

'Just Beginnings'

The report of
Berry Street's
Leaving Care
Scoping Project



Report Author: Isla Whyte
Senior Project Worker,
Leaving Care
October 2011

Acknowledgements:

Berry Street would like to acknowledge the generosity of the Ian Potter Foundation and Mr Malcolm Chestney whose support made this project possible

CONTENTS

Preface	1
Executive Summary.....	2
Overview: Background to the Project.....	5
Definitions.....	6
SECTION 1 - THE BACKGROUND: LEAVING CARE POLICY & LEGISLATION	7
1.1 THE PUBLIC CONTEXT OF THE LEAVING CARE DEBATE.....	7
1.2 THE SOCIAL CONTEXT OF LEAVING CARE	8
1.3 AUSTRALIAN GOVERNMENT POLICY DIRECTION FOR LEAVING CARE:.....	9
1.4 VICTORIAN GOVERNMENT POLICY FOR LEAVING CARE	10
1.5 THE ECONOMIC COSTS OF LEAVING CARE	10
1.6 FUNDING FOR VICTORIAN LEAVING CARE PROGRAMS.....	11
1.7 INTERNATIONAL RESEARCH ON OUTCOMES FOR CARE LEAVERS.....	11
1.8 AUSTRALIAN RESEARCH ON OUTCOMES FOR CARE LEAVERS.....	13
1.9 LEGISLATIVE REFORM	14
1.9.1 International Legislation	14
1.9.2 Victorian Legislative reform.....	15
1.10 VICTORIAN LEAVING CARE SERVICES.....	16
1.11 IN SUMMARY	18
SECTION TWO - THE CARE LEAVERS AND THE OUTCOMES.....	19
2.1 THE NUMBERS OF CHILDREN LEAVING CARE:	19
2.2 THE CARE LEAVERS.....	19
2.3 OUTCOMES FOR CARE LEAVERS	22
2.4 YOUNG PEOPLE WITH A DISABILITY.....	29
2.5 INDIGENOUS YOUNG PEOPLE LEAVING CARE	30
2.6 IN SUMMARY	30
SECTION THREE - BERRY STREET EXPERIENCE OF LEAVING CARE	32
3.1 BERRY STREET'S OUT OF HOME CARE & LEAVING CARE PROVISION	32
3.2 CONSULTATION WITH BERRY STREET'S STAFF	33
3.3 BERRY STREET'S SUBMISSION TO THE VULNERABLE CHILDREN'S INQUIRY.....	36
SECTION FOUR - WHAT WORKS.....	38
4.1 THE LEAVING CARE CONTINUUM	38
4.2 FRAMEWORK FOR BEST PRACTICE:	38

4.3	FEATURES OF EFFECTIVE SUPPORT AND PLANNING	38
4.4	MODES OF SUPPORT.....	40
4.5	PREPARATION FOR LEAVING CARE	41
4.5.1	Assessment	41
4.5.2	Planning.....	41
4.5.3	Identification of needs	42
4.6	INDEPENDENT LIVING & LIFE SKILLS TRAINING:	42
4.7	OPPORTUNITIES DURING TRANSITION:	43
4.8	RESIDENTIAL CARE WITH AN INDEPENDENT LIVING FOCUS	44
4.9	HOME BASED CARE MODELS	45
4.9.1	Remaining in foster care until 21	45
4.9.2	Transitional Independent Living Foster Care	46
4.10	COMMUNITY OPTIONS	46
4.10.1	Lead Tenant.....	46
4.10.2	Training flats and taster flats	47
4.10.3	Scattered site apartments.....	47
4.10.4	Foyers and supervised apartments.....	48
4.11	EARLY PARENTING SUPPORT MODEL	49
4.12	PERSONAL ADVISERS.....	50
4.13	COMMUNITY DEVELOPMENT MODEL/MENTORING	51
4.14	EDUCATION/EMPLOYMENT	52
4.15	FINANCIAL SUPPORT	53
4.16	LIFE STORY WORK	54
4.17	RESOURCE MANUALS.....	55
4.18	SOCIAL MEDIA	55
4.19	DEDICATED SUPPORT SERVICE.....	55
SECTION FIVE – CONCLUSION		57
5.1	RECOMMENDED AREAS FOR PROGRAM DEVELOPMENT.....	57
5.1.1	High quality, stable care.....	58
5.1.2	Life Skills Program	58
5.1.3	Creating Community Connections	59
5.1.4	Education, Training & Employment Pathways Program.....	59
5.1.5	Supported Accommodation Models	59
5.1.6	Programs for Pregnant & Parenting Care Leavers	60

5.1.7	Personal Advisers	60
5.1.8	Centralised specialist support service for care leavers.....	61
5.1.9	Utilising Social Media	61
5.2	PROGRAM DEVELOPMENT PRIORITY FOR BERRY STREET	61
5.3	OPPORTUNITIES FOR ADVOCACY.....	62
APPENDIX 1		64
APPENDIX 2 - MODEL OF CURRENT LEAVING CARE SERVICES IN VICTORIA.....		67
BIBLIOGRAPHY		68

Preface

Berry Street is one of the largest providers of out of home care across the state of Victoria. Increased demand for service provision, and increased outsourcing from the Department of Human Services (DHS), has ensured that out of home care services continue to form a key part of Berry Street's core business. Berry Street remains committed to the most vulnerable and marginalised children and families within Victoria, with a particular emphasis on working with children and young people who have more complex and challenging presentations.

While Berry Street strives to provide a quality service to all children and young people in its care, over recent years a greater focus has been placed on the experience of those young people who are leaving care, that is, they are transitioning from the out of home care system, and often simultaneously exiting the statutory Child Protection system.

Research from Australia and overseas has identified that many young people who leave care face consistent challenges into adulthood that impair their capacity to engage effectively as citizens. Over-representation within the homelessness sector, low educational attainment, chronic poverty, unemployment and early parenting are often a feature of this population. And while some young people struggle in their transition, other young people from a background in out-of-home care demonstrate considerable resilience and adaptability in response to their changing circumstances. The differences in outcomes for care leavers suggests that different approaches and service provision both during care, and post care, may have marked implications for their future trajectories.

It would be wrong to assume that those young people who experience difficulty leaving care would be confined to young people exiting residential care. Evidence shows that the challenges faced by young people leaving care extend across all placement types, including foster care and kinship care, as well as residential care. One of the keys to improving leaving care outcomes is the understanding and acknowledgment that leaving care skills and practices should be embedded within the care experience itself, rather than delayed until the last 2 years prior to exiting.

The service sector has a responsibility to approach leaving care from the perspective that: services must address the pre-care experiences that led to the child being placed away from their family of origin; there needs to be further focus on the experience of being in-care; and there must be recognition of the need to support young people post-care (Cashmore & Paxman 1996; Stein 1997; Mendes 2009).

Berry Street recognises its obligation to support the children and young people in our care and provides them with the optimum opportunities to develop skills that will allow them to be engaged members of the community.

Executive Summary

All Australian states and territories, including Victoria, are somewhat behind our international counterparts in formulating a more effective response to the needs of care leavers. Despite criticisms that have been levelled at the response to care leavers in key Australian reports for more than twenty years, State and Federal Governments have been slow to respond to the mounting evidence of the disadvantage experienced by care leavers.

The current situation:

Care leavers are failing to transition successfully to independent living and, by default, become entrenched within a cycle of unstable housing, unemployment and chronic poverty. Many lack the basic skills and abilities to remove themselves from these circumstances without considerable support. Studies suggest that the economic cost of a poor transition from out of home care over the life course of a young person is over \$700 000. This is largely due to increased reliance upon the public welfare systems in Australia.

- 64% of care leavers will experience primary homelessness within 2 years of exiting the care system and many become entrenched within this system, with over 42% of adults within the homelessness system having a history of placement in out of home care.
- Only a third of all care leavers will complete Year 12, with many failing to complete Year 10 and few will progress to further education opportunities.
- Many care leavers will experience significant mental health issues, with suggestions that over 50% experience depression, substance abuse issues and post traumatic stress symptoms that require medication and professional intervention.
- Care leavers are over represented in the justice system, with a NSW report indicating that 28% of male and 39% of female detainees had a history of placement in out-of-home care.
- Research has identified that 30% of young woman who have a history of out-of-home care placement had had at least one child by age 19 and this significantly impacts upon a young woman's future education and employment potential.

The current responses:

Recent legislative reform and funding from the Department of Human Services within Victoria has provided additional leaving care supports up to the age of 21. In Victoria funded services include a helpline, mentoring, supported housing and post care support, and planning is underway for a service supporting education and employment prospects for care leavers. The Commonwealth provides one off financial support. However there are gaps and problems in relation to available responses:

- The system is fragmented with a range of different organisations delivering parts of the response. This is confusing for care leavers and does not provide continuity of relationships.
- Service system components each have limitations, particularly in relation to the timing or duration of service, and this creates difficulties for an increasingly complex population of care leavers.
- Increasing emphasis is being placed on the need for adequate planning and preparation for young people approaching the age of leaving care, but this planning and preparation is not being reinforced through good case planning.
- There are simply not enough transitional and post care accommodation options and a greater variety of options are required.
- The current leaving care system is not resourced to respond to the needs of young people who exhibit high risk behaviours, yet these are frequently the most vulnerable population.
- There is poor service system integration in responses to the needs of young people from more marginalised groups such as those with an **intellectual** disability, pregnant and parenting young people, and indigenous young people.

What works:

Australian and international research suggests that there are a broad range of interventions that will promote positive outcomes for care leavers.

- Evidence suggests that the preparation for leaving care occurs on a continuum of skill development that is integrated into the out of home care experience. These skills are developed: intrinsically, through placement stability, therapeutic intervention, educational stability and relationship consistency; and overtly, through more targeted skill development such as independent living skills programs and mentoring relationships.
- A young person needs the opportunity to rehearse and practice skills in a supported environment. Types of accommodation that are available include models currently operating within Berry Street, such as lead tenant programs and ACP house, to a more comprehensive range of housing services delivered by housing specific services such as foyer models and scattered site apartments.
- Community based supports have been identified as providing a more holistic response to care leavers. These community based supports include a personal adviser model of individualised support, mentoring and targeted service provision to address education and employment issues.
- In conjunction with personal support, young people can be assisted through resources specific to care leavers' needs, such as resource manuals or an integrated social media strategy.

What Berry Street is doing:

- Berry Street currently provides government funded leaving care services in our Hume, Gippsland and North West regions through the provision of direct leaving care services, post care support, information & referral services and mentoring, in addition to the provision of accommodation options such as lead tenant, ACP house and the pending White House project.
- Berry Street has developed a resource manual for young people making the transition to independence.
- Berry Street recognises that we need to integrate leaving care preparation into our entire out of home care provision.
- Berry Street recognises that the current service provision is not adequate to meet the needs of our client group and is actively seeking opportunities to develop more comprehensive responses at a programmatic level and through advocacy and service expansion and development.

The specific challenge:

Berry Street has a strong commitment to meeting the needs of the most disadvantaged, marginalised and complex children and families in Victoria. Within this context, many of our program areas deliver services to increasingly challenging and complex young people residing in out of home care, in both home based care placements and residential units. These young people are often isolated from their communities, often in response to their complexity. The current leaving care system is unable to meet the challenges presented by this client group due to the design of the service system and the resources currently allocated.

These complex young people have co morbidities that frequently preclude them from mainstream service provision, with limited or no community based supports and they struggle in the required transition to independence. They frequently exit the out of home care system into the homelessness system in which they become entrenched or alternatively they become incarcerated and entrenched within the justice system. Berry Street is seeking to develop innovative solutions, informed by international research & practice, to better meet the needs of this most vulnerable population.

Berry Street's response:

The issues facing care leavers are significant and complex and there is no "quick fix" solution, nor is there a solution that is universal. Rather, the complexity of the issues and the needs of this vulnerable population call for a suite of complementary services that can be accessed across the continuum of a young person's

developmental stages. The challenge to the service system is to provide adequate resource provision across the out of home care experience, during the transition to independence and post care. The system needs to provide optimum opportunity for skill development and learning to ameliorate the inherent disadvantage that these young people experience before entering care and from being raised within an out of home care system. In order to achieve this we are committed to:

- Ensure our own direct service delivery promotes improved leaving care outcomes.
- Promote organisation wide development of more robust leaving care planning processes including assessment and the promotion of skill development across all areas of our out of home care provision and case management services.
- Actively seek opportunities to develop new service responses to address leaving care needs.
- Enhance existing service delivery, and meet an identified service gap, by seeking funds for the piloting of a personal adviser model of leaving care support within our Intensive Case Management Services.
- Further develop a range of tools and resources that highlight the needs of young people preparing to leave care and readily equip staff and carers to promote skill development.
- Use our organisational position to drive a strong advocacy agenda to highlight the needs of this vulnerable group both within the community sector and across all areas of government.
- Actively pursue opportunities to develop more integrated responses to the needs of young people in out of home care and leaving care through partnerships with external providers.
- Participate in research projects so we understand more about both needs and effective service responses.

Overview: Background to the Project

In 2009-2010 Berry Street services provided 656 placements across the regions in which we provide out of home care: Hume, North & West Metropolitan, Southern Metropolitan, Eastern Metropolitan and Gippsland. These 656 placements were spread across residential care, foster care and kinship care. In addition to providing out-of-home care, Berry Street is a provider of funded leaving care programs in North & West region and Hume region, as well as operating a partnership with Whitelion to provide a leaving care mentoring program in the Gippsland region. Hume region are currently in the process of expanding their service provision to include a mentoring program.

In response to the documented concerns and increasing anecdotal evidence, and the practice wisdom of Berry Street program staff, leaving care was highlighted as an area of organisational priority for service innovation in the Berry Street Strategic Directions 2027 which states the following:

Integrated support for young people leaving care

Each year approximately 400 Victorian teenagers leave care and must fend for themselves without the back up support of a family. Report after report has documented that many of these teenagers go straight from Out of Home Care to homelessness, unemployment and all the social problems that being so vulnerable creates. We will develop, pilot, evaluate and promote services and policies to support young people make a successful transition to adulthood.

Berry Street was successful in receiving significant funding from the Ian Potter Foundation to undertake the “My Life – Our Community” project. The balance of the funding was received from a major donor. The purpose of the project was to **“establish answers and action for early intervention approaches for young people with complex presentations who are in care in Victoria, to prevent homelessness when they leave care.”**

The project draws on the experiences of the current cohort of young people preparing to leave care, and aims to identify potential models of service to better serve the needs of this client group and thus provide an opportunity for improved outcomes. The project also includes a literature review on current knowledge and practice of leaving care and leaving care service models from around the world. Finally, we make recommendations as to approaches that could be implemented by Berry Street in the future, and we identify where Government policy and resource allocation should be changed to enhance the long term outcomes for young people who have been in State Care.

Definitions

The phases of leaving care can be more clearly defined into two distinct stages: **leaving care** which focuses on the preparation of children and young people to exit the out-of-home care system; and **post care** which refers to the period after the cessation of formal child protection intervention. For the purposes of this document, the term “leaving care” will refer to the stages of both the preparation and after care experience, unless otherwise specified. Internationally leaving care is referred to under a number of umbrella terms including “aging out”, “transitioning” and “emancipation”.

For the purposes of this report, the types of out-of-home care models are defined as:

Home-based care – where placement is in the home of a carer who is reimbursed for expenses in caring for the child.

The three categories of home-based care are:

Foster care – where care is provided in the private home of a substitute family which receives payment that is intended to cover the child’s living expenses;

Kinship care – where the caregiver is a family member or a person with a pre-existing relationship with the child;

Other home-based care – care in private homes that does not fit into the above categories.

Residential care – where placement is in a residential building whose purpose is to provide placement for children and where there is paid staff. This includes facilities where there is rostered staff, where there is a live-in carer and where staff are off-site (for example, a lead tenant or supported residence arrangement).

Family group homes – where placement is in a residential building which is owned by the jurisdiction and which typically run like family homes, have a limited number of children and are cared for around the clock by paid resident or substitute parents.

Independent living – where children are living independently, such as those in private boarding arrangements.

Other – where the placement type does not fit into the above categories or is unknown” (Australian Government Department of Senate Community Affairs Committee 2005, p. 78)

For the purposes of this report, **homelessness** will refer to accommodation stipulated by the following discrete categories.

Primary homelessness refers to people with no accommodation.

Secondary homelessness is defined as people who move frequently within temporary housing options such as crisis accommodation and transitional housing.

Tertiary homelessness refers to people who reside in medium to long term boarding houses (Chamberlain & McKenzie 1992).

SECTION 1 - THE BACKGROUND: LEAVING CARE POLICY & LEGISLATION

1.1 THE PUBLIC CONTEXT OF THE LEAVING CARE DEBATE

The concerns relating to the challenges facing young people leaving care are not new. Over the past 30 years, numerous reports in Australia and internationally have raised concerns about the correlation between State care and social disadvantage – particularly in the area of homelessness. The visibility of the homeless population, the service system surrounding them, and the data collection systems to inform early intervention strategies, as well as Government investigations, have consistently identified an over-represented population of people who have previously resided in state care.

In 1989 the United Nations adopted the Convention on the Rights of the Child (UNCRC) outlining the responsibility of signatories in the event that the State had to assume the parenting role. Article 20 of the UNCRC contains states: “A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.” The UNCRC identifies that a child is considered to be a person under the age of 18. (United Nations 1989)

In November 2009, the United Nations General Assembly adopted the resolution for Guidelines for the Alternative Care of Children. The guidelines relate specifically to the expectations of the standard of care and protection that children receive when unable to be cared for by their family of origin. Section VII (E) 131-136 Support for Aftercare outlines the responsibilities for the preparation and delivery of aftercare services. (United Nations 2009)

In the United Nations Human Rights and Equal Opportunity Commission (HREOC) Report 1989 “Our Homeless Children”, Brian Burdekin clearly identified the correlation of young people leaving state care and their overrepresentation in the homelessness population. The Burdekin report was critical of the fact that many young adults were leaving state care and transitioning straight into the homelessness system (Burdekin et al 1989).

Following the release of the Burdekin report, a groundswell of research began to emerge supporting the findings of high levels of care leavers entering the homelessness system. Reports from the Brotherhood of St Laurence (Taylor 1990) and the Salvation Army Crossroads (Hirst 1989) supported the assertion that there was a clear over-representation within the homelessness service system. This was further reinforced by the first large scale Australian research to be undertaken. “The Longitudinal Study of Wards Leaving Care” provided a sobering overview of the leaving care experience for former wards of state in New South Wales (Cashmore & Paxman 1996).

In 1996 the Auditor General of Victoria released Protecting Victoria’s Children: The role of the Department of Human Services. The Auditor General raised concerns regarding the care experiences of children residing in out-of-home care within Victoria across a diverse range of performance indicators including but not limited to; placement instability; educational attainment; delays within the Children’s Court process impacting on timeliness of decision making and planning; and the responsibility of the Department of Human Services to plan and support young people leaving care. This report was a catalyst for significant changes within the Child Protection and out-of-home care system including a move towards greater service provision being delivered by the community service organisation (CSO) sector.

While there was increasing attention and recognition of the need for service provision for care leavers, further reports such as Australia’s Homeless Youth (National Youth Commission 2008) continued to highlight service deficits and need. While the homelessness service system was key in initially identifying concerning outcomes for some care leavers, greater focus on Australian and International research into care leavers experiences, including longitudinal studies, demonstrated that the negative outcomes for care leavers were not confined to housing and homelessness. Many former care leavers reported significant

disadvantage across a broad spectrum of outcome areas including; relationships, parenting, education, employment, health, mental health, and involvement in the criminal justice system.

Identified concerns were reinforced in August 2004 within the *Forgotten Australians* report (Commonwealth of Australia 2004) following the Senate inquiry into Australian's who experienced out-of-home care or institutional care as children. The report highlighted the significant disadvantages and lifetime impacts experienced by many children raised within the welfare service system, both government and non-government, and this knowledge informed the Federal Government's National Apology to Forgotten Australians issued in 2009.

The Victoria's Children, Youth and Families Act (2005) legislated for leaving care service provision to be available to care leavers up to the age of 21. Unfortunately the legislation does not clearly articulate what that level of support includes, or specify the nature of support. The interpretation of the legislation is at the discretion of the Department of Human Services and the service providers.

In spite of legislative change, the Victorian Ombudsman, in his own motion investigation into Child Protection – out of home care (2010), was critical of elements of leaving care practice and made a number of recommendations. The Ombudsman advised that evidence obtained throughout his investigation indicated that there were “children in Victoria leaving care at 18 years of age with insufficient preparation and little or no ongoing support.” The Department of Human Services responded to the concerns by outlining initiatives to be implemented in 2010 including: further training for staff/carers; transitional accommodation programs; a telephone information and referral service for care leavers; and enhanced planning for young people leaving care (Ombudsman Victoria 2010).

1.2 THE SOCIAL CONTEXT OF LEAVING CARE

In Australia there has been a shifting expectation of young people remaining in the care of their families for an increasing period of time, often into their mid-twenties. Economic factors including a lack of affordable housing options, low income support levels for young adults, and Government Policy that endorses an expectation of parents continuing to support their children until at least age 21, has delayed the timing of young people leaving home. Nearly 50% of males and females aged 18-24 years had never left the family home, and of those that had left home, over 30% had returned home at least once since leaving home (ABS 2009). The median age of males leaving home for the first time was 20.9 years, and for females in the same age range it was 19.8 years. In addition to economic factors, social factors also demonstrate that young people are delaying traditional transition points promoting exits from the family home, such as marriage and childbirth, until much later (ABS 2009).

Australia has become a society that emphasises the importance of post-secondary education and training and this extends the period that young people are engaged in education. At the same time as policy has promoted educational attainment, the economy has experienced a marked decline in both the unskilled and youth labour markets. Federal Government policy has placed greater emphasis on an “Earn or Learn” model of youth participation until age 21. Engagement in education, or in early career development such as apprenticeships and training, often necessitates young people remaining at home, in part driven by economic circumstances. For young people engaged in fulltime study there is an inherent belief within government income policy that a young person's parents will continue to financially support them.

Further economic factors that impact care leavers are an increase in the demand for affordable housing and social housing. An overall surge in the cost of home ownership across all States and Territories, and an increasingly tight rental market, has led to unprecedented high rental costs with median rents increasing by 43.5% over the past five years (REIV 2011). There are approximately 37 430 people on the Office of Housing waiting list as of March 2011 with over 9,600 people on the waiting list eligible for early housing. The combination of these factors decreases the ability of many young people to be able to access affordable accommodation, forcing them to remain with their families for extended periods, or alternatively access less stable forms of accommodation.

Young people who do leave home are often able to draw on the support of their parents, either financial, emotional or both, to assist them with the process of transitioning to greater independence. In contrast, young people in state care are often required to leave care at or before age 18 and, unlike their peers, they often do so without any family support or safety net in the event that things go wrong. Young people frequently move from a highly supported environment such as residential care, to being in the community with an expectation of self-sufficiency and independence. Not only are young people who reside in out-of-home care expected to move on at a significantly younger age than their peers, and assume greater levels of self-reliance, often with limited supports, they are also expected to achieve this at a time in their life when they may be experiencing other changes such as the completion of secondary school and the engagement with employment or further education.

Researcher Mike Stein refers to the experiences of care leavers as accelerated and compressed transitions. He identifies that care leavers are required to make a more rapid transition to adult responsibility in a shorter timeframe than their non-care peers (Stein 1997). This rapid transformation then makes it difficult for young people to progress through a staged transition process. It is identified that transition has three distinct phases that need to be progressed through: leaving or disengagement; transition itself; and integration of the transition experience into personal ability.

Because the transition from out-of-home care is often accelerated, the ability for young people to integrate the experience of transition, and progress through these phases of transition, may be inhibited. Young people are expected to demonstrate complex independent capabilities at an earlier age, with limited support and limited or no opportunity to rehearse and practice key skills prior to leaving care.

1.3 AUSTRALIAN GOVERNMENT POLICY DIRECTION FOR LEAVING CARE:

Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009 – 2020, was endorsed by the Council of Australian Governments (COAG) in April 2009. The Framework advocates an integrated and early intervention response to issues of child welfare, incorporating roles for Government, non-Government providers and the community as a whole as a means of moving away from a "protecting children" model, to a more holistically focussed community approach to improving child health, safety and wellbeing (Commonwealth of Australia 2009).

Of the six supporting outcomes documented within the National Framework, Supporting Outcome 4 makes specific reference to care leavers. The Framework acknowledges research outcomes that highlight the vulnerability of the leaving care population. It draws on the previous longitudinal research studies and acknowledges that young people leaving care are at risk of experiencing negative outcomes across a range of life dimensions and, in order to redress these potential areas of deficit, young people in out of home care require additional support and resources to ensure that they gain increased skills across a broad range of developmental areas. It is further identified that these skills need to be developed throughout their time in the out of home care system to ensure that they are adequately prepared and resourced to meet the demands of independent living once they leave care (Commonwealth of Australia 2009).

