An evaluation of housing outcomes from a support program for young people transitioning from out-of-home care in Victoria, Australia

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Abstract

Young people transitioning from out-of-home care are globally a vulnerable group due to their traumatic childhood experiences and the often limited support provided to them as they leave the care system. This article presents findings from an evaluation of an Australian leaving care program called Stand by Me (SBM) loosely based on the UK Personal Advisers Model which targeted care leavers with poor social and community connections who were particularly at risk of becoming homeless. The evaluation identified a number of effective components of the program, including the long engagement period which enabled the workers to develop trusting relationships with the young people; the holistic wrap around support that focused on working with the young people in their broader family, social and community contexts; and the availability of housing support to facilitate safe and stable housing options.

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Introduction

About 3,270 young people nationally in Australia and just over 750 young people in the State of Victoria aged 15 to 17 years transition from out-of-home care (OOHC) each year. The vast majority of children in OOHC (93 per cent) had been placed in either foster or relative/kinship care or other types of home-based care. Only about five per cent reside in residential care which is generally reserved for older adolescents with complex needs. No precise figures are available as to what percentage of care leavers come from each category (Australian Institute of Health and Welfare (AIHW), 2016).

OOHC in Australia is the responsibility of the community services or child welfare department in each State and Territory, and each has its own legislation, policies and practices. Consequently, in-care or leaving care standards are not uniform, although the national out-of-home care standards, introduced in December 2010, suggest minimum benchmarks such as the requirement for each care leaver to have a transition from care plan commencing at 15 years of age (Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), 2010). Additionally, the latest National Child Protection Framework Action Plan for 2015-18 identifies improved outcomes for care leavers as one of the three key strategies to be implemented, and refers to improved housing supports as a priority in order to prevent youth homelessness (Department of Social Services, 2015).

The state of Victoria legislated via the Children, Youth and Families Act 2005 for the provision of leaving care and after-care services for young people up to 21 years of age. The Children, Youth and Families Act 2005 appears to oblige the government to assist care leavers with finances, housing, education and training, employment, legal advice, access to health and community services, and counselling and support depending on the assessed level of need, and to consider the specific needs of Aboriginal young people. However, Section 16(2) of the Act emphasises that these responsibilities `do not create any right or entitlement enforceable at law,' suggesting that leaving care programs are in fact discretionary, and care leavers do not actually have any legal right to seek or demand support services from government (Mendes, Johnson and Moslehuddin, 2011).

To be sure, the government has established mentoring, post care support and flexible funding support for young people transitioning from care or post care in all eight regions. These services, which cost approximately 11 million dollars a year, include discrete Indigenous support and housing assistance programs. This sounds generous in principle, but in practice it is only a small amount of money to meet the needs of the more than 2000 young people who have left care in Victoria over the past three years (i.e. about five thousand dollars per care leaver per year). A number of research studies have documented that many care leavers experience poor outcomes because they are not developmentally ready at 18 years to live independently, and often exit directly into homelessness and/or endure ongoing housing instability (Mendes, Snow and Baidawi, 2013; Mendes, Snow and Baidawi, 2014; Mendes and Snow, 2013).

The provision of safe, secure and affordable accommodation is a crucial component in the transition from care to independent living, and is closely linked to positive outcomes in health, social connections, education and employment (Mendes et al, 2011). Numerous reports and studies have found a high correlation between state care and later housing instability, transience and homelessness. While variation in the extent of homelessness reported among care leavers stems from different methodological approaches and different ways of defining homelessness, the overall picture suggests that compared to their non-care peers care leavers are at much greater risk of homelessness (Courtney and Hughes Heuring, 2005; Create Foundation, 2009; Stein, 2012; Community Affairs References Committee (CARC), 2015).

A number of factors have been identified as contributing to poor housing outcomes for care leavers including the high mobility of many young people in care; the unplanned and unprepared nature of many departures from state care and unsuccessful attempts at reunification with family of origin; the limited independent living skills of some young people; minimal education and poor employment opportunities; and the lack of affordable accommodation (Dixon et al, 2006; Cashmore and Paxman, 2007).

