomes was the lack of focus in care to support care leavers to develop independent living skills, leaving them unprepared and ill-equipped to live independently post care.^{4,5}

Factors contributing to good housing outcomes

A review of relevant literature found that programs that provided accommodation, as well as support, with an emphasis on the practitioner/care leaver relationship (utilising a trauma-informed care approach) contributed to good housing outcomes.⁶

Further studies which evaluated programs that provided relationship-based interventions in conjunction with supported transitional housing also found practitioner support was a key supportive factor contributing to good housing outcomes.^{7,8} Practitioners available to support young people to develop independent living skills and provide emotional and practical support ensured a smoother transition to independence. For these interventions to be meaningful, the services provision must be person-centred and tailored to each individual care leaver, who come with their own unique experience.⁹

Care leavers with additional housing needs

Problematic housing pathways are common for care leavers

with a disability, who frequently exit into inappropriate housing arrangements.¹⁰ This cohort was identified as requiring specialised support in order to access appropriate housing that meets their needs.

Housing was also identified as a key issue for care leavers exiting the Youth Justice system. This cohort experienced compounded difficulties accessing appropriate housing, which was seen to be a reflection of *'systemic limitations of the Victorian leaving care system, in which funding for post-care supports is discretionary and poorly resourced. As a consequence, care leavers are not provided with guaranteed and secure housing.'*¹¹

Lessons from international research

When compared internationally, Australia is seen as behind in their policy and service provision with regard to post care programs and support.¹² Lessons from overseas service provision suggest that the key factors in improving housing outcomes for care leavers are: increasing the age of leaving care, providing guaranteed housing with formal support, and providing holistic support that recognises the interrelated social, health and housing needs of care leavers.¹³

Scholarly Grey Literature

Scholarly Grey Literature was defined as any report published outside of a peer-reviewed scholarly journal, but which is a high quality study and incorporates empirical characteristics, such as discussion of a sample, data collection, and data analysis. The search for literature located 18 relevant Australian reports. In some cases, there were multiple publications based on the same research; in those cases, the authors included only the original report



Gwellup by Alaska

Image courtesy of Stefaan Bruce-Truglio

and study data. Overall, there was limited detailed literature focused on the housing experiences and pathways for care leavers, and even less that focused on particularly marginalised groups of care leavers. The most prominent themes are discussed below.

The experience and impact of homelessness

From the perspective of carers, practitioners and young people, housing was seen as the most significant priority for young people leaving care^{14, 15, 16, 17, 18, 19, 20} and was viewed as related to a sense of safety, security, and wellbeing.^{21, 22} Studies confirmed, however, that care leavers are over-represented amongst homeless youth,^{23, 24, 25} particularly for those leaving residential care placements.^{26, 27} This was seen as having a negative impact on wellbeing and acting as a barrier to accessing higher education²⁸ and employment.²⁹

Lack of planning for accommodation post-care

A common theme identified was a lack of appropriate planning for post-care accommodation.^{30, 31, 32, 33, 34} One study showed that the majority of kinship and foster carers expected care leavers to remain with them post care,³⁵ and another study found

20 per cent of care leavers did remain with their carers.³⁶ Not all care leavers have that option, however, and in another study, practitioners described working with care leavers who transitioned into homelessness upon exiting care.³⁷ Both of these outcomes highlight the lack of planning for post-care accommodation.

Inadequacy of the housing system

The current housing system was seen as inadequate for providing support to young people leaving care.^{38, 39, 40, 41} Concerns were raised about the scarcity of housing assistance⁴² and the shortage of affordable, safe and secure housing for care leavers.^{43, 44} It was further noted that housing support was only available once a young person was in crisis.⁴⁵ When a young person did have stable housing, they required ongoing material and financial support to maintain it.⁴⁶

Care leavers with additional housing needs

There was an identified lack of appropriate placements for young pregnant women and their babies,⁴⁷ lack of culturally appropriate housing for Aboriginal and Torres Strait Islander young people,⁴⁸ and a lack of suitable housing for young people with a disability.⁴⁹

The impact of experiences prior to leaving care

Young people leaving care were found to be more likely to experience homelessness at a very young age, and experience prolonged instability in housing prior to homelessness.^{50, 51} Experiences of physical or psychological abuse from a young age was seen as a factor in their housing trajectory, leading to instability and housing mobility.^{52, 53}

Housing outcome and mobility

Care leavers were found to have complex post care housing trajectories and mobility was common.^{54, 55, 56} Care leavers were seen at high risk of couch surfing.⁵⁷ In terms of accommodation outcomes, one study found care leavers to be evenly split between government/ supported housing, private housing and living with family and friends.⁵⁸ Young people exiting residential care were more likely to transition into supported or government housing,⁵⁹ however, that was not always viewed as the most appropriate option.⁶⁰

Factors contributing to poor or good housing outcomes

There was limited data on the factors contributing to good housing outcomes. However, it was seen to be related to supportive relationships



Image courtesy of Christine Thinkell

with families or others,^{61,62,63} good planning, advice and material support,⁶⁴ good independent living skills⁶⁵ and slow staggered transitions into supported accommodation.^{66,67}

Poor housing transitions were linked to poor pre and in care experiences,⁶⁸ lack of support,^{69,70} (relationship and family breakdown,^{71,72,73,74} lack of planning,^{75,76,77} exiting to inappropriate accommodation,^{78,79,80,81} and cost, location and quality of the housing.^{82,83,84}

Implications for Policy and Practice

The authors affirm the call from the literature,^{85,86,87,88} and from the Home Stretch Campaign, to extend care for all care leavers till at least 21 years. This may allow care leavers to experience increased support and stability in the lead up to their transition to 'independence'. The authors further echo the literature in recommending earlier planning and intervention with regard to post care accommodation for care leavers.^{89,90,91,92} This should be accompanied by an increase

in the provision of safe, secure, appropriate housing for all care leavers, either by financially subsidising housing, or increasing the stock of government and supported housing for care leavers.

Conclusion

The literature on housing pathways and outcomes for care leavers highlights the poor transitions experienced and the destabilising impact this has on their housing outcomes. This may be particularly true for discrete cohorts of care leavers, such as those with a disability, Aboriginal and Torres Strait Islander young people, young parents, those involved with Youth Justice, and those exiting residential care. While literature on these groups are scarce, there is an indicated need for increased targeted supports for these cohorts to ensure an adequate transition from care, given their unique circumstances and often, poorer outcomes.

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Chapter 1: Learning from Lived Experience

We Wish You Would Listen: What Needs Fixing is the System

Kirra Horley, Victorian Commission for Children and Young People's Youth Council

About me

I am a part of the Victorian Commission for Children and Young People's Youth Council and I work alongside three other young people, the Commissioners, and the Commission staff. We use our diverse lived experience to guide the Commission's work and have young people's voices threaded throughout the organisation.

We aim to create safe spaces for children and young people to get involved and meaningfully contribute to policy reform and government inquiries like the recent Keep Caring: Systemic inquiry into services for young people transitioning from out-of-home care inquiry.

Why listening to young people matters

As young people, we want to be involved from the beginning in coming up with the solutions and taking action to fix the challenges we face. It is so important that when you are talking about areas that affect young people, you are not talking about us or for us but *with* us. We are experts in our own lives but can also translate that knowledge into policy and systems change.

Involving young people from the start can also transform how the system sees us. The system often labels young people in care as 'complex'. In reality these young people have usually been let down by the care system and become homeless when they leave it. If you keep trying to solve children and young people's 'complex needs' you will not get to the root cause because we are living with the symptoms of a broken system, we are not the disease.

Involving young people in systemic inquiries about them is important but also that the final report is accessible and makes sense to them. After all it's about young people so young people should be able to read it. The Youth Council helped the Commission to prepare a youth-relevant summary of the report. You can read it here: <https://ccyp.vic.gov.au/upholding-childrens-rights/systemic-inquiries/keep-caring/>

Keep caring — what young people told us

The Keep Caring inquiry started at the same time as the 'In Our Own Words' Inquiry and Y-Change consultants from Berry Street guided the Commission about the best way to speak with young people in care - or who had left care - about the support they got to get ready to leave care and what happened to them when they left.

Young people told the Commission they were not getting enough support leaving care. Many told the Commission they had struggled with homelessness and didn't get the help they needed to deal with their mental health or reconnect with family.

Once we the Commission had written a draft of the report, the Youth Council supported the Commission to run on-line forums with young people to test the inquiry's findings and get their advice on what we should recommend. These forums were developed and facilitated by us in the Youth Council to create a safe space for young people to talk from their own experiences with the commission staff taking notes. We were so lucky to hear from around 20 young people - most who have been care.

There are some supports available for young people leaving care but the system equips staff with the knowledge on how to navigate the system and access funding but not young people ourselves. Young people need to know what supports are available, how to access them and a legal right to post care supports.

Young people in the forums talked about the importance of peer support and having another young person who has left care support them understand the system, how to access supports and life after care. A mentor to help teach the life skills that so many young people miss out on due to the broken system. Someone else with a lived experience who can understand some of what you are going through.

Young people in care told us they need the Victorian Government to *Keep Caring* and provide meaningful support to young people once they leave care.

Leaving care needs urgent reform, but this needs to be done with young people with a lived experience. If we aren't apart of creating the solutions, they won't work for us.



Untitled © Maddi, Home Is Where My Heart Is 2014
Image courtesy of YACWA

Many Bridges Still to Cross: Young Care Leavers Reflections on The Future of Leaving Care

Morgan Lee Cataldo, Senior Manager Youth Engagement, Shakira Branch, Y-Change Project Administrator, Dylan Langley, Emilie Oraylia, Kaitlyne Bowden and Tash Anderson, Y-Change Lived Experience Consultants, Berry Street

Introduction

The extension of the leaving care age to 21 in Victoria has been a hard fought and welcome change and we imagine it will go on to support many young care leavers. As young people with a lived experience of out-of-home care, we intimately understand the complexities of the care system and how hard it is to navigate, especially without the right supports in place. There is still much work to be done to ensure care leavers transition successfully to independence.

We need to urgently address the inadequate support of children and young people in out-of-home care and the need for lived experience representation to be more broadly and deeply integrated throughout the sector. Although many children and young people in care have been profoundly let down by our service system, it's crucial we recognise that these children and young people continue to thrive despite the system failing them. It is equally important for us to celebrate their strengths, capabilities and survival.

This article was co-written with four exceptionally fierce young out-of-home care advocates. It's important to note that the perspectives they have shared are their own and they do not seek to speak on behalf of any organisation or group of young people.

Young People in Out-of-Home Care and Child Protection: The Statistics

Young people living in out-of-home care are some of the most vulnerable and disadvantaged in our community.¹ The number of children in care has doubled since 2008-2009, with a total of 10,553 children in care in Victoria as of December 2018.² This includes a disproportionality high

and growing number of Aboriginal children and young people.³ Many young people in care have been exposed to multiple traumas from a young age.⁴ Research suggests that young people in care experience poorer health outcomes than their peers without an experience of care.⁵

A 2006 Australia-wide survey of children considered to have 'high support needs' in out-of-home care found that almost 75 per cent came from households with a history of family violence or physical abuse; 66 per cent had parents with substance misuse problems; 58 per cent suffered neglect and over half had parents with mental health and significant financial problems.⁶ At least one third of young people become homeless within three years of leaving care, half require acute mental health services, 70 per cent live below the poverty line and one quarter have contact with the criminal justice system.⁷

The voices of young people in care are not well represented in practice and research⁸ and are being excluded from significant decision-making processes that impact their lives.⁹ Most research is conducted from the perspective of workers and caregivers and does not recognise the diverse experiences of young people in care.¹⁰

Research suggests that the leaving care transition needs to be flexible, gradual and well planned. To be effective, it must include individual transition planning based on the young person's needs, flexible post-care options and ongoing emotional and financial support until young people reach at least 25 years of age.¹¹

At the end of 2020, the leaving care age was increased from 18 to 21 years old in Victoria.¹² Although

this has been a long-awaited decision, it should not be seen as 'the solution' to the problems continually faced by children and young people in out-of-home care.

Out-of-Home Care and the Covid-19 Pandemic

In 2018-19, there were more than 47,000 children involved with the child protection system in Victoria — around three per cent of all Victorian children — and nearly 12,000 children are living in out-of-home care.¹³

The Covid-19 pandemic has exacerbated many of the risk factors for families that can lead to abuse and neglect.¹⁴ In the absence of a specialised service response, children and young people who are forced to leave home, but who do not meet the criteria for a care and protection order, are often left to navigate a complex and fragmented crisis service system on their own. Covid-19 is intensifying the drivers of family conflict and making it harder for services to provide support to children and young people already in crisis.¹⁵

It is likely that in the medium term, Covid-19 will lead to a spike in the demand for respite care and low-cost childcare services. This spike is driven by the extended strain on carers and kinship families who are caring for children more intensively because some schools experience closures and thus can no longer provide on-campus learning. Likewise, because some parents keep children at home to avoid Covid-19 exposure, and because respite care is made unavailable during Covid-19 lockdowns.¹⁶

Research commissioned by Berry Street shows that an additional 4,500 Victorian children could enter the out-of-home care system by 2026

as a result of Covid-19, increasing the total number of children potentially in out-of-home care in six years' time to 27,500 children.¹⁷

The Future of Leaving Care: Reflections from Young People Who Have Been There

We support extending the leaving care age to 21 and are also concerned about how the complexities of the out-of-home care system will be navigated by young people — these don't just disappear overnight.

A group of Y-Change Lived Experience Consultants with direct experiences of the out-of-home care system reflected on both the potential benefits and challenges of extending the period of care and how this might affect both the leaving care service system and the young people who depend on it.

Potential benefits of extending the period of care

We maintain a wider network of support

It's not just about the home we live in, it's about what we have access to beyond it — the extension of supports we get access to as part of this network. We have the stability of a safer base to come back to each day and links into other services.

It extends our bridges and deepens our safety nets

Although we somehow expect young people to be self-reliant or self-sufficient by 18 years old, young people leaving care often have no money, resources, support networks or other places to go. We are on our own. Without this extension, many of us are essentially homeless. We shouldn't hold the expectation that young people be self-sustainable at 18, whether they're in care or not. This would prevent many of us falling through the cracks.

We are offered a greater sense of agency

We think it's a good decision that young people have the option to extend their period of care, not being forced into an arrangement that may not work for them. It's important that this

extension is voluntary as it gives young people greater choice and control about decisions that deeply affect their lives.

As young people who intimately understand the care system, we also have concerns

We must not set young people leaving care up to fail

Extending the age of leaving care is a good step in the right direction. Our concern is whether government can commit to this for all young people in and leaving care across our state into the future. What about the funding pools we don't know about but that are there for us already? There is a point here about how the care system is resourced and ensuring information flows effectively from workers to young people in care. For example, young people who are 16 years old being put into lead tenant positions and not being effectively supported, especially after coming from 24-hour support in residential care.

Prolonging pre-existing systemic problems

If service providers and specialist workers start planning our post-care journeys with us at 16 years old, with the extension of care this gives us a good five years to plan supports once we leave. It's great that we have this additional time, as long as it is used meaningfully and that we are made aware of what we can access, such as brokerage funding and the Transition to Independent Living Allowance (TILA).¹⁸ Our biggest concern is if we don't support young people to become independent in these three additional years, we will only be prolonging and potentially compounding the same systemic problems that exist now.

Sector staff need to be well resourced, too

Internal cultures and the effective resourcing of staff is a huge concern for us. We're already seeing the increasing of workloads on the ground for those who work with Targeted Care Packages and the Adolescent Support Program. We know the system has been

chronically under-resourced and understaffed for a long time. Although there is increased attention on policy redesign at higher levels, what about what's happening on the ground in the service system? We cannot simply move deeply entrenched systemic problems further along the line, and we cannot successfully look after young people exiting care if we're not also supporting staff holistically.

Stretching our imaginations further

Beyond thinking about extending care, what would a completely different system look like altogether? Yes, we need to create policy change in the existing system to stop kids falling into crisis *and* we also need to focus on changing the direction of the entire system, too. What we are doing now isn't working.

The Y-Change Lived Experience Consultants reflected on what services and support young people may need in out-of-home care in the extended period to support them in their transition to independence.

We need a backup plan

What happens to young people in kinship or foster care if their placement breaks down during the additional three years? We know that relationship dynamics between young people and carers often drastically changes once we are 18 and older, as we have a greater say about decisions that affect our lives. For those of us who feel disposable with the people we're staying with, what supports are there for us?

We need to be met where we are at

We need to make sure we support every young person leaving care in ways that reflect their own aspirations and honour the decisions they wish to make about their lives. To do this well, we need specific mental health supports; access to programs that help us to strengthen our living skills, such as HEALing Matters;¹⁹ support to strengthen our professional development, such as resume writing, help with job interviews, and guidance about employment pathways and workers' rights.²⁰

We need support to navigate the rental and housing systems

Leaving care is scary for a lot of us, especially if we haven't been taught about how to navigate housing systems once we leave. We need to know about what to expect when we sign leases; what our rights are as tenants; and where to go if we need people to advocate on behalf of us.²¹

We need specialised Youth Foyers for care leavers

We need specific models of wrap around housing support for care leavers, and to employ young care leavers as peer workers as key components of these models. We also need a mix of Foyer apartments and houses so that young people have access to different options about where we live and what might work best for us. Some of us are trying to get away from toxic environments that involve cycles of drug abuse and violence, so living with others isn't always the best option.

We need support to access and complete our education

Many of us are being penalised if we fail our schooling, not for lack of trying — but due to a significant gap in specialist supports for care leavers in higher education. We need targeted funding opportunities for care leavers, such as Better Futures²² and Raising Expectations.²³ What we *don't* need is the risk of losing access to HECS loans if we fail our subjects.²⁴ Why should we be penalised for giving things a go, even though we're already starting at least 10 steps behind the starting line?

We need more young people with a lived experience to walk beside us

We need Peer Workers as system navigators and buddy systems for young people with a lived experience. We need people who have already navigated the care system to walk alongside us, to help show us the way and be supports for us when we lose our way.

We need to know about general life administration and what to expect

Being educated about and getting help to set up the fundamentals, such as how to access a Medicare card; apply for a Tax File Number; get a birth certificate; and apply for a passport. If we don't know how to get access to these things, then we're really lost.

