Relationship-based practice and service system expertise to support young people transitioning from out-of-home care in Victoria

The Salvation Army Westcare Continuing Care program evaluation final report by Jade Purtell and Philip Mendes (Monash University Department of Social Work)

Yeah. I think that you're never going to solve that issue unless you have a system that doesn't have this leaving – this unknown about it…Their anxiety comes maybe after where they don't know whether they can stay post 19 and so forth. So yeah, it's definitely a real thing. And probably more intense with the level of, the complex level of trauma that young people may have experienced throughout their time. So there's all that, those feelings that will come back for a young person if their trauma is quite significant, because ultimately the system is abandoning them in some way, shape or form and they're going to see that or express that in a way that they know how to cope. It's a sad state of affairs but it is a reality (CC program staff focus group).

I think that knowing you've got someone to catch you if things aren't going well, it helps young people to extend themselves and explore, whereas children coming from residential care don't necessarily have that. They're depending on whatever family network or support network that was around them, and a lot of their families hadn't been positive, I suppose, and that's what they're left with. They can't go back to the residential unit: who knows who's going to be there, who knows what staff are there. And the young people from foster care, where the relationship broke down at their eighteenth - right at that 18 - they struggle quite a lot as well, because that's the secure base was then sort of gone and then 'hang on a second, this was going to be my place I could come back to and it's not anymore'. I find they struggle quite a bit as well. I think safety in relationship helps them to extend themselves and engage in services, I've found (Salvation Army services focus group).

This is the final evaluation report of the Salvation Army Westcare Continuing Care program funded by the Sidney Myer Fund from 2016-2019.

List of Acronyms and Abbreviations

CCYP Commission for Children and Young People Victoria

DHHS Department of Health and Human Services Victoria

OOHC Out-of-home care

TYGA Westcare Youth Group Advisory Committee

1 CONTENTS

2 EXECUTIVE SUMMARY

This is the final report of the evaluation of the Salvation Army Westcare Continuing Care Program, which was based in Melbourne's Western Metropolitan Region from 2013-19. The program aimed to provide relationship-based support to assist the planning, preparation and support needs of young people during their transition from out-of-home care (OOHC) to independent living.

Young people transitioning from OOHC, often called care leavers or care experienced young people, are recognized globally as a vulnerable group. This is due to a range of circumstances including exposure to childhood disadvantage and sometimes trauma prior to entering care, varied OOHC experiences in terms of levels of placement and carer stability; and limited assistance from family and community connections as they transition from care into adulthood. Nevertheless, they are not a homogeneous group, and vary greatly in terms of their developmental needs and capacity at the time of transition.

Until recently, most states and territories including Victoria provided only discretionary, rather than mandatory, support beyond 18 years of age. This meant that non-government services played a key role in providing a safety net for care leavers once their formal child protection order ended. The Salvation Army Westcare program was instrumental in addressing what may be called both the material and relationship needs of care leavers in the Western Region. For example, the program seems to have effectively assisted young people to develop independent living skills; engage in education, employment and training; acquire financial support; and access affordable and stable housing. Additionally, the program was able to utilize consistent and trusting relationships and networking to address potential barriers to successful transition such as leaving care anxiety and limited communication between different support services and systems.

The program also prioritized and highlighted the value of youth participation. Members of the TYGA Westcare Youth Group Advisory Committee were able to participate effectively in a number of activities including appointing program staff, attending policy conferences, and informing the Children's Commissioner of key concerns. Additionally, the TYGA group identified the potential for a formal peer mentoring network that would advise and assist youth leaving OOHC in the future. Overall, this report suggests a number of clear principles and processes that should inform practice and policy development to enhance future outcomes for care leavers in Victoria.

3 INTRODUCTION

This is the final report of the evaluation of the Continuing Care program provided by the Salvation Army Westcare from 2013-19 to assist young people transitioning from out-of-home care (often called care leavers or care experienced young people) in the Western suburbs of Melbourne, Australia.

Care leavers are universally a vulnerable group who have generally not received the ongoing and holistic support that they require to transition successfully into adult life. Leaving care is formally defined as the cessation of legal responsibility by the state for young people living in out-of-home care (OOHC), which generally occurs at no later than 18 years of age. In practice, however, leaving care is a major life transformation, and a process that involves transitioning from dependence on state accommodation and supports (notwithstanding their inherent and considerable limitations) to so-called independence and self-reliance. Care leavers often face significant barriers to accessing educational, employment, housing and other development and transitional opportunities that are readily available to their non-care peers.

Their challenges reflect a combination of three factors. Firstly, many if not most enter OOHC as a direct result of significant childhood abuse and neglect. Secondly, many experience inadequate care within the OOHC system including major instability of placements and carers. Thirdly, most leave care at 18 years old or even younger, and do not receive the ongoing financial, social and emotional support and nurturing offered by most families of origin up to and even well beyond 25 years of age. In fact, many abruptly lose their limited existing supports from carers and other community connections whilst being expected to move rapidly to independent living. These 'accelerated and compressed transitions' to adulthood make it difficult for them to access mainstream educational, employment, housing, health and other development and transitional pathways (Stein, 2016: v).

Care leavers are not a homogeneous group. Rather, their backgrounds, experiences and outcomes vary considerably according to the structure and capacity of their birth families, the type and extent of abuse or neglect experienced pre-care, the age at which they enter care, their cultural and ethnic backgrounds, their OOHC experiences, their developmental stage and needs when exiting care, the presence of special needs such as developmental disability or mental illness, and the quantity and quality of formal and informal family or community supports available to them as they transition from care.

The leading UK researcher Mike Stein (2012) developed a widely applied framework which broadly classified care leavers into three categories. The first he calls the 'moving-on group' (p.170) who probably comprise about 20 per cent of care leavers. Young people in this group are likely to have experienced secure and stable placements, be highly resilient, welcome independence, and be able to make effective use of leaving and aftercare supports. Those who have 'moved on' in Australia include leading academics, media personalities, journalists, sports stars such as Australian Rules footballer Josh Jenkins, and politicians such as former Tasmanian Premier David Bartlett. The second group Stein terms 'survivors' (p.171) who probably comprise about 60 per cent of care leavers. They

have experienced significant instability and discontinuity within the care system. Outcomes for this group tend to closely reflect the effectiveness of post-care supports provided. The 'strugglers' (p.172) are the third group who appear to comprise about 20 per cent of care leavers. They are likely to have had the most negative pre-OOHC experiences, and may experience major social and emotional deficits. A significant number in this group experience homelessness, involvement in youth and adult criminal justice systems, poor mental health, substance abuse, and long-term reliance on income support payments. After-care support services are unlikely to alleviate these problems, but are still viewed as important by them.

It is important to remember that outcomes for care leavers are fluid, and some may have poor initial transitions and fall into the survivor or struggler group, but later will be able as they mature (and with the availability of ongoing supports at 20 or 21 years old) to 'move on' into the mainstream. They need to be able to access second or third chances, just as ordinary parents in the community stand by their own children as they test limits and learn from their mistakes.

4 BACKGROUND – LEAVING CARE POLICY IN AUSTRALIA

Out of home care (OOHC) in Australia is the responsibility of the community services or child welfare department in each State and Territory, and each has its own legislation, policies and practices. As of June 2018, there were over 45,000 children in OOHC nationally of whom the majority (90 per cent in total) were either in relative/kinship care or foster care. Only about six per cent lived in residential care homes supervised by rostered staff. Indigenous children were vastly over-represented in OOHC, comprising over one third of the total population or 11 times the rate for non-Indigenous children (AIHW, 2019).

It is estimated that approximately 3,130 young people nationally aged 15 to 17 years transition from care each year (AIHW, 2017). The Commonwealth Government recommends but does not enforce minimum benchmarks such as the expectation for each care leaver to have a transition from care plan commencing at 15 years of age. They are currently funding a three year Independent Adulthood Trial in the state of Western Australia which is intended to enhance social and economic outcomes for care leavers (Department of Social Services, 2018). To date, most State or Territory legislative provisions for funding and support once young people have left the system at no later than 18 years of age are discretionary, not mandatory (Baidawi, 2016).

Numerous Australian studies have documented that many care leavers experience poor outcomes because they are not developmentally ready at 18 years to live independently; often have limited ongoing participation in education; exit care directly into homelessness and/or endure ongoing housing instability; or spend time in the youth justice system (See summary of concerns in Mendes, 2019; Mendes and McCurdy, 2019). Additionally, those who are Indigenous may experience estrangement from culture and community (Krakouer, Wise and Connolly, 2018).

However, four states are now trialling an extension of care until 21 years for selected groups of care leavers. Both Tasmania and South Australia are funding foster care placements till 21 years. Western Australia commenced a trial program supporting 20 young people in May 2019, and Victoria introduced a pilot program in September 2018 providing extended support to 250 young people over five years whether transitioning from foster care, residential care or kinship care (Mendes 2018). The Victorian program includes three components: an accommodation allowance; caseworker assistance based on regular relationship-based contact; and a funding package that assists the young person to access key education, employment and health supports (Department of Health and Human Services, 2019a). The other four jurisdictions – New South Wales, Queensland, the Northern Territory and the Australian Capital Territory – have not introduced extended care programs at this stage, although the ACT arguably offers a continuum of care till 25 years of age (ACT Community Services Directorate 2018).

The four extended care programs were introduced in response to the Home Stretch campaign led by Anglicare Victoria to lobby all States and Territories to extend the transition from state out-of-home care age from 18 till at least 21 years. Home Stretch have highlighted positive findings from extended care programs in the USA and United Kingdom to support their social and economic case

for extended care. Evaluations by Emily Munro of the Staying Put program in England and Mark Courtney of the extended care programs introduced in the USA as a result of the Fostering Connections Act suggest positive outcomes (Deloitte Access Economics, 2018). In summary, young people willing and eligible to participate seem to be provided with an opportunity for stability and continuity via existing relationships with supportive adults that optimizes their chances for successful transitions including positive engagement with education and/or employment, and lowers the prospects of negative outcomes such as homelessness (Mendes and Rogers, 2019).

4.1 LEAVING CARE PLANNING

Earlier and improved leaving care planning is thought to be able to mitigate the risk of poor outcomes for care leavers with numerous studies pointing to links between leaving care planning and better outcomes (Johnson et al, 2010; CREATE Foundation, 2010; Muir and Hand 2016). Transition planning has been a policy focus for many years (Australian Government Department of Families, Housing, Community Services and Indigenous Affairs, 2011) and yet research reports continue to find that planning is often crisis driven, not prioritised and/or doesn't involve the meaningful participation of young people (Muir et al, 2019; McDowall, 2016; McDowall, 2013). There is some indication from recent Victoria studies that many young people disengage from services in the lead up to leaving care and miss out on crucial supports as a result (Purtell et al, 2016; Purtell and Mendes, 2019; Purtell, Muir and Carroll, 2019; Muir et al, 2019). According to participants in these studies, there are a number of practice approaches which can cause young people's disengagement from services.

> Care leavers reported feelings of anxiety in relation to service access, especially when they were required to complete complicated forms, when services related to financial assistance and could affect their financial security – encounters with Centrelink could be highly stressful – or when they were unable to contact leaving care workers or access support by telephone. These sources of stress and anxiety were again perceived by many care leavers as exacerbating their existing emotional or mental health challenges and could dissuade them from seeking the help they needed (Muir et al, 2019, p. 28).

A lack of consistent support from a service or workers could make this worse:

> For participants without significant social support or a dedicated leaving care worker, the lack of someone to call and ask how they were doing, or who could advise them on the status of claims for funding, was perceived as exacerbating their existing sense of isolation.

> The negative effect of frequent changes of key workers or case managers was also a frequent theme in all three waves of beyond 18 interviews… Frequent changes of worker, or the need to acquire a new worker when accessing a new service, was also an issue for young people in contact with post-care services or other community supports. Such changes, and the need to continually rebuild relationships, was variously described as distressing, unpleasant or simply tiresome (Muir et al, 2019, p. 38).

A recent Commission for Children and Young People (CCYP) report investigated young people's experiences of OOHC in detail speaking in-person to over 200 children and young people. That report confirmed that young people are experiencing frequent changes of workers, and find that workers do not have enough time to spend with them to get to know them, engender their trust and

consequently, act in their interests or on their wishes and concerns (CCYP, 2019). According to the CCYP:

> Children and young people in care told us they wanted workers who cared about them and that they could trust, someone who they could see regularly and who could provide them with support. Young people also told us that their ability to participate effectively in decision making depended on them having a trusted worker to support them.
>
> Their lived experience was unfortunately often the opposite; they often lacked one stable worker who understood their needs and could help them navigate the system to meet their needs while in care. Workers confirmed that this was not occurring in practice due to high case loads and insufficient staffing (p. 268).

Baldry et al (2015) found that the Springboard program, delivered across multiple agencies, carried out aspects of their work differently resulting in varied patterns of spending on young people and in some cases limited access to basic needs such as housing:

> Providers differed in how they used brokerage. Those that are primarily training and employment organisations tended to focus on paying for education, training, and employment related items… Welfare oriented providers used brokerage more broadly and innovatively, including for 'normalising experiences', opportunities to engage in activities to build self-esteem and to alleviate life crises… uses of brokerage that provided essential resources, assisted to build trust, indicated commitment to the young person and strengthened engagement. And these sorts of life and social needs are essential if a young person is going to engage successfully with education and training (Baldry et al, 2015).

Malvasso et al (2016) echoed these findings identifying that some young people, particularly those with less positive trajectories could be resistant to interventions by services that they associated with their time in care. The Beyond 18 survey of leaving care workers found that leaving care planning was not always the highest priority for young people's transitions:

> …when caseworkers and carers were asked what young people most need when they leave care, the most common response in both surveys was "finding safe and secure housing"…Indeed, one caseworker described young people's transition needs as "housing, housing and more housing". When responding to this question, few people in either survey indicated that formal transition planning was an important need (Muir and Hand, 2018, p. 9).

Where housing is more affordable, for example in rural and regional or outer metropolitan areas, there is less opportunity for employment and engagement in education or travel costs to access these are prohibitive (Purtell et al, 2016). Housing is unaffordable within Australia's capital cities with the 2019 Anglicare Australia Rental Affordability snapshot finding *zero* rental properties affordable for a single person on income support benefits (Anglicare Australia, 2019). Arguably, a leaving care plan would by definition include housing, and certainly planning for a young person's safe and secure transition from OOHC must be extremely challenging for staff and young people when appropriate and affordable housing options seem to rarely exist. The Westcare Continuing Care program was founded on an understanding of these issues for young people and was designed to provide a continuity of care across the transition from statutory services and into early adulthood

for any young people requiring assistance at whatever time they contacted the service up until 21 years of age.

4.2 DEVELOPMENT OF THE CONTINUING CARE PROGRAM AT WESTCARE

The former Salvation Army Westcare was somewhat uniquely placed as an organisation following national homelessness services reforms leading to centralised Intake, Assessment and Planning (IAP) processes for access to housing supports. Salvation Army Westcare itself provided foster care and residential care programs and worked closely with other local services including lead tenant programs and various other youth services. The Salvation Army Social Housing and Support (SASHS) network provided this centralised IAP access point for people seeking housing support and experiencing homelessness in the Western metropolitan region of Melbourne and was thus closely aligned by organisation and location with Westcare. A combination of Westcare's ongoing support for young people contacting back for assistance after leaving Westcare's OOHC programs and the location of SASHS meant that Westcare became an important resource for care leavers in the area. The development and funding of the Westcare Continuing Care program formalised this role in the sector and resourced the support that many young people required. In partnership with relevant regional leaving care services the Western Metropolitan Leaving Care Alliance became the Continuing Care Alliance and the appointed program worker was able to assist young people transitioning from OOHC in the region to access supported and/or subsidised housing. Necessary referrals could also be made with young people to other internal services and also to local youth services through existing networks and the Continuing Care Alliance.