Particular groups of care leavers appear to be most vulnerable to homelessness including those who leave care at a younger age, those who transition from residential care, those who have a disability, those involved in crime and offending, and those who have a range of mental health or substance use issues. These young people tend to have been excluded from education, experienced trauma as a result of abuse and neglect, and have few positive social or family connections. However, research suggests that even for those who experience problematic transitions from care, a range of flexible and ongoing after care supports that address both relationship issues and structural assistance can facilitate positive outcomes in housing and other areas (Johnson and Mendes, 2014).

Stand by Me Program

Berry Street is the largest child and family welfare organisation in Victoria. Their programs include foster and kinship care, residential care, family violence services, education and training programs, therapeutic services, youth services, family services and community (development) programs. In 2011, Berry Street undertook a scoping study of leaving care supports in the State of Victoria. The study highlighted the very poor long-term outcomes for some young people when they leave state care, particularly those who are likely to have had the most negative pre-care experiences. These young people typically present with multiple and complex needs, including mental health issues, intellectual or cognitive disabilities, drug related problems, offending, violence and sexual vulnerability. They are the cohort least likely to receive assistance from mainstream leaving care services because their high needs and challenging behaviour do not fit within the design and limited resources of that service system. Yet paradoxically, these are the young people most likely to be in need of support and services post care (Whyte, 2011).

As a result of these findings, Berry Street introduced the Stand By Me (SBM) pilot program in its Northern Regional Office in early 2013 for a three year period with funding from the Ian Potter Foundation and the Lord Mayors Charitable Foundation. The pilot concluded in December 2015. SBM was an intensive case support service for young people transitioning from the out-of-home care system. Two workers were appointed to each work with six young people totalling 12 young people. SBM aimed to promote a successful transition by utilising an early intervention approach that involved engaging and developing relationships with the young person and their support workers whilst they were still in care, and continuing to work with them more intensively post care.

The Program targeted 16-21 year olds who were on a child protection guardianship or custody order and who were likely to be more vulnerable leaving care in areas such as being at risk of homelessness; presenting with complex behaviours and intensive support needs related to disability, substance use, mental health issues, exclusion from education and training, and limited community networks; have a history of unresolved trauma; and have limited skills or capacity to live in shared accommodation (Berry Street, 2012a).

The SBM program was developed as an adaptation of the Personal Adviser (PA) model introduced in the UK via the Children (Leaving Care) Act 2000. The Personal Adviser provides continuous support for care leavers from 16-21 years or until 24 years if they are still in education or training, and coordinates the resources and services required to meet their Pathway Plan. The Plan identifies the young person's needs for support and assistance in core areas such as health and mental health, housing, financial support, living skills, education and

training, employment and family and social relationships, and how these needs will be addressed (Department of Health, 2001).

Both the Children (Leaving Care) Act 2000 and the PA model incorporate what is known as a Corporate Parenting philosophy. This concept refers to state authorities' responsibility to introduce policies which provide children and young people in care with stable and secure relationships. The intention is that these supportive attachments should assist young people to overcome earlier adverse experiences, offering the same ongoing support typically experienced by their non-care peers, with a view to maximising their ambitions and achievements (Department for Education and Skills, 2007; Miller, 2006).

The UK PA model had not been formally evaluated at the time of developing the Stand By Me program. However, a couple of studies reported indications of the PA role's efficacy. Dixon, Wade, Byford, Weatherly and Lee (2006) studied the impact of the Children Leaving Care Act 2000 (CLCA) via interviews with 106 young people and their leaving care workers in seven local authorities in the UK. The findings suggested that the role of the PA was 'pivotal' in ensuring that leaving care services maintained contact with the young people in order to generate plans and review progress. Young people stated that they valued this ongoing support, and virtually all of those consulted (97 per cent) were still in contact with a leaving care worker and/or PA.

An evaluation of the Staying Put program, which enables care leavers to stay with foster carers beyond 18 years of age, found that a higher proportion of those who stayed in care longer (9/19 or 47%) reported that they maintained a close relationship with their PAs compared to those who left care earlier (3/11 or 27%) (Munro, Lushey, National Care Advisory Service, Maskell-Graham, and Ward, 2010). The majority of care leavers interviewed expressed positive views about their PAs and the support received (27/32 or 84%). At least five young people reported particularly good relationships with their PAs, describing them as 'caring, approachable, understanding and aware of their background and needs'. The majority stated that their PAs were easily accessible, though a minority were not happy with the support received, reporting that PAs were not readily available or timely in their responses to crisis (Munro et al., 2010).