The following points are suggestions made by the Y-Change Lived Experience Consultants about how the views and experiences of young people in care and those leaving care can be incorporated into the ongoing developments of services, programs and policies.

Get young people to speak to young people

We don't always want to connect with sector representatives in lanyards and suits. Partner with us and support us to learn how to facilitate workshops and speak with other young people as peer researchers.

Paid and permanent roles in service design

We want to see specific roles for young people with a lived experience of out-of-home care to inform and shape system reform efforts.

Support us to become system navigators

Invest in employing and training young people with a lived experience of leaving care to transition into supporting other young people who are navigating the care system. We can work alongside specialist organisations as peers.

Resource and fund the youth peer support workforce

Ensure that those of us who are hired in peer capacities and who are drawing from lived experience in our work are invested in through ongoing personal and professional development opportunities.

Write lived experience representation into policy as best practice

Ensure that organisations are held accountable to consumer participation as a key practice

pillar that is funded and evaluated — not as an afterthought. Nothing about us without us.

Finally, the Y-Change Lived Experience Consultants reflected on what they think would be of assistance in preventing young people from becoming homeless or at risk of homelessness.

Consistency

We need dedicated workers and peer workers who are regularly checking in with us once we leave care and as we're transitioning to independence.

Money

We need to be funded to access rental properties so we can get proper rental histories. We also need to Raise the Rate of Youth Allowance and Newstart.²⁵

Time

Programs generally last for six to eight weeks, which is not long enough and we end up falling through the cracks. Extend the age of youth services until we're at least 30, help give us time to catch up and get access to what we need.

Rewriting the narrative

We need to change the narrative about kids in care so the community rallies around us and doesn't reject us or feed into toxic stereotypes about who we are. We are tired of seeing the failings of systems blamed on kids in care, with articles being published such as *'How kids in care are "terrorising" Dandenong Street'*.²⁶

Summary of Our Recommendations for Change

Here's a snapshot of our key recommendations for change:

1. Greater investment is needed for specialised, trauma-informed support services to improve the mental health of young people in out-of-home care.
2. Greater investment in specialised and supported Youth Foyers for young care leavers.
3. There needs to be dedicated caseworkers and ongoing

supported accommodation for every young person with an experience of care up to at least 25 years old.

4. Dedicated, long-term peer support workers — employing young people who have exited care to support their peers to navigate service systems.
5. Other options to out-of-home care need to be explored and invested in, in partnership with young people with a lived experience — such as the Teaching Family Model.²⁷
6. Young people in care, especially residential care, need the option to be taught more life skills so they are better equipped to enter young adulthood once exiting care.

Our Final Reflections on Systems Change

'Systems thinking is a discipline for seeing wholes. It is a framework for seeing interrelationships rather than things, for seeing 'patterns of change' rather than static 'snapshots.'

— Peter Senge

We invite you to reflect on your own personal practice and small changes that you could make to meaningfully involve and partner with young people in system reform.

- If you can't actively do something yourself, what can you do in your smaller circles of influence to affect systems change? It doesn't have to be big gestures; systems change often happens through small tweaks over time. What role are you playing in the system to actively prevent young people falling through the cracks?
- How might you partner with young care leavers to create new offerings that move beyond working for and towards working with us? Even by asking the question, 'have we spoken to any young people with a lived experience about this?' This alone starts to challenge traditional thinking and allows young people with a lived experience to be seen and valued as key stakeholders.

Resources

Here are some resources we'd like to share that centre young people with a lived experience of out-of-home care:

In our own words

Systemic inquiry into the lived experience of children and young people in the Victorian out-of-home care system

This inquiry from the Commission for Children and Young People was established in April 2018. As part of the inquiry, the Commission spoke with 204 young people from rural, regional and metropolitan Victoria who were currently living in or had recently left out-of-home care, inviting them to share their stories of what it is like to live and grow up in the out-of-home care system, what works well and what needs to change. We love the illustrated, youth-friendly guide used to help young people better understand the report.²⁸

Keep caring

Systemic inquiry into services for young people transitioning from out-of-home care

With young people at the centre, this inquiry from the Commission for Children and Young People examines the needs and aspirations of young people leaving care and the capacity of the service system to respond to those needs and aspirations. We love the illustrated, youth-friendly guide used to help young people better understand the report.²⁹

TASH the film

This short animated film tells the story of Tash Anderson growing up experiencing family violence and living in out-of-home care. It has screened to sold out cinemas at Australian and International film festivals and was nominated for Australia's most prestigious film award for short animation – the Yoram Gross Animation Award at the 2019 Sydney Film Festival. It also screened at the United Nations Association Film Festival. (30)

About Y-Change

Berry Street's Y-Change initiative is a social and systemic change platform for young people aged 18-30 with

lived experiences of socioeconomic disadvantage. As Lived Experience Consultants, we challenge the thinking and practices of wider social systems through advocacy and leadership.

To get in touch with us, contact Berry Street's Senior Manager Youth Engagement, Morgan Cataldo at mcataldo@berrystreet.org.au

Endnotes

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20. The Young Workers Centre is a one-stop-shop for young workers who want to learn more about their rights at work or who need assistance in resolving workplace issues. They would be well placed to support care leavers with a funded, for-purpose program. www.youngworkers.org.au/about
21. Tenants Victoria and the Council to Homeless Persons' Housing Advocacy Service (HAS) are well positioned to be specifically funded to support care leavers with their housing rights.
22. Better Futures is a new way of supporting care leavers, engaging with young people and their support networks, including case managers and care teams, early in their transition from care. <https://providers.dhhs.vic.gov.au/better-futures-post-care-service-factsheet>
23. Raising Expectations supports young people in out-of-home care and care leavers to aspire to, access and succeed in vocational and higher education. www.raisingexpectations.com.au/
24. University students who fail more than half of their subjects will lose access to government loans and subsidies under changes announced by the Federal Government. www.abc.net.au/news/2020-08-13/university-hecs-limits-for-failing-students-explained/12553548
25. The goal of the Raise the Rate campaign is to fix our social security safety net for good so that it keeps people out of poverty, with income of \$500 per week. <https://raisetherate.org.au/about/>
26. The article, 'How kids in care are 'terrorising' Dandenong Street', was published in a 2020 edition of the *Herald Sun* newspaper.
27. The Teaching Family Model offers an innovative way of caring for children and young people in a family-style setting. www.berrystreet.org.au/our-work/providing-a-safe-home/teaching-family-model
28. The Commission for Children and Young People's illustrated, youth-friendly guide to their 'In our own words' report. <https://ccyp.vic.gov.au/assets/Uploads/CCYP-In-our-own-words-Illustrated.pdf>
29. The Commission for Children and Young People's illustrated, youth-friendly guide to their 'Keep Caring' report. <https://ccyp.vic.gov.au/assets/Uploads/CCYP-Keep-caring-illustrated-guide.pdf>
30. Tash's film is available to watch and share on Vimeo: <https://vimeo.com/336007744>

Barry*: My story

I have been in care since early 2018. However, Child Protection has been involved with my family on and off since 2008. I have one sibling who is younger than me who's in foster care.

My experiences have led to me being in Kinship Care, Foster Care and Residential Care. Out of the three, my most positive experience has been Residential Care. I think Residential Care is the best because you know where you stand from the start.

My family is as dysfunctional as the Gallagher's from Shameless, but that doesn't mean I want to forget my roots. Family remains family. My experiences have meant that neither of my parents were able to be responsible for me. My father is deceased, my step-father is a child molester but through all of that bad, I've got good.

When news first broke that I was going to a Residential Care Unit, well it was like a cat trying to bark, it wasn't going to happen. I tried everything I could to not go. I'd never been to one before so my CM (Case Manager) was trying to say, 'you'll be fine.' After all of the stories I heard, my plan wasn't to go. The alternative was a date with the boys in blue. When I was taken to my first Residential Unit, my expectations were very different to reality. After being in Residential Care for over a year and being through a couple of different houses, I can say that I love Residential Care.

I'm terrified to leave Residential Care. When the day pops around that I get kicked to the curb, I wish there was a way around it. Reality is I have to leave someday, we all do. Residential Care has and always will be a big part of my life. It's been crucial to my development in every way possible. Residential Care has made me the person I am

today. I've been in Residential Care longer than other care settings and it's helped me in so many ways, it's given me so many great memories, it's given me a temporary family and when the day comes that I move on, I don't think I'll be ready for it. I don't know if I'll ever be ready to be alone. It's going to be a really hard day.

For when that day that comes along that the Department of Health and Human Services (DHHS) and Uniting move me on, they have supports in place. I've got better futures, I've got carers slowly teaching me how to cook, swim. I've got the L2P Program which'll help me get my drivers' license in the near future. Plus, the relationships I have now, I'm sure I'll still have them when I leave so I'll still be able to fall back on them when things go up shit creek or if I'm feeling lonely and need a chat. As for a support I'd like, I'm not sure whether DHHS do this or not, I think it'd be nice if once a week or fortnight, a carer from your old Residential Unit swung past and checked in. Made sure you were okay and gave you support if you needed it.

Deciding what my Out of Home Care (OoHC) experience looks like just depends. My old CM thinking that he was Jesus never gave me a say — he didn't even tell me what was going on until the last minute. Ever since crossing over to Uniting and DHHS being the big brother, I've had more of a say. The adults around me actually listen to what I have to say. Even in the situations where I haven't had a say, I've still trusted my Case Manager, my house's Team Leader, the Therapeutic Specialist and Uniting's Residential Services Manager in all decisions made on my behalf. I know that they always have my best interests at heart so if they make a decision, I trust it.

I think that the Government announcing people can be in Residential Care until they're 21 is the best thing that they have ever announced. 18 is a stupid age to leave care. If you were at home living a normal life any caring parent isn't going to kick you to the curb and that's how it should work for OoHC. If you're ready at 18 and your Care Team agree then, 'ciao'; but if you need (to stay) until you're 21 and your Care Team agree, then just stick around and your Care Team can find you a supportive placement that'll suit you. Reality is, no teen especially a OoHC teen is ready to get out of dodge at 18. They may say they are but it's not always the truth and sometimes they might not be safe on their own. Our brain doesn't stop developing until we're 25. 21 is closer to 25 so I think the closer to 25 we get out of Dodge the better. As for if it'll personally impact me, I hope that Uniting and my Care Team realise that I'm scared and need to be in Care as long as I can ride it out. I'm scared of being alone especially with how my mental health is. Sure, right now it's fine but it can go from being fine to being unpredictable. Life isn't always peaches and cream, so I could be good one day and hanging the next.

If you're still in care when you pass 18, additional supports should be provided. Sure, you're living in care but more could be offered. Like how they do it now, when you turn 16 they start giving you the L2P's, teaching you how to cook basic stuff, helping you budget your Centrelink, etc. When we turn 18, it should be similar but more advanced. For example, they should do driving lessons with us, they should make us do things more independent, like no transport if we're going to the shops or appointments or anything. We need independent skills, because we're not going to have a ride at our disposable all

of the time. I also think that they should heavily assist us in getting a job so that on top of Centrelink we have a stable income, so that we have the money for a place to live.

I think that if the YP (young person) were being vocal about not having a place to go to when we get the boot, the department could offer temp housing even if it's a Housing Commission house, it's something. If the YP isn't being vocal, there might be reasons they're not speaking up. Mainly embarrassment. I know I'd be embarrassed — also stubborn — so I wouldn't say anything. YP need to know that there's support if they need or want it.

If I had the opportunity to talk to the people designing the extended leaving care program? Well, I'd make sure that they're thinking about us not

themselves. Politicians need to know their policies affect our life directly.

If agencies are offering OoHC for the ages 18 to 21, feedback must be sought from the YP that are affected. What can the department do in the last four years of their life in care? Make sure that the YP know that someone is looking out.

My hope for the future? What is it I desire? A lasting legacy. I want to be the first in my family to not waste their life. I want to accomplish something.

I aspire to be better, and as much as I spend most of my time being critical of DHHS, they've turned me into who I am today. My Care Team, my experiences in OoHC and my Former Assistant Principal, they've turned me into a better man. They've turned me into someone

honest, someone who genuinely cares for the people around him, someone who would walk through hell for the people he cares for, someone selfless. Someone that would face their greatest fear and sacrifice themselves for a loved one or someone they care for.

Someone that tries to help people if they need it, no matter if they've wronged him before or if it's a complete stranger. Someone that when people talk about him, they use him as a good example. Someone that one day can help YP overcome the same challenges I've overcome. Shitty parents and DHHS. I can only hope that that is what the future holds. No one knows what the future holds. That's what deep down I truly desire.

* Barry is young person living in a therapeutic residential Care home managed by Uniting Vic.Tas



Learning from Lived Experience

Adela Holmes, Manager Therapeutic Services Residential Care, at Uniting Vic Tas

In Victoria, there's much to be proud of about the recent changes made to out-of-home and residential care for children.

After many years of lobbying, the age young people can remain in out-of-home care has been raised from 18 to 21. Extending Home Stretch, a program focused on supporting young people to transition into independence and adulthood, will make a real difference to many lives.

Those who advocated for this change should justifiably feel that, although a long time coming, their advocacy has achieved a great outcome for young people in care.

However, true sustainable independence first requires healthy dependence. For the program to achieve positive outcomes for young people, they must first be ready to be independent. They must have had an opportunity to trust safely, to live in a stable environment, heal past trauma and understand what it means to co-exist with others. Unfortunately for young people in out-of-home care, this is rarely their experience.

We have known for the past 25 years that adverse childhood experiences constitute a type of complex trauma and that the neurobiological impacts arising from experiences of abuse and extreme neglect cause persistent neurobiological, physiological and psychological impacts.

Due to the impact of this trauma these children are often unable to be successfully cared for in home-based care, frequently experiencing upwards of 20 or 30 placement breakdowns and eventually finding their way into standard residential

care. It is therefore unsurprising that not long after leaving care a substantial number of these young people become homeless.

As a senior practitioner who has worked in the child and family welfare sector for more than 48 years, I have seen and been part of many pilot programs and new initiatives to counter the impact of trauma on the lives of young people in care.

All of these programs were well intended and many showed positive outcomes, yet most ceased due to a lack of funding. It's important we don't lose these learnings. It's important that we, as a system, continue to use evidence-informed practice to improve the lives of all young people in care.

From the vantage point of my career, spanning both Child Protection and out-of-home care services, it is clear that no single program can provide a truly reparative care experience for the 10,000 young people living in out-of-home care each year.

What is needed is a consistent, continuum of care underpinned by trauma-informed practices. Beginning with early intervention with at-risk families and cascading through out-of-home care, family reunification and leaving care, the care journey must reflect and respond to the individual needs of each young person. Each stage is equally as important as the one that proceeds it. Harm is cumulative and compounding, and young people need to know that we won't give up on them.

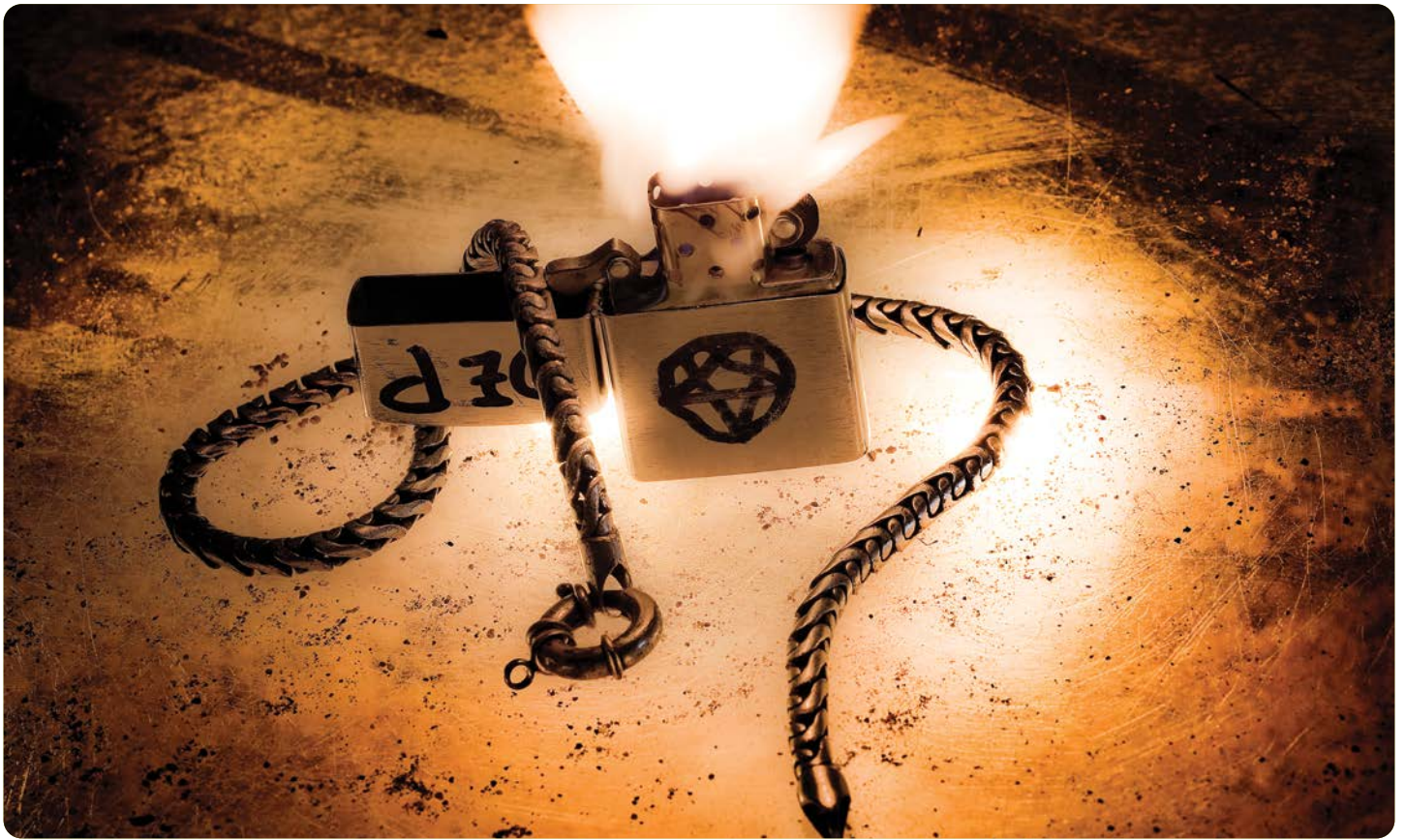
It was through my work at Uniting Vic. Tas that I first met Barry. Like most young people in residential care, his journey was long with many stops

along the way, each shaping his view of the world, and himself. It wasn't long before we became aware of his interest and talent for writing and his ability to represent the issues that young people in out of home care grapple with because of their trauma.