The Continuing Care program continued to develop and established centralised support to meet the planning, preparation and support needs of young people as they transition to independent living. Westcare found that for young people to stand the best chance of transitioning to independent living, a number of additional responses were required:

- Better, more thorough planning and assessment processes put in place well before young people leave care.
- Strong engagement from young people in this planning process to build their capacity to self-manage post-care.
- Continued support for some young people after they leave care owing to the disadvantages they face from having no/few networks and often low resiliency. Support is needed to maintain housing, access training and education, develop the skills to live independently and to overcome breakdowns in housing post-care (Salvation Army Westcare, 2017).

The Continuing Care program began in early 2013 with funding from the R M Ansett Trust, and in 2016 successfully secured three years funding from the Sidney Myer Fund to employ a Continuing Care Worker. The program was overseen by a Steering Committee, and had five principal objectives:

- Enhance young people's leaving care experience by strengthening their ability to move more safely and capably towards adulthood (till 25 years of age);
- Strengthen each young person's planned exit, by increasing their relationships, skills, resources and supports to manage living alone for the first time;

- Decrease levels of pain, profound sadness and loneliness for the young people;
- Increase and maintain young people's access to and engagement in education, training and employment;
- Decrease the number of young people becoming homeless or involved in criminal offending by reducing their dependence on mental health programs, correctional services, and drugs and alcohol (Salvation Army Westcare 2016).

The worker plays a navigator role for young people still in OOHC and drives the planning and preparation process. An explicit part of the Continuing Care Worker's role is to influence the practice of other teams at Westcare and embed a culture that emphasizes early assessment, planning and education for every young person from 15 years, in order to prepare them for the transition out of care.

Key aspects of the worker's role with young people aged 15-17 are:

- Work alongside case managers and care teams to develop comprehensive continuing care plans in concert with each young person that includes an assessment of their housing readiness, a discussion of their options post-care, a plan to develop the skills they will need for independent living.
- Link young people to identified supports including life skills, therapeutic programs and mentoring.
- Develop housing pathways, advocate for a place / go on the waiting list with housing providers, or support and strengthen families (for those returning home) to maximise young people's chances of avoiding homelessness and experiencing a smooth transition.

For care leavers who have been identified through the planning and assessment process as needing support post-care, the Continuing Care worker takes up case management of the young person. Their role with care leavers includes:

- Support young people to maintain housing by helping them access financial resources, life skills programs or by advocating for them with landlords or families.
- Provide young people access to a continuing care kit, which contains their birth certificate, bank account details, driving license and other necessary documents.
- Link young person to other specialist supports including mental health providers.
- Assist young care leavers whose housing has broken down and are in crisis.
- Continue the planning and assessment process to determine the right supports and housing pathways for young people (Salvation Army Westcare, 2017).

5 METHODOLOGICAL CONSIDERATIONS

5.1 AIMS OF EVALUATION

The evaluation of the Continuing Care program spanned the 3-year funded period of the program with data collected during service delivery to inform the interim report and again after service delivery had ceased to inform this final report. The Monash University evaluation team aimed to investigate the ways in which program services were delivered and how effective the service was in improving outcomes for young people transitioning from care in the Western Metropolitan region of Melbourne, Australia. Specifically, the evaluation examined the impact of the support provided on minimising and/or preventing unplanned exits from care; on improving young people's skills, resources and supports as they manage living independently of child protection supports; and, in assisting young people to access housing, education, training and employment. The evaluation also considered whether the support provided had an impact on preventing young people in the program from involvement with housing crisis, the criminal justice system, and mental health and alcohol and other drug services.

5.2 RESEARCH METHODS

The initial evaluation design incorporated a mixed-methods approach drawing on the program's own administrative data collection and stakeholder focus groups to gain a full picture of program participant's presenting issues, the support provided and any outcomes evident during the course of the evaluation. Ethics approval was sought and granted by the Monash Human Research Ethics Committee to consult with each of these informant groups and to review case management data, with a young person's written, informed consent. The research design was intended to reduce onerous tasks for a small program team in recruiting young people for the evaluation activities. However, Program staff gained consent from only 7 young people out of more than 50 for whom intake and closing data had been collected. Program staff reported that many young people were somewhat tenuously engaged with services and relationships with these young people were delicate. Staff were concerned that discussing the opportunity for these young people's personal information to be analysed by researchers and presenting them with consent paperwork could risk their disengagement from Continuing Care support. De-identified data on all program participants which could be accessed showed that most support provided, and most frequently provided types of support were information, advocacy, and similarly non-descript or 'soft skills' supports. This provided challenges for the researchers in determining exactly what supports were being provided to young people and sector colleagues and the effectiveness of those supports.

Following these developments, the research team was forced to reconsider the most relevant and possible methods of data collection.

5.2.1 Final research design

The interim evaluation included focus groups with three stakeholder groups.

- Continuing Care program participants, that is, young people receiving support from Westcare to transition from out-of-home care in the western metropolitan region of Melbourne.

- Continuing Care colleagues in Westcare and other regional out-of-home care services.
- Continuing Care staff and management.

These stakeholder groups provided valuable insights into the context of service delivery, service user experiences and the leaving care support system as a whole.

Thematic content analysis was performed with all data generated from focus groups with staff and young people. Specifically, transcripts of focus groups were coded by categories of:

- transition planning,
- living skills development,
- financial support and access to resources,
- Education, Employment and Training (EET) support,
- mental health, and
- crisis prevention.

In coding for these categories other themes emerged through the focus groups amongst all stakeholders consulted including:

- relational approaches to practice,
- networking and capacity building,
- youth participation,
- extending care,
- holding young people's 'stories',
- family-like care,
- timeliness and efficiency of service,
- sexual exploitation,
- leaving care anxiety and continued support.

5.2.2   Key findings from the interim report

The interim report showed broad agreement from the various stakeholders on a number of key issues for care leavers. There was also broad agreement that the Continuing Care program provided invaluable support across these issues.

Young people transitioning from care were considered at high risk of disengagement in the lead up to leaving care, particularly if transitioning from residential care or lead tenant as they were less likely to have family-like relationships outside of care and relationships with carers could not endure beyond their exit from care in those placements (Purtell and Mendes, 2019).

Young people without enduring supports of some kind were considered at high risk of rolling crises. Individual issues could become compounded quickly without access to generalist support. For example, any disruptions to income caused by illness, unemployment or underemployment could quickly threaten housing and education, mental health and relationships. Similarly, any disruption to

housing, education, mental health and relationships could cause illness and unemployment leading to crises.

The unique aspects of the Continuing Care program appeared to create an environment conducive to young people's engagement which was said to prevent the crises that care leavers otherwise typically experienced. Engaging practice was enacted by relationship-based intake and assessment processes, and the provision of generalist support so that young people were not turned away. Where other services were sought the Continuing Care worker would provide a supported referral if a young person wasn't confident to approach other services individually. Young people participating in the evaluation focus group described this personal approach to providing support as making them feel that there 'was always someone there', and that gave them strength and resilience to move through problems and address them before a crisis happened. Young people described the Continuing Care support worker stepping in to prevent housing, mental health and financial crises and always being available to even just 'chat' with when they'd had a bad day. Other program stakeholders described the consequences of disengagement from services, which was largely attributed to leaving care anxiety and fears of homelessness and loneliness, as becoming at high risk of substance abuse, criminal activity and sexual exploitation.

Preventing leaving care anxiety was achieved by the Continuing Care staff's extensive knowledge of services and funding sources across the OOHC, transition from care and homelessness services and the professional relationships held with these key services, which enabled the Continuing Care worker to make referrals and source supports for young people without them being exposed to multiple intake and assessment processes which were said to contribute to disengagement. This practice made young people feel valued, listened to and cared about. In a practical sense, however, the Continuing Care program ensured young people's access to the full suite of existing supports and resources. Leaving care planning was improved because the Continuing Care worker was able to engage with young people early and advise care teams and young people of the accommodation options available to them post care in the housing sector and the private sector facilitating a smoother transition from OOHC for those who were able to access housing.

The 'Continuing' aspect of the Continuing Care program – the location of generalist support within the same organisation that provided OOHC placements for a large proportion of young care leavers in the western metropolitan region and that worked closely with other OOHC and post care services providers in the region was said to further improve engagement. Workers contacted by previous clients said that having a known and associated staff member to refer young people to, that could provide personalised and non-intrusive assessment processes and practical and broad ranging supports, was crucial to reengaging young people contacting back.

In relation to preventing crises and involvement with the criminal justice system, mental health services, substance abuse and sexual exploitation there was clear consensus that those at the highest risk of these poor outcomes were those who had disconnected from services and disengaged from workers and the leaving care planning processes.

The comments from focus group participants about the importance of knowing support was available, which one young person suggested was not commonplace for young people still in care, suggest that disengagement may be prevented by young people feeling supported by continuing care. Fears of abandonment appeared to cause leaving care anxiety and result in disengagement at the most critical periods of planning for post care accommodation and activities.

Where this outcome couldn't be prevented, many of those who disengaged from services in the Continuing Care program catchment did connect back to their previous workers or residential units. They were then referred to Continuing Care with all the benefits attached to remaining supported within the same organisation, where records and staff collective knowledge already had an understanding of a young person's history and needs.

5.3 FINAL REPORT DATA COLLECTION

The final report of the evaluation draws from four focus groups carried out with key program stakeholders:

- young people supported by the program (CC program participants) – 2 young people participated
- Salvation Army (Westcare) other youth programs staff (Salvation Army services) – 2 foster care workers and 1 education program worker participated in the focus group
- Salvation Army (Westcare) Continuing Care staff (CC program staff) – 1 manager and 1 worker
- Leaving care services staff from other service providers (Leaving care services staff) – 8 external services' staff participated in a focus group including regional post care services staff contracted by DHHS to provide post care information, support and referral to care leavers as part of the state-wide post care service. Three staff including a manager attended the focus group. Two staff from an organisation providing some housing support and transitional housing for young people transitioning from care also attended. These staff worked with young people from all placement types.

Thematic content analysis of transcripts of all focus groups identified findings in relation to five areas:

- stakeholder perspectives on the impact of the care system on young people;
- stakeholders' general impressions of the support provided by Continuing Care;
- elements of support and outcomes reported by focus group participants;
- the broader aims of the program, and;
- emerging themes relevant to transitions from care research generally.

Each of these areas are discussed below in the results section.

5.3.1   Limitations

Despite the Continuing Care program providing support to over 50 young people throughout its duration, the CC worker gained consent from only seven program participants to be a part of the data collection. Owing to this small number of research participants the analysis of administrative data initially included in the research design was abandoned and focus groups instead have served to gain data on young people's experience of the service. Thus the final report is based on a qualitative study incorporating four focus groups with distinct groups of program stakeholders.

The final focus groups were held after the program had ended to gain the best perspective from young people on how the support provided may have impacted their post program outcomes. Organising a time for young people willing to participate proved difficult, however, and only two program participants were able to attend the final focus group. Other young people were working and studying and were unavailable at the time set.

With funding changes and restructuring Westcare's own youth programs were discontinuing at the time of the final focus groups. Three staff, two from foster care and one from education support, were able to attend to give perspectives from within the organisation but outside the program itself. These staff all worked primarily with young people in care, and both foster care staff and residential care were represented.

The program manager and the Continuing Care worker were able to participate in a focus group together though in the last week prior to the worker leaving and Westcare services discontinuing. This may have impacted staff's ability to reflect on details of the care provided during the program and report their experiences at length in the focus group format.

The leaving care services staff focus group was well attended although two housing workers were unable to attend on the day and staff from one of the new Victorian pilot programs were also unable to attend on the date set.

5.3.2   Sampling and recruitment issues in transitions from care research

Powell et al (2019) discuss sampling and recruitment issues influencing research with children on 'sensitive topics', and the role played by other research stakeholders often called 'gatekeepers' in research with vulnerable populations. Their study identifies a number of decision-making considerations by research stakeholders that mediate young people's knowledge of opportunities to participate in research projects. The Continuing Care program evaluation provides an interesting perspective on this discussion of involving vulnerable young people in research on sensitive topics as the program itself adopts a participatory framework that supports a rights-based argument for young people to be consulted about the services they use and the decisions made about them. These comments below suggest that the perceptions of a young person's circumstances outweigh other considerations for this particular research project. Comments made by staff concerning their own 'gatekeeping' demonstrate that staff working with young people with care experiences may be sensitive to inviting young people to participate in research for some very valid reasons. CC staff

detailed instances where they felt it would be inappropriate for them to discuss the program evaluation with young people:

> Interviewer: So like, why wouldn't more young people be wanting to provide feedback? Maybe they've got more stuff going on in their life than to sit down and meet with you. Yeah they're out, they've turned 18, they're out trying to navigate the world, they might not – yeah, couch surfing, still engaging in criminal activity, but still engaging with – do you know what I mean? Does that make sense? It's not a priority to be a part of an evaluation. …really hard to get young people to kind of – you're always going to get that group of young people that are quite happy and keen to be a part of doing any kind of catch up, like if there's anything going on they're happy to participate. And you've got that group of young people who are just not interested (CC program staff focus group).

CC program staff considered it insensitive to request a young person's participation in their program evaluation if they were in crisis:

> Can I just also say that often when you're engaged with a young person, you're engaged in that period of support, like you said. So we wouldn't find, for us, in best practice if you're dealing with that situation, it's never the right time to then ask, "Would you participate in something?" because we find that very insensitive if a young person is dealing with a significant issue in their life. So yeah, kind of the timing is always off. It's always when they're settled and –
> - Yeah that's what I was going to say. The ones that came and met you were somewhat, not fully, all of them, but somewhat settled. So you know when you're able to ask them, "Are you willing to come and participate?" and they're in a space to understand to a degree what it's for and what will be asked of them.
> - It's like in our housing program, when they do the consumer feedback, and they do it adult and youth. So they get high numbers of adult participation in the survey and then very minimal youth participation, and the question always gets asked, "Why do youths not participate in this?" And our response is the same, is that when a young person presents in crisis, the last thing they want to be doing is sitting down and doing a consumer survey with them. It's just the last thing they're interested in so you're always going to get low numbers on youth but high numbers on adults, because adults will come in and say, "Can you participate in a survey?" and more than likely they're going to say yes. So yeah, I think youth are always a difficult group to kind of really get that, capture that, which makes it hard, yeah (CC program staff focus group).

It is common for studies trying to recruit care experienced young people to experience great difficulty in attracting adequate sample sizes for meaningful statistical analysis or for extrapolation of findings (see Muir and Hand, 2018; McDowall, 2018; Moore et al, 2018). These barriers to carrying out major quantitative studies suggest that qualitative studies, though not representative, may provide some of the best evidence that we have about young people's experiences of transitions from care. The results section below explores many well-established issues in improving young people's transitions from care in detail and sheds light on the service responses which appear to improve young people's access to the services they require and are entitled to.

6 RESULTS

The evaluation of the Continuing Care program has examined the impact of the support provided to young people in the western metropolitan region of Melbourne, Victoria by the Westcare Continuing Care program. This support was provided in addition to existing services and the evaluation gathered the perspectives of these services, Continuing Care staff, Westcare's other youth programs' staff, and most importantly, a number of young people participating in the program and receiving these supports. Below we hear from these groups of stakeholders about how they feel the program has performed in achieving its stated aims to improve leaving care planning and outcomes for program participants and prevent crises through the provision of *continued* care.

Many of the comments made by focus group participants throughout the evaluation served to further establish the need for comprehensive supports for young people transitioning from care. These statements add to the evidence base in understanding young people's experiences in transitioning from care and can provide insights into ways to improve existing and future services.

6.1 THE OUT OF HOME CARE SYSTEM AND ITS IMPACT ON YOUNG PEOPLE'S TRANSITION EXPERIENCES

Focus group participants from all the stakeholder groups articulated the unique challenges faced by young people whose family situation has resulted in being taken into care. These varied OOHC experiences include kinship care with relatives, foster care with strangers, and residential care provided by paid, rostered staff and living with other young people with sometimes very challenging behaviours. There was a clear consensus that stability of home environment, regardless of the placement type, was likely to improve young people's feelings of safety and security. This was described as being most likely to occur in home-based care.