The literature indicates that the majority of young people report positive relationships with PAs, but studies do not suggest definitive evidence for improved transition quality. However, anecdotal evidence suggests that PAs seem to be contributing to improved transitions by developing stable and supportive relationships with young people that focus on advocacy and assistance with key issues such as budgeting, education, health, benefits and housing (Jones, 2012).

There are a number of similarities between the SBM activities and the PA role. Most notable was the continuity of the support relationship over an extended

time period from prior to leaving OOHC, throughout the transition, and including post care. The SBM worker provided secondary support and consultation, in partnership with existing case managers and care teams, while the young person was still in care to develop their leaving care plan. After discharge from care, the SBM worker remained actively engaged with the young person via assertive engagement, and liaised with other professionals to promote community support for the young person.

There are also significant differences. The Children (Leaving Care) Act 2000 imposes an obligation on English local authorities to provide assistance to all care leavers until at least 21 years of age via their Pathway Plan and PA. In contrast, Victorian care leavers only receive discretionary and limited support once they leave care at 18 years of age or earlier (Mendes et al., 2011). Consequently, SBM was not a universal program as in the PA model, but rather a pilot program funded by a philanthropic trust and targeted to particularly disadvantaged care leavers. Additionally, the SBM worker performed an intensive case management role with a small caseload (six young people), focused on enhancing independent living skills and facilitating housing options. This contrasted with the PA's co-ordination and planning role with larger client groups.

The aims and objectives of the Stand By Me program were informed by an extensive review of the leaving care research literature (Whyte, 2011), as well as Berry Street's practice experience supporting young people in OOHC, transitioning from care and post care. Several service and support gaps were identified in the current leaving care system for young people with complex support needs, particularly those lacking family support during the transition from care. This group of young people are particularly vulnerable to falling through service gaps in a fragmented leaving care system, often resulting in unsafe and unstable accommodation and isolation in the absence of a supportive network. Consequently, the SBM worker roles included the following:

- Working with the case managers and care teams to identify young people who are likely to need ongoing support with the leaving care transition and post care;

- Working alongside the case manager, whilst the young person is still in care, to promote assessment, planning and skill development;

- Post care, assuming a more assertive role up to the age of 21, providing a continuity of relationship with a view to establishing and maintaining the young person with an ongoing community based support network;

- Providing a key regional contact point for vulnerable care leavers;

- Not duplicating any existing leaving care or post care service, but acting as a strong advocate and key conduit between the young person and appropriate support services;

- Co-ordinating referral to key services such as mental health, disability and substance abuse services and advocating for ongoing support from these services;

- Actively co-ordinating housing options information and eligibility criteria for the relevant geographic region/area; attempting to find matches with the young people leaving care so that they can live together in shared accommodation which reduces loneliness and increases skills transfer and sharing of resources.

- Regularly visiting young care leavers in their accommodation ensuring continuity of relationship and the assistance of an adult in negotiating any barriers to the young person/people maintaining their accommodation;

- Modelling problem-solving for young people;

- Facilitating community connections;

- Mediating in family and relationship difficulties;

- Adapting to the needs of the young person as they develop over time (Berry Street, 2012b).

Notably, one of the principal aims of SBM was to assist a group of young people at high risk of homelessness to identify, secure and maintain affordable and stable housing options.

Stand By Me evaluation

The evaluation of the SBM program was undertaken by Monash University, and overseen by an SBM Steering Group including the researchers, Berry Street senior management and policy staff, Berry Street SBM workers and program management, with representation from the Department of Health and Human Services Leaving Care policy staff.

The evaluation aimed to:

- Understand to what extent the UK Personal Adviser model could be translated to the Australian and Victorian child, youth and family welfare service system context;

- Identify the most effective aspects of the SBM model;

- Understand clients' experience of SBM support;

- Understand how time and financial resources were utilized by the SBM program;

- Assess whether the program delivered the short, medium and longer term benefits and outcomes intended;

- Identify the areas in which the program was most successful in improving young people's outcomes; and

- Identify any necessary modifications to improve program efficacy.