Residential care is now seen as a harmful and undesirable option, to be avoided at all costs, but it doesn't have to be this way. For Barry, and many young people like him, residential care can be an opportunity to learn to trust, heal and develop healthy strategies which are critical to becoming an independent young adult. But to achieve this, young people need a committed and unified care team, a safe home environment with therapeutic interventions and sufficient time.

These are the fundamentals of therapeutic residential care. Sadly, in Victoria, there is only capacity for 172 young people to have this experience, at any one time. The remaining 292 young people are placed in standard or what are called 'RP3' homes. They are starved of the time in a stable environment required for healing. This is due to poor placement matching and multiple placement breakdowns which mean young people are moved around from home to home, unable to form the relationships and receive the care they need.

As a practitioner involved in the development of the first therapeutic model in 2007, it's heartbreaking to know that with adequate funding all young people in care would have the same opportunity as Barry. It has been his experience of therapeutic residential care in a stable home that has been so effective in assisting him to be able to feel safe enough to begin expressing his past



Lighter (CON) by Justin

Image courtesy of Stefaan Bruce-Truglio

abusive experiences and start on a pathway to healing and change.

The importance of adopting a therapeutic approach to care is well documented by leading clinical experts, the evaluations of early pilot programs and the success of similar models around the world. A therapeutic approach creates sufficient structure, safety and predictability for healing. Most importantly, it increases the chance of a more optimistic life trajectory. Isn't that an opportunity all young people deserve?

If residential care was funded to operate at the therapeutic placement level necessary to genuine support healing and establishment of strong foundations for life, young people would not reach the time for them to leave care in a state of un-readiness for independence.

For leaving care programs to be successful, a young person must have had the opportunity to test and learn independence. Reaching a chronological age is not representative of maturity or readiness. The ability to drive a car or manage your finances are critical life skills, but these things alone are not indicators of independence.

As already said, to be truly independent, we must first be healthily dependent. We must learn to trust safely and co-exist with others, which is only possible when complex trauma has been resolved and healing has commenced.

It's unrealistic to expect the attainment of real dependence if a young person's care journey has meant many years of moving through multiple underfunded and unstable out-of-home care placements. In the absence of this capacity for independence, placements fail, and we know that many young people become homeless. Extending time in care, known as 'Home Stretch', has been a great achievement. However, this alone, without a focus on the best support for young people while they are in care, is not enough.

The challenges are not limited to residential care. Young people in other forms of out of home care such as foster care and kinship care also need to be prepared for independence and while the level of support for them may differ, the critical component remains the same: a safe, reliable and continuous relationship with a trusted adult who cares for them 'as any good parent would'.

Genuine connection is the key and that takes time. In sharing his story, Barry acknowledges the role trusted adults have played in his healing. His care team, his former Assistant Principal, people in his life that have not just said they care, but demonstrated it. If this is what Barry can personally achieve in six months of living in a stable therapeutic environment, I am confident that when his time comes to live independently, he will be ready. There are no short cuts to healing.

While the age for young people to remain in out-of-home care has been raised, this alone does not guarantee successful safety and stability in adulthood. That outcome relies on the quality of what has come before. It's the lived experience of sustained, meaningful, and therapeutic care and support, whether in foster care or residential care, that determines and develops the capacity for a successful transition to an independent adult life.

Barry expresses his intent to be the first person in his family not to waste his life. What a compelling tribute to his healing. We, as a system, have it in our power to give him the opportunity and the means to do this. Let us make sure that we do.

Chapter 2: Extending Care in Practice

No Longer Stretching for a Home

Anita McCurdy, Senior Manager, Shepparton Youth Foyer and Better Futures/Home Stretch
Berry Street, Shepparton, Victoria, Yorta Yorta Country

Throughout my more than 20 years' experience of working in the out of home care sector, it has been no secret that the ideal pathway to independence for young people in care has been paved at a sluggish rate. Yet the full impact of the expiration of state care orders at 18 was not fully recognised until homelessness services began to record data. A strong pattern emerged. For the first time, we could see clearly that if a young person left care at 18 there was a strong chance that they would end up with no secure home and an itinerary that would define them as homeless.

The data confirmed what many of us had known already. I remember the days of travelling from Shepparton to Melbourne to Leaving Care forums that were coordinated by agencies to share ideas and concerns. There were many discussions about the obvious fact that this cohort of young people was far from prepared to become an adult overnight. As workers on the ground, we were struggling to support them to develop basic living skills, especially if they were experiencing numerous placements, and we were evidently struggling to plan for any good housing options. This resulted in many young people

transitioning from statutory care to homelessness or the prison system.

Recently the government announced Home Stretch, pledging that all young people transitioning from care would be supported to achieve secure housing until they are 21. This brought tears of joy to the eyes of many in the service system. Finally, our young people have access to an enhanced approach where they can be recognised, heard and housed after 18.

Over the past two decades I have had a bird's eye view to the evolution of



the out of care system, first through my early career as a foster care and ICMS ground worker to my current role managing a Better Futures/Home Stretch program with arguably the best 'wrap around' package for any young person in out of home care.

The service provided in our regional area of Goulburn (Shepparton), Yorta Yorta country, consists of many elements identified as being part of an 'ultimate' Better Futures/Home Stretch prototype. The two key stakeholders — Berry Street and the local ACCO, Rumbalara Co-op — work in partnership to service the whole area. Young people in various forms of out of home care are referred to the program at 15 years and nine months, via Child Protection. The beauty of this early referral is that the team can be as active or limited as required and will be available for a full five years, not just thrown in at the end of the young person's 17th year and hope for the best, like the old days. Furthermore, our Better Futures/Home Stretch team includes access to a number of key elements that give workers an opportunity to build on the young person's capacity — helping them move from 'surviving' to 'thriving'.

The Gotafe Certificate 1 in Developing Independence (DI) was introduced around two years ago to offer the successful program designed by Shepparton Education First Youth Foyer to other Berry Street Out of Home Care (OoHC) services. The DI, along with the development of the Youth Foyer, was created and supported by the Brotherhood of St Laurence, who have also been heavily involved with the development of the Better Futures model and its roll out. The Certificate provides young people with access to coaching sessions that facilitate planning for independence with an initial strong focus on education and employment pathways. It is flexible enough to be provided at the young person's pace and is also instrumental in providing a smooth housing pathway through to the Shepparton Education First Youth Foyer, and other private and community housing options. Moving from out of home care into Youth Foyer is occurring more frequently each year and it is our aim, along with local DHHS, for this to continue growing as the Better Futures/Home Stretch program is embedded.

The Community Connector also supports these housing pathway options by building and sustaining relationships with private rental agents. As many of us know, achieving a successful private rental is no easy mission with any young cohort. However, through the availability Home Stretch's Individual Accommodation Packages of up to \$260 a week, the Community Connector is armed not only with the DI Certificate highlights, which showcase how much the young person has already invested in their own skill development and plans of independence, they have funding. We can pay the bond, we can pay three months' rent in advance, and we have the capability to check in regularly to ensure things are going along OK. In addition, Berry Street has recently agreed to head lease properties, which provides extra comfort to real estate agencies. We now have an example of one young person living in a Berry Street-leased property moving on to another privately leased properly, with head leased unit remaining with Berry Street and the real estate agency happy to move another young person in.

Our Community Connector is continuously scouting for mentors, businesses and any other community resources that create an opportunity to build social capital and life experiences for young people engaged in the program.

An Aboriginal Consultant is a recent addition to the team, coming on last year to not only provide a more culturally informed service, but to increase capacity to engage with Aboriginal young people in our Berry Street-operated out of home care programs, which ultimately supports connection to family, community and Country. Recruiting a local person with practice wisdom and strong community involvement has been crucial for increasing empowerment and self-determination within our everyday practice whilst planning with the young people we work with, instead of for them. This role has also strengthened connections with Rumbalara's Better Futures team, ensuring appropriate allocation and giving young people easy access to the DI Certificate and Mentor program within the Community Connector role.

Ryan (not his real name) has been one of our Home Stretch targets for the past 18 months. Ryan remained with his carers when he turned 18 in a Better Futures-purchased bungalow in his carers' backyard. The carers continue to be paid the carer payment for a further three years and Ryan was able to stay with them and successfully finish year 12 last 'Covid' year. Ryan has also completed his DI Certificate and has acknowledged the importance of the Home Stretch program:

'Having support from Home Stretch has enabled me to have a better, safe and enjoyable living environment through the purchase of my own Bungalow.'

'The funding has also provided household furniture, through which I've been able to make my Bungalow feel welcoming and homely.'

'Having a secure, safe and comfortable living environment has had a positive effect on my mental health, allowing me to seek employment (Bunnings).'

'Also, with the support of Home Stretch I've been able to work on getting my driving hours through a trained driving school.'

The idea of the 'instant adulthood' for young people turning 18 has been smashed out of the 'statutory' park. As described above, in Goulburn, there is a full overlay of provisions that help the young people explore their options, creates opportunities to help them fulfil their wishes, and advocates for contextual plans. Through an interlocking system of individualised planning, subsidised rent, extended payments allocated to carers, Foyers and real estate agents supporting rental references, the pathway to secure housing is being pegged out. Better Futures/Home Stretch is now central to supporting the out of home care system to focus on smoothing the path for young people. Following our tears of joy, hopefully there will be a sigh of relief from the continually strained homelessness sector in the very near future.

Building Resilience: An Evidence Based Approach to Support Young People to Thrive Beyond Out of Home Care

Angeli Damodaran, Project and Policy Officer, Junction Australia, Claire Taylor, Senior Manager Child Protection Services, Junction Australia, Tracey Dodd, Undergraduate Project Management Program Director, University of Adelaide

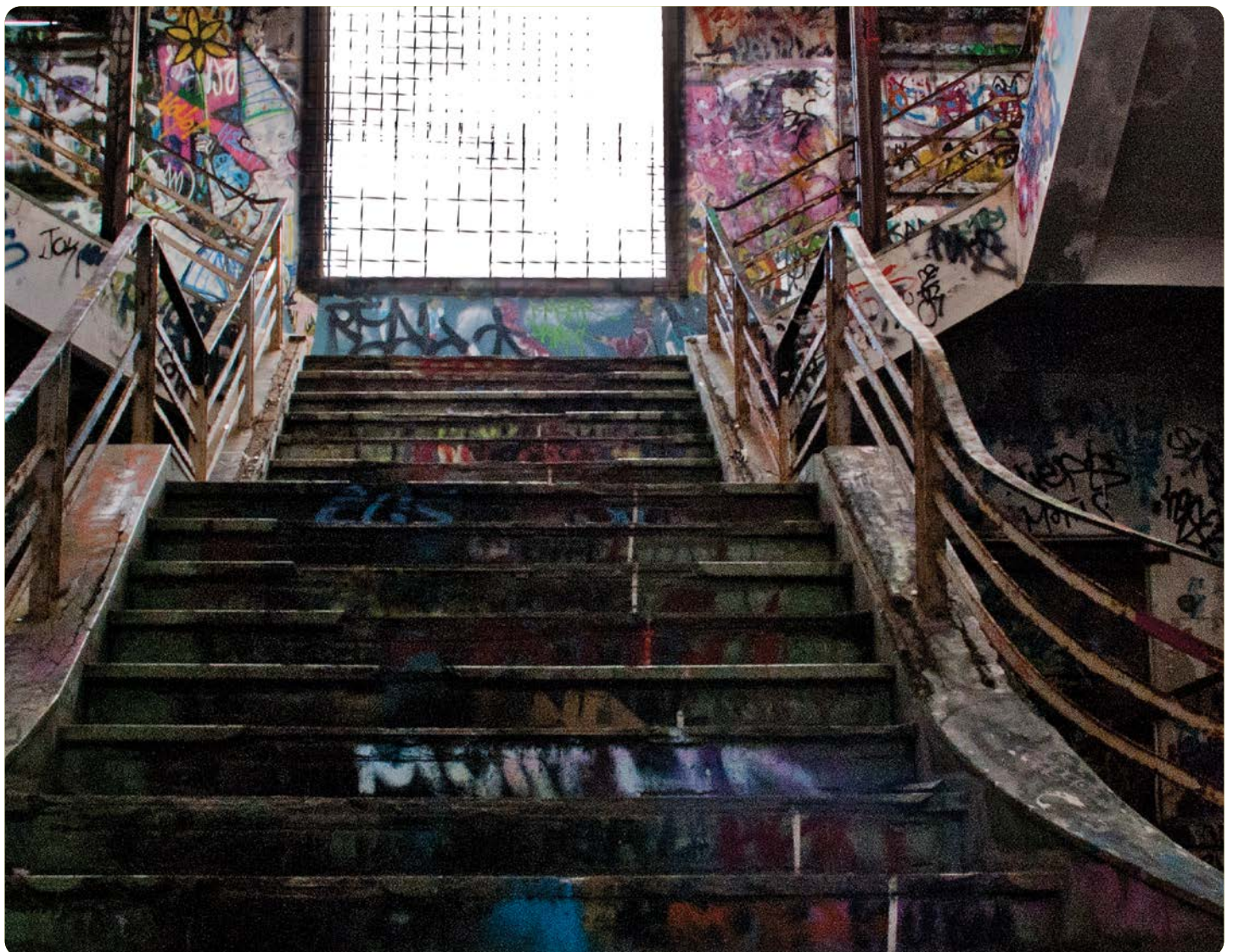
Raising the age in which young people exit Out of Home Care (OoHC) presents new challenges for how service providers (government and not for profit) conceptualise services and successful transitions from care, however, this provides us the perfect opportunity to re-evaluate what the future of leaving care in South Australia could look like. Evidence shows the transition to adulthood is particularly challenging for young people leaving OoHC.¹

In South Australia, young people exit statutory OoHC at 18 years old regardless of the individual's capacity to care for themselves. Young people exiting residential care are at an even greater disadvantage than their peers in family based placements as these young people may be supported by the family beyond 18 through the Stability in Foster Care program. The Stability in Foster Care Program allows for carers to continue receiving payments until

21 if the young person is engaged in education and/or employment.

Evidence shows that 18 is too young and that society needs to do more to support children and young people in care to develop independent living skills to thrive into adulthood.²

This is consistent with the United Nations Convention on the Rights of the Child, which Australia as a signatory, is required to provide



Stairs by Tara

Image courtesy of Stefaan Bruce-Truglio

the support and resources to help young people develop and achieve the best long-term outcomes.³ The recent successful Home Stretch Campaign in Victoria, has shown how states can successfully extend care to 21 years.⁴ In line with the argument to extend the age for all young people leaving OoHC to 21 years across the nation, Junction has considered service provision in residential care, drawing on national and international best practice.

Through a three-year partnership with the University of Adelaide, Junction has implemented an outcomes framework to capture data on how children and young people in its residential care services are building resilience. This was supported by the introduction and strengthening of Independent Living Skills Assessments (ILSA) and client survey data.

Research shows young people who are prepared before leaving care are more likely to have better outcomes once leaving.⁵ Hence, it is critical to explore these existing frameworks that focus on the development of young people with the appropriate independent living skills, which can be adapted to support a care model where young people leave OoHC at 21 years.

Independent living skills are critical for all young people to develop before transitioning out of care. Young people in OoHC are often developmentally behind their peers in their competency of independent living skills due to their disrupted care experiences.⁶ As a result, the development of these skills are often overlooked as they are considered assumed knowledge. For this reason, having Independent Living Skills Assessments are critical to understanding a young person's level of competency and the gaps in their knowledge. Junction's ILSA's is based on Casey Life Skills tool,⁷ which assesses the basic skills of children and young people.

Junction's ILSA breaks down skill competencies by age groups: 0 to 4, 5 to 7, 8-to 10, 11 to 14, and 15 to 18. By using ILSA's, workers can personalise each young person's case plan to focus on the skills and knowledge that a young person needs to develop, which can be measured through the outcomes framework.

Junction, in partnership with the University of Adelaide, developed its own outcomes framework in line with the National Out-of-home care Standards.⁸ The outcomes framework provides the opportunity for young people to set aspirational goals for improved development and wellbeing. These goals align with six life domains to measure success for young people: Health and Wellbeing; Housing and accommodation; Legal and Finance; Education/ Employment/Training; Culture and Behaviour; and Interpersonal Relationships, Living Skills and Personal Safety. As young people progress with their goals they achieve increasingly stabilised emotional wellbeing. Client's progress from becoming competent in basic fundamental skills, such as identifying fruit and vegetables as healthy, to more advanced skills, such as reading and understanding food product labels. The development of these skills works towards achieving higher-level goals within the life domains, for example, for young people to be physically healthy and make healthy lifestyle choices. Best practice shows that the measurement of outcomes should be based on triangulated data,⁹ for example, this could be collecting the perspectives of both young people and staff.

The implementation of ILSA's and outcomes measurement frameworks, implemented by Junction, in the care model for young people 18 to 21 years olds will be beneficial to improving the development of independent living skills and the transition to adulthood. In this proposed extended model of care, services must be devoted to providing the support and guidance for young people to practice independence and engage with age appropriate activities that will achieve better long-term outcomes. For this to occur, these frameworks would have to be adapted to reflect the needs of young people between the age of 18 and 21. For example, each ILSA will be applied to meet young people at the developmental stage that they are at and the skill level they have achieved. More advanced independent skills accompanied by appropriate assessments around topics such as safe relationships, financial competency (credit safety, protecting your identity, financial

counselling), life goals and coaching, career and education counselling.

The recent success of the Home Stretch Campaign in Victoria, shows that it is no longer a question of, should the age of leaving care be extended to 21, but what should this model of care look like? It is expected that South Australia, along with all other states should be prioritising the extension of OoHC to 21 years. These extra three years of care for young people is a critical time of development. Hence, it is important that the appropriate systems and supports are implemented to enhance the development of independent living skills. The integration of ILSA's and an appropriate outcomes measurement framework, as shown by Junction, will enable individualised case plans for young people to focus on their competency to successfully transition into adulthood.