> Some of the young people I can think of who have done really well post-care, who have still had to come back and access support services, one of the key things for them is that foster relationship continued post-care, and it was always a safe base they could go back to. So they might not have been living there, but the relationship was still there, they can contact that carer, they can access that house; having that safety net allows them to sort of extend themselves and go out there and explore.
> - I think that knowing you've got someone to catch you if things aren't going well, it helps young people to extend themselves and explore, whereas children coming from residential care don't necessarily have that. They're depending on whatever family network or support network that was around them, and a lot of their families hadn't been positive, I suppose, and that's what they're left with. They can't go back to the residential unit: who knows who's going to be there, who knows what staff are there. And the young people from foster care, where the relationship broke down at their eighteenth - right at that 18 - they struggle quite a lot as well, because that's the secure base was then sort of gone and then 'hang on a second, this was going to be my place I could come back to and it's not anymore'. I find they struggle quite a bit as well. I think safety in relationship helps them to extend themselves and engage in services (Salvation Army youth services focus group).

Residential care where young people lived together with the same young people for longer periods was thought to be a better environment for young people to live in. But foster care remains as a more family-like environment with less obvious indicators of being or feeling like institutional care.

> And generally, if you have a unit where there's been consistent four young people over a period of time, you find that unit can be more settled because there's safety in knowing who you're living with. When a child moves out another child moves in, and straight away that can change the dynamic of the unit. Different staff coming in and out, it might be agency staff or new staff, I think that constant change of environment - well, it might not be a direct risk to their safety, they perceive that as a potential risk to their safety (Salvation Army youth services focus group).

> Whereas a foster home, it's a consistent family network, people coming and going from the home are known to that family network. There might be other foster children that come in and out of that, but there's quite a lot of planning that happens around how kids might transition in and out; a lot of matching happens with that. With residential care, not as much, I don't think. Plus there's also just the risks that they place themselves at within that environment, residential care compared to foster care. We'd have far less children who are engaged in drugs and alcohol. If they are it's at a more normative experimental type of use of drugs or alcohol. Even the same with when they're sexually active, it sort of flows more along a normative timeframe, as opposed to some young people who are in residential care, I find (Salvation Army youth services focus group).

Being cared for by paid staff changed the nature of relationships between young people and carers. Foster carers occupied a much more parental role whereas residential care workers were required to look after children and young people from a more detached position. This, coupled with the group dynamics was thought to lead to the development of the more challenging behaviours associated with young people in residential care.

> I haven't worked in foster care, but in residential care there's less of the sort of boundaries in place in certain ways, as in they can leave the residential unit whenever they want and we can't stop them. And if they're drinking in the back yard or whatever - there's certain things that in a residential care setting you can't do. When you're putting four young people that have high risk behaviours, whether it's sexual exploitation, self-harming, I've found a lot of the time that some of those behaviours transfer, because it could be that they're - their social skills aren't necessarily at the same level as other young people who are in care, and there's that constant need for acceptance, so they just sort of latch onto each other sometimes, and it's not always the most positive relationships that they are forming. Yeah, these sort of things happen (Salvation Army youth services focus group)..

There is a difficulty in assessing whether the poor outcomes for residential care cohorts are principally caused by the care model, or alternatively are more so the result of their negative pre-care and in care experiences. The following two quotes provide alternate explanations for how the challenging and high-risk behaviour profiles associated with residential care manifest.

> I think it is, because I've worked with children who - you might have a child who's within the residential system and a child who's in the foster system, and their trauma history is quite similar, yet you're seeing a very different trajectory for that child who's been able to get into a home environment and establish a trusting primary care attachment, and that's

helped them to work through that trauma. Whereas the child who's ended up in residential care maybe hasn't been able to build those attachments and work through that trauma in the same way, and it leads them down a different path. And sometimes you have a child who enters residential care with - they might not be really high risk presenting behaviours as such, they might just be challenging behaviours as far as a bit of aggression or being a bit heightened, but there's no drug and alcohol or they're not sexually active. And then they're put into a mix where there is another child who is sexually active, or they are doing some drug and alcohol use or criminal behaviour, and so then they're drawn into that behaviour by engaging with those peers, and then that also contributes to them - or an increase in their risk-taking behaviours, I suppose (Salvation Army youth services focus group).

Salvation Army staff had a lot of experience working with young people and carers and explained how young people can find themselves placed in residential care and the risks that they can be exposed to as a result.

So the system tries to place all children in kinship care with family, but when that's not available foster care is the next option. When that's not available then residential care becomes sort of the last option available to some children. And sometimes it's a matching issue: sometimes the child has had quite a few opportunities at foster care but they continue to break down, and it gets to a point where they just can't maintain that sort of environment anymore, and that's when they end up in a residential setting. And sometimes it's just finding the right matching carer to child, where a carer can hold those really challenging behaviours that present in, say, a younger child to get them through that little phase and help them settle into adolescence. Unfortunately, some children don't have that opportunity, it breaks because the carers can't hold them for long enough, and eventually they end up defaulting into residential care.
There are the children who come in, they might have come from family as adolescents, and have had a longer experience of being in a really negative environment with family, and they've got some really challenging behaviours that you just can't place them in foster care, because they're already there, those behaviours. So it's different (Salvation Army youth services focus group).

Understanding these dynamics of residential care calls into question the assumptions made about young people entering residential care *because* they are more difficult to place and shows that many challenging behaviours may develop out of placement in residential care. This knowledge and experience of practitioners from Salvation Army out-of-home care programs is part of what drove the development of the Continuing Care program and related services in the first place. The Continuing Care program was developed to soften the exit from statutory services, align local and statewide services that young people transitioning from care were eligible for and source other opportunities within the community to address young people's housing and other basic needs, and advance their development of qualifications and networks for the future.

6.2   EXPERIENCES WITH THE PROGRAM – PERSPECTIVES OF VARIOUS STAKEHOLDERS

The evaluation sought the perspectives of four separate groups of stakeholders to provide a range of views on how the program was experienced in practice by young people, external programs, internal programs and the program workers themselves. The views of the various stakeholder groups were

consistent in describing the support needs of young people exiting OOHC, the effectiveness of Continuing Care support to improve young people's transitions from care, and consequently perceived improved outcomes post care. Here we look at some of the more general impressions of the service overall:

> Yeah, I mean my experience has been in my capacity as a case worker and in the post-care and west leaving care team and I guess it's really been around that communication to support young people leaving care where the Salvation Army program was the key support program for the young people and we were basically taking care of the brokerage. So there was a lot of communication with the workers in the program and so I guess overall we had a pretty good relationship with the workers in that program and we were able to communicate to support the young people quite effectively, I think. So it was a team effort and yeah, I just found them pretty useful and helpful and I think the young people did too that were in the programs (Leaving care services staff focus group).

> …we work with children of 0-17, so we've engaged the Continuing Care program for our adolescents who are exiting care, and that's been both in a consultation in the planning of their leaving care, but also once kids have exited our care and have come back seeking support through our program informally and we've redirected them through the Continuing Care program. And sometimes part of the early leaving care plan was to be referred into that program directly. So a number of children, or young people, come through the Continuing Care program that had been in the foster care program (Salvation Army programs focus group).

> [The CC worker] is a fountain of knowledge. I've come into this role not knowing much, in that sort of field, and [she] has been able to educate me a lot on what is available out there. She has a lot of knowledge, and you can see that the support she provides to the young people - she's incredible. She's very dedicated and she always aims for the best outcomes for the young people.
> - She really takes her time to make sure you - as a worker and a professional - understand what she's saying, and is really patient, and then a whole other level with young people; she's just always available. As a program she's always really knowledgeable, you feel confident to go to her and ask a question or ask for advice, where to go, and if she doesn't know something she'll get back to you, she'll follow it up and get back to you, which is really handy.
> - I just think it's assisted a lot of our young people to achieve some really good outcomes post-care that they might not have achieved without that support and safety net there. And it's also been really good at building the capacity of our foster care workers to help young people step through leaving care into that post-care phase of their life, and it really built the capacity of the program more to help us get those better outcomes for kids (Salvation Army services focus group).

Young people supported by the program described the CC worker as being caring and available, but also extremely knowledgeable and efficient.

> Whereas with [the CC worker], and the Continuing Care Program, like if I have an issue, I'll go to them, she'll support me to help me fix it myself, and resource things for me that I can access, and then, good, done. That's over. Then the next problem comes up, and I feel perfectly comfortable picking up the phone and going, "Um, I'm in trouble. I need some

help," because I trust [her] to be on the other end where like, "All right, sick, let's catch up for coffee. I want to know what's going on. I really want to find out what's going on."
- Yeah, it's also because we've had such a rapport with [her], she knows quickly and instantly what services are available (CC program participant's focus group).

And it can be difficult sometimes also accessing those [other] services as well by yourself. You sort of - it can take longer than usual and whatnot. But when [the CC worker] does it, it's quite quick and efficient. So if something needs to be done sort of ASAP, [she] would generally - like if you're in a bit of a crisis, then she'd sort of get it done for you (CC program participant's focus group).

6.3 ELEMENTS OF SUPPORT PROVIDED AND OUTCOMES

In transitions from care research and policy, outcomes are typically grouped into key life domains of independent living skills, education, employment and training, finances, housing, health and wellbeing. Evaluation participants all described how the CC program had contributed to improved outcomes for young people supported by the service across all of these domains.

6.3.1 Independent living skills

Young people leaving care often haven't had a chance to develop all the skills they need in order to maintain housing, work, their health and general life issues. This is a key focus of support programs designed to assist young people in their transitions from care for these reasons.

And I think that that's what happens in real life with young people, that they - when I say real life, when you're growing up in a different environment you learn those skills without knowing that you're learning them. So you're not aware that you have them and you're not aware that you don't have them until you need them… (Leaving care services staff focus group).

The CC evaluation interim report detailed the Westcare living skills program, Future Lifeskills Information Program(FLIP), which introduced young people to a range of skills in budgeting, looking for work and housing, cooking and more. In the final part of the evaluation, focus group participants spoke about the dangers this lack of living skills poses without adequate supports being available. Small issues could become significant quickly and without assistance a full-blown crisis could ensue. CC program participants' especially appreciated the availability of the CC worker as a first port of call for advice and assistance with *any* matter – like most people have with their family members, friends and acquaintances.

Yeah, I think in sort of its essence, there's a lot of parts of anybody's life that you're going to have smooth periods, and you're going to just hit a snag, and you're going to - like, you don't want to spiral in that situation. And a lot of young people who are exiting care, they don't have the resources to hit something that they've never had to deal with before, and work through it. They haven't been given the resources to sort of know what to do next. And it's possible to figure it out on your own, but it just makes it that much harder and that much more pressure on your shoulders. So knowing that you're going through a really, really tough period, and you don't know what's going on, knowing that you have someone like [the CC worker] to call and be like, "You know, I need to talk to you about this. This is happening. Is there anything I can do? Is there anything you recommend?"

Maybe just for a vent. But, mostly, if you don't know how to action something, it's usually very good, especially in this sort of age range. You go from sort of a dependent person to an independent person, and there's so many things that you have to tackle you never have to deal with: looking for cars, looking for houses, paying for furniture, you know, finances, going to the dentist, taxes. Still don't get taxes. But it's good to have that person that you can ask for help (CC program participant's focus group).

It impacts on your entire life. If you need support - but, I mean, there's going to be some young people that they're guns, and they don't need support, and that's amazing. But I feel for the most part, there's going to be more young people that they're going to need support. And if things start to fall through, it's like a snowball effect. They're struggling at work, but they don't know their rights, so they can't fight against it. So they - maybe they lose their job. Now they can't pay rent. It's just one little thing that can be so daunting. But with some support, you can get through it, can build you up, and it gives you this strength and resilience to keep going.
- And then the next time, if you don't have Continuing Care to support you, like I've dealt with this sort of stuff before. I can get through it again. And that mentality is extremely powerful because whether you know how to resolve your issue or not, that mentality can be the difference between not pursuing the information that you need and just barrelling through it, no matter how hard it is, if that makes sense (CC program participant group).

6.3.2 Education, Employment and Training

Without the assistance to get through difficult patches, young people's access to positive pathways and improved opportunities can be compromised. Conversely, with adequate support a young person's circumstances can be permanently improved. This is very clear in the description given below of holistic support enabling a young person to avoid disengaging from their education.

I can think of one young girl, in particular, they were able to get her some supported accommodation, they were able to engage when she was really struggling, really battled emotionally; she was still doing VCE, they were able to keep her engaged in school, help her see through that engagement in school. She maintained that housing arrangement and was able to build that relationship and connection with those workers. And she still has lots of challenges, but I think had they not been there to sort of catch and do that work with her - and they had started that engagement, the consultation with us pre- her exiting care, so there was a bit of a relationship there - I don't think that outcome would have been achieved. And there's a few others in similar situations where they've come back in and they've been able to engage those young people, like the young fellow who now has housing and has employment. I think without the Continuing Care program he wouldn't have engaged and we wouldn't have got the outcome that we did (Salvation Army services focus group).

The CC worker was also available to help young people looking for work:

I think I spoke to [the CC worker] a few times for some advice on key selection criteria, because that would be something she is an expert in, because it's the same industry. But, other than that, I did the work stuff independently. She gave me some advice on interviews. That was helpful because I'm rubbish at interviews; very high pressure (CC program participant's focus group).

Another benefit of the holistic support provided by the CC worker was the ability to fill in service gaps for young people in a fragmented system. For example, the Victorian government has attempted to make many qualifications more accessible by paying tuition fees through TAFEs and other training providers. This does not cover all the costs associated with a course, however, and care leavers' financial disadvantage can mean that these 'free' courses are still out of reach.

> At the moment, [the CC worker] is helping me with the - getting - paying for my services that can pay for my education as well. Even though it's being - it's free TAFE, it's still - I did my research with her...And I'm in the process of doing that now before the - what do you call it - the date - the 31st -
> [Interviewer]: Census date?
> Census date, yeah, that's right - census date comes up. And, yeah, it's just one less stress as well with uni, having to pay, sort of have that on your back. Because, myself, I don't have a lot of money, and certainly my carer is not going to pay for it, because I'm still living with him, boarding with him. So, yeah, which was very helpful on [the CC worker's] part...The government says it's free, but you've got to pay amenities. You know the amenities?
> - Yeah, [the CC worker] did the same thing for me in regards to my education. Now, I'm trying to think exactly where I was when I engaged in Continuing Care, and I was definitely doing my Bachelor. When I engaged with Continuing Care, it had already passed a certain census date. But she organised a scholarship to cover the rest of my Bachelor. So I only did my Bachelor for two years because I had a year with the credits. So that paid for half of it, which doesn't sound like a massive amount. But Bachelors can get really expensive (CC program participant's focus group).

6.3.3 Financial support

Young people transitioning from care are eligible for a range of funding packages, each with their own application processes and criteria. The CC worker acted as an interface between young people and funding sources and simplified access to these supports for all involved.

> Something else I could say about our experience with Continuing Care and post-care [was that the] relationship was that there - the brokerage applications that we got from them were really thorough and I guess they knew our program really well and knew what we required, so we don't often get all of the information that we need to have a really comprehensive brokerage application in place, but yeah, I can say that we certainly got that from those guys (Leaving care services staff focus group).

Indeed, post care services suggested that the CC worker's role essentially facilitated access to funding for young people who would otherwise miss out due to an inability to participate in administrative processes. This is a significant finding in that it is often assumed that if a service is available to young people transitioning from care, that means all young people can access it. This is clearly not the case.