Ethics approval to conduct the evaluation was attained from the Monash University Human Research Ethics Committee in 2012. Evaluation methods included qualitative semi-structured interviews with a range of Victorian leaving care stakeholders both within and external to the SBM pilot. The SBM cohort were referred mainly from residential care and lead tenant placements (where young people live semi-independently in the community with the support of a live in volunteer called a lead tenant), and the program was only open to those most at risk of homelessness and other negative outcomes. The semi-structured interview schedule for the SBM supported group (nine young people, three of the 12 were not available for interview) was based around what support young people reported receiving through the program, and how they evaluated that support.

The evaluation also conducted interviews with non SBM supported young people (eight) focusing on their leaving care experiences including leaving care planning, post care housing, relationships with family and social networks, physical and mental health, education, employment and training, and community connections. The alternate group in the SBM evaluation was recruited through existing post care programs and those interviewed were receiving significant supports and mostly living in stable and supported accommodation which included significantly subsidised rents.

The evaluation was not able to compare outcomes for the two groups as the comparison group were, at the time of their interviews, receiving similar supports. However, interviews with the comparison group revealed that most had acquired their housing through accessing homelessness services post care. As such, the comparison group had not received substantial support in their transition from care, and were able to inform the study of how the absence of an SBM-type program had impacted on their time in OOHC, their experiences leading up to their exit from care, and their post-care experiences.

The evaluation team conducted interviews and focus groups with a range of professionals and carers — including the four Stand by Me workers and management and eight non-SBM staff from the various residential care, home-

based care, lead tenant and post care support programs — who had worked either with clients in the SBM program or other young people exited from care without SBM support. These stakeholders provided a system-centric perspective on differences they noticed between the two groups of young people.

Thematic content analysis was performed with all data generated from interviews with staff and young people. Specifically categories of housing pathways, family relationships, independent living skills, education, employment and training, income/brokerage, mental health, alcohol and other drugs, social supports and networks, disability, and pregnancy and parenting were coded. Thematic analysis of coded data identified commonalities and differences in respondents' perspectives on issues for care leavers, and the impact of the SBM program (Crowe, Inder, and Porter, 2015). Additionally, thematic analysis identified effective program elements of SBM, as described by young people, as well as SBM and broader Berry Street leaving care and post-care services staff.

Key general findings

The evaluation found that a number of key elements of the SBM program were conducive to promoting positive outcomes for young people. They were as follows:

The Stand By Me worker-client relationship

Most of the young people were able to develop close working relationships with their workers whilst still in care. The SBM-supported young people who participated in the evaluation experienced the worker-client relationship as a central and reliable adult support, which appeared to constitute a therapeutic relationship in itself. These relationships delivered both emotional and practical assistance to young people, as well as a vehicle for accessing wider services and supports.

Reduction of leaving care and post-care anxiety

The period of pre-discharge engagement appeared to alleviate an identified period of 'leaving care anxiety', during which many care leavers typically disengage from supports and exhibit escalating challenging behaviours. The availability of a key support person throughout the transition from care appeared to enhance engagement with services in both the leaving and post care periods.

Enhanced leaving care planning and implementation

Although Australian studies typically report low rates of leaving care plan completion, leaving care planning was able to be completed and implemented for all SBM supported young people, and SBM workers facilitated access to available brokerage and supports.

Holistic support, flexible brokerage and funding advocacy

The intensive case management provided by SBM workers enabled the delivery of wraparound support, including practical assistance. SBM workers provided transport to and support with essential appointments, informal counselling, and emotional support for young people's aspirations, concerns, ongoing stress and anxiety and achievements. SBM workers assisted young people in purchasing household, employment and education-related goods, as well as personal necessities such as medication and clothing. There were also opportunities for supporting competence in independent living skills. Additional financial support assisted SBM supported clients to develop social networks and community connectedness, for example by supporting access to recreational activities. SBM workers were also available to respond to crises, which were occasional for some young people and more ongoing for others. SBM clients were also referred to other support services, and staff advocated for their access to welfare services and programs in the broader community, with a view to promoting greater social inclusion.