The National Framework identifies the key 3 year action priorities for service development in the area of leaving care. These priorities include: increased support to be provided by community service organisations to assist young people to develop their independence; encouragement of States and Territories to develop initiatives in the provision of leaving care service delivery; and, it seeks to "implement a policy of 'no exits into homelessness'" from statutory care (Commonwealth of Australia 2009).

The Federal Government's National Standards for Out-Of-Home care are an effort to influence and provide more positive long term outcomes for children and young people residing in out-of-home care through the provision of more stable placements, with attention to be given to health and educational needs, and focussing on areas that have been shown to contribute to more favourable leaving care outcomes. Standard 13 requires that "Children and young people have a transition from care plan commencing at 15 years old which details support to be provided after leaving care"(Commonwealth of Australia 2010a).

In response to the National Framework agenda and the National Framework Action Plan 2009-2012, the Department of Families, Housing, Community Services and Indigenous Affairs (FACHSIA) and the National Framework Implementation Working Group published the “Transitioning from out of home care to independence” document in December 2010. The purpose of the document is to provide a framework to implement a more nationally consistent and cohesive approach to leaving care planning and leaving care entitlements (Commonwealth of Australia 2010b).

1.4 VICTORIAN GOVERNMENT POLICY FOR LEAVING CARE

The State Government’s framework for the care of young people in Victoria aged 10-25 is clearly articulated in the document Positive Pathways for Victoria’s Vulnerable Young People. The document outlines the needs of the Victorian adolescents and the proposed policy responses to them. Within the policy framework the Government clearly acknowledges young people living in out-of-home care to be a high risk group (DHS 2010).

Leaving care policy was implemented in Victoria in 2002 with the funding of two pilot programs across two DHS regions. The need for greater service provision to care leavers was formally legislated for in the Children Youth & Families Act 2005 that identifies that post care support should be available to young people leaving State Care until the age of 21.

More recently, the Government identified that it would expand service provision to young people who require additional assistance up until the age of 25. At this stage the increase in the age to which young people receive services is a policy direction for the Government, and is not yet subject to legislative change.

DHS in Victoria established the Leaving Care Statewide forums (LCSF) in 2005 to promote a collaborative approach between Government, CSO’s, and young people in out-of-home care and care representatives to raise and address the issues facing care leavers in Victoria. From this model, regional DHS developed the Regional Leaving Care Alliances (RLCA) across Victoria to promote relationships and a solution-focussed approach to the issues. Since that time there has been an increasing focus on the need for enhanced leaving care provisions and much of this was driven by the Office of Housing who funded post-care support initiatives and mentoring programs.

The Community Service Organisation Registration Standards, introduced as part of the legislative changes with the CYFA 2005, further articulates the role of the CSO in promoting the needs of young people leaving care.

1.5 THE ECONOMIC COSTS OF LEAVING CARE

Poor transition from care has implications not only for the young person, but also for society as a whole. A young person’s social marginalisation, exclusion, and its inherent personal costs cannot easily be quantified into a monetary value. However there is increasing evidence that the indirect costs of service provision for high needs service users through lack of societal contribution due to low level employment or long term unemployment and inability to contribute effectively to taxation systems, all add up to a significant financial cost that needs to be acknowledged and addressed. Poor outcomes for care leavers are evidenced to have significant financial ramifications for governments, both now and in the future.

Two key studies of the cost of poor outcomes for care leavers have been undertaken in Victoria and estimate the financial cost of poor outcomes for care leavers. A study undertaken in partnership between Monash University and the Centre for Excellence estimated costs for the estimated 450 young people exiting care annually is \$738,741 per young person over their life course drawing on the costs of service provision across the spectrum of social services including health services, mental health, police, justice, corrections, drug & alcohol services, and housing. The cost also calculates lost revenue that the government will not accrue due to diminished earning capacity. Overall, one group of 450 young people

leaving care will cost the State Government a further \$332 million dollars over their lifetime, and there is a new cohort of young people leaving care each year (Raman et al. 2005). These findings were echoed by a 2006 study that looked at the cost to the whole of Australia to support care leavers. By predicting the level of future service use, and identifying that half of care leavers were likely to become heavy users of service provision, research estimated the cost across Australia will be \$2 billion over the life course or an estimated \$43 million per annum. Given the societal cost, investment in services and supports for this vulnerable group of young people makes economic sense (Morgan Disney 2006).

1.6 FUNDING FOR VICTORIAN LEAVING CARE PROGRAMS

Funding for leaving care services in Victoria as reported in 2009 was \$3.17 million per annum (recurrent, increasing to \$3.65 million) with \$1.7 million allocated to the funding of service delivery of mentoring and post care support and information services (PCSIR) services, and \$1.4 million dollars for brokerage (McDowall 2009). In addition to the funding provided by the Department of Human Services, the Office of Housing allocates and additional \$1.2 million per annum to fund leaving care services in Victoria.

In keeping with pre-election pledges made by the Liberal Party opposition prior to the State election in 2010, the 2011-2012 budget allocated a further \$16.9 million over four years. The intention of this additional investment is to establish employment and vocational training programs for care leavers, fund research, and establish an Indigenous specific leaving care service. It remains unclear whether additional funds are going to be made available to leaving care and post care information and referral services to provide the additional support that the Victorian Government has pledged to care leavers up to the age of 25. This would potentially double the duration of intended service provision and would need to be resourced accordingly.

Budgetary expenditure for the provision of DHS child protection services, out-of-home care and intensive family support services and in Victoria for 2009-2010 overall was \$ 503.5 million. The provision for leaving care services is less than 1% of budget expenditure (Bromfield 2011). There is acknowledgment that the Department of Human Services has placed greater emphasis on supporting vulnerable children and young people to remain at home rather than enter the out-of-home care sector through the provision of additional community based early intervention services.

1.7 INTERNATIONAL RESEARCH ON OUTCOMES FOR CARE LEAVERS

Large scale studies of outcomes for care leavers are becoming increasingly common as the issue of leaving care gains considerable international attention. Countries that have constructed a formal Child Protection system, with formalised out-of-home care provision, all appear to recognise the need to better support young people leaving care. To draw together international research, knowledge and best practice examples, key researchers have formed the International Research Network on Transitions to Adulthood from Care (INTRAC) to share information, resources, and assist in the promotion of best practice and policy innovation. INTRAC currently includes representatives from 16 countries around the world including Scandinavia, Eastern Europe, and the Middle East (Stein & Munro ed. 2008).

Researchers into leaving care caution that before entering into discussion on the implications of longitudinal studies, it is important to note that many of the studies have been undertaken in other jurisdictions (Stein & Munro ed.2008). It is difficult to rigidly apply international learning to an Australian context due to the societal differences. It is important to highlight the areas of commonality and consistent themes that emerge from the outcomes of international studies, rather than draw exacting conclusions.

In addition to societal differences with international counterparts, the Australian context of leaving care and international experiences vary significantly due to legislative frameworks. The United States of America has a very different child protection system, with significant State by State variations, that supports the formal termination of parental rights and promotes adoption in an effort to enhance permanency planning

for children placed in out-of-home care. The United States and the United Kingdom have enacted significant legislative reform since the mid 1980's to ensure a greater service response to care leavers and to promote adequate and specific resources being made available.

In the United States, smaller studies of care outcomes have been undertaken since the 1920's but the research undertaken by Trudy Festinger (1983) in "No one asked us – A postscript to foster care" set the standard due to its comprehensive nature, scope of the study, and its longitudinal nature with follow up occurring with participants 4-5 years after they had left care. It was the first comprehensive report on foster care outcomes for a large sample of those who had been raised in out-of-home care in New York. The key feature of the Festinger study was that outcomes were able to be compared to representatives of the non-care population through established research to provide a more rigorous analysis of the impact of being raised in care on care leavers.

A National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth was undertaken in the United States between 1988 & 1990 to ascertain the efficacy of independent living programs on the outcomes for young people exiting foster care. Also known as the Westat study, the research used a combination of case record data and follow up interviews to gather their findings. The outcomes identified in the study influenced the focus and development of future policy and practice in the delivery of independent living skills training (Cook 1991).

The Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth preparing to Leave State Care, referred to as the Midwest study, provides research data on the experiences of young people leaving foster care across three states of America: Wisconsin, Iowa, & Illinois. The researchers from the University of Chicago have revisited the initial participants every two years since the project was initially reported in 2004. There have been 3 follow up reports:

- Midwest evaluation of the Adult Functioning of former foster youth: outcomes at age 19
- Midwest evaluation of functioning of former foster youth: outcomes at age 21
- Midwest Evaluation of the adult functioning of former foster youth: outcomes at ages 23 & 24.

The Midwest study has a number of intended benefits such as the capacity to report on the differing outcomes resulting from differences in state policy. For example, comparisons of outcomes for young people between states such as Illinois that supports foster care to remain in care until 21, in contrast to Iowa and Wisconsin who require young people to leave at 18 or 19 (Courtney et al. 2004; Courtney et al. 2005; Courtney et al. 2007; Courtney et al 2010).

The Casey Young Adult Survey: Findings over 3 years undertakes specific research on the outcomes for young people accommodated by Casey Family Programs in the United States. The Casey study records the outcomes for their 'alumni' and uses the Midwest study as a key comparison. Organisationally this allows for evaluation as to the efficacy of program models, delivery and the outcomes for program clients (Casey Family Programs 2008).

In the United Kingdom there has been a significant amount of research into the circumstances of young people leaving care. Studies such as Stein & Carey's Leaving Care (Stein & Carey 1986) and Nina Biehal's Moving On study (Biehal et al. 1995) highlighted the needs in the UK of care leavers, looking not only at experiences of being in care, but also the outcomes for young people once they left care. Biehal followed the paths of 74 care leavers in the two years following their exit from care and The Moving On study confirmed international findings: most young people leave care at earlier ages than their non-care peers: they often have considerable educational deficits and disadvantage; they have poor employment trajectories and capacity for social mobility; and they are likely to become parents at a much earlier age.

The value of social research is enhanced when Governments prioritise the collection of public data and researchers are able to use that data for comparative analysis. This is particularly relevant to the research undertaken into children and young people in out-of-home care, including leaving care, as it allows for clear comparisons with the experiences of children and young people **not** in care. The comparative nature of

studies allow for greater exploration and analysis of what Stein defines as the “legacy of care”. The “legacy of care” that is referred to is the ability to identify the impact of pre-care experiences, early intervention strategies to divert from the welfare system, the impact of placement within the care system and longitudinally, and identify outcomes for care leavers as a result of these experiences (Stein & Wade 2000).

1.8 AUSTRALIAN RESEARCH ON OUTCOMES FOR CARE LEAVERS

The Australian studies into leaving care outcomes include the “Longitudinal study of Wards Leaving Care 1996” and its follow up research five years later, undertaken by Cashmore & Paxman. This is the foremost longitudinal research study undertaken in Australia with 47 New South Wales care leavers who left wardship within a defined 12 month period. Participants were interviewed 3 months prior to leaving care, 3 months after leaving care, and 12 months after leaving care. The research was undertaken utilising control groups for contrast and comparison (Cashmore & Paxman 1996). To enhance the initial data, the researchers revisited the respondents in “Wards Leaving Care: four to five years on” (Cashmore & Paxman 2007). The scope of the research, its duration, the broad nature of the study across a range of outcome areas, and the use of control groups to provide comparative data, allowed a much more comprehensive collation of information than other research that occurred in Australia prior to this.

In 1999 further research was undertaken by Maunders et al. (1999) with 43 young people across all States of Australia who had resided in out-of-home care to evaluate their experiences of leaving care. The research built on the knowledge gained from the Cashmore and Paxman study and extended the scope, reviewing national policy and practice. While lacking the longitudinal review that was a key to the Cashmore & Paxman study, the outcomes highlighted that similar issues existed across all States.

Research undertaken within Australia since the early 2000s has included comparative studies of policy directions and legislation, nationally and internationally. Comparisons of policy and legislation between Victoria and New South Wales, Australia and New Zealand, the UK and Australia and international policy as a whole has focussed a greater level of scrutiny on current practices and draws on practice knowledge from international counterparts (Mendes 2004b; Mendes & Moselhuddin 2004; Mendes 2009).

More recently, there has been further outcome focussed research into areas such as the housing needs and pathways for care leavers (Mendes et al 2010; Johnson et al. 2010), the health and wellbeing needs of care leavers (Mendes et al 2009), substance use issues among care leavers (Baidawi & Mendes 2010), teenage pregnancy and parenting among care leavers (Mendes 2009c) and the use of a community development approach to support care leavers (Mendes 2011).

The focus on the development and understanding of the needs of care leavers from an Australian context heightens the emphasis on the need for a focussed leaving care agenda, highlights a need for advocacy to promote the needs of care leavers at a State and National level, and reinforces the learnings gained from international studies. The findings from research into outcomes for care leavers are outlined in Section 2 of this report.

1.9 LEGISLATIVE REFORM

An increased understanding of the issues facing care leavers as a result of research has pushed the agenda for legislative reform within the leaving care domain. Examining the outcomes of studies undertaken over the past 30 years in both the United States and the United Kingdom allows for some conclusions to be drawn as to the effectiveness of the legislative and resource reform that has been undertaken within both jurisdictions.

1.9.1 International Legislation

In the United States and the United Kingdom much of the change in focus on the needs of children leaving care has been driven by legislative reform that has been undertaken since the 1980's in both countries.

The United States commenced its legislative reform in the mid-1980s with the implementation of the Title IV-E Independent Living Skills Initiative of 1986. Legislative change was driven in part through acknowledgement of the evidence being garnered by research outcomes such as Festinger's, and in part legislative reform was driven by a successful legal challenge in New York State Supreme Court, *Palmer vs. Cuomo*. In this instance, a young person, Willie Palmer, took the State of New York to court for failing to provide him with adequate independent skills training and exiting him into homelessness upon discharge from foster care at 18.

The Title IV-E Independent Living Skills Initiative mandated that States make available independent living skills training to all young people leaving care up to the age of 21. Following research into the effectiveness of independent living skills programs and after reports of uneven distribution of service delivery, the United States Congress instituted the Adoption and Safe Families Act 1997. Additional reform occurred with the John H Chafee Foster Care Independence Act 1999. Known as the Chafee Act, this legislation increased available funding to States, through a matched funding model, to provide greater assistance to 18 to 21 year olds. The Act provides greater financial incentives to States to provide housing and medical services to care leavers. The flexibility of the funding model also encourages States to seek earlier interventions for care leavers with a view to developing skills across the care continuum in preparation for adulthood.

The legislation was further enhanced in 2002 with a commitment of recurring Federal Government funding for the provision of services and supports. With a commitment of federal funding, individual States are then able to use the monies to provide leaving care services that are relevant to individual State needs. However, it should be noted that there are significant discrepancies across States as to the age that young people are expected to leave care with an increasing number of States supporting young people to remain in foster care until age 21.

The United Kingdom commenced a shift in policy direction with the Children Act 1989 that was further expanded with The Children' Act (Leaving Care) 2000. The Children Act 1989 included targeted responses to the needs of children leaving care including the provision of support services to the age of 21 (and additional support beyond 21 for education expenses if required) including the need for pathway planning and the appointment of personal advisors. More importantly, it required interagency cooperation in providing assistance to care leavers, and it clearly legislated the Government responsibilities for service provision, invoking the obligation of whole of Government to take responsibility for its corporate parenting role.

The following is a synopsis of the provisions of the UK legislation:

- duty to advise, assist and befriend young people who are looked after with a view to promoting their welfare when they cease to be looked after (S 24:1)
- duty to advise and befriend young people under 21 who were looked after by the local authority or a voluntary agency after the age of 16 (S 24:2)
- duty to advise the relevant local authority when a young person who they are advising and befriending moves to another area (S 24:11)

- social services departments have the power to request the help of other departments, including housing authorities, to assist in the provision of services and these departments have a duty to comply so far as it is compatible with their own statutory duties (S 27:2)
- duty to establish a procedure for considering representations, including any complaint, made to them by a person qualifying for advice and assistance (S26:3)
- duty to accommodate any child in need who has reached the age of 16 if their welfare is likely to be seriously prejudiced without accommodation (S 20:3)
- power to assist in kind or, in exceptional circumstances, in cash, to any young person who qualifies for advice (S 24: 6/7)
- power to provide financial assistance connected with a young person's further education, employment or training (S 24:8)
- power for education and training grants to continue beyond 21 to enable a young person to complete their education or training (S 24:9)
- power to accommodate young people aged 16 to 20 in a community home, if that home accommodates young people who have reached 16, if to do so would safeguard or promote their welfare (S 20.5) (Stein & Wade 2000)

The legislative changes have led to a shift in policy direction that examines and responds to the needs of young people leaving care, but also the experiences of children and young people prior to being placed in, and residing in, out-of-home care.

As a legislated requirement, every young person in care in the UK is provided with a personal advisor once they reach 16. It is the responsibility of the personal advisor to work with the case manager, family and young person to develop a clear pathway plan that plans for all facets of the young person's leaving care needs and the pathway plan must be completed within 3 months of the young person turning 16. The pathway plan and the personal advisor do not supplant any other aspect of service provision, but they are an additional resource in the leaving care process. The personal advisor will continue to have a responsibility for the young person until they are 21, regardless of where they reside in the UK, and thus they remain a key contact point once a young person has left care.

1.9.2 Victorian Legislative reform

When a child or young person is placed in out-of-home care on a Custody to the Secretary or Guardianship Order the State steps in and assumes parental roles and becomes "parens patriae", that is, the young person becomes a "child of the nation". In these circumstances, the State assumes the parenting responsibility if the child or young person's biological parents are unable to fulfil the role. In essence, the State becomes the "corporate parent".

Australia as a whole has lagged behind our international peers in responding to leaving care support and legislative reform. While internationally, legislative reform to support care leavers has been on the agenda since the 1980s, Victoria did not legislate for leaving care requirements until the Children Youth & Families Act 2005. It is acknowledged that despite the lack of legislative demands, Victoria did acknowledge the needs of care leavers and sought to implement leaving care pilot programs in early 2002, with an expansion to the services occurring in 2005. However much of the change was driven by the CSO sector who took responsibility for driving research into the economic implications of poor leaving care outcomes (Mendes 2004).

Current Victorian legislation makes provision for support to be available to care leavers until age 21 while some States and Territories of Australia such as New South Wales and the Northern Territory have legislated for the provision of services until 25.

The Children, Youth and Families Act 2005 S16 outlines the responsibilities of the Secretary in the provision of care for children and young people. Subsection (g) outlines the responsibilities for care leavers as:

(g) to provide or arrange for the provision of services to assist in the supporting of a young person under 21 years to gain the capacity to make the transition to independent living where the person

- (i) has been in the custody or under the Guardianship of the Secretary; and
- (ii) on leaving the custody or guardianship is of an age to, or intends to, live independently;

The provision of support is not specified, unlike the UK model, and is reliant upon policy initiatives and direction to define the nature of service delivery responsibilities.

The Hon. Ted Baillieu, Premier of Victoria launched the *Protecting Victoria's Vulnerable Children Inquiry* on 31 January 2011. The Inquiry is investigating systemic problems in Victoria's child protection system and the Inquiry panel has been asked to make recommendations aimed at strengthening and improving the protection and support of vulnerable young Victorians. This Inquiry could potentially make recommendations relating to Leaving Care and could result in legislative change that would strengthen Government responsibility for care leavers.

1.10 VICTORIAN LEAVING CARE SERVICES

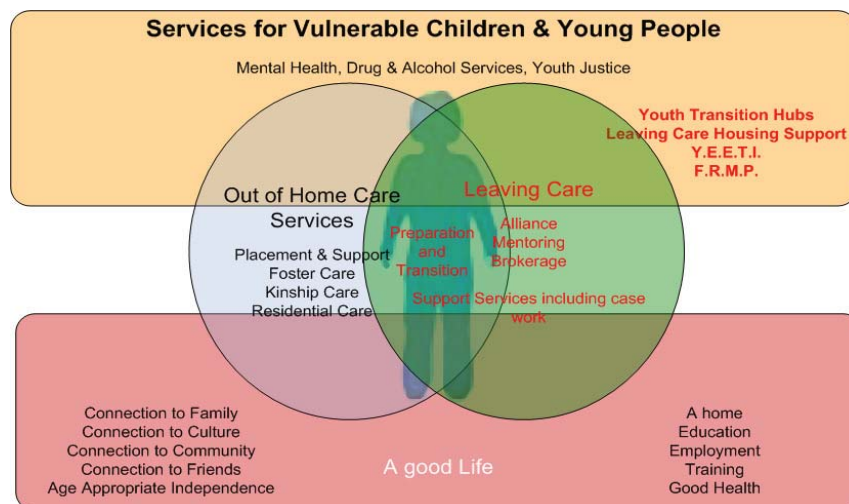
The criterion for young people eligible for leaving care services in Victoria is:

“young people aged up to 18 years of age making the transition to independent living from residential, lead tenant, home based or kinship care who are (or were) subject to a Custody or Guardianship to the Secretary on their 16th birthday (or after).

OR

young people 16 to 21 years of age who have exited state care, were subject to a Custody or Guardianship to the Secretary Order on their 16th birthday (or after) and subsequently seek post care assistance” (DHS 2008)

The Department of Human Services uses the following diagram to illustrate the focus of their leaving care strategy.



DHS 2008

The model outlines that underpinning the provision of leaving care services and formalised leaving care programs is that children and young people will be provided with the opportunity for “a good life” and that this occurs within the community as a normal part of child development processes (DHS 2008).

The current funding for leaving care services is derived from two sources, the Department of Human Services Children, Youth and Families division and the Office of Housing (OoH).

The Young People Leaving Care Housing and Support Initiative (YPLCH&SI) was developed by the OoH to respond to the needs of this vulnerable client group who were deemed to be at risk of homelessness. The YPLCH&SI is funded in all regions across the State in addition to the funding of a specific service provided by VACCA to address the needs of Indigenous care leavers.

The target population for the YPLCH&SI is identified as:

- Having limited access to alternative housing and support
- Have an ability to live in supported accommodation e.g. THM or private rental arrangements
- Have limited community connections
- And are assessed as being able to live independently within 2 years

The service is designed to provide planning assistance and support and assessment to care leavers 12 months prior to leaving formal care arrangements and is able to provide case management service provision for up to two years (12 months pre leaving care and 12 months post leaving care).

The service clearly identifies that it does not target young people who require long term case management for more than 2 years, or young people who have complex needs that have required individual packages of support while in care (DHS 2008).

DHS have also invested in leaving care mentoring services across the State. The stated purpose of the mentoring is “to provide young people transitioning from care with the opportunities to interact with adults in community settings. This helps promote personal relationships that safeguard against social isolation after the young person has left care.”

In addition to service provision from leaving care services, young care leavers in Victoria aged 18-21 can access the Post Care Information Support and Referral Service (PCISR) and apply for flexible brokerage funds to meet some support needs. There is also a leaving care telephone support line, funded by DHS and delivered by Melbourne City Mission, to provide a contact point for care leavers, including referral of young people to appropriate service providers (DHS 2008).

The current leaving care service model is not designed for, nor is it able to meet the needs of, more complex young people, and these are often the young people most in need of a service. Yet research informs us that young people in out-of-home care are demonstrating increasingly complex emotional and behavioural issues (Delfabbro 2010).

“The Office of Housing leaving care services have also identified that, given their limited resources and capacity, they struggle to support young people with very complex needs and young people who are at high risk. It is evident from the work of the OoH leaving care services that this remains a serious gap in the service system” (Centre for Excellence 2006).

The lack of systemic service response to young people with the most complex needs is a significant gap in service provision and is one of the most major dilemmas for Berry Street staff. These young people are the most vulnerable yet in many circumstances they are unable to access the services that they require.

For a current model of Victorian Leaving Care service delivery see Appendix 2.

1.11 IN SUMMARY

- Over the past 30 years, research and investigations have highlighted the concerns for young people leaving state care and many have been critical of the practices pertaining to care leavers.
- There is increasing focus, both in Australia and internationally, on the needs of care leavers in response to mounting evidence of poor outcomes.
- Internationally, particularly in the UK and USA, there has been legislative change to promote more effective leaving care support and practices.
- In Victoria the Children, Youth and Families Act 2005 includes provision for leaving care support until age 21.
- Victoria has developed a more detailed response to the support of care leavers than other states of Australia. This response has been driven by the Department of Human Services – both the Children, Youth & Families division and the Office of Housing.

