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Accommodating transition: improving housing outcomes for young people leaving OHC



From the AHURI Inquiry: Inquiry into enhancing the coordination of housing supports for individuals leaving institutional settings

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Acronyms and abbreviations used in this report

ABS	Australian Bureau of Statistics
AHURI	Australian Housing and Urban Research Institute Limited
AIHW	Australian Institute of Health and Welfare
ATSICPP	Aboriginal and Torres Strait Islander Child Placement Principle
CPA	Child protection agency
CPFS	Department of Communities, Child Protection and Family Support (WA)
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
NFPAC	National Framework for Protecting Australia's Children
OHC	Out-of-home care
PIP	Pillar integration process
SHS	Specialist homelessness services
SNAICC	Secretariat of National Aboriginal and Islander Child Care
VACCA	Victorian Aboriginal Child Care Agency

Executive summary

Key points

- More than half the 1,848 Victorian care leavers in this study accessed homelessness services in the four years after leaving care, while one in three had multiple homeless experiences.
- Care leavers demonstrate high levels of service usage, both before and after leaving care. Compared to the general population of 15 to 24-year-olds, care leavers had twice the number of hospitalisations.
- Leaving care planning processes are limited and, in many cases, non-existent, meaning care leavers are ill-prepared to live independently at the age of 18 years.
- Specialist homeless services (SHS) are commonly used as the first type of accommodation after leaving care and these services are used as a stepping stone to longer term housing.
- Given the poor leaving care planning processes, limited interagency coordination of services was found.
- The expectation that care leavers are able and ready to live independently at the age of 18 does not reflect broader community expectations of young adults.
- Traumatic life events mediate care leavers' willingness and ability to engage with service delivery agencies.
- Universally raising the leaving care age, meaningfully involving care leavers and monitoring the role of child protection agencies in providing adequate leaving care planning are recommended.

Key findings

It is well established that those leaving out-of-home care (OHC) experience considerable disadvantage and that this is exacerbated for Indigenous care leavers. This study examined the housing, homelessness, mental health, alcohol and drug and juvenile justice service usage pathways for care leavers located in Victoria and Western Australia. The types of services which support care leavers to obtain and maintain housing were of interest.

Two sources of data were used: interviews and focus groups with care leavers and services providers, and analysis of linked administrative data for all care leavers in Victoria over the period 2013 to 2014. Analysis of the data was undertaken in three ways; thematic analysis of qualitative material; linked administrative data analysis and mixed methods analysis of the qualitative and quantitative data sets, utilising the 'pillar building approach' (Johnson, Grove et al. 2017). The study is situated within a range of policy contexts, including child protection, out-of-home care (OHC), housing and homelessness.

Findings underline the important role of leaving care planning processes. All forms of data analysis highlighted the role of well-timed and comprehensive planning which meaningfully involves the young person leaving care. Planning processes involving the care leaver are central to ensuring a successful transition from care. All data sources support this argument, whether it be the lived experience narratives of care leavers, the practice wisdom of service providers or the analysis of service usage before and after leaving care.

In contrast, a paucity of leaving care planning has direct implications for housing pathways, as this study found housing was rarely addressed in leaving care planning processes. Commonly, housing planning was undertaken by not-for-profit agencies, post-care. Care leavers and service providers reported that housing planning is usually ad hoc and rarely coordinated or integrated. The high levels of service usage before and after leaving, and in particular, homelessness service use rates, support statements from the qualitative component of the study.

Interviews with 34 care leavers and four focus groups with 24 service providers reinforced the centrality and usual absence of leaving care planning processes. Care leavers reported that if planning occurred it was a few months before they turned 18. Consequently, many reported the experience was rushed and overwhelming. Some said they were stressed and pressured by the experience, noting that their experiences of trauma, violence and attachment disruptions mediated their ability to fully participate in these last-minute processes. Service providers validated these experiences, arguing that not-for-profit workers often play a pivotal role advocating for the care leaver and ensuring they received post-care benefits.

Worryingly, care leavers and service providers reported exits from OHC to homelessness. For some, this involved sleeping rough, while others reported they were referred by the child protection agency to specialist homelessness services (SHS). Indigenous participants in the qualitative component of the study frequently reported homelessness experiences. With leaving care planning left until a few months or less before a young person left care, and the competitive and costly nature of the Australian housing market, SHS were one of the few housing options available to the care leavers.

In Victoria, the Lead Tenant Program was used as a transitional stepping stone to longer term housing, yet sometimes still involved a referral to SHS a few years later. While a key aim of the program is to facilitate the development of independence and associated living skills, narratives of care leavers and the lived experience researcher in this project found that this form of housing can be poorly understood and fraught, particularly when there are limited or no safety nets for the young person.

The paucity of planning exacerbates the fact that care leavers have few options, limited material and social supports, and few or no safety nets to fall back on should they experience hardship or difficulty. This, along with the experiences that led to being placed in care, and often the experience of care, create ontological insecurity, particularly for those who had an abrupt transition from care.

Further, the notion that young people are ready to leave care and live independently at the age of 18 sits in stark contrast to community expectations for other young people. We note that the number of young adults remaining in the family home past the age of 25 years continues to grow in Australia (AIFS 2020). It is also noted that this is likely to be exacerbated by the impacts of COVID-19.

Importantly, towards the end of this project, Victoria raised the age of leaving care to 21 and Western Australia had introduced a trial project, supporting a small number of care leavers to the age of 21 years. This Victorian policy change and WA trial address some of the concerns and issues highlighted in this study, however the lack of leaving care planning requires significant attention, evaluation and monitoring. Additionally, the experience of practitioners responsible for care planning requires investigation, as it is insufficient to identify the gap in planning, but not investigate and understand the context and constraints facing this workforce.

While some smooth transitions from care were found in all datasets, these are the exception. Instead, most care leavers had abrupt transitions from care, which resulted in continued housing instability, homelessness and a range of other problematic outcomes. Qualitative data highlighted the role and responsibility of child protection agencies as a substitute corporate parent to children and young people in care.

Just as with other parents, the corporate parent has a responsibility to ensure the safety, wellbeing and development of children and young people. This involves providing material and emotional support, guiding, correcting and ultimately providing a safety net. Ordinarily, these supports match the developmental readiness of the child or young person. For example, some young adults may not be developmentally ready at 18 to leave home and live independently.

However, a key role of the corporate parent has been to transition those in its care to live independently at the age of 18, regardless of their readiness. Interview and focus group participants emphasised their lack of readiness for this next stage of life, with those having residential OHC experience emphatic that they had few opportunities to develop living skills. Consequently, they were unprepared to live independently.

As with many other social, health and wellbeing indicators, Indigenous care leavers in this study were significantly more disadvantaged, and data shows this group to demonstrate the most problematic leaving care experiences of all participants, including higher rates of homelessness and involvement in the justice system. The child protection system was highlighted for paying minimal attention to enabling connection to culture, kin and country. These experiences reflect the enduring impacts of colonisation and forced child removal practices over many years (AIHW 2020d).

The linked administrative data provides a clear and worrying picture of the high level of service usage by all 1,848 Victorian care leavers during 2013 and 2014. While other studies on OHC report high level service usage by care leavers, this study provides a complete and comprehensive picture of this service usage because it reports on all Victorian care leavers from 2013 and 2014, rather than a sample. Findings from the analysis of linked data indicate the level of need and vulnerability for care leavers.

A snapshot of service usage indicates that before leaving care, 18 per cent presented at emergency departments for self-harm and a further 20 per cent presented due to mental health concerns. Additionally, 21 per cent had sought alcohol and other drug treatment, one in five had a youth justice community order and 11 per cent had been remanded in custody; all while in the care of the state. This service use escalated in the periods after leaving care, with 70 per cent presenting at emergency departments and 53 per cent hospitalised.

High levels of service usage clearly have economic costs, which a planned and coordinated set of interventions could reduce. There are also social and emotional costs which young, socially isolated care leavers carry. This analysis shows how care leavers struggle to find stable accommodation, with 54 per cent of the cohort accessing homelessness services in the four years after exit, and high levels of repeat use of SHS. Use of other services such as mental health, alcohol and other drug and hospitals is high and increased over the periods 30 days, one year and four years after leaving care. Care leavers' service usage of alcohol and other drug, justice and homelessness services is seven times higher than the comparable general population.

The qualitative and quantitative data collection and analysis, when integrated, draws attention to a range of intersecting and unmet needs experienced by care leavers. In particular, a range of factors and experiences are shown to negatively affect the experience of leaving care. These factors include the usually traumatic and difficult events that led to being placed in care and the ways in which these inform and influence the care experience. Further, these factors were shown in this study to impact the young persons' willingness and ability to engage in seeking professional support and assistance. Issues such as trust, reliability, continuity and identity as more than a 'case' come to the fore. As well, these care experienced children and young people have few, if any, social and material safety nets they can rely on in difficult times.

Consequently, the experience of ontological insecurity is exacerbated, particularly at the time of leaving care, as planning is generally crisis driven and poorly coordinated. This sees the SHS used as a stepping stone to longer term housing and exits from OHC to homelessness not uncommon. The findings from this study demonstrate that the first step in improving and enhancing service and interagency coordination is adopting a proactive, well planned approach to supporting care leavers to transition to independence.

Policy development options

This study traverses a number of policy domains and includes the following options:

- While a number of Australian jurisdictions are adopting, or have adopted, a leaving care age of 21 years, this is not nationally consistent. It is recommended that all jurisdictions increase the leaving care age to a minimum of 21 years. This brings the leaving care age slightly closer to community expectations regarding independence for young adults.
- Simply raising the leaving care age is, however, not sufficient, and more policy, program and funding attention is needed to ensure that well-timed leaving care planning occurs. Such planning needs to incorporate the unique cultural, social and psychological context of the care leaver.
- Leaving care planning needs to be supplemented by attention to the transition through emerging adulthood, focussing on strengthening independent living skills and other key developmental tasks.
- The experience of ontological security and insecurity is a constant thread from the placement in care through to leaving care. Consequently, policy responses need to promote ontological security for care leavers, noting their relative social and emotional isolation and limited safety nets; highlighting the central and influential role of the corporate parent.
- A unified and national reporting framework for all aspects of OHC, including the planning for leaving care is required. This report card has the potential to maintain the spotlight on care experiences and leaving care planning across the nation. This is important, given this report reinforces the findings from previous studies in Australia and internationally on the poor outcomes for care leavers, and the implications of limited or non-existent leaving care planning processes. Further, national reporting provides a framework for further investigation of the contexts and constraints encountered by those responsible for leaving care planning; an area where little is known.
- Specific and targeted policies that support the transition of those leaving residential care, incorporating the suggestions above, and specifically focussing on the significant disruption and behavioural presentations of this group, are required.
- Leaving care planning policy must be premised on the meaningful involvement of care leavers. This type of involvement goes beyond tokenistic consultation, and instead centres the young person, acknowledging their expertise gained through experience of OHC. As with care planning, meaningful involvement should also be subject to national evaluation and reporting measures.
- Policy attention which attends to the relative disadvantage of care leavers is required. Housing First approaches were suggested by service provider research participants, and while targeted housing for care leavers is recommended, the specific form requires further investigation (i.e. given the developmental readiness of some care leavers, housing without support may not be sufficient).

The study

This study responds to the inquiry questions: 'What are the most effective ways of tailoring and delivering housing supports for individuals exiting institutional settings?' (RQ1); and 'How does institutionalisation mediate the risk of 'post-exit' housing insecurity, and how do housing and social supports moderate this risk?' (RQ2). The project considered the transition from OHC in Victoria and Western Australia (WA). The specific policy contexts included housing, homelessness, child protection and OHC.

Several data sources were utilised to identify the extent and nature of service coordination and integration, with a focus on the intersections between leaving care, housing, homelessness and related service systems. The project analysed Victorian administrative linked data of all individuals aged between 15 and 18 years who left care in 2013 or 2014, qualitative data collected from 34 care leavers and 24 service providers in Victoria and Western Australia and a mixed method analysis of linked administrative and qualitative data. The study was conducted between January 2019 and April 2020. Locating qualitative data collection in both Victoria and WA provided insight into differences and similarities such as population size; Indigenous and culturally and linguistically diverse populations and profiles; and service funding, organisation and design. Hence, the findings from this project offer valuable policy and practice recommendations reflective of diverse circumstances and contexts.

At the time of developing the project, Victoria and WA were the only two jurisdictions trialling extended care until 21 years to care leavers. Towards the end of this project, Victoria announced the leaving care age would be lifted universally to the age of 21 years.

The following research questions guided the project:

1. What are the housing, homelessness, mental health, alcohol and drug, and juvenile justice service delivery pathways for young people transitioning from OHC?
2. What strategies and supports enable young people exiting OHC to obtain and maintain stable housing?
3. How do service providers coordinate and tailor support for young people exiting OHC to obtain and maintain appropriate and sustainable housing?
4. What opportunities exist for service improvement and enhanced coordination between housing and other sectors to improve transition planning for individuals leaving OHC?

The project emphasised and sought to value lived experience, which included the employment of a lived experience researcher. This member of the team collected data, consulted on the analysis and emergent qualitative findings and co-wrote sections of this Final Report.

Specifically, the lived experience researcher brought her experience of OHC from the age of 14 to the project, along with her professional experience as a consultant and qualified social worker, working in the OHC industry. Consequently, the lived experience as told by this member of the research team and the young people who participated in interviews is central to this report.

Further, the significance of planning for leaving care is emphasised in this study, highlighting the impacts of poor care planning and the subsequent type of transition from care (smooth or abrupt).

1. Out-of-home care, housing and homelessness

- **Care leavers are more likely to experience housing instability, homelessness and other adverse outcomes than their non-care experienced peers.**
- **Indigenous children and young people are vastly overrepresented in the OHC system, and especially vulnerable to negative leaving care outcomes.**
- **Care leavers are expected to be independent at a much earlier age than their peers, without the emotional, financial and practical support normally provided by families.**
- **OHC policy and service delivery varies considerably across Australian jurisdictions. In response to advocacy campaigns, some Australian jurisdictions are trialling extending services beyond age 18 to care leavers. However, the care leaving experience varies across Australia, and there is no national monitoring of outcomes for care leavers.**
- **Low levels of transition planning and interagency coordination characterise the leaving care experience.**

In Australia, children and young people up to 17 years of age may be placed in out-of-home care (OHC) if it is unsafe for them to live with their primary caregiver(s). Types of OHC include foster, relative or kinship care; family group homes; residential care; and for those young people in an older age bracket (usually over 16), supported independent living arrangements.

A total of 44,906 Australian children and young people were in care as of 30 June 2019 (AIHW 2020a). Aboriginal and Torres Strait Islander (hereafter Indigenous children and young people) were vastly over-represented—at 11 times the rate of non-Indigenous children—and comprised 17,979 or 40 per cent of the total population (Productivity Commission 2020). As of 30 June 2019, a total of 8,490 Victorian children and young people and 4,754 Western Australian children and young people were in OHC (AIHW 2020b). Most resided in home-based care with 92.3 per cent nationally, 94.1 per cent in Victoria and 92.1 per cent in Western Australia. Residential care accounted for 6.4 per cent nationally, 5.4 per cent in Victoria and 3.7 per cent in Western Australia (AIHW 2020c).

Nationally, 3,357 young people aged 15 to 17 years left care in the 2018/2019 financial year. In Victoria, this comprised 871 young people (148 Indigenous and 723 non-Indigenous) and in Western Australia 280 (144 Indigenous and 136 non-Indigenous) young people (AIHW 2020c). These figures include children who were reunited with their families, as well those who exited before, or at the time of, turning 18 years of age.

It is well established that care experienced children and young people face greater disadvantage and vulnerability than their non-care peers (Mendes and McCurdy 2020). Children and young people in the OHC system usually have family backgrounds of disadvantage, poverty, disability and mental illness, and many have experienced abuse, neglect, family violence or parental substance misuse before entering care (Mendes, Johnson et al. 2011).

A significant body of research demonstrates the association between leaving care, housing instability and homelessness (Flatau, Thielking et al. 2015; Heerde, Hemphill et al. 2012; Johnson, Natalier et al. 2010). Obviously, care experienced young people are not a heterogeneous group, and authors such as Stein (2008) and Johnson, Natalier et al. (2010) have categorised various care experiences to capture these differences. Broadly speaking, the established categories relate to stability in care and subsequent smooth transitions, to more volatile experiences involving multiple housing changes during care and difficult, abrupt transitions from care.

The study demonstrates that the leaving care planning process, usually undertaken by child protection agencies (CPA), are fundamental and mediate how well a young person can transition to independence. However, this study found that these processes are inconsistently applied, ranging from not being undertaken at all, to commencing a few months before the care leaver leaves OHC. By commencing care planning so close to the young person leaving care, there is limited capacity for them to be ready or prepared to live independently. Further, the expectation that care leavers are independent at the age of 18, is contrary to general community expectations—their similar aged peers usually live with, and are supported by, their families. In light of the body of knowledge about OHC and care leavers, this study has examined the experiences, factors, conditions and contexts related to leaving care, housing and homelessness. In particular, the focus of the study was to consider the service delivery processes which promote a successful transition from care, with an emphasis on housing stability.

1.1 Policy context

This study is framed by two main areas of policy and service delivery—transitioning from OHC and housing and homelessness, which are considered below.

1.1.1 Leaving care policy

All Australian jurisdictions have legislation related to OHC. Considerable variation is found in policy frameworks and the subsequent provision of OHC services (including services to support the transition from care) across Australia. Each jurisdiction has separate legislation, policy frameworks and programs, with the National Framework for Protecting Australia's Children (NFPAC) providing policy direction at a federal level. The Western Australian Leaving Care Policy states its purpose is:

To improve the life chances of young people leaving the CEO's care¹ (and) improve the preparation and planning for leaving care; support young people's active participation in decision making; enable a well organised and gradual transition from care; and provide adequate and appropriate aftercare support for young people. (Department for Child Protection and Family Support 2015: 2)

¹ The CEO, as the head of WA's Department for Child Protection and Family Support, represents the protection of the Department for Child Protection and Family Support.

The Victorian Leaving Care Procedure (DHHS 2020a) outlines the responsibilities of child protection practitioners and other leaving care services to prepare the young person for life after care by ensuring their involvement at age 15 in a leaving care plan, promoting the development of independent living skills and referring to the Better Futures leaving care program. Similarly, the NFPAC recommends a leaving care plan is developed at the age of 15 (FaHCSIA 2011a). Yet evidence suggests this is not consistently implemented, with Muir and Hand (2018) reporting in their recent Victorian study that 46 per cent of care leavers did not have a leaving care plan, and the Western Australian Auditor General's (2018) audit finding that in 82 per cent of cases, planning had not commenced at 15 years of age. Other Australian jurisdictions have similar policy frameworks, linked to relevant legislation. A number of service delivery programs seek to implement these policies and include the Aboriginal and Torres Strait Islander Child Placement Principle, and post-care support.