Specific findings regarding strengthened housing assistance

The twelve SBM clients were provided with housing support including advocacy and access to brokerage funds from the time of exiting care. This included renegotiating continued arrangements with existing foster or kinship carers; providing emotional support to those who moved in with family or partners and assistance in maintaining these housing arrangements; supporting young people whilst they moved into independent living including in one case funding private rental or hotel accommodation; and/or identifying alternative options where the situation became untenable. As one of the SBM workers commented:

> Investigating housing means contacting a whole bunch of agencies, visiting family, and exploring whatever option the young person thinks is available to them which might not be realistic but you still have to explore it…we look at the practical things that they need to set up as far as furniture, white goods, even rent and bond (SBM program worker).

Nine of the 12 SBM supported young people were in stable, ongoing housing at the end of the three year SBM support period in December 2015. This outcome was notable given that the program targeted care leavers at high risk of homelessness. The housing assistance provided by SBM seems to have played a key role in enabling care leavers to move from OOHC to other secure accommodation without experiencing the trauma of not knowing where they would stay.

Nevertheless, housing continues to be a challenge given the general limited stock of accommodation, specific age restrictions on access to some transitional programs such as lead tenant, and the often prohibitive cost of private rental. A number of workers from the Berry Street post care support information and referral program explained why many care leavers become homeless: `Their initial plans often go awry due to circumstances that they haven't factored in. So they make plans to move in with a relative or friend or whatever and within a few months it goes pear shaped'. Once that happens, the young people may find it very difficult to access funds they are entitled to, or navigate the homelessness system in order to get their needs prioritised. Additionally, many care leavers don't want to share with other people and prefer to live on their own, but either can't afford to do so because of the low rate of the Youth Allowance or the shortage of one bedroom options (Non-SBM staff focus group).

Conversely, the workers noted why SBM had been influential in preventing homelessness. One of them commented:

> We've had some young people who have accessed post care brokerage who are SBM clients. So what I noticed is that most of those young people, who are quite complex, that have SBM workers are able to survive those really difficult crisis-driven events. For example, if they become homeless and they've got someone who is actually able to do that advocacy with them, they go with them to access points.

SBM workers supported young people with different housing options depending on their preferences. Where young people's preferences were not considered to be in their interest by workers, they were helped to consider other possibilities, for example:

> there was all these people living in there and it was just chaotic all the time. Like, you didn't have any privacy or anything like that. It was just always drama, drama, drama. So I guess [the SBM worker] was trying to lead me in the right direction and I chose not to go in that direction (Celeste, SBM supported young person).

Other SBM supported young people found themselves with similarly inappropriate housing options, which may have led to homelessness without Stand By Me support:

> Without [my SBM worker], I wouldn't have known about all my funding. I wouldn't be in a proper house at the moment. I'd probably be staying in my Nan's little spare room, which is dust-filled, and falling apart and stacked with mass amounts of stuff that she's storing. Or going from house to house, crashing at people's places or something. Whereas now, I actually have a place to be, I have my own room, I have my own bathroom, there's a kitchen and everything. It makes so much difference because without

> having one set place, I would have been too stressed to get into school
> (Caine, SBM supported young person).

> I went from lead tenant into private rental because I was working at the
> time. I was running a call centre … But then …the call centre shut down, so
> I lost my job there. So I wasn't able to pay my rent anymore, so that
> placement fell apart… if it wasn't for [the Stand By Me worker] paying my
> rent and stuff, I probably would have had to go to court 'cause- like, I
> couldn't pay the rent to the lady that I was leasing it off (Stacey, SBM
> supported young person).

Indeed, the professional opinion of other program staff was that Stand By Me
support had led to more positive housing outcomes for four ex-clients:

> last year we had four young people leave us at 18. One of them was
> connected with Stand By Me and she is the one who has maintained her
> housing. So one out of that four after the original planning. And the year
> previous to that, 2013, we had six young people exit care, three of them
> were connected to Stand By Me, and one of them was connected with the
> [other intensive support program] which also did that bridging. And those
> four — despite two of them having quite difficult journeys — were still able
> to have been housed and supported to get housing with family and friends,
> and looking at their longer term options, whereas the last two really did
> struggle (Lead Tenant program staff).