SECTION TWO - THE CARE LEAVERS AND THE OUTCOMES

2.1 THE NUMBERS OF CHILDREN LEAVING CARE:

As of June 30 2010 the Australian Institute for Health & Welfare identified that there were 35 895 children and young people residing in out-of-home care placements across Australia. That is, within Australia, 7 of every 1000 children reside in an out-of-home care placement. The vast majority of these placements are in foster care (46%) and kinship care (46%), with fewer than 4% of children and young people residing in residential care (AIHW).

In Victoria, as of the June 30 2010 there were a total of 5469 children between 0 and 17 years of age residing in out-of-home care placements. Of these, 91.3% reside in foster care or kinship care placements, 0.4% or 23 young people were identified as residing in independent living arrangements, and 8% reside in residential care placements. As of June 30 2010, in comparison to other States and Territories, Victoria had the lowest level of placement in out-of-home care with an average of 4.4 children in placement of every 1000 children. As a comparison, New South Wales has 9.9 children out of every 1000 in out-of-home care placements.

The discrepancy between the utilisation of out-of-home care across the two States may be attributed to a broad range of factors including differing government policies. The Victorian Government has made significant investment in diversionary services such as Child FIRST in order to divert children families from the Child Protection and out-of-home care system.

The lower numbers of Victorian children being placed in out-of-home care may also acknowledge that for the Child Protection system, the utilisation of an out-of-home care placement occurs as a last resort, with a preference given to supporting families to remain together; alternatively, the lower numbers of children in out of home care may reflect a lack of capacity within the service system to be able to respond to demand with appropriate placements.

Within the Indigenous community, the statistics continue to represent a marked over-representation in the Child Protection system and the out of home care placement system as a whole. The national average is 48.4 per 1000 Indigenous children residing in out of home care across Australia, with Victoria surpassing the national average at 57.3 per 1000 children. Indigenous children are 10 times more likely to reside in out of home care than their non-indigenous counterparts (AIHW p 55). The over-representation of Indigenous children in out of home care is not reflected in the service delivery of leaving care services targeting Indigenous young people across the State.

The exact numbers of young people leaving care across Australia are more difficult to ascertain due to the different data recording and collection capacity across State jurisdictions. Data analysis in determining exact numbers is unclear or alternatively, unpublished. The Department of Human Services identifies that approximately 400 young people aged 16-18 leave State Care in any given year. The Department of Human Services utilises the number of young people aged 16 & 17 who are discharged from Custody and Guardianship orders annually and they estimate this to be approximately 400 young people. In published statistics of young people exiting out-of-home care placements in Victoria in 2009-2010, 666 young people aged between 15-17 years of age (AIHW p 48) were identified. The discrepancy of these figures is over 30% and the lack of clarity in exact numbers of clients and the method by which they are identified raises the possibility of the sector being over prescribed by demand and financially under resourced.

2.2 THE CARE LEAVERS

When a child or young person is placed in the care of the State it is usually because the child or young person has suffered significant harm because of abuse and neglect. The legacy of either of these circumstances that necessitates the involvement of the child protection system, and subsequent placement

in out-of-home care, is that the child is likely to have experienced a significant level of trauma that may have a lasting impact upon them. The key responsibility of the child protection system is to respond to and ameliorate the effects of this trauma through the provision of interventions and services that promote stability, therapeutic intervention, and alternative attachments and to also, wherever possible, prevent any further instances of abuse or neglect while that child is in care.

The available research identifies that not all young people experience difficulties in leaving care. As unique as individuals are, also unique is individual's capacity to engage in the process of change and adapt with or without support. Not every young person is going to struggle leaving care. Personal circumstances, levels of supports, peer networks, education, placement history, and a diverse array of factors all play a part in determining a young person's future.

Australian research has reported that there were a number of key factors that could assist young people transitioning to independence:

- the provision of a stable, positive experience in care;
- having resilience and belief in self;
- the availability of mentors or advocates, extended support provided by previous carers and workers and/or after-care support workers; and
- Family contact while in care, at time of transition from care, or re-established after leaving care.

Conversely, factors that were found to inhibit transition to independence included:

- unresolved anger towards family members, workers or the system;
- unsuitable and unstable placements and multiple changes of carers and workers;
- lack of sufficient income;
- Contact with the juvenile justice system and imprisonment, lack of preparation for leaving the justice system, and lack of later contact with the care system (Maunder et al.1999).

Despite the differences in the experiences and outcomes, the research that has been undertaken has clearly identified common themes that emerge amongst care leavers that form sub-groups shaped by common experiences. Examining these sub-groups provides valuable insight into early predictors of young people who are likely to struggle as they move into the transition phases.

Stein classified 3 distinct subgroups: the "moving on" group, the "survivors" group and the "victims" group – which has been renamed the "strugglers" group in later materials. Each of these groups has a clear subset of similarities that are likely indicators of capacity for transition. Influences on the capacity of young people will be discussed further in this paper.

The characteristics of the "moving on" group were largely young people who had experienced a higher level of placement stability and within that more stable environment, had been able to form key attachments with their caregiver.

The "survivor" group is more likely to feature young people who have experienced placement instability and have experienced multiple placement changes. These young people often leave care at a younger age in response to a "crisis" situation that is often unplanned, often in response to behavioural issues.

The "strugglers" group is the most disadvantaged group and these young people have often experienced such trauma and disadvantage from their experiences prior to entering care that they have been unable to recover. They demonstrate a marked range of behaviours such that their capacity to change their circumstances may be considerably limited, despite a comprehensive range of interventions. These are the young people who will require considerable assistance in the years following the exit from care (Stein 1997).

Further research defined four distinct subgroups with not dissimilar characteristics to those identified by Stein. Keller used data from the Midwest study to identify four distinct categories based upon seven key

indicators of functioning. These indicators were: employment, grade retention, early parenthood, problem behaviour, placement type, placement stability, and runaway history (Keller et al. 2007).

The “Distressed and disconnected” represented 43% of the sample and is the largest group. Characteristics of this group included history of placement instability, absconding, and higher levels of problem behaviour, including mental health issues and substance abuse, and lower employment levels. Indicators are that members of this group are more likely to have resided in residential care placements in response to their behavioural issues. It was also recognised that this group is more likely to present a greater challenge to the leaving care system than the other groups due to the level of complexity. Keller identified that this group is perceptibly disconnected from society in general and that while these young people are in greater need of support services post-care, they are the group less likely to be receptive to the support available through traditional outreach services. This population of care leavers share many characteristics with Stein’s “strugglers” group.

The “Competent and Connected” represented 38% of those sampled and these young people were more likely to have employment experience, but less likely to have problem behaviours. They were less likely to have “stayed down” or disconnected from school. These young people were more likely to come from a kinship placement, or a foster care placement, and slowly develop the skills and requirements for a more successful transition. Keller suggested that this group is connected to the community, has a broader range of social supports upon which to call upon in times of need, but still remains vulnerable due to their circumstances post care. Members of this group are more likely to value the input of a mentor and a support service.

The “Struggling but Staying” represented 14% of the sample group and had lower rates of early parenthood and no reports of absconding. However this group of young people had high rates of being retained a level in school, and to also exhibit problem behaviours such as criminal activity and expulsion from school. The young people from this group were more likely to have resided in foster care placements. This group of young people also responds well to service system intervention such as skill development and independent living opportunities that are made available. This group is also amenable to the support offered through leaving care services.

The “Hindered and Homebound” was 5% of the sample and they were characterised by early parenthood, high rates of being “kept down” at school, lack of employment experience. Keller acknowledges this group as being atypical in their presentation, particularly given that the young people are likely to be in kinship care, and he posits that the vulnerability of this group is largely within their lack of preparedness for independent living.

While subgroups emerged in both Stein’s research and the Midwest study, Australian research has identified two distinct pathways that exist for young people exiting out-of-home care. These pathways are the “smooth transition” and the “volatile transition” and represent all the subsets identified by Stein and Keller.

Australian research undertaken by the Australian Housing and Research Institute (AHURI) identified the different groups of young people leaving care who experienced a volatile transition from care or a smooth transition from care. The findings came from interviews with care leavers and the identification of factors that promoted positive outcomes. They found that young people who exited care with appropriate accommodation, strong transitional arrangements, and an established support network and had identified contingency supports had a greater opportunity to progress with their education and employment.

Conversely, they found that the young people who experienced volatile transitions often had additional complex needs such as substance use or mental health issues that directly impacted upon the stability of housing, or they were ill-prepared to manage autonomously. These young people identified that their transition from care had been marred by inappropriate housing options that were either transitional or lacked safety, or alternatively they had lost their housing as a result of a relationship breakdown. Consistent themes were identified among care leavers who had experienced sexual or physical abuse, prior

to or whilst in placement, they had no exit plan and left their previous placement in a crisis/unplanned situation (Johnson et al. 2010; Maunders et al.1999).

The variant nature of the client groups requires a flexible and diverse capacity for response (Johnson et al. 2010) from the service system that supports them. The out-of-home care and leaving care systems should be focussed on supporting those who have the capacity to move forward and work more intensively with those deemed to be 'struggling' or 'surviving' to progress them to a point where they can move on.

2.3 OUTCOMES FOR CARE LEAVERS

The research demonstrates clearly the vulnerability of young people who have resided in out-of-home care. This section will explore the nature of those vulnerabilities and highlight the scope of need within this population.

2.3.1 Accommodation

Accommodation, particularly the capacity to locate and sustain appropriate accommodation remains a very real challenge for care leavers. Among young people leaving care, homelessness is endemic with extremely high levels of mobility being reported across a range of studies. The number of housing moves post-care is often reflective of a young persons' experience of placement change while in-care. The number of placements that occurred while a young person was in care may also impact adversely on their sense of overall emotional stability and wellbeing.

Constant change of placements places a range of demands on a child or young person. In addition to changing address, there are also likely to be changes in school, changes in carers, changes in house rules and carer expectations, and often changes of worker. Continued adjustments place undue stress on a child or young person and require a constant need for variation to meet the demands of the changing surrounds and disrupts the potential attachment and continuity of emotional development. Frequent placement change further undermines opportunities for the development of key social and educational skills in addition to limiting the lack of skill development in preparation for the exit from care. The less skill development that is garnered, the less skilled the young person is at exit and the more difficult the transition to independent accommodation becomes (Geenam & Powers; Loman & Siegal; Wade 1998).

Studies have found that 75% of participants in their study had experienced 3 or more placements while in care, and those young people that were placed as adolescents are more likely to have experienced a greater number of placement changes. The number of placement changes appeared to contribute significantly to the number of housing moves experienced post care. It is posited that there are two distinct groups of children residing in out-of-home care, those who entered as children and those who entered as adolescents. Stability of placement was much more likely to occur for younger children when placed in out-of-home care than for adolescents (Delfabbro 2010; Biehal et al. 1995; Liddiard 2010).

Despite the awareness of the impacts of placement instability, current figures for Victorian Child Protection clients indicate that over half of children who have been in care for a period greater than 12 months have had 3 or more placements. The longer a child is in out-of-home care, the greater the number of placements that they are likely to have had. For young people who have been in out-of-home care for more than 5 years, two thirds have had 3 or more placements (AIHW 2010).

There are clear correlations between multiple placement moves – defined as more than 3 moves over the period in care – and poor outcomes across a range of indicators including low educational attainment, relationship violence, incarceration, early pregnancy and parenting, identity formation, housing stability, homelessness, family contact, limited support networks and leaving care outcomes. It is demonstrated that the commonalities among young people in the group experiencing extreme difficulty with post care functioning are those young people who have experienced a combination of multiple placement moves,

low levels of educational attainment and increased personal issues. However it is unclear as to whether behavioural issues contribute to placement instability, or if placement instability contributes to behavioural issues and this issue requires greater analysis. It is further acknowledged that within this group, housing stability is closely linked to post-care outcomes. (Reilly 2003; Wade & Dixon 2006; Cashmore & Paxman 1996).

Many care leavers report experiencing high levels of movement post care with reasons for transience being directly related to the vulnerability of the population. Reasons for moving include experiences of interpersonal and relationship conflict including domestic violence, differing expectations of accommodation requirements, quality of accommodation available and experiences of victimisation. It was noted that many young people had experienced difficulty locating appropriate and affordable accommodation due to financial constraints and appeared trapped in a cycle of unstable housing reinforcing difficulties obtaining education and employment. The nature of the placement while in care also impacts on the stability of accommodation post care with young people who resided in foster care having slightly fewer moves post discharge than young people who resided in group residential care (Cashmore & Paxman 1996; Wade & Dixon 2006; Festinger 1993; Mendes 2010).

The poor outcomes lead to an over reliance upon the homelessness system. All the longitudinal studies report high levels of homelessness across all countries with numbers initially increasing in the years immediately post discharge and then stabilising and declining. While care leavers are only a small proportion of the population they are consistently identified as being marginalised from long-term stable housing.

In the USA it is suggested that care leavers represent 40% of homeless shelter admissions and a history of out-of-home care makes a care leaver more than 1.7 times more likely to require shelter housing. The Midwest study found that by the fourth interview schedule half of all care leavers had been homeless with over 20% experiencing more than four placements since leaving care (Packard 2008; Park 2004; Courtney et al 2010).

In Australia, interviews of 77 care leavers conducted across Victoria and Western Australia in 2008 & 2009 found that 61% were homeless at the time of interview with nearly two thirds or 64% having experienced primary homelessness at some time since they left care. In addition, there were strong correlations suggesting that the earlier that a young person left care, the more likelihood there was that they would end up homeless (Liddiard 2010). Research in Melbourne found that one in five young people accessing SAAP programs had a history of being placed in out-of-home care (Mallet et al 2009), and further research into overall homelessness identified that 42% of young adults and adults in the homelessness system had a background in the care and protection system (Chamberlain & McKenzie 2006).

Housing forms a cornerstone for intervention into the lives of young people leaving care and housing is a key indicator of outcomes for young people after they leave the care system. Intervention in the lives of young people prior to their becoming entrenched in a "homeless career" is pivotal to impacting on their future wellbeing. Housing does not necessarily equate with a young person being able to maintain education and training but the interrelated nature of housing, employment and education suggests that it is difficult to sustain one without the other. Many difficulties such as unstable housing and the potential for homelessness still exist once a young person leaves care, regardless of age, possibly due to the lack of opportunity to return to the stable base, such as family support, in the event that things go wrong. The lack of contingency arrangements suggests that young people leaving care have few options to draw on in the event that they make a mistake and are, as a result, one poor decision away from potential homelessness (Wade & Dixon 2006).

While Victoria now allows young people who turn 18 and are completing Year 12 to remain in their foster care placement until the end of the school year, in the United States there has been a shift to use Chafee funds to support care leavers to remain in placement up to the age of 21 in some States. Similar pilot projects such as the Staying Put 18+ programs in the UK are also seeking to prolong the exit from foster care placements through the provision of ongoing support. Research findings suggest that young people

may experience improved outcomes if they are allowed to remain in placement as evidence clearly identifies that generally the younger a person leaves care, the worse the outcomes are likely to be, particularly if the young person leaves care between 16 and 18 (Packard 2008; Biehal et al. 1995).

In the USA options for remaining in care post 18 may be court endorsed, or in some cases the young person is permitted to leave care and voluntarily sign themselves back into care. The ability to remain in placement is conditional on a young person engaging in education or employment, or in some circumstances the placement can be financially supported if the young person is engaging in a treatment program. Despite being able to remain in care until 21, some young people choose to leave earlier (Courtney et al. 2005).

Research has found that while remaining in placement is not a universal panacea to the struggles faced by young people leaving care, it can have significant effect on key aspects of leaving care outcomes. The Midwest study has found that young people who remain in care longer are more likely to be sustained in education, twice as likely to be engaged in employment, and they are more likely to be accessing support services such as counselling and mental health services (Dworsky et al. 2010).

2.3.2 Education

Success within the educational setting for children and young people in out-of-home care is driven by multiple factors. Lack of education, in a society that values education as a key pathway to vocational success and increased earnings, compounds the difficulties faced by young people. There is mounting evidence that children and young people who reside in out-of-home care are already behind in national educational benchmarks while still in primary school, with significant deficits in literacy and numeracy evident as early as Grade 3, and these shortfalls continue to increase as children enter the secondary school environment (AIHW 2010).

Research shows that young people who have resided within the out-of-home care system may have significant educational deficits and are less likely to complete secondary education and/or move on to tertiary education. The impact of trauma on neurological development, insecure living environments, placement changes accompanied by changes in schools – which often includes a change in teachers, teaching styles and curriculum, as well as peer supports and networks – further disrupts and disadvantages the young person. More than a third of the participants in the Midwest study had attended 5 or more schools during their educational career (Courtney; Cashmore & Paxman 1996; Maunder 1999; Biehal et al. 1995; Wise et al. 2010)

In addition to the disruptions that may occur along the educational continuum, there is a high level of reported educational disadvantages that occur within the school environment. The Midwest study clearly identifies a cohort of student who have required additional assistance within the school, drawing on resources such as special education classes and remedial teaching, and many of the participants in the study reported having stayed down for at least one year level. In addition to learning deficits, behavioural indicators also suggest that management of these children and young people within the schooling environment also poses a significant challenge and these children are suspended at twice the rate of their non-care classmates, and are more than four times more likely to be expelled from a school (Courtney et al. 2004; Wise et al 2010).

If a young person is placed in out-of-home care as an adolescent, they have an increased likelihood of poor educational outcomes than if they were placed in early childhood. If placed prior to adolescence then the likelihood of completing their compulsory education at age 16 was increased by 2-3 times that of their later placed peers. Educational success in contrast is driven by placement stability with a long term placement, in a family environment, with a carer who places an emphasis on the value of an education and provides an environment that is supportive of educational pursuits. Young women who experience these positively influencing factors are even more likely to experience greater educational success (Vinnerlung 2007; Hojer 2010).

Those who do maintain enrolment are less likely to complete their high school education or its equivalent with over a third not completing high school. The Midwest study identified that 63% had a high school diploma, but the Westat study found that only 48% completed high school (Courtney 2005, Cook 1991). Research undertaken by CREATE of Australian young people in care and post care, indicates that only 35.3% had completed year 12 studies in comparison to 74% of 19 year olds in the broader community (McDowall 2009) which echoes the outcomes of earlier research that found children in out-of-home care are less likely to have completed year 10 (Mauders et al. 1999).

If education is not obtained or completed while they are in care, these young people are hindered by a limited capacity to pursue educational opportunities once they leave care. The Midwest study found that 52% of care leavers had accessed post care educational opportunities while only 6% of participants in the Westat study pursued their high school equivalency. Despite the drive to pursue education only 25-30% are likely to continue on to further education such as university however those pursuing tertiary education demonstrate markedly high levels of attrition rates (Cook 1991; Festinger 1983; Courtney et al. 2005).

Lack of educational completion, and/or transition to tertiary education may be influenced by a multitude of factors, not the least being that the transition from care, and expectation of independence, often occurs simultaneously with the latter years of secondary school such as Year 12 or the commencement of tertiary studies. With limited supports that may be available to care leavers both financially, practically and emotionally, it is not surprising that many young people are unable to sustain education while trying to maintain housing and supplement income with part time or full time employment.

The system needs to support young people who are engaged in education through the provision of remedial support such as tutoring and educational case management. Out-of-home care providers need to provide and promote an environment that values educational achievement and strongly promotes the expectation of educational completion. For those young people who choose not to continue with education and decide to pursue a vocational pathway, support services that target employment preparedness and skills are required.

2.3.3 Health and Wellbeing

Care leavers are particularly vulnerable to poorer outcomes in overall health and wellbeing than their non-care peers. While in care there is a higher utilisation of the health system through accessing doctors and hospitals as a result of serious injuries as well as accessing mental health services/counselling in response to the earlier experiences of abuse, neglect and trauma (Courtney 2004).

Research into care leavers use of health services raises concerns for overall health and wellbeing in the period post care, where there is an increase in the use of doctor and hospital services, but a significant reduction in the access of mental health and counselling services despite increasing diagnosis of ongoing mental health issues (Dixon 2008). The Midwest study identified a third of care leavers as having a mental health diagnosis, with females most commonly being diagnosed with post traumatic stress disorder and males exhibiting substance use disorders (Courtney et al 2005; Courtney et al. 2007; Courtney et al.2001). In response to their mental health issues, care leavers are 4-5 times more likely to have been hospitalised in the post-care period following a suicide attempt and 5-8 times more likely to have been hospitalised due to serious psychiatric disorders (Hojer & Hill). A study undertaken of 20 Victorian care leavers found that 11 reported depression/mental health issues during and post care that were warranting medication and professional intervention (Mendes et al. 2008).

Care leavers who experience mental health issues, emotional and behavioural issues and those that exhibit an overall sense of instability are more likely to experience poor housing outcomes. This is further exacerbated in the event that a young person also has a disability as their social disadvantage is further compounded by the likelihood that they have not completed their education, are unlikely to successfully obtain and maintain employment, they lack social supports and are less likely to demonstrate self-

sufficiency (Dixon & Wade 2004; Geenam & Powers 2007). Care leavers are also high level users of counselling in response to substance use issues.

The frequency of substance use disorders amongst care leavers is statistically greater than their non-care peers, and this may be attributed to a high level of key risk factors being present that is likely to result in substance use as a means of managing emotional issues and past trauma in conjunction with their care experience (Baidawi 2010). Cashmore and Paxman found that in their follow up study with care leavers, 17% identified as having had significant drug issues and 22% identified as having significant alcohol issues with 10% being hospitalised or incarcerated as a direct result of their substance use issues.

The vulnerability of care leavers to sexual exploitation and involvement in prostitution has also been considered, with research into young people engaging in commercial sexual activities identifying a disproportionate representation of care leavers. Indicators of vulnerability of a young person to engage in sex work include homelessness, substance abuse issues, poverty, unemployment, a history of abuse and a dysfunctional family background being precursors (Bruce & Mendes 2008).

A study undertaken by Childwise that focussed on Melbourne based sex workers identified that of the 30 participants in the study, 16 identified a history in state care. The combination of precipitating factors and the over-representation of care leavers in the homelessness sector suggest that young people with a care history are particularly vulnerable and that their sex working careers start as exchanging sex for favours such as accommodation, substances and food, and progresses. Engagement in commercial sex working practices significantly heightens a young person's vulnerability to both their health and safety (Bruce & Mendes 2008; Childwise 2004).

Care leavers may access general practitioners at a rate three times greater than their non-care peers following their discharge from care as they report a higher level of physical illness in the year post discharge. It is posited that the increase in general practitioner access may be in response to their stress response to their changing circumstances. However financial limitations may prevent compliance with health care, in particular dental treatment, upon discharge (Mendes et al. 2008; Courtney et al. 2005; Courtney et al. 2007).

2.3.4 Family Relationships

Some young people return to reside with family once they exit the out-of-home care system largely due to having no alternative accommodation options. Berry Street staff identified that this was of particular concern to them when responding to the needs of young people leaving care. Anecdotally they spoke of young people being exited home due to lack of alternative options and that these reunifications are all too frequently short lived and result in yet another placement breakdown. Numbers of young people who return home vary according to the research, with the Midwest study identifying that 17% return home, while other studies have suggested that the numbers are only 10% (Courtney et al 2005; Loman & Siegal 2000).

Geenam & Power raised concerns that as a young person approaches leaving care, the assessment of safety or parenting concerns are diminished in importance in favour of needing an exit point for a young person. They suggest that parents who have had a lack of contact with their child while placed in out-of-home care are suddenly expected to assume a parenting role due to lack of suitable alternatives. Program responses, particularly preparation for leaving care, may need to place a greater emphasis on the management of family contact to reflect that young people may choose to reunify with family or alternatively may have no other option (McCoy et al. 2008; Geenam & Power 2007).

Family contact during out-of-home care has a number of advantages and disadvantages. Festinger found that positive early contact with biological parents when a child or young person is placed in out-of-home care is a strong predictor of the levels of contact at exit from care, and has a direct correlation with an enhanced sense of wellbeing for the care leaver and these findings were echoed by Barth who found that

continued contact with birth parents that was both safe and supportive of the out-of-home care placement assisted in more favourable outcomes for a young person. Conversely, young people who have no contact with their biological parents in their final year of placement are extremely unlikely to have contact with their biological parents upon exiting care.

Those young people, who have no family relationships, with either parents or extended family, were found to have a greater vulnerability as they were much more likely to be disconnected from society and require greater emphasis to be placed on the establishment and provision of long term relationships with a caring and concerned adult (Cashmore & Paxman 1996; Courtney et al.2005).

2.3.5 The Justice System

Many young people who have been in the out-of-home care system also have involvement within the youth justice sector and these themes are common across all studies. Reports of both males and females being incarcerated at increased rates are cause for concern from a societal cost of offending within the community, and also the cost of incarceration. The Special Commission Report into Child Protection in NSW identified that 28% of male and 39% of female detainees had a history of placement in out-of-home care and that 21% of males and 36% of females on community service orders had been in out-of-home care (Wood 2008).