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Leaving Care, Trauma and Resilience

Annette Jackson, Executive Director Statewide Services, Berry Street

What does transition to adulthood and leaving home mean?

Some young people race to claim adulthood — as if it will vanish or diminish if not caught quickly. Others seem to avoid the idea of 'growing up' for as long as possible. Some transitions appear carefully mapped out or at least attempted,

whereas others are haphazard, lacking any sign of preparation. Many of us attempted to choose aspects of adulthood that appealed the most, whilst holding on to remnants of comfortable childhood whilst we could. This phenomenon of becoming or being recognised as an adult is not just about turning 18 years of age or leaving home.

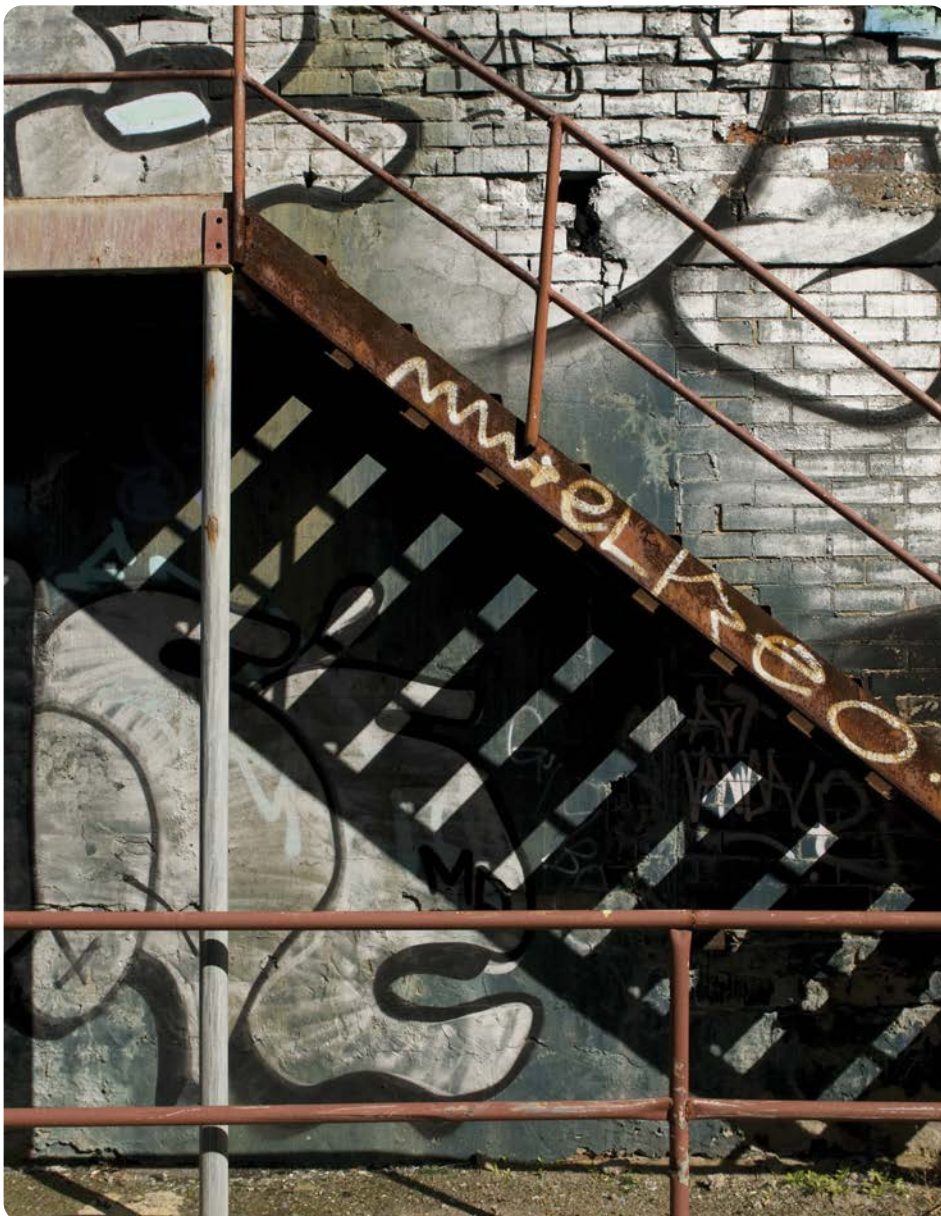
The majority of young people in Australian society do not leave home until they are an adult with many returning home at least once before the age of 35.¹ Leaving home heralds a new type of independence but is also about the transition of established relationships and hopefully gaining new connections. In contrast, leaving care is described as a gradual process of transitioning to independence, starting at age 15.² For many, it signals the end of key relationships, such as with workers and sometimes with carers.

Why can transitioning to adulthood be more difficult for young people leaving care?

For all the chaos and challenges amidst the excitement and anticipation often expected when becoming an adult and leaving home, it can be more fraught when these events occur simultaneously. This is even more so when the young person's home she/he/they are leaving is in out-of-home care. Why?

What went before care

Starting at the beginning — children typically come into care through the child protection system as a result of child abuse and/or neglect. Although care is sadly necessary to ensure children who cannot live at home safely are cared safely by others for a brief or long period, this is considered a last resort.³ Coming into care has usually been a result of trauma and deprivation. It is rarely a single traumatic event but many events colliding into each other, usually accompanied by the absence of or insufficiently healthy, meaningful and consistent relationships. The concept of home has not been one of safety, belonging or security.



During care

Many children and young people experience care as offering safety, nurture and support — preparing them for a hopeful future. In a national survey of children and young people in care, along with other positive indicators, a large majority (92 per cent) reported feeling safe and settled in their placement and 94 per cent reported a strong connection to those they live with and/or with their family of origin.⁴ This illustrates care can be a safe opportunity to grow and develop, providing a strong foundation for adult life.

Nonetheless, too many children and young people have experienced further trauma and adversity whilst in care. This is reflected through various government reports on the out-of-home care system. For example, a report by the Victorian Commissioner for Children and Young people, highlighted issues such as placement instability and critical incidents whilst in care, such as exposure to sexual and physical violence from other young people, the community or in some cases by those entrusted with their care.⁵ Even when able to experience safety, once in care children are often left to grapple with unresolved trauma and loneliness with limited access to therapeutic services and opportunities for recovery.⁶

*'Poor outcomes for young people transitioning from care can in part be attributed to pre-care, in-care and post-care experiences. These experiences include trauma and neglect prior to coming into care, and placement instability and issues with safety while in care.'*⁷

Experiences of leaving care

Many children and adolescents do not enter or leave care once but, rather, multiple times. This includes those who reunite with family and are subsequently removed again returning to the same or a different placement, and those who move frequently from one placement to another.⁸ In this reality of 'many leavings', leaving care as part of the transition into adulthood is very different. Instead, their lives are marked by multiple and unpredictable transitions, where leaving care may just be the latest in a long line of change and chaos, signifying an uncertain future.

Research undertaken ten years ago, interviewed 77 young people who had left care. Only 18 (23 per cent) were classified as successfully leaving care. Fifty-nine (77 per cent) were described as having a volatile experience either during and/or after leaving care, and of those, 20 were homeless.⁹ Those who lived with this volatility, some of which included homelessness, were more likely to have experienced multiple placements, trauma prior to and/or during care, no exit planning, left care in a crisis and left care into inappropriate or temporary accommodation.¹⁰

In the recent Victorian report on leaving care, young people's best chance of successfully transitioning from care was when:

- their experience of care was stable and secure, providing a platform for learning necessary skills, building resilience and fostering positive social supports
- having at least one positive relationship
- appropriately resourced plan for transition with young person's participation
- the transition reflecting their developmental needs rather than age
- stable post-care housing
- appropriate post-care support.¹¹

In a trauma-informed guide for workers supporting Aboriginal and Torres Strait Islander young people leaving care, we emphasised the need to support young people to form and sustain positive relationships, to develop and grow a positive identity and sense of belonging, and to learn, work and enjoy life.¹² Just as trauma can rob the person of a sense of power and control, the guiding principle for recovery is to restore this sense of power and control, the first step of which is to establish safety.¹³

Leaving care should be a happy, fun and hopeful experience for all young people and that is what we must set out to achieve.

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Leaving Care During a Pandemic

Rhiannon Nicholls Head of Public Policy with James Stubbs Director Northern Region, Berry Street

Children who are unable to safely live with their family are supported by the Government in Out of Home Care. In Australia, his supports continue until the young person turns eighteen. Leaving Care is always a difficult time but during a pandemic these difficulties increase.

Almost a quarter of young people leaving care in the United Kingdom reported low well-being in a 2020 report. This includes feeling lonely, not feeling safe or supported where

they live and not having a trusted and good friend.¹ With lockdown these feelings of loneliness and isolation will only be exacerbated. The CREATE Foundation's report of care leavers views, showed that care Leavers are also more likely to financially struggle, less likely to have a smart phone or internet access and suffer anxiety.² Leaving care is an important time to plan and if young people aren't feeling safe about their future this is likely to impact them much longer than the current pandemic.³

The same report also found that 37 per cent of young people leaving care report feeling unsafe or that their home doesn't feel right for them. Covid restrictions are forcing young people to isolate in homes they don't feel safe in. Social and recreational activities are key to supporting young people who need to get out of the house, during the pandemic these activities aren't running, and they are unable to see their friends in person.



Main Mechanism by James

The transition to independence often includes reconnecting and improving relationships with family members. Young people are feeling more anxiety about their family members' health and well-being. The Victorian Commissioner for Children and Young People found, they also feel concerned about their own risk of contracting Covid-19 and the daily news updates with the number of cases and government warnings exacerbated these worries

The changing environment and differing responses are also difficult to understand. Young people may not be clear on what they are and aren't allowed to do, including how they must socially distance. This may put them at risk of fines or unnecessary isolation. The application process for Covid relief is also difficult for many young people to navigate without assistance.

Finding suitable accommodation when leaving care is already difficult

to do but now young people are competing with others who are facing income reduction and needing alternative accommodation due to the pandemic. This may lead to them accessing less desirable accommodation such as overcrowding, which increases risks during the pandemic.

Young people experiencing family violence in their home environment may also feel that during the pandemic they are unable to leave or seek support. This leads to them remaining in a dangerous environment for longer than they should.

Young people who are studying or working are also likely to experience disruption to their education or employment, this has a long-term effect.

What can be done practically to help young people leaving care during the pandemic?

What we have learnt through supporting young people who are leaving care during the pandemic is that extraordinary measures are needed to ensure that the young person does not feel completely isolated. This has included buying the young people or their families the appropriate technology to support contact with their family and supports, providing flexible funds to them for gaming, craft activities, online workouts and television streaming services to enable them to be entertained in their homes.

Social activities such as cooking demonstrations or competitions, television or movie binge sessions with chats afterwards and quizzes and games can all be conducted online to ensure young people feel connected to others in similar experiences.

If possible, some visits to the front of the house to sight the young person have been important in ensuring their health and safety. Support workers may not be able to visit young people face to face, but the young person must feel they can contact them easily and quickly in any situation. Meeting with young people more regularly virtually then one on one meetings in normal circumstances is important.

Online grocery deliveries and other services should also be arranged to ensure the young person has their basic needs met. This includes routine medical care and testing for Covid-19 if needed. Importantly whether the young person was already getting mental health support previously they will likely need some mental health support now.

Leaving Care planning with a young person should include thinking about the needs of the young person during the pandemic.

This includes asking young people to consider these questions with the possibility they might be self-isolating:

1. What would you need to manage?
2. How would you access shopping/ medication?
3. Who would support you — family / friends/ neighbours?
4. What would you do if your supports or family were off work or sick?
5. Money — what would happen if you stopped working?

Delaying exit from care or transitioning young people into a extended care program such as Home Stretch or Better Futures in Victoria can help. These must be voluntary as the young person is an adult. These ongoing supports allow young people to have access to extra funding or continue to live with their carer.

These are unprecedented circumstances and we are learning all the time what helps young people through. These learnings will provide a basis for many improvements for young people leaving care into the future, even when we aren't experiencing a pandemic.

Endnotes

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GOALS: The Way Forward

Rhiannon Nicholls Head of Public Policy
with Courtney Pulis, Team Leader Community Programs Gippsland

Berry Street's GOALS (Going Out and Living Successfully) program provides case management and accommodation for young people aged 16-25 who are homeless, at risk of homelessness or leaving the out-of-home care system.

Berry Street commenced a GOALS program in the Latrobe Valley in early 2020 just as the Covid-19 pandemic began. Despite the limitations this created for supporting young people, we have seen enormous progress with the young people involved.

The program supports young people to move from care to independence by helping them develop living skills, create community links and engage in work or study. Overwhelmingly we find that once a young person has stable and safe housing, they can address other issues they are experiencing such as alcohol and other drugs, mental health and parenting.

Typically, the young people will first live in the house in a shared accommodation space, before moving into a one-bedroom unit for more independence. The young people stay for up to two years while focusing on their education and employment as a pathway to independent living. GOALS partners with a local real estate agent that provides references for when young people transition into a shared or private rental.

The program provides a strong focus on developing social skills, promoting respect and linking participants to their community to prevent social isolation and loneliness.

All young people must be employed and/or studying to remain the program, as this supports a pathway into independent living.

During the pandemic Young people were moved into their own units rather than shared accommodation. Under normal circumstances Berry Street would provide lots of coaching unpacking, cleaning and establishing routine. With restrictions in place this had to be reduced. Young people rose to the occasion and took great pride in working independently to create their own home and keeping them clean and tidy.

Of course, building a rapport and ensuring young people felt supported became essential, GOALS staff did many Facetime and outdoor appointments with the young people.

Case Study 1 – Ahmed (Name has been changed for privacy)

Ahmed is setting and kicking GOALS

Ahmed experienced difficult family relationships and it was unsafe for him to remain in his home. He had been couch-surfing when he was referred to the GOALS Program. His grandmother was an important support, she helped Ahmed as much as she could, but he was unable to live with her long-term.

As the name would suggest GOALS asks young people to envision what their future looks like and set their own personal goals to work towards that future. Ahmed quickly set his own goals including buying a car and getting his licence, working part time and gaining a real estate qualification.

How GOALS provided stability for Ahmed

GOALS provided Ahmed with support and accommodation and, in turn, he is responsible for supplying his own groceries and paying for any other costs associated with independent living, such as

clothing and transport. With his own unit and space, Ahmed is able to focus on his studies and part-time job as a barista at a local café.

Ahmed has saved and bought his own car which he takes great pride in and washes every weekend. He is on his way to getting his probationary licence through the L2P program. The TAC L2P program is free for young people. Ahmed was matched with a fully licenced volunteer mentor and had access to a sponsored vehicle, which he used to get supervised driving experience.

Ahmed saved enough from his part-time work to purchase his own car which he lovingly washes every weekend.

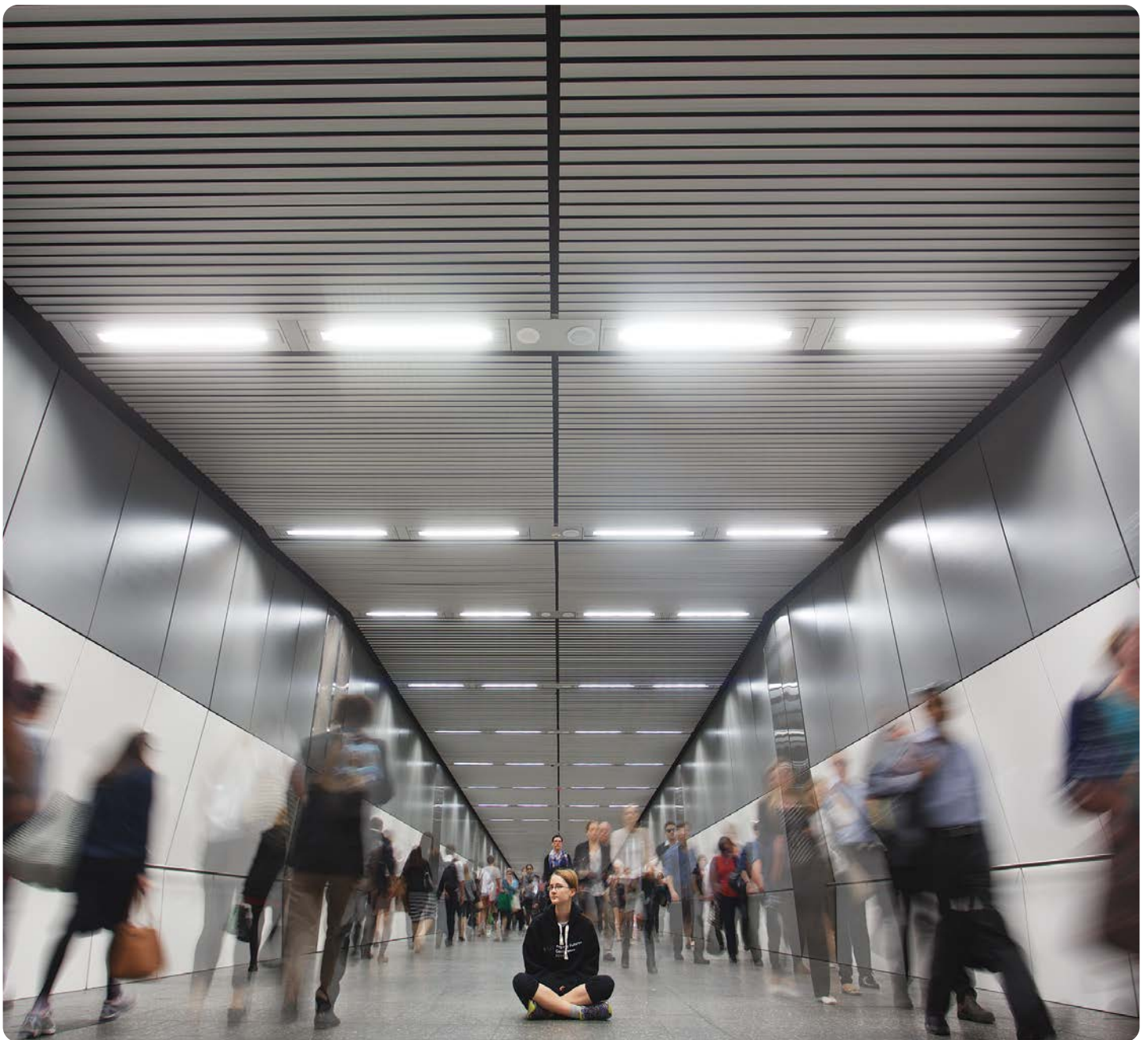
Hard work and resilience leads Ahmed down a promising path

Ahmed's case manager describes him as a 'self-reliant, bright young man who shows great interest in learning new skills. It's this dedication to self-improvement and growth that has driven him to keep his unit immaculate, he always asks visitors to remove their shoes to protect the carpet.