Aboriginal and Torres Strait Islander Child Placement Principle

The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) was developed 30 years ago from a grassroots community movement initiated by Aboriginal and Islander child care agencies and led by the Victorian Aboriginal Child Care Agency (VACCA). The principle seeks to address the enduring effects of forced removals and is underpinned by the core elements of prevention, partnership, placement, participation and connection (Bamblett and Lewis 2007). The ATSICPP seeks to protect the rights of Indigenous children, families and communities, promoting self-determination in child welfare processes, and reducing the over-representation of Indigenous children in the child protection system (Arney, Iannos et al. 2015). National and state child protection policies incorporate the principle. However, it has been estimated that it has been applied fully in as little as 13 per cent of child protection cases involving Indigenous children and young people (Arney, Iannos et al. 2015), and a recent study reported little or no application of the principle in transition from care planning (Mendes, Standfield et al. 2020). The Secretariat of National Aboriginal and Islander Child Care (SNAICC) completed compliance reviews for each jurisdiction of the implementation of the ATSICPP and concluded that, while significant work has been undertaken to strengthen adherence:

Overall implementation remains poor and limited. Aboriginal and Torres Strait Islander children continue to be separated from family and culture at alarming rates, and there are a lack of comprehensive approaches to involving children, families and communities in decisions and services related to the care and protection of children. (SNAICC 2019: 1)

Post-care support

Over the last two decades, there has been increasing global awareness of the needs of care leavers, and an expectation that care continue beyond 18 years. Consequently, most Western countries have introduced legislation, policies and programs to assist care leavers beyond 18 years (Mendes and Snow 2016). All states and territories offer some form of post-care support in areas such as housing, education, training, employment, legal advice, finances, health, counselling, and social and community connectedness. Six jurisdictions, including WA, state they offer support until age 25 years, while Tasmania ends support at 24, and Victoria at 21 years.

To date, Australia's approach to post-care support has lagged behind countries such as the UK, USA and New Zealand (Beauchamp 2016; Mendes and Rogers 2020). In response to Australian and international research evidence on the poor outcomes for care leavers and the advocacy of the Home Stretch campaign, four Australian jurisdictions have introduced extended care programs (Mendes 2018a; 2018b). Both Tasmania and South Australia now fund foster care until 21 years. Western Australia commenced a trial program supporting 25 young people in May 2019, and Victoria introduced a pilot program in September 2018 providing extended support to 250 young people over five years (Mendes and Rogers 2020). The Victorian Government announced in November 2020 that they would extend support to all care leavers in the state to 21 years from January 2021. Additionally, the ACT introduced a form of extended care in 2014 providing financial and casework assistance to care leavers departing foster or kinship care until 25 years of age (ACT Government Community Services Directorate 2018). The other three jurisdictions—NSW, Queensland and the NT—have not to date established extended care programs. However, an extended care pilot has been announced for NSW (Uniting 2019) and is expected to commence in 2021.

1.1.2 Leaving care services

The following key national, Victorian and Western Australian programs respond to these policy directions.

Transition to Independent Living Allowance

The Australian Government program Transition to Independent Living Allowance (TILA) provides one-off financial assistance up to \$1,500 for care leavers aged 15–25 years. This payment is allocated to a service provider who purchases goods and services on behalf of the care leaver (Department of Social Services 2015b).

Towards Independent Adulthood

This Australian Government-funded Western Australian program commenced in 2017 as a trial and is delivered by Wanslea Family Services in partnership with Yorgum Aboriginal Corporation. The program provides intensive mentoring support to approximately 80 young people aged 16–19 years. It aims to address and improve housing, health, education, training and employment, and social relationships for care leavers. The program has a particular focus on improving outcomes for Indigenous care leavers, their families and communities. An evaluation of that program was released in November 2020 (ACIL Allen Consulting 2020).

Victorian services

Within Victoria, 16 not-for-profit community services organisations, six Aboriginal co-operatives and two employment and training services provide leaving care support through the Better Futures program. This comprises a combination of housing allowance, caseworker support, and flexible funding to enable access to housing, education and employment, health and dental care, and social and community activities. Better Futures is a recent initiative and therefore not relevant to the participants in this study. However, the following longstanding programs have more recently been incorporated into Better Futures.

- **Housing and support initiative:** Housing assistance includes private rental and board subsidies, a rental guarantee, financial support to continue foster or kinship care placements, support establishing or maintaining shared accommodation, and head leasing of rental properties for individuals or groups. It also includes liaison with housing providers (including landlord or real estate agent), brokering access to transitional housing, and delivering support through a lead tenant model. The lead tenant model involves up to two young people living in one residence, supported by an adult volunteer (or couple) called a lead tenant, who provides day-to-day guidance and mentorship (DHHS 2017).
- **Leaving care mentoring program:** Funds opportunities to engage with supportive adults who assist young people to participate in social and community activities and networks (DHHS 2017).
- **Education and employment support:** The Springboard intensive education and employment support program provides targeted support to young people leaving residential OHC who are not engaged in education, training or employment and may include lead tenant arrangements (DHS 2013).
- **Support for Aboriginal young people:** Funding is provided to Aboriginal Community Controlled Organisations (ACCOs) covering eight regions in metropolitan and rural Victoria to provide 'culturally appropriate support' for Aboriginal young people. The largest share of that funding goes to VACCA (DHS 2012).

Western Australian services

The Department of Communities, Child Protection and Family Support (CPFS) funds three service providers to deliver leaving and post care support: Mission Australia, The Salvation Army, and Wanslea Family Services. These services target young people aged 16 in metropolitan areas and from the age of 14 in rural, regional and remote areas (CPFS 2020). The leaving care process is documented as a three-phase model (Department of Communities 2020):

- **Preparation:** Commences while the young person is in care and focuses on education and life skills development. CPFS and leaving care services are involved.
- **Transition to independence:** Support to access and maintain accommodation, education, training or employment. CPFS and leaving care services are involved.
- **Post care:** Services to support housing, health, employment, and maintaining networks until the age of 25. Provided by leaving care services (no involvement of CPFS).

The Living Independently for the First Time (LIFT) project commenced in 2015 and focusses on inter-agency collaboration between the not-for-profit agency, Indigo Junction, CPFS and the Western Australian Housing Authority. All three agencies collaborate closely to reduce the risk of homelessness for vulnerable care leavers (Clare, Anderson et al. 2017). For example, young people are selected, prepared and referred by CPFS and participants are granted priority public housing access by the Housing Authority. Evaluation results indicate the program has a positive impact on preventing homelessness; crime prevention; promoting independent living skills; employment, education and training; mental health; social networks and relationships; and in reducing harm associated with AOD use (Clare, Anderson et al. 2017). There are currently no additional supports or programs available specifically for Indigenous young people in Western Australia.

1.1.3 Housing and homelessness: Australian policy overview

Housing outcomes for young people leaving OHC rest heavily on local, state and national housing market dynamics. The centrality of home ownership in Australia lies at the heart of contemporary housing market dynamics (Burke, Nygaard et al. 2020). The past two decades have seen house prices consistently rise beyond average earnings, which reduces housing options, particularly for those on low incomes (Burke, Stone et al. 2014; Daley, Coates et al. 2018). While the rate of home ownership has declined, it is predicted that by 2025, some 1.7 million Australian households will be in housing need (Rowley, Leishman et al. 2017).

For many young people, home ownership is simply not an option (Parkinson, Rowley et al. 2019). One obvious option is social housing, yet this is a comparatively small housing sector at just over 4 per cent of all housing stock (Baker, Leishman et al. 2020) and has been underfunded, leading to need outstripping demand (Flanagan, Levin et al. 2020). Long waiting lists and limited access present significant challenges for young people leaving care. For many, their only option is the private rental sector. While private rental is instrumental in the transition of young people into independent housing, this sector presents major obstacles. The cost of private rental housing is very challenging for those on a low income (Hulse, Reynolds et al. 2019).

Housing stress and associated problems relate to low income and unemployment, with young people especially vulnerable to both (Cigdem-Bayram, Ong et al. 2017). Youth unemployment rates in Australia are consistently more than double average unemployment rates and young people have been especially impacted by COVID-19. Reflecting the growing casualisation of labour markets, young people are also more likely to be under-employed, which contributes to housing instability (Cambell, Parkinson et al. 2013). The confluence of limited housing options, low incomes and challenging labour markets all mean that young people leaving care are presented with some intractable challenges as they transition into independent living.

1.2 Current research

Reflective of the policy context, the exploration of current research focusses on OHC, leaving care, housing and homelessness.

1.2.1 Experiences of OHC

Care experienced children and young people experience more vulnerability and disadvantage than their non-care peers across a range of life domains. Poorer educational outcomes are linked to residential care, frequent changes in care arrangements, and entering care at an older age (Maclean, Taylor et al. 2017), which increase the likelihood of unemployment or underemployment (Campo and Commerford 2016). An Australian study of 369 care leavers by McDowall (2016) found that while 25 per cent were employed, 60 per cent were also dependent on Centrelink payments, suggesting a significant rate of underemployment. Poor mental health outcomes are attributed to both the experience of care and leaving care (Katz, Busby et al. 2020; Rahamim and Mendes 2016). Furthermore, an experience of OHC increases the chances of involvement with the justice system (Flatau, Thielking et al. 2020).

As previously identified, Indigenous young people are overrepresented in the child protection system. These young people are particularly vulnerable as a result of intergenerational trauma arising from past policies of removal (Mendes, Standfield et al. 2020) and are more likely to have poorer outcomes (Lima, Maclean et al. 2018). Despite the overrepresentation of Indigenous young people in the OHC system, limited evaluation of programs targeting this group have been undertaken (Lindstedt, Moeller-Saxon et al. 2017).

1.2.2 Leaving care

It is important to note that, while housing and other outcomes are often poor for young people leaving state care, care leavers are not a homogenous group. This heterogeneity is captured by Mike Stein's (2008) three categories of leaving care experiences, *moving on*, *survivors* and *victims*. The category of *'moving on'* relates to those who have secure and ongoing attachments and relationships and overall stability. In contrast, *'survivors'* experience instability, are likely to leave care at a younger age because of placement breakdown and often report homelessness. The final category, known as *'victims'* have the most damaging pre-care family experiences, inadequate support during care, and longer-term housing instability and homelessness. Locating this in the Australian context, Johnson, Natalier et al. (2010) report two distinct transition pathways. *'Smooth'* transitions are characterised by young people who had a low number of placements in care, left care at an older age, felt prepared to leave care, were involved in planning processes and had housing stability post-care. Conversely, young people with *'volatile'* transitions experienced higher numbers of placements in care, physical and/or sexual abuse prior to or while in care, limited or non-existent leaving care planning support, left care in crisis at a younger age, and were discharged into inappropriate accommodation such as refuges or boarding houses.

In addition to the poor outcomes associated with being in care, leaving care brings risks and challenges, particularly for those who have abrupt or poorly planned transitions from care. These include transience, housing instability and exiting care directly into homelessness (Courtney, Okpych et al. 2016; Dworsky, Napolitano et al. 2013; Heerde, Hemphill, et al. 2012; Muir, Purtell et al. 2019; Purtell, Muir et al. 2019). Homelessness and housing instability for care leavers are long standing issues and argued to impact between 25–35 per cent of care leavers (Johnson, Natalier et al. 2010), or in a more recent Australian study, 63 per cent of a study with a sample of 298 (Flatau, Thielking et al. 2015). Further, Muir and Hand (2018) found that if accommodation is obtained, it is often transitory or unstable, with an average of five different living arrangements per year.

International and local agreement that post-age 18 assistance should be extended to at least 21 years is evident (Hall, Fildes et al. 2020; MacKenzie, Hand et al. 2020; Mendes and McCurdy 2020). The evidence from existing extended care programs in the UK and USA suggests that these programs may be an effective means of improving outcomes for many care leavers (Mendes and Rogers 2020). A cost benefit analysis of a model of extended care to 21 years of age, conducted by Deloitte Access Economics (2018), suggests that these achievements can be duplicated in Australia resulting in social and economic benefits for care leavers, governments and the wider community. For example, the analysis predicted reductions in rates of homelessness, hospitalisations, and criminal justice involvement, and an increase in educational engagement.

1.2.3 Leaving care, housing and homelessness

The link between leaving care, housing instability and homelessness is established (Flatau, Thielking et al. 2015; Heerde, Hemphill et al. 2012; Johnson, Natalier et al. 2010). Youth homelessness in Australia is a longstanding issue (Burdekin 1989; Chamberlain 2014), and of the estimated 116,427 Australians experiencing homelessness at the 2016 Census, children and young people aged between 12–24 years comprised 24 per cent (27,683) of this population (ABS 2016). In WA, this comprised 1,921 young people and in Victoria 6,373 (ABS 2016). The *Specialist homelessness services annual report 2018–19* (AIHW 2019) revealed that of the 290,300 people who accessed specialist homelessness services, 43,000 were aged 15–24 and presented unaccompanied. Of this group, 28 per cent, or almost 11,400, were Indigenous (AIHW 2019). The 2019 Mission Australia 18th annual survey of 25,126 young people aged 15–19 years found that more than one in six reported an experience of homelessness (Hall, Flides et al. 2020). The transition to independent living has become increasingly challenging for young people in Australia with factors such as housing affordability and availability, late entry into labour markets, job insecurity and casualisation of employment mediating the capacity to live independently (Anglicare Australia 2017; McKenzie, Hand et al. 2020).

Findings of the Beyond 18 study, a Victorian longitudinal survey of 202 care leavers, suggest considerable housing mobility and instability among care leavers. In Wave Two, 26 per cent of care leavers had moved three or more times in the previous year; Wave Three reported that 39 per cent had moved at least twice in the previous twelve months; and 21 per cent had moved three times or more (Purtell, Muir et al. 2019: 17). Reasons cited by participants for moving included relationship conflict, financial difficulties and inappropriate housing options (Muir, Purtell et al. 2019: 15). Previous estimates of housing instability ranged from 25 per cent (Johnson, Natalier et al. 2010) to 35 per cent (McDowall 2009). These findings are nested within the context of less than 1 per cent of young people having an experience of OHC.

1.3 Research aim and methods

Research aim

This project responds to the following Inquiry Program questions: 'What are the most effective ways of tailoring and delivering housing supports for individuals exiting institutional settings?' (RQ1); and 'How does institutionalisation mediate the risk of 'post-exit' housing insecurity, and how do housing and social supports moderate this risk?' (RQ2). This project focussed on OHC and was guided by the following research questions:

1. What are the housing, homelessness, mental health, alcohol and drug, and juvenile justice service delivery pathways for young people transitioning from OHC?
2. What strategies and supports enable young people exiting OHC to obtain and maintain stable housing?
3. How do service providers coordinate and tailor support for young people exiting OHC to obtain and maintain appropriate and sustainable housing?
4. What opportunities exist for service improvement and enhanced coordination between housing and other sectors in improve transition planning for individuals leaving OHC?

This study utilised a mixed method approach to data collection and analysis. The study was approved through multiple institutional ethics processes to cover data collection in Victoria through RMIT University (21896) and in Western Australia through Curtin University (HRE2019-0385).

1.3.1 Methods

Three methods were applied in this project. Qualitative data were collected from 34 (16 Victorian and 18 Western Australian) care leavers aged between 18 and 25 years and 24 service provider representatives (child protection, post-care, homelessness and generalist services) through interviews (of 34 care leavers) and focus groups (two focus groups in each jurisdiction, totalling 24 young people).

Quantitative data involved retrospective analysis of the linked administrative service records of a cohort of 1,848 Victorian care leavers. All individuals who left care in 2013 or 2014 between the ages of 15–18 were included. Records from disparate government collections have been joined together (linked) at an individual level, providing detailed, de-identified information on each care leaver's service use across a range of service delivery sectors before and after leaving care. Datasets utilised in this study included hospital separations, emergency presentations, clinical mental health records, mental health community support services, alcohol and drug treatment records, child protection records, family services, family violence and sexual assault support services, public housing, homelessness services, youth justice and mortality data.

The final stage of analysis involved the integrated mixed methods pillar integration process (PIP) approach to analyse the qualitative and quantitative data sources. This systematic and integrative approach across and between quantitative and qualitative data focused on four steps of listing, matching, checking and pillar building (Johnson, Grove et al. 2017). A team of eight, involving four members of the quantitative and four from the qualitative team conducted the initial PIP. This was refined by two researchers, one each from the qualitative and quantitative team finalising the analysis.

2. Leaving care

- **Child protection agencies enact the role of corporate parent, in lieu of other caregivers for children and young people in OHC.**
- **The expectation that care leavers are ‘independent’ at the age of 18 is out of step with developmental theories and expectations.**
- **Very few participants experienced adequate and timely planning from the corporate parent to assist them to leave care. Consequently, many participants had abrupt transitions from care and felt unprepared (materially, emotionally and relationally) to live independently.**
- **A small group of participants reported smooth transitions from care, involving minimal disruption to their material and non-material experiences and environments.**
- **Housing instability was a lifetime experience for many of the care leavers in this study, commencing prior to placement in OHC.**
- **A significant number of care leavers and service providers reported that the specialist homelessness service system was the main source of housing immediately post care.**
- **These factors create experiences of ontological insecurity.**

2.1 Background

The previous chapter has highlighted that for many, leaving care is a fraught experience. While some have smooth transitions (Johnson, Natalier et al. 2010), most participants in the qualitative component of the study (both care leavers and service providers) reported limited or no experience of leaving care planning. Further, leaving care at the age of 18 sits in contrast to the trend for non-care experienced young people living in the family home beyond the age of 25 (AIFS 2020). Contemporary developmental theories argue that the period from the late teens to the mid-20s is a significant phase during which young people attend to key psychosocial tasks such as exploring identity, emotional maturity and relationship formation (Campo and Commerford 2016). Caregivers play a key role in supporting positive transitions in emerging adulthood. However, for care leavers, their caregivers are child protection authorities and leaving care agencies, who perform the role of the corporate parent. The attention paid by service providers to promoting a positive experience of emerging adulthood is limited and, until recently, legislatively determined to end at the age of 18. These experiences give rise to heightened experiences of ontological insecurity for care leavers.

2.1.1 The corporate parent

The concept of the 'corporate parent' identifies how, in the absence of family support and guardianship, children and young people rely on child protection agencies to fulfil the role of caregiver, parent and guardian (Campo and Commerford 2016). Parenting has many functions, including ensuring children and young people are safe, emotionally and physically nurtured and have adequate developmental opportunities. The notion of the corporate parent is central to UK policy, practice, governance and legislation (Who Cares? Scotland 2020), however, it is peripheral in Australian child protection policy and practice. Regardless, the idea still stands that in the absence of other guardians or parental figures, the statutory authority who facilitated the removal of the child from their family is legally and morally responsible for their wellbeing. This extends to ensuring that children and young people in care have the same rights and opportunities as their non-care peers. Further, it is argued that the transition to independence and adulthood is challenging, particularly for care leavers, with the Western Australian Auditor General (2018: 5) noting:

Young people who are removed from their family and placed into care are some of the most vulnerable people in our society. Many have experienced severe neglect or other forms of abuse. The trauma can have an ongoing impact on their mental and physical health regardless of how well they are looked after while in care. When they leave care they can find it hard to get a house or a job, and they often do not have a family safety net when things go wrong.

These discussions highlight the emphasis placed on independence for care leavers. The concept is contested, and in relation to care leavers, Propp, Ortega et al. argue that '*living on one's own devoid of assistance is not feasible*' (2003: 294). This suggests then that the concept of interdependence has greater applicability, highlighting relationality, connectedness and social and material security for care leavers.