Australian statistics are in line with the experiences in the United States where care leavers are found to have a high level of arrests and convictions and subsequent incarcerations. At the time of the third Midwest interviews at age 21, 7% of the young people interviewed were incarcerated and 30% reported that they had been jailed at least overnight since their discharge from care. While the justice systems in Australia and the United States may have marked differences in terms of structure and sentencing, Australian studies have identified that over 50% of care leavers had committed an offence since leaving care (Courtney et al. 2004; Courtney et al. 2007; Maunders et al. 1999).

While young people may be over-represented in the commission of crime, they are similarly over-represented as the victims of crime. Studies suggest that this may be partially attributed to the vulnerability that they experience as a result of homelessness and unstable housing. The Midwest study found that care leavers were at significantly increase risk of being victim of assaults including sexual assaults. (Fowler et al. 2009; Courtney et al. 2007)

2.3.6 Early Parenting

Research has identified that 30% of young woman who have a history of out-of-home care placement had had at least one child by age 19. The statistics from the United States are even more confronting with the Midwest study finding that 50% of young women had reported a pregnancy at second interview (age 19) in comparison to general population figures of 20%. Of these pregnancies, one third of participants had proceeded with the pregnancy, a rate greater than twice that of their non-care peers. Similar outcomes were discovered in Australian research with Cashmore & Paxman reporting that 30% of participants had become parents, and more recent research undertaken in Victoria found 28% of respondents had become parents either while there were in care, or in the year post care (Cashmore & Paxman 1996; Raman et al. 2005). These outcomes are reinforced by recent studies in the UK reporting that 25% of young people in a research study were pregnant or parenting within a year of leaving care (Dixon 2008).

Reasons for the increased rates of pregnancy are many and varied. It has been suggested that young women who reside in out-of-home care placements are less likely to have received family planning education, and this is particularly pertinent if the young person is likely to have ceased attending school where much of this information is imparted. Other factors such as poor skills at navigating relationships, responding to peer pressure, emotional vulnerability and difficulties accessing health education and family planning resources may also constitute contributing factors. The lack of health education was also raised as

a concern in the Midwest study with only one third of participants identifying that they had received family planning/birth control education (Bruce & Mendes 2008; Courtney 2007).

Additional research suggests a strong correlation between young women who experienced abuse and maltreatment in childhood, particularly sexual abuse, and risk of early parenthood. Other correlates of risk for early parenthood include young women who do not complete schooling and young women who were placed in out-of-home care as an adolescent. The nature of the placement type was also relevant to an increased likelihood of early pregnancy (Vinnerljung 2008).

Early parenting has a range of societal implications for young people, in particularly young women who are leaving care. Lack of education, often caused by becoming a parent, has a cumulative impact of diminishing future opportunities and as such, negatively influences future earning capacity. Early pregnancy has a reciprocal influence on educational attainment. Young women in out-of-home care who don't succeed educationally are more likely to become young parents, while young parents are likely to cease education due to parental responsibility.

2.3.7 Identity

Young people who leave care often struggle to demonstrate a clear understanding of their lives and their personal history. Frequent changes of placement and workers, limited contact with family, and a lack of understanding of the reasons for placement in out-of-home care can all have significant implications for identity formation. Being able to provide a young person with a context or narrative to their life may have important ramifications for the development of their sense of self and their sense of wellbeing.

Cashmore & Paxman found that young people needed to have an understanding of their personal history and an understanding of how they came to be placed in out-of-home care as a fundamental requirement of identity formation. They acknowledged that young people lacked important personal documentation that affirmed their history and their sense of self, this included lack of information contained within their files.

Festinger found that young people who were unable to be provided with an adequate explanation of their history leading to placement in out-of-home care are at increased risk of developing a poor sense of self. And the Moving On study found that young people who have resided in the care system and have had little or no contact with their biological family are vulnerable to identity issues due to the separation they experienced (Cashmore & Paxman 1996; Festinger 1983; Biehal et al. 1995).

2.3.8 Life Skills

A criterion for the assessment of independent living skills among care leavers has been varied across the research that has been undertaken thus far. Preparedness for independent living looks predominantly at the tangible skills development that would be required to manage a household, rather than the social development skills that allow an individual to manage themselves within the household.

The Midwest study focussed on six key domains of independent living including: ability to access education, ability to progress with a vocation, budgeting and money management, health, ability to access housing, and capacity to engage with services that promote individual development. Alternatively, the Westat criteria for assessment of independent living skills was broader and sought input from ten key life domains: financial management, capacity to meet health needs, family planning awareness, capacity to access further educational opportunities, home management, social skills, obtaining and maintaining housing, obtaining legal assistance and finding and utilising resources (Courtney et al. 2005; Cook 1994; Loman & Siegal 2000).

Using the common domains across both studies, results indicate that a third of the participants in the Midwest study had not accessed leaving care services post-discharge from foster care, despite the availability of supports as provided by the Title IV-E Independent Living Skills funding, and the focus on

accessing services that promote development. The Westat study identified that fewer than half the participants had received practice and instruction in all areas of skill development. In Australia similar evidence arises from the research from Victoria and Western Australia with just over half the respondents acknowledging that they had received some formal preparation for leaving care and only a third of respondents having accessed supports since they left care (Courtney et al. 2005; Courtney et al. 2006; Cook 1991; Loman & Siegal 2000; Maunders et al. 1999).

While independent living skills are important tools that will be utilised in establishing independence and managing a home, young people who reside in care have very limited opportunity to practice and refine these skills in a practical context while still residing in out-of-home care. This is evident given the low numbers of Victorian young people residing in independent living placements.

2.3.9 Financial Security

Underpinning the areas of difficulty faced by young people leaving care is the likelihood that they will experience significant poverty as a result of their circumstances. Lack of education and unemployment or low paid employment due to limited skills, lead to a cycle of economic hardship and reliance upon government support. Combine this with unstable housing and homelessness due to lack of availability and affordability, and early parenting, and the opportunities for a young person to engage in social mobility become extremely limited.

Many care leavers struggle just to meet their basic needs of food and shelter and their lack of economic capacity further undermines the necessary stability that fosters a more positive sense of wellbeing. In the research many young people report that they are unable to sustain food security and that economic hardship is the reality of their day to day life. Many forgo medical and dental treatment due to lack of affordability and fail to meet their own basic health needs (Courtney et al 2004; Courtney et al. 2005; Courtney et al. 2007; Courtney et al 2001; Reilly 2003).

2.4 YOUNG PEOPLE WITH A DISABILITY

Young people with a disability are a particularly vulnerable group in the leaving care sector. These young people face the difficulties of all young people who leave out-of-home care, but these difficulties are then compounded by their cognitive deficits and the social experiences of having an intellectual disability.

While there is limited research undertaken into the specific difficulties faced by this group, a Queensland study of 43 care leavers with an intellectual disability found that they were equally as vulnerable to homelessness, poverty, unemployment, early pregnancy, mental health issues, and substance use as their peers. However they had significantly heightened risk of being victims of crime with 71% reporting that they had been the victim of a crime of which 67% were reported to be sexual assaults and 96% of those who were parents had experienced child protection intervention into their own children. It was further identified that these young people are vulnerable to exploitation, often sexual or financial, due to their diminished capacity to establish effective personal boundaries as a result of their disability.

It has been posited that these young people often fall between the gaps in service delivery. Mainstream services view them as too complex and challenging as a result of their intellectual disability and associated presentations, while disability services perceive them as being too high functioning to warrant service provision (McDonald 2010; Jackson, R et al. 2006).

Anecdotal evidence from Berry Street staff suggests that these young people frequently avoid engagement with disability specific services based on an unwillingness to be “labelled” or they fear the associated stigma, or alternatively they lack the capacity to effectively identify and advocate for their own service needs.

In response to the identified needs of this group, in New South Wales they have implemented a disability specific Leaving Care Program. The initiative provides person-centred support to young people with disability leaving care. It offers transition planning, case management, access to support, accommodation, vocational opportunities and skills development, a mentoring service and community participation. The separateness of this model identifies the unique needs of this client group when leaving care across all phases.

2.5 INDIGENOUS YOUNG PEOPLE LEAVING CARE

Given the overrepresentation of Indigenous young people in the out-of-home care system, there is a significant lack of research dedicated to identifying the specificity of needs among this group. In addition, there is a very limited level of dedicated service provision that is targeted to meet the specific needs of the Indigenous care leaver.

The experience of out-of-home care for indigenous young people is increasingly complicated by a disconnection from culture that is elemental in formulating a sense of identity and belonging, and the legacy of the experiences of the Stolen Generation.

Often young people have been placed in out-of-home care that separates them from their community connections and cultural links. It is important that these cultural needs are focussed upon both while the child or young person is in care, and within the context of leaving care planning and service delivery (Bamblett 2009; Maunders et al. 1999).

The Victorian Aboriginal Child Care Agency (VACCA) currently provides an Indigenous specific leaving care service across 3 regions of Victoria. It is hoped that the increased State Government budgetary allocation for the next four years will mean the service can be expanded to have a state-wide focus. The service will incorporate a greater range of specific service delivery that provides a targeted and culturally appropriate response and will provide additional supports such as mentoring for young people. This model would be similar to that provided in New South Wales through the provision of services such as Marungbai.

“Marungbai is a leaving care and after care service for Aboriginal and Torres Strait Islander young people aged 15–25 years who are making, or who have made, the transition from out-of-home care to independent living. Marungbai is one of a range of support services run by the Great Lakes Manning Aboriginal Children’s Service (GLMACS) in Taree, New South Wales, which is auspiced by Biripi Aboriginal Corporation Medical Centre. A goal of Marungbai is to ensure that young people leave care in a planned way and that they are supported in their transition to independence. Another goal of the service is to ensure that Indigenous young people establish and maintain links with their family and culture” (Higgins & Butler 2007).

One recent promising development is the contracting by the Victorian Office of Housing of Berry Street’s Take Two team to provide training in the trauma experienced by Aboriginal care leavers.

2.6 IN SUMMARY

- Exact figures of Victorian care leavers are difficult to determine which impacts upon services’ capacity to plan for and respond to demand.
- Stein identifies 3 key groups of care leavers: those who are “moving on”; those who are “survivors”; and those who are “strugglers”. The aim of leaving care programs is to work with those who are survivors and strugglers to assist them to progress to the moving on stage.
- Researches indicates that there are poor outcomes for care leavers across all facets of development and that they are overrepresented within the homelessness sector, suffer from poor health outcomes, have diminished capacity to obtain adequate employment due to educational deficits,

are overrepresented within the justice system and are at a greater likelihood of becoming parents at a significantly earlier age.

- There are a number of care leavers who face additional disadvantage that requires additional resourcing and intervention. This group includes young people with a disability and indigenous young people.

SECTION THREE - BERRY STREET EXPERIENCE OF LEAVING CARE

“Kids that have been in home based care they come to our service and they might need some assistance with paying for books or materials for TAFE or Uni – but the young people that have been in resi, they come to our service and it’s, I don’t have anywhere to live, I need somewhere to stay, I haven’t got any money so there are these two extremes.”

“If they have a leaving care plan, or if it is enacted, the plan will say that they are being exited to a particular property, maybe back with the family they were taken from or to a friend’s place until a longer term option can be found. However we are finding that there are no longer-term options to be found and there is no planning. At best it might say that they have a segment 3 office of housing application for housing assistance submitted but that can’t be completed whilst the young people are in care and even with a segment 1, the highest priority, it could still take 3 years before they are offered housing.”

“The other thing for these young people is they don’t have positive adult relationship with anyone that has lasted through all their time in care - there is no mentoring for these young people, they don’t have family, a neighbour or a close friend who they have known consistently – they have just had a string of workers and chronic abandonment.”

“The number one issue is that that kids are exited from care without any housing options – often they are placed back with, or end up with, the families that they have been removed from – some of these kids have been in care since they are 3 years old - then just go back to that family.”

Quotes from staff of the Berry Street Post Care Support Service: Interview conducted for *A Home for Hope: Berry Street Submission to the Vulnerable Children Inquiry*.

Berry Street, Melbourne Australia. April 2011

3.1 BERRY STREET’S OUT OF HOME CARE & LEAVING CARE PROVISION

Berry Street provides out-of-home care placements to children and young people in the North & West, Southern, Eastern, Gippsland and Hume regions. Each region has a differing profile of out-of-home care services but across the agency the services are responsible for residential care, foster care, kinship care and lead tenant placements. Berry Street also provides a range of other services for children and young people in the out of home care system, including case management, education and intensive therapeutic programs. As previously outlined, Berry Street is funded to deliver specific leaving care services in some regions. The mode of service delivery for leaving care services is different across Victoria and across Berry Street programs, largely due to regional difference and structure of leaving care planning.

Berry Street is predominantly providing non-specialist service delivery when undertaking leaving care planning and development and this is occurring across the spectrum of kinship care, foster care, residential care and case management services. Berry Street’s provision of leaving care planning and support is largely driven by a lack of capacity within dedicated leaving care services and acknowledgment that leaving care

planning is required earlier. Delays in being able to access dedicated service provision means that preparation and planning for leaving care is largely the responsibility of the contracted case manager in conjunction with the care team.

Berry Street’s Hume Region has been fortunate to be able to provide a more specialist dispersed model of service, in part because Berry Street operate one of the Leaving Care services in the Hume region. It is a sole worker position structurally placed within the out-of-home care and case management services. The capacity of this position to work across both the case management services, and the out of home care services, lends itself to a more integrated and organic service development.

Berry Street in the North West are the regional provider of Post Care Information and Support Services for all clients who have exited out-of-home care in the region and as such, they are available to provide consultancy to Berry Street programs, and other service providers, prior to direct client work and/or assuming the case management role. However, the demands of the PCISR workloads suggest that a greater emphasis needs to be placed on support for leaving care planning and preparation through the provision of additional resources.

Summary of Government funded Leaving Care programs at Berry Street:

Berry Street Region	Leaving Care Programs
Hume	Preparation for leaving care: Lead Tenant Mentoring Post Care Information & Support Service
Gippsland	Preparation for leaving care: ACP house Mentoring – in partnership with Whitelion
North & West	Preparation for leaving care: Lead Tenant Post Care Support Information & Referral Service The White House property* <i>*Currently in development</i>

3.2 CONSULTATION WITH BERRY STREET’S STAFF

Feedback from Berry Street staff was quite consistent in identifying the need for accommodation for young people leaving care as a key priority. A repeated concern was that there were few exit points available to clients. This was not specific to one cohort but was becoming increasingly problematic across all client groups including those from residential care, foster care and kinship care and was irrespective of complexity. Those with increasingly complex needs or deemed to be high risk were particularly vulnerable to few pathway options.

Workers cited limited resources in the public housing sector, in particular transitional housing options, as well as a lack of suitable and affordable accommodation within the private rental sector, and the lack of skills that young people leaving care have in regard to being able to live in a share house environment.

There was discussion about the capacity for a young person to be able to sign a lease in the event that private rental housing was available due to the unwillingness of estate agents and landlords to engage in a contract with a person under the age of 18. The current rental environment and lack of vacancies across the rental market, compounded by unaffordable rent for low income earners, make private rental an unrealistic option for many care leavers.

Workers raised concerns that there was an unrealistic expectation that young people leaving care are able to manage in a housing environment that provides limited support. This was identified as a particular issue for young people exiting residential care where they have had access to 24 hour staffing support, but it is seen to be true for all young people exiting placement. There was a common identification that the support needs of care leavers who are expected to live independently have been underestimated and are unable to be provided within the current spectrum of leaving care services.

Further compounding the accommodation issue was the preparedness of young people to be able to access available options and, with only limited support, be able to make such options work. There was evidence provided of young people who had gone into transitional housing arrangements, had been unable to sustain the tenancy for a range of personal reasons including the inability to place boundaries on the property being accessed by their peers, and after being evicted from the property, they were then excluded from future service provision.

As a result of the lack of accommodation options, workers felt that young people were returning home, often in an unplanned manner, due to lack of other options and that this reunification was very “last minute”. As a result, placements at home were often short lived and broke down for a variety of reasons, resulting in the young person becoming highly transient and all too frequently homeless. It was identified that there was a lack of family-focussed service supports for young people who exit to family reunification and that perhaps with additional preparation and support, there would be a decrease in placement breakdown.

Across all Berry Street regions, there was considerable frustration expressed that young people were leaving care and exiting into the youth justice system, frequently being incarcerated as a result of their accommodation circumstances or lack thereof.

Cross regionally, there was discussion about the capacity for leaving care services to be able to respond to the demand for service provision. Regional workers spoke of waiting lists, backlogs, the capacity for leaving care providers to provide an assertive response to clients who are difficult to engage, and the level of service provision available once young people leave care. Consistently there were issues of leaving care services being unable to provide an effective service response to young people who have high needs due to their risk taking behaviours, or alternatively demanded a higher level of systems response due to mental health concerns or disability and that this was becoming increasingly evident.

It was highlighted that the Berry Street’s Disability Case Management program in the Southern region was providing leaving care support to a population with high needs, and frequently high risk young people, as a core focus of their service provision due to the inability of young people with a disability being able to access appropriate accommodation within the disability sector. The need for increased disability specific leaving care services was voiced repeatedly and many staff raised concerns about client willingness to engage with Disability Client Services (DCS) and the voluntary nature of the service.

In addition to the above concerns, discussions with regional staff identified key differences in the availability of DHS funded service models such as lead tenant. The provision of accommodation models available to young people in care varies significantly across the DHS regions and it was noted that there were a larger number of accommodation options such as lead tenant in some regions than in others. For example, Hume region had only recently obtained lead tenant accommodation again after they ceased a number of years ago.

Also acknowledged was the lack of flexibility in the service system to respond effectively to client need while in care. This prompted discussion of the expectation that a child or young person would fit a certain “model” of out-of-home care service, rather than the service being able to be flexible enough to respond to individual client needs and build a service around them.

While there were noted concerns, staff were also able to identify potential solutions and models that they had implemented, or would like to implement, if resources were made available. For example, Berry Street in Gippsland had recently implemented the ACP house model to prepare young people for a more independent living situation.

There was an acknowledgement that Berry Street regions did not have a formalised leaving care approach across each region, or formalised independent living skills training for all clients as they prepare to leave care. It was further suggested that the training of foster carers and residential staff to support young people to develop skills was undertaken on a case by case basis, using supervision as the primary tool, and often had a “hard skill” focus, particularly in the residential units. It was further noted that young people

may not have access to effective role modelling of skills such as cleaning and shopping when in a residential unit as many of these tasks were undertaken while young people were “still in bed” (cleaning) or by one worker (shopping) without clients. One worker stated that “resi (sic) is a barrier to learning independent skills” due to the nature of the staffing model.

Workers felt that there would be value in placing emphasis on the training and skill development of residential workers and foster carers to be able to better resource and educate young people in response to leaving care needs and skill development activities. Berry Street staff expressed anxiety about the isolation of many young people in care from their communities, particularly those in residential care. Staff recognise the importance of young people having relationships with people from outside the care system so they are not dependent on workers once they have made the transition to independence. They acknowledge the work of the Child Safety Commissioner to promote opportunities for young people in care to join sporting clubs but believe more support is needed to facilitate community connectedness.

Staff felt that there was limited opportunity for young people to be able to rehearse their independent living skills and suggested that an opportunity for young people to reside in a more independent environment prior to leaving care may be extremely useful. There was a high level of support for models such as lead tenant, and the more recently developed enhanced lead tenant options, but staff suggested that these models need to be available to young people up to the age of 21 rather than require them to leave at 18.

Staff raised an example of a service model that had previously operated in the Southern Region that was run Menzies and called the Flats Program – which was based on a model of supervised apartments. This program consisted of a centralised amenities building that provided independent living skills training with the support and assistance of live-in carers and additional support staff. Young people resided in independent self-contained flats which they leased and took responsibility for the payment of rent, food and utilities. The program was able to accommodate a range of young people including young parents and provided a supported environment with a focus on education and employment, skills development, and tenancy management and was used as a stepping stone to establishing a rental history, a realistic experience of tenancy, and an acceptance that skill development was a process that could effectively be taught by doing.

In addition to the model of “training” flats, staff also suggested that the “Zipper” units of residential units were a good idea, but that they were not suited to provide independent living training in a large residential setting where 3 or 4 other residents live. Alternatively, staff suggested that smaller residential facilities be used for a zipper or bungalow arrangement and that it could be a progressive step to exiting care.

Staff raised concerns that programs such as the supervised apartments model, and the use of zipper models, were difficult to implement due to the risk management of such models for any organisation that chose to run this. As an alternative option, it was suggested that more “Enhanced Lead Tenant” models be made available to care leavers.

The age of clients needing to exit care was also a common theme in discussion. Regional differences in the practices of Child Protection was responsible for some young people leaving care as early as 16, whereas in other regions the child protection unit was supportive of young people remaining in care as long as they could. The median age for exiting formal care arrangements was reported as being 17. In one region staff reported increased pressure to be exiting young people from residential care at an earlier age to create vacancies in an over-subscribed service system.

Berry Street staff appreciates the education and training provided internally for young people in care and recognise that the Victorian Government expects all children and young people in care to have education plans in place. However the reality is that many young people in care are still disengaged from education and require greater levels of educational support. In particular staff believe there needs to be more dedicated consideration of the education and training pathways for care leavers and more assertive efforts to link young people into higher education.

In preparing this report the writer had an opportunity to meet with Forgotten Australian's representatives from Open Place¹ in order to gain perspective as to the needs of care leavers once they left care. The peers spoke of their experiences in exiting care and unsurprisingly many of the concerns that they raised from their own experiences, and for some they left care over 30 years ago, were relevant to the care leaver's experiences today. Many of their experiences echoed the outcomes detailed earlier in this report: homelessness; involvement in the justice system; disconnection from supports; health concerns including mental health; and difficulty in reconciling their past experiences.

When asked what had made a difference in their leaving care experiences, there were two primary themes: accommodation; and the need for a key relationship. They spoke of workers and former carers who had remained a constant source of support to them and highlighted that it was the persistence and perseverance of these key adults in sustaining the relationships, particularly in the period after they had left care, which had provided them with a feeling of care and continuity. Of note was that many of these relationships continued to this day and it was evident from their stories that those supports were key to sustaining them through very difficult circumstances.

Amongst the group there was an additional acknowledgement of their overall lack of preparedness to exit care. That suddenly, due to their age, they just had to "get on with it" with virtually no experience at exercising independence, was evidently a confronting and frightening experience. They spoke of the impact of this on themselves and the impact on others that had been in care with them for whom leaving care exacerbated existing problems and created a host of new ones.

The PCISR service provides post care support services, including case management, to the North & West regions but it was evident that demand for service, and the presenting complexity of the client group, was creating an increasing need for integrated service responses to be readily available. The PCISR are largely able to meet the need for a level of integrated practice largely given the diversity of programs delivered by Berry Street in the North & West region.

3.3 BERRY STREET'S SUBMISSION TO THE VULNERABLE CHILDREN'S INQUIRY

The current Victorian Vulnerable Children's Inquiry was referred to in Section One. Berry Street has made a submission to this inquiry, including reference to Leaving Care on pages 35 & 36 of the "Home for Hope" submission (Pocock, 2011), as follows:

Leaving Care and Homelessness

"Yeah that's always baffled me like once the child turns 17 or 18....if they haven't got a unit or place to go to.....what happens to these kids.....homeless..... yeah that's whatI used to think that I was just being stupid for thinking that's what happened.....that they were booted out into the gutter.....surely this isn't what happens.....but it is what happens to these kids....now I realise that is what happens.....if they haven't got a place to go to they've got nothing..... and that's not really going to help them." (Residential care staff)

¹ Open Place is a support and advocacy service, provided in partnership between Berry Street and Relationships Australia, that co-ordinates and provides direct assistance to address the needs of people who grew up in Victorian orphanages and homes during the last century. The aim of the service is to help and support people who identify as Forgotten Australians to deal with the legacy of their childhood experiences in institutional care and to provide support to improve their health and well-being. (Open Place 2011)

Overview

*The lack of systemic support for young people leaving care has dire consequences for their immediate and long term well being. We know that many young people leave care having not completed year 12, many leaving residential care have not completed year 10. Typically young care leavers have no secure independent financial capacity, very tenuous links to the labour market, significant health issues and few, if any, adults that they can depend on for support. When acting as the parent of children and young people removed from family it is wrong for the State to leave children and young people with no visible means of support when they leave care. The inadequacy of the term 'leaving care' is that in reality **young people don't leave care – care leaves them.***

The circumstances of young people leaving care, particularly those exiting from residential care, should be amongst the very top priorities for this Inquiry to address. It is an area where the resources of other government agencies and departments have a fundamental role. We must ensure that young people leaving care are amongst the highest priorities for remedial and ongoing support assistance in relation to their education, employment, housing and health needs. Doing so will require a willingness to provide these forms of assistance in the manner that suits the circumstances of young people in and/or leaving care. It is those circumstances (which are not of their making) that have excluded them from accessing these supports in the first place.