A bright future ahead

Ahmed's hard work and dedication to education saw him find an online real estate course enrol. He is currently gaining his real estate licence and is enjoying the course.

Enabled by determination and commitment to his chosen occupation, Ahmed's future certainly holds more great achievements. With the right support and tools available, there's no limit to what young people who have experienced disadvantage can achieve.



Would the World go on Without Me © Zae, Home Is Where My Heart Is 2015

Image courtesy of YACWA

Case Study 2 – Sonja (Name has been changed for privacy)

An expectant Mum Sonja needed safe housing

Sonja was referred by her job provider to the GOALS program in early pregnancy. She had a supportive partner. When they were referred to the program, they were living with Sonja's mother in an overcrowded house with a mould problem. This did not provide a safe environment for an expectant Mum or newborn.

Both Sonja and her partner moved into their own unit and prepared for the new arrival. Sonja had a high-risk pregnancy and the house provided her space to look after herself and her baby. Sonja's mother continues to be an important support to the couple.

How GOALS provided stability for Sonja's family

When she was able to work, Sonja worked part time. Her partner engaged in the L2P program and is ready to undertake his probationary licence test.

Sonja's baby has arrived, and they are both doing well. Sonja and her partner has received important support for those first few months of parenting and are enjoying their family home.

Commitment to education while parenting

Sonja has enrolled in a young Mum's education program where her baby can be cared for on school property. Sonja is able to focus on her studies while

knowing her baby is well cared for and she can visit as much as she needs to in order to feed her baby and maintain that bond.

The whole family's future looks bright

Both Sonja and her partner are learning independent living and parenting skills simultaneously. GOALS is supporting this family for a great start and ensuring they can continue to achieve their goals through education and work. This early support has been shown to prevent families from contact with the child protection system later. Children can remain healthy and safe with their parents.¹

Endnote

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Covid-19, Care and Leaving Care

Annette Jackson, Executive Director Statewide Services

The Covid-19 pandemic has had extraordinarily wide-reaching and continuously evolving impacts for our society. Implications for the child protection system already identified, particularly in Victoria where the government restrictions were more severe and long-lasting, include:

- limited visibility of children and young people by others outside the home, which could obscure increased risks to their wellbeing and safety
- increased financial pressures on families, including carers
- increased uncertainty and anxiety with heightened stress levels felt by many
- decreased ability to access services and supports, especially in person
- decreased ability to travel to be with friends and family
- increased reports of online child sexual exploitation in the general community (this is a pre-existing risk factor for young people in care)
- episodic surges of demand for child protection and out-of-home care services when restrictions eased leading to bottlenecks of pressure on already overwhelmed systems.¹

These factors are not only risks for children and young people entering care but also for those already in care and/or leaving care. Reflecting on the research described earlier about what can hinder or assist successful transitioning into adulthood for young people leaving care, the following comments are made in the light of Covid-19:

- Disrupted education for young people, especially if struggling to engage in

education pre-Covid-19, is likely to impact not only on their learning, self-confidence and social connections but on their preparedness for leaving care, gaining and keeping employment and living independently.

- Increased isolation from friends, families and community is especially dangerous for those wrestling with trauma and mental health problems. For those who have learnt not to trust easily, additional barriers to communication and connection can make it so much harder.
- During lockdowns, there were widescale absences of contact including incidental contact with anyone outside the home. This included a lack of 'incidental contact with workers.' This is telling in that, the Victorian Commissioner's report found most engagement with children and young people in care occurred incidentally, such as when travelling in the car. This would have been extremely limited during the lockdowns and even later as there continues to be less in-person contact.²
- Although some young people commented on the benefits of videoconferencing and use of technology during Covid-19, especially when this meant finally getting access to technology, many missed the direct person to person contact.³
- If young people are struggling with substance abuse, mental health and other difficulties which require proactive and persistent engagement by workers, there have been more barriers to effective engagement and planning during this time.

- Actual transition planning prior to Covid-19 will have been significantly disrupted if not derailed, such as planning for education, employment and housing. Each of these have been more difficult to access via the usual community platforms although state and federal governments have provided some alternative options, such as with housing during Covid-19.

Although the practical implications for Covid-19 and the increased restrictions are substantial, it is likely the most powerful impact for young people leaving care or who had just left care, was the increased isolation and loneliness at a time when increased support and relationships were needed most. Leaving care should not mean leaving relationships. How we do this in the midst of a pandemic adds to the challenge.

Trauma-informed Practice for Leaving Care in the Context of Covid-19

In reviewing some of the trauma-informed practice guidance we've developed over the years, some messages have particular resonance during the Covid-19 pandemic for those supporting young people leaving care and transitioning to adulthood.

In a previous trauma-informed practice guide for leaders we wrote 'Recovery signals the possibility of hope, fun, and joy.'⁴ Hopefully this is true for when our society and our world recovers from this pandemic. It would be wonderful indeed if it also meant that leaving care and transitioning into adult life did not have to mean leaving home and leaving relationships and was also full of hope, fun and joy.

Trauma-informed Practice Principles for Leaving Care During Covid-19⁴

Overarching principle	Implications in general for young people leaving care	Implications during Covid-19 Pandemic
Trauma lens	Understanding risks, signs and effects of trauma increases understanding of young person's responses, not just focusing on behaviours.	Not all adversity is traumatic, yet a trauma lens helps identify increased risks of hardship, isolation, stress and trauma during Covid-19. A pandemic and associated restrictions are adverse experiences and likely to activate the stress response system even when not traumatised.
View of person's uniqueness and strength	Each young person is unique with abilities and vulnerabilities, personality, history and potential. Trauma does not take this away.	The pandemic may present opportunities for young people to see themselves differently. E.G. discovering ways of managing this experience including new ways of coping. No-one is experiencing the pandemic the same way.
Safety for all	Safety includes physical, emotional, social, moral and cultural safety. It also means workers cannot keep a young person safe if they are not safe.	With an emphasis on individual and public health, we must also pay attention to other aspects of safety — especially if these are jeopardised due to the pandemic, such as emotional and social safety.
Risk of Re-traumatisation	Be proactive to avoid or limit re-traumatisation as young people leaving care are at risk of re-exposure to trauma. If a potentially re-traumatising experience cannot be avoided, such as a medical, police interview, or court case, help them prepare for and reduce negative implications wherever possible	Aspects of pandemic or associated restrictions may trigger traumatic memories or be experienced as a new trauma. This could include isolation, public coercive practices, wearing masks, fear of being tested or general anxiety about health and death. Constant exposure to media may reinforce sense of doom and panic. Preparing for possible reactions, helping them put feelings into words and maintaining connections are beneficial.
Recovery is possible	Recovery from trauma looks different for each person. Resilience develops with individual growth and relationships. A person can become stronger through exposure to adversity but not if isolated in face of overwhelming threat. If trauma was left unresolved whilst in care, it will still be present until the young person is ready and supported through a recovery process. Therapy is not the only path to recovery, although may be highly beneficial.	There is increased access to telehealth including for trauma-specific therapies. Although this is not suitable for everyone, it can be useful to explore if someone has previously not wanted to engage in face-to-face therapy. The opportunity to normalise stress and the need for support may be timely.
Attention to and respect for culture and community	Being culturally respectful and ensuring we are culturally informed is the cornerstone of best practice especially acknowledging community- and cultural-specific trauma. Recognising cultural ways of healing is pivotal to trauma-informed practice.	The pandemic may hit different cultures and community groups differently. The coinciding of the pandemic with the attention to violence towards African Americans in the US and Aboriginal people in Australia and the Black Lives Matter response may have been challenging and/or heartening. Racist comments reported in the media about aspects of Covid-19 may also impact on different communities.
Gender respect	Whether or not the service is gender-specific, each service should be gender appropriate, gender-respectful and LGBTQIA+ inclusive. Leaving care may be different and/or experienced differently due to gender, gender identity and sexuality.	Gender politics and lack of inclusive practices have not been resolved or solved due to the pandemic. These social and individual risk factors continue to play an undermining role if not attended to actively.
Attention to workers and carers	Workers and carers need to be and feel safe to ensure their own and the young person's safety and well-being. This acknowledges risks of vicarious trauma, as well as direct exposure to trauma and emphasises the need for self-care and organisational care.	We should pay attention to our own state and wellbeing during the pandemic as this provides insight for what we can expect from ourselves and others. We are all likely to be affected at some point with heightened stress, diminished support and frustration. Self-care is imperative.
Trustworthiness	Decisions need to be transparent and inclusive to build genuine trust. This includes not promising the impossible and following on commitments.	Remote working through video conferencing does not mean rote working where we go through the motions. This is such an important time to follow up and be predictable, present and trustworthy.
Relationships	Healing and achieving occurs primarily through relationships, especially when past trauma occurred in the context of relationships. A focus on relationships is key to successfully leaving care. This is not just between the worker and the young person but also supporting safe and strong relationships for the young person with his, her or their family and friendships.	This has been a time for finding creative ways of building and maintaining relationships. Using technology, finding the fun in video-conferencing, and other inventive ways where the young people can teach us to be tech savvy can be valuable. Continuing to be authentic and use of appropriate boundaries and role clarity is also important.
Empowerment, choice and voice	Supporting the person's control, choice and voice to have or work towards genuine autonomy, self-determination, and participation. This is particularly relevant when supporting young people through leaving care.	So much of this past year has been about lack of choice and the need for community compliance. Finding ways for the young person to have self-efficacy and autonomy are especially important at this time.
Processes and systems	Ensure policies, processes and systems are trauma-informed without inadvertent negative implications for young people and staff. Examples include policies and processes on supervision, teamwork, reflective practice, open communication, occupational health and safety, inclusive practice, intake processes, conflict resolution and critical incident management.	Covid-19 is no excuse to not focus on quality and risk management as an organisation and as individual practitioners. We must remain vigilant to avoid causing further harm by inappropriate or insufficient policies, processes and systems. Covid-19 has meant many processes have had to rapidly and frequently change leading to confusion and frustration. It is a reminder that attention to implementation is as important, if not more, than the documents.
Trauma-informed leadership	Trauma-informed organisations and practice require trauma-informed leadership. Ensuring a healthy, transparent, learning organisational culture, processes and a positive strong and collaborative leadership approach are key.	Covid-19 has asked for extraordinary changes from our leaders as well as from our workforce. We recognise the need for all to have access to supports and time to replenish.

Endnotes

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Chapter 3: Extending Care in Western Australia

Early Insights from the Western Australian Home Stretch Trial

Lynelle Watts, David Hodgson, Donna Chung, Bronte Walter and Darcee Schulze, Curtin University, Andy Kazim, Practice consultant and Project Lead Home Stretch WA Trial, Anglicare WA

What Is the Home Stretch WA Trial?

In 2018, The Western Australian (WA) government gave a commitment to trialling an approach to extending care beyond age 18 for young people in state care (such as foster care, residential care, or kinship care arrangements). The need to reshape the current options for young people leaving state care in WA was identified in 2018 by the WA Auditor General's Report into the care system. To support the establishment of the Home Stretch extended care leaving trial, stakeholders in WA held a co-design process for the trial co-facilitated by the Anglicare WA and the Centre for Social Impact, University of Western Australia. Co-design is a person-centred approach that *'design[s] for services in broader multi-actor service systems where it can have more profound, transformative effects to organisations and people's lives'*.¹

The co-design approach aimed to design a model for extended care leaving, by asking: how might the

young person's and the systems objectives align? The process included a core group consisting of 16 young people who had experienced care in Western Australia, community sector stakeholders from Anglicare WA, Wanslea, Telethon Kids Institute, Yorganup, CREATE Foundation, Crossroads West, and Youth Advisory Council WA (YACWA) and Department of Communities. Other stakeholders consulted were Parkerville Children and Youth, Career Employment Australia (Indigenous Youth Mobility Pathways), Mission Australia, Uniting Care West, Centrecare, Alliance for Children at Risk, Communicare, Centrecare, MercyCare, WACOSS and the Commissioner for Children and Young People. The rapid co-design took place across November and December in 2018. The group deliberately envisaged a model that would require further development and testing. Thus the trial was structured in this way with ongoing opportunities for refinement and learning.

The WA Home Stretch prototype that emerged from the co-design process suggested three main components — A visible secure safety net; Transition support and a Support Circle.

As indicated in Figure 1, making the safety net more visible to young people leaving care is a crucial part of the model. In the development of the trial this incorporated three main aspects — staying on agreements; invest in me funding and housing subsidy. Flexible, one-to-one youth work style coaching towards independence was another key element identified as part of the transition support component of the model. The coaching approach includes a particular emphasis on self-determination and informed decision-making, placing this in the hands of the young person. The Support Circle is a group of people, chosen by young people, who are trusted and often already in their social network who they connect with to provide additional support, guidance, and belonging.

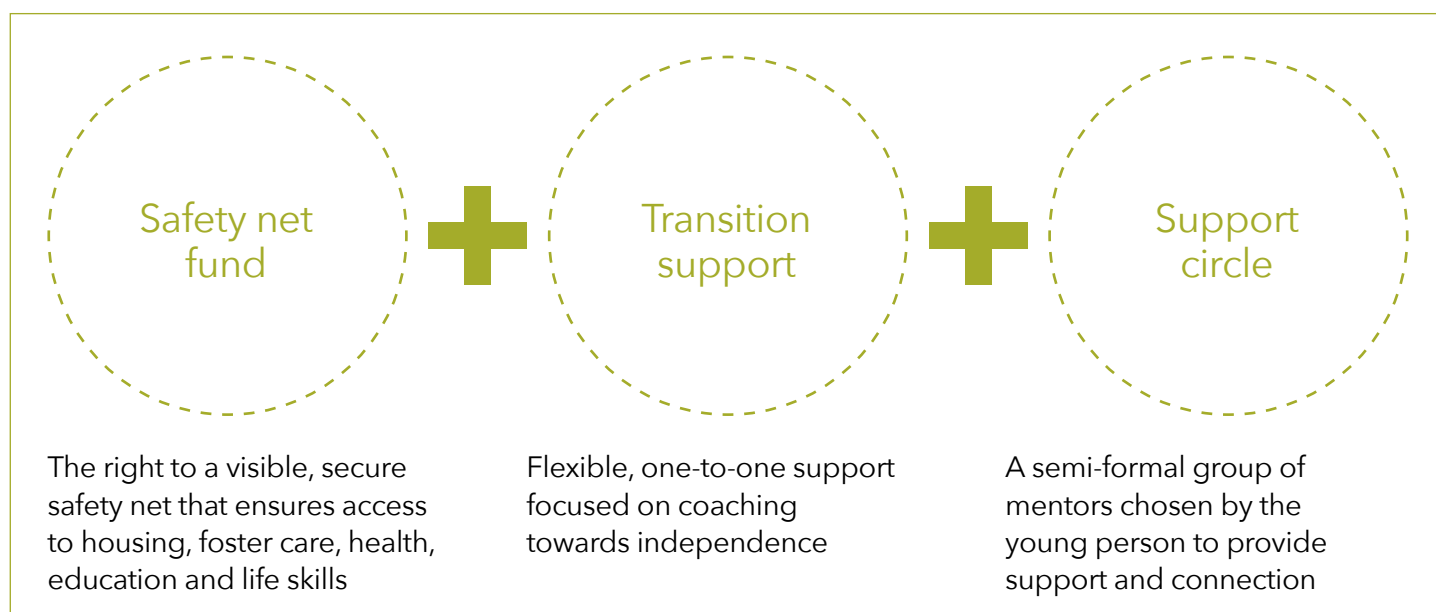


Figure 1: Model of Home Stretch Response (Stubley and Sercombe, 2019)³



Candles by Tracy

Image courtesy of Stefaan Bruce-Truglio

This aspect of the model provides the possibility of reciprocity and the forming of long term relationships for the young person beyond their involvement in the care system.

The Home Stretch Trial has used these key elements as starting points for co-designing a range of prototype practice and policy responses, continuing a commitment to co-design into implementation.

How is this different to the usual arrangements of leaving care in Western Australia? The model embeds a number of core principles that the co-design considered to be key important for a Home Stretch trial in the Western Australian context. These are individualised support that allows for rapid response to changing circumstances that is young person centred, not service system centred. A key principle is the need for collaboration between government and the not-for-profit (NfP) sector in delivering access to resources and support, thus providing a rapid response to changing circumstances and transition points from state

care to adulthood. Other identified benefits of the model were in its capacity for response to the changing circumstances of young people who most need this type of support. Further, the NfP sector was envisaged to be able to contribute to lifting the burden of negotiating a complex system for young people by ensuring that NfPs had the delegation to allocate resources in a responsive way. Lastly the model included the right for young people to return for formal supports should they need it, even after they may have disengaged from the system. This is the recognition that the time when support is needed may not always be at the time of disengagement from departmental support but could occur at other times.

Setting Up the Home Stretch WA Trial

The Home Stretch WA Trial, jointly funded by Department of Communities and Lotterywest, commenced in late 2019 at the Fremantle District with a view to engaging 15 young people in its first year, and with the capacity to expand that to 40 participants

by the end of the trial. Anglicare WA is the lead agency working in collaboration with stakeholders to provide the infrastructure and support for young people in the trial. To date 25 young people have participated in the trial, with young people being selected and invited to participate to ensure the trial cohort was representative of a broad range of care experiences and support needs.

Eighty-eight per cent of young people invited to participate have sustained engagement with their Transition Coach. One hundred per cent of young people offered the opportunity to be supported to Stay On with a foster carer have taken it up. Furthermore, 81 per cent of young people reported participation in education, training and employment.²

Curtin University was engaged as an independent evaluator of the trial commencing in the middle of 2020. The Home Stretch Trial Evaluation aims to capture the emerging model(s) of program practice as they evolve including the outcomes and implications of the Trial.