2.1.2 Ontological security, out-of-home care and housing

The concept of ontological security has been applied to housing and homelessness in recent years and is useful here. While popularised by sociologist Anthony Giddens (1990; 1991), it was introduced by the psychiatrist Ronald Laing (1965) who explored ideas related to the 'divided self' and the unpredictability of life. While Giddens' ideas on ontological security can be critiqued for their normative orientation, particularly in relation to class and the reflexive self (Atkinson 2016), they are applicable when coupled with a critical intersectional analysis lens. For Giddens, ontological security is one's sense of 'being in the world' (1990: 92), particularly as it relates to trust, continuity, stability and reliability. Ideas underpinning ontological security reflect normative theories of childhood developmental and attachment and can be critiqued because they are premised on white, able-bodied children and families. Such theories fail to take into account queer, Indigenous or other racially, ethnically and linguistically diverse children and families, alternative family formations or methods of raising children (Duchinsky, Greco et al. 2015).

Yet, with these limitations and critiques in mind, Giddens' ideas on the significance of early life and continual disruption to caregivers, housing and the ways in which they mediate ontological security throughout the lifespan are relevant for this project, and have been used to apply and understand ontological security as experienced (or not) by care leavers.

Since Giddens' work, the concept of ontological security has been adopted in a range of fields including home ownership and tenure (Dupuis and Thorns 1998). A small body of work is found in the area of ontological security and homelessness, initiated by Padgett's (2007) work on the relationship between Housing First approaches and ontological security. This work, like others that followed (for example, Chamberlain and Johnson 2018; McNaughton and Sanders 2007), considers the experience and processes associated with becoming housed after homeless experiences. These studies suggest that ontological security can be both material (i.e., a safe home) and non-material (social supports and connections, emotional and social well-being, mental health and coping abilities). Such concepts have been used to understand ontological security in this study.

More recent work by Chamberlain and Johnson (2018) differentiates liminality as a process from ontological security and, like Padgett's work (2007), the emphasis is on a Housing First approach. Focussing on young people with experience of homelessness, Henwood, Redline et al. (2018) found that permanent supported housing contributed to ontological security, and improved mental health, relationships and sense of identity. The links between care and other experiences in relation to identity have been applied in this study.

Extending the focus on transitions from homelessness, Stonehouse, Threlkeld et al. (2020) consider ontological security before, during and after homeless experiences. Importantly, these authors argue that a nuanced understanding about, and responsiveness towards, the mediating influence of pre-homeless ontological security suggests the need for revised policy and practice foci.

As with Chamberlain and Johnson (2018), Stonehouse, Threlkeld et al. argue that ontological security is 'a multidimensional concept comprising material and non-material dimensions interacting in dynamic and complex ways within specific social contexts' (2020:3). This work, with its focus on various stages of homelessness, including the pathways in, within and out, draws attention to the ways in which trauma and other difficult life events mediate an individual's sense of ontological security and is relevant for this study, given children and young people are removed from their families due to the likelihood of, or actual, harm. It is not assumed that such experiences constitute 'trauma' for all children and young people removed from their families. This is, in fact, for the child or young person to self-define. However, for the purposes of this study, it is assumed that the reasons leading to the actual removal, and experiences thereafter, can be traumatic and a threat to ontological security.

Like the concept of ontological security and normative child developmental theories, trauma informed frameworks can be critiqued for their individualistic focus. However, this project uses a critical lens, that brings to the fore the ways in which a range of factors mediate and shape the experience of trauma. While not using the term ontological security, Cashmore and Paxman write about this in the Australian context, noting that care experienced children and young people do not 'have the continuing source of emotional, social and financial support that is available to most young people in their transition to early adulthood' (2006: 232). This demonstrates that while material ontological security is key and important, the felt sense of security or insecurity plays a major part in transitions from care into independence. Young people in this study who had smooth leaving care experiences reported a sense of ontological security and had better housing, education, employment and relationship outcomes. This further highlights the significance of Giddens' ideas about the impact that safe and secure early years with constant caregivers have on an individual's capacity for ontological security in emerging adulthood.

2.2 Methodology: qualitative study

The qualitative component of the study was undertaken in Victoria and WA and received Human Research Ethics Committee approval for the Western Australian data collection through Curtin University (HRE2019-0385) and in Victoria through Monash University (20907).

Qualitative data were collected from 34 (16 Victorian and 18 Western Australian) care leavers aged between 18–25 years and 24 from September 2019 through to May 2020. Interviews were conducted by most members of the qualitative research team, with the majority completed by two research assistants and a lived experience researcher. The latter brought lived experience of OHC from the age of 14, as well as professional experience, having worked in the OHC system as a consultant and qualified social worker. See Appendix 1 for a copy of the interview guide (noting the interview guide was developed to be adapted across all three projects in this Inquiry Panel). The sample involved 22 women and 12 men aged between 18 and 25, who had left care. Ten Indigenous care leavers participated. Participants were recruited through service provider networks of the researchers in Victoria and WA via leaving care agencies, homelessness services and related programs. These recruitment sources highlight a limitation in that there is sample selection bias and care leavers not engaged with services are not represented here. Written consent was obtained, and interviews were audio-recorded and transcribed.

Data analysis was broadly based on Braun and Clarke's (2019) framework for thematic analysis. This involved firstly reading and becoming familiar with the transcripts (as well as checking for errors). Victorian researchers analysed Western Australian data and vice versa in order to promote trustworthiness and transparency in the findings. Interview data were then coded by four members of the qualitative research team, highlighting key words and phrases. These codes were then thematically analysed by the same four researchers. This resulted in four themes emerging (leaving care; safety nets; relationships; and intersecting needs and factors). Definitions for the themes were developed to promote consistency across the team as analysis occurred separately in Victoria and WA. Once defined, the themes were presented to the entire qualitative team and further refined. This created '*particular patterns of shared meaning*' (Braun and Clarke 2019: 593).

Following this, reporting against the themes occurred by two members of the team. The final themes and findings were considered and refined further by exploring and comparing overlap within and between themes. Finally, the themes were presented to the lived experience researcher, who had also collected data from Victorian care leavers. This led to further refinement of the themes and a closer integration of lived experience perspectives to the final qualitative analysis.

Four focus groups involving 24 service provider representatives were undertaken, with two in each jurisdiction. Participants represented a broad range of government and non-government services including statutory child protection, leaving care, housing and homelessness, Indigenous specific, generic youth support, mental health, alcohol and other drug treatment, family support, and crime prevention agencies. Appendix 2 provides a copy of the focus group interview schedule. Participants were recruited through service provider networks of the researchers in Victoria and WA via leaving care agencies, homelessness services and related programs. Written consent was obtained and focus groups were audio-recorded and transcribed. Concurrent with analysis of the care leaver interviews, focus group analysis was undertaken by teams of two from both Victoria and Western Australia.

The process of data analysis, as detailed above and based on Braun and Clarke's (2019) framework was followed. To promote research trustworthiness, a Western Australian researcher analysed a Victorian focus group transcript, cross checking the themes with the Victorian researchers. A similar process was undertaken with a Victorian researcher reviewing a Western Australian focus group transcript. Finally, the themes from the care leaver participants were triangulated against the themes from the focus group.

2.3 Leaving care, housing and 'independence'

Four major qualitative themes were identified in the data from care leavers and service providers which include leaving care planning, access to services and Indigenous experiences and these are explored in Chapter 4: Intersecting and unmet needs. This chapter focusses on the fourth qualitative theme of the intersection between leaving care, housing and homelessness. Unless otherwise specified, 'participants' indicates both types of respondents. This chapter emphasises the lived experience shared by care leavers as well as the lived experience researcher.

2.3.1 Lifelong housing instability

A range of reasons drive housing instability for care leavers, which reflect broad trends and challenges. Housing outcomes are mediated by affordability and availability (Pawson, Parsell et al. 2018). Care leavers have limited housing options, often turning to public or social housing and the private rental market (Johnson, Natalier et al. 2010). While public housing seems a reasonable option, limited availability, long wait lists and bureaucratic processes make access difficult (Johnson, Natalier et al. 2010; MacKenzie, Hand et al. 2020). For many, the only realistic option is the private rental market, yet this is often difficult to access due to high rents and low incomes (Purtell, Muir et al. 2019). Additional barriers related to income, employment and transport exacerbate these housing challenges (Sample and Ferguson 2019).

Multiple housing disruptions before, during and after leaving care were common and the case study of participant (VSU1) is used to frame and illustrate the experience of many other participants. While some participants reported more changes in, and disruption to, accommodation than VSU1; this case study provides a useful insight into a relatively common housing trajectory for the care leavers in this study. The pathway is presented diagrammatically for ease of understanding, yet it is noted that parts of VSU1's trajectory overlap at times.

Figure 1: Housing pathway case study



Source: Authors' analysis of data.

This is not an extreme example of housing instability. Not surprisingly, abrupt and poorly planned transitions increase the risk of homelessness for care leavers (Mendes, Johnson et al. 2011). Participants reported multiple, constant and frequent experiences of housing instability and homelessness, yet VSU1's pathway serves as a clear example of ontological insecurity manifested through 10 different forms of housing since being placed in care. This case study does not include the constant changes in case managers, group home and residential care workers and the likely impacts on attachment and ontological insecurity (Giddens 1990). VSU1 talks about the impacts on their mental health throughout these various forms of accommodation and, at the time of interview, discussed needing to move again due to their current housing undermining ontological security. VSU1 presented as resigned yet dissatisfied with their housing and care experiences.

The experiences of planning and preparedness for leaving care are now considered.

2.3.2 Leaving care planning

Despite the presence of national and jurisdictional standards, which require that care planning processes start at the age of 15 and involve the young person, there is minimal or no monitoring of this practice. A recent survey of 202 care experienced 16–19-year-olds in Victoria found that just 46 per cent of care leavers and 22 per cent of young people still in care reported having a transition plan (Muir and Hand 2018). Similarly, a study by the CREATE Foundation found that of the 409 participants aged 15–18 years only 24.4 per cent reported definitely knowing about their transition plan, 36.4 per cent stated not having a plan, and 39.1 per cent were unsure (McDowall 2018: 95). The legislatively bound expectation that care leavers are independent at the age of 18 conflicts with community norms and theories of development (Campo and Commerford 2016; Cashmore and Paxman 2006).

Recent trial programs that extend the age of care (e.g. Home Stretch) seek to address the discrepancy between care leavers and their non-care peers. However, the participants in this study had already left care and most reported limited or non-existent planning for leaving care, and consequently said they felt ill-prepared for independence.

Findings from this study reflect a recent audit undertaken by the Western Australian Auditor General, which reports that over 80 per cent of reviewed files did not contain a clear or updated plan and the vast majority (82 per cent) of cases reviewed did not report planning from the age of 15. Consequently '*many care leavers, especially those with complex needs, are not well prepared to leave care and start living independently*' (2018: 6), and this late planning '*increases the risk of needing crisis management because less time is available to arrange all the support services required*' (2018: 7). Further, the audit found that because of inadequate and poorly timed planning, referrals to leaving care providers occur just before the young person ages out of care, and this mediates and diminishes the young person's willingness to engage.

Many participants contrasted the expectation that somehow care leavers are able to live on their own, without familial support or statutory guardianship, to the growing trend for young adults to remain in the family home well past 18 years (AIFS 2020). Participants reported that it is unreasonable to apply different expectations to care and non-care leavers, particularly in light of the difficult circumstances that lead to children and young people being placed in care:

It's hard enough for young people who don't have a complex background ... I was doing some research the other day, 50 per cent of Victorians aged 18 to 24 have never lived outside the family home. This is kids that have at least one family member living at home. So, as a society we're not expecting young people in general to be entering the private rental market at age 18, but we expect young people leaving care to be able to do that. (VSP)

Further, due to the common experience of frequent changes in types of care (as exemplified in VSU1's experience), along with the difficult circumstances that led to being placed in care, few care leavers were adequately equipped or skilled to leave care. Only six young people reported a smooth and unproblematic transition from care in this study. These smooth care transitions were characterised by continuous and uninterrupted housing in foster (5) or kinship care (1), characterised by the comment '*I never felt like I had to leave*' (VSU8). However, the majority of leaving care experiences reported in this study (28) can be categorised as abrupt, and this is now considered in greater detail.

2.3.3 Abrupt transitions from care

Interviews and focus groups focussed on service delivery, planning and coordination in preparation for leaving care. As noted above, the majority of participants experienced an abrupt transition and this was also referenced by service providers working in post-care, housing and homelessness agencies.

I'd like to see them start doing leaving care plan stuff way before the three, four months before you hit 18, 'cause they seem to wait till the last minute before you're hitting 18 to do a leaving care plan. How does three weeks give (child protection agency) time to figure out what you want? Doesn't give you much time. I guess, in my case, if you've been in care for so long ... they could try and at least help you figure out, or least tell you what you're gonna do. (WASU11)

Due to limited, poorly timed, or non-existent planning, participants reported that care leavers are unprepared for independent living and rarely have budgeting, cooking, cleaning, and tenancy management skills. This was exacerbated for those placed in residential care, as these settings are characterised by formalised worker/client roles which are not conducive to opportunistic living skills development (for example, standing alongside someone who is cooking and absorbing basic food preparation techniques). As previously mentioned, children and young people in residential care comprise a minority in Australia with only 6.4 per cent nationally living in residential care on 30 June 2019 (AIHW 2020b). The lack of attention to the development of living skills was considered by service provider participants to be setting young people up to fail:

Young people who are being prepared ... to transition out of care ... (are) thrown into a tenancy at a very young age—they have no independent living skills, they've got no other family support, or any other kind of support networks around them and they're kind of left to their own devices which is where it all starts to unravel. (WASP)

In addition to limited living skills, abrupt transitions mean care leavers are emotionally unprepared to find their way in the world without a guardian or social supports to guide them through emerging adulthood, further compounding experiences of ontological insecurity. This lack of emotional readiness was intensified by the traumatic circumstances which led to being placed in care, as well as for many, multiple placements and the resulting disruption while in care.

Us young people in care don't know how to healthily express ourselves or deal with our emotions. We're still figuring a lot of stuff out. And there's no one there to support us. There's no one there to catch us fall or anything like that. (VSU3)

Further, the lack of planning and readiness for leaving care mediated young people's willingness to engage with services, meaning the ability to coordinate services for the post-care period was compromised:

I just wouldn't communicate with them [child protection workers]. Like, if they'd try and get in contact with me, I'll dodge them ... I don't want anything to do with them because I was just a hurt child and ... didn't want to be around anyone. (VSU20)

These discussions on the experience and implications of an abrupt transition, lack of planning and feeling unprepared to leave care demonstrate the ontological insecurity for care leavers, exemplified in the following quote:

Their job (child protection agency) says: You must not leave this kid out in the rain; you must give them a home to go to. So, they found me a house to live in, but did they help me pack and say, Hey it's going to be all right. I know it's going to be scary for you? No. Did they say, Hey, here's how to cook? (VSU2)

Participants highlighted not only the lack of planning and readiness for leaving care, but also the lack of attention given to securing housing, post-care, which we now examine.

2.3.4 Housing after leaving care

Participants reported that planning for post-care housing rarely occurred and a range of barriers related to securing and maintaining housing were identified, many of which have already been noted through other research (Courtney, Okpych et al. 2016; Dworsky, Napolitano et al. 2013; Heerde, Hemphill, et al. 2012; Muir, Purtell et al. 2019; Purtell, Muir et al. 2019). For some young people (14), leaving care resulted in at least one, but in some cases, multiple, experiences of homelessness. Participants with experiences of residential care and multiple foster care placements were more likely to experience housing disruptions:

They said that I was very mature for my age, and that I could handle myself in the real world. I had a lot of issues with (child protection agency) ... They ... would forget about me. I ended up sleeping on the streets a couple of times. I ended up getting sexually assaulted, and I blame (child protection agency) for that. I was waiting for their calls, I was waiting. I called them, they didn't do anything ... So I ended up like sleeping on the streets that night. It was so freezing cold. I remember going and sitting on a barbecue just to keep myself like warm. (VSU19)

To avoid homelessness, more than half (18) of the young people returned to their family of origin. This was not usually considered a 'safe' option, or one that would promote wellbeing; however, it was the only choice. For a small number of young people, family was a safe environment, however for most, the issues that led to their original removal continued to pose a threat to their wellbeing.

This lack of housing planning at the point of preparing to leave care created further vulnerabilities, particularly for nine young women. Service providers also confirmed that in order to avoid homelessness, intimate relationships were often the only form of housing available to young women. Housing which is reliant on intimate relationships created vulnerability and heightened ontological insecurity for these young women. Further, depending on a partner in order to remain housed was reported to place considerable undue pressure and uncertainty on the relationship. In some cases, this meant the participant was left vulnerable and exposed to violent and unsafe situations. One participant described feeling demoralised for being dependant on her partner and his family for support at the age of 18.

My relationship's going well but it's always that scary thing of even if our relationship isn't going well, what happens if we broke up? I can't afford to break up with my own boyfriend because I'll end up homeless. That's a horrible situation to be in because like, I'm just glad that we're going great and that we're happy. (VSU2)

Very few examples of long-term housing planning by child protection agencies were reported. If planning occurred, it was often by default and related to the care leavers who had a smooth transition by remaining with foster or kinship carers. These smooth transitions represented experiences of ontological security as the young people had a degree of certainty about where they would live, who they would live with and how they would go about achieving their life goals (such as education, training or employment). It should be noted, however, these smooth transitions rarely involved active planning by the child protection agency prior to the young person leaving care.

It was not uncommon for SHS to provide the first post-care accommodation. This is explored further in Chapter 4, using quantitative and qualitative data, however it also requires some examination here. Service provider participants emphasised their experience of the SHS inadvertently operating as a stepping stone to long-term housing, with the responsibility for long-term housing planning, referrals and securing housing shifting to the community sector and not for profit agencies, such as youth refuges and transitional housing programs. Jurisdictional differences in post-care housing support were highlighted in WA, with participants noting very few options outside the SHS, particularly for those who had an abrupt transition from care. Of the options offered by the SHS, some required high levels of engagement by the young person, which tended to preclude young people with multiple, unmet needs: *'typically, the crisis accommodation ... will expect them to be in education or employment, which if you don't have a roof over your head ... makes that difficult'* (WASP). Regardless of the jurisdictional location, the SHS was a common stepping stone from care towards independence, which in the following quote refers to the Lead Tenant program:

I think the core issue is though, that for young people to access any appropriate youth specific accommodation and supported accommodation, it sits in the homelessness service system, so they have to become homeless, or at risk of, to actually access [it]. (VSP)

While the SHS was also identified by participants as a key provider of accommodation post-care in Victoria, the Lead Tenant Program which places young people aged 16–18 with live-in youth mentors (known as lead tenants), was considered both a useful and limiting option. While the Lead Tenant Program provided accommodation post care, the transitional nature of the experience added to the uncertain and fragmented experience of housing which characterised the lives of many care leavers:

After care, I went into transitional housing for two years, and then as that was coming to an end ... I couldn't find private rental. It got to the point where I was like, 'I've just got nowhere to go'. It was pretty secure up until you actually have to move, then everything kind of goes away ... it's just like being put on hold. (VSU2)

2.3.5 Lived experience of leaving care

The lived experience researcher in this study had extended experience of the Lead Tenant Program and she shares her full narrative in Appendix 3. Sarah's story highlights the key themes of housing disruption and instability and the resultant impacts on wellbeing. Shortly after being removed from her family of origin at the age of 14, Sarah was placed in a family group home (residential care) and says:

Prior to this I had no knowledge of out-of-home care, my grandmother rarely spoke of her time in foster care, but when she did, she would recount how she was beaten so severely she was left with permanent hearing damage. The state was now responsible for the 'daily care and control of the child' (Government of Victoria 2005: 26), this child was me.

While being removed from her family was difficult and Sarah struggled to make sense of what was happening, residential care provided the stability and consistency she had not previously experienced. In this way, the staff working in the group home facilitated a sense of ontological security for Sarah:

Felt like the home I never had, it was within this placement that I felt safe, loved, protected and supported by a group of individuals (residential care workers and co-residents), who became more like family to me over the years. I still refer to that little mud-brick house on the top of the hill as my home to this day. Where every morning I had awoken to fresh flowers and the day's newspaper on the breakfast table; every birthday when often my own mother wouldn't be in attendance, my carers and co-residents were there; when I brought home a questionable boyfriend, they would interrogate him to find out his intentions.

Sarah was increasingly aware, however, of the emphasis placed by child protection case managers on the importance of independence. Sarah was informed that becoming independent from the child protection system was in her 'best interests'. In retrospect, Sarah rejected this idea, arguing this notion was in the best interests of the 'corporate parent' who aimed to divest itself of its responsibility to her once she turned 18. As a result of this emphasis on independence, Sarah was placed in a lead tenant property shortly after turning 16:

I recount feeling both liberated yet still surveyed. Unfortunately, the lead tenant soon moved out and was replaced with a middle-aged man; which I had openly opposed. As a 16-year-old girl I was forced to live unsupervised in a house with an unknown middle-aged man. Those who were responsible for my safety and wellbeing did not listen to my complaints or concerns regarding living with an unknown man—I was simply dismissed. Many years later when I accessed my files my feelings of dismissal were further confirmed after finding an email ... which referred to the situation as 'just Sarah being a little princess'.

After eight months of living in this unsatisfactory arrangement, Sarah was placed in another lead tenant arrangement. A few months in, the other care leaver left as he had 'aged out' of transitional housing. Another care leaver, aged 14 (and younger than the stated 16 lower age limit for the program) moved in:

The placement begun to break down almost immediately. The young girl had no concept of cleanliness and was often hostile. It was evident to me, at the age of 17, that she was not ready for an independent living placement. Simultaneously it made me question everything I was led to believe about requiring a certain level of maturity and independent living skills. I had been fed the notions that these things were contingent to obtaining a lead tenant placement, but this was proven to be false. As I was forever cleaning up after her, I soon refused to do so and instead would pile her dirty and mouldy dishes next to her bedroom door. I raised these issues with the corporate agents (child protection agency), however, again my concerns were dismissed, simply stating that there was nowhere else for her to go. The placement eventually broke down completely. Late one evening while the lead tenants were away, I arrived home from work where I was met with an unauthorised visitor of my co-resident, leading to an incident where I was threatened by this person. The police were called and escorted the visitor off the premises; however, I was then threatened by my co-resident. Despite these events it wasn't until some months later that I was found an alternative placement, but the aggressor remained. I expressed my concern about being put in another unsafe environment, but only I was framed as the problem, which is a clear example of corporate ego in action.

The third independent lead tenant placement was arranged and Sarah reports feeling resentful that the corporate parent had consistently provided her with unsafe and insecure housing since being moved from the one home (residential care) she experienced as safe, reliable and secure. To her surprise, her file notes from the time being in residential care describe her experience as 'mostly positive' with a strong emphasis placed on independence to leave care. She notes that in reading her file some years later she could see how her concerns and fears were erased:

These entries actively silenced my feedback and complaints ... The narratives within those texts served to justify decisions that I was subjected to, not as an accurate representation of my experiences, opinions, complaints, needs or wishes.

Sarah's experience highlights the uncertain and insecure base from which many care leavers move into independence, often without material or psychological supports or resources from the corporate parent, and which are ordinarily provided by caregivers and family. Within this context of poor to non-existent planning and feeling unprepared to leave care, along with multiple housing disruptions and significant emphasis on independence, care leavers and service providers described the challenges faced when seeking to secure and maintain housing.

2.3.6 Barriers to securing and maintaining housing

Post-care issues such as housing suitability, affordability and availability, long waiting lists for social and public housing and, if housing was obtained, insufficient tenancy skills and knowledge were common and reflect the research evidence. A small number of participants reported on positive post-care housing experiences and could identify beneficial outcomes such as harm reduction associated with substance misuse, higher levels of sustained engagement in education and employment, achieving goals (for example, obtaining a driver's licence), and an overall change in disposition. A Housing First (Gaetz 2014) approach was advanced by service providers, who argued that once housed, care leavers develop sufficient ontological security to address other issues such as problematic mental health, substance misuse and trauma (also found by Padgett 2007). Some evidence is emerging about Housing First approaches for care leavers (Borato, Story et al. 2020), however, more research is needed in this area to demonstrate the utility of this approach for care leavers, many of whom report being impacted by trauma, problematic mental health and substance misuse.

Regardless of the approach, service providers argued that a lack of stable housing inhibited care leavers' engagement with assistance:

It's very difficult if someone doesn't have anywhere to live that you can work with them on any trauma-based issues on mental health, on substance relation issues, returning to education or training ... you're really just holding—you're wasting time and resources, not to say that you shouldn't do it in the absence of housing, but it's far less effective if you don't have housing. (VSP)

Private rental was rarely seen as a viable option, given care leavers' age and inability to build a rental history:

Finding a place was a bit hard considering when you're young and you have no rental history, no-one really wants to take you on, so that was pretty hard too. (WASU12)

Further, long waiting lists for public and social housing limited this option, which when coupled with poor leaving care planning processes that rarely focussed on housing, meant there were few housing options open for those who experienced an abrupt transition from care. Consequently, shared housing options were pursued, yet these were not always suitable. In response, one service provider discussed the proactive approach they had developed to securing housing for care leavers. This involved building relationships and working closely with landlords and real estate agencies in the local area and actively supporting the young people in tenancies. This approach provided assurances to the housing providers as they had a point of contact should issues arise, such as non-payment of rent, and undermined dominant ideas about young people and their reliability as tenants:

We find youth-friendly real estate who give young people a go ... Some are completely house proud and really good with money, and that's the perfect stepping stone for them. (WASP)

As noted previously, the research did not uncover instances of child protection agencies facilitating housing as part of the leaving care experience (this may occur, but this research did not find examples). Additionally, it is noted that the WA Auditor General (2018) found very few care experienced young people were referred to public housing lists before turning 18. Consequently, they did not qualify for priority housing upon leaving care. Participants in this study reported that access to longer term independent housing occurred through the work of not-for-profit agencies (either leaving care, homelessness or generic youth support services). A major issue in many participant accounts was the safety and suitability of housing, which had a direct relationship to the lack of planning for leaving care and ultimately resulted in poorly thought through accommodation options. This lack of safety related to the area (as highlighted in the housing transition timeline for VSU1 earlier), through to the behaviour of friends, associates, and family members.

I was worried about a couple of friends coming around because of who they're associated with and I knew what they were like. I'm cool with being friends, but I don't want you at my house. (WASU17)

Consequently, housing paradoxically increased the risk of homelessness for some.

We have young people who contact us who have tried to secure their own accommodation in a share house, living in a dodgy boarding house, being exploited by unethical landlords, and have been, because they have no way of discerning who's ethical and who's not, and all they want is somewhere to stay, so often that ends in disaster because they've been exploited. (VSP)

Given the over-representation of Indigenous Australians in the OHC and homelessness service systems, specific consideration is now given to this group of participants.

2.3.7 Housing – Indigenous participants

The experience of Indigenous children and young people in care is located within the historical context of the forced removal of Indigenous children and the enduring impacts of colonisation in Australia. Connection to community and culture, which is fundamental to identity and wellbeing, is undermined by spending time in care (Krakouer, Wise et al. 2018). Evidence suggests that Indigenous care leavers have more adverse outcomes compared to non-Indigenous care leavers, including mental health concerns (Baldry, Trofimovs et al. 2015; Lima, Maclean et al. 2018) and increased involvement in the criminal justice system (Malvaso, Delfabbro et al. 2016).

Indigenous care leaving experiences are examined from a mixed methods analytic perspective in Chapter Four, however, the qualitative experiences of leaving care and housing are first considered in this chapter. The issues raised previously in terms of limited or non-existent leaving care planning and the impacts of housing trajectories also apply to the 10 Indigenous care leavers who participated in interviews. Other factors also were emphasised such as Indigenous young people being more likely to report homelessness experiences, the significance and centrality of kinship connections, and the need for culturally appropriate service delivery.

Participants highlighted the key intersections of leaving care, homelessness, housing instability, being young parents, substance misuse and sexual violence. Homelessness, including rough sleeping, was both a current and historical issue for most Indigenous participants, with six of the 10 reporting rough sleeping experiences. One participant who was sleeping rough at the time of the interview reported moving 10 times in one year after leaving care, saying they *'just kept getting kicked out of places'* (WASU10), despite feeling they were abiding by tenancy expectations and obligations. Further, some Indigenous young people had experienced homelessness before the age of 18 years, while still in care and under the guardianship of child protection agencies. Types of assistance provided in response to homelessness while in care tended to involve short stays in hostels and hotels, which as one participant who was pregnant, under 18 and homeless, described as *'frustrating because you expect that when you're in their care and if you're pregnant, that they would help you'* (WASU11). This young woman said she slept *'in and out of stairwells'* and couch surfed with *'randoms'* during this time.

Despite these difficulties, the participant had secured social housing at the time of interview. A number of Indigenous participants reporting leaving care because of conflict and entering homelessness. For these participants, homelessness involved rough sleeping, SHS accommodation and couch surfing. Unsurprisingly, these homelessness experiences produced risk, including sexual and physical violence. Some reported that the child protection agency had closed the case as a result of them leaving the foster care arrangement, leaving them without any support.

Service provider participants reported on the need for culturally appropriate and safe ways of working, and housing models which considered the significance and centrality of culture and kinship connections. Most reported that there was a lack of such programmatic responses:

We know in Aboriginal culture that family are going to come and that's their support network. I don't think there's a lot of housing models that work around the culturally appropriate framework and ... over the last four, five years, that culturally appropriate awareness framework is a hot topic; I don't see much of it actually in play. (WASP)

As with other young women, the dependency on relationships for housing produced particular vulnerabilities for Indigenous young women. The experience of WASU1 is shared to exemplify the complexities and challenges for a number of Indigenous care leavers in this study. This participant had a relatively stable foster care arrangement from the age of six, then six moves after leaving foster care, and then returning to live with her foster mother:

I moved from my ex's because my case worker said that I could live with my mum if I wanted, so I moved in with her. I moved out of my mum's because I didn't like the stuff they were doing and I didn't feel safe there so I lived with my best friend and then I found out I was pregnant so I moved into my auntie's from my friends because she has more room for me and the baby, and then I moved in with my Nanna because my auntie works and I felt a bit scared about her going to work and me being stuck, like, when I first had my son. So, then my Nanna said I can move in and she would help me and then I left my Nanna's because she went a bit crazy and I didn't feel safe there, so I moved in with my foster mum. (WASU1)

Another participant reported extensive periods of homelessness during and after leaving care with limited support from the child protection agency. Consequently, the young woman's children were removed and placed in care, repeating the cycle of trauma and disadvantage.

2.3.8 Coordination of services

Care leavers were asked directly about their experience of services working together and coordinating activities. Very few could answer the question and a common refrain was *'I don't really know about that'*. Service provider representatives, particularly from the not-for-profit sector and leaving care agencies, confirmed that there is little coordination of services to care leavers. The usual experience was, as noted earlier, that planning was rushed and close to the time the young person turned 18, or participants could not recall such planning. A small number of care leavers had experienced joined-up service delivery, and noted that this usually occurred because a not-for-profit leaving care agency led the process, which is emphasised in the following quote from a service provider:

If I had a young person who's referred from the department who's leaving care, first and foremost, I set up a case management meeting, and I get a care plan in place, in writing. So, I round-table with the department, and that's with the young person as well, and any other family support, or any other support networks that young person has in life, we round-table, we come up with a care plan, and at any stage, I know that I could go back to the department ... I feel it's their responsibility in the first place, if they are going to refer, to have a clear plan in place, a clear strategy—if it's not in place, then I initiate that meeting. (WASP)

While having few experiences of coordinated service delivery, care leavers were able to articulate what constituted good and unhelpful service delivery practices. These experientially informed ideas inadvertently emphasised service coordination and integration. Most care leavers had experienced multiple changes of child protection workers and case managers. This reinforced the sense for many that the corporate parent had not met their responsibilities, although exceptions of workers who went above and beyond their role were also shared. These experiences of reliable, consistent and trustworthy workers contributed to a sense of ontological security, with care leavers reporting they were 'lucky' to have such a worker. However, many examples were provided by not-for-profit agencies and workers who did this—standing by the young person regardless of their presentation, needs or behaviour.

The only good thing I think that came from it was that I had that one worker who stayed ... I think that was her dedication and her personal investment in me—I owe a lot to her. It's a weird situation—to owe someone like that because ... it's like you deserve to have someone who cares about you ... because in a normal family, the parents are held responsible to look after them and to love them and to support them but we don't have that and ... when we do have it we're lucky. (VSU2)

Commonly, relationships with service providers and, in particular, child protection staff lacked continuity and consistency. This then reflected the disruption most care leavers had experienced within their families, when removed and then through multiple changes in care arrangements. High staff turnover and lack of continuity created mistrust and uncertainty, all of which mediated the care leaver's willingness to engage with workers in planning or coordinating services.

Despite care leavers reporting difficulties in engaging with service providers, they were able to suggest characteristics of helpful practices. Firstly, it was argued that workers need to see the person rather than just a number, looking beyond the stereotypes and assumptions about young people in care. Care leavers understood the importance of professional boundaries, yet they highlighted the centrality of a genuine connection with a trustworthy practitioner who was reliable. In seeing the care leaver as an individual, tailored and flexible support was highlighted. This also required being open to see the care leaver as more than what was written in their file:

Just because they've read your file doesn't mean that's the truth. I understand a lot of kids in (child protection agency) they lie and hide things from their past but ... it doesn't mean it's the truth just because someone else has written it down. (WASU17)

The importance of persisting when young people appear disengaged, was emphasised. Given the difficult backgrounds of most young people in care, the capacity to stand by, witness, encourage and believe in the care leaver was experienced as the most helpful element of service delivery.

Particularly unhelpful practices highlighted by participants included having to retell their story to multiple agencies, and sometimes multiple times within the one organisation. Trauma informed care principles (Blue Knot Foundation 2020) highlight that retelling one's story is triggering and disempowering. This and other issues mentioned in this section point to the significance of coordinated and integrated service delivery in planning and at the point of leaving care. To summarise, while participants had few experiences of coordinated or integrated care, the key elements which underpin such practice include:

- Having consistent, reliable, and independent champions who provide consistent, reliable, trustworthy, and relationally based services to the care leaver in advance of, and after leaving care. Champions are advocates who are led by the care leaver and their assessment of their needs and goals.
- Well timed, intentional planning which meaningfully involves the young person's contributions. This principle reflects a range of civil rights movement's motto of '*nothing about us, without us*'.
- Providing care leavers with a wide range of information on their rights and responsibilities and accessible information so that they can make informed choices about their leaving care plans.
- Ensuring that care leavers have sufficient time to consider the options and potential referrals to other services. This may require multiple discussions between the care leaver and their case manager (usually child protection services).
- Once services and supports are decided, mapping out how they will work together. Developing a referral plan so that services are integrated, coordinated, and have similar understandings about the care leaver's needs.
- Child protection agencies implementing a coordinated leaving care plan well before the young person is due to leave care. This also includes contingency plans, addressing unforeseen circumstances or barriers to successful implementation of goals.
- Regular review of the plan, well before the leaving care age, and as with all other stages, with the meaningful involvement of the care leaver.

This chapter underscores the challenges and difficulties facing care leavers as they are expected to achieve independence at a life and developmental stage far earlier than their non-care peers. The situation is exacerbated by poor leaving care planning processes which leave young people emotionally and practically unprepared to live independently. Combined with early life experiences which led to being placed in care and entrenched patterns of housing instability and mobility (both in and after OHC), it is not surprising that the majority of young people in this study experienced ontological insecurity; as they were uncertain about their future and felt alone in the world, with little support from their corporate parent. This experience was further heightened for Indigenous participants, who grappled with seeking a re/connection to culture, country and kin, yet were often dealing with a myriad of complex and intersecting issues.

2.4 Policy implications

A number of policy implications can be drawn from the findings in this chapter.

- The role of the corporate parent can be strengthened in policy, legislative and practice frameworks, ensuring that children and young people in and leaving care have the same rights and opportunities as their non-care peers to grow, flourish and succeed in all domains of their lives.
- The policy position of leaving care planning commencing at the age of 15, with regular reviews and adjustments, is not being met and therefore should be subject to audit and accountability measures. The findings from this study are not groundbreaking, as it is well known that leaving care planning is not occurring consistently or thoroughly. Therefore, without performance measurement and monitoring, it seems unlikely that this practice will change.
- It is essential to raise the leaving care age to 25 and reflect community standards in terms of supporting the positive transition to and through emerging adulthood. An extended leaving care age and adequate leaving care planning means young people will have greater opportunities to develop ontological security, knowing that attempts at independence before the age of 25 will continue to be supported, should they be unsuccessful (just as non-care peers experience with their families).
- The coordination of services prior to and after leaving care requires significant policy and practice reform. Given the paucity of coordination and planning, appointing external leaving care champions to ensure that young people's rights are protected is recommended.

3. Care leavers' service use

This chapter considers findings derived from the analysis of linked administrative data for a cohort of young people leaving OHC.

- High levels of service use were evident before and after leaving care.
- More than half the care leavers had accessed homelessness services in the four years after exit, with one in three having multiple episodes of homelessness.
- Within four years of leaving care, 70 per cent of the cohort had attended an emergency department and just over half (53%) had a hospital admission. One in five care leavers had an emergency department presentation for self-harm and one in four care leavers had utilised alcohol and drug services.
- In terms of access to public housing, 29 per cent made an application for public housing within four years of leaving care and, of these, 30 per cent were allocated a tenancy by the end of the four years.
- There are clear and significant disparities in service use by care leavers compared with the rest of the population, particularly in regard to alcohol and drug treatment, and homelessness services.

3.1 Background

As noted previously, there is a large body of evidence attesting to the disadvantage faced by young people in, and leaving, OHC. Compared with their peers, those in care have worse mental health (Tarren-Sweeney and Hazell 2006; Anglicare Victoria 2015), are more likely to misuse drugs and alcohol (Forbes, Inder et al. 2006), have greater contact with the justice system (AIHW 2016) and experience poorer housing outcomes (Thoresen and Liddiard 2011; Johnson, Natalier et al. 2011).

In terms of health status, Australian data is limited but shows a high level of need (Royal Australasian College of Physicians (RACP) 2006). A pilot screening program in New South Wales identified high rates of young children in care with speech delay, abnormal vision and hearing and high rates of behavioural and emotional problems

(Nathanson and Tzioumi 2007), with similar results reported in a Victorian study (McLean, Little et al. 2019). A study of hospitalisation rates of those in care in South Australia identified higher rates for injury and mental health conditions (Gnanamanickam, Nguyen et al. 2020). High rates of mental health concerns are reported for the population (Tarren-Sweeney and Hazell 2006), with studies reporting 50 per cent of those in OHC accessing a mental health professional, compared with only 2.9 per cent of those not in care (Anglicare Victoria 2015).