We know that longer term outcomes for people who have been in state care depend on the quality of their care experience, as well as on the support they are offered with the transition to independence. The stability of placement is one of the strongest indicators of positive life outcomes for care leavers, thus highlighting the importance of the recommendations we make in relation to "Stability, placement drift and permanent care".

Recommendations to the Vulnerable Children's Inquiry

- That the Children, Youth and Families Act be amended to require the continuation of all forms of financial and other forms of support directed towards the care, protection and well being of children and young people in OOHC (including permanent care) at least until the age of 21 years, and the continuation of financial and other forms of support to age 25 as required
- That children and young people who are or have been the subject of a care and protection order and/or placed in OOHC be the highest priority for access to State Government housing assistance and accommodation
- That the State Government initiate negotiations with the Commonwealth to establish a Commonwealth-State funding agreement for a range of measures to support care leavers to access post-compulsory education, labour market and employment assistance and housing including:
 - *specialized employment assistance and labour market participation case management*
 - *fee waivers under the Higher Education Contribution Scheme (HECS)*
 - *youth allowance at the independent rate for care leavers living in CSO managed residential or lead tenant services*
- That the State Government introduce a fee waiver for all TAFE fees and charges for children and young people that are, or have been, in the care and protection system
- That the State Government fund the establishment of a post care support service, informed by the Open Place service model (the support service for Victoria's Forgotten Australians, for care leavers that have left care post 1989)
- That the State Government increase financial and other support to the CREATE Foundation to enable them to enhance and extend their support, assistance and advocacy for children and young people.

SECTION FOUR - WHAT WORKS

4.1 THE LEAVING CARE CONTINUUM

In seeking to understand what works, emphasis has been placed on the identification of models that have undergone formal evaluation as to their effectiveness. This, however, highlights the significant lack of review and evaluation undertaken as to the efficacy of programs and service models across the leaving care domain.

Research suggests that leaving care is a 3 stage process that consists of preparation, transition and aftercare. This model is largely reliant upon the view that developing the necessary skills to successfully transition from care is a process that takes place on a continuum and the development of key skills involves preparation, practice, refinement and consolidation (Mauders et al. 1999).

When identifying and discussing models of service for the development of leaving care skills there are a range of factors that need to be taken into consideration. Preparation for leaving care requires the learning of both “soft” and “hard” skills. Hard skills are based on the learning of practical skills such as cooking, cleaning, and financial management. Soft skills encompass character strengths and include: the personality characteristics that support and promote the development of social capital; and the life skills necessary to connect with community, including the ability to make good decisions, problem solve, resolve conflict, and form and navigate healthy relationships both social and intimate (Green & Jones 1999).

Preparation for leaving care lends itself to multiple opportunities to intervene with a view to creating greater opportunities for children and young people in out-of-home care to develop and demonstrate both hard and soft skills in a supportive environment with carers, workers and mentors who understand that all their interactions are able to have an influence on a young person’s life outcomes.

4.2 FRAMEWORK FOR BEST PRACTICE:

Each of the research studies into care leavers presents a range of recommendations for policy and service delivery to enhance outcomes. The AHURI research suggested four principles and seven minimum standards that should be built into a planning model. The areas of identified need included:

- a national framework for leaving care;
- Government to acknowledge and exercise its responsibility as a corporate parent;
- a leaving care framework that builds on other Government initiatives addressing social issues; and
- leaving care arrangements that focus on both the strengths and deficits of care leavers.

In establishing minimum standards, it was determined that care leavers require the following both while they are in out-of-home care, and once they leave care:

- all young people have permanency planning that focuses on the need for stability;
- there is an endorsed leaving care plan incorporating accommodation requirements and contingency needs;
- young people’s needs are assessed in accordance with existing standards such as LAC;
- services develop inbuilt quality assurance mechanisms and best practice standards;
- there is integrated support across all tiers of Government; and
- support is made available to care leavers until the age of 25 (Johnson et al.2010).

4.3 FEATURES OF EFFECTIVE SUPPORT AND PLANNING

Preparation for leaving care should occur on a continuum of service delivery across all stages of the out-of-home care experience and be integrated into service provision. In order to address the experiences of abuse and neglect that children have experienced prior to entering out-of-home care, the care system needs to be focussed on providing intensive remedial and therapeutic intervention to all children residing

in out-of-home care placements. All out-of-home care providers are responsible for responding to children's needs in a manner that promotes healing, emotional stability, supportive relationships, and opportunities that promote all aspects of child wellbeing. In stating this, it is also imperative that the out-of-home care system provides children with opportunities to maximise their skill development across all facets of their life, including the skills required to leave care and become self-sufficient adults.

When examining a framework for best practice for leaving care it is valuable to use the dimensions of health and wellbeing to guide the process. Within the framework for leaving care, reflecting on each of the domains ensures that a balanced and holistic approach is considered within service provision. Elemental to improving outcomes for young people is the recognition that the supports that they require are based on their needs, which are informed by comprehensive assessment, and the supports should be tailored around the young person on this basis, not defined by the available service responses due to their age.

A number of researchers suggest that rather than striving to make young people independent, we need to reframe the goals to make them **interdependent**. That is, the focus on working with young people transitioning from care is to promote their capacity to engage meaningfully in relationships that will support them through this challenging time and thus replicate some of the support that non-care leavers can assume from their parents. In essence, this research articulates a need to provide opportunities and develop the capability of children and young people to build their social capital in a meaningful way that will assist them both within care but also once they leave care. This does not diminish the need for comprehensive independent skill development but rather acknowledges the importance of relationship skills and relational supports as key elements for transition success (Reid 2006; Frey et al.2005).

Canadian researchers identify "seven pillars" that support transitions and these are similar to the "domains" identified within the framework used by Casey Family Programs, and are not dissimilar to the health and wellbeing domains within the Looking After Children (LAC) documentation currently used in Victoria.

The strength of both the Canadian model and the Casey Family Programs model is that there is a strong recognition of the interconnectedness that exists across the 7 pillars, underpinned by adequate financial support. The pillars create a relationship synergy that necessitates development across all "pillars", as each is required for success and no one pillar is more important than the other. The model is holistic in its approach and encompasses the following areas:

- Education,
- Housing,
- Relationships,
- Life Skills,
- Identity,
- Youth Engagement, and
- Emotional Healing.

In order to provide and promote opportunities across all areas, adequate resources need to be made available to service providers and young people.

The domains of the Casey Family Programs model include:

- cultural and personal identity formation,
- supportive relationships and community connections,
- physical and mental health,
- life skills,
- education,
- employment, and
- housing.

Casey Family Programs believes that in order to make a successful transition, young people must be prepared across all these areas. Every young person should be able to: maintain employment that provides a viable career path; engage in sufficient education and training to achieve this; have a stable and supportive placement that is close to supports and amenities in order to maintain education and employment; have sufficient independent living skills to be able to maintain accommodation; have a range of supportive relationships from formal and informal supports and are integrated into the community that they live in; have a strong sense of their own cultural heritage and their identity; access affordable health services; and have the relevant documentation and information about themselves (Casey Family Programs 2001).

The rationale behind both of these models is not only to create the interconnectedness and interdependent relationships between care leavers and the broader community, but to also create an environment that supports the development of personal resilience factors such as the promotion of self-esteem, trusting relationships, personal achievement, community acceptance, an external support network and a capacity to exercise self-determination (Stein 2005; Reid 2003; Casey Family Programs; Daining & DePanfilis 2007).

Both of these models stress the importance of providing for these domains throughout the care experience, not just focussing on the needs of a child as they prepare to leave care (Reid 2003; Casey Family Programs 2001). The promotion of resilience factors has a significant emphasis in assisting to progress young people leaving care and if they have not been developed within the out-of-home care environment, there continues to be the capacity to focus on the development of these key factors during the planning, transitioning and aftercare phases.

Maunder found that there were key factors that promoted and inhibited a successful transition to independence. His research identified that success is largely driven by a stable and positive experience in care, personal resilience and self belief, mentors and advocates to support a young person, extended support after care, and family contact. The factors that inhibited independence included: unresolved anger; unsuitable placements, carers and support workers; lack of affordable long term accommodation; lack of long term goals; lack of access to adequate income; imprisonment; teenage pregnancies; and mental illness (Maunder et al. 1999). Maunder noted that the transition was further complicated for particularly vulnerable groups such as Indigenous young people and young people with disabilities.

4.4 MODES OF SUPPORT

There are four key modes of service delivery for young people leaving care, all of which are evidenced within the Victorian context of leaving care service delivery, with the primary model being the centrally organised specialist service. The four models of service delivery are:

(a) A non-specialist service: whereby leaving care planning and preparation is undertaken by generic case management staff in the context of case management duties and responsibilities.

(b) A dispersed specialist service: where a specialist leaving care worker is placed with a generic case management service to provide consultancy and support to case management planning and delivery.

(c) A centrally organised specialist service: The provision of leaving care services are undertaken by a designated agency that works in a consultative manner before assuming a case management role. The disadvantages of this model are that it may take the service delivery away from the primary case management service and doesn't promote the continuity of relationships.

(d) A specialist organised integrated service model: a model that provides a service to a broader range of the socially disadvantaged, not specifically to care leavers. This model is utilised by services in Melbourne such as Melbourne City Mission's Frontyard that becomes a "one stop shop" of multi-disciplinary services targeting vulnerable populations of young people. The Brotherhood of

St Laurence is implementing a similar model for their Youth Hubs that are being created in Frankston and Caroline Springs (Biehal et al 1995; Stein & Wade 2000).

4.5 PREPARATION FOR LEAVING CARE

Young people need to be adequately prepared to leave care and this preparation needs to be integrated into the delivery of out-of-home services throughout the child or young person's time in the care system.

4.5.1 Assessment

In order to best assist a young person's competency in preparing for leaving care a comprehensive assessment of a young person's skills needs to be undertaken. Such assessments need to be relevant and purposeful and provide a framework for skill development that is integrated into day to day practice and interactions between the young person and their support networks.

The assessment of skills needs to be holistic in its focus with equal emphasis placed across all areas of life skill proficiency including: practical skills, emotional skills and inter-personal skills. Particular attention needs to be paid to the young person's emotional resilience and independent living skills.

Skills assessments should look at all areas including: self care skills and capacity to manage self; practical skills such as cooking, cleaning, budgeting, shopping, accessing services etc; interpersonal skills that build on relationships and the ability to create, maintain and sustain relationships with support systems both formal and informal; educational skills and employment skills – the ability of a young person to engage in education and maintain education or alternatively be prepared for entry into the labour market through job skills preparedness, job seeking; and the young person's identity – their aspirations, their future plans, their self perception and how this is reflected to them.

Programs may choose to use standardised independent skills assessments such as the Daniel Memorial Assessment Tool or the Casey Family Services Tool or an adapted checklist of skills development in accordance with the Looking After Children documentation. Assessments need to be undertaken to identify strengths and deficits in order to identify areas of need for capacity building.

Assessment is a key tool as strengths in one area will not necessarily be able to compensate for deficiencies in other areas when a young person leaves care.

4.5.2 Planning

The planning for a young person leaving care needs to begin when a child or young person enters care as it is imperative that the service system plans for the future of children and young people (Green & Jones 1999). The focus should not just be on leaving care but on providing permanency for a child or young person whether that pathway is adoption, permanent care, long term foster care, residential care or kinship care. Planning also needs to begin early for young people who are at increased risk of poor outcomes such as those who exhibit co-morbidities such as substance use issues, mental health concerns, behavioural issues, chronic absconders and those with an intellectual disability (Commissioning Support Program, London 2010). These young people are increasingly vulnerable to poor outcomes as their personal circumstances may impede them from the development of necessary skills to promote more positive outcomes.

While planning may seem a simplistic response to improving leaving care outcomes, the recent CREATE report cards indicate that only 31.7% of care leavers have a leaving care plan that they are aware of – this is suggestive that many young people do not have a leaving care plan, or alternatively they have not been engaged effectively in the preparation of the plan (McDowall 2011).

Given the current demands on leaving care services in Victoria, young people may not be able to receive a service until the young person is closer to 18. The type of placement that a young person resides in will often inform the direction of the planning process. For example, a young person currently residing in residential care will need to leave their placement prior to age 18, while a young person in foster care or kinship care may be able to remain with their carers following the cessation of their child protection orders. All young people, regardless of placement, require comprehensive needs based planning to ensure they develop the necessary skills, and have access to the necessary resources, that will progress them on the pathway to independence.

If there is increased demand for assessment and planning of leaving care needs, there is a responsibility on the service system to deliver high quality training and development to workers and carers to undertake these tasks. In addition, staff and carers need to be educated and supported as to ways of facilitating independent skills in a young person and have access to additional supports and resources that will assist in this process.

4.5.3 Identification of needs

Once assessment and planning has been undertaken, and there is a clearly articulated plan of action, it may be appropriate to seek the engagement of a specialist leaving care service. A leaving care service provides a wide range of benefits such as assisting in the planning and preparation for a young person. Additionally, they may be able to provide advice and consultancy to both young person and their formal and informal support networks. Specialist support services may be able to provide training and development opportunities to young people, to promote development of skills in preparation for leaving care and as a useful source of information to the young person and their supports regarding resources and services that are available.

4.6 INDEPENDENT LIVING & LIFE SKILLS TRAINING:

The impact of strategically formulated and delivered independent living programs has been researched across the United States and the findings have largely demonstrated a positive influence in several key outcome domains for young people who have participated in these programs. The Westat study found that development of independent living skills had the capacity to influence outcomes upon leaving care if targeted to address particular areas such as budgeting and accessing education and employment opportunities (Cook 1991).

Other studies suggest that independent living programs impact positively when comparing those who attended with peers who had not had the opportunity to participate. There are benefits in terms of: future placement mobility; likelihood of employment while in care; likelihood of becoming self-supporting after exiting care; likelihood of accessing health care services; and enhanced sense of life-satisfaction and overall self-sufficiency. (Mallon 1998; Scannapieco et al.1995; Cook 1991)

Montgomery et al (2006) undertook a more detailed examination of outcomes from eight independent living programs in the USA and UK and found that all demonstrated improvements in educational attainment and employment outcomes. His statements were qualified as he identified that there were weaknesses in the methodologies of the studies that made comparisons difficult. (Montgomery et al. 2006)

Waldinger & Furman (1994), in comparing two differing independent living program models in the United States found that a model of independent living skill development that combined skill building with intensive and integrated case management had more promising outcomes.

As outlined earlier, assessment of living skills should drive responses within practice and there are a number of living skills assessments available internationally, such as the Daniel Memorial Independent Living Assessment (DMILA) and the Ansell-Casey Life Skills Assessment (ACLSA). While there is a range of

assessment tools, few have undergone review as to their efficacy and reliability. The ACLSA has been evaluated and has been determined to be psychometrically sound. It is relevant to child welfare services and consists of four separate tests administered over the life course (Frey et al 2005). The test is able to be administered both online, or using pen and paper, by registered organisations and seeks input from both a young person and a carer or worker. The test is available at no charge and once registered, an organisation is able to gather data to target specific client development needs (Frey et al 2005).

There are a number of programs that offer independent living skills and life skills training. Some agencies have chosen to develop their own programs in response to specific client needs and this is a possibility for Berry Street. However if the option is to seek a pre-existing model, the most comprehensive and easily accessible model has been developed by Casey Family Programs. They have developed a competency based life skills program that focuses on the development of key skills from the age of 8 upwards, recognising that skill provision is inherent in the care process. The life skills program builds on the knowledge gained from the Ansell-Casey Independent Living Assessment. The strength of the Casey life skills model is that it views the young person as a whole and takes a holistic approach to skill development that covers both hard and soft skills as well as the domains of health and well-being.

The competency focus of the living skills assessment and modules allow people caring for and working with the young person to work from a strengths based perspective, informed by the assessment tools, and provides support and guidance through an extensive range of additional resources. The life skills program uses modules from the Preparing Adolescents for Young Adulthood Modules (Massachusetts Department of Social Services), a set of 16 training modules that incorporate key skill domains. The materials provide activities, worksheets, assessment tools, and a skill plan to guide development. The program recognises that children and young people will learn these skills from their primary caregivers - it provides a resource manual for caregivers entitled "Ready, Set, Fly" that instructs how to deliver these key life lessons within the context of care provision, and a range of materials for workers on how to engage in educating young people about key life lessons such as education and employment (Casey Family Programs 2001).

The value of the program is that can be delivered in both formal and informal settings and has additional modules of competency based service training for parenting young people and the Native American population. While the Casey Life Skills is focussed on delivery to an American audience, much of the material could be refined and adapted to meet the Australian context.

4.7 OPPORTUNITIES DURING TRANSITION:

In Victoria there are limited pathways from out-of-home care to more independent living options. Currently the options are limited to: a small range of lead tenant placements that are able to accommodate young people although many of these are unable to continue to provide accommodation post-18; a limited number of transitional housing properties in each region provided by the Office of Housing and administered in conjunction with a leaving care service provider; exit to alternative supportive housing providers such as the Lighthouse Foundation which is not available across the State and is largely limited to the metropolitan areas; or, by default, entry into the SAAP service system for homeless young people.

Research suggests that given the varying needs of care leavers, they require a range of responses in order to best meet their individual needs. Appropriate housing should be accessed based on the skills of the young person, their support needs, and their future plans but all should provide a young person with a sense of stability. Internationally there is a broader range of options for care leaver accommodation than currently exists in Australia. This may be driven by a number of factors: the more advanced policy and legislative focus of both the UK and USA has allowed them to progress models of transitional and post-care accommodation; increased resource allocation in response to care leavers' needs; a priority access status for care leavers in accessing public housing accommodation – particularly in the UK; and a larger number of care leavers due to population that decreases the per capita expenditure for service provision.

Instituting a range of accommodation options has the advantage of increasing the opportunities to provide a service to those with significant needs or who demonstrate complex presentations.

The range of accommodation services available includes: residential care with an independent living focus; home based care models; and community options.

4.8 RESIDENTIAL CARE WITH AN INDEPENDENT LIVING FOCUS

Burwood House is currently operating in the Eastern Metropolitan Region of Melbourne and is run by Wesley Youth Services, with funding provided by DHS. Burwood House provides accommodation for 16 – 18 year olds who have been assessed as suitable for the program. A young person is able to stay with the program for up to 18 months and this may be extended if required. 18 year olds are able to remain in the program if it is determined that they are not yet ready to transition to independence. The program is currently funded by DHS using existing residential care targets.

It differs from more traditional residential care programs as it is targeted at the preparation of young people to leave care. Involvement in the program occurs on a voluntary basis and following assessment, if deemed suitable, the young person is given the option of becoming involved with the program, rather than the placement being determined by outside sources. Young people have the option to refuse to enter the program and are free to leave the program at any time. The model has a therapeutic approach to working with young people who have a history of abuse and neglect and therapeutic input is guided by Take 2 staff. The model focuses on supporting young people to make self-determining decisions, rather than being ‘controlled’ by the environment. The program provides hands on life skills training and workshops and encourages the development of community links. Initial indicators are that the program has a great deal of success in diverting young people from the homelessness system.

ACP house is a relatively new model of service provision being funded by the Department of Human Services as part of the reform of out of home care. In Gippsland the program is delivered by Berry Street. The program provides accommodation and support for up to four young people in the last year of preparing to leave care who are supported by live-in carers. ACP House is a variation to the traditional foster care model, whereby a carer comes to live at the facility where the young person is placed, rather than the young person living at the carer’s home. This model provides greater stability for the young person and reduces the occurrence of placement breakdown.

The program seeks to develop the young people’s independent skills in a caring and supportive home environment with both the young people and carers receiving ongoing support from Berry Street. This model provides a balance between a residential program and a home based care model.

The Lighthouse Foundation in Victoria provides a residential program for young homeless people between the ages of 15 and 22 years, many of whom have complex needs. While not technically a leaving care program, the Lighthouse Foundation often accommodates care leavers in an effort to prevent homelessness. The Lighthouse Foundation operates eight residential properties across the Melbourne Metropolitan area and in two rural locations. Young people are able to remain in the program for up to two years. Each property can accommodate up to 4 young people and is staffed by live-in carers – in a model not dissimilar to that provided by ACP house. In addition to the onsite support of carers, there is additional support provided by a network of community volunteers and clinical staff such as psychologists.

“The Lighthouse Foundation provides accommodation for young people in unidentifiable suburban homes – where they receive wrap-around intensive support 24/7, coupled with the professional counselling and a tailored program of therapies and education programs that will meet their long-term needs... The program supports the young people within all dimensions of their lives, including health, education, self-identity, relationships, social skills, emotional development and self-care.” (Lighthouse Foundation 2011)

The model of service provision is based on a “therapeutic family model of care” and it provides a safe and nurturing environment where young people can experience positive role modelling, build positive

relationships and increase their capacity be engaged within the community and to live independently (Lighthouse Foundation 2010). Berry Street is currently exploring a potential partnership with the Lighthouse Foundation to enhance our options for young people making the transition from care.

4.9 HOME BASED CARE MODELS

4.9.1 Remaining in foster care until 21

Recent changes in Victoria concerning funding for foster carers now allows for carers to continue to receive reimbursements for young people to remain in foster care for the remainder of the year after they turn 18 while they remain in fulltime education. If they are completing Year 12 the year following their 18th birthday, caregiver payments may be extended for a further 12 months. However this is discretionary upon application to DHS. Internationally there has been significant emphasis on allowing young people to remain with their foster carers until up to age 21. Support continues to be made available from the auspicing foster care agency that is both financial and individual to both the carer and young person.

The UK undertook a pilot program “Staying Put: 18+” which has been subject to interim evaluation and involves supporting young people to remain with carers up to the age of 21. Implemented across 11 local authority areas, the model provided two approaches to young people remaining in care until 21, that of a “pure familial” model where the placement was with an existing caregiver with whom the young person had an established relationship, and a “hybrid model” where there may not have been an existing placement with the carer. Initially the model was designed to primarily support the familial model however within the pilot phase, it was deemed necessary to demonstrate a greater flexibility in the way the service was delivered. The intent of the “Staying Put 18+” model is to replicate the process of transition that a young person experiences in the family home and that they progress to independence at their own rate, based on readiness, rather than have it defined purely by age (Munro et al. 2010). The most recent analysis of UK care leavers who have chosen to remain in foster care suggest that 4% of young people remain in foster care until their 19th birthday and UK local authorities are seeking to extend the pilots of “Staying Put 18+” across the country.

If Berry Street chose to support a model of young people remaining in foster care there would be a range of advantages and disadvantages. The key advantage is that Berry Street provides foster care across all four regions of operation and has established processes and procedures for the recruitment of carers and the support of both carers and young people. This model would draw on organisational strengths and could be readily positioned within the current home based care service models, with limited additional organisational infrastructure required.

Of further advantage is that it supports a young person to remain in their foster care placement and allows for a more natural progression from care akin to that of transitioning from a family home. At the same time, the foster carer would not be financially disadvantaged by having the young person remain in their care as it would be necessary to continue to pay caregiver reimbursements at the rate determined in the young person’s last year of placement. Rather than DHS being responsible for the provision of caregiver payments, the agency would assume the cost of this model and be responsible for the financial support of the placement.

It is recognised that remaining with a foster carer may not be appropriate for some young people, or for some foster carers to have young people remain and the risk of this model is that it places additional demands on the already scarce resource of foster carers. Furthermore, it may inhibit the capacity of foster carers to be a renewable resource in providing care and support for younger children. Alternatively, it could be a placement option for identified young people to enter into foster care in later adolescence if the organisation undertook targeted recruitment for carers willing to support a young adult in conjunction with their existing carer recruitment strategies.

Within this model, the focus of the placement would need to perceptively change from being focussed upon parenting a child to the more adult focus of supporting a young person.

4.9.2 Transitional Independent Living Foster Care

Transitional Independent Living Foster Care is a hybrid of post 18 foster care and lead tenant. This type of model encourages young people to remain in a care setting, particularly those who are not ready to live independently. The United States implemented this program model in the late 1980s, providing support to 16-21 year olds. Rather than build on the existing foster care relationships, it moved young people into foster placements targeted towards a more independent model. The rationale was that many young people start to challenge traditional foster care models as they get older, perceiving them to be too restrictive, and are at risk of exiting in an unplanned manner.

Transitional Independent Living Foster Care provided two key service models: a 1:1 model that is not dissimilar to lead tenant where a young person is teamed with an adult “roommate” who provides a mentoring and support role to the young person while sharing the accommodation. The alternative mode of delivery is a “boarder” model where a young person is placed in a more traditional foster care model, but the carers are specially trained to model support, rather than attempt to exercise control. Both models were supported by training for both the carers and young people delivered from an adult learning perspective.