> So more often it would be that a young person was already connected to Continuing Care, an existing client, and they would then be referred to post-care to access brokerage and extra support if need be. And I guess I pre-empted your question because I was thinking of speaking with [the CC worker] on a couple of occasions where sometimes - and I guess this is reflective of the client group and perhaps the clients that they were working with, they were quite complex and so in some instances we weren't actually able to do the intake

with the young person because they're either incarcerated or they've got high anxiety or very complex needs and because they've already had that existing relationship with a Continuing Care worker, a couple of times I did an intake assessment with [the CC worker] and we can do that sometimes with a worker and it was very thorough. So it worked where I guess we had that intake experience where we could, yeah, get a really, really good sense and good picture of the young person and all their needs (Leaving care services staff focus group).

Funding sources also require detailed explanations of the circumstances of a young person's life and, typically, how the funding requested will contribute to a young person's transition from care plans.

Well, I suppose post-care in the brokerage request, it asks for what items are being requested and a breakdown of the items in the total. But the main thing, the main section of the form for us is the explanation as to why these items are required because the guidelines state that it really, it needs to support anything to do with their transition to independence. So that's what we need to know.

And a worker, when writing that application, would have that knowledge around how are these items going to support that young person and their transition to independence and we need to know things like what other avenues have been explored, what other funding sources have been looked at, any contributions that the young person could make or a sense of their financial situation, if they can or can't contribute to anything. Just a context, a context to - because information and why the items are required (Leaving care services staff focus group).

Funding was often sought in relation to assorted housing costs. Continuing Care program participants spoke about the complexity of share house living – the most affordable option available to young people – in terms of costs associated with moving in and/or out of shared properties.

A few of my housemates were moving out. So I wasn't engaged in the Continuing Care program when I moved. So it was a different program that supported me. But recently, two of my housemates moved out, and they owned the bulk of the furniture, like the fridge, all the kitchen appliances, the washing machine. So that's when I contacted [the CC worker] and asked for help. Because I didn't want to get stuck in one of those situations where everyone - like there's another five people in the house chipped in for a fridge, and then who takes it home? You know, I don't want to be in my house for much longer. So I wanted it to be mine. But I needed help.

So I got in contact with her, and I think I was like, "I want to use my Transition to Independent Living Allowance (TILA) for a fridge and a washing machine." She [was] like, "Yeah, all good." Put the referral through. And she - I went - and I was like, "Sick," so I put a deposit down on the fridge to hold it. I just went for a look, but turns out I really liked one of them. And then she was like - she got me the washing machine for free through the Salvo Stores. And so I had a bit more money to play with than I thought. And so my bed was busted, so I got a new bedroom set, and put the rest of the TILA towards that, and the mattress. It's great (CC program participant's focus group).

This funding aspect of housing issues was only one component of an incredibly challenging space for care leavers.

6.3.4 Housing and the Catch 22 of accessing housing support

In the CC evaluation interim report the lack of housing options for young people leaving care and the difficulties young people can have accessing government subsidised housing through the homelessness services system were discussed (Purtell and Mendes 2019). The final part of the evaluation expands this understanding of housing issues and the further disadvantages faced by care leavers in the context of the general housing affordability crisis faced by all Australians. In an environment of critical scarcity, there is some contention about whether or not a young person leaving care is technically homeless, and what housing supports they may be eligible for if they aren't regarded as at risk of homelessness. Federal government policy previously stated that young people leaving care should not be exited into homelessness services, and yet there is a critical scarcity of housing services and expertise available outside of specialist homelessness services in Australia to assist young people and care teams in the lead up to transitions from care.

> Right. Well, I'll tell you right now that there are no youth specific housing services that are not in the housing homelessness service system apart from K2I and Ready Set Rent but really you have to be part of the youth - part of the homelessness service system in order to access those housing options. But outside of that homelessness service system those housing options don't exist. So -
> [Interviewer]:Nor does the housing expertise because there's…? -
> Correct. And the difficulty is I have tried numerous times to have Office of Housing identify at what point would they accept a referral for a housing application for a young person [for] who [that] is the only option available, when can we submit an application? And my advice has been 'Oh you can lodge that application at any time if you believe that they are able to live independently and they meet the criteria. The criteria states that they must be on an independent income. Youth Allowance in resi is not considered an independent income. So it's a catch-22, which they conveniently don't highlight.
> So I tried to encourage the access points to also accept earlier referrals so that young people could, if there were vacancies, rare vacancies in youth specific housing programs such as [youth refuge] or Foyer [staffed small youth housing apartment buildings]-like, or whatever. So sometimes you can with advocacy from our housing programs make that happen very close to leaving care but other times where it will be more appropriate to do an earlier referral because it does take time, they wouldn't be deemed a priority because they're not homeless (Leaving care services focus group).

Despite homelessness being one of the best-known poor outcomes for young people transitioning from care and almost certainly a traumatic experience in itself, the system is organised so that housing support is unavailable until someone is in housing crisis.

> So again, catch-22. We have to actually make them homeless so that they can access homelessness resources. The homelessness service system are not happy because they view that the Child Protection system or statutory system has plenty of resources. 'Why are you coming in and needing our resources, which are very few and far between' and it's a very resource poor sector when you have, from their perspective, a resource high sector. You should be doing something prior to that. And I agree. But again, housing has not been part of the package in terms of statutory responsibility once a young person turns 18. It's like 'Not our problem anymore' (Leaving care services focus group).

Even with such issues put aside, again, the unique position of young people transitioning from care means that housing options need to be carefully considered.

And a lot of our young people obviously have issues around trust and that sort of thing and I find it really, really difficult to shift and they may have spent a lot of time sharing in resi and they're over it. So if they come into this situation where they're desperate for housing and they may have to go through the access point and often they'll refuse to go into a refuge but that's really the only realistic option they have. So yeah, a lot of more work needs to be done whilst they are still in care around housing expectations definitely and budgeting and managing their money and all of that stuff (Leaving care services staff focus group).

A central aspect to the Continuing Care program was to challenge this transitions from care and housing services disconnection to reduce the incidences of homelessness for young people exiting care. The service has demonstrated a way of weaving through a fragmented and illogical system to smooth young peoples' transitions from one form of government funded housing to another. Both service systems are funded by the same State government department and delivered by organisations who in many cases deliver both OOHC and housing services.

Look I'm keen for this, like I'd really love to see out of this evaluation over the last three years we've kind of seen ourselves as an advocacy body as well for young people leaving care. I'd like to see that, whatever comes out of this evaluation that as a Salvation Army, that there's a – our framework for youth, that continuing care model is embedded regardless of whether we're providing out of home care services or not. So my motivation right now would be once this evaluation comes out, that that does drive policy and change in practice across youth programs from a Salvation Army perspective in that continuing care model. So being a homelessness service provider, we would see our role as still being a key component to providing that support to young people who leave out-of-home care and being a key kind of navigator in that space to allow young people access to particular support models or particular access to particular housing within our service system. So yeah, the life skill development, the sustainability of housing, all those key kind of important things that we feel young people need, yeah. That's where I'm keen to see this going (CC program staff focus group).

Alongside local sector partners, Continuing Care worked to develop better systems for young people. The Western Metropolitan Region Leaving Care Alliance was renamed the Continuing Care Alliance to recognise a young person's need for continuing care, and the service providers' commitments to joining up their programs so that they were experienced as more continuous care. This group worked with DHHS to develop the Housing Readiness for Young People assessment tool to better assess young people's independent living skills ahead of their exits from care. Leaving care services staff described its utility in finding creative housing options.

So using the housing readiness tool, if you had a number of young people who presented with the same kind of gaps in their living skills, that it would appear that it was more beneficial to have them as a collective group and you could call in presenters to lead that group and we were talking about how we might better utilise the post-care funding collectively to fund those groups and that work was progressing but then of course Continuing Care didn't continue.

But that was the next phase of the work that we were looking at, was how once we use the tool to identify the gaps in the living skills, how were we going to inform workers about what resources were out there and how could we draw on those resources as a collective response to support those young people. And so that was a really - and we were

basing it on the work that Continuing Care had already done (Leaving care services staff focus group).

The Continuing Care program has encouraged this practice innovation in the broader sector, but also highlighted the specific issues surrounding housing for care leavers, particularly those with more complex support needs who are often excluded from supports provided post care otherwise. There is detailed knowledge of the issues within the Continuing Care alliance and work continues with DHHS to identify potential policy and practice responses.

> …I think that there's lots of work happening in the Better Futures space around doing all that living skills stuff but there is a serious lack of resourcing around accommodation options for young people. So we can identify all the gaps in young people's independent living skills, they can spend a lot of time working on those, but if we don't have appropriate accommodation for them, it still remains the same.
>
> So there needs to be - and I know that Central are actually talking to their housing colleagues about this. But the beauty of Continuing Care I think was that additional capacity to work with the homelessness service system and facilitate some options. But unless we have a suite of options, because not every young person should go to Office of Housing, not every young person can live in private rental, there are different models and we don't have that flexibility of a suite of options that we can try this approach or that approach, depending on where the young person is at. So I know that [youth housing program] obviously is - they have that three month period of support which is great and then you move onto…
> - Private rental.
> …private rental, but not everybody has adequate income for private rental. As we know, not everyone can share. So there needs to be a lot more thinking about quarantining or providing specific accommodation as in the UK for young people where they know that there's a housing option and it reduces that whole anxiety. If they knew that they had some accommodation identified, even if it was just for 12 months so that they could continue to develop their independence, that's ideal. And that's the missing link.
> - Because if you're facing homelessness, those other things seem less important. Absolutely (Leaving care services staff focus group).

Focus group participants felt that with the kind of support that Continuing Care was providing to young people, they would be able to build young people's capacity to manage and maintain mainstream housing.

> We've had young people that are in private rental when they come to us but again, it's because relations mean that they are unable to negotiate around shared living, or relationships break down, and depending on their capacity, if they've had a good rental history, for example, they're more likely to get another rental property.
>
> But if they were in public housing, for example, and they went into public housing directly from leaving care, sometimes because of the environment that they're in and other circumstances they can't sustain that and they lose their public housing and then they have to start all over again or they may be incarcerated for a period of time or their mental health might've deteriorated and they end up - often young people catastrophise an event and so they don't seek help early enough when things are starting to be a little bit wobbly and so they don't let us know until it's already happened and then it's really hard to then go back and advocate for them once they've left the property or the damage has been

done with a private real estate agent or with Office of Housing because it's a bit late to try and restore that.

So it's about getting young people to understand that if something goes wrong, that's okay. Everyone makes mistakes, things happen to people. But if you get in early enough, usually we can restore the circumstances. So I think that's the critical factor is that we're not finding out until much further down the track because they think that they can resolve it or they go into denial and they don't do anything about it.
- But there are circumstances, aren't there, where young people have gone into transitional housing from leaving care and then have progressed into their Office of - long term properties and it's been successful.
Yes, we do have that and we've had young people in private rental who are doing quite well. We've got a number of young people that have gone into either [housing program] from post-care that are now managing in a share house really well or in our other program, [housing program], which is another private rental pathway, and they're doing really well (Leaving care services staff focus group).

There are the exceptions that do manage and we've had a couple where we've had some young people from out of home care that we've matched up in the past through [Independent living skills support program], they had a couple of young people. And it went well for a while but then they managed - they were able to sustain a tenancy I think for 12 months and then it went a bit pear-shaped and then individually the young people found it difficult to kind of get back on track. I don't know that they were - I think Continuing Care had finished by then. But yeah, so there's some capacity to do some creative stuff in that space with young people and sharing. That's really great. But it's not always possible or feasible (Leaving care services staff focus group).

6.3.4.1   Housing options and residential care experiences
Unfortunately, affordability for young people who were unable to share seems more difficult to address. Leaving care service providers described how the environment in residential units can limit young people's affordable housing options in the long-term.

Yeah, so we need some step down, step up, like step up, step down models that are the next stage. So, it's a quantum leap to go from resi into private rental. Or a quantum leap to go from sharing with strangers to then managing relationships without other supports around. The expectation is huge and that's where I think those young people find it the most difficult because they've never experienced it. They've been forced to live with people that they don't particularly know and that they may not like and so the last thing they want to do is go into other [shared] circumstances.
- So many of our young people just refuse to share. They won't go there.
(Leaving care services staff focus group).

6.3.5   Housing, homelessness and crisis prevention
Discussions about housing were inextricably linked to a young person's sense of safety and wellbeing, crises and mental health. Housing is a recurring and complex issue and fears of homelessness appear to compromise transition planning for young people and workers.

It's actually a foundation and your security and your safety is in your house.
- It's a human right. It's a basic human right.
And no good focusing on - like you do need to focus on the other things like mental health or whatever other services but if you don't have that base foundation -

- And that's where all the best planning in the world, I see it time and time again, in the care teams when they're trying to develop housing - leaving care plans for young people, everything else can be put in place but the housing. And it's like we can't pull something out of our back pocket. We don't have the resources, therefore the best plans in the universe are not going to work if we haven't got stable housing.

Mental health support options were limited so all of the distress experienced by young people, related to pre-care experiences and in-care trauma plus leaving care anxiety, were very difficult for services and young people to address.

…[Medicare will fund] like six to 10 sessions, you're barely touching the sides, so then post-care will fund some more sessions until they can then be allocated another round, but that's not always feasible. Young people have got a relationship with a counsellor they've had previously who may not participate in that GP funded sessions and so that, you're right, it is a really critical point that when young people are ready, they are ready. You can't say hold that thought for another three years.
- No, because that funding availability and readiness don't always meet.
(Leaving care services staff focus group).

This lack of service options meant that windows of opportunity where young people may wish to undertake counselling couldn't necessarily be taken advantage of by practitioners.

We need resources that actually are designed to meet the complex needs of the young people that come up like through leaving care. We've had young people that have been really complex and the system has failed them because there has not been a housing program that they have qualified for because they are so complex they just get disqualified from one after the other and it gets to their 18th birthday and we've got nowhere for them to go, no services for them to access.
- And those young people are too complex for refuges as well.
Yeah. And they end up homeless and calling back their resi three months later, being like, "I'm homeless. What do I do?" And you go, "We've already exhausted every option."
- And the investment is ridiculous because we know that if investment is put in at that end and we can get some stable accommodation, they are not going to - or they're less likely to present in the justice system, they're less likely to present at hospital, they're less likely to need homelessness services down the track, which are far more costly than putting in some appropriate accommodation and supporting them to be stable at this end (Leaving care services staff focus group).

It is possible that the 'complex' needs of young people may start off slightly more straightforward with having their basic needs for safety and security met. These needs become more complex as negative experiences compound on each other and poor outlooks become apparent. Young people's minimal housing options were reduced further by a troubled emotional state, inability to cope with (significant) distress, and limited relationship skills for participating in shared housing.

Well, say, for example, that emotional turmoil comes from, say, a loved one passing, it's hard. It's very, very hard. And, you know, that young person now has to deal with all this grief, and all these emotions. And without [the CC worker] they may - and a couple things might happen. It's not really linear. But, say, they may disengage from the things they're doing in the rest of their lives because they need to look after themselves because they're

not okay. Or, on the other side, some people, they push through, and they don't look after themselves. But some things that could happen is, you know, their marks at school start to fail.

- Your work is always very strict with punctuality, quality of work. Is that starting to decline? The relationships in your house starting to decline. And, you know, with declining relationships, that impacts on your mental health as well. But then, you know, [the CC worker] comes in, and it's like you've got that off-the-bat counselling. And she goes, "Do you know that you can apply for special circumstances with school? Do you know that your work, they're legally - you have the right to take some mental health days, especially when something like this has happened?" You know, some strategies to put in place to cope with the share house, so your relationships don't decline.

Because a lot of people, when they're going through grief, sometimes they may neglect their relationships. They may lash out at people. So it's a way of putting some strategies in place to let people know, "I'm going through something. Maybe I need some space. Or maybe I need some extra support if you guys could look out for me." It's just those things that she can support you to put in place, and also to let you know what you have access to.

- Yeah, for me, if I was to be kicked out of home or something like that, then she'd be able to put things in place to make sure that things don't sort of get on top of each other, and to make sure I'm not homeless (CC program participant's focus group).