While some argue the proportion of children in care using drugs or alcohol is roughly comparable with non-care peers (Anglicare Victoria 2015), a large number of studies document high levels of problematic substance use by those in care, and those who have left. A study of 60 Victorian care leavers found 35 per cent had accessed drug and alcohol services which is more than 15 times the average for young people aged 20–29 years (Forbes, Inder et al. 2006). A follow up study of 41 NSW care leavers also identified high rates of self-reported drug and alcohol misuse (Cashmore and Paxman 2007).

Children and young people in care are over-represented in the youth justice system and are nine times more likely to offend than their non-care peers; comprising half those receiving custodial sentences (AIHW 2016). Recent reviews of the youth justice system in Victoria have recognised this and sought to implement changes to reduce recidivism in this vulnerable group (Armytage and Ogloff 2017).

The difficulty faced by care leavers in establishing housing is well attested, with many care leavers experiencing unstable housing and homelessness. For those who do not have the social supports available that can provide accommodation, typically either their foster or original families, options are limited. A few find accommodation in the private rental market, while many reside in transitional and short-term accommodation or are homeless. Public housing tenancies are found by some, although long waiting lists mean reduced access to this accommodation (Johnson, Natalier et al. 2010). A study of 77 care leavers in Victoria and WA found that 64 per cent had experienced primary homelessness after leaving care (Thoresen and Liddiard 2011). A Queensland study of 27 care leavers found 24 had experienced primary homelessness (Crane, Kaur et al. 2014). Data from the CREATE report card shows that of the 97 interviewed people who left their placement, 51 per cent had been homeless during their first year after exit (McDowall 2009).

Given the vulnerability of this cohort across a wide range of domains and consequently service provision occurring across multiple sectors, there is a need for integrated or 'joined-up' service delivery. The need for co-ordinated service delivery for care leavers has been recognised as best practice, while the extent to which this occurs is not always clear (FaHCSIA 2011b; Johnson, Natalier et al. 2010).

In this chapter, the service use patterns of Victorian care leavers are presented with a particular focus on their housing pathways after leaving care. This study utilises linked administrative data to enable the investigation of the service use patterns of individuals exiting care within Victoria. In contrast to most studies investigating care leavers, which rely upon survey or interview data from a relatively small sample, the current study uses linked administrative data to investigate the outcomes and service use of all Victorian care leavers in a particular time period.

3.2 Methodology: Linked administrative data

This chapter analyses the service records of a cohort of OHC care leavers derived from linked Victorian data. Linked administrative data involves joining together information from different administrative government collections about the same individuals. It allowed the research team to follow an individual across multiple sectors over time, providing detailed but de-identified information at the points they come into contact with services. Importantly, it allows analysis of population-level data, and provides detailed information on service use patterns, which individuals may struggle to recall when interviewed. The key limitation of linked analysis is that any research is limited by what information is found in the particular and available datasets. Linked analysis frequently involves the secondary use of data that has been collected for other purposes and available data items may not reflect the information important to researchers or service users.

Cohort of care leavers

For this study, the OHC cohort consisted of all individuals who left OHC in Victoria in 2013 or 2014, while aged 15–18 at the time of leaving care.

Data sources

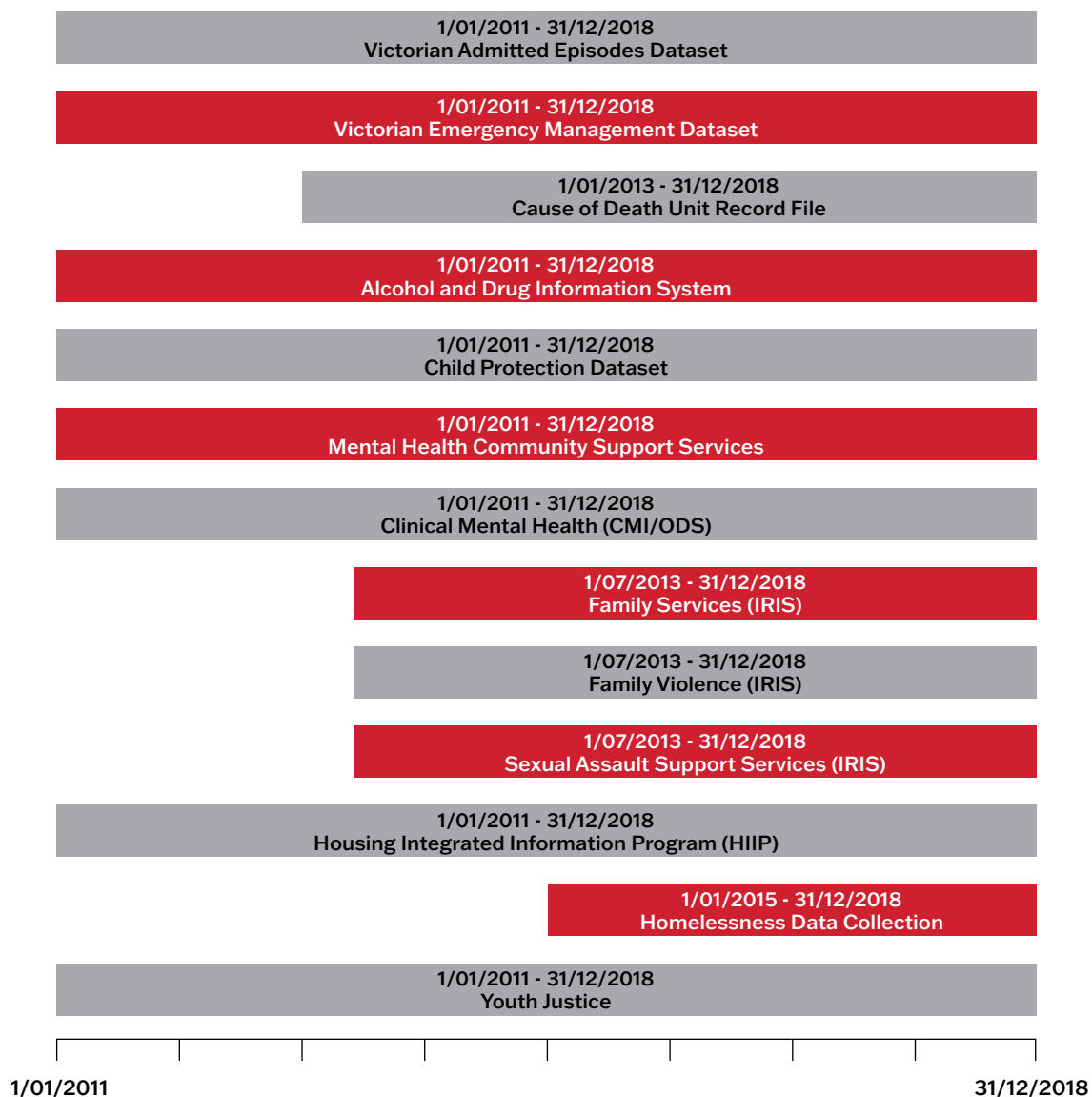
For each individual in the cohort, we obtained service use information for the years 2011 to 2018 inclusive (where available). This enabled investigation of service use prior to leaving care (i.e. in a 'look-back' period) along with service utilisation after leaving care (up to four years from exit). Released data included records from the following collections:

- The Victorian Admitted Episodes Dataset, containing data on all public and private hospital admissions in Victoria.
- The Victorian Emergency Management Dataset, containing information on all emergency department (ED) presentations at Victorian public hospitals.
- The Victorian Cause of Death Unit Record File, containing information on all individuals who have died in Victoria.
- The Alcohol and Drug Information System, containing data on assessment, treatment and support services provided to adults and young people who have alcohol and/or drug use problems, and to their families and carers.
- The Victorian Child Protection dataset, containing information on all child protection and OHC clients in Victoria.
- The CMI/ODS system, containing information on all clinical public mental health services provided in Victoria, both inpatient and within the community.
- Mental Health Community Support Services, containing information on support services provided in the community for those with severe psychiatric disability.
- Family Service data, containing information on the provision of services to vulnerable children, young people and their families.
- Family Violence data, containing information on services provided to both victims and perpetrators of family violence.
- Sexual Assault Support Services data, containing information on services provided to those who have been victims of sexual assault, and also services provided to perpetrators of sexual assault.
- The Housing Integrated Information Platform, containing information on applications and tenancies for Victorian public housing.
- The DHHS Homelessness Data Collection, containing information on individuals either homeless or at risk of homelessness.
- The Youth Justice dataset, containing information on all criminal court orders in the youth justice system in Victoria.

For the majority of these datasets, dates for each particular service were available; the exceptions to this were child protection data, for which only the date of exit and financial year was made available, and community mental health support services, for which only the financial year in which an episode took place was available.

Time periods for the listed datasets are shown in Figure 2. For several data sets, data was not available all the way back to 2011. Importantly, the homelessness data collection did not have information available prior to 2015.

Figure 2: Time periods of data sources



Source: Authors' analysis of linked administrative data.

The analysis of linked data focussed on several key questions, answered in the sections that follow:

- What services do care leavers use before and after exiting care?
- How do service use patterns of care leavers differ from those of the general population?
- To what extent is service use after leaving care attributable to the act of leaving care?
- How frequently do care leavers use these services? (Is there repeated service use?)
- How much homelessness exists in the care leaver population?
- How many care leavers apply for and receive housing services?
- How do care leavers who access homelessness services differ from care leavers who have more stable housing situations?

3.3 Characteristics of the OHC cohort

There were 1,848 individuals in the OHC cohort analysed. Demographic information, and information about their final care placement is shown in Table 1: Out-of-home care cohort characteristics. The cohort skewed slightly towards female (54%), with most individuals leaving care prior to turning 18 years. Indigenous Australians were overrepresented, comprising 18 per cent of those exiting care in 2013/14, while making up just 1 per cent of all Victorians aged 15–25.

Each category of substantiated harm corresponds to a particular section of the *Children Youth and Families Act 2005* (Government of Victoria 2005). For instance, psychological harm in Table 1 below corresponds to Section 162e:

The child has suffered, or is likely to suffer, emotional or psychological harm of such a kind that the child's emotional or intellectual development is, or is likely to be, significantly damaged and the child's parents have not protected, or are unlikely to protect, the child from harm of that type.

Psychological harm was the most common documented reason for the child being placed in care, followed by physical harm, noting that individuals could have multiple reasons for being placed in care. The cohort was split between those in kinship care (40%), those in foster care (26%) and those in residential care (28%), with 11 per cent in other or un-recorded care settings.

National figures, where available, show similar patterns, including psychological harm as the most common substantiated abuse, slightly higher proportions of females, much higher rates of Indigenous children, and higher rates in regional areas (AIHW 2020c). A key difference lies in care type, where national figures show a smaller proportion residing in residential care (12% of 15–17-year-olds were in residential care) as compared to the larger figure for this study's cohort (AIHW 2020c).

Only limited information was available regarding care placements. There was no available information on how long each person spent in care, or whether they had previous episodes of care. There was also no information on a person's housing situation upon leaving care; however, given that a majority of this cohort was under 18 years of age at exit from care, it could be presumed that some returned to their original families and others disengaged from OHC services and systems.

Table 1: Out-of-home care cohort characteristics

		n	%
Total		1,848	100%
Gender	Male	841	46%
	Female	1,007	54%
Indigenous Status	Indigenous	333	18%
	Non-indigenous	1,515	82%
Age at exit date	15	452	29%
	16	448	28%
	17	517	33%
	18	169	11%
Region	Major Cities	1,170	63%
	Regional/Remote Areas	673	37%

		n	%
Substantiated harm	Child abandoned	108	6%
	Physical harm	615	32%
	Sexual abuse	162	9%
	Psychological harm	1,057	55%
	Physical dev/health at harm	157	8%
Care type	Kinship care	705	40%
	Home-based care – General	136	8%
	Home-based care – Intensive	104	6%
	Home-based care – Complex	35	2%
	Home-based care – Permanent Care	27	2%
	Home-based care – Adolescent community placement	141	8%
	Residential care	502	28%
	Lead tenant	57	3%
	Secure welfare	37	2%
Other	104	6%	

Source: Authors' analysis of linked administrative data.

3.4 What services do care leavers use?

The types of services accessed by care leavers are now examined.

3.4.1 Service use after leaving care

In this section, we look at the service utilisation of our care leaver cohort, starting with the proportion of the cohort who utilised a particular service in the period after leaving care. Table 2 shows the number and proportion of care leavers that had a service record in the first 30 days, one year, and four years after exit. Each category is cumulative (i.e. a service record in the first 30 days will necessarily also be counted as a service record in the first year and fourth year).

Service use in the thirty days after exiting care was relatively low across all service types, although it is noteworthy that eight per cent of the cohort had already presented to an emergency department in these few weeks, for a variety of reasons including self-harm (2%), mental health (2%) and unintentional injuries (2%). While 21 per cent of the cohort were listed as being in a public housing tenancy in the thirty days after exiting care, these were not new independent tenancies; rather, these were tenancies on which they were listed as a dependent. It is likely that these were the tenancies of either their original family to which care leavers may have returned upon exiting care, or their kinship/foster family, with whom they stayed. However, this could not be ascertained from the data.

A high rate of hospitalisation and presentation to the emergency department was seen during the four years after exiting care. For the range of health conditions examined in this study, admission to hospital would have occurred through presentation to the emergency department. Within four years of exiting care, presentations to emergency for alcohol or drug related conditions occurred in 14 per cent of care leavers, with 13 per cent of care leavers hospitalised for these conditions. One in five care leavers presented to the emergency department after self-harming within four years after leaving care and eight per cent were hospitalised for self-harm.

Over one in five care leavers presented to the emergency department with a mental health condition (22% of these being independent presentations from those presenting for self-harm), with 11 per cent hospitalised. The proportion of those who presented with unintentional injuries was also particularly high, with 41 per cent of care leavers attending the emergency department and 11 per cent hospitalised in the four years after leaving care. In total, 70 per cent of those leaving care had attended the emergency department and just over half (53%) had a hospital admission within four years of leaving care.

The most common 'other' conditions that individuals were hospitalised for were obstetric conditions. Over the four years after leaving care, one quarter of female care leavers (256 or 25%) gave birth. This large proportion of care leavers becoming parents has implications for housing provision and the provision of family support services, particularly for young parents who may have limited exposure to consistent caregiver role models, few safety nets, limited experiences of ontological security and reduced opportunities to develop independent living skills.

In regard to alcohol and drug services, while three per cent of the cohort had treatment for alcohol/substance use issues within 30 days of exiting care, by four years this had increased to over one quarter of the cohort (28%).

In line with the relatively high proportion of mental health admissions and ED presentations, community mental health services were widely utilised, with 10 per cent of the cohort under community mental health care in the thirty days after exit (for many community mental health services will have started prior to exiting care), increasing to 25 per cent after four years. Mental health support services were utilised by six per cent of the cohort after four years of leaving care.

Family support and family violence services were not used by a large proportion of the cohort (7% and 11% in the four years after leaving care). However, this may be an artefact of the age of the group. Sexual assault support services were utilised by eight per cent of the cohort in the four years after leaving care.

In contrast, one in five care leavers (21%) had a community youth justice order in the four years after leaving care, while one in ten were either remanded or sentenced to time in a youth justice facility. This is a particularly high proportion given that many in the cohort would have aged out of the youth justice system during follow up and so could not receive a youth justice order. Service information on the adult justice system was not available for this study.

While many individuals in the cohort had existing public housing tenancies, nearly one in eight individuals (12%) received their own public housing tenancy in the four years after exit. Only a quarter of these individuals (3%) had their own public housing tenancy within a year after exit. A quarter of the cohort (25%) made an application for an independent tenancy within four years after exit, indicating an excess of demand, as just under half had received a tenancy by the end of the four years.

A striking finding was the high proportion of individuals accessing homelessness services. Homelessness services data was not available prior to 2015; as such, no accurate estimates could be provided for the 30 days, and year after exit. However, after four years, more than half (54%) of care leavers had accessed homelessness services, with 42 per cent identified by the specialist homelessness service as being homeless at time of presentation.

Given the lack of data prior to 2015, this proportion is likely to be an underestimate, as individuals who used a homelessness service prior to 2015, but not afterward, are not counted in this proportion.

To gain some sense of the true proportion of care leavers who access homelessness services, we can look at the subset of the cohort which left care in the last three months of 2014—for these individuals, only homelessness services occurring in the few months directly after leaving care are missing. Analysis of this sub-cohort of 336 care leavers reveals that 229 (68%) accessed homelessness services in the four years after exit. This percentage is more likely to reflect the true proportion of homelessness service use in the care leaver cohort. It is not possible to explain from the linked data what is occurring here. However, this raises question as to whether this reflects the SHS being used as a stepping stone to longer term housing as reported by care leavers and service providers in the qualitative component of the study, or a high proportion of individuals in housing crisis, many years after leaving care. This matter is explored in more depth in the next chapter.

Table 2: The number and proportion of care leavers that had particular service records after exiting care

		In 30 days after exit		In 12 months after exit		In 4 years after exit	
		N	%	N	%	N	%
Hospital admission	Alcohol/drugs	6	0%	55	3%	239	13%
	Self-harm	12	1%	57	3%	148	8%
	Assault	-	-	14	1%	85	5%
	Injury	5	0%	58	3%	211	11%
	Mental health	12	1%	74	4%	200	11%
	Other	21	1%	231	13%	716	39%
	Any	52	3%	362	20%	979	53%
Emergency presentation	Alcohol/drugs	9	0%	86	5%	255	14%
	Self-harm	33	2%	157	9%	376	20%
	Assault	-	-	-	-	58	3%
	Injury	41	2%	323	17%	753	41%
	Mental health	33	2%	168	9%	399	22%
	Other	51	3%	417	23%	969	52%
	Any	139	8%	732	40%	1,297	70%
Alcohol/Drug Treatment		60	3%	263	14%	512	28%
Clinical mental health	Inpatient	17	1%	80	4%	217	12%
	Outpatient	184	10%	282	15%	456	25%
Community mental health services		NA	NA	49	3%	106	6%
Family services		-	-	28	2%	122	7%
Family violence		-	-	46	2%	211	11%
Sexual assault support services		7	0%	57	3%	143	8%
Public housing applications	Primary applicant	10	1%	106	6%	454	25%
	Non-primary appl.	-	-	27	1%	80	4%
Public housing tenancy	Had tenancy	390	21%	460	25%	592	32%
	New independent tenancy	-	-	53	3%	225	12%
Homelessness	At risk of homelessness	NA	NA	NA	NA	683	37%
	Currently homeless	NA	NA	NA	NA	774	42%
	Any	NA	NA	NA	NA	1,000	54%
Youth justice	Custodial	42	2%	132	7%	182	10%
	Community	37	2%	291	16%	388	21%
Mortality		-	-	-	-	13	1%

Source: Authors' analysis of linked administrative data.

3.4.2 Service use prior to leaving care

Given the high level of service use following exit from care, an important question to ask is: *To what extent is this service use attributable to the act of leaving care?* To answer this question, service use in the two years prior to leaving care was examined (see Table 3: The number of individuals who had used a particular service in the two years prior to leaving care). As reported in Table 2, there were very high rates of service use in the years preceding care exit. Nearly one in five care leavers had a prior emergency presentation for self-harm (18%), while 20 per cent had an emergency presentation for a mental health condition. Over one in five had received drug and alcohol treatment (21%). One in five had a youth justice community order, while 11 per cent were remanded or sentenced to time in a youth justice facility. As is evident, for many individuals, their exit from care did not represent the start of their pathway through services, rather, continuation of service use that commenced at a younger age.

Table 3: The number of individuals who had used a particular service in the two years prior to leaving care

		N	%
Hospital admission	Alcohol/drugs	103	6%
	Self-harm	165	9%
	Assault	37	2%
	Injury	104	6%
	Mental health	143	8%
	Other	324	18%
	Any	618	33%
Emergency presentation	Alcohol/drugs	204	11%
	Self-harm	329	18%
	Assault	-	-
	Injury	623	34%
	Mental health	378	20%
	Other	630	34%
	Any	1,109	60%
Alcohol/Drug Treatment		386	21%
Clinical mental health	Inpatient	183	10%
	Outpatient	453	25%
Community mental health services		10	1%
Public housing applications	Primary applicant	81	4%
	Non-primary appl.	51	3%
Public housing tenancies	Had tenancy	482	26%
	New independent tenancy	14	1%
Youth justice	Custodial	207	11%
	Community	376	20%

Source: Authors' analysis of linked administrative data.

3.4.3 Repeat service use

While previous tables examined the number of individuals who accessed a particular service, another important question is: *How often were these services accessed?* Table 4: Median number of services for those who had used at least one service of a particular type in the four years after exit provides information on the number of services utilised of each individual type in the four years after exit. Some datasets did not contain appropriate information for counting meaningfully discrete service events and these were excluded from the table. The table below shows the median number of services for all individuals who had at least one record of that service.

For most hospital and emergency services, individuals who utilised them typically did so only once. Repeat service use was more common for alcohol and drug treatment services, where the median user accessed the service three times, and one quarter of users accessed the service seven or more times. Individuals within the youth justice cohort tended to have multiple contacts (median of six). This is partly an artefact of justice processing, that is, the fact that a single offence can be dealt with repeatedly (e.g. a person may be initially bailed, and then later sentenced, resulting in two contacts); however, multiple contacts may also reflect a high level of recidivism.

Particularly striking was the figure for SHS use, where the median user accessed homelessness services seven times, with a quarter of users accessing SHS over 18 times. This may represent use of high volume services, where a support period is typically closed after one day, and an individual may return within a few days, when a new service period is initiated. Regardless, these results suggest high levels of housing instability.

Table 4: Median number of services for those who had used at least one service of a particular type in the four years after exit

		OHC cohort	
		Median	Interquartile range
Hospital admission	Alcohol/drugs	1	1-2
	Self-harm	1	1-2
	Assault	1	1-1
	Injury	1	1-2
	Mental health	1	1-2
	Other	2	1-3
	Any	2	1-4
Emergency presentation	Alcohol/drugs	1	1-2
	Self-harm	1	1-2
	Assault	1	1-1
	Injury	2	1-2
	Mental health	1	1-3
	Other	2	1-4
	Any	3	2-7
Alcohol/drug treatment		3	2-7
Clinical mental health	Inpatient	2	1-4
Family services		1	1-2
Family violence		1	1-2

		OHC cohort	
		Median	Interquartile range
Sexual assault support services		1	1-2
Homelessness		7	3-18
Youth justice	Custodial	6	2-15
	Community	6	3-11

Source: Authors' analysis of linked administrative data.

3.4.4 Comparing rates of service use after leaving care

A better understanding of the needs of care leavers can be obtained by comparing the extent of their service utilisation against a baseline rate of service use by the young Victorian population as a whole.

Baseline data was sourced from a variety of publicly available reports, tables and data cubes including those describing hospital admissions², emergency department presentations³, alcohol and drug services⁴, SHS⁵ and youth justice services⁶.

Table 5 compares rates of service use between the study cohort of care leavers and the Victorian population of the same age. The care leaver cohort had more than twice the rate of hospital admissions compared with all Victorians aged 15–24 over the same time period (49.7 admissions per 100 person-years (PYs) compared with 18.6 admissions per 100 PYs). Similarly, while on average 1.3 per cent of young Victorians accessed SHS in a given year, for those in the OHC cohort 31.5 per cent accessed SHS in the same period. There are clear and significant disparities in service use in care leavers compared to the rest of the population, particularly in regard to alcohol and drug treatment, and homelessness services use.

- ² Baseline information was taken from the AIHW principal diagnosis data cubes. These data cubes contain counts of admissions by age category. Data is not broken down by state. Data was extracted from 2015 to 2018 for all Australians aged 15–25. While principal ICD codes were available, the classifications used in this paper utilised both principal diagnosis codes, external cause codes and additional diagnosis codes and as such no direct comparison could take place.
- ³ Baseline information was taken from the *Emergency department care: Australian hospital statistics* series of reports by AIHW. These reports contain counts of admissions for each financial year, by state and age category. Data was extracted from 2015 to 2018 for Victorians aged 15–25.
- ⁴ Baseline information was taken from the *Alcohol and other drug treatment services in Australia* series of reports from AIHW. These reports contain counts of episodes for each financial year, by state and age category. Data was extracted from 2015 to 2018 for Victorians aged 10–29.
- ⁵ Baseline information was taken from the *Specialist Homelessness Services* annual report series from AIHW. These reports contain the number of clients for each financial year by state for young people (aged 15–24). The number of clients for years 2015 to 2018 in Victoria aged 15–24 was extracted.
- ⁶ Baseline information was taken from the *Youth Justice in Australia* series of reports from AIHW. These reports list the number of individuals under youth justice supervision for each state, and by age, by financial year. The number of clients for years 2015 to 2018 in Victoria aged 15+ was extracted.

Table 5: Rates of service use compared to the young Victorian population

	Comparable youth population	Out-of-home care cohort	Magnitude of increase in out-of-home care cohort
Hospital admissions (per 100 PYs)	18.6	49.7	2.7 times larger
Emergency presentations (per 100 PYs)	26.4	119.5	4.5 times larger
Alcohol/Drug Treatment (per 100 PYs)	1.8	38.4	21 times larger
SHS clients per year (%)	1.8	31.5	17.5 times larger
Youth justice clients per year (%)	0.7	6.7	9.6 times larger

Source: Authors' analysis of linked administrative data.

3.5 Housing and homelessness services

The following demonstrates the use of, and access to, housing and homelessness services.

3.5.1 Receiving public housing

The reality of public housing in Australia is that demand far exceeds supply and there are lengthy waiting periods. This waiting period differs by jurisdiction and is influenced by the needs of applicants, with individuals with greater housing insecurity or other needs generally placed on a priority 'early housing' list. In this section we examine the cohort of individuals who applied for public housing as the primary applicant⁷.

During the study period, 534 care leavers (29%) made applications for public housing as the primary applicant. Of these individuals, 158 (30%) received an independent tenancy during the period.

Nearly half the primary applicants (48% or 258) were placed on the early/priority housing waiting list, indicating urgent need for housing. An independent public housing tenancy was received by 48 per cent of those on the early housing list, while only 12 per cent of those not on the early housing list received a tenancy.

While the early housing list indicates an urgent need for housing, the results suggest many care leavers who were not placed on this priority list nevertheless had serious housing instability. For those on the priority list, 91 per cent had accessed homelessness services within the four year follow up window. However, for those on the regular 'wait-turn' list, 76 per cent had also accessed homelessness within the same four year follow up window.

For those who received a tenancy, the median waiting time was just over two and a half years. However, the wait time was quite variable; a quarter received their tenancy within two years and another quarter waited over three and a half years. It should be noted that these wait times are censored (i.e. biased by the length of the follow-up period)—individuals with very long wait times would not have received a tenancy within the study period, and so the true wait time for tenancy is likely to be longer. For this reason, actual waiting times for those who did not receive housing could not be accurately estimated.

Table 6 compares primary applicants who did and did not receive a tenancy in the study period. Females were more likely to receive a tenancy, making up 73 per cent of those receiving a tenancy and 53 per cent of those who did not. This is likely explained, in part, by the existence of dependents; women who gave birth made up 42 per cent of those who received tenancy, although nearly half the women who gave birth did not receive a tenancy. High rates of homelessness service use were observed in both those who did and did not receive tenancy.

⁷ While others in our cohort applied as a non-primary applicant, it is difficult to examine these cases, as we do not have information on who the primary applicant was and their situation and risk factors.

Table 6: Care leavers who made a primary applicant public housing application: comparison of those who did and did not receive tenancy

		Received tenancy		Did not receive tenancy	
		n	%	n	%
Total		158	100	376	100
Gender	Male	43	27%	178	47%
	Female	115	73%	198	53%
Indigenous	Is indigenous	49	31%	87	23%
Region	Major cities	89	56%	216	57%
	Regional/Remote	69	44%	159	43%
Gave birth in four year follow up period		66	42%	58	15%
Utilised homelessness services in four year follow up period		133	84%	312	83%

Source: Authors' analysis of linked administrative data.

3.5.2 Accessing homelessness services

Given the high rate of homelessness service use amongst care leavers, a key question is: *How do those who access homelessness services differ from those who have a more stable housing situation?* In this section, information taken from a care leaver's service use over time is used to determine what factors may be associated with a future episode of homelessness.

There is substantial literature on the causes and risk factors for homelessness. From this literature, a subset of potential predictors was identified and for which information is available in the linked Victorian dataset. For those who had used SHS, the date of first usage of homelessness services was examined along with characteristics and circumstances as at this date. For those without a SHS record, a date was chosen by randomly selecting a date from all dates of first homelessness records.

There were 1,090 individuals in the OHC cohort with a SHS record (59%). This is a larger number than what was reported in Table 2, as it includes individuals who had a homelessness record more than four years after leaving care.

Table 7 shows the proportion of those who had a SHS record in the cohort by particular homelessness risk factors. These findings are consistent with previous research on the risk factors associated with homelessness. Indigenous Australians are over-represented; making up 23 per cent of those with a SHS record, compared with 10 per cent of those who did not. Individuals with evidence of drug or alcohol misuse had higher rates of homelessness, particularly those with a history of alcohol and amphetamine use (making up 15 per cent of those who accessed homelessness services compared with five per cent of those who did not).

Similarly, poor mental health was a clear risk factor for homelessness, particularly those with a stress/adjustment disorder, personality disorder, a history of self-harm, or those who had a high number of mental health hospitalisations. Victims of sexual or physical assault made up 15 per cent and 17 per cent of those who accessed homelessness services, but only eight per cent and six per cent of those who did not. A relationship was evident between contact with the youth justice system and homelessness, with 35 per cent of those accessing homelessness services having a community-based youth justice order, compared with 13 per cent of those who did not access homelessness services.

Those on the waiting list for public housing made up 14 per cent of those accessing homelessness services, but only 4 per cent of those who did not, suggesting that individuals experienced homelessness during their wait for public housing. Over half of those with a first homelessness service record had no apparent interaction with the public housing sector and it is not clear why this is the case.

Table 7: Proportion of individuals with potential predictors of homelessness, by homelessness status, out-of-home care cohort

		Had homelessness service record		No homelessness service record	
		n	%	n	%
Total		1,090	100	758	100
Gender	Male	462	42%	379	50%
	Female	628	58%	379	50%
Indigenous		254	23%	79	10%
Region	Major cities	668	61%	510	67%
	Regional/Remote	422	39%	248	33%
History of alcohol abuse (ADIS)		148	14%	37	5%
History of alcohol abuse (secondary care)		159	15%	32	4%
History of opioid abuse		29	3%	13	2%
History of amphetamine abuse		163	15%	40	5%
History of other drug abuse		413	38%	125	16%
History of depression/anxiety		159	15%	51	7%
History of schizophrenia		48	4%	16	2%
History of stress/adjustment disorder		143	13%	38	5%
History of personality disorder		125	11%	34	4%
History of childhood onset disorders		91	8%	26	3%
History of other mental health condition		78	7%	22	3%
No. mental health inpatient admissions	1	136	12%	46	8%
	2-3	103	9%	31	4%
	4+	97	9%	24	3%
History of self-harm		379	35%	99	13%
Has cognitive/developmental disability		49	5%	16	2%
Sexual assault victim		162	15%	61	8%
Physical assault victim		186	17%	47	6%
Perpetrator of family violence		48	4%	20	3%
History of custodial sentence (youth justice)		199	18%	51	7%
History of community sentence (youth justice)		377	35%	102	13%
No interaction with public housing		555	51%	548	72%
In public housing as dependent/resident		335	31%	155	20%
In public housing as independent tenant		51	5%	23	3%
On waiting list, no housing received		149	14%	32	4%

Source: Authors' analysis of linked administrative data.

It should be noted that there are several limitations to this analysis. Firstly, there are important risk factors for homelessness which have not been included. For example, this analysis does not include information on individual employment status, level of social support, previous homelessness status, or known triggers for homelessness, such as family violence, divorce/separation or the death of a spouse or parent.

The individuals in the cohort are young and many may have continued to live with their foster/kinship family or their original family. Information on the level of parental or family support is not available. Further, only individual-based factors are included, which means broader structural factors known to influence homelessness (such as poverty, racism, discrimination and exclusion) do not form part of the analysis. Secondly, we rely on the existence of service records to determine attributes about the population; however, many may exhibit these attributes without having service records. For instance, individuals who have mental health issues which have been treated at the primary care level, or who have not received treatment at all will not be identified in this data. Similarly, those with substance misuse issues that have not resulted in treatment or emergency or hospital care will not be identified.

Finally, it is only possible to classify people as having received SHS based on the available data—it is likely that some individuals are incorrectly classified as not having received SHS, when in fact these were received prior to the commencement of record keeping in 2015.

3.5.3 Housing trajectories after leaving care

Service collections, such as public housing and the SHS dataset contain information about the care leaver cohort and these provide housing status insights. Other service collections also contain information on the individual's accommodation status at the date of service. By combining this information, a longitudinal picture of each individual's housing circumstance has been developed.

This understanding will be incomplete, however, as it was only possible to access intermittent information about an individual's housing status over time. Some individuals will have many service records, providing data at multiple time points, while others may have no administrative records other than their original care exit record, meaning that very little can be said or inferred about their housing trajectories over time. Moreover, while this project has accessed information about public housing use and SHS use, there is no 'private housing stock' database; this is inferred from recordings in other administrative collections, such as emergency department records.

In this section, individuals are categorised based on their housing trajectories in the four years after leaving care. Longitudinal housing records were created for each person, listing their housing status over time. These were examined to identify clusters of individuals with similar housing patterns. Seven clusters were identified:

- **No known housing status:** For individuals in this category, there is no available housing data. Nevertheless, some observations about this group could be made. Firstly, none of these individuals were in public housing, as no public housing tenancy information was located for them. Similarly, these individuals did not access SHS, at least after 2015. The majority of these individuals also did not have any service records in the four years after exit, including no emergency department records outlining self-harm or mental health issues, no drug and alcohol treatment, and no contact with the youth justice system.

This suggests that this group may have lower individual risk factors for housing insecurity. Given their lack of interaction with public housing and SHS, it is more likely that they occupied private residences (which may include continuing to reside in foster care) in the period after leaving care. The lack of service use by this group (which is the mechanism by which we have inferred housing status), likely indicates that these individuals represent a fairly successful group, who either avoided or overcame many issues commonly confronting those exiting care.

- **Private residence only:** Individuals in this category were in private residential accommodation for the four years after leaving care and had no record of using public housing or any other form of accommodation over this time. These individuals did not utilise SHS and there is no evidence of any other period of housing insecurity in the follow up period.

- **Resided in public housing:** Individuals in this category had a record indicating accommodation in public housing; this could be either as a dependent (i.e. with their family), as a resident or as a tenant. For most care leavers, their entry into the public housing system occurred prior to their index exit, typically as a young child (i.e. they grew up in public housing). Individuals in this category could also have records indicating they resided in housing in the private market for some of the follow up period. These individuals did not utilise SHS and there is no evidence of any other periods of housing insecurity in the follow up period.
- **Marginal forms of accommodation:** Individuals in this category did not have any evidence of homelessness or housing insecurity, but did spend time in other forms of accommodation, outside of public housing and the private market. This included individuals who were incarcerated, individuals who spent significant time in a mental health facility (episodes longer than 30 days), individuals who spent time in a drug or alcohol treatment residence, individuals who were in statutory care and individuals in supported accommodation. While these forms of housing differ significantly, they were all considered to be less stable, often short-term, suggesting that individuals may be at greater risk of housing insecurity and homelessness. Individuals in this category could also have spent time in public housing or in the private market.
- **Individuals at risk of homelessness:** Individuals in this category sought homelessness services but did not have any evidence of being homeless or in crisis accommodation within the study period. The homelessness service records of these individuals indicated they were at risk of homelessness but were currently in their own housing (for example, an individual in financial difficulties unable to pay rent, seeking advice to avoid homelessness).
- **Individuals with a single episode of homelessness:** Individuals in this category had a single episode of homelessness listed. This included those rough sleeping, couch surfing, those in short term/crisis accommodation and lodgers in boarding houses. Records containing evidence of homelessness were considered to relate to the same episode if they occurred within 90 days; otherwise, they were treated as separate instances of homelessness.
- **Individuals with multiple episodes of homelessness:** Individuals in this category had two or more periods of homelessness listed. Individuals who were rough sleeping, couch surfing, in short term/crisis accommodation or lodgers in a boarding house were included in this category. Once again, records of homelessness were considered to relate to the same episode if they occurred within 90 days; otherwise, they were treated as separate episodes of homelessness.

The categorisation of individuals into these seven clusters is shown in Table 8. Nearly one in five care leavers (18%) had no information on housing status, while 16 per cent resided in the private market for the term of the study. Together these likely constitute the most successful of care leavers in the cohort, utilising limited services and not requiring social housing. A small proportion of the cohort received public housing support, but otherwise had stable housing (6%). Comparing this with results from Table 2, which show that 32 per cent of the care leaver cohort were in a public housing tenancy at some point, suggest that the majority of those who were in public housing had marginal or unstable housing at some point, either before or after their public housing tenancy.

It is notable that one third of care leavers fell into the most vulnerable category; those with multiple episodes of homelessness, while 11 per cent had a single episode of homelessness. This again suggests the challenge of escaping homelessness and retaining housing stability; of the 44 per cent that experienced an episode of homelessness, three quarters (33%) had multiple episodes of homelessness.

Table 8: Categorisation of housing trajectories after leaving care

	OHC cohort	
	N	%
No known housing status	330	18%
Private residence only	293	16%
Resided in public housing	119	6%
Marginal accommodation	63	3%
At risk of homelessness	223	12%
Single episode of homelessness	209	11%
Multiple episodes of homelessness	611	33%

Source: Authors' analysis of linked administrative data.

3.6 Service delivery pathways

The previous sections have demonstrated the vulnerability of care leavers, with high levels of contact across a number of service areas, including youth justice, health and mental health, alcohol and substance misuse, and housing and homelessness. This highlights the centrality of interagency collaboration between these services if outcomes are to be improved for care leavers.

In this section we analyse the extent to which service delivery is 'joined-up'; that is, where appropriate referrals occur, and where referred services are accessed. The available linked administrative data allows us to investigate this issue in two areas. Firstly, we can assess whether, following a hospital admission, referrals to services (such as community mental health and alcohol and other drug services) occur. Secondly, we can examine the extent to which individuals identified as homeless on administrative service records access homelessness services after the service event.

3.6.1 Services after leaving hospital

The Victorian Admitted Episode Dataset contains information on all referrals provided on separation from hospital. For many referred services, such as to the individual's general practitioner, there is insufficient service data to investigate continuity of care. However, referrals to alcohol and drug treatment and community mental health services are examined to determine where there was continuity in service delivery.

Alcohol and drug treatment services

Despite 13 per cent (239) of care leavers being hospitalised for alcohol or substance use, with a total of 422 hospitalisations, on only three occasions were referrals made to alcohol and drug services. As such, it is not possible to infer anything about the level of joined-up service delivery. However, there appears to be scope to increase the level of referrals to alcohol and drug treatment services.

Community mental health

There were 492 hospital separations of care leavers in which a referral to community mental health services was issued. In 87 per cent (428) of occurrences, community health services continued the care of the individual in the community, with a service record occurring within 30 days after separation from hospital. This included both new community services, and continuation of pre-existing community mental health service provision for the individual in question. For 13 per cent (64) of care leavers, there was no community mental health treatment in the 30 days after separation from hospital, despite a referral from hospital. It is not possible to determine the cause of this discontinuity in service provision from the data.

3.6.2 Exits into homelessness

Service access provides a means to identify and provide support for individuals experiencing homelessness. A policy of 'no exits into homelessness' has been suggested as a mechanism for reducing homelessness (Homelessness Taskforce, 2008). Under this policy, individuals identified as homeless and released from hospitals, mental health services, drug and alcohol services and statutory care are referred to specialist homelessness services.

This study investigated the extent to which individuals were identified on administrative service records in non-homelessness services (such as hospitals, alcohol and drug treatment etc.) as homeless and whether these individuals accessed specialist homelessness services after exit.

A number of data collections contained information on housing status at the time of service, including the Victorian Emergency Management Dataset, the Family Services dataset, the Alcohol and Drug Information System and the Clinical Mental Health system (CMI/ODS). Additionally, individuals in the Victorian Admitted Episode Dataset who are currently homeless can have this coded as an additional diagnosis. The housing dataset also identifies individuals who identified as being homeless at the time of public housing application.

In Table 9, for each dataset listed above, the records that listed an individual as homeless were cross-checked to determine whether they had a homelessness service record in the three months before or after. While the exact proportion differed between datasets, between 27 and 56 per cent of individuals who were listed as homeless on a service record did not access homelessness services after the service record. Individuals may not access homelessness services after their service record if they are already receiving support from a homelessness service; however, between 15–36 per cent of the time, homelessness services were not accessed either before or after the service date.

The data does not allow us to determine why this was the case. It is not possible to tell if these individuals received referrals to homelessness services upon service exit, but did not utilise them, or if they did not receive referrals in the first instance. However, it is clear that many individuals in the care leaver cohort have homelessness episodes without utilising homelessness services, and that these individuals can be identified at the time of service use. Improvements in moving these individuals along the referral pathway by SHS will help this vulnerable population.

Table 9: Comparison of evidence of homelessness in secondary datasets with homelessness service access

		Out-of-home care cohort
		N
Alcohol and Drug Information System	Number of records indicating homelessness ¹	357
	Number of individuals this represents	141
	Proportion of the time homelessness services were utilised:	
	<ul style="list-style-type: none"> • in the three months after record identifying homelessness • in the three months before or three months after record identifying homelessness 	45% 64%
Victorian Emergency Management Dataset	Number of records indicating homelessness ¹	219
	Number of individuals this represents	87
	Proportion of the time homelessness services were utilised:	
	<ul style="list-style-type: none"> • in the three months after identified homelessness episode • in the three months before or three months after identified homelessness episode 	66% 74%

		Out-of-home care cohort
		N
Victorian Admitted Episode Dataset	Number of records indicating homelessness ¹	131
	Number of individuals this represents	65
	Proportion of the time homelessness services were utilised:	
	<ul style="list-style-type: none"> • in the three months after identified homelessness episode • in the three months before or three months after identified homelessness episode 	73% 85%
Public Housing Record	Number of records indicating homelessness ¹	958
	Number of individuals this represents	428
	Proportion of the time homelessness services were utilised:	
	<ul style="list-style-type: none"> • in the three months after identified homelessness episode • in the three months before or three months after identified homelessness episode 	44% 66%

Source: Authors' analysis of linked administrative data.

3.7 Implications

A key finding in this analysis of linked data was the high level of service use by care leavers. In many ways this was not a new finding, as many qualitative and survey-based studies have identified similar patterns. However, in utilising data on all Victorian care leavers from 2013 and 2014, the study provides the most complete and comprehensive examination of this issue to date.

The high level of service use is indicative of the needs and vulnerabilities of care leavers. Given the high level of service use identified prior to leaving care, the findings suggest that support to care leavers should be offered earlier in their care journey. A focus on prevention, screening and early intervention, rather than on crisis management, may provide better outcomes (RACP 2006). The high level of service use by care leavers also points to a significant economic cost. As well as the social and moral obligations to improve outcomes for this vulnerable population, such interventions could be cost-saving in the long term, if they can reduce reliance on services.

While the use of linked data facilitated an investigation into the entire population of care leavers, the questions that can be answered are limited by the data items recorded in these collections. Introducing data items specifically describing individual's exits from care will enable improved reporting and monitoring. This would provide policy makers with the evidence base required to push for change—it is difficult to draw attention to an issue for which there is no systematically recorded evidence.

These findings document the extent to which care leavers struggle to find stable accommodation. With more than half of Victorian care leavers accessing homelessness services in the four years after exit, there is a profound need for further housing support for this vulnerable group. Once homeless, it appears particularly difficult for this group to transition to stable housing, with high levels of repeat use of homelessness services evident. These findings suggest that housing support must take into account the unique needs and characteristics of care leavers, including provision for the quarter of female care leavers who have a child in the years immediately after leaving care.

A key recommendation of the Australian Government's 2008 white paper on reducing homelessness *The Road Home* (Homelessness Taskforce 2008), was a 'no exits into homelessness' policy, where homeless individuals accessing government services would have their housing needs addressed prior to discharge from that service. The results from this part of the study show that many individuals are accessing and exiting a range of services while homeless, with no use of SHS. These findings suggest that a 'no exit into homelessness' policy would provide significant benefit to this vulnerable cohort.

3.8 Policy development options

Out-of-home care and child protection are funded, delivered and managed at the jurisdictional level in Australia. However, at the national level, the Child Protection National Minimum Dataset Specification (CPNMDS) describes the data items that must be recorded by all state-based child protection agencies. This data is then provided to the Australian Institute of Health and Welfare (AIHW) for national reporting.

The current data specification includes information on OHC placements but does not contain data items regarding an individual's exit from care. However, the CPNMDS is expected to expand over time to include additional data items (AIHW 2014); as such, there is opportunity to mandate data items on exit from care across all state-based child protection systems.

Further work is required to determine data items that will be most useful and their specification. However, at the very least, information on the planning directed at housing post care and the housing situation on leaving care should be recorded (i.e. whether returned to their original family, stayed with their foster family, or found public housing, private rental, temporary accommodation, or were homeless).

Finally, the findings from this chapter evidence the high rates of homelessness service usage and experience for care leavers. A targeted approach to meet the housing needs of care leavers is called for, considering their difficult life experiences prior to, during, and after leaving out-of-home care.

4. Intersecting and unmet needs

- **This mixed methods chapter integrates qualitative and quantitative findings, using the pillar integration process.**
- **A lack of collaborative housing planning—described as haphazard and inconsistent—is common, gives rise to a range of intersecting and unmet needs, and has implications for service usage patterns.**
- **The lack of developmental readiness of care leavers to live independently is compounded by having few safety nets and intersecting unmet needs.**
- **The SHS system is used as a stepping stone and sole solution to housing in lieu of leaving care planning prior to young people leaving care.**
- **Care leavers who had residential care experiences and Indigenous young people demonstrate consistently poorer outcomes and higher levels of unmet needs.**

4.1 Background

National and international research provides overwhelming evidence that care leavers have poor outcomes (Mendes and McCurdy 2020) and that these experiences often intersect; creating layers of vulnerability and disadvantage. While these challenges are germane to many young people, they are magnified for care leavers, and in particular Indigenous care leavers with direct links to experiences of the Stolen Generation (Menziez 2019). Many practitioners and authors rightfully question if young care leavers are developmentally ready, particularly given they usually have fewer opportunities to develop the skills needed to live independently (Department of Social Services 2015a).

Furthermore, many care leavers do not have stable and consistent social or material support when leaving care (Johnson, Natalier et al. 2010). These barriers are accentuated for Indigenous care leavers, who need culturally appropriate support and good quality cultural plans when exiting care (MacKenzie, Hand et al. 2020).

Children and young people placed in residential care often have complex, multiple and unmet needs (AIHW 2020a). A report by the Victorian Auditor General (2014) found poorer outcomes for children in residential care compared to other types of care. This was attributed to the residential care system operating over capacity, staff transience, and a lack of training and skills and support of staff. The report also found that therapeutic residential care achieved better outcomes than standard residential care due to enhanced staff capability (Victorian Auditor General 2014). However, other studies suggest that the outcomes for children and young people in residential care are no worse than other forms of care (De Swart, Van den Broek et al. 2012; Portwood, Boyd et al. 2018).

This suggests, then, that it is not necessarily the type of care that creates worse outcomes, but rather it is a reflection of intersecting unmet needs and vulnerabilities of those placed in residential care.

Poor outcomes can be attributed to experiences pre care and while in care, as well as a lack of support when exiting care. Children and young people in the OHC system come from family backgrounds of disadvantage, poverty, disability and mental illness, and many have experienced abuse, neglect, family violence or parental substance abuse before entering care (Mendes, Johnson et al. 2011). Early childhood abuse, neglect and maltreatment have long term impacts and can lead to changes and effects in brain structure and development, including general cognitive and language delay, bias in the processing of social and emotional information, and changes to executive functioning (McLean 2016).

The experience of being removed and placed in care, and experiences while in care, contribute to vulnerability. For example, stability of care and emotional security significantly contribute to post care outcomes (Cashmore and Paxman 2007; Dixon, Lee et al. 2015). Placement stability is associated with positive outcomes (Jones, Everson-Hock et al. 2011), while a lack of stability in care has negative effects (Mendes, Johnson et al. 2011). Further, Baldwin, Biehal et al. (2019) found that children in OHC were significantly more likely to have reactive attachment disorder (RAD) than children who had also experienced maltreatment but had never been in care.

These factors point to the need for effective and coordinated support while in, and when leaving, care for a particularly vulnerable group of young people. However, as reported previously, there is little evidence of systematic and comprehensive leaving care planning occurring. This chapter draws together quantitative and qualitative findings to extend earlier findings and inform future research and policy directions.

4.2 Methodology: Pillar integration process

The pillar integration process (PIP) was applied to analyse the qualitative and quantitative data sources. The PIP is a four-stage analytic technique that systematically integrates qualitative and quantitative findings using a joint display format. The four stages to PIP are: 1) listing, 2) matching, 3) checking, and 4) pillar building (see detailed information below). These stages are completed sequentially after the initial and separate quantitative and qualitative analyses (Johnson, Grove et al. 2017).

Table 10 details the integration of qualitative and quantitative findings, leading to the mixed method themes located in the centre of the table. In this study, analysis involved a team of eight, comprising four members from the quantitative and qualitative teams. Either the quantitative data or qualitative code column can be used as the starting point. This study started with the qualitative codes due to the sheer volume of quantitative findings. The four stages are:

Stage 1: Listing

Listing can be either comprehensive (including all codes and data) or selective (including particular codes, data or emerging themes). This study utilised selective listing due to the volume of data. Central and common themes found in the qualitative analysis were listed in the qualitative column and selected quotations were associated with the themes. By the end of the listing stage, the qualitative codes and qualitative category columns of the joint display were completed.

Stage 2: Matching

After the relevant data were listed in the qualitative columns, the quantitative team matched the opposite qualitative column data, aligning similar data, and refining and organising existing categories. This iterative process involved organising and comparing across rows of the joint display so that the qualitative items were considered for matched patterns, parallels and similarities with the quantitative items. This process highlighted qualitative items that did not have a matching quantitative counterpart. Where no matches were found, the qualitative threads were abandoned, so that by the end of matching, the columns containing the quantitative data and categories and qualitative codes and categories were completed.

Stage 3: Checking

After matching, the data were checked for quality purposes with data in the four completed outside columns cross-checked for completeness to ensure the rows were appropriately matched. Any identified gaps were double checked and verified to ensure that raw data could provide an appropriate match. This process safeguarded the quality of integration by ensuring that the emerging patterns were of equal importance. Therefore, when qualitative and quantitative categories did not match, they were removed. This iterative process continued until clear patterns emerged.

Stage 4: Pillar building

In this stage, the pillar, which represents a new theme emerging from integration of qualitative and quantitative data is built and represented in the central column (Table 10). This was done by comparing and contrasting the findings developed from the listing, matching and checking stages, and conceptualising the insights identified from connecting and integrating the qualitative and quantitative columns. This stage was completed by one researcher from the qualitative and another from the quantitative team. Inferences about patterns, insights, or themes and possible explanations were interrogated. After developing all the themes in the pillar column, the quantitative and qualitative researchers developed narratives which underpin the pillar. The pillar themes are: leaving care planning; accessing services; and Indigenous experiences and differences, with the sub-themes shown in the tables and ensuing text.

4.3 Leaving care planning

This theme is underpinned by two subthemes of '*lack of collaborative housing planning*' and '*developmental readiness and safety nets*'. A pattern of haphazard, inconsistent and in some cases, non-existent planning to address care leavers' housing was found in quantitative and qualitative data. The lack of collaboration with, or involvement of, the care leaver is deliberately emphasised here, in light of the focus on young people's involvement in care planning in Australian child protection and OHC policy. It is also noted that this lack of collaborative planning was emphasised for those in residential care.

Further, this lack of planning was compounded by the subtheme '*developmental readiness and safety nets*' which shows that many care leavers were emotionally and practically unprepared to live independently, and lacked safety nets such as family support, other relationships and material resources that could assist in responding to unexpected issues or problems. The role of intersecting factors like poor mental health or substance misuse also play out in this theme, reflecting the links between homelessness, drug and alcohol use and mental health problems demonstrated in the administrative linked data findings and in other studies (Johnson, Natalier et al. 2010; Russell, Soong et al. 2020).

Table 10 shows the pillar building process, working with quantitative findings from the linked data analysis and qualitative themes to create integrated understanding of the relationships between these data.

Table 10: Planning processes for leaving care

Quantitative data	Quantitative categories	Pillar building themes	Qualitative categories	Qualitative codes (Quotes)
Public housing applications: <ul style="list-style-type: none"> Primary applicant (81) 4% New independent tenancy (14) 1% 	<p>Very few individuals (4% or 81) in the cohort applied for public housing prior to leaving care with 1% (14) receiving a public housing tenancy upon leaving care.</p>	Lack of collaborative housing planning	<ul style="list-style-type: none"> Leaving care (planning and preparedness). Homelessness or return to family of origin seen as only options. 	I mean (statutory care agency) said they applied for (public) housing. Turns out they ... didn't write a letter, they just said they did, and ... it's a seven-year waiting list. You know, you don't expect much.' (WASU2)
	<p>Many care leavers have limited resources and ability to enter the private market or have social supports to provide accommodation.</p>	Developmental readiness and safety nets	<ul style="list-style-type: none"> Leaving care (planning and preparedness) Safety nets. 	It's just getting a rental history ... I don't feel like that service helped me ... they kind of gave me a false hope ... 'Yeah, you can do it ... go and apply' and they didn't really let me know the reality of it, of: You're a nobody walking in ... you can't get on the lease. Maybe I should have started smaller and tried to sublet and just go through flatmates or something. (VSU2)
Public housing applications: <ul style="list-style-type: none"> Primary applicant at 30 days (10): 1%; 1 year: (106) 6%; 4 years: (454) 25% 	One quarter of the cohort made an application for public housing in the four years after leaving care (454).	Lack of collaborative housing planning	<ul style="list-style-type: none"> Leaving care (planning and preparedness) Specifically: housing planning not occurring prior to leaving care, including public housing applications 	I want to try and at least put in a transfer to a Housing Commission that isn't as dangerous, or not in such a bad area. There have been police raids down the street. I've had 20 different things go wrong maintenance wise in the place (VSU1)
Homelessness services access after leaving care: <ul style="list-style-type: none"> Foster care: 52% Residential care: 66% 	Homelessness services were accessed by 66% of those who exited residential care (compared to 52% of those in foster care).	Developmental readiness and safety nets	<ul style="list-style-type: none"> Leaving care (planning and preparedness) Safety nets Relationships Intersecting needs 	I was kind of stressed about that for weeks, months even. Before I turned 18 I actually had several panic attacks ... because like ... at 18 it didn't seem right to like, ... find your own house without any support. (VSU6)
Alcohol/drug hospitalisations: <ul style="list-style-type: none"> Foster care: 9% Residential care: 22% Inpatient MH treatment: <ul style="list-style-type: none"> Foster care: 12% Residential care: 17% Youth justice community orders: <ul style="list-style-type: none"> Foster care: 16% Residential care: 37% 	<p>Alcohol/drug hospitalisations were accessed by 22% of those in residential care, compared to 9% in foster care, inpatient mental health treatment was accessed by 17% of those in residential care compared to 12% of those in foster care.</p> <p>Stark differences in contact with the youth justice system with 37% in the residential care group compared with 16% in foster care group.</p>	Developmental readiness and safety nets	<ul style="list-style-type: none"> Leaving care (planning and preparedness) Safety nets ('surprise' for care leavers who thought they would stay with foster carers, yet advised at the last minute this was not possible) Relationships (relying on service providers for social connections) Intersecting needs 	I just wouldn't communicate with them [workers]. Like, if they'd try and get in contact with me, I'll dodge them, like, I would, like, I don't want anything to do with them because ... I ... was just a hurt child and I just didn't want to be around anyone. I wanted to be around drugs that I thought made me happy and that. But like, yeah, it really didn't. (VSU20)

Source: Authors' analysis of data.

4.3.1 Lack of collaborative housing planning

The lack of planning for housing is reflected in the quantitative data with almost one third (29%) of all care leavers applying for public housing within four years of leaving care, suggesting applications were not made while the young person was in care. Further evidence of a lack of collaborative planning for housing upon leaving care is reflected in that two thirds of residential care leavers and over half the foster care leavers accessed SHS after leaving care. Qualitative data supports these findings with participants unable to recall planning conversations or saying these occurred a month or two before they turned 18.

If planning occurred, it was not collaborative and often involved the child protection agency emphasising the urgency of the situation because the young person was about to age out of care. Conversations tended to involve case managers providing a lot of information about programs and agencies, yet care leavers reported feeling overwhelmed and unable to make informed decisions about which services were likely to meet their needs. Further, support offered was of a material nature and while appreciative of this, many care leavers felt that their emotional needs were ignored.

Additionally, when these planning conversations occurred, young people said they found it difficult to understand the supports and referrals on offer, stating the reasons for being in care (e.g. trauma) impacted on their capacity to assert themselves or ask further questions about the services and supports being discussed. Unless the care leaver had an advocate or support, often from a non-government leaving care agency, they had no idea of what supports were available and therefore did not request specific resources such as ongoing funding for health needs or material support to enable independent living (e.g. furniture, bond assistance, driving lessons).

Given the rushed, poorly timed approach to planning reported by most participants, it is not surprising that they were applying for public housing after leaving care or accessing homelessness services. It would also appear that the Lead Tenant transitional accommodation program available to Victorian participants delayed an application for public housing for some care leavers.

4.3.2 Developmental readiness and safety nets

The high rates of homelessness service use, hospitalisations due to drug and/or alcohol use, inpatient mental health admissions, and youth justice system contact suggest that many of the care leavers were not developmentally ready to live independently; a trend that was exacerbated by the absence of safety nets, particularly for those who lived in residential care. Young people from residential care have less opportunities to develop living skills in a natural setting. Those with experience of residential care gave examples of kitchen cupboards and laundries being inaccessible to them, meaning they could not explore these domains of living skills in a natural or opportunistic manner.

Many other domains of independent living were also lacking, such as budgeting and cleaning. The extent to which higher rates of homelessness service use are directly related to limited independent living skills and poor leaving care planning processes is unclear, as those in residential care typically have more complex needs (Maclean, Taylor et al. 2017).

A growing body of evidence highlights the necessity of leaving care support which is based on the unique developmental, social and emotional needs of individuals, rather than an arbitrary age for exit from OHC (Campo and Commerford 2016). It is known that most care leavers are not developmentally ready at 18 years to live independently (Mendes and McCurdy 2020). To address this, relationship-based models of tailored support are considered vital (Mendes and Purtell 2017; Mendes and Purtell 2020).

Aside from the lack of opportunities to develop independent living skills, most participants reported having few or no safety nets. These safety nets are usually provided by a family and include modelling how to respond to challenges and support to resolve unexpected issues. This includes everyday events such as dealing with an unexpected bill, providing care if unwell or driving someone to an important appointment. The lack of safety nets, coupled with poor planning processes and the limited opportunities to develop living skills, meant these young people were alone and had no one to rely on for advice, support or practical assistance.

This further undermines the young person's sense of ontological security—meaning they lack confidence and trust that there are people or services who can and will assist them when they need it. As a result, care leavers reported feeling isolated and alone; relying on service providers for a sense of connection. However, intersecting experiences such as trauma, poor mental health and substance misuse impeded the care leavers' ability to seek help from, or build relationships with, service providers.

4.4 Accessing services

The two main subthemes here are '*factors mediating help-seeking*' and '*Specialist homelessness services used as a stepping stone to housing*'. The first subtheme speaks to care leavers' help-seeking behaviours, which are mediated by intersecting factors such as trauma, mental health and substance misuse as well as their previous, often tumultuous experience with service providers. The subtheme '*Specialist homelessness services used as stepping stone to housing*' reflects the poor or non-existent housing planning for leaving care detailed in the previous theme.

Table 11 shows the pillar building process associated with this theme and sub-themes.

Table 11: Accessing services

Quantitative Data	Quantitative categories	Pillar building themes	Qualitative categories	Qualitative codes (Quotes)
<p>Proportion young people in OHC not accessing services:</p> <ul style="list-style-type: none"> There were 330 (18%) individuals who did not access services. 	For 18 percent of individuals (n=330), no information on their housing after leaving care is available and they accessed few if any services.	Factors mediating help-seeking	<ul style="list-style-type: none"> Leaving care (planning and preparedness, including smooth transitions) Safety nets Relationships Intersecting factors 	If you're taking a housing first approach and harm-reduction, and no-fail system of support, then it might be that you're moving a young person that fails in one tenancy into another property ... it might be that that happens numerous times. (WASP)
	Not accessing SHS or public housing, suggesting they are in the private market, or have remained with their foster or kinship families.	Factors mediating help-seeking	<ul style="list-style-type: none"> Leaving care (planning and preparedness – smooth transitions) Safety nets Relationships Intersecting factors 	I never felt like I had to leave. My (foster) parents are very welcoming, ... they never expected me to move out until when I was more independent and had a job ... I never felt pressure to move out. (VSU8)
	They have had no contact with the youth justice system, no episodes of alcohol and drug treatment, and no emergency presentations for mental health issues or self-harm, all risk factors for housing instability.	Factors mediating help-seeking	<ul style="list-style-type: none"> Leaving care (planning and preparedness – smooth transitions) Safety nets Relationships Intersecting needs. 	I dealt with all my depression by myself. I didn't bother anyone with it. (VSU18)

Quantitative Data	Quantitative categories	Pillar building themes	Qualitative categories	Qualitative codes (Quotes)
<p>Primary evidence:</p> <ul style="list-style-type: none"> Had homelessness service record only (1,000) 54% 	<p>There was a large proportion of individuals in our cohort who accessed homelessness services (54% or 1,000).</p>	<p>Specialist homelessness system used as stepping stone to housing</p>	<ul style="list-style-type: none"> Leaving care (poor planning and preparedness for leaving care). Safety nets Multiple, unmet and intersecting needs. 	<p>It's very difficult for young people to access youth specific accommodation that is not sitting in the homelessness service system ... so they have to become homeless, or at risk of, to actually access. (VSP)</p>
<p>Homeless not accessing services:</p> <ul style="list-style-type: none"> Individuals who had a homelessness episode not identified by homelessness service (205) 11% Secondary evidence of homelessness from other administrative datasets identified an additional 4-7% of individuals who were homeless in the four years after exit. 	<p>There were 205 individuals (11%) who had a homelessness episode for which they did not access homelessness services. (Identified as homeless in a secondary dataset where a homelessness record during the three months before or after this service date could not be identified)</p>	<p>Factors mediating help-seeking</p>	<ul style="list-style-type: none"> Relationships (avoid SHS, negative service delivery experiences and mediated by intersecting factors). 	<p>I guess I found it difficult to talk to them because it just seemed like another authority figure type thing ... because of having so many different case workers in and out of my life. (WASU12)</p>

Source: Authors' analysis of data.

4.4.1 Factors mediating help-seeking

Many young people had negative care and service delivery experiences which, in turn, influenced their help-seeking behaviours. Participants reported this led to a type of service delivery 'fatigue' and wariness. Additionally, the impacts of intersecting factors such as trauma, mental health and substance misuse mediated the willingness to seek help, engage and sustain professional relationships with service providers. Participants provided extensive detail on the factors, conditions and contexts which enabled or prohibited their engagement with services.

First and foremost, the relationship between a care leaver and worker was highlighted. Consistency and reliability were emphasised by participants, as continuity builds trust, which was described as an uncommon experience for many care leavers. These relational approaches were characterised by the young person being viewed as a person, and more than 'just another case'. Further, the need for services to assertively engage and persist with this group of young people, even when they appeared disengaged or disinterested, was affirmed as key to successful experiences of service delivery.

These factors highlight the relevance of trauma informed principles underpinning practice with these young people and the importance of service delivery that attends to safety (physical and emotional), collaboration, power sharing, empowerment, choice and control, which facilitates successful engagement and outcomes (Blue Knot Foundation 2020). Frequent and abrupt changes in care disrupted relationships with services providers, and, for some young people, left them unwilling to engage or seek help. These young people explained that they had experienced so much disruption, loss and trauma that the thought of telling their story to another worker, and potentially many more workers, before their needs were met, was unpalatable.

These experiences illustrate the ontological insecurity for care leavers who are subject to frequent, and in some cases, long-term disruptions and attachments in informal and formal relationships. As previously discussed, there are significant challenges to building a sense of ontological security for this cohort.

The finding that many young people do not access public housing and/or homelessness services should be interpreted with caution as it can be viewed both positively and negatively. Positively, where some young people experienced smooth transitions, that is, they stayed with carers or they belong to the moving on group according to Stein's model (Stein 2012) and had experiences of ontological security. These individuals may represent a fairly successful group who have housing stability and have been able to avoid many of the issues common for those exiting care.

The maintenance of housing could also speak to the small proportion of participants who remained in foster or kinship care, consequently reporting they did not have a 'transition' or experience of leaving care—their accommodation, social connections and support and other needs continued to be met in the (foster) family home. This group are akin to their non-care peers in that they remain with their families until such time they feel prepared to leave home and become independent. This group reported a sense of ontological security in that they felt reasonably certain about who they would live with, the types of safety nets they relied upon and what the next few years of their lives would hold (i.e. further education, training and employment).

Conversely, the finding could also be viewed negatively and may relate to the lack of leaving care planning and preparation. For those who had a recorded homelessness event in secondary data sources (such as hospitals and alcohol and drug services) and who did not engage in the SHS, it is possible they avoided these services based on previous unsatisfactory experiences of service delivery and/or the impact of intersecting needs. A small group of individuals may have relied on informal networks to meet their housing needs and avoid engagement with the SHS.

4.4.2 Specialist homelessness services as a stepping stone to housing

The 54 per cent of care leavers accessing the SHS most likely reflect poor planning for leaving care processes. The qualitative researchers heard numerous reports of the SHS system being used as a stepping stone to housing because little or no planning for housing had occurred prior to leaving care. As such, the SHS is inadvertently positioned as a solution to address the housing needs of care leavers when the OHC system does not provide this assistance. In both Victoria and WA, participants were eligible to apply for social or public housing before they left care; however, poor planning processes meant they didn't make an application, or were rarely referred to housing providers. That is, individuals who required public housing assistance in the years after leaving care presumably also required this assistance at the time of leaving care, yet these applications were not made (also noted by WA Auditor General 2018).

4.5 Indigenous experiences and differences

The two main subthemes that emerged under this theme are '*enduring and intersecting disadvantage and vulnerability*' and '*differential service usage*'. The first subtheme reflects the intersection of racist practices and experiences, lifelong disadvantage, poor leaving care planning and negative service delivery experiences. These factors and experiences are directly linked to the enduring impacts of colonisation on Indigenous Australians (AIHW 2020d). The subtheme of differential service usage highlights the divergent pattern of accessing government services between indigenous and non-indigenous care leavers. The effects of colonisation and the resulting historical trauma for Indigenous people are wide-ranging and impact health, wellbeing, cultural, economic and other life outcomes. The forcible removal of Indigenous children from their families now referred to as the Stolen Generations, has left a particularly traumatic legacy (Menziez 2019). Similarly, culturally appropriate and safe support for Aboriginal care leavers is not widely available (MacKenzie, Hand et al. 2020) and good quality cultural plans when exiting care, involving Aboriginal Community Controlled Organisations are crucial (Mendes, Standfield et al. 2020).

Indigenous Australians have a lower life expectancy than non-Indigenous Australians with estimated gaps ranging between 11 and 20 years (Phillips, Morrell et al. 2014). Influencing factors on negative outcomes are complex and intertwined. Indigenous women, not only in Australia but globally, experience higher levels of intimate partner violence and mental ill health, which are related to and exacerbated by poverty, discrimination, and substance misuse (Chmielowska and Fuhr 2017). Further, Indigenous children in Australia experience high levels of adversity and disadvantage which increases the risk of developing mental illness (Twizeyemariya, Guy et al. 2017).

There is evidence that some of these negative outcomes are directly related to the Stolen Generations, with a recent report by the Australian Institute of Health and Welfare (2018) finding that the Stolen Generations proxy population (surviving members of those who had been removed from their families) experienced higher rates of negative outcomes than the Indigenous population that had not been removed. For example, they were 3.3 times more likely to have been incarcerated in the last five years, 2.2 times more likely to be charged by police in their lifetime and 1.8 times more likely to have government payments as their main income source (AIHW 2018).

Table 12 provides details on the sub-themes underpinning Indigenous care leaver experiences.

Table 12: Indigenous experience and differences

Quantitative Data	Quantitative categories	Pillar building themes	Qualitative categories	Qualitative codes (Quotes)
<p>Emergency Department presentations within 4 years of leaving care:</p> <p>Self-harm:</p> <ul style="list-style-type: none"> Indigenous 26% Non-Indigenous 19% <p>Mental Health:</p> <ul style="list-style-type: none"> Indigenous 28% Non- Indigenous 20% <p>Any reason:</p> <ul style="list-style-type: none"> Indigenous 79% Non- Indigenous 68% 	<p>The proportion of the Indigenous cohort attending the emergency department was higher for all sub-categories when compared to non-indigenous. Significantly higher presentations for reasons of self-harm and mental health.</p>	<p>Enduring and intersecting disadvantage and vulnerability</p>	<p>Intersecting factors:</p> <ul style="list-style-type: none"> Vulnerability in relationships tied to housing. Homelessness experience resulted in sexual assault (while still in care). 	<p>When I slept on the streets, I ended up getting sexually assaulted, and I blame the government department for that, because they didn't put me in an emergency foster care ... (VSU19)</p>
<p>Alcohol and drug treatment programs:</p> <ul style="list-style-type: none"> Indigenous 37% Non- Indigenous 26% 	<p>Higher proportions of service use by indigenous cohort for alcohol and drug treatment services.</p>	<p>Enduring and intersecting disadvantage and vulnerability</p>	<p>Intersecting factors:</p> <ul style="list-style-type: none"> Alcohol and other drug use reported by many Indigenous participants and framed as a coping mechanism in dealing with trauma. One participant identified they were born with foetal alcohol syndrome. 	<p>I'd get up, have a shower, have a cone, have a pipe, have a ciggie ... just don't care. ... when I was younger, something pretty bad happened ... that kind of ran through my head a lot. (VSU20)</p>
<p>Youth justice contact:</p> <p>Youth Detention:</p> <ul style="list-style-type: none"> Indigenous 17% Non- Indigenous 8% <p>Community-based orders:</p> <ul style="list-style-type: none"> Indigenous 31% Non- Indigenous 19% 	<p>Higher proportion of contact with justice system by Indigenous care leavers.</p>	<p>Enduring and intersecting disadvantage and vulnerability</p>	<ul style="list-style-type: none"> Three participants spent time in prison (ranging from months to years) 	<p>I've been homeless since I was 16, due to family violence and stuff like that ... well in and out of gaol, I've had to find in between care and refuges, yeah, and hostels and stuff like that, yeah. (VSU16)</p>

4.5.1 Enduring and intersecting disadvantage and vulnerability

The Indigenous cohort within the quantitative and qualitative elements of the study represented some of the most vulnerable and disadvantaged participants. This group had higher rates of service use for many service types, including SHS. There was evidence of higher exposure to violence and domestic violence by the Indigenous cohort within four years of leaving care, as well as elevated levels of accessing alcohol and drug treatment services. This vulnerability was compounded by examples of poor transition planning, limited safety nets, and experiences of homelessness. This cohort identified many intersecting factors and unmet needs, and limited interagency communication. Kinship connections were very important for this group, highlighting the importance of supportive relationships and connection to culture and country. A small number of Victorian Indigenous care leavers spoke of the significance of being linked into an ACCO and how this has facilitated reconnection to culture and kin. However, some young people were placed in OHC a considerable distance from their birth family and country, making it more difficult for them to reconnect with their community and identity during and after leaving care.

4.5.2 Differential service usage

Some of the difference in the experiences of Indigenous and non-Indigenous care leavers align with known and persistent differences between these groups at a population level. For example, Indigenous people are generally over-represented in the criminal justice system, with rates of contact far exceeding those of the non-Aboriginal population (ABS 2016). The marked difference in housing and homelessness service utilisation between Indigenous and non-Indigenous care leavers also speaks to disadvantage, vulnerability and the pressing needs of young Indigenous care leavers (AIHW 2020d).

4.6 Policy development implications

Based on the findings presented in this chapter, the following policy implications arise:

- The need for increased and intentional collaboration between agencies and services responsible for housing planning for care leavers is clear, and among many benefits would reduce the number of times a care leaver needs to retell their story in order to receive support.
- In line with contemporary changes in human service practice and policy, young people need to be central to the planning, to take into account various levels and types of need and support
- Housing needs to be a central feature of leaving care planning, thereby avoiding using the SHS system inadvertently as a stepping stone to longer term housing.
- The development of life skills needs to be understood not as an adjunct or option, but rather central to, and embedded within, education, support and planning.
- The developmental readiness of care leavers needs to be considered in policies which promote an older leaving care age and through the provision of support to facilitate independence.
- The need for child protection agencies, as the corporate parent, to provide and facilitate the development of safety nets is highlighted as an area for policy improvement.
- The findings overwhelmingly point towards the cultural and structural barriers that Indigenous care leavers' experience. While some Indigenous young people reported positive experiences with ACCOs, many young people do not access these services and there is a role for child protection and leaving care agencies to ensure the meaningful involvement of these organisations.

5. Policy development options

Individuals who have been in institutional care experience substantial challenges in obtaining and maintaining suitable housing. Young people transitioning from OHC face substantial challenges which may relate to inadequate support or access to services during care as well as post care. Nationally consistent policy is arguably necessary to address the problematic outcomes for care leavers (Mendes, Standfield et al. 2020). Conversely, abrupt and poorly planned transitions result in care leavers frequently entering and exiting multiple services in crisis. This demonstrates the importance of coordinated, tailored and integrated planning. Better service design and interagency collaboration between child protection, youth justice, mental health, alcohol and drug and housing services is critical to improve outcomes for care leavers.

Furthermore, increased understanding of the experiences of care leavers at the intersection of such services would assist the development of effective interagency responses. These are the gaps that this project sought to address in order to identify elements and examples of good practice in service coordination, as well as areas for enhancement in both practice and policy.

Previous research funded by AHURI and conducted by Johnson, Natalier et al. (2010) provided policy recommendations for developing a leaving care framework based on four principles with seven minimum standards. All policy options and recommendations from the previous study are still applicable and if they had been implemented, many of the outcomes for care leavers in the current study would have been mitigated. Given this, the policy option discussion here focusses on four questions which aim to incorporate the findings of this study, recognise previous research findings and progress the debate. The questions guiding discussion in this chapter are:

- What previous policy recommendations have been proposed to improve access to housing for care leavers?
- What planning strategies can further support care leavers to obtain and maintain stable housing?
- How can young people be meaningful participants in care planning processes?
- What post-care support schemes will enhance stable and suitable housing outcomes?

5.1 Review of previous policy recommendations

AHURI-funded research by Johnson, Natalier et al. (2010) provided comprehensive policy and practice recommendations which are as relevant today as they were a decade ago. That report proposed a nationally consistent leaving care framework as well as specific strategies to improve access to housing. Given the relevance of those policy and practice recommendations, they are summarised below before venturing into broader strategies to support positive trajectories for young people leaving care.

The leaving care framework proposed by Johnson, Natalier et al. (2010) consists of four principles and seven minimum standards. The first principle argued the need for a national leaving care framework which would enable reform of the patchwork of policies and practices across jurisdictions. The second principle focussed on the responsibilities of governmental corporate parents and their responsibilities beyond the time in care, including redressing subsequent homelessness. The third principle was framed around obligations under various

international treaties that the Australian government is a signatory of, particularly the International Covenant on Civil and Political Rights and International Covenant on Economic, Social and Cultural Rights. This principle reinforced the necessity of protecting and enhancing the rights of the most vulnerable, as well as ensuring a robust monitoring, advocacy, and complaints structure. The fourth and final principle, reflecting a development approach to leaving care, emphasised building on and extending the care leaver's skills. The seven proposed minimum standards (Johnson, Natalier et al. 2010: 5) are:

1. Permanency planning should begin well before the formal exit from