Again, this type of model builds on the agency knowledge gained through the provision of out-of-home care services and lead tenant placements.

4.10 COMMUNITY OPTIONS

4.10.1 Lead Tenant

The lead tenant accommodation model exists in Victoria for young people making the transition from care. The program provides accommodation for up to three young people who reside with a volunteer caregiver. The volunteer caregiver resides with the young people and provides support and mentoring in exchange for free accommodation and utilities. Berry Street currently provides a lead tenant accommodation program in our North & Western Region as an accommodation option for young people aged 16 -18 years.

St Luke’s in Bendigo, have adapted the lead tenant model to a “live-in carer” model where the volunteer carer is provided with a caregiver stipend to live with one or two young people. St Luke’s provide a rented property, and the carer receives a carer reimbursement (provided by the agency) and resides rent free with all utilities and food paid for by the agency, and in exchange they operate as a role model for the young people, providing leadership in skill development, supporting young people to engage in, or remain in, education or employment, and model pro-social behaviour. The live-in carer is provided with support and training from St Luke’s to assist them in supporting the young people. The program is available to 17-19 year olds and prepares young people to live in a share house environment (Galvin et al. 2010). Unlike the Berry Street model that is limited to the provision of accommodation up to the age of 18, St Luke’s has utilised philanthropic monies to extend the program up to the age of 19 and thus allows the program to be considered a leaving care option.

Expansion and development of a lead tenant model to meet the needs of care leavers may be a valuable means of providing support to a young person who is preparing to transition but requires a greater level of support and guidance prior to moving into a completely independent model.

4.10.2 Training flats and taster flats

While the option for training flats or taster flats has not been embraced widely in Australia, there are two models of training flats currently utilised in the UK. The first model offers a “taster” experience of independent living for a young person for a time limited duration – initially it may start off at one or two nights per week but can be extended up to four depending on demonstrated capacity – and the young person’s primary placement remains available during this period, providing the security of a contingency option. The young person is given the opportunity to develop skills in a realistic setting, with a high level of support, to gain a greater understanding of the realities of independent living. Once a young person has successfully completed their trial within the taster flat, they return to their placement and referrals are then made to supported accommodation models.

The alternative model is the training flat, where a young person moves in as a “practice” at independent living for a defined period of four weeks to three months, and if successful the training flat converts to an ongoing supported accommodation model. The benefits of this type of training model are that young people are able to prepare for a real life setting while being able to develop and utilise independent living skills. St Luke's Bendigo provides a training flat model where the progression is done more slowly with the guidance of the young person based on their demonstrated capacity to manage with increased independence. Initially the young person may only stay in the training flat for one or two nights per week allowing them to build confidence and adjust to a differing living environment. If successful the young person may be able to remain in the flat or be transitioned to another property (Galvin et al 2010).

Both of these models require an investment within organisational infrastructure and resources. Operating from a private rental model, the organisation would take the head tenant role and be responsible for the rent and utilities for the property. Organisationally there would need to be a comprehensive risk assessment undertaken on each young person prior to accessing the properties and a risk management plan incorporated into the placement.

4.10.3 Scattered site apartments

Scattered site apartments share common features with transitional housing programs currently operating in Victoria. A young person resides in their own apartment with a high level of external support available to them. Lighthouse Youth Services in Ohio (not to be confused with the Lighthouse Foundation in Melbourne referred to under 4.8) is the first large scale accommodation provider to provide rigorous analysis of the efficacy of their program model.

This model of independent living arrangement is particularly applicable to Berry Street as they target high risk young people as an ethos of the program model. Lighthouse Youth Services provides a range of accommodation options for young people including scattered site apartments, a boarding house for young women, 2 semi-supported share homes, 2 supervised apartment sites, an emergency shelter and temporary “host homes”, similar to lead tenant, that can be engaged on an as needs basis. It moves young people along a continuum of housing – and can step clients back if it gets too much – with the program doing its best to give clients chances to learn from mistakes but will terminate their tenancy for involvement in illegal activities or continuous rule infractions.

The independent living program provides private rental properties, sourced from the rental market, and takes responsibility for the lease. The benefit of this model is that it supports a young person in the area that they want to live, that is close to their social supports and community networks. The program pays the bond, furnishes the apartment with the necessities, and pays for the utilities up until the last few months of the program. If a young person has successfully gained employment at the end of the lease period, then they are able to take over the lease and remain in the property and they retain the furnishings. Towards the end of the lease period, the young person takes over the payment of the utilities and is able to demonstrate their capacity to maintain the tenancy independent of the agency (Kroner & Mares 2009).

The Lighthouse Youth Foundation provides support to an average of 76 clients per year with an average of 6 entries to the program per month. The average age at admission is 17.9 years; however they accept young people from 16 years to 20 years of age. This type of scattered site apartment options is not readily replicated at the size currently delivered by the Lighthouse Youth Foundation and a key factor in its success is the inbuilt steps within the program model. Young people can progress through a range of testing options before being fully independent, and conversely can return to a more supported environment in the event that they are struggling to cope.

While Berry Street could not provide a program to the scale currently being offered by Lighthouse Youth Services, it may be possible to look at a smaller scale provision of scattered site properties to meet accommodation needs, as it is particularly relevant to young people with more complex presentations. In order to replicate key features of the Lighthouse Model there would need to be a significant infrastructure investment as the support needs for clients are intensive and available 24 hours per day.

4.10.4 Foyers and supervised apartments

Foyers are a common model of social housing in the United States, the UK and Europe. The foyers provide individual apartments with on-site education and training facilities. The programs are designed to provide housing stability to homeless young people and provide them an opportunity for skill development, with a focus on education and employment skills, in a semi-supported environment. Oakley and Hancock (2010) describe foyers as:

“A hybrid model foyer responds to a wide range of young people’s needs and differing situations, which has a core of programs that focus on the development of social and living skills, that fosters community connectivity and is a creative and practical response to the growing complexities facing young people. Integral to the model is case management support commensurate to individual needs and skills of young people.

Continuity of this support until the young person moves into stable, safe and affordable accommodation with the necessary independent living skills and meaningful connections with the broader community that is inclusive and capacity building.”

Foyers have been identified as preferred models in Australia and two have recently been built in rural Victoria to address youth homelessness. The foyer in Ballarat has two beds identified specifically for young people leaving care in that region. Foyer models currently being utilised in Melbourne include the AFL sponsored Ladder program in Collingwood and Melbourne City Missions Step Ahead program in Fitzroy. The Step Ahead program appears to integrate models of foyer accommodation and scattered site apartments.

“Step Ahead consists of two distinct models, both based on the UK Foyer for young people aged 16-25: The Lion Garden and the Transitional Housing Management (THM) program. The Lion Garden is a single site in Melbourne CBD that supports eight young people in single units with a residential support volunteer on site. The THM supports a further 12 young people in six two-bedroom properties dispersed throughout the city. The model provides an integrated package of service that includes accommodation, living skills, casework and access to education, employment and training opportunities. On exiting, young people remain linked to the service through the Aftercare service for as long as they need to, providing continuity with their case worker and other connections.” (ACT Government 2010)

A foyer model would not work as a provision of accommodation solely for young people leaving care, but it has the capacity to accept some care leavers to integrate them with other young people at risk of homelessness. The Miller Live ‘n Learn program in NSW was an early adopter of the foyer model in Australia. The Live ‘N Learn campus commenced as a pilot program in 2003 and provided accommodation for young people, aged between 16 and 25, in 29 bedsit apartments. The focus of the model was on providing intensive educational and employment support for young people, with the program defining 3 distinct phases that focussed on assessment, planning and skill development. Workshops and supports

were engaged on-site from a range of service providers. Reported housing outcomes had the majority of young people exiting into independent living arrangements, returning to family, and accessing other housing services.

Supervised apartments are a possible service model that could be readily delivered however the success would be influenced by location and client mix. The program consists of a number of self-contained apartments in one location that is supported by an onsite manager with additional case support provided to the residents but direct service workers and case managers. Not dissimilar to the current model of service proposed by Berry Street for the new GOALS program, the purpose of the program is to integrate young people into the community while supporting them to engage in employment or education. There is a level of support that can respond to individual needs such as increased intensity upon admission to the program that can decrease once stability is achieved.

Earlier this year a philanthropist unexpectedly offered to purchase for Berry Street a property in Footscray which includes 9 flats. Another major donor has agreed to part fund the case support for the young people who will be living at the White House. This has provided Berry Street with the opportunity to develop the aforementioned GOALS program which will focus on the prevention of youth homelessness, particularly for young people leaving state care. The program will have a clear focus on linking the tenants into training and employment opportunities, with the donors also offering to provide mentoring and work experience for the young people. It also offers affordable accommodation for young people who would otherwise struggle to enter the private rental market. The program is due to begin operating late in 2011, with Berry Street underwriting the unfunded support and coordination functions.

4.11 EARLY PARENTING SUPPORT MODEL

In consultation with Berry Street staff there was discussion about the distinct needs of pregnant and parenting young women. As evidenced within this report, young women leaving care are at increased risk of early parenting and without appropriate programs that support antenatal and postnatal care and development of parenting skills, these young women are at risk of intergenerational child protection involvement.

Berry Street is currently developing a policy in response to overall sexual health issues in an effort to take a proactive stance on pregnancy prevention. However it is acknowledged that there will be a number of young women who will still require support and education in response to their parenting needs. For those young women involved with Child Protection there is the additional need to address their own parenting experiences and trauma that has led to placement in out-of-home care.

In Australia there is only one specific service that responds directly to the needs of child protection clients who are parents. DHS in Eastern Metropolitan Region funds Cara to operate Morgan House. The Morgan House program works specifically with “pregnant and parenting teenagers between the ages of 12 & 18...when they are considered to be at risk” (Cara 2009). The program provides residential accommodation for up to 3 young women and their children, with support provided by live-in carers, in purpose built properties that reflect client needs and are appropriate for infants and small children.

Cara describe the program as follows: *“In partnership with other professionals, our young mums participate in a range of therapeutic programs designed to respond to their individual needs and those of their baby, maximising each young mother’s ability to effectively parent their child. Cara works with the mother and her baby and is committed to the care of both; however, the vulnerability and safety of the baby is of paramount importance. The underpinning approach is consistent, positive role modelling and teaching through a supportive and educative method.”* (Cara 2009). The program operates with a range of support services that provide education and training in life skills and parenting. In addition, Cara seeks to offer programs that focus on addressing educational disadvantage and creating opportunities for young women to reengage with education.

The Morgan House program sits within a continuum of accommodation options provided by Cara that specifically respond to the needs of pregnant and parenting young women. When a young woman has completed the Morgan House program there is the opportunity to progress into more independent accommodation options such as Catalina House, an independent transitional property, and Banksia House which is based on a lead tenant housing model. Once a young woman and her child have exited the residential program, ongoing support is provided through an outreach program for a further six to twelve months post care.

4.12 PERSONAL ADVISERS

As outlined earlier, the UK has implemented a process of personal advisers being a key driver of leaving care planning and preparation for all young people 16 and over who reside in out-of-home care. The role of the personal adviser is twofold: to work alongside the existing case management providers, offering them consultancy and support; and to engage directly with the young person to form a supportive relationship that continues up to the age of 21 (or longer).

The legislated functions of a personal adviser are:

- to provide advice, including practical advice, and support
- to participate in the young person's assessment and preparation of the leaving care plan
- to participate in the reviews of the plan
- to liaise with others regarding the implementation of the leaving care plan
- to coordinate the provision of services under the leaving care plan and to support the young person to make use of the services
- to keep informed of the young person's progress and wellbeing
- to keep written records of contact with the young person

The level of contact with the young person is driven by the advice of the care team and forms part of the leaving care plan. After the young person leaves care, then the expectation is that the personal adviser will maintain contact with that young person via assertive means and promote an ongoing relationship. The role at this time shifts to being a personal support to the young person and a conduit to other leaving care services such as PCISR or other mainstream service providers.

Discussions within Berry Street have highlighted that the personal adviser model would greatly enhance the existing service provision of our Intensive Case Management Services (ICMS) and potentially address the existing deficits in a system response to the leaving care needs of young people with high risk behaviours or complex behavioural issues. These complex young people are not currently receiving a leaving care service due to the structure and limitations of the leaving care system in Victoria.

Berry Street currently provides ICMS in 3 regions: South Eastern, Hume & Gippsland. ICMS is an intensive case management service dedicated to the provision of support to the most complex adolescents as identified by DHS Child Protection. Many of the young people exhibit a range of risk taking behaviours such as substance use, mental health concerns, criminal offending, and transience or a combination of these. Their behaviours frequently place the young person and, at times, the community at risk of harm. The aim of the service is to provide a relationship based, assertive outreach response to focus on crisis prevention and long term systemic engagement with community based support services to ameliorate risk and successfully engage the young person with a range of therapeutic interventions.

A personal adviser model would build on the existing relationships created between Berry Street ICMS staff and clients, and would allow for ongoing support to be provided post care when many of these young people lose the support of the statutory system and become increasingly disengaged from the community.

4.13 COMMUNITY DEVELOPMENT MODEL/MENTORING

Research on mentoring, and engaging community members to support young people is plentiful, but there is little evidence of practices that promote a community centred and driven response to need.

The importance of engagement with the community has been found to be a valuable tool in supporting young people. Research has found that young people who experienced community connectedness tended to demonstrate: a greater level of self-knowledge; greater initiative; skill development that promoted self-regulation; positive peer relationships; and engagement with adult networks and the building of social capital from those engagements.

In seeking evidence of the promotion of community involvement and connectedness, there has been a number of research projects examining the efficacy of mentoring programs in Australia and internationally. Mentoring is reliant upon community members to provide a supportive and consistent relationship to a young person, and this is a feature of the funded models of leaving care provision in Victoria. All eight regions of Victoria have mentoring services that are currently funded by DHS.

International research suggests that there is a value to be placed on the use of community mentors in the provision of support to young care leavers particularly in the development of social skills, relationship skills, a sense of enhanced personal wellbeing and increased life-satisfaction (Munson & McMillen 2009). There is evidence that supports the assertion that for some young people, engagement in mentoring relationships can enhance their skill development particularly when provided in conjunction with independent living skills programs (Osterling & Hines 2006) or within the context of other programs such as education or employment (Mendes 2009c).

Since 2004, when Whitelion implemented the first of the leaving care mentoring services, the use of mentors has garnered increasing support in the continuum of leaving care service delivery. Mentoring is founded in the belief that engagement with community volunteers can influence a young person's sense of social acceptance, self-esteem and promote community connectedness. Subsequently mentoring has been promoted by DHS as a service for care leavers.

Mentoring can be delivered in a variety of ways, and increasingly leaving care service providers are using more innovative approaches to engage young people in mentoring relationships. The most common forms of service delivery include:

- Community based mentoring – a young person has an opportunity to have a supportive, caring, non-judgemental relationship with a mentor, who will be a positive role model and offer guidance, friendship and support to the young person whilst they are in the process of transitioning from care to independence. The mentor and the mentee relationship is driven by both parties and may include
- School based mentoring – where a young person is provided with a mentor to promote connectedness to the educational environment, is assisted through the provision of school based support including; tutoring, career options counselling and support
- Work or business mentoring – a relationship is formed between a young person and a business or employer and receives support and development in career development opportunities and work placement
- E-mentoring – using a greater level of technological advancements to provide support through less traditional forms of interaction such as emailing and instant messaging tools. This strategy may be used to enhance face to face contacts or as an alternative to direct contact.

The three key factors that are identified as influencing the effectiveness of mentoring relationships are:

- Duration of the relationship – with effective relationships lasting longer than 12 months, with some suggestion that the earlier that the relationships commence, the better

- Consistency of the relationship – both parties commit to regular contact including face-to-face, telephone and email.
- Emotional connection – mentoring relationships are found to be more effective when there is a genuine emotional connection that exists within the mentoring relationship that promotes both trust and respect.

The role of the mentor is to promote social skill development and community connectedness and Berry Street currently provides mentoring services for care leavers in Gippsland, in partnership with Whitelion, and in Hume through the L2P driver education program. Both these programs draw on community members, who receive agency based training, support and supervision, to form supportive relationships with young people in an effort to provide them with a positive role model and relationship that is largely separate from the provision of services.

Philip Mendes recently undertook a study of the community development support model currently offered by St Luke's in Bendigo. St Luke's, in partnership with Whitelion, sought to directly address issues of social exclusion and social isolation for rural young people through the provision of an employment based program that provides work placements for young people in care and post care. Employers then assume a "work mentor" role for a young person and the employer is provided with a high level of support from the program workers. The outcomes of the study suggest that this type of mentoring has a role in promoting pathways to employment and community engagement but that it needs to exist within the context of holistic service provision including accommodation and support (Mendes 2011).

It could be argued that there are existing programs within Berry Street that are seeking to promote community integration through the day to day service delivery models. Programs such as the OASIS program operating in the South East region provides support and role modelling to young people with a disability through actively promoting engagement in community activities, and the existing mentoring programs operated by Berry Street are all seeking to promote community ownership and support of care leavers.

While there is evidence as to the value that mentoring can provide, research also cautions that mentoring is not a universal panacea and should be incorporated within the provision of robust leaving care service delivery, not viewed as a replacement for services (Mendes 2009c; Spencer et al. 2010).

As part of the Connect for Kids program, Berry Street has operated Alexandra Real Connections (ARC) through which local businesses, services, local government and community members pledge that all Year 10 students in their local area will be offered education, training or employment opportunities. The initiative emerged from the idea of a "no dole" pledge for young people in the community. Berry Street has considered whether community members could be asked to pledge that care leavers in their local area would all be provided with accommodation and support in the transition to independence. However those consulted were not convinced that the ARC model could be translated into the Leaving Care context, given this involves a very specific and complex cohort of young people rather than the general population of young people.

4.14 EDUCATION/EMPLOYMENT

Internationally there is a range of support services available to care leavers to promote their engagement in education and training and thereby increase their career opportunities. Casey Family Programs provides an education coordinator within each of its agencies and they provide educational case management and planning for all children who reside in out-of-home care within the agency. Their responsibility extends to liaison with schools, carers, and the engagement of remedial supports to promote educational attainment. This model underpins the agency's belief that no child should leave care without completing their high school education.

Similarly Berry Street provides a range of education and training programs for children and young people in our care. This includes a registered school with campuses in Noble Park and Morwell, and another campus is being planned for Shepparton. We also provide specific in-school support, educational case management and tutoring to those in care through the government funded Children in Residential Care (CIRC) program. Although we offer pre-accredited and accredited training programs in some geographic areas, our scope is limited and the programs do not specifically target young people in care or care leavers.

In the UK there have been significant developments in the promotion of higher education. The UK government and the individual local authorities provide bursaries that offer financial assistance and limit higher education debt for care leavers. The minimum level of the grant is currently £2000 per annum with some local authorities offering up to £5500 per annum. These bursaries are available to care leavers up to the age of 25. Similar schemes have been developed in the United States to provide scholarships and financial assistance to care leavers seeking further education. This financial support is particularly important given that both the UK and the USA have accommodation available for students who attend University. These funding models assist in the provision of accommodation and in the UK care leavers who reside on campus are eligible for financial assistance and support from leaving care services during holiday periods to either locate an alternative placement, or remain on campus.

In addition to the financial supports, the UK government has worked with tertiary institutions to identify care leavers on university intake forms so that they can be identified for additional supports upon admission to University. Concerned by a high attrition rate of care leavers once they enter University, they have also implemented mentoring programs for care leavers pairing them with an older student for support and guidance in the University environment. The UK has also implemented the “Aim Higher” program that encourages young people in care, and care leavers, to attend open days, summer schools and conducts outreach to encourage further education. Additional university “taster” programs have been developed that target young people in care who are in years 10, 11 and 12. These operate during the summer break and young people are invited to attend a range of introductory courses run by university staff and supported by current students, to provide them with an understanding of University.

In Victoria, the Centre for Excellence in Child & Family Welfare has provided scholarships for young people who have been in care to pursue higher education. There is certainly capacity for Berry Street to more actively ensure young people who are making the transition to independence have an education, training and employment plan. Part of this could include seeking to engage in partnerships with universities and TAFE colleges to promote the access of young care leavers to higher education. Currently the Australian Government does not offer any incentives for care leavers to attend higher education institutions so this could be an important area for future advocacy.

4.15 FINANCIAL SUPPORT

Young people who leave care in Australia are eligible for Centrelink benefits as a source of income in the event that they are not engaged in employment. The primary source of income for a young person receiving benefits is Youth Allowance, and as of July 1 2011 the maximum prescribed payment amount for a single young person at the independent living rate is \$388.70 per fortnight. Some young people may be eligible for rent assistance in the event that their rent is greater than \$163.00 per fortnight.

The eligibility for, and rate of, Youth Allowance is reliant upon parental income and assets testing and the young person is not deemed independent until the age of 23. More recently, family tax benefit payments have been extended to families with children up to the age of 24. This further highlights the expectation in the Australian context that parents continue to financially support their children until their early to mid-twenties.

The Australian Government provides eligible care leavers with a Transition to Independence Living Allowance (TILA). This is a onetime payment of \$1500 available to young people aged 15-25 who meet the eligibility criteria. A 2009 review of TILA increased the value from its initial \$1000 but also altered the

eligibility criteria and it now requires that the TILA be utilised within 24 months of leaving a formal care placement. The purpose of TILA is to purchase larger household items, such as white goods, upon transition from care or other predetermined expenditure that is defined as “necessary relief” such as course costs, connection of utilities etc.

In addition to the financial support available to care leavers who undertake higher education, the UK government has also established the Child Trust Fund, a long term savings and investment account, for all children in the UK. The Government make a deposit of £250 (£500 for low income recipients) into the account after the child is born and then a further £250 when the child turns 7. There are special monetary arrangements for children and young people who reside in out-of-home care with local authorities able to provide additional monies into the trust fund each year. The trust fund cannot be accessed until the young person is 18 and it can be added to by the child, parent or a third party up to £1200 per annum. The purpose of the trust is to provide a financial stipend for young people to establish themselves once they become independent, including when leaving care.

Review of existing entitlements for care leavers in Australia is imperative as current income support levels are insufficient to promote a reasonable standard of living. Given the increasing cost of housing across Australia, and the fact that care leavers are overrepresented amongst those on low incomes and the unemployed, it is virtually impossible for care leavers to gain accommodation outside the provision of public housing.

Given the lack of support available to care leavers from their families, and from the Government, care leavers should be made eligible for the amount of entitlement for 21 year olds which is currently \$474.90 per fortnight. Or alternatively, rather than increasing direct payments, additional funds could be targeted towards subsidising accommodation costs.

4.16 LIFE STORY WORK

One of the key concerns for young people leaving care is that they lack a cohesive and comprehensive sense of their own identity and personal history. Involvement in the child protection system, separation from biological family, multiple placement moves often accompanied by changes in carers, schooling and peer groups, may result in the loss of key information and hinder a young person’s ability to understand the pathway that their life has taken. Cashmore & Paxman found that 21% of the young people in their study had no knowledge of why they had entered care or been involved with child protection (Cashmore & Paxman 1996).

As a means of assisting a young person to understand their own personal history, Richard Rose suggests that children & young people be given the opportunity to participate in life story work, in the context of a therapeutic relationship and therapeutic parenting. The life story work would involve a suitably qualified person undertaking an exhaustive information gathering exercise to examine files, contact family, extended family and all networks that have had contact with that child or young person – both professional and personal networks – to build a comprehensive narrative of that child’s life course. Therapeutic work is then done with the child or young person to assist them to make sense of what has happened in their life and together the child and worker create a life story. Richard Rose suggests that this work is extended to the family and other supports to create a more comprehensive understanding of the child’s experiences (Rose 2004).

Ideally, this type of work would be undertaken in the early teen years while the child is still in placement, but if this is not possible, then assisting a care leaver to develop a stronger sense of self and self-understanding may be a valuable exercise to promote identity development. Cashmore & Paxman found that young people who felt that they were responsible for entering care were less likely to have completed high school, were more likely to have thought about or attempted suicide and were less happy with their life circumstances once they left care (Cashmore & Paxman 1996). These findings were echoed within a further study that found that care leavers who experienced unresolved anger towards the “system”

including their families and professionals were more likely to experience poor leaving care outcomes. It was recommended by the Maunders study that there be an opportunity for young people to gain access to their files and documents regarding their time in care with the support of workers to be able to explain and interpret the information (Maunders et al. 1999).

4.17 RESOURCE MANUALS

In 2011, Berry Street launched the Switch On: Do it FOR YOURself manual to assist care leavers across Victoria. This manual superseded the previous Berry Street Living Independently Manual. Switch On is a resource that provides resources and tools for young people and workers for both the preparation phase and the period post care. Provided in a CD-Rom format, the manual contains resources including information, advice, templates for budgeting and writing resumes or application letters, contact lists for useful services and information that young people might need to know or access. The CD-Rom is supplemented by a wallet reference card and a magnetic flipchart.