The aims of the evaluation are:

1. To understand and document what difference the Home Stretch Trial Program can make to the lives of young people participating in the project.
2. To document and strengthen the program logic of the Trial Program's emerging strategies, characteristics and practices that address the diverse and complex experiences of young people leaving care.
3. To identify and document aspects of the Trial that are foundational to better outcomes and can be replicated or suggest important system changes.
4. To include the expertise of young people with out of home care experiences in the design of the evaluation and emerging model of practice.
5. To document the ways in which young people's expertise has been influential in the design and implementation of the Home Stretch Trial.
6. Identify any aspects which are influenced by the local context in which it is being trialled and develop draft principles of locality based design for Home Stretch.

This paper reports on early insights from the first wave of data collection with young people and stakeholders involved in the co-design process and the initial set up of the program trial.

Findings

Readiness for the trial has emerged as a key success factor. From a policy perspective, it had already been established that the sector was ready for a change in how they work with young people.

However, the co-design process established this further by develop context specific partnerships and relationships that placed the young people at the centre of service design and process. This included building a common language, a set of principles and a clear process for the implementation phase

of the trial. This level of detailed preparatory work emerged as an important aspect in building working partnerships amongst diverse stakeholders, who came to the trial with different pressures and different viewpoints. All could agree with the aim of supporting and enabling smooth transitions for young people leaving care. Many, but not all, of the stakeholders involved in the co-design process were part of different stages in the implementation of the prototype and they were engaged in further refinement and embedding the learning from the co-design process.

While the co-design process was central to creation of the WA Home Stretch model it remains a crucial context for the trial throughout the implementation phase. The co-design process was central to bringing Anglicare and Department of Communities together to work collaboratively on the HS Trial, to reach a shared understanding of the intent, common goals and practicalities of local programing and service delivery. This has been key to the trial being able to move smoothly from planning to implementation. A planning process and implementation considerations will be unique to each new location, but the principles associated with design and readiness building ought to be replicated in other sites.

Second, co-location emerged as important to the implementation phase. At the district office specifically, co-location enabled the establishment of local processes and developing collaboration between the teams. Co-location was also made easier because co-design had been done collaboratively, and this helped the continuance of these relationships and working practices. This is important from a delivery point of view, to help reduce service fragmentation and siloing in the sector. Co-located working arrangements support shared practices, flow of information, and building common norms and cultures of working that help efficiencies in working and improved outcomes.

Finally, the early insights here reveal the central importance of the quality of work with young people and with collaborating partners and

colleagues. Coaches are crucial here — both in name and what they do — as distinct from case workers. Coaches are experienced youth workers able to provide a comprehensive and person-centred approach to their work, which is in keeping with the principles of the trial. The work of coaches is to support transition to independent living by providing flexible, one-to-one support that is co-created with young people, such as individualised partnership agreements and plans (staying on agreements).

Conclusion

In conclusion, the co-design process and implementation of the Home Stretch model of extended care will arguably be unique to each location and context, but common aspects that are important for future planning and development regardless of context and location include:

1. Principles associated with readiness ought to be replicated in other sites.
2. The co-design with local young people and local agencies is critical prior to implementation.
3. Co-location follows co-design.
4. Culture setting commences at co-design and continues into implementation.
5. High quality workers with specialist skills in working with young people, and experienced and knowledgeable about child protection work and practice, are critical to the design and implementation of extended care. This includes designated coaching roles that are differentiated from case worker roles.

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Elevating the Voice of Young People into Policy and Service Design

Andy Kazim, Home Stretch WA Trial, Project Lead
and Darcy Garrett, Youth Advisory Group Member

The Home Stretch WA Trial
The Home Stretch campaign has been driven by the voices of young people. In particular, their experience of 'ageing out' of the state care system at 18 and being forced, with significantly less resources, into independence much younger than their contemporaries.

The Home Stretch WA Trial in Western Australia (WA) has continued this ethos, placing young people at the centre with the intent of co-creating services and system adaptations that would be needed to extend supports from 18 to the age of 21 in the WA context.

The trial was established as a developmental platform rather than a 'pilot before rollout' to bring together stakeholders from within and outside the child protection system to work in collaboration with the voice and experiences of young people, their carers and the community of services that work in Out-Of-Home Care.

An initial co-design sprint in late 2018 was instrumental in creating

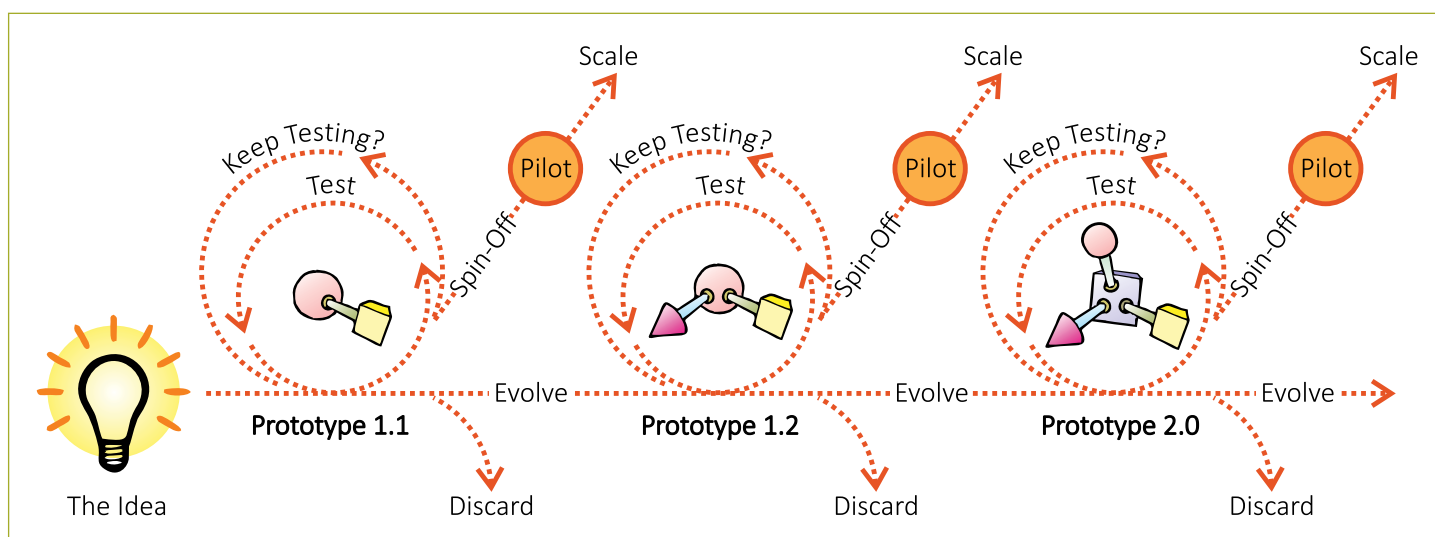
a shared high-level vision for the trial. It employed Human Centred Design methodology to provide rigor and a structured methodology to elevate the voice and experiences of young people and those with lived experience into policy and service co-design. The sprint proposed a high-level service model, but also identified a series of challenges that would need to be solved for the trial to succeed. It recommended that the trial should not be viewed as a pilot, but a prototype,¹ with activities targeted at the learning necessary to solve those key challenges.

Anglicare WA was commissioned by the WA Department of Communities to continue the design led methodology in collaboration with young people and wider stakeholders. By commissioning the trial to employ a prototyping approach, the Department of Communities sought to ensure that learning and improving were priorities.

All stakeholders, including Departmental staff would have an opportunity to learn and adapt

their practices and services in order to achieve the best possible outcomes for young people leaving care. This flexibility has allowed policy makers and key stakeholders to understand the potential broader impact of changes to the existing service system, the adaptations to the broader service system for care leavers, and any potential unintended negative consequences that might arise from introducing an extended care offer into the Out-of-Home-Care service system in WA.

In pilots and trials there is often a binary measure of success — it either worked or did not. Taking a different approach ensures that not only are adjustments made at set times to optimise the success of the trial, but also that throughout implementation, learnings are documented so they can be shared with other programs and services and integrated into future offerings. This means that there is a much greater return on investment for all stakeholders and the risk of failure was lowered.



Images from Evaluating Prototypes by Aids4Action

Service Users as Collaborators

The design led approach also facilitates a deeper understanding of the experiences of those most impacted by the potential system reform — young people leaving care. It provides a structure for iteration and adaptation and the flexibility and safety to innovate and share decision making with service users. This shares many parallels with Participatory Action Research model.

Over time, the Home Stretch team identified service elements or touchpoints to solve high-level challenges. Due to the sensitivity of the context, these required detailed co-design. One example was working with foster carers to design the sensitive negotiations and conversations needed to support young people to stay on in stable living arrangements with foster carers.

In this way, the trial allows deep work in developing the detailed solutions that will enable young people to thrive in their exit from care. These prototypes, are then implemented in the trial, with their impact measured and any learnings or insights recorded and used to create adaptations and refinements to services. Young people, foster carers, child protection workers, and other stakeholders are then able to guide the development of practice and policy in an iterative and collaborative way.

Home Stretch Youth Advisory Group

The Youth Advisory Group (YAG) has been a critical part of the trial and has provided an ongoing connection with young people with lived experience of leaving care. This is a connection that ensures that the voice and experiences of young people continue to contribute to the design and development of the service model.

The YAG was formed in November of 2019 through support from Lotterywest. Led by a staff member from CREATE Foundation and co-facilitated by the Home Stretch team, the group serves as a central reference point and consultative body for the development and design of the key elements of the trial. CREATE WA 's involvement in supporting the YAG has allowed members to maintain a degree of independence from the Home Stretch team.

Voice of Young People: Reflections on experiences of being part of advisory group.

'I love that people can share their real thoughts.'

'Excited to see that what we say is used in the trial.'

'There's no judgement and we have a healthy debate.'

'Heaps of different insights'

'I love that people are getting involved (role playing different scenarios and characters).'

The group also provides input and guidance to the Home Stretch Steering Group, through representative membership of the broader Steering Group meeting. In a reciprocal arrangement, the YAG invites a member of the Steering Group to attend part of its meeting, allowing young people to understand and engage with high-level decision makers in a different context.

The group has a core membership of six young people with lived experience of leaving care, some of whom are trial participants. Young people living with disabilities, experiences of residential group homes and foster care, young Aboriginal people and young parents are all represented in the YAG, providing a broad representation of diverse needs and perspectives.

Individual members of the group have taken on additional consultative and advisory roles in the trial. This work has included;

- assisting in developing and testing practice tools being used in the trial
- scripting and filming videos to explain the Home Stretch WA Trial for participants
- presenting on the trial to key stakeholders
- creating and refining co-design tools to be used with young Aboriginal people as part of an expansion project

- co-creating research tools to be used in co-design activities
- participating in the development of interview schedules, and the subsequent recruitment and selection of the Home Stretch Trial team
- working with an independent Curtin University evaluation team to co-develop interview schedules for the evaluation of the trial and providing training to prepare young people to undertake interviews with key stakeholders.

Voice of Young People: 23 Year Old Reflecting on their involvement in recruiting Home Stretch Trial Staff

'It is such an important thing to do, and I think our opinions and experiences mean we can tell who would work well with young people. I've never heard of it happening before, but the Department should do this when hiring case managers.'

Since November 2019, the YAG has met approximately every six weeks with each meeting focusing on a key element of the trial requiring deeper co-design and consultation. The group also makes decisions about its own agenda, and the priority areas the group would like to focus on. They are provided regular updates on the progress of the trial, and are an important reference point for decisions about the direction and focus of the expansion of the trial.

For each session, the CREATE WA facilitator and the Home Stretch team develop a number of activities to support young people to engage with the discussion on the developing service model, and to provide input, ideas and guidance from the perspective of service users. Activities have included role playing of new interventions, reflective sessions with comic style storyboards of practice and process, visual card sorting activities to identify key themes and concepts, and more general group discussions led by young people.

Challenges to Being Heard: Reflections from the YAG

From the very beginnings of the Home Stretch trial in WA, young people have been shaping and guiding how it should work. Many young people leaving state care often have a feeling of not being heard, or not having had much say in the kinds of supports they were offered or the systems they had to navigate. The YAG is one way that young people can collectively hold the Home Stretch Trial team and other decision makers accountable, empowering young people as a group through equipping them with the tools of advocacy and collaboration. There is a constant push to ensure that young people in the trial are not tokenistic or used as decorations.

The 2018–2019 Auditor General's review of WA's Leaving Care system showed that youth engagement in care services was low. Having young people engage in the trial and to give their opinions and experiences, as well as having a direct voice in co-design gives Homestretch the opportunity to discover new solutions.

A 19-year old trial participant and YAG member said:

'I never felt heard whilst in the system or when dealing with the department as an adult. That is until I became a part of the Home Stretch trial, I got involved with this trial in October 2019 and attended the first YAG in November 2019. My whole childhood growing up in the system I never got to make any decision about my future, I couldn't even make decisions about the "now".'

Youth participation has been shown to have great impact in moving an organisation or project towards working for better outcomes. From the YAG's perspective the Home Stretch WA Trial sits at a six on the ladder of youth participation. There has been equality between young people, researchers, support and case workers, child protection policy staff and senior managers all being able to be heard and discuss their perspectives and opinions. This has allowed different perspectives to come together, and challenge assumptions about how things should work.

The following reflects the experiences of a 23-year old YAG member:

'I was sitting on the steering group meeting with all the leaders from the sector, and we were discussing Staying On agreements and how they would impact foster carers. There was a strong concern raised by someone that young people staying on with carers would significantly impact other children and the placement would be taken up for longer.'

'We had been discussing this in the Youth Advisory Group, and so I brought up the point that many foster carers already keep young people in their home after 18, without the support and resources that a young person needs while finding their feet. I also said that this needs to be a decision made by the young person and the carer, not the child protection system.'

'I felt like I was heard, and the conversation became a real discussion about young people and not placements and systems.'

Building the Staying On Prototype with the Youth Advisory Group

The ability to support young people to stay on with foster carers up to age 21, and to have this living arrangement both supported and funded is one of the challenges of the Home Stretch WA Trial.

The Youth Advisory Group played a critical role in helping to create the structure, content and practice framework for negotiating these agreements. Using a range of interactive activities, advisory group members were able to identify the key issues and potential problems that might arise for young people who choose to Stay On in a living arrangement.

These ideas were collated and developed into a set of visual cards, to assist young people and carers identify and articulate potential issues of concern. Young people highlighted the importance of maintaining relationships, creating space to explore relationships with biological family members, and also the importance of have a transition coach help them to articulate what

is important. Foster carers and young people also identified it was an important opportunity to create safety to talk about things that were often stigmatising, particularly around the payment of foster carer subsidies and how this was used to support the young person.

A method for facilitating and negotiating Staying On Agreements was also designed in collaboration with the YAG, and foster carers participating in the trial. The workers involved in the trial presented a role play demonstration of how Staying On agreements might be facilitated. Young people were able to engage with the practice, and provided individual feedback on the proposed process. Through the broader discussion that followed, the Home Stretch team was able to harvest actionable insights, and used the data for the development of a pilot practice framework for Staying On agreements.

This went beyond mere consultation, and resulted in a number of significant adaptations that arose from the guidance of young people including; refining the roles of staff in the discussion, reordering and restructuring the different stages of negotiating the Staying On agreement, offering young people an opportunity to complete the agreement in stages, and revising the Staying On agreement template that records the final social contract.

The ability to co-design and test the key practice elements of the Home Stretch service offer with YAG prior to implementing them into the trial, provides an important layer of safety, quality control and protection for young people participating in the trial.

Endnote

1. Prototyping in Human Services
The term 'prototyping' refers to the act of turning a conceptual idea into something tangible enough to experience, or at least, respond meaningfully to. In Industrial Design, or Architecture, this might involve the development of models, of increasing fidelity, using each iteration to gather data and feedback on performance. This same approach can be utilised for human services, informed by the field of Service Design or Design Thinking. Here, services are modelled using comic style storyboards, role plays, and mock ups of intake forms or computer systems. These early prototypes provide learning to inform and de-risk 'live prototypes' where new methods are used directly with consumers.

A Tale of Two Trials: Extending Care in Western Australia

Dr Stephan Lund, Lecturer, Social Work and Social Policy, School of Allied Health, The University of Western Australia and Andrew Kazim, Practice Consultant-Youth, Anglicare WA

Introduction

The poor outcomes across a range of key life domains for young people exiting the State care systems across Australia have been well documented in the practice and research literature.^{1,2,3,4,5,6,7}

In Western Australia, in a review of leaving care services in 2018-19, the Auditor-General concluded that most young people were not accessing services which are designed to assist them. A lack of consistent support to care leavers was also highlighted by this review.⁸

There is also an established link between homelessness and care experience, highlighting the lack of timely planning and appropriate exit options for young people.⁹

As two practitioners who have worked with children and young people in Western Australia for over 20 years, the authors have seen first-hand the impact of disrupted care experiences and a system that has failed to prioritise the needs of young people entrusted to the care of the state.

This paper outlines a Western Australian response to improve outcomes for young people leaving the care system, particularly focussing on the development of two trials which have shown promising results for young people.

Home Stretch Trial WA

During November and December 2018, the Western Australian Department of Communities, the University of Western Australia Centre for Social Impact, and Anglicare WA led a design group comprising community sector representatives from the WA Home Stretch Guiding Committee, staff from the Department of Communities, and young people with lived experience of leaving care.