An advantage of the SBM program was its ability to place young people in a
stand-by position for appropriate housing options to avoid the acceptance of
inappropriate housing because of support ending:

> there aren't a lot of options and sometimes leaving care feels a little bit like
> dumb luck and timing, you know? So, the planning can happen, but if
> there isn't a vacancy within kind of the foyer model or the service that you
> sort of would prefer, then that's off the table. That kind of has to happen in
> that window. So, some of the planning doesn't feel like it eventuates to the
> way we'd like it to. But whether you extend the age of statutory orders, or
> have a worker that can kind of cross it and pick up the mantle so it doesn't
> have to all be executed by that 18th birthday, then you can wait for the
> better option and I think that's really important (Home based care staff).

Two SBM supported young people commented that without access to SBM their
post-care trajectories could have been terrible:

> We talked about this the other day. I reckon I could have probably been
> dead… Then if I was homeless all the time, and I didn't have any food or
> shelter or anything, I would be sleeping on the street. I probably would
> have got pneumonia. I couldn't afford any food or something, I was

starved. So yeah, I probably would be dead (Jarrod, SBM supported young person).

Like, pretty much, if I didn't have SBM, I'd probably still be on drugs out in the gutter with nothing, because that's what happens. They (the government Department of Human Services) kick you out a couple of months before you're 18 with nowhere to go, no money, no job, no schooling. And how are you meant to get schooling? How are you meant to get a job? How is someone meant to give you a go when you're on drugs and you have no idea? You have no previous work experience, so you don't have a reference. You know what I mean? Like, how are you meant to go out, and how are you going to get a job when you're on the street? That was half my problem. I've only just been able to get into a course and start looking for work now because I have a stable address (Stacey, SBM supported young person, 20 years old).

In contrast, the eight young care leavers not supported by SBM each described pathways from care which included accessing homelessness support systems. The non SBM supported group tended to exhibit slightly lower levels of complexity, experiencing stability and support in their housing at the time of interview, and engagement with education, employment, and/or training. However prior to this period of stability, most of the non SBM supported young people had either returned to family post care or exited to unsustainable or inappropriate private rental properties. Consequently, seven of the eight young people experienced housing instability within six to 18 months of leaving care. This breakdown saw these young people requiring assistance from specialist homelessness services to access emergency accommodation such as refuges, or subsidised and supported accommodation as in transitional and public housing (Purtell, Mendes, Baidawi and Inder, 2016).

For example, two young people needed to access specialist housing support services due to initial arrangements breaking down:

I moved back to my mum's once or twice, and I moved back to my nan's once, but I was in care until I was 16. And then I moved into Lead Tenant just before my 17th birthday, and then I moved out pretty much just before my 18th birthday... I had to go and sleep on my nan's floor on a pull-out bed because there was no other housing opportunity. And then the [agency] where my worker worked, got me a house through their program, because they have a couple of units in a specific area (Christine, non SBM supported young person).

I was with my mum, but that kind of fell out and fell through again. And then I went from my mother's to my friend's house. It's my best friend, but I've always been a little bit weird and I don't want to intrude on personal family … They said I could stay as long as I wanted, but I said, "A month is

good." ... Since I left care, I stayed with my mum for about a year … Oh [then] friend and then caravan park and then here [supported accommodation] (George, non SBM supported young person).

Discussion

The SBM program targeted a group of vulnerable young people with complex needs who were considered to be at high risk of poor long-term outcomes. Most had exited from residential care, and held few positive family or community connections. Yet, the combination of relationship support and structural assistance provided by SBM seems to have been effective in facilitating positive outcomes for most of the SBM cohort in housing and other key areas such as health, education and family relationships. The key elements of the SBM model that contributed to these outcomes included: a long engagement period prior to exiting care that enabled workers to develop a good rapport with young people; ongoing holistic support accompanied by flexible brokerage funding that avoided siloing and assisted young people in their broader family, social and community contexts; effective leaving care planning and strong independent advocacy that encouraged the active participation of young people in key processes and specific housing support that provided a safety net to avoid the trauma of homelessness.

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