4.18 SOCIAL MEDIA

The use of the internet and of social media such as Facebook & Twitter are increasingly popular methods of communicating with target audiences. Internationally, various government organisations are increasing using this method to provide support and information to young people leaving care. Websites such as www.edinburgh.gov.au provide comprehensive information regarding available throughcare and aftercare services in Scotland and provides an email contact for inquiries. A website such as www.missinglink.me.uk provides a forum for information provision to care leavers with links to online resources and community events in response to identified needs. Such sites also assist in promoting the advocacy agenda for care leavers.

More targeted information provision is available through Facebook pages such as that for the Children's Aid Society in New York and Aging out of Foster Care provide links to videos, information and articles relevant to care leavers while promoting awareness of issues for care leavers.

The use of information technology to assist care leavers is evidenced by the www.getalifestyle.co.uk website that provides an interactive experience for care leavers to support them in living independently. Modelled on a virtual flat, users enter the property and visit each room and click on specific items to receive information on issues as diverse as personal safety to nutrition. The virtual flat experience allows users to be directed to more comprehensive web resources in a fun and practical way.

4.19 DEDICATED SUPPORT SERVICE

The provision of a dedicated support service for care leavers in Victoria, informed by the current model of service delivered by Open Place, may provide many care leavers to address their in-care experiences in an environment that understands the unique experience of children & young people who have resided in out-of-home care. The research evidence clearly indicates that the experience of being raised in out-of-home care may have lasting impacts across the life course and this is further reinforced by the experiences of the Forgotten Australians that were documented within the Senate Inquiry (Commonwealth of Australia 2004).

In Victoria, current services for Forgotten Australians are not available to young people who exited care after 1989. The expansion of this service model or the establishment of a separate service for current care leavers, so as not to diminish the experiences of the Forgotten Australians, could utilise existing expertise and knowledge to assist young people. In New South Wales, the Aftercare Resource Centre (ARC) Support Service has been integrated into the services for Forgotten Australians provided in partnership between the New South Wales State Government and Relationships Australia. The ARC Support Service is available to all

care leavers over the age of 25 and provides a centralised location to contact to access support and counselling.

Prior to age 25, NSW care leavers are able to access the Aftercare Resource Centre (ARC). This service provides referral and advocacy services in a model not dissimilar to that provided in Victoria through the Post Care Information and Referral Service (PCIRS).

SECTION FIVE – CONCLUSION

As suggested within this report, not every young person leaving care will struggle in their transition to independence, however evidence informs us that the majority will. The complex needs of young people leaving care, and the documented poor outcomes for many care leavers are well recognised within the literature. Care leavers face challenges across all aspects of their health and wellbeing and this problem is not new, as evidenced by reports and research across the past thirty years or more.

While there has been some scope for change, including the development of State Government funded leaving care services across Victoria, shifting societal expectations combined with competitive housing and employment markets compound the likely marginalisation of care leavers both now and in the future. It is the responsibility of the service sector, and the community as a whole, to ensure that these young people are provided with every opportunity to overcome their past experiences and positively move forward.

As indicated, preparation for leaving care occurs across a continuum of out-of-home care delivery and is the responsibility of all persons involved with a child or young person, not just the out-of-home care provider. However, there is a key role for the out-of-home care provider to drive service development, innovation and advancement across the out-of-home care system in an effort to promote better outcomes.

Berry Street concedes that addressing the leaving care issue, and providing a more cohesive response to identified need, requires an integrated service response given the complexity of the issues and their far reaching ramifications. It is therefore acknowledged that the approach to service provision should involve the enhancement and development of existing service structures, in addition to the exploration and development of additional services.

In order to further address the needs of young people before, during and after their transition from State Care, Berry Street's advocacy will draw on international evidence that enhanced service provision occurs when there is a combination of adequate resource provision and legislative reform².

Berry Street further recognises that this is not work the organisation can do alone. Changing legislation, enhancing levels of Government resourcing and creating an integrated service system all require the concerted effort of a range of community service organisations, peak bodies, Government, academics, philanthropy, educators, employers, housing providers and the community members. Berry Street will seek to work in partnership with others who are similarly committed to achieving better outcomes for those who are leaving care.

For a summary of the issues Berry Street will pursue through both our own service provision and a comprehensive advocacy strategy, please see Appendix 1.

5.1 RECOMMENDED AREAS FOR PROGRAM DEVELOPMENT

On the basis of the findings of this project, Berry Street recognises that there are still numerous gaps across a range of service areas that urgently need to be filled in the best interests of young people leaving care. As identified, the needs of care leavers are many and varied and call for a diverse and responsive service system to better support them and alter their future trajectories. There is no "one size fits all" response that will meet all need, but rather a range of responses that target individual needs and promote a greater overall opportunity for intervention. In order to provide diverse opportunities, Berry Street needs to

² For example, the UK legislation that clearly stipulates the Government's responsibilities as the corporate parent to care leavers has driven service development and enhancement, ensuring that the responsibilities and expectations of the State mirror the responsibilities and the expectations of parents in the community.

advocate for greater resource allocation from State and Federal Governments. However, in the interim, there is an obligation to seek investment from philanthropic sources. Programmatic responses that build on existing knowledge and enhance our existing service delivery provide the greatest opportunity to effect change.

Berry Street has identified a number of key issues across the Leaving Care Continuum which require new or extended service developments in Victoria, so we can more effectively intervene earlier in the care experience for each child and young person. We believe the addition of these programmatic measures would go a long way to preventing care leavers ending up in the homelessness system. These ideas focus on: providing children and young people with high quality, stable care which is the strongest indicator of positive leaving care outcomes; thoroughly preparing young people for leaving care by facilitating the development of life skills and ensuring each young person has strong connections in the community; providing a strong transition to independence through a range of supported accommodation, education pathways and support measures; and strong post care support. Each of these key areas will be developed into a detailed program proposal but the following is provided as an indication of Berry Street's priorities:

5.1.1 High quality, stable care

Berry Street recognises its responsibility to provide interventions across the spectrum of childhood and adolescence that will, wherever possible, enable children and young people to stay at home and not need to enter the out-of-home care system. However, in the event that a child or young person requires a placement, Berry Street is committed to providing an out-of-home care service that seeks to address the pre-care experiences, and responds to the in-care experience in a holistic manner. Berry Street is currently providing this level of care through the provision of a number of therapeutic foster care placements and the piloting of a number of therapeutic residential care units. Preliminary reports suggest that both models are proving to promote more positive outcomes, reduce risk behaviours and promote greater community and educational engagement. In light of the evidence of efficacy, Berry Street will continue to advocate for expansion of therapeutic out-of-home care models with a view to extending this across all out-of-home care placements.

Acknowledging the need to provide greater placement stability in order to diminish the impacts of frequent placement change on a child or young person, Berry Street is currently undertaking a Home Based Care Reform Project. This project seeks to identify more strategic responses to issues such as the recruitment and retention of foster carers, provision of enhanced support for carers and children, and increased levels of therapeutic intervention in an effort to promote placement sustainability and stability thereby minimising placement disruption and discontinuity of relationships. In minimising the placement disruption it is anticipated that some of the effects of placement instability on leaving care outcomes will be mitigated.

5.1.2 Life Skills Program

The need for a cohesive assessment and planning process, in conjunction with a uniform curriculum of life skills education, has been recognised. Berry Street will seek funding to develop a life skills program. In the meantime Berry Street will address this deficit through existing internal programmatic meeting structures such as the cross-regional forums for residential care and home based care, and will build on research and knowledge gained from international and local practices. Berry Street is currently developing an out-of-home care manual to promote uniformity of practice across all out-of-home care programs and this provides an opportunity to inform staff and carers of organisational expectations regarding assessment and planning processes and promote early planning for leaving care in accordance with national guidelines.

5.1.3 Creating Community Connections

For many young care leavers, particularly those who have been in residential care, independent living can be a very isolated experience. Their family connections may be tenuous or non-existent and their previous primary relationships having been with paid staff. Berry Street believes more effort needs to be made to enable children and young people who are in care to form connections in the broader community whilst they are in care, thus potentially providing ongoing relationships with people and organisations once they leave care. Berry Street will seek funding for new positions attached to our residential care programs with the explicit aim of connecting each young person with at least one community activity, including sport, music, drama, dance, scouts or other clubs.

5.1.4 Education, Training & Employment Pathways Program

The educational needs of children & young people in out-of-home care, particularly those young people who have been excluded from mainstream educational options, continue to be a focus of Berry Street's educational programs. As outlined previously, the organisation currently runs two campuses of the Berry Street School in Noble Park & Morwell, with a third about to be established in Shepparton, in addition to a partnership between Berry Street and The Pavilion School in the North & West Region. Additional education pathways programs targeting marginalised young people in the community, including young people in out-of-home care, operate in the North & West, Hume and Gippsland regions.

At this stage there is no specific educational service that directly targets the needs of care leavers and organisationally there is an understanding that engagement in meaningful employment and education is a core element of enhancing life opportunities and outcomes through the influence on self-esteem, greater employability, increased earning capacity, poverty reduction and greater community connectedness. In order to address this need, Berry Street will seek to identify opportunities to provide a discrete service to care leavers utilising an educational and employment mentoring model akin to that currently being delivered by St Luke's in Bendigo. The Victorian State Government has announced funding for such a program in the May 2011 budget and Berry Street will tender for this funding when it becomes available. If unsuccessful, Berry Street will look at other means to develop such an education & employment program.

It is envisaged that this model would include vocational assessments of care leavers and then seek to match them with appropriate mentors who could assist them to explore educational and vocational pathways. The program would include the use of existing relationships with educational and training providers as a means of promoting work readiness, as well as pursuing the development of relationships with key businesses to provide opportunities for work placements and, wherever possible, a pathway into part time or full time employment with the support of mentors and program staff.

5.1.5 Supported Accommodation Models

The need for accommodation for care leavers remains a paramount concern for all program areas. Accommodation that is affordable, safe and suitable is needed and should be a right of all care leavers. While Berry Street is pursuing creative options such as the White House Program that is currently in development, it is clearly identified that demand exceeds availability. The White House and its associated GOALS program is being funded solely through philanthropic and other Berry Street resources and we continue to seek additional funding for this program to make up the shortfall. This reliance on philanthropy highlights that DHS & OoH are unable to provide appropriate accommodation pathways from out-of-home care for the majority of care leavers and as a result, an increasing proportion of care leavers end up within the homelessness system. This is a long standing criticism of the child protection system over the past 30 years and there has been limited action in response to these criticisms.

One solution to the housing issue would be ongoing support for young people in foster & kinship care to remain in their placement up to the age of 21 in a model such as that being delivered by the **Staying Put**

18+ project. Further investigation as to the applicability of this model to the Berry Street context would need to occur, however initial outcomes of research into young people who remain in care longer suggest that there are distinct advantages, particularly in educational achievement.

Greater emphasis needs to be placed on opportunities for young people to be able to practice their independent skills in a supported setting. Utilisation of models such as the taster flats and training flats would provide young people in the preparation phase of leaving care an opportunity to experience the realities of living outside formalised out-of-home care programs while still maintaining a safety net. Berry Street will seek to pursue opportunities to advance the provision of such services, with a view to piloting a program in one region, to test its efficacy and suitability for the client group.

Berry Street recognises that Victoria's Lighthouse Foundation model, although not specifically designed as a leaving care response, already accommodates young people who have been in the care system, including young people with complex needs. The therapeutic support provided through this model interests Berry Street because it is consistent with our own approach to therapeutic out of home care. Currently Lighthouse and Berry Street are partnering on a project in which Lighthouse is thoroughly documenting their model, with a view to Berry Street seeking funds to replicate their approach with young people who are making the transition from our care. Replication of this model requires Berry Street to locate a cluster of properties suitable as well as resources to provide the therapeutic, support and household requirements.

5.1.6 Programs for Pregnant & Parenting Care Leavers

The need for a more focussed response on the need of pregnant and parenting care leavers is also recognised as being of paramount importance if we are to reduce the risk of intergenerational system involvement. Berry Street accepts that there needs to be an emphasis on pregnancy prevention and to this end we are completing the Sexual Health & Education Practice Development project. This project aims to provide greater education and awareness of sexual health issues including pregnancy prevention. While the delay in pregnancy is desirable, for many young women, particularly those who have resided in out-of-home care, the evidence indicates that many become early parents either while they are in care or shortly after they leave care.

The Morgan House model could be readily replicated in a region to provide enhanced responses to this vulnerable group of young parents and their infants and anecdotal evidence from Berry Street staff indicate that this is an identified area of need as there are limited responses available to enhance parenting capacity and support parenting skill development. Berry Street would like to investigate the implementation of such a model, drawing on the knowledge and expertise of the Cara program staff.

5.1.7 Personal Advisers

While there is recognition of the increased service provision available to care leavers through the Department of Human Services funded Leaving Care and Post Care support programs, evidence suggests that demand for service provision is increasing and existing services are struggling to meet the need. Service limitations, including the capacity of leaving care services to provide ongoing case management to care leavers, particularly those with complex needs or heightened vulnerability such as an intellectual disability, determines a need for a more intensive response.

Berry Street would like to explore the utilisation of a personal adviser model as a pilot intervention for care leavers. In the Berry Street context, the personal adviser would work alongside the case manager within the Intensive Case Management Service to promote assessment, planning and skill development prior to the young person exiting formal out-of-home care and they would then assume a more assertive role post-exit, up to the age of 21, to provide a continuity of relationship with a view to establishing and maintaining the young person with an ongoing community based support network. The personal adviser would provide a

key regional contact point for care leavers to seek support and assistance from their primary out-of-home care provider. The personal adviser role would not seek to duplicate any existing leaving care or post care service, but would be viewed as a key conduit between the young person and appropriate support services.

5.1.8 Centralised specialist support service for care leavers

Given that Berry Street already operates Open Place for those who were in institutional care prior to 1989, we are aware that there is demand for a similar central support service for more recent care leavers. The Open Place model includes a drop in facility, case support, access to specialist counselling, training programs, assistance with accessing records, regional support groups, brokerage and peer mentoring. Berry Street will explore the validity and viability of extending the Open Place model.

5.1.9 Utilising Social Media

A less formal approach to providing education and support to care leavers could also be achieved through an expansion into social media using tools such as Facebook & Twitter and a dedicated website as a centralised media and information hub for access by Berry Street care leavers. Given the increasing reliance of young people on social media as a means of communication and connectedness, the implementation of agency driven content targeting care leavers and their specific needs would be advantageous and likely to be more readily received. Exploration of possible social media interventions, and website development options, may assist in increasing young people's awareness of key issues, direct them to appropriate supports and provide a forum to maintain and develop relationships with other care leavers. Content for a technology based response could be readily drawn from the Switch On manual and could incorporate knowledge from the BeNetWise project currently being developed at Berry Street to promote cyber safety.

5.2 PROGRAM DEVELOPMENT PRIORITY FOR BERRY STREET

Through this scoping study, including the accompanying literature review and interviews with Berry Street staff, we have identified that young people with the most complex needs and challenging behaviours are most likely to experience difficulties making the transition from care to independence. Often these young people's placements in out of care have been unstable so their main relationships are with their case managers. At the moment, our contracts to provide case management end when the young person's statutory order ends so that relationship between care leaver and case manager is lost. The young people are less likely to accept referrals to leaving care and post care support services and more likely to end up in the homelessness, mental health or justice systems.

As a priority, Berry Street will seek funding to expand our existing service provision within the three regional Intensive Case Management Services (ICMS) to provide a dedicated leaving care response within each of these program areas. This role would be based on the personal adviser model currently operating within the UK and would target those young people whose complexity precludes them from accessing alternative leaving care support services.

Positioning a leaving care adviser within the ICMS services is a response that could have immediate benefit for young people preparing to leave care as it requires minimal infrastructure redevelopment and we already know there is demand within each ICMS program. The location of the position within existing service delivery would promote the continuity of relationships with key workers and with the organisation as a whole.

Each of the ICMS services have pre-existing relationships with a broad range of service providers in both the government and CSO sector and these established connections could be utilised to provide multi-

disciplinary service delivery to this high need client population. For instance, we know that one of the major issues confronting this most needy group is ongoing and often increasing mental health difficulties, and this enhanced ICMS response could ensure each young person is receiving the mental health care they require. In addition, the leaving care adviser would be well positioned to approach and develop relationships with existing leaving care service providers including each regional post care support information & referral service. There would be an opportunity for Berry Street to create stronger relationships with the adult service system to promote greater understanding of the specific needs of care leavers and to create more seamless pathways between the youth sector and adult service sectors within the community and promote a more integrated service delivery model.

By promoting a focus on Berry Street's high risk client group there is an opportunity to work with those young people who face increasing difficulty in making the transition to adulthood, in particular those young people who are particularly vulnerable such as those with an intellectual disability, pregnant and parenting young people or indigenous young people, as these groups are representative of the existing ICMS client base.

5.3 OPPORTUNITIES FOR ADVOCACY

As indicated in Section 3, Berry Street's submission to the current Vulnerable Children's Inquiry included recommendations for legislative and policy changes relating to leaving care. These recommendations will be acted on through an associated advocacy strategy. During the course of this project, the following areas for advocacy with both the federal and state governments have been highlighted. Berry Street will seek resources to develop a comprehensive Leaving Care Advocacy Strategy which takes account of these and the suggestions already put to the Vulnerable Children's Inquiry.

National Advocacy:

1. **Federal legislative reform:** Advocate for Federal Government legislative reform that provides a National Framework that details the provision of leaving care support for all young Australian's leaving the out-of-home care system.
2. **Nationwide data system:** Advocate for a federally driven national data collection system into the outcomes for care leavers. Investment in a consistent data stream would allow for more informed and responsive program resourcing and development.
3. **Free tertiary education:** Advocate for exemption from tertiary education costs (including HECS) for all children who resided in out-of-home care including a bursary to be available annually to subsidise post secondary education costs.
4. **Rental guarantee scheme for young people up to the age of 25** – akin to the rental guarantee scheme that currently operates in the UK to circumvent the shortage in public housing stock. The tenant rents the property at current public housing rates – in Victoria this is approximately 25% of income – and the government subsidises the rest of the cost. The advantage of this arrangement is its flexibility, the young person is able to reside more readily in areas where they have existing support networks rather than be impacted upon by available vacancies and it reflects the societal expectation of young people being able to remain at home longer (AHURI).

Victorian Advocacy:

5. **In care until 18:** Adopt an organisational position, accompanied by strong advocacy, to not exit young people from care prior to the age of 18 and ensure that this position is clearly articulated and expressed at a Government level.
6. **No exits into homelessness:** Adopt an organisational position, accompanied by strong advocacy, to not exit young people into homelessness and ensure that this position is clearly articulated and expressed at a Government level.

7. **Foster care & kinship care until 21:** Support young people being able to remain in their foster care placement, with appropriate financial and organisational support, until the age of 21 and longer if the young person is undertaking post-secondary education or traineeship/apprenticeship.
8. **Therapeutic intervention:** to be available to all children in out-of-home care from entry to care through to post care supports through the provision of services such as therapeutic foster care and therapeutic residential care services.
9. **Educational support:** Advocate for increased partnerships and resource sharing to occur between DEECD and out-of-home care providers to enhance educational opportunities for children in out-of-home care. In particular, attention to be focussed on early intervention strategies in response to educational deficits and additional resource provision for all children in out-of-home care including foster care and kinship care to support them to be sustained in education.
10. **Partnerships between leaving care services and housing services** – this is currently available to a limited extent in Victoria through the provision of Transitional Housing for care leavers. Recommendations of the AHURI research are that there be an increase provision of THM housing stock set aside specifically for care leavers to grant more ready access. If the young person is able to demonstrate the capacity to appropriately manage their tenancy then THM's could then be transferred to long term public housing tenancies. The benefit of this model is that a young person could be assisted in engaging with community supports and become integrated within the community without the need for them to have to move once long term housing becomes available.
11. **Priority access to Public Housing** – in both the UK and in some States of the USA priority access is given to care leavers for public housing in response to the identified needs of this client group. The supply of targeted housing stock for care leavers would assist in reducing the incidence of homelessness if there was adequate provision of support services to promote sustainability of tenancy.
12. **Establishment of a dedicated support service for care leavers** – advocate for a dedicated post care support service for care leavers, modelled on the current service provided by Open Place that includes a drop in facility, case support, access to specialist counselling, training programs, assistance with accessing records, regional support groups, brokerage and peer mentoring.
13. **Resource allocation** – advocate for increased resource allocation to leaving care services and PCISR services to ensure that service delivery is able to adequately respond to system demand, particularly in the context of expansion of service provision to the age of 25.

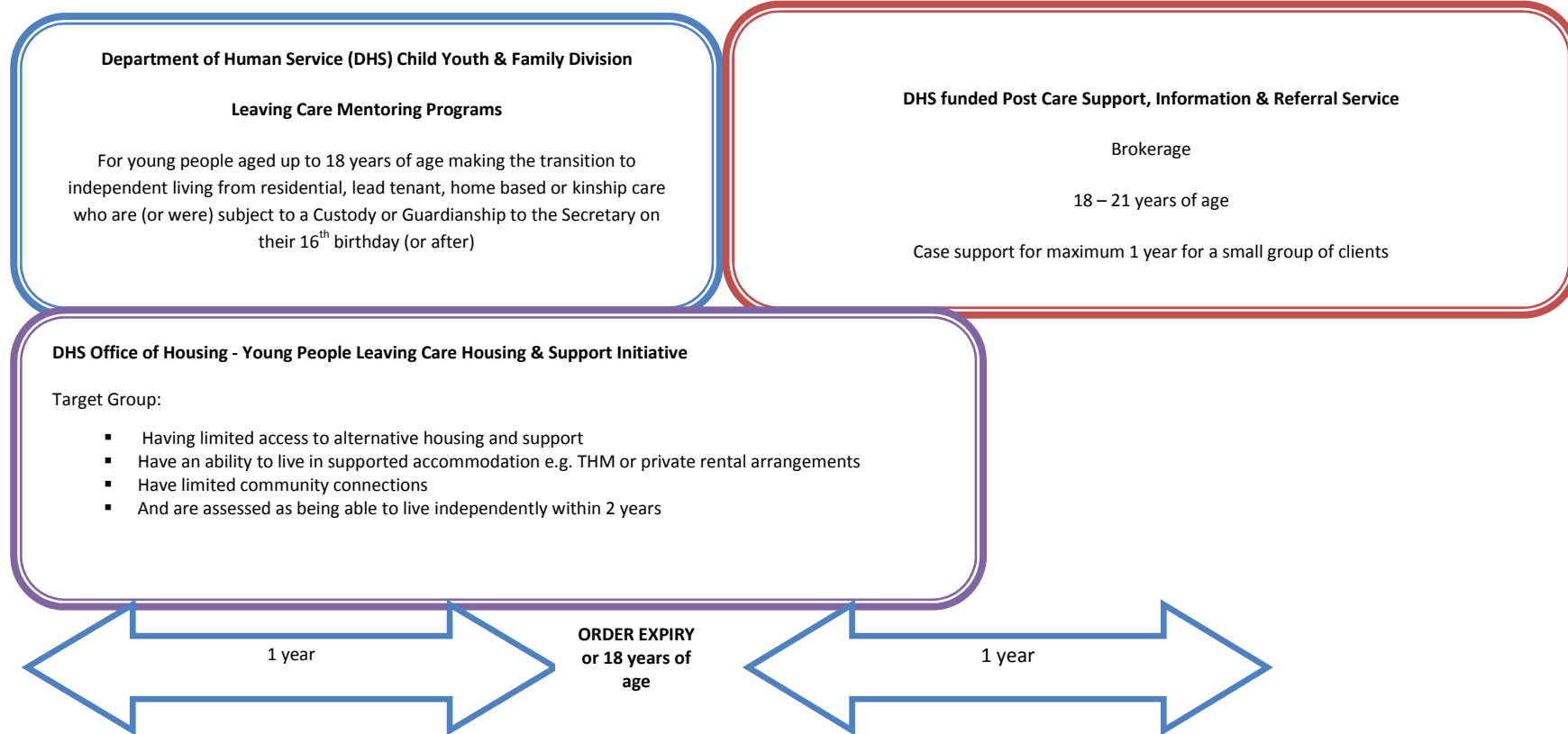
APPENDIX 1

	WHAT CAN WE DO IN BERRY STREET	WHAT NEEDS TO HAPPEN AT A STATE LEVEL	WHAT NEEDS TO HAPPEN AT A NATIONAL LEVEL
Leaving Care Planning	<p>All young people in Berry Street’s care to have leaving care plans.</p> <p>Advocate strongly on both a case by case basis, and as an organisational position, for statutory child protection orders not to be discharged prior to 18.</p> <p>Further develop Life Story work in Berry Street’s out of home care and leaving care services.</p>	<p>DHS to continue to fund and promote the current “Transition Planning for Leaving Care” project being undertaken with the Centre for Excellence and subsequent training delivery across the State.</p> <p>Promote DHS case planning decision making that prioritises leaving care planning and reduces the numbers of young people being discharged from orders prematurely.</p>	<p>Endorsement of the Nationally Consistent Approach to Leaving Care planning by Community & Disability Services Ministers Conference (CDSMC).</p> <p>Adherence to National Standard 13 that requires all 15 year olds in out of home care to have a transition from care plan detailing supports provided after leaving care.</p>
Enhancing placement stability	<p>Berry Street to complete the home based care reform project.</p>	<p>State wide implementation of therapeutic models of care to enhance placement stability and quality of care provided across all out-of-home care placements including kinship care.</p>	
Skill development	<p>Develop and implement a life skills development program across all Berry Street regions and relevant program areas. Principles to be incorporated within Berry Street practice manuals and integrated into program service delivery.</p>	<p>Promotion of best practice life skills approaches.</p>	
Community Connectedness	<p>Enhance community connectedness for children and young people in out-of-home care through additional resourcing to engage with community resources and activities – a current funding application has been submitted.</p> <p>Explore the opportunities to utilise social media tools as a means of providing young people with information and resources to assist them to develop skills and gather information on leaving care resources.</p>	<p>Extension of the current pilots being promoted by the Office of the Child Safety Commissioner.</p>	