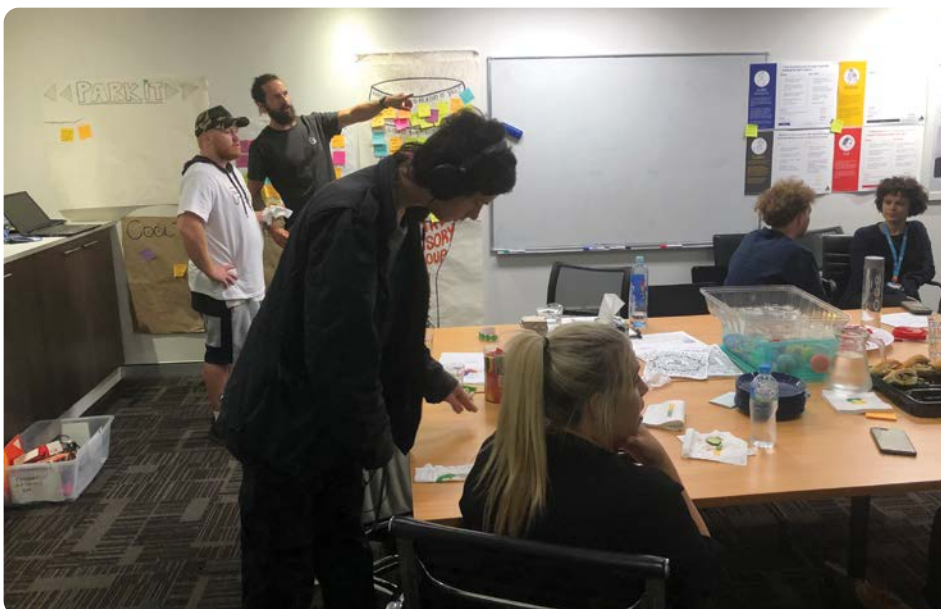
The design group undertook interviews with young people, service providers, and other stakeholders, held co-design workshops, and reviewed relevant research to understand the experience of those who have had a journey through the out-of-home care system.

The design process prioritised young people's voices in the development of a model of enhanced support that effectively simulates an extension of care within the Western Australian legislative and service system context. The co-design highlighted the need for any extended care arrangement to be optional, and that the direct support provided to young people should be provided from youth workers employed outside of the child protection system.

The Home Stretch WA Trial was announced by Child Protection Minister Simone McGurk in April 2019 and was proposed as a small-scale multi-year initiative to continue the design methodology and test the service model within the Perth metropolitan area.

The trial is a collaboration between Anglicare WA, and the Department of Communities and our partners, intended to serve as a developmental platform to help inform future support services for young people transitioning out of care, as well as provide the scaffolding for expanding the successful elements of extended care across Western Australia. The trial is guided by a Steering Committee of community organisation representatives and representatives from the Department of Communities policy and district staff.

In April 2020, Anglicare WA formally partnered with Yorganop, an Aboriginal foster care agency, to undertake a co-design project to adapt the Home Stretch model to meet the needs of the Aboriginal community connected to Yorganop. The project has been named 'Nitja Nop Yorga Ngulla Mia' (Our boys and girls are staying home)



and includes the provision of the Home Stretch offer to a number of young people living in family care arrangements support by Yorganop.

The Home Stretch trial commenced in July 2019 with 15 young people offered the opportunity to participate. Under additional funding from Lotterywest, the trial has expanded to 25 places in 2020, with the intention of expanding to 35-40 places by April 2021.

Participants in the trial have had of a broad range of care experiences and have varied support needs. The trial has also included a number of young people with more complex support needs. Participant recruitment has focused on ensuring representation of Aboriginal young people, young parents, as well as is the inclusion of young people with experiences of both residential and foster care.

Over the last 12 months, the trial has co-designed the key service infrastructure and practice frameworks that underpin an offer of extended care. This work has been guided by the Youth Advisory Group, and refined with input from the participating carers and young people.

The prototypes being tested and refined within the Home Stretch service offer are:

Staying on agreements

Supporting young people to stay on in stable living arrangements with previous foster or family carers up to the age of 21.

Housing subsidy

Young people can access a housing subsidy that can assist them to afford a broader range of living arrangements

Invest in me funding

The 'right' to a visible and secure financial safety net that ensures access to resources that support a young person towards their aspirations and goals, as well as relief in times of crisis

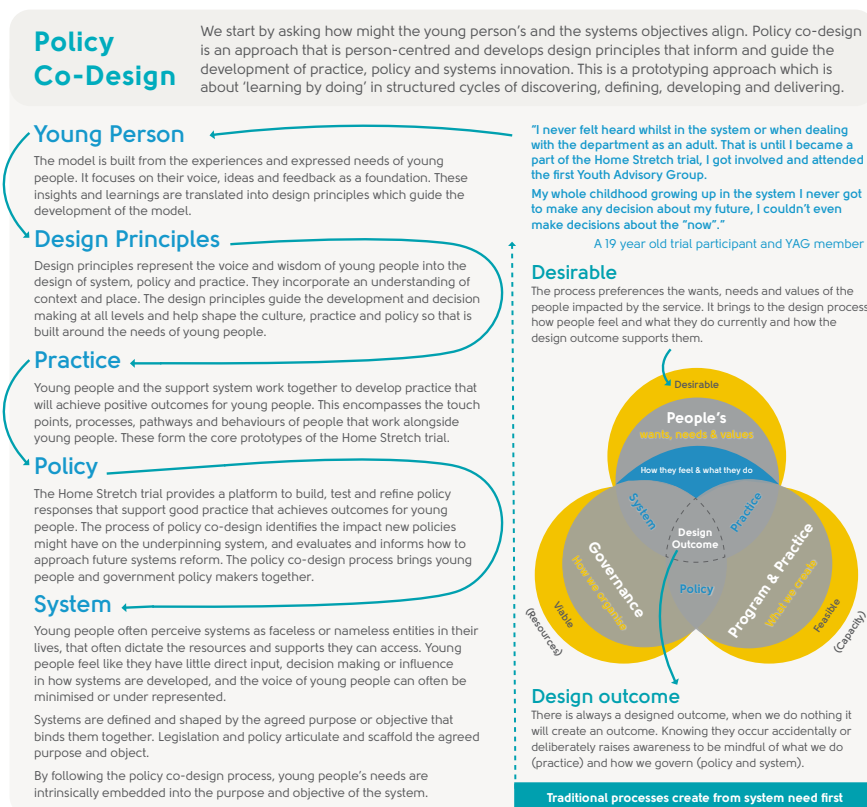
A smooth transition

Working with a young person to help them make an informed choice to engage in extended care arrangements, and a smooth



We are working with young people, carers, families and communities to develop an enhanced support system for young people who have been in out-of-home care. Home Stretch provides young people and foster carers with extended support and resources from 18-21 years of age.

Home Stretch elevates the voices and experiences of young people to guide the design and delivery of future services and supports for care leavers in Western Australia.



transition between child protection and the Home Stretch team

Transition coach

Flexible, one to one support focused on coaching young people towards interdependence

Support circles

Supporting a young person to establish an enduring network of personal, family and community connections.

Early Insights

While the impact of the extended support offer is more likely to lead to positive outcomes that are measurable over a three to five-year period, an emerging evidence base reinforces the significant positive impact of the Home Stretch service offer for young people in the short-term.

The following outcomes data was compiled at the end of June 2020 and is collated from the Quarterly Reports of 15 young people engaged in the trial.

Engagement in Home Stretch

- 88 per cent of young people who commenced the trial have remained actively engaged with their coach
- 100 per cent of carers and young people offered a staying on agreement have taken up the opportunity.

Housing Stability

- 75 per cent of young people maintained a medium or long-term housing option



importance of elevating the voice of young people and carers into the development of service systems.

There is also momentum towards broader, Statewide introduction of extending care to 21. In January 2021, citing the success of the Home Stretch WA Trial, the WA Labor party announced an election commitment to making the Home Stretch trial a permanent part of the post care system, committing funding to support 200 young people across the state each year.

There has been advocacy from various parties, including the Home Stretch Guiding Committee in WA to enshrine this right in legislation and to provide the necessary funding to ensure that embedding the extended care model into the child welfare system in WA is successful and provides much improved outcomes for young people.

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- 83 per cent of young reported that their current housing option was safe and stable.

Engagement in Employment and Education

- 83 per cent of young people reported ongoing participation in education, training or employment.

The Towards Independent Adulthood (TIA) Trial

The TIA trial is a federal government initiative, which has implemented a specific, evidence-informed leaving care service model in a number of target locations in Western Australia. The trial commenced providing service to 80 young people aged 16 in November 2017. The trial is funded by the Department of Social Services and is delivered as a partnership between Wanslea and Yorgum Aboriginal Corporation.

The trial uses a youth work led model of service delivery and is deliberately focussed on education and employment as well as housing stability and accessibility. Case-loads are kept relatively low and reflective practice and cultural competence of staff are key areas for the agencies to ensure are in place.

While the trial has not yet been finalised, there are some promising results from the evaluation report. For example, nearly 70 per cent of

participants were in secure housing and nearly 60 per cent engaged in some kind of post school education or training.¹⁰ Outcomes for Aboriginal and non-Aboriginal trial participants were similar across most domains. The TIA workforce included the recruitment of Aboriginal youth work staff, which along with other workforce factors has improved outcomes for young people.

The evaluation report highlights the benefit of a pro-active leaving care approach which engages a variety of community and government agencies provides tangible benefits for service users. The report also points to the benefits of a supportive and stable workplace for program staff working within a reflective and collaborative team environment.¹⁰

The TIA trial was able to operate a holistic support and mentoring model for young people which has shown to be effective for this cohort in Western Australia. The results of the trial are transferrable to other jurisdictions.

Future Pathways

The scene is set for the introduction of new, evidence-informed leaving care services in Western Australia. Both of the trials described in this paper have shown the benefits of intensive, proactive, co-designed and well-supported service models. Youth work led modes of service delivery have been shown to be effective, as has been the

Opinion 1

Paul MacDonald

Chief Executive Officer, Anglicare Victoria



Let's Finish What We Started: Extending Care to 21 years in Australia

For far too long we've been witnessing poor outcomes for young people being required to leave the care system on or before 18 years. This approach is not consistent with parenting that is seeing most young people remain at home well into their 20s.

In Australia, there are 54,000 children and young people in Out of Home Care (OoHC) nationally; with each state and territory government responsible for the management of this care. When the Home Stretch started its campaign in 2016, the legislation in all Australian states and territories terminated care to 3,000 young people on their 18th birthday.

As a result of this premature exit, too many young people leaving OoHC experience poor transitions to adulthood and unsatisfactory life outcomes. Over half of the young people leaving OoHC will end up homeless, unemployed, in jail or become a teenage parent within the

first 12 months. The latest national youth homelessness survey found that 63 per cent of homeless youth had recently been exited from OoHC.

The United States (US), New Zealand and the United Kingdom (UK), having also experienced the poor social and economic outcomes of young people leaving care at 18, have reformed their child welfare systems to offer the option extended care to age 21.

International research into when care is extended to 21 years has demonstrated remarkable results including the halving of homelessness rates and doubling in education participation for this vulnerable cohort.

Further to the international evidence, Deloitte Access Economics conducted analysis in Australia and found that this reform would result in halving in homelessness rates, reduction in arrests and drug dependence, tripling in education participation and improved mental health. In economic terms, there would be an average return of \$2 for every dollar invested in extended care, due to a decreased demand in social services.

As of early 2021, the Home Stretch campaign has achieved significant outcomes in seven of the eight Australian child welfare jurisdictions. Due to the campaign's advocacy efforts, at time of writing,



Beach by Jade

Image courtesy of Stefaan Bruce-Truglio



Guitar by Simone

Image courtesy of Stefaan Bruce-Truglio

there are an estimated 500 young people benefiting from extended care to 21 years in Australia with this number growing as governments join the reform.

The State of Victoria has established the most inclusive policy to date with its government now offering all young people in OoHC extended care until the age of 21 across foster, kinship and residential care. The Governments of South Australia and Tasmania have extended care for young people in foster and kinship care placements until the age of 21.

Western Australia is undertaking extended care trials and its government has recently committed to extend care to 21 years. The Australian Capital Territory is reviewing its extended care to 21-years policy and the State of Queensland has changed its leaving care policy to offer extended care to the age of 19.

The Northern Territory's newly elected government has indicated it will implement extended care to 21 years in its current term. New South Wales is currently the only state yet to acknowledge that terminating care at the age of 18 is a significant gap in the system.

Although significant progress has been made, with most states and territories now providing some type of extended care to 21 years, no jurisdiction has yet legislated the changes. The Home Stretch is also seeking that this crucial reform be enshrined in legislation across Australia. The UK, the US and New Zealand have all acted legislatively to ensure that the option of extended care is provided unconditionally for young people in state care up until 21 years of age.

The Home Stretch will continue its campaigning efforts across Australia until all young people have the option of receiving

care until they turn 21. This is particularly important due to the Covid-19 crisis which has had a dramatic impact on life for a child in OoHC. The flow-on effects to the education, employment and the housing sectors will make it increasingly difficult for a young person to make a positive start to adult life after exiting state care.

Australia's care leavers deserve to be afforded the same protection and opportunities as other young people — and the overwhelming evidence shows that this simple reform will set them up for a better chance at life.

The Home Stretch campaign is followed by over 12,000 supporters, and has garnered backing from 200 organisations, bi-partisan political support and has received over 20 philanthropic grants.

Show your support — sign the pledge to #makeit21.
www.theHomeStretch.org.au

Michael Perusco

Chief Executive Officer, Berry Street



Left Care — Not Left Alone

For young people, the transition out of care is a time filled with enormous uncertainty. In Australia most foster and residential care systems currently end at age 18. Early adulthood is a time when a young person needs more support, not less.

We don't ask our own children to leave home when they turn eighteen. Why do we do it to the most vulnerable young people in our community who have already suffered harm and trauma? That is not acting as a responsible parent. The state has removed a child from their home and committed to keeping them safe from harm. By removing support at 18 we violate this promise.

The Victorian Commissioner for Children and Young People recently reviewed care leavers experiences in 2020. She found at least one-third of young people become homeless within three years of leaving care.

More than two-thirds of young people leaving care don't get the mental health support they need. Almost half of the young people leaving care are no longer studying or training and are at risk of long-term unemployment. Young Aboriginal care leavers do not have appropriate cultural support to remain connected to the community.

Looking overseas, a number of American states have extended care to age 21. A Chicago University study compared young people in out-of-home-care in Illinois, where care is extended through to 21 years, to those in Wisconsin whose care finished at 18. The study found that the return in earnings by the young person in the extended care arrangement for a further two years exceeded the cost of an additional two years in care. It also found that young people were two times more likely to continue their education.

These strong arguments are at last starting to be heard by Governments across the country. In its last budget the Victorian Government committed to extending the age of all young people in care to 21 on an ongoing basis. This is a fantastic development and one the Andrews Government should be commended for. Tasmania and South Australia have extended some support to 21. Queensland, New South Wales and Western Australia are lagging behind in their commitment to young people. All Australian states must act immediately to give vulnerable young people certainty that they will be supported until 21.

It is also critical to recognise that supporting young people leaving care effectively is dependent on creating stability and support whilst in care. Sadly, this is the exception not the rule. We are currently not doing enough across the board to support traumatised children and young people.

We also know that we are on track to have 26,000 children in care in Victoria in the next 5 years. This will stretch the resources of a system that is already overstretched and lead to a decline in the quality of support provided. If we don't start orienting our care system to one of early intervention and prevention too many children will enter and leave the care system, then we can possibly support in a way that allows them to thrive.

Three critical ingredients are required to ensure that children leaving care have the best chance to thrive:

1. reorientate the child protection and child and family service system to early intervention and prevention in order to keep families together safely and reduce the numbers of children coming into care.
2. provide children and young people who are in care with individual and high quality care and respond more effectively to the devastating trauma they have experienced.
3. Provide support though to 21 that focuses on further recovery from trauma and connections with education and employment.

Silvia Alberti

Executive General Manager, Operations at Uniting Vic.Tas



As parents, friends, community members, we want the very best for our children. We want them to be able to grow up happy and healthy, surrounded by family and friends in a home that's safe and stable, where they know they are loved, cared for and protected. We want them to grow up knowing they have an anchor in their life, a home and family that will always be there through the good and difficult times, beside them as they grow into adulthood, celebrating milestones and sharing new experiences.

Children do not want to be removed from their family, but they want and need to be safe, cared for and supported. Parents want to be able to care for their children and give them what they need but some parents need support to be able to do this.

Sadly, there are children who have an experience of home life that is bound in fear, instability and in some cases significant harm. This is the reality for a growing number of children in Victoria and alarmingly, over the last 10 years, the number who have been removed

from their parents and placed in care outside their home has doubled.

Heartbreakingly, the number of Aboriginal children placed in care is rising by 15 per cent a year.

There have been many reports on the child and family services systems, including many reviews, Ombudsman and Commissioner investigations, and compelling reports such as the work undertaken by Social Ventures Australia. Reports, investigations, and reviews have all consistently, over the past decade and as recently as last year, called for serious reform of the system. They provide evidence of the harm to children, the failure to support families adequately and are also very clear about what works, providing many examples of approaches in other Australian states and internationally that led to better outcomes for children, families and the broader community.

Behind every number quoted, every statistic mentioned in these reports, is a child. Behind them, a family. Every single one who matters, who is important and deserving of more care and the opportunity thrive.

The people working in the child protection, out-of-home care and family services sector have fiercely advocated for change over many years. They work tirelessly to support families when they most need help. They are devastated when they are unable to provide the support needed because of limited funding and program requirements that don't support them to do the work they know would make a difference. Preserving and strengthening families is such a critical part of ensuring that wherever possible we can prevent family breakdown and yet, it is an area of our child

protection system that is significantly under-resourced. In other Australian states and internationally, funding family services to support parents intensively and early when they most need help has made the most significant difference in reducing the number of children that are removed and placed in out of home care.

When preserving and strengthening the family home is not possible and the determination is made that a child must be removed, people working across the system step in to protect, care, nurture and support the State's most vulnerable children. They know that they stand as that child's parent, that child's voice, that child's hope of a safer, better future. However, they are completely overwhelmed by the growing number of children who need their care and by the despair that impacts everyone in that situation and in particular the child whose world has been completely upended.

They fully appreciate the heavy responsibility on their shoulders. Removing a child from the care of their parents, and from their home, is not something that's ever done lightly. It occurs when it is the only way to truly protect and safeguard a child. When the State makes this decision, the implicit promise is that they will care, support and nurture that child so that they have every chance to develop and to thrive.

Elsewhere in this edition (Chapter 2) Barry and Adela have both spoken about the kind of care that is needed to ensure children can heal from the wrenching experience they have endured. They have written about the importance of trust, of relationships that foster a sense of belonging, understanding and care.

Many children in out-of-home care have lived through events that no child should ever have to experience. For children in residential care, this is further compounded by the distress of being placed in a foreign environment, often feeling scared and alone and struggling to understand what's happening.