In this way, young people were at risk of falling into crisis from any number of unpredictable and uncontrollable external events. Focus group participants talking about these issues emphasized that a young person is not likely to 'grow out of' external stressors. Rather, like everyone, young people exiting care will have numerous major and minor stressors in their lives, and these are minimised by having access to useful and trusted supports. This is a different view of young people who are often 'othered' as being inherently non-resilient, disadvantaged, vulnerable, mentally ill and various other individualising terms. From young people's perspectives it was the holistic and available support by the CC worker that provided a quick response to address problems before they became crises.

But if [the CC worker] wasn't there, like I was talking about the snowball effect before, it can lead to a crisis, 100%. Like, you get something - some sort of emotional troubles happening, and you're going through a lot of that emotional turmoil that you can't talk to anyone about. And then you've got [the CC worker] there, and she may be able to just provide some - an ear, some advice, a referral to services. And then you've got a handle on it before, you know, emotional turmoil turns into severe mental health issues. And that affects your entire life.

- You may not be able to work. You may not be able to study. So having that person with you, it's kind of like early intervention. So the second an issue arises, she's there, rather than like tertiary. Like, I have an issue. Now I go seek services. And between that time, it can escalate. Because, you know, that's usually how the way it goes with things like that (CC program participant's focus group).

For services that exist to support young people with such wellbeing issues, they are usually designed, like the rest of the welfare services system, around specific 'problems' that need to be at crisis point before a free service will be made available. We have seen in the previous sections that young people transitioning from care may have lost everything by the time the service system finds them at the top of a waitlist.

But I think headspace turn away about three-quarters of young people who are referred, because they just don't have the means to support that many people. So, yeah, it just escalates, and it gets so much worse than it has to be. But waitlists suck (CC program participant's focus group).

6.4 BROADER AIMS OF CONTINUING CARE SUPPORT

6.4.1 Leaving care planning

Leaving care planning has been a focus of research and policy for many years. Despite continuing attempts to improve planning capacity with the development of service directories, leaving care kits and assessment tools, research continues to report that rates of planning are low. Focus groups shed some light on why this might be the case.

Depending on who you are, so Child Protection, for example, have a massive turnover in staffing. Often the information about services that are available are not conveyed to Child Protection workers, so in our experience a number of young people have exited care without accessing leaving care funding because they haven't been made aware of it and workers don't know how to access it, despite us giving numerous presentations over the years around what it is and how it is to access it. This isn't just Child Protection, external services also.

But there isn't one process that you can say this is what you do in this circumstance, this is what you do in that circumstance, there's not enough I guess consistency across the board. Different regions do things differently. They have different ways of expending the brokerage, for example. Some cap it, some don't, we don't. So I guess it's about who is going to be that key worker for the young person and sometimes when people are developing a leaving care transition plan, there's nobody that has been identified as the person who is responsible for that. So everyone else thinks everyone else is going to do it.

The planning happens, yes, this young person needs X, Y, Z, everybody goes off and thinks isn't that lovely, but then the young person turns 18 and nobody has followed through on whether the young person (a) has access to the resources; and (b) who is going to help them purchase those to do it. So that's a huge gap. But I must say in the new model, that the whole process is going to be different, in the Better Futures model.

So the current system, there are absolute flaws in that inconsistency between statutory work and non-statutory work and how that information is conveyed and hopefully the Better Futures model will address that to some degree. So yeah, it's ad hoc at the minute
- Yeah, because even like for us, like we got a lot of clients that they get exited from Child Protection without ID and it's like how can it be possible that you don't have ID and that means they don't have access to Centrelink. You need to have ID and a Keypass is not enough anymore. So it's kind of very challenging and for us it's a very basic thing that should be done when they are in Child Protection.
- Yeah, absolutely.
- And that needs to start, like if it's not through Child Protection, at least through their care team that are doing the leaving care plan and it's facilitated by Child Protection, because they have all the connections there and they have a good relationship with Births, Deaths and Marriages, so they can actually get that done a lot easier and a lot quicker than we can, because they only need the Child Protection court order and a letter from the secretary to say that this is a client that's through our system and then they can get the birth certificate very quickly, where it's a very lengthy drawn out process for us. And you

> can come across some people that have not even had their births registered and you're doing that as well. So yeah, definitely those are steps that should be taken earlier (CC program staff focus group).

Another consideration about early planning is the developmental readiness or willingness of young people to consider living independently and what they may need to put in place once they are exited from care.

> I think if you're trying to start planning with an adolescent at 16, you're talking about where you're going to be in two years and housing options and some of those types of things, but that's not where they want to be at the moment, they want to be socialising with friends, they want to sort of be normal adolescents without having to think about some of the burdens that they're going to have to take on sooner than other young people might have to. So there's that cohort that it's tough to engage with, then there's the ones that are quite disengaged anyway and aren't wanting to connect with professionals and do any of that sort of planning.
>
> A lot of the children within the foster care system, we find, they're engaged in education and they have a bit of an idea of where they want to go in their career, and they have some sort of future planning, so they're a bit easier to engage. But it's more when you're at the end - the crisis end - of 'you're 17.5 and where are you going to be in the next six months?' that they start to go 'Oh hang on a second, I need to participate in this'. But even then, they still struggle to sort of grasp what it really means, and the weight of (I suppose) decision making and how it's going to play out for them once we aren't involved anymore. So it's that ongoing challenge of trying to keep them involved in that process (Salvation Army services focus group).

Due to the number and range of services that can be involved with a young person and the change between different workers and services that can occur, required tasks for leaving care planning can be overlooked, especially it seems, where there is limited communication between services regarding what the young person's needs are, and what still needs to be completed to ensure that the young person has a "smooth" transition into independence.

Without improved education and communication between services regarding what leaving care resources a young person is entitled to and allocation of specific tasks, young people can fall through the cracks and potentially be missing out on much needed resources, leading to poor outcomes in the long term. On the other hand, it is clear that it can be extremely challenging to get young people transitioning from care to engage in planning for their exits from care. There seems to be a lack of consideration of what this expectation means to young people though. It is not reasonable to expect that explaining to a young person that they will no longer be supported and may soon be on their own in the world will act as a motivating factor for them to form plans to look after themselves. It is not reasonable to expect them to be able to make sustainable plans for independence when structural factors such as housing and income issues actively prohibit young people from being able to afford the most basic costs of living.

6.4.2   Leaving care anxiety

It is therefore unsurprising that focus group participants were very clear that the lead up to a young person's exit from care is a time of high anxiety, and often disengagement. It is also clear that post care issues can cause significant snowball effects that can derail a young person's life without help.

That's a definitely real thing. I've been in Westcare for 11 years and the experience of young people in Lead Tenant that have transitioned out, even with good planning, even with great support, there's still a level of anxiety a young person goes through knowing that they're turning 18 and knowing that yeah, they're leaving out of home care. Young people, in their own way struggle, with part of that and how they show that is quite different because everyone's trauma history is different, everyone's approach is different. But a couple of weeks ago we transitioned a young person out of Lead Tenant into a THM and their anxiety was still there.
- Even though it was a plan.
Yeah even though it was a plan and their mental health and everything and how they coped and how they managed that, it was – you could have got the perfect exit for a young person but it's still there because it's real, it's a real thing. Yeah it's quite sad and unfortunately I think to go in the other end now, when it's not done properly and a young person is feeling extremely anxious about everything, and then add the layer of you don't know where you're going to go, because professionals can't tell you that or the people that care for you can't tell you that. Yeah that's a different level altogether and often young people disengage. Often their behaviour sets, they regress, yeah.
[Interviewer]: Have you had that experience?
Yeah. I think that you're never going to solve that issue unless you have a system that doesn't have this leaving – this unknown about it…Their anxiety comes maybe after where they don't know whether they can stay post 19 and so forth. So yeah, it's definitely a real thing. And probably more intense with the level of, the complex level of trauma that young people may have experienced throughout their time. So there's all that, those feelings that will come back for a young person if their trauma is quite significant, because ultimately the system is abandoning them in some way, shape or form and they're going to see that or express that in a way that they know how to cope. It's a sad state of affairs but it is a reality (CC program staff focus group).

These observations were made by staff from other Salvation Army programs as well.

I think they get lost in the loophole of it all is that when we're planning for leaving care the conversations that are happening sometimes - depending where the young person is - it can be quite a different world and they close off really easily. So when it's time to plan they really withdraw. And one person in particular that I'm thinking of is quite anxious about turning 18 and doesn't want anything to do with it, but wants the planning to happen around them and then just be told where to go, and I think that's where we lose them because they need to be involved in that process, otherwise they're just going to keep on relying on service to identify it for them.
- It's an overwhelming time for them, that whole leaving care period (Salvation Army program staff focus group).

In some ways it seems that leaving care planning practice is in its essence paradoxical. The attempt to help a young person plan for their future leads to them being less motivated to plan for their future. The attempts to make a young person think about what's going to happen to them causes them to not want to think about what is going to happen to them. Looking at what their options are for their housing demonstrates to staff and young people that there aren't any housing options accessible or available.

6.4.2.1   *Tackling barriers to effective planning*
Planning was said to be easier for young people who had enjoyed more stability.

> I think that same base makes a big difference. I think - from the outside anyway, because I have worked in residential care as well - a lot of those young people are in survival mode every day. It's really hard for them to be grounded and engage in planning, engage in those types of conversations and work, when they're constantly worrying about their safety. I think that some of the skill bases that foster care provides, that family home, that nurturing relationship, that allows children to feel safe and have those needs met to be able to extend themselves out to engage in education, to think forward and plan for their future. And a lot of our kids, when they're getting to that leaving care age, have been in a foster placement for two, three, four years; they've had a lot of stability, they've had supports to work through some of the challenges of school and being able to settle in that school environment. Some of them it's ongoing, but I think that stability makes a big difference in their ability to engage in planning, but also to have their own future planning in their own minds and think about where they might be or how they're going to function as adults (Salvation Army programs focus group).

For young people who have experienced more stable placements, they may feel more secure in those relationships and thus not feel as afraid of the future as they feel their carers and other supports will remain available to them once they've exited care. This feeling of security is something that young people supported by the program felt in the CC worker's relationships with them. They knew that if something was wrong or they had a problem, no matter what it was, the CC worker would care, and do something about it.

> …if I didn't have like a carer or anyone like that I have now that can give me a suitable home, and I didn't have the - and I didn't have someone the likes of [the CC worker], I'd be pretty concerned. I'd be pretty worried. And I'd have no idea what to do. So having [the CC worker] there can sort of give me a bit of - it gives me a bit of a backup, having her there, and she can access the services - the appropriate services. So I'm not going off and getting - going to a service, and they can't help me sort of thing. [The CC worker] can definitely sort of do that for us. Even if I didn't have a roof over my head, [the CC worker] would do something to make sure you've got a roof over your head, and three meals a day. She would definitely sort that out. She's not going to leave no child - young person left for dead, in other words. So having [the CC worker] is very important (CC program participant's focus group).

6.4.3 Relationship based practice, intensive support and engagement

As discussed previously, post care services may have processes that preclude some young people from accessing their services. The resourcing of post care support has not always included the type of relationship-based practice that has been resourced through the Continuing Care program. One of the key benefits of relationship-based practice is that a relationship is based on ongoing contact. Living in out-of-home care for many includes ongoing relationship disruption, loss and sometimes breakdown. Many have been starved of continuous relationships and left to cope without long-term supportive relationships that others in the community access through family and friends.

> I guess a lot of young people that we're working with have come through the Child Protection system where they've had multiple workers throughout their lives, they've been in and out of foster care and resi or lead tenant, so they've had multiple workers. Often they don't want to engage with support services because they've had that broken relationship with multiple people, including their families (Salvation Army services staff focus group).

In fact, relationships with workers can be of great importance to young people. This doesn't necessarily mean that discontinuing relationships can't be managed, but rather that the importance of relationships can be acknowledged and used to ease transitions between services and workers. Where a good relationship that a young person trusts is in place, they may feel more comfortable transitioning to other services and supports if they are introduced to a new service vetted or recommended by their trusted supports.

> I have a young person calling me that I've transitioned out to, you know - asking me when we can catch up, and not being funded for it, but it's that conversation of trying to gently say 'what are you needing support with?' without having to say 'I can't do this for you'. It needs to be you're needing help and she's just wanting to catch up for lunch and talk about her life. When they're in the program sometimes it takes them to transition out a couple of months later and realise 'this is real now' for them to contact back and just want to catch up. You know what I mean? And it's that really difficult conversation to say 'I can't do that, it's not in my job to do that with you'.
> - I think having a name is equally as important: 'Hey buddy, it sounds like you're struggling, you're going to need to go through the Continuing Care program, I can't really support you with that; work with [the CC worker], she's going to do this for you, blah blah blah, I can send a message and let her know that you've made contact with me and you'll be in touch with her' as opposed to 'hey mate, there's post-care support 1800, they're [post care service], call them and they should be able to help you out'. It's just different. You're giving them more confidence in who you're referring them to and what they can expect on the other end, as well (Salvation Army services focus group).

Similarly, where support is offered and provided with relationships privileged, work with young people can become easier and more effective and efficient. Relationships could be difficult to build though, even for the CC worker. Relationship-based practice required dealing with each young person as an individual with their own preferences and behaviours.

> You start to learn when young people are committed and they show up to things. So the four TYGA (The Youth Group Advocates) members are always committed and they're always showing up, if they can't there's a valid reason. Other young people would show up to meet with me and then other times just not follow through with anything that we'd both committed to say, "That is what we need to do and what you need to do," like at all, completely disengage. So you learn that, and it's a pattern as well, so that might have happened over the space of two years with some young people. One young person is good with her phone but I've learnt that making times with her, she will not show up. Very, very polite, very engageable, wants information, I've posted it out to her, but just does not show up in person, multiple times trying to do that, so you just, yeah (CC program staff focus group).

Post care services recognised the value of relationship-based practice but struggled to provide services in that way with the level of resourcing they had available.

> Well, it's quite difficult if they turn 18 and they have to, so they've been in as the only tenant, then they start to work with us and it becomes - like if they are in a THM that's when they have to live on their own and they don't know us as well, so it's kind of a making these changes because you turn 18 so you need to find - we help you to move into a new place that you don't know the area, you don't know the house, you never lived alone and

> as well to build rapport with us, so that is an extra anxiety for them (Leaving care services staff focus group).

> I think that the young person misses out as well on that extra support because every service has our own role and them [the CC worker] being the case manager, they're able to work more intensely with young people, whereas it's not getting - the young person isn't getting that intense support, like with even post-care we have so many young people that we're working with that we don't have the capacity to work with one person solely for - yeah, ongoing - yeah.
> - [The] more services that have got the capability to work with young people more intensely the better really and it's - yeah, it's a real shame to lose any one service that is providing that support (Leaving care services staff focus group).

Another way of facilitating relationship-based practice was by having open service periods. Continuing Care didn't routinely 'close' with a client, that is, they didn't formally exit a young person from the service, even if they weren't engaging with the worker. Young people were always able to call back and pick up where they left off.

> And it's good I think what you said like sometimes they don't - they're not in the space to be part of the transitional plan and - or they don't think that they need it, so depends on the - because all programs, some of them are more flexible than others but we [housing support] - if they're not engaged in three months, maybe we need to reconsider, exit them and take another referral. But they can't be re-referred to us so sometimes it happens that they call us back saying, "Oh no, I didn't realise I really need this program, I want to be part of it" and unfortunately that's - we can't because the referral's gone from PCU. So well we can help you to refer you to another service but that's means that you're going to have to meet another service, find out how they work, work with them. Yep (Leaving care services staff focus group).

> I guess that's the good thing with post-care, that we can be recontacted up until their 21st birthday and no matter what services that are involved or if they're not and it's a self-referral, at least we can give that sort of support. But yeah, it makes a big difference when you do have agents - other agencies involved like Westcare or whoever it may be that can support the young people because they're doing that direct case work and they've got a very good understanding and a relationship with the young person, so it supports us in doing our role as well, because we're not having to take that on extra and try and engage with someone that doesn't really know us and because we are team based, you don't build up a big rapport, like you can build a bit of a relationship but it passes on to the next worker the next day or so building that up, yeah, it's good (Leaving care services staff focus group).

The Salvation Army services group appreciated the ease with which they could refer young people to Continuing Care. This was because of relationship-based practice at a practitioner to practitioner level. These relationships facilitate confidence by workers that a young person will have a positive experience of a service and young people therefore receive a confident recommendation from someone they already know. They have a sense of the person that can provide assistance to them and an assurance that they will be helpful. Knowing that all those people worked together sharing an office space as well, and one that young people were already familiar with made all of these relationships easier.

Yeah, definitely. I mean, you feel confident in - because one of the things you're trying to do when engaging someone who is disengaged and who is struggling, you're trying to establish some trust and you're trying to help them navigate a service system where they're let down a lot of the time; they're jumping through hoops a lot of the time. So knowing that we've got a relationship that we can trust is going to do the work and follow through, it gives us confidence to be confident to say 'this is where you need to go, you'll get the support' and we know that they're going to get it. I think it just helps take off some of the pressure of worrying that - ensuring that there is that support for that young person, who I'm not funded to even engage with. I know now that he's got housing, he's engaged in work and he'll probably touch back again some time in the future, and we can re-engage him.

- And then there's that communication, as well, of there's this young person out there, or they can come to us and say 'Hey, this young person has touched back with us, do you have a bit of history you can help us with?' [Salvation Army worker] and I had to provide some information to [the CC worker] to help her step through getting a young person through some Centrelink issues, but because we had some historical information we could share, as well (with his consent) to be able to help him step through that. I think it's that relationship stuff that just gives you confidence in the support for these kids post-care (Salvation Army services focus group).

6.4.4   An extra layer of support – value adding to the existing system

Post care services appreciated the load sharing capacity of the Continuing Care program improving young people's access to financial and other supports.

Because of the huge demand for post-care support and brokerage, we couldn't possibly manage to carry the caseload and make sure that young people actually receive the funding that's available to them.

So we over time evolved into a team case management model in order for us to do - it's like a triage model where we can assess young people who - daily, we have a daily intake service so that anyone can call us at any time and we may be able to respond immediately if they're in crisis. We prioritise housing, health and education needs above all else.

So if somebody calls us and says, "My young person has secured a property. They need rent in advance today or they need a household setup in the next couple of days" we can do that. If a young person doesn't have an external case manager, then we would offer that support to them. But given that we cover such a huge geographical area across the north and the west, services like Continuing Care are critical for us because they can - we can value add to them and we can leverage off their case management support which frees us up to do other work around the initial brokerage requests and they can provide that one on one case management (Leaving care services staff focus group).

The leaving care services focus group identified clear benefits to young people from Continuing Care support. This ranged from improving access to services for young people who struggled with administrative processes like intake assessments, to gaining broader and bigger picture understandings of a young person's circumstances and support needs. The relationship-based practice employed by Continuing Care meant that they had longer relationships with young people that were formed over periods determined by the young person's readiness.

So yeah, we don't always have information around all of the circumstances. A young person might present to us and be asking for a gym membership, for example, which is

pretty basic - but then in the course of our assessment and intake we hear that they're living in a really inappropriate accommodation, they might have mental health issues, there's very deep and underlying issues that they may not discuss with us.

So perhaps if they have another case manager, Continuing Care has had that longer relationship, they know their history that we aren't privy to, they can ask for other supports and funds that the young person may not even be aware of that is available or that we can assist with in terms of managing their ongoing mental health, for example. We can make payments - co-payments, so there's always this triangle, I guess, of support, between post-care, the young person and another [the Continuing Care service] (Leaving care services staff focus group).

Out-of-home care and leaving care services are accustomed to crisis work and it is often said that 'the squeaky wheel gets the oil'. Resources can be directed to crisis responses and young people who are seemingly doing well, engaging in employment and education for example, can be left to manage on their own. As we have seen earlier, unforeseen events can quickly derail a young person's successes and being able to act before small problems get out of control is critical to young people's safety in the transition from care.

And I think that that's where continuing care was really - their knowledge of the young person really shone because we could get a really good picture of what was happening and not just around at that very minute but that was part of the broader support plan and where they were going in terms of what they had planned ahead as well, not just around a crisis response. Because not every young person presents with a crisis, some of them - it is part of an overarching trajectory and having the foresight to know that this looks a bit strange at the moment but it's part of the bigger plan and so this is a stepped approach (Leaving care services staff focus group).

The generalist role of the CC worker also has the secondary benefit of concentrating knowledge of services and opportunities for young people within one service and one worker which young people experience as a kind of seamless assistance that sits in contrast to the fragmented system and services they have endured in care.

Well, no, she's not an expert in all those things, and no one's an expert in everything. But, for the most part, she knows how to source the information that is needed. So if I call her up, I have this issue, and I have no idea what to do, she may be completely transparent, and she's like, "I wouldn't have a clue. But you know what? Let me do some digging. I'll get back to you," because she knows how to source that information, and she can walk me through that process and be like, "This is what, you know, I looked online. This is what I found. I called these people to get more information." (CC program participant's focus group).

To connect that to something you said before about her not being an expert across - you know, there's a massive amount of topics. No. But she is an expert at resourcing information, and accessing various services (CC program participant's focus group).

For care teams this could be experienced as invaluable knowledge of how to navigate the system which built workers' capacity to navigate services themselves. For young people the CC worker's involvement early on in their transition planning builds trust and relationships that they feel they can call on and rely on post care. For post care services the relationship between the CC worker and young people helps to fill the gaps in knowledge they base their brokerage funding decisions on.

I think when a young person is still in care under 18, there's a lot of secondary consult, a lot of advocacy, there's a lot of that information sharing within a care team, and I think that's really beneficial for young people. Some young people don't see that work, as [the CC worker] sits on care teams and offers support to professionals, but when a young person is over 18 I think it provides a lot of assistance where young people are needing brokerage, they're needing housing, they've got that one worker that can cover all avenues, instead of having a housing worker, having a worker for this, a worker for that. It's just a broad support person.
- I think - just touching on what [Salvation Army worker] said - it's sort of two-fold: one that it builds capacity in the care team, especially post-care, so it actually builds the capacity for professionals around that young person to help implement the best plan for that young person, it helps step them through that plan, as well as being able to initiate a relationship with the young person before exiting care. And then, once they have exited care, it provides that entry point, that safety net that I was talking about, where you can go back to a foster family. Continuing Care provides that safety net of 'I know I've got someone to call, I know I've got that safety net; I'm okay at the moment but hey, I've got a big Centrelink debt, I don't know how to deal with it' or 'Hey, I've just been kicked out of my housing, I don't know how to deal with it. I've got a safety net, I've got the relationship, I know who I can contact.' So it's that continuum of doing that capacity building all the way through to being that safety net and that contact, and I think there's a conduit between them being in care and when they're out as independent adults.
[Interviewer]: So what do you mean by 'capacity building'? What would be examples of… - For instance, within the foster care program, we're not a housing program, we don't really understand the housing system that well, so what are housing options for these young people?…I think that's one of the big components, and understanding that [pauses] - I think it's mainly that, understanding housing options, and how to map the plan for that child to get into that housing option, and what supports they're going to need around them, and being able to assess where they're at and where their skill level is at. And I think the Continuing Care program helps provide that lens to make those assessments (Salvation Army services focus group).

Focus group participants' comments indicate that streamlining the processes by which services and resources can be identified and accessed will likely reduce the amount of young people who disengaged from services or 'slip through the cracks'.

6.4.5   Continuity - The purpose of Continuing Care for young people

Westcare was previously one of the largest providers of residential care and foster care services in Melbourne's western metropolitan region. The Salvation Army also manages the 'access point' for housing assistance in the Western Region, and so Westcare has long been utilised as a centralised point for assistance. The Continuing Care program itself formalised this role of providing assistance to previous Westcare clients looking for help, and the funding supported one full time employee to respond to the issues they had observed young people exiting care consistently experiencing. Leaving care anxiety, disengagement and poor planning were leading to very poor outcomes for young people without external supports and they would return to Salvation Army Westcare programs to find previous workers and ask for help.

Historically we always had young people who left our service come back anyway informally seeking those supports. This is about trying to formalise that response and trying to change a bit of the culture around residential units seeing themselves as the only place for

a young person to go back to because they had existing relationships or the only people there that could help them, yeah. So I think it was about trying to maybe professionalise that response a bit and formalise that response a bit (CC program staff focus group).

Yeah so that was the stuff around preparation and planning, engagement, pathways, stop really changing the idea that it's ending and trying to reduce the anxiety of a young person's end of out of home care, of their being a statutory client. And knowing that the organisation and the program was able to support them post that and still continue to do that, still continue to provide the support, regardless of where they were at in their life (CC program staff focus group).

I think also the fact that young people, what we found through doing the project, et cetera, was that the level of anxiety for young people who are transitioning from care was significantly reduced in the knowledge that they were able to continue to be supported beyond the age of 18 and that having the same workers or being familiar with the program meant that there was a much better relationship I think between the young people and the workers and they tended to trust them more and there was much more in depth work able to be undertaken.

Whereas young people transitioning from care at 18, it's a very stressful period, they don't know where they're going to live, they've got no one to direct them and so I think the fact that they had someone across that transition phase helped to reduce and navigate some of those system barriers for them and ensure that they received the brokerage that they were entitled to and were able to hold them until they were able to secure accommodation or other resources. So I think that was a significant factor that led to better outcomes (Leaving care services staff focus group).

Because I haven't really been a part of other services, it's hard to know how they operate. I suppose young people establish relationships with their current workers and so therefore the first port of call is to go back to that service and seek the support, and because we have the Continuing Care program as a part of Westcare it was easy for us to then redirect them back onto [the CC worker]. I've got one adolescent, in particular, who just happens to have my mobile number and I was a consistent relationship for him over his period of care, so whenever he's having difficulty he goes through my mobile first (because he feels that's his first point of call) but then I'll redirect him to Continuing Care, and he finds that way works for him (Salvation Army services focus group).

Yeah, it's quite common through Lead Tenant space of our young people transitioning out. Some young people just aren't ready, and don't realise until they are 18 (and their supports do drop off quite significantly) that they actually still require support, so it's quite common for our young people to contact back and then redirect them to Continuing Care. (Salvation Army services focus group).

And it's just a simple thing: I've had a young person that was in our program for two years contact back recently about how does he get a birth certificate? It's just the little things that they just don't know that Continuing Care helps in that process, like a tax file number; they just don't have anyone to ask other than their workers in that existing relationship that we have. So yeah, I think that's why they contact back (Salvation Army programs focus group).

It is widely accepted that the existing leaving care and post care services suite is fragmented and difficult to navigate. It is also widely known that a great proportion of young people find themselves in need of housing support or find themselves homeless and there is less understanding of this service system amongst leaving care and post care services.

A prime example is housing - a young person presenting as homeless and needing support to access a homelessness service. If a young person sometimes presents at an access point and they're not really clear on what homelessness means, they're couch surfing, for example. They don't often identify that as being homeless, like they just are staying with friends but they might've stayed with 10 friends over the last three weeks and now they've got no other options left.

So they've been directed by someone to go to an access point and then they go 'Oh are you homeless?' 'No.' Or they are in such a state of anxiety that they're unable to articulate the depth of their circumstances because they are just so distressed about what's happening to them they can't articulate that. Or they might have to present at 9 o'clock in the morning and sit there all day and then they may or may not receive a service, they might receive one night in a motel, where often they're too terrified to stay.

So if a worker knows of their circumstances and is able to ring ahead, which we often do, and say, 'Oh we're sending down so and so, this is their circumstances', sometimes in our housing program we'll do the initial assessment for the young person and forward it on their behalf because then we can put in much more detail that the young person isn't clear about what are the key pieces of information that an access point needs to know and how do they convey that when they're in such a distressed situation. We can't always go to them. We try to when we can.

And again, with Salvation Army Continuing Care, the fact that they have an access point and have a relationship with their own housing service, they can also make that a seamless referral for young people. The young person doesn't even realise that this work's gone on behind the scenes and they don't even have to present to the access point. I know that Continuing Care often would be able to secure accommodation for a young person through that system, but the young person didn't have to go through that whole process, which ideally that's what we want.

We don't want young people sitting at an access point for six hours and having to come back the next day or whatever, particularly if they're very vulnerable and they've experienced trauma and violence, it's too distressing for them. So a warm referral can really mean the difference between securing accommodation or not (Leaving care services staff focus group).

The big difference is going to be - especially for those young people who contact back and needing support, and it could be a year or two after they've exited from us and they're needing to re-engage to get them through a difficult time. I had a young fellow recently - the same one who calls my mobile, because that's his safety net - and he needs that support, and I'm not funded to provide that support (I can't provide that support), so I was able to refer him on to this relationship that he had. If I had have been sending him to someone he didn't know I don't think he would have engaged, knowing that this was a program that he'd been with from nearing exiting, and two years later he can re-engage them again. They were able to get him housing, he was able to get a job, some really good outcomes for him, and it was all based on the ability to have that continuum of - they were part of the consultation process, all the way through to that touch-back two years later... No, and for someone who's disadvantaged, someone who's disengaged, someone who needs support, relationship is number one. Why does he ring my mobile every time he wants to get that support? Because he feels safety there. Why would he engage the Continuing Care program? Because it's a relationship and he feels safety there, and then

they've got the specialist knowledge and skills to get him where he needs to get to, and that's what we'll lose, that's what we won't have. (Salvation Army services focus group).

6.4.6   Care teams, collaboration and networking

Continuing Care staff made themselves available to assist care teams for young people who were still in care in order to aid their transition planning and provide information about the services that their young people were eligible to access. Part of the purpose of this role was to advocate for more complete planning for young people's transitions from care.

> Yeah or we're kind of coming where yes, it's important to deal with the crisis and deal with the current situation, but you've still got to think about the planning and that was kind of the – that's hard to shift that, when people are funded to provide then and [not post care] (CC program staff focus group).

Providing this support was more complicated than staff had initially imagined as they found that their availability did not necessarily translate into care teams making use of their services. Continuing Care staff said that despite their efforts a number of care teams did not include them until close to the end of the young people's court orders, when they were in crisis.

> They know what was going to happen for the young person once they turned 18, and identified that they would need support because of the risk, but then didn't either see the value on what we did or didn't engage us properly. Yeah it was –
> - Got to a crisis point.
> Yeah right at the very end. So we tried to come in early and help with planning or whatever it was, because we do an assessment and then work out what the needs were, yeah. It just when you've got two, you've got PCU involved and Child Protection and everyone, and then whoever is looking after the placement trying to put forward what they think is best. It was chaotic (CC program staff focus group).

This insight into care team work may go some way to explaining why rates of leaving care planning for young people are so low in Australian research.

> Care teams would be more focused on ticking boxes than worried about what – how can you better prepare this young person to reach to avoid this outcome or we could better put in things in place to kind of help support this area. I think we were dealing more with care team anxiety, rather than young people anxiety. So the anxiety of care teams to ensure the young people were in a place where they were safe or secure or dealing with the now rather than thinking about well what's going to happen in six months time and that's not really an issue now and we'll worry about that when that time comes. And I think that in itself is more dealing with care teams that are so focused on the here and now, survival (CC program staff focus group).

Leaving care and post care services staff seemed more receptive to collaboration and welcomed the more generalised support that Continuing Care was able to offer.

> Yeah, yeah. I mean, I guess to expand on that or follow on from that, yeah, it was a lot about collaboration and working together with the young people. I mean, we work in a team case management model and I guess in a way having another program that we could kind of do a similar thing with when working with a young person, if more intensive support was required then it was great to have them there for that role and us as backup

and other way around in some situations. So we certainly found that really beneficial (Leaving care services staff focus group).

So the combination of having us in terms of availability with funds, her on site and all of us with our housing knowledge and access, that we were able to do a wrap-around response, which allowed you to flex up and down, depending on the needs of the young person, I think. And I guess also the history with Salvation Army around their internal resources and knowing where the housing opportunities are and being part of the broader alliance allowed us to tap into all those other additional resources like [housing service] and other out of home care providers who may be able to provide an option for those young people. So it's that really skillful broad knowledge of the service system (Leaving care services staff focus group).

Salvation Army OOHC services themselves could refer young people prior to leaving care but did not always.

So a similar experience when we've had young people even go through who weren't engaged with the Continuing Care program prior to exiting, they've come back for some support, we pass them the number of the program and they make contact themselves and self-refer, and [the CC worker] goes through that process with them. We've had other children where part of their leaving care plan is to bring the Continuing Care program into that planning and do some consultation, and they've met with young people and young people have agreed that they wanted that support post-care, and so the referral process happened as part of that leaving care planning before they exited, to take on maybe some case management responsibilities or even just to have that relationship so they can come back directly and refer themselves to the program once they've exited (Salvation Army services focus group).

6.4.7   Community connections

The importance of relationship-based practice is a clear theme throughout the results. Relationships between young people and paid practitioners may be unsustainable, however, and community connections are the relationships that take young people transitioning from care into the mainstream and out of the context of institutional care that their involvement with the child protection system engenders. Placement moves and changes of school disrupt and often end social, community and familial relationships for young people that can result in them leaving care socially isolated. The care system requires them to be independent many years ahead of other young people living with their families, but also without the assistance of a broad network of friends, family, acquaintances and formative relationships with teachers, employers and community members.

In an appropriate environment you develop that interdependence where you have connectedness everywhere. So if one relationship breaks down, you know that there's another relationship that you have to kind of help you manage, potentially manage that relationship or so forth, where our young people, they don't have that level of interdependency, they're just kind of – we're trying to develop independency, we're trying to say, 'You've got to be independent,' but how – but if that network is not developed around them, when it does breakdown there's nothing for them. So you've kind of [got to] build community, you've kind of got to build people or networks around that young person, and that's the hardest thing because our system isn't inclined that way.
- So in an ideal upbringing in a family home you'd have siblings, cousins, family friends, sporting clubs, you'd have neighbours potentially, you'd have a sense of community

around. A lot of our people don't – very rarely a person would have that in out of home care. You can't manufacture that, it's deep rooted stuff.
Interviewer: You can't refer to friends.
No (CC program staff focus group).

The perspectives of the various stakeholder groups: external leaving care services, Salvation Army OOHC services, young people supported by the program and the program staff themselves all suggest that the Continuing Care program has been very successful in achieving its aims, at least where the program has been utilised through program referrals and young people's self-referrals. Young people have outlined the ways that the CC worker assisted them to access appropriate and considered housing options and to pay for educational expenses that provide the actual access to qualifications that young people have no other way of financing. The CC worker also helped review job applications for young people. In terms of preventing crises for young people, focus group participants were very clear that holistic and relational service provision prevents the snowball effect from single problem to full blown crises. We have also heard from young people that a worker's availability to chat on the phone to enable a young person to 'vent', or going out for a coffee prevents escalating distress turning into greater problems.

The CC worker's highly specialised skills in service system knowledge allowed for quick and comprehensive responses to housing crises, deteriorating mental health and household relationships. The final part of the evaluation did not find any specific examples of where stakeholders described the CC program preventing criminal offending or drug and alcohol issues (though the interim report did detail a number of examples where focus group participants thought that continuing care could reduce criminal activity and sexual exploitation). There is some suggestion in this final report from external services that the CC worker was able to facilitate more disengaged young people's access to brokerage funding for their housing and other needs which may not have otherwise been available to them.

6.5   EMERGING THEMES

Beyond the direct scope of the Continuing Care evaluation, focus group participants' comments uncovered information on some under-researched areas in transitions from care and associated research fields. The evaluation findings have provided various perspectives on youth participation initiatives carried out within the CC program. Evaluation focus groups have also identified a potentially untapped administrative data source tracking care leavers from OOHC through to housing services accessed via the Salvation Army. The evaluation has further provided some very early data on extending care in Victoria which is timely in relation to recent policy change and pilots providing extended care in a range of models to a limited number of young people transitioning from care.

6.5.1   Youth participation

There is growing recognition in social services policy reform that service users should be consulted for feedback not only on existing policy and practice, but also in the design of program and service reforms. Yet to date, only limited evidence exists to explain the almost endless variations on how 'co-design' or 'youth participation' might be carried out in practice in different organisational contexts, and so the CC evaluation was able to uncover some information to contribute to this growing field of knowledge. Young people in the program participant focus groups were passionate about youth participation and the work they had undertaken as part of the Continuing Care program's The Youth Group Advocates (TYGA).

> So, yeah, it's important that young people have a say as much as possible, because it's really important. Because if there wasn't any young people, then no one - there'd be no work for anyone. So it's sort of very important that young people get a huge say in most things.
> - Yeah, because the service is designed for young people, so it makes sense for the young people to be included in the design because nobody knows what we need better than we do (CC program participant's focus group).

Continuing Care program staff fully supported young people's rights to be active participants in program development activities, and involved in advocating for improved services for young people transitioning from care. Little research exists on young people's experiences of youth participation or on the impact of their work on audiences and collaborators who may be their workers, their workers' managers, funding bodies, government, independent authorities and more. Young people in the program participants' focus group reported speaking as TYGA members in a number of forums: from sitting in on interviews with potential program staff to speaking to the National Children's Commissioner.

Young people sat in on interviews for new staff and discussed their assessment of each candidate along with the manager's impressions:

> So we've put our recommendations in. We've explained why we think the way we think. [The program manger] listens to that. He does the same so that we're informed on his end as well. And then at the end, we're just like, "These are our recommendations. Like I think maybe this is the best person for it." And I think every time that person has been the one that gets it. So it's [ended up] really well (CC program participant's focus group).

Young people appreciated the opportunity to speak to people in positions of influence and authority about their experiences in care.

> Well, most organisations have some sort of expectation of, you know, involving the young people, and making them participate in the organisation itself, rather than just their individual casework. TYGA (The Youth Group Advocates) is sort of quite new in the sense that it's taken young people higher to the top. So, like, helping us to talk to, you know, the Commission and stuff, who -
> - The [funding body] people who are funding the - I went to one of the things in the city, and reasons why that they should continue funding. I spoke up in front of them. And, yeah, I had a PowerPoint there. [CC program staff] was there. [The CC worker] was there. So talking basically about what's the best interests of young people in the care, and what should be done, what should be done better, what should be - yeah. It's all in the best interests of young people because we've been through the care system and whatnot. So it's - without having knowledge on what young people have sort of - what they've been through in the - whether it be foster care, kinship care, or residential care, you know, it's impossible to sort of advocate for that unless you've sort of been in there - had someone that's been in their shoes to help the system to get better and improve (CC program participant's focus group).

> Well, I spoke to the National Commissioner. I don't remember what her name was. There's been another - a few other things to help the Commission with recommendations. I think - did we promote - we promoted the Housing Readiness Program?
> - Oh, yeah, we did (CC program participant's focus group).

…we spoke up in front of the Westcare staff here what was in the best interests of young people, and what we got out of being in the care system and that. So it was quite good because there was managers there, and there were important people there that do the decision-makings and they sort of – yeah (CC program participant's focus group).

6.5.1.1 Peer mentoring

The Continuing Care evaluation interim report detailed TYGA's proposals around a peer mentoring program where young people who had left care could be part of a supervised mentoring program to spend time with young people still in care. TYGA members felt that young people still in care could benefit from spending time with older care leavers who had been through transitions from care and could share their successes and help encourage those still in care to seek out positive transition pathways. In this final report, leaving care services staff discussed the potential of such an initiative.

> I was going to say from a resi perspective, like often our struggle with getting young people to engage with leaving care services [is] that they don't - they're non-willing to listen or believe how challenging it can be to be an independent adult in the world and so having someone that they can identify with that's come from a similar background and a similar experience to say, 'Dude, you need to listen, like you need to engage because you're going to need it' I think would be really helpful because they're much more likely to be receptive to that input in their life…
> I think it's also around identifying personal experience because as a worker we're saying you need to do this and this would be useful and - but they know that - young people know that we've not walked in their shoes and it's really from our perspective almost it can be perceived as patronising really, like we know - or I guess paternalistic, we know what's best for you, we can see what's going to happen, not that we'd say it in that way but you can suggest things, you can recommend things but a young person, anybody over 25 is old and so to hear it from a young person and know that they've actually experienced a similar experience I think really grounds their views in terms of they actually have lived it (Leaving care services staff focus group).

> I also think in some regards if they haven't had a great experience and they do - are willing to help a young person, well that's actually good insight for the young person leaving care to have, to go oh okay, this is hard. This is going to be hard. I think that's an important insight that we can't always give them.
> - But I think as well the mentor should have been supported and have like someone to debrief because, yeah, they're - what the young person can disclose, even though you've been through similar experience, doesn't have to be the same, it doesn't mean that you can cope with it (Leaving care services staff focus group).

Leaving care services staff recognized the potential ability of young people with a lived-experience of care to engage young people transitioning from care in thinking about planning for their immediate and longer-term futures, and certainly TYGA members believed their lived-experience would give what they had to say more integrity in the eyes of young people still in care.

Following the discussion above about managing boundaries and disclosures in peer mentoring the leaving care services staff group spoke about youth participation work attracting young people who are somewhat stable. Continuing Care staff felt that young people were more likely to take up participation opportunities when they felt more stable. Whether this is the case or not is unknown, but if true, there are implications that we may not be hearing from young people that our system

tends to label as 'complex needs'. This report suggests that many aspects of the system cause disengagement by these groups. Further research should be carried out to better understand the experiences of young people who are least engaged with services, and potentially most engaged with crisis services and youth justice and substance abuse.

6.5.1.2   Impact of being involved in participation initiatives

Certainly for the TYGA members, being consulted about issues to do with being in care and transitioning from care was highly valued as they felt they were able to have an impact on improving care experiences for others.

> Interviewer: Does it do anything for you personally being involved in that kind of work? Do you enjoy it?
> It's nice to know that we're doing something to help. And it's also nice to know that there's workers that are actually like really into it, like allowing us do that, pushing us to do that, finding us opportunities to do more, and people on the other end who like reach out to us. There was some Commission thing last week that I missed because of work, and [the CC worker] just told me that they need - they want to contact me directly, so to go through the recommendations that they're putting forward. So it's just really - and the response we've been getting is amazing too. Like, when the Sydney thing happened -
> - Oh, in Sydney, the CREATE Foundation conference?
> Yeah, the response to that was insane.
> Yeah, the little conferences that were going on there, and the important people there. It was quite good. It was quite information - inform - sort of a lot of information draining and sort of thing. But, at the end of the day, it was really good to get an insight on the work they were doing there. Yeah, it was quite good in Sydney. That was an experience, yeah (CC program participants focus group).

> Yeah, definitely. I like doing stuff with organisations that have a huge impact on young people. I'm doing stuff with CREATE. I'm doing a presentation - well, I was watching a presentation the other week. So I then can do the presentation in the ones coming up. So I was getting an insight on how it's done and how it works, so I can then share my story with - at one of the worker conferences there. It's a social worker thing the new social workers coming in, and we share our story, and they get a sort of insight of what young people have gone through, and what they'll - what we want them sort of to do (CC program participants focus group).

Perspectives on youth participation activities regarded young people as being able to have meaningful impacts on practice and decision-making, and it is clear that the Continuing Care program provided many opportunities for young people transitioning from care to contribute knowledge gained from their experiences back to the system.

6.5.2   Salvation Army unique administrative data set

Where Salvation Army services have provided out-of-home care and homelessness services, they hold an important and apparently under-utilised cross over data set that has tracked individuals' placement and homelessness pathways.

> So St Kilda Crisis Services has moved away from the standard data collection and over the last couple of years have started to record data in particular for young people who have been in out of home care, collecting data on their out of home care experience. So there is, you can access data and what we've kind of been told loosely from the Crisis Services is

that they're saying that 41% of people who access their service have had an out of home care experience (CC program staff focus group).

There is a lack of available data on the care histories of people accessing homelessness services otherwise, but it is worth considering if existing policies refusing referrals to homelessness services for young people transitioning from care are preventing any homelessness.

6.5.3 Foster carer culture and extending care arrangements

In Victoria the state government announced in late 2018 that extended care arrangements providing support to care leavers up until their 21st birthdays would be trialled over five years with a total of 250 young people. In the absence of Australian research on extended care arrangements, Continuing Care program staff gained a key perspective on an existing practice of DHHS to extend foster care for young people completing VCE whilst they had their 18th birthdays so that their departure from care would not disrupt their final year of secondary schooling. In these arrangements the foster care staff would no longer be involved post 18 but the carer allowance could continue for expenses of housing the young person incurred whilst they finished school.

> Some of our kids stay with our carers post-18 because the carer can continue to be funded to provide the placement while they're finishing VCE. However, what we've found is that when that relationship goes from sort of carer to adults living together, it tends to break down more often because they're no longer a child, they've got their own independence, and carers struggle to sort of manage that. The formal support drops off, and so then that breaks down and they're having to come back and needing housing options and things like that, whereas there should have been a plan for them to have that sort of housing option at 18.
> So we've found a lot of those kids, they'll contact back as well because they're needing housing options now and that planning hadn't been done that well, and that's where we started utilising the Continuing Care program to provide some consultation around 'where are headed with this leaving care planning?' and to make that relationship known to those children at that point to make the contact back easier, or to go to straight transition from our support to Continuing Care support. Lead Tenant has that straight handover of our support to the Continuing Care support, whereas foster care didn't as much, and that's where we're trying to bridge that gap for kids.
> Interviewer: So can I ask you to explain a little bit more about when the supports fall away? What kind of support is lost to the carers and the young people when they're no longer being supported by the agency?
> So essentially, when we are funded, we're doing regular home visits with the carer, regular home visits with the child, we're a part of the case planning for that child, and helping oversee - I suppose meeting their needs and getting them engaged in services and planning. That all ceases straight away. Because they're still carers with us, informally we're still available to them but essentially we don't have any sort of capacity to really do any more support than that. We can help guide them on what might be different approaches to use working with them - with the now-adults - and help refer them to different places, but we can't really be in there doing the work with that carer and that young adult.
> Interviewer: So what would be an example of the work?
> Even just being able to go out and sit and talk through a challenging situation. So it might be some conflict within the relationship, the carer's struggling to manage that conflict, you go out and you can sit, they can debrief with you, they can talk it through, get to a point where actually it's probably normality for their age, maybe they're struggling to hand over some of that responsibility, give them some of that freedom, and then also meeting with

the young person to help them navigate the relationship; we sort of step back from that, 'no, it's not there anymore', so that is a big challenge for carers, when children remain in their care post-18. And that's why we try and have plans where - you know, there's other case management services or Continuing Care, whoever are involved, to help pick up and do some of that extra work (Salvation Army services focus group).

Another example given was a clash between carer's expectations of behaviour and young people's lifestyle choices. Young people are legally allowed to drink alcohol from 18 years old and foster care support workers typically fall away before carers begin to negotiate this developmental shift towards greater independence.

> Or we've had some carers say that they're not allowed to go out and drink and then come back to the home, and then they have done that and then the relationship has broken down (Salvation Army services focus group).

Some foster parents were said to hold more traditional views of the parent's role that meant they maintained the household without young people learning the independent living skills needed to live elsewhere. Foster carers sometimes believed the young person would continue living with them well past 18 years of age and thus felt it unnecessary for young people to learn how to do household chores that parents felt were their role. It was assumed a young person would stay and so transition planning seemed irrelevant in those circumstances.

> There's no issue in the fact that a carer wants to care for a young person, it's the circumstances of the young person is going to stay there til they're 28 years old, then so be it. But if you're going to expect that person to leave at 19 and not have the skills to survive in the big world, because you haven't allowed them to do that in your care, then you're contributing to the whole problem that we're kind of dealing with in preparing young people. So that's a two – it's one of those situations that we've noticed quite significantly with some carers that they are not allowing young people to develop independence in a home because they see their role as the caregiver and it's their role to cook dinner, it's their role to provide the basic needs to that young person. Because that's why they've become a carer, not seeing the bigger picture that eventually that young person needs to develop those skills to transition out, because they're not – they don't stay there long term in that family home (CC program staff focus group).

In some instances, informally extended care broke down just because the carers made lifestyle decisions that no longer included the young person, leaving them without a foster family, accommodation or supports.

> Often we focus on those high risk youth, they're kind of at the forefront and they're the ones that are kind of going to experience homelessness straightaway, they kind of don't have the planning, they're disengaged. But often it's the kind of the quiet ones that end up in our service or seeking supports because it's broken down at that level. I had a young person in a THM from an ex-foster care placement whose life skills were extremely poor. Couldn't even go to a grocery store and shop for a meal, to that extent of not even understanding how to do that at 19 years of age. Now, lived in foster care all their life and was only asked to leave because the foster carer has made a decision that they wanted to travel. So at 19 didn't see his trajectory going, exiting into homelessness. That's exactly what happened. It's quite sad. They dumped him at a housing entry point and said, "You

need to find housing for him." So yeah, kind of stuff like that. The system, like that's the system (CC program staff focus group).

In these very early stages of extending care in Victoria and other parts of Australia the Continuing Care evaluation points to a range of issues that may inform developing policy in relation to extended care placements.

7 DISCUSSION AND IMPLICATIONS

7.1 CONTINUITY

Many of the focus group participants gave examples of young people 'contacting back' after leaving care. Particularly Westcare program staff spoke about previous clients calling old workers or turning up at their old residential care units looking for help. For these workers, unfunded to provide supports to young people they were no longer working with, it was important for them to be able to send young people to someone they could name whose approach to working with young people was known to them and could be recommended to a young person. Ongoing guidance and assistance from a supportive adult is a luxury that many with supportive parents have well past the age of 18. Young people often don't perfect independence straight away, nor should they be expected to and therefore they need a support system that will allow them to fail comfortably knowing that their mistakes won't cause further hardship such as homelessness. Many adults continue to seek support from their parents throughout their lives, however, the current system leaves our most vulnerable young people to fend for themselves. Discontinuity between services could lead to critical tasks such as attaining 100 points of ID or understanding realistic housing expectations getting bureaucratically ticked off on a care plan, but as an unallocated task that no one completes.

Even with good planning and committed workers, realistic options for housing are extremely scarce, and there is some suggestion that this information causes a great deal of anxiety for young people resulting in disengagement from supports by some at the times when that support is most needed. The continuing care program has demonstrated that continuity, whether a young person's experiences in care have been relatively stable or disturbingly unstable, is an achievable systemic response which engenders trust and even just familiarity for young people to improve their access to valuable and often critical supports.

7.2 RELATIONSHIP-BASED PRACTICE

Research and policy around the world is turning to the importance of relationships and connections for young people with a care experience. Rogers (2018) examines the ways that young people in care act to preserve the relationships of importance to them whether through maintaining contact or even through memorialising important relationships through the objects that they keep. In the discord between the careful development of child protection policy and the context of often reported under-resourced practice, young people face often repeated disruptions to the relationships that are central to their development and wellbeing.

> The amount of DHS workers that get changed, I reckon I've had maybe eight or nine in total and they don't even know me. It would be good if they could keep the same worker and build a relationship and you can tell them how you are feeling and be honest about how things are going. The workers don't know you. How can they help do the best things for you if you don't have the chance to get to know them? (Christopher, foster care, 16). (CCYP, 2019, p. 245)

The recent Commission for Children and Young People (CCYP) inquiry into the lived experience of children and young people in OOHC consulted with over 200 children and young people with experiences of care (CCYP, 2019). For many young people in care doing extra-curicular activities or staying overnight at a friends house requires a lengthy bureaucratic approval process:

> The amount of approval that you need to go places and things. It means I have to wait and the difference between 'normal' kids compared to me and the other foster kids, we have to go through a huge process and just to go for one night and for a weekend trip. It makes us and 'normal' kids different and we stand out from the rest (CCYP, 2019, p. 212).

Transitions from care research consistently shows that young people with more stable and supportive relationships around them fare better throughout life and are more resilient to challenges, whereas young people with the most disrupted relationships are over-represented in poor outcomes such as homelessness, chronic mental health issues, educational disadvantage, unemployment, criminal offending and early parenting (Muir et al, 2019; Johnson et al, 2010, Stein, 2012). The Continuing Care program privileged engagement over paperwork and processes, with the CC worker filling out intake and assessment records in the background where young people found it less disruptive. The CC worker also shielded young people from the paperwork and processes involved in accessing a range of support services. The Continuing Care program offered to provide secondary consultation and planning assistance to care teams to gradually introduce the program and the CC worker to young people prior to the lead up to their exits from care (though this opportunity was not always taken up). Where the CC worker was able to engage early with a young person they could continue to work with their old worker so that the young person could become more comfortable or the CC worker could collaborate with the care team to better understand the needs of the young person and improve the support to be provided post care.

7.3 LEAVING CARE ANXIETY AND THE SNOWBALL EFFECT

The results show that all stakeholder groups are agreed that young people approaching transitions from care can experience serious anxiety contemplating their exits from care. For many this could cause them to disengage from the very supports that would be critical for successful transitions. Focus group participants also agreed that single issues could snowball out of control extremely rapidly for young people not accessing supports.

The snowball effect is supported by the Beyond 18 study's findings where poor outcomes were linked to multiple "cumulative or mutually reinforcing" life challenges (Muir et al, 2019, p. 54). While placement instability was not statistically associated with poorer outcomes, qualitative interviews indicated that placement instability could cause serious difficulties with maintaining schooling, building solid social networks and developing a personal sense of safety and security. Post care, living with physical or mental health issues impacted care leavers' abilities to engage in education and employment, which caused financial difficulties that in turn made studying or finding employment very difficult. Financial stress increased general stress and anxiety which caused mental and physical health to deteriorate (Muir et al, 2019). It was relationships that made the difference for young people coping with these issues – personal relationships with friends, family, carers and partners made all the difference and good relationships with workers could equally support young people to overcome challenges. It is consistently reported that young people with a care experience have been exposed to multiple and sometimes continually disrupted relationships, and that they often do not have access to the kind of therapeutic supports that may assist them to address

feelings of loss and grief for such relationships and the trauma of their damaging attachment experiences.

A lack of relationships could have very practical implications for care leavers in terms of limiting options for finding work and housing and having friends to spend time with and talk to. When these relationships did exist, conflict and relationship breakdown could very quickly derail other aspects of care leavers' lives with disengagement from education and/or employment leading to financial stress and housing instability, even involvement with the youth justice system (Muir et al, 2019). Living with family, partners or carers was strongly associated with employment and further education but consistent and caring workers who took the time to know them were able to provide a good substitute for other relationships (Muir et al, 2019).

7.4 EXTENDING CARE

Extended care research has found very positive results in the UK and the USA for young people staying in extended care and/or extended support schemes (Courtney 2019; Munro et al 2012). An area that may need further investigation is the difference in cohorts eligible for extended care as Australian policies may be targeting more disengaged groups of young people (i.e. including those leaving residential as well as foster or kinship care and/or those young people who have not had the opportunity to actively participate in education, training or employment), and promising practice in this area could be shared with other jurisdictions.

A small number of examples of extended care were discussed as part of this evaluation where foster care placements were formally or informally extended. There were some indications that the support provided by foster care workers was important to preventing breakdowns in the foster parent and young person's relationship. There were also indications that the change in legal status from young person to adult when a person turns 18 may impact the relationship with a foster carer, and it is unclear whether a foster care worker would be able to prevent such breakdown from occurring. It was clear though that the young people unexpectedly exiting foster care post 18 years of age could find themselves without any supports and without a program like Continuing Care could find themselves unaware of where to find assistance. There was some suggestion that foster carer culture could adversely impact a young person's development of independent living skills whilst they were still in care if the parent/s felt that they should complete chores and household tasks for their family instead of people taking on tasks themselves.

7.5 MEANINGFUL PARTICIPATION

> Despite growing domestic and international consensus on the critical value of lived experience and human-centred design for reform to human services, attempts at reforming the out-of-home care system have rarely been based on a full understanding of how children experience the system (CCYP, 2019, p. 51).

The development of the Continuing Care program was based on Westcare's experiences in providing OOHC and youth housing supports as formally funded services and continued care as informal and unfunded services prior to the attraction of philanthropic support. The Continuing Care program

offered young people encouragement and many opportunities to be meaningful contributors to the service itself and to the care system more generally. Many of these opportunities were also about young people being able to advocate for other young people in care based on their own experiences and impressions of the system which young people described as valuable to them. TYGA members and leaving care services staff felt that youth participation could be valuable in relation to work with young people in care, motivating young people in care to be more active in their transition planning through peer mentoring initiatives. Both groups thought that such a program should involve supervision for mentors to ensure that appropriate boundaries could be negotiated and upheld.

7.6 MAXIMISING BENEFITS FROM A MINIMAL INVESTMENT – NETWORKING AND COORDINATION ACROSS SERVICES

Focus group participants reported that the CC worker has consolidated a broad knowledge of services and supports that young people could access in their transitions from care, and attempted to make those services accessible to the most engaged and least engaged young people. Young people who would be considered to be in Stein's (2012) 'moving on' group – those who experience the most positive outcomes such as stable housing, further and higher education and adequate employment - were still believed to benefit from continued care. Young people spoke about the value of speaking to the CC worker on the phone to 'vent' or catching up for coffee to chat about how they were doing in maintaining their mental health and consequently their engagement in employment and education. Leaving care services staff suggested that young people who would be Stein's (2012) 'strugglers' or 'survivors' would be more comfortable working with Continuing Care because their relationship-based approaches and access to brokerage and support could assist them out of crises and potentially prevent homelessness, substance abuse issues, criminal activity and sexual exploitation.

Leaving care planning and access to housing, as well as continuing supportive relationships with adults in the community, are key features of the 'moving on' category of young people (Stein, 2012). Earlier planning is unlikely to increase social housing stock or to reduce the disparity between youth wages and youth income support levels and median rental costs (Purtell et al, 2016). However, increasing community connections, employment experience and educational opportunities is likely to build networks of people to rent with or from, knowledge of how to navigate the private rental market, and social skills to deal with communication and conflict in housing arrangements. The Continuing Care program worked across all these areas to improve leaving care planning and access to existing housing options, including within the housing support services provided within the homelessness services system. The CC worker sourced affordable housing options by attempting to match young people in houses available through local private real estate agents and by assisting young people with costs and tasks associated with managing their own shared housing arrangements. The Continuing Care program provided support through a continuing supportive relationship that replicated the holistic nature of family-like care which was described by young people as a key feature that engendered their trust and sense of security through various challenges.

7.7 TRANSITIONS FROM CARE SUPPORT – COMPARING MODELS

The Continuing Care program has provided a layer of flexible and holistic support on top of the fragmented leaving care and post care service system. Focus group participants including young people and internal and external workers have spoken of improved transition and post-care experiences and outcomes.

In comparison to other evaluated support programs providing services to young people transitioning from care, specifically the statewide Springboard program (Baldry et al, 2015) and the Berry Street Stand By Me program (Purtell et al, 2016), Continuing Care has very much worked within and across the existing system. The program did not target particularly marginalised groups of care leavers and was open to all in the Western Metropolitan region. At the same time, Continuing Care did not typically have access to the increased resources of Stand By Me and Springboard who were able to access and manage their own significant pools of funding. Whilst indications in the interim report and this final report are that the Continuing Care worker's approach to practice supported community connections and encouraged individual goals and aspirations, Stand By Me workers were able to access brokerage to support young people to access activities and hobbies in the mainstream community that are often out of reach to young people in care and transitioning from care due to costs involved (Purtell et al, 2016).

The Beyond 18 study found that young people experienced many barriers to participating in the mainstream community because of limitations to spending on them and to accessing funds that they were eligible for. This was also a barrier to young people with care experiences feeling 'normal' and like they belonged. "…Growing up you don't get signed to football teams because there's not a worker that can take you there every other day and funding is really hard to get at such short notice and things like that" (Muir et al, 2019, p. 44). This lack of access to normative environments and experiences is noted by the CCYP also with one Child Protection practitioner consulted raising the fact that young people in care often have to get police checks on their friend's parents before being allowed to stay at their friends' houses overnight (CCYP, 2019, p. 216).

The Continuing Care program appears to have been very effective at engaging young people in the service, young people who may otherwise struggle to access supports, and linking them to services they are eligible for. The findings from focus groups about support needs for young people leaving residential care or whose foster family relationships have broken down post care suggest, however, that young people without other supportive relationships may need more intensive support than what Continuing Care was able to provide . This is particularly so where Continuing Care may not have been able to find housing solutions for these young people and both Springboard and Stand By Me programs had access to funding that could be used for housing crises. It is possible that the level of housing expertise was higher in the Continuing Care program, however, due to the close relationships with the local youth housing access points and involvement in youth housing networks. Each program has incorporated relationship-based support with a key worker which was described as important to engaging care leavers in each program evaluation.

7.8 COOPERATION AND COORDINATION ACROSS OOHC, LEAVING CARE AND HOUSING SERVICES

Whilst Continuing Care operated within the existing support system, the program was uniquely placed in Victoria in that it was operated by the Salvation Army who also operate the local access point to housing support, the Specialist Homelessness Services system. The homelessness system is severely under-resourced and access to its limited resources is facilitated through the processes and procedures of these access points. That Salvation Army Westcare had organisational relationships with this service went great lengths towards assisting young people without other supports to access housing. Furthermore, the close relationships with the housing system allowed the CC worker to educate other OOHC and leaving care services about the housing system and housing options for young people's leaving care planning. Focus group participants spoke about serious concerns about the lack of cooperation and coordination across youth services systems in child protection, leaving care and housing services. Role confusion or rushed planning often led to leaving care planning being carried out without input from young people and with required tasks for leaving care planning being overlooked if workers assumed another worker was completing them. The complexity of the system was noted by most focus group participants, and it may be unreasonable to expect OOHC and child protection workers to acquire expertise in the leaving care services system in addition to a detailed knowledge of the child protection, courts, schooling and carer support systems. The CC worker's knowledge of services and opportunities for young people transitioning from care was highly valued by the young people and other services consulted in this evaluation suggesting that similarly specialised roles could be of great use to similar services in other regions.

8 CONCLUSION AND RECOMMENDATIONS

In this report we've seen that leaving care can be a long and extended period of time in which young people are uncertain about their safety, security and futures and this can contribute to spiralling issues and compromised mental health. According to program stakeholders consulted, the Continuing Care program has approximated extended care for a number of young people who have achieved stability and pathways to financial independence through continuing employment and growing work experience and further education. Internationally, few young people from residential care programs have been included in extended care efforts, and the Continuing Care program appears to have presented an effective model for improving access to transitioning from care supports for young people who may have otherwise disengaged from services and gravitated to negative peer groups where criminal activity, substance abuse and sexual exploitation are the norm.

The Continuing Care program has developed to engage with young people earlier to build supportive relationships to see them through the often-difficult time of transitioning from care. The program has aimed to improve young peoples' experiences of this transition period by working closely with OOHC services and staff to improve planning for exits from care that prevent the distress that causes disengagement from supports and pathways to more stable futures. Program stakeholders have provided detailed accounts of the ways in which the Continuing Care service has carried out its work to the benefit of young people, aligned services and the leaving care and post care services regionally.

Australian and international research evidence suggests that outcomes for care leavers are enhanced by post-care safety nets till at least 21 years of age that include ongoing assistance from a caseworker and/or other responsible adults in the community. That extended care approach seems to be effective in both addressing the material needs of care leavers (e.g. housing, furniture and finances), and providing the trusting relationships necessary to address emotional challenges resulting from difficult childhood experiences. As evidenced by this evaluation, the Continuing Care model seems to represent one effective Australian variant of this extended care approach.

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