	WHAT CAN WE DO IN BERRY STREET	WHAT NEEDS TO HAPPEN AT A STATE LEVEL	WHAT NEEDS TO HAPPEN AT A NATIONAL LEVEL
Education	<p>Commitment from Berry Street that every child & young person in Berry Street out-of-home care will have access to learning opportunities</p> <p>Include pathways to education, employment & training in all aspects of individual planning for children and young people including case planning, LAC planning and leaving care plans</p> <p>Berry Street staff to support young people to access higher educational initiatives such as the Centre for Excellence scholarships and the new DHS education, employment & training programs.</p>	<p>Effective implementation of DEECD/DHS partnership protocols</p> <p>Additional resourcing/funding to be allocated to support the educational needs of children and young people in out-of-home care</p> <p>Extension of current Children in Residential Care (CIRC) funding to cover all forms of out-of-home care including foster care and kinship care allowing for the provision of individual educational case management and remedial assistance.</p> <p>Establishment of education, training and employment services for care leavers as outlined in the Victorian State Budget 2011/2012.</p>	<p>Exemption for care leavers from tertiary education costs such as HECS.</p> <p>Increased financial support to be made available to care leavers who pursue further education to more adequately support living expenses.</p>
Leaving care supports	<p>Seek funding to pilot the extension of existing Berry Street Intensive Case Management Services (ICMS) to allow high risk young people to have ongoing leaving care support whilst in care, during transition, and post care.</p>	<p>A commitment from the State that all young people making transition from care, including those deemed to be high risk, have access to consistent support that promotes relationship continuity, throughout the leaving care process. Strong consideration should be given to the UK model of personal advisers.</p>	
Young people with a disability	<p>Ensure all young people with a disability and in Berry Street's care have access to: Disability Client Services; a disability advocate; and access to education and training.</p>	<p>Development and implementation of a protocol between Disability Client Services and Children, Youth & Families division to ensure that children and young people in out-of-home care receive coordinated care and leaving care planning</p>	
Young people involved with Youth Justice	<p>Berry Street to participate in the research currently being undertaken by Monash University</p>	<p>Continuing child protection commitment to leaving care planning when young people are in Youth Justice Centres.</p>	

	WHAT CAN WE DO IN BERRY STREET	WHAT NEEDS TO HAPPEN AT A STATE LEVEL	WHAT NEEDS TO HAPPEN AT A NATIONAL LEVEL
Indigenous Young People	Ensure all young people in our care have links to culture and community.	Funding to increase to expand the Indigenous Leaving Care initiative in accordance with the provisions made in the Victorian State Budget 2011/2012.	
	Ensure all indigenous young people have linkages to indigenous leaving care services		
Accommodation	Organisational commitment to not exit young people into homelessness.	Funding through ongoing carer reimbursements and placement support for young people to remain in foster care and kinship care up to 21 years of age.	Federal government to promote a rental guarantee scheme to supplement existing demand for public housing.
	Expansion of current transitional accommodation programs currently being provided by Berry Street such as ACP house and lead tenant models.	Increased funding of transitional housing for care leavers initiative that reflects the demand for service provision.	Federal Government to continue to support States to meet the obligation stated in the National Framework that there is a policy of “no exits into homelessness”.
	Explore supported accommodation options, with a focus on young people post care, such as: <ul style="list-style-type: none"> - Pilot of a Lighthouse Foundation model of care - The White House program - “Staying Put 18+” program. 	Care leavers to receive priority access to public housing stock.	
Data Collection	Organisational data system that incorporates leaving care data that will better inform program development and future service delivery.	Victorian date system that includes information on: <ul style="list-style-type: none"> - The number of young people leaving care annually - Demographic information including regional information, disability, indigenous status, cultural information and age. - Exit points for young people leaving care. - Information that accurately reflects PCSIR needs to ensure that there is adequate capacity to meet demand. 	Implementation of a national data base to collate information on care leavers across Australia.
		Increased date collection on outcomes for care leavers – to be incorporated within the proposed research program identified in the Victorian State Budget 2011/2012.	

APPENDIX 2 - MODEL OF CURRENT LEAVING CARE SERVICES IN VICTORIA



BIBLIOGRAPHY

- Auditor-General. (1996) Protecting Victoria's Children – The role of the Department of Human Services.
- AIHW (2005), *Child Protection Australia 2003-2004*, Australian Institute of Health and Welfare, Canberra.
- Australian Bureau of Statistics (2009) Home & Away: the living arrangements of young people .Australian Social Trends. June 2009. ABS.
- Australian Capital Territory Government – Department of Disability, Housing & Community Services (2010), Modernising youth housing and homelessness services in the ACT. ACT Government
- Australian Government Department of Senate Community Affairs Committee (2005), *Protecting Vulnerable Children: A National Challenge*, Commonwealth of Australia, Canberra.
- Baidawi, S., & Mendes, P., (2010), Young people transitioning from out-of-home care and problematic substance use: the views of young people and workers in Victoria, *Children Australia [P]*, vol 35, issue 4, La Trobe University, Australia, pp. 23-30.
- Bamblett, M. (2009) Leaving Care – Improving pathways for indigenous young people. Presentation to the Making it home Youth conference 2009. Council to Homeless Persons.
- Barth, R.P., & Berry, M. (1987) Outcomes of Child Welfare Services under Permanency Planning. The Social Service Review. Vol 61, No 1, pp 71-90
- Biehal, N, Clayden, J, Stein, M, & Wade, J (1995), Moving On: Young People and Leaving Care Schemes, HMSO, London.
- Broad, B. (1989) Young People leaving care: Life after the Children Act 1989. Jessica Kingsley Publications. London.
- Bromfield, Leah, M., Higgins, D.J., Osborn, A., Panozzo (2005). *Out-of-home care in Australia: messages from research*. Melbourne: Australian Institute of Family Studies.
- Bromfield, L., Holzer, P., & Lamont, A. (2011) The economic costs of child abuse and neglect. AIFS.
- Bruce, R. & Mendes, P. (2008) Young People, Prostitution in State out-of-home care in *Children Australia* Vol 33 (4)
- Burdekin B, Carter J, Dethless W. (1989) Our Homeless Children: Report of the National Inquiry into Homeless Children for the Human Rights and Equal Opportunity Commission. Canberra. AGPS.
- Cara Inc. (2009) Model of care. Cara Inc Victoria.
- Casey Family Programs (2008) Casey Family Programs: The Casey Young Adult Survey: Findings over 3 years. Casey Family Programs.
- Casey Family Programs (2001) "Ready, Set, Fly" A parent's guide to teaching life skills. Casey Family Programs.
- Cashmore, J. & Paxman, M. (1996), *Wards Leaving Care: A Longitudinal Study*, Department of Community Services, Sydney
- Cashmore, J & Paxman, M (2007) Wards Leaving Care: five years on, Department of Community Services, Sydney
- Centre for Excellence in Child and Family Welfare, and Leaving Care Statewide Forum (Victoria). (2006) leaving care: a model for Victoria. Melbourne, Vic: Centre for Excellence in Child and Family Welfare.
- Chamberlain, C. and MacKenzie, D. (1992) 'Understanding Contemporary Homelessness: Issues of Definition and Meaning', *Australian Journal of Social Issues*, 27(4), 274-297.
- Chamberlain, C., Johnson, G. & Theobald, and J. (2006) Homelessness in Melbourne: Confronting the Challenge, Centre for Applied Social Research, RMIT University, Australia. 2006

- Childwise. (2004) Speaking for themselves: voices of young people involved in commercial sexual activity. Childwise.
- Clayden, J & Stein, M (2005). Mentoring young people leaving care: "Someone for me". Joseph Rowntree Foundation
- Collins, M.E., & Clay, C (2009) Influencing policy for youth transitioning from care: defining problems, crafting solutions and assessing policies in *Children & Youth Services Review* 31 (2009) pp 743-751
- Commissioning Support Program (2010) Research and Best Practice in the Commissioning of services for young people at risk of homelessness looked after young people & care leavers. Commissioning Support Program.
- Commonwealth of Australia (2004), *Forgotten Australians: A Report on Australians who Experienced Institutional or Out-of-Home Care as Children*, Commonwealth of Australia, Canberra.
- Commonwealth of Australia (2009), National Framework for Protecting Australia's Children 2009 – 2020, Commonwealth of Australia.
- Commonwealth of Australia (2010a) National Standards for out-of-home care, Commonwealth of Australia
- Commonwealth of Australia (2010b), Transitioning from out of home care to independence, Commonwealth of Australia
- Cook, R. (1991) a national evaluation of the Title IV-E foster care independent living programs for youth Phase 2 Final Report. Rockville, MD: Westat Corporation
- Cook, R (1994) Are we helping foster care youth prepare for their future? In *Children & Youth Services Review* Vol 16, 3 pp 213-229
- Courtney, M; Dworsky, A; Ruth, G; Keller, T; Havlicek, J; Bost, N (2005) Midwest evaluation of the Adult Functioning of former foster youth: outcomes age 19. Chapin Hall Centre for Children at the University of Chicago
- Courtney, M; Dworsky, A; Cusick, G; Havlicek; Perez, A; Keller, T (2007) Midwest evaluation of functioning of former foster youth: outcomes at age 21. Chapin Hall Center for Children at the University of Chicago
- Courtney, M; Dworsky, A; Lee, J.S; Raap, M. (2010) Midwest Evaluation of the adult functioning of former foster youth: outcomes at ages 23 & 24. Chicago. Chapin Hall at the University of Chicago
- Courtney, M.; Piliavin, I; Grogan-Kaylor, A & Nesmith, A (2001) Foster Youth transitions to adulthood: A longitudinal view of youth leaving care in *Child Welfare*, Child Welfare League of America 2001 p 685-717
- Courtney, M.; Terao, S.; Bost, N (2004) Midwest evaluation of the adult functioning of former foster youth: conditions of youth preparing to leave state care Chapin Hall Centre for Children at the University of Chicago
- Daining, C & DePanfilis (2007) Resilience in youth transitioning from out-of-home care to adulthood in *Children & Youth Services Review* Vol 29 pp 1158-1178
- Delfabbro, P., King, D., & Barber, J. (2010). Children in foster care - Five years on in *Children Australia*, 35(1), 22-30
- Department of Human Services (2008), Improving our response to young people transitioning from State Care.
- Dixon, J. (2008) Young people leaving care: health, wellbeing & outcomes in *Child & Family Social Work* 2008 Vol 13 (2) p 207-217
- Dixon, J., Wade, J., Byford, S., Weatherly, H & Lee, J. (2004) Young people leaving care: A study of outcomes and costs. Research Summary. University of York. August

- Dixon, Jo, and Mike Stein. (2002) *Still a bairn: throughcare and aftercare services in Scotland: final report to the Scottish Executive*. Edinburgh: Scottish Executive.
- Dworsky, A. & Courtney, M. E. (2010). *Assessing the Impact of Extending Care beyond Age 18 on Homelessness: Emerging Findings from the Midwest Study*. Chicago: Chapin Hall at the University of Chicago
- Festinger, T (1983). *No one ever asked us – a postscript to foster care*. Columbia University Press
- Fowler, Patrick, J, Toro, Paul, A, Miles, Bart W (2009) Pathways to and from homelessness and associated psychosocial outcomes among adolescents leaving foster care, *American Journal of Public Health* Aug 2009 Vol 99 (8)
- Frey, L., Greenblatt, S.B., Brown, J. (2005) *A call to action: an integrated approach to youth permanency and preparation for adulthood*. Casey Family Programs.
- Galvin, L., Atwood, T., Uren, C., King-Smith, S. (2010) Leaving care: a flexible and innovative approach to housing. In *Parity* Volume 23, Issue 5, July
- Geenam, S. & Powers, L. 2007 "Tomorrow is another problems". The experiences of youth in foster care during their transition into adulthood. In *Children & Youth Services Review* Vol 29 p 1085 – 1101.
- Green, S & Jones, A. (1999) *Improving outcomes for young people leaving care in Victoria*. Children's Welfare Association of Victoria
- Hirst, Claudia. & Salvation Army Crossroads Youth Project. (1989) *Forced exit: a profile of the young and homeless in inner urban Melbourne*. Salvation Army, Melbourne
- Green, S., and Jones, A. (1999) *Improving outcomes for young people leaving care in Victoria*. Melbourne: CWAV.
- Higgins, J.R. and Butler, N. (2007). *Comprehensive support for Indigenous carers, children and young people*. 'Promising practices in out-of-home care for Aboriginal and Torres Strait Islander Carers, Children and Young People' (booklet 3). Melbourne: Australian Institute of Family Studies.
- Höjer, I., & Sjöblom, Y. (2010) Young people leaving care in Sweden in *Child and Family Social Work* Vol 15 pp 118-127
- Jackson, R., O'Connor, M, & Chenoweth, L. (2006) *Journeys of exclusion*. Community Living Association. QLD
- Johnson, G., Natalier, K., Mendes, P., Liddiard, M., Thoresen, S., Hollows, A., and Bailey, N. (2010) *Pathways from Out of Home Care*. April 2010. Australian Housing and Urban Research Institute (AHURI)
- Keller, T.E., Cusick, G., & Ruth(2007) Approaching the transition to adulthood: distinctive profiles of adolescents aging out of the child welfare system in *Social Service Review* Vol 81 (3) p 453-484
- Kroner, M. (2007) The role of Housing in the transition process of youth and young adults: a twenty year perspective. In *New Directions for Youth Development*. No 113. Spring
- Kroner, M. & Mares, A. (2009) Lighthouse independent living program: characteristics of youth service and their outcomes at discharge in *Children & Youth Services Review* 31 (2009) pp 563-571
- Lemon, K., Hines, A.M & Merdinger, J. (2004) From foster care to young adulthood. The role of independent living programs in supporting successful transitions. In *Children & Youth Services Review* Volume 27 pp 251-270
- Liddiard, M. "Exiting Care: Entering Homelessness" (2010) *The housing pathways of young care leavers in Australia*
- Lighthouse Foundation (2010) *The Therapeutic Family model of care*. Lighthouse Foundation

Lighthouse Foundation (2011) as viewed at <http://www.lighthousefoundation.org.au/our-programs.html>

Loman, L.A & Siegel, G.L (2000) A review of Literature on Independent Living of Youths in Foster Care and Residential Care Institute of Applied Research, St.Louis, Missouri, November

Lushey, C. and Maskell-Graham, D. (2010) 'Care leavers and homelessness in England; protective factors offered by Right2BCared4 and Staying Put 18+ initiatives'. Council to Homeless Persons. *Parity* 23, 5, 22-23.

Mallet, S, Rosenthal, D. et al. Moving Out, Moving On. Young people's pathways in and through homelessness

Massachusetts Department of Social Services. Preparing Adolescents for Young Adulthood. Independent Living Skills Development Modules 1-5

Mallon, G.P. (1998) After Care, Then Where? Outcomes of an independent living program in *Child Welfare* Volume 77 (1) Jan/Feb

McCoy, H., McMillen, J.C., & Spitznagel, E.L (2008). Older youth leaving the foster care system: Who, what, when, where and why? In *Children & Youth Services Review*. Vol 30 pp 735-745

McDonald, S. (2010) Journeys of Exclusion: The experiences of young people with a intellectual disability exiting care in *Parity* July

McDowall, Joseph. 2009. Create Report card 2009: transitioning from care: tracking progress. Sydney, NSW: CREATE Foundation.

Maunder, D., Liddell, M., Liddell, M. & Green, S. (1999), Young People Leaving Care and Protection, National Youth Affairs Research Scheme, Hobart, Australia

Mendes, P. (2005) Graduating from the Child Welfare System: A Case Study of the Leaving Care Debate in Victoria in *Australia Journal of Social Work* August 2005 Vol 5 pp.155-171

Mendes, P., (2005a), From state care to independence: a comparison of the Australian and American leaving care debates, *Social Policy Journal*, vol 4, issue 1, pp. 51-63.

Mendes, P. (2009a): Young People Transitioning from Out-of-Home Care: A Critical Analysis of Australian and International Policy and Practice in *Australian Social Work*, 62:3 pp 388-402

Mendes, P. (2009b) Young people transitioning from out-of-home care in *Dissent* Autumn/Winter

Mendes P. (2009c) Mentoring for care leavers: a critical review of the literature. In *Developing Practice* Vol 23 pp 36 -

Mendes, P (2010) Addressing the Housing Needs of Young People Transitioning from State Out of Home Care in Rural Victoria in *Parity*, Volume 23 (5) July

Mendes, P (2011): Towards a Community Development Support Model for Young People Transitioning from State out-of-Home Care: A Case Study of St Luke's Anglicare in Victoria, Australia in *Practice*, Vol 23:2, pp 69-81

Mendes, P. & Johnson, G. (2008) Young people leaving state care and homelessness: What needs to be done? *Parity*, v.21, n.6, 2008, pp.9-11.

Mendes, P. & Moslehuddin, B. (2003), "Graduating from the child welfare system: An overview of the UK leaving care debate", *Youth Studies Australia*, vol. 22, no. 4, pp. 37-43.

Mendes, P. & Moslehuddin, B. (2004a), "Graduating from the child welfare system: A comparison of the UK and Australian leaving care debate", *International Journal of Social Welfare*, vol. 13, pp. 332-339.

Mendes, P. & Moslehuddin, B. (2004b), "Moving out from the state parental home: A comparison of leaving care policies in Victoria and New South Wales", *Children Australia*, vol. 29, no. 2, pp. 20-28.

- Mendes, P., Moslehuddin, and B. M., (2006), From dependence to interdependence: towards better outcomes for young people leaving state care, *Child Abuse Review*, vol 15, issue 2, pp. 110-126.
- Mendes, P. & Moslehuddin, B. (2007) Transitioning from the state care system the impacts of in-care experiences on the post-care outcomes for young people leaving care. Sydney: Social Policy Research Centre.
- Mendes, P., Moslehuddin, B., & Goddard, C (2008) Improving the physical and emotional health of young people transitioning from state out-of-home care. In *Developing Practice 20*. Summer/Autumn
- Montgomery, P., Donkoh, C., & Underhill, K. (2006) Independent Living Programs for young people leaving the care system. In *Children & Youth Services review* Vol 28 pp 1435-1448 2006
- Morgan Disney & Associates Pty. Ltd (2006) Transition from care: Avoidable costs to Governments of alternative pathways of young people exiting the formal child protection care system in Australia. Vol 1: Summary Report. Morgan Disney and Associates. November
- Munro, E., Maskell-Graham, D., & Ward, H and the National Care Advisory Service (2010). Evaluation of the Staying Put: 18+ Family Placement Pilot Program. Interim Report. Department for Education (UK)
- Munson, M.R. & McMillen, J.C. (2009). Natural mentoring and psychosocial outcomes among older youth transitioning from foster care in *Children and Youth Services Review*, 31(1), 104-111.
- National Youth Commission (2008). Australia's Homeless Youth: a report of the National Youth Commission Inquiry into Youth Homelessness. National Youth Commission.
- Oakley, Dr S. & Hancock, Dr J. (2010) "Hybrid Foyers": a 21st century response to youth homelessness accommodation? In *Parity* Volume 23 (3) April
- Ombudsman Victoria. (2010) Own Motion investigation into out-of-home care.
- Open Place (2011) as viewed at <http://www.openplace.org.au/Home>
- Osterling, K.L. & Hines, A. (2006) Mentoring adolescent foster youth: promoting resilience during developmental transitions. In *Child & Family Social Work* Vol 11 pp 242-253. 2006.
- Packard, T., Delgado, M., Fellmeth, R., McCready, K (2008) A cost-benefit analysis of transitional services for emancipating foster youth in *Children & Youth Services Review* 30 (2008) 1267-1278
- Park; Metraux; Brodbar & Culhane (2004) Public Shelter Admission among young adults with child welfare histories by type of service and type of exit in *Social Service Review* Vol 78, No 2 (June 2004) p 284-303
- Pocock (2011) A Home for Hope: The Berry Street Submission to Vulnerable Children's Inquiry, April
- Raman, S., Inder, B., & Forbes, C. (2005) Investing for success: The economics of supporting young people leaving care. Centre for Excellence in Child & Family Welfare
- Real Estate Institute of Victoria: Melbourne Residential Vacancy Rate: below 3% since 2005 viewed on 15 June 2011 online at www.reiv.com.au/news/details.asp?NewsID+1046
- Reid, C & Dudding, P. (2006), Building a future together: Issues and Outcomes for Transition-Aged Youth. Ottawa, Ontario Centre of Excellence for Child Well-being
- Reilly, T. (2003,) Transition from Care: Status and Outcomes of Youth who Age out of Foster Care. Child Welfare League
- Rose, R. (2004) The Child's Own Story: Life Story Work with Traumatized Children. Jessica Kingsley. 2004.
- Scannapieco, M, Schagrin, J and Scannapieco, T (1995), 'Independent living programs: Do they make a difference?' in *Child and adolescent Social Work*, 12, 381-389.
- Spencer, R., Collins, M.E., Ward, R., & Smashnaya, S. (2010) Mentoring for young people leaving foster care: promise and potential pitfalls. In *Social Work*, Volume 55, pp 225-234 July

- Stein, M. (1997) What works in leaving care? Barnardos.
- Stein, M. (2005) Resilience and young people leaving care overcoming the odds. York: Joseph Rowntree Foundation.
- Stein, M. (2006), Research Review: Young people leaving care in *Child & Family Social Work*, 11: 273–279.
- Stein, M. & Carey, K. (1986) Leaving Care. Oxford
- Stein, M, and Wade, J. (2000) Helping care leavers: problems and strategic responses. London: Department of Health
- Stein, M, and Munro, E. (2008) Young people's transitions from care to adulthood: international research and practice. London: Jessica Kingsley Publishers.
- Taylor, J, & Harrison, Ruth. & Brotherhood of St. Laurence. 1990, *Leaving care and homelessness / Janet Taylor; with an annotated bibliography by Ruth Harrison* Brotherhood of St Laurence, Melbourne
- United Nations. (1989) Convention on the Rights of the Child.
- As accessed at <http://www.unicef.org/index.php>
- United Nations (2009) Guidelines for the alternative care of children
- As accessed at http://www.unicef.org/aids/files/UN_Guidelines_for_alternative_care_of_children.pdf
- University of California – Berkeley (2006) Assessing Child & Youth Well-being. Evidence for practice. University of California Berkeley, School of Social Welfare. September
- Vinnerljung, B., & Sallnas, M.(2008) Into adulthood: a follow-up study of 718 young people who were placed in out of home care during their teens. In *Child and Family Social Work*, 13(2), May 2008, pp.144-155.
- Wade, J & Dixon, J Making a home, finding a job: investigating early housing and employment outcomes for young people leaving care in *Child & Family Social Work* 11, 3 p 199-208
- Waldinger, G. & Furman, W.M. (1994) Two models of preparing youth for emancipation in *Children and Youth Services Review*, Vol. 16. NOS. 3/4. pp. 201-212, 1994
- Wise, S., Pollack, S., Mitchell, G., Argus, C. & Farquhar, P. (2010). Care system impacts on academic outcomes. Anglicare Victoria and Wesley Mission Victoria
- Wood, J (2008), Report of the Special Commission of Inquiry into Child Protection Services in NSW
- Youth Mentoring (2011) as viewed at <http://www.youthmentoring.org.au>