Supporting children from the moment they come into State care and building trust is critical to helping children to settle into a home and re-establish relationships and connections to important things in their lives. Really getting to know them, their likes, and dislikes, what interests them, their fears and their hopes, their achievements and their disappointments are all part of creating a home within which they can grow. Providing the therapeutic care needed in stable home environments is vital to ensuring their safety and ability to develop into adults in a positive and supported way.

While there is agreement that therapeutic residential out of

home care is critical to achieving this outcome, reform across the entire system to achieve this has not yet occurred.

For many years in Victoria there has been commitment to building a better approach and system. There has also been some progress in some areas. However, we have not yet implemented the reforms we all know have worked in other States and internationally.

We know the current system contributes to hardship and for some, exposure to further harm and trauma. Children should not be made to tolerate this. Workers should not have to bear witness to this harm in the face of their dedication and commitment to improving the lives of the children they work with.

We know what works. We all have the evidence of it. We know what the changes we would need to make to our legislation, to our child protection system, to family services and to out of home care. We know exactly what this would cost, and we know

the improved outcomes we'd see. We know that if we changed the child protection system, adequately funded early and intensive work with families and immediately moved to therapeutic residential care we would see more families supported to stay together, fewer children harmed and fewer children in care. Our First Peoples would have strengthened communities and the future would be better one.

The evidence is strong. The commitment is unwavering. For Barry, for Adela, for the children and the families we work with, for the people who work in our services, for our community, it is time to reform this system. We have had the courage and ability to make some changes that are a great first step. It's time to make the system-wide change now — to stop talking about it and to start doing it.

People are important and change is possible. We have the knowledge, ability, and evidence to make change. We must now demonstrate the will, provide the investment and do it.

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Mary Dickins

Fostering Hope



Leaving Care and Changing Outcomes: What Does 'Success' Look Like for Young People Entering Adulthood from Out of Home Care?

We began fostering to step into a child's life and make a difference, change a trajectory and be part of healing of a birth family. What we thought 'success' looked like when we began is totally different to what we understand success to be now.

I have also learnt is what my role is and is not. I don't think I had a 'superhero' complex — but maybe I did. I definitely thought I could make a difference both in a child's life and that of the birth family.

The organisation we run, Fostering Hope, works with Christian carers and encourages Christians to respond to the need around them. One of the main Bible verses behind our work is James 1:27 that says; true religion is to go to the orphans and widows in their distress. What is striking about this verse is the word 'go to' or 'visit' (in other translations).

It doesn't say 'heal' or 'make successful adults', or 'cure' or 'fix' or anything else that may motivate people to become foster or kinship carers.

Our role is to walk alongside children in their distress, pain, trauma, and healing and give unconditional love and care regardless of behaviours and outcomes.

Children only enter out of home care (OOHC) because there is messiness in their individual and family lives. This leads to a system that is messy and broken with great individuals trying to make really complicated decisions and predications of long-term change and navigate hard relationships.

When I read reports on outcomes for young people exiting care that show high rates of unemployment, lower educational attainment, homelessness, substance use and so on, they break my heart. However, I know they don't tell the full story. They don't tell the full story of where the child started when they entered OOHC and the improvements they've made, the connections they now have, or the restoration or healing that may have happened in a birth family. They are measurements based on middle class values of what 'success' means.

Behind these statistics are stories of children who enter care with trauma, broken attachments, neglect and abuse. Depending on how long and at what age this occurred, this will have affected their cognitive, physical, emotional and mental development. This will mean they may not have been able to concentrate at school. They may not have had the ability to connect with their caregivers. They may have found comfort in risk-taking. Children enter care with a cup full of stress and trauma and it only takes a

little bit of extra stress to lead to an overflowing cup that comes out in poor choices and harmful behaviours.

The Australian Childhood Foundation describes this state of living like this:

Even after the stressful or traumatic situation has passed, children's brains and bodies continue to react as if the stress is continuing. They become self-protective. They spend a lot of their energy scanning their environment for threat. Their bodies act as if they are in a constant state of alarm. Their brains are endlessly vigilant.¹

How then, can we compare outcomes of children growing up in OOHC to those of children who remain with their birth parents, who grow up in a home where they know they are loved, protected, nurtured, and safe?

The issue of outcomes is further exacerbated when you add the layer of constant policy changes in the OOHC/child protection sector and inconsistent national measurements. The Productivity Commission's 2019 report on the performance of governments in this sector measured success based on improved safety, improved education, improved health and wellbeing of the child, and exit from OoHC to a permanency arrangement. For nearly every outcome, there was a caveat, for example, regarding substantiations:²

'Neither a very high nor very low substantiation rate is desirable. A very low substantiation rate might indicate that investigations are not targeted to appropriate cases. A very high substantiation rate might indicate that the criteria for substantiation are unnecessarily bringing 'lower risk' families into the statutory system.

The substantiation rate might fluctuate because of policy, funding and practice changes. For example, targeting investigative resources to more serious cases may mean investigations are more likely to result in substantiation, and there are varying thresholds for recording a substantiation.³

This is just one example, where accurate data collection and different policy positions influence how the quantitative data is interpreted. I have only been a carer for seven years and during that time there have been several policy shifts that affect the case direction for the children in my care (and therefore their birth family and us). Speaking to more experienced carers, the policy changes are so constant they don't even take notice of them anymore. It appears, that no position is applied long enough to accurately determine its effectiveness. This adds another layer of uncertainty for carers, birth families and children. It also means so much of a case direction is dependent on the bias of the individual child safety officer, both personally and the policy position they apply.

Would success look different if more intense work was done with a birth family so they were never put into OoHC, or if they were removed at birth and had long-term permanency in their foster/kinship family, or if a birth family did the terribly hard work to change the norms and frameworks of their world to have a child returned?

For each child in care, there are so many unknowns as to what would have changed an outcome, which decision would have made the biggest difference.

None of this is to be critical of those who work in OOHC. It is such a hard job. My aim here is to help colour what the outcomes might be telling us.

As a foster carer, the outcomes I see and working in the sector are best described as 'shifts'. These shifts may be tiny for society and the community as a whole, but they are shifts that are huge for the individual young person as they enter adulthood and potentially, for future generations.



James, Home Is Where My Heart Is 2015

Image courtesy of YACWA

One example, of one young person who entered care at four with her elder sister and two older sisters already in care, will help illustrate this.

In addition to the trauma of being separated from her parents and older siblings, at eight, she lost her biological grandmother to ill health. Her father died in a road accident and her mother in a house fire. She has foetal alcohol spectrum disorder (FASD) and a diagnosed developmental age of 11. She is illiterate and struggles with any forward planning and personal responsibility.

At 18 she desired the independence of an 18-year-old and couldn't understand why she couldn't have it. To support this her carers helped her buy a caravan and parked it beside their house so she could have independence while still being connected to them for support. But this wasn't enough independence for her, so she moved her caravan and is now living in an unstable environment.

According to how OOHC outcomes are measured, this would look like a bad outcome. However, if you look deeper you can see progress and opportunity. She exited care with an NDIS plan and worker that will go with her as she grows. With the support of her foster family, she is continuing to go to college and may be the first person in her family to complete college. She is still connected to her fostering family and comes 'home'

for dinner and to hang out. She calls them for ideas and support and allows them to attend meetings so they can still advocate for her.

Of course they wish she was still living closer and they could be more hands on, but she's exited care with connection and support. Her outcomes regarding education and employment were always limited due to what brought her into care, not the failures of OOHC.

Many children enter care from unbelievably chaotic situations and it takes a lot of support, intervention, stability and healing to change outcomes. We need to celebrate the individual shifts, not just focus on the big demographic indicators.

As a carer and someone trying to find more foster and kinship carers, I need to see these shifts. I need to offer hope and keep dreaming, loving, and caring for the children in my home. And we all need to do this for the kids growing up in care.

* Mary Dickens mary@fosteringhope.community

Endnotes

1. Australian Childhood Foundation 2010, *Making Space for Learning*, Australia, p. 3.
2. Substantiations: the number of notifications to child protection services resulting in the conclusion that there is reasonable cause to believe a child has been, is being or is likely to be abused, neglected or otherwise harmed.
3. *Productivity Commission Report on Government Services 2020*, Australian Government, Canberra, page 16.13.

Dr Robyn Miller

Chief Executive Officer MacKillop Family Services



Homelessness, Extending Care: Thinking through next steps....

The tragedy of homelessness for many young people leaving state care is totally unacceptable, yet it continues to happen on our watch. The 2020–21 Victorian budget allocation of \$64.7 at last provides some answers and has allowed for the universal implementation of the Home Stretch program. Whilst this recent extension of care in Victoria is a watershed moment, there is still so much to do nationally to ensure that care-leavers have access to ongoing support and stable housing.

From a human rights perspective, the transgenerational trauma that leads many children into out of home care demands that the 'lucky country' provides a more equitable and proportionate response. We know that the impact of childhood abuse, neglect and abandonment is ongoing, and too often has a lifetime impact. We know more now about the extraordinary violence, chaos and

instability that children and young people have experienced within their families prior to entering care, and at times while in care, and the devastating impact. The complexity of their ongoing needs is predictable, and the prevention of homelessness is possible. Federal and state governments can no longer turn a blind eye and tolerate the current level of care leaver's homelessness as an inevitable consequence.

'What can we do better?' is a question we continually ask at MacKillop Family Services. This ethical imperative and drive to improve is at the heart of the *Outcomes 100* project which commenced in July 2018. The Outcome 100 project involves proactively engaging in deep dive reviews into young people placed with MacKillop's residential care services. Central to each panel discussion is a deep listening to the young people in care and the presentation of young people's worries and wishes. Amongst the richest information from the research was from young people themselves. What were their worries and wishes? The *Outcomes 100* data showed that second only to their concern for their families, was anxiety about leaving care. Their anxiety related to questions like *'Where will I live?'* and *'How will I survive financially?'*

What we have learnt from these reviews and our analysis of the data, particularly in relation to the characteristics of young people in out of home care, provides compelling evidence to inform the development of models of extended care.

Most children and young people (80 per cent) reviewed as part of the *Outcomes 100* project were found to have diagnosed and significant mental health issues with 60 per cent

having experienced drug and alcohol misuse at some time. More than half (55 per cent) of the young people reviewed were known to have self-harmed or attempted suicide. Due to their experiences and vulnerabilities, young people in residential care are at high risk of being targeted for sexual exploitation. *Outcomes 100* data found 43 per cent had experienced sexual exploitation at the time of or prior to the onset of their current placement.

Also highlighting the diversity of those residing in residential care and the need for individualised and flexible approaches to support is the significant proportion (37 per cent) of the *Outcomes 100* cohort of young people who have a diagnosed disability or learning disorder. This proportion contrasts with the Australian Institute of Health and Welfare data indicating that 15 per cent of children in out of home care at 30 June 2017 had a disability. The *Outcomes 100* disability status data is nearly identical to the more recent CCYP Keep Caring inquiry in which a random review of care leaver files found 36 per cent had a disability. Of the young people found to have a disability, the *Outcomes 100* data showed 27 per cent of young people reviewed had a formally diagnosed intellectual disability and 13 per cent had a diagnosis of Autism Spectrum Disorder, which includes young people diagnosed with Asperger's Syndrome.

Since its inception over 160 young people have been the focus of these reviews in Victoria and New South Wales. As CEO, I chair each panel review which is part of a thoughtful process of critical reflection involving between eight and 25 participants. Informing each review are summary reports prepared by the case



Narnie, Home Is Where My Heart Is 2015

Image courtesy of YACWA

worker, house supervisor and therapeutic specialist together with other key assessments and reports. This preparation takes a lot of work and going back to read earlier assessments, tracking down information from child protection and going back to answer the gaps in our understanding that become obvious. If we are truly 'trauma informed' we must understand the developmental and trauma history and have a family centred approach that is inclusive of the family. Each panel generally takes 1.5 hours per young person and the senior child protection, mental health, cultural consultants and education personnel who attend are critically important. *Outcomes 100* panels are usually scheduled to review all the young people residing in the one home on the one day. The broader residential home compliance and staffing stability patterns are also considered, along with the critical matching and peer group dynamics.

The process for *Outcomes 100* case reviews involves collaboratively engaging the key professionals and carers in a young person's life to:

- develop a joint understanding of the key issues, achievements, views and wishes of the young person and their family
- promote information sharing
- develop an action plan with agreed tasks and responsibilities to address any identified issues or systemic blockages.

An initial report *Outcomes 100: Residential Care Case Reviews Summary Report* released in 2020 presents learnings and data from the first 100 young people reviewed in Victoria. The rigorous gathering of the histories of these young people and synthesis of all the available information has enabled us to gather an accurate and detailed data set.

In what has been a rich quality improvement process, decision making has been reviewed, behaviour management responses reflected upon and either endorsed, respectfully challenged or sometimes directly altered.

There is a significant body of research describing the poorer outcomes for many young people leaving out of home care. Most recently, in December 2020, the Commission for Children and Young People (CCYP) tabled *Keep caring* a systemic inquiry into services for young people transitioning from out-of-home care. The inquiry confirmed that it is young people who leave residential care or who experience high levels of placement instability who are most at risk of becoming homeless or involved in the youth justice system.

The data gathered by MacKillop through the *Outcomes 100* process shows that instability is the norm in

residential care. Of the 100 young people, 55 had had resided in their current placement for under six months and 85 for under 12 months. Those reviewed during the *Outcomes 100* process are part of the cohort of young people which the CCYP inquiry identified as most at risk of poor post-care outcomes.

By asking ‘*what has worked?*’, ‘*what has not worked?*’ and ‘*what is missing?*’ the *Outcomes 100* case reviews and the co-ordinated actions that follow seek to address key system challenges and blockages. The aim? To create a safe and stable environment with the opportunities required for these young people to chart a course towards a hopeful future of connection and contribution.

Almost all of the young people reviewed (87 per cent) are known to have suffered significant family violence in their childhood. All 100 children and young people have experienced multiple forms of abuse and 88 per cent have experienced multiple episodes of physical abuse within their family of origin, with similar rates of neglect and emotional abuse. Almost half (48 per cent) have documented experiences of some form of sexual abuse (usually intrafamilial) prior to entering care. It is critical that these young people receive trauma informed care by being provided the space and support to heal. With 16 per cent of these young people identifying as Aboriginal or Torres Strait Islander, culturally safe practice and prioritising connection to community and culture is paramount.

The *Outcomes 100* data gives us a clear and detailed understanding of the experiences, vulnerabilities and developmental needs of this group of young people residing in residential care. We must use this knowledge to improve the experience of out of home care and to shape extended care options that are sufficiently flexible to meet the needs of each of these young people as they approach adulthood.

Some of the learnings from successfully piloted programs in



Fire by Amber

Image courtesy of Stefaan Bruce-Truglio

the United Kingdom (UK) may support the best outcomes for our young people. In the UK, The Break piloted the Staying Close Staying Connected (SCSC) project which began in January 2018 and worked in three local authorities (LAs). This project offers an insight into what a holistic pre and post-move support package might look like for young people leaving residential care. SCSC provides supported accommodation and individualised support for residential care leavers to help develop stability, support networks and independent living skills. The Break SCSC project aims to improve support and journeys for residential care leavers moving on to independent living. An evaluation published in 2020 showed improved outcomes for residential care leavers. These outcomes were achieved through a supported accommodation model featuring a greater focus on matching to facilitate house-share compatibility; individualised therapeutic support; intensive life skills, housing and wellbeing support; workforce development to improve leaving care awareness; mentoring and a peer community to improve social connectedness.

We need to consider innovative and intensive programs like SCSC as we seek to answer the

question ‘*what can we do better?*’ We also need to apply learnings from closer to home and maintain our focus on improving the experience of out of home care so that a successful transition to independence is possible. We know these young people deserve better. This means building in therapeutic repair work and the family-centered practice that they crave. It means privileging a trauma-informed response to the needs of young people recovering from cumulative harm and offering flexible and individualised support that values cultural connectedness and is responsive to their disability, learning and/or mental health needs.

The *Outcomes 100* Residential Care Case Reviews Summary Report made specific recommendations aimed at optimising the outcomes of young people leaving residential care. These included the funding of all residential homes as therapeutic, together with increasing the range of residential care options available, in particular adequately funded two-bed homes. It is only by allowing staff the capacity to spend individual time with young people within a more stable care environment that we will begin to realise residential care as the place of possibility and recovery it should consistently be.



Ending Veterans' Homelessness

Webinar Series 2021

**The Salvation Army National Homelessness Stream in partnership
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Committed to a shared vision of ending veterans' homelessness in Australia, the 2021 Webinar Series is an opportunity for individuals and organisations to hear from veterans' and their experience of homelessness, to connect and network with one another and consider strategies to end veterans' homelessness.

In the August 2020 edition of "Parity", homelessness and ex-service organisations came together to highlight the needs of veterans experiencing homelessness and discuss strategies for change. The issue, "A Home Fit for Heroes: Meeting the Needs of Homeless Veterans", led to the Australian Alliance to End Homelessness and The Salvation Army committing to some actions to end veterans' homelessness.

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Hosted by: David Pearson, CEO Australian Alliance to End Homelessness

Key Issues in Veterans' Homelessness

Date: Thursday 15 July 2021

Time: 11am – 1pm AET

Description: Explore the key issues in responding effectively to veteran's homelessness
Co-hosted by: The Salvation Army and RSL Queensland

Indigenous Veterans' Homelessness

Date: Thursday 14 October 2021

Time: 11am – 1pm AET

Description: Learn about Indigenous Veterans' Homelessness and the increased risk factors to this cohort in the lead up to NAIDOC Week
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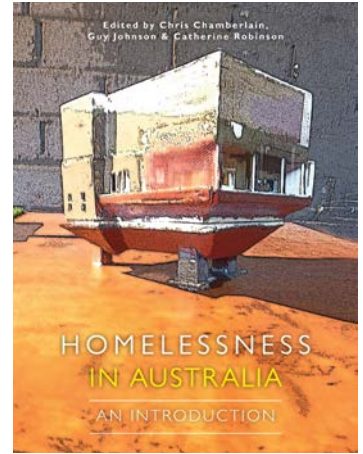
Part 2 is about contemporary policy issues and discussions. It has chapters on: the debate about definition and counting; gender and homelessness; young people; older people; Indigenous homelessness; domestic and family violence; people with complex needs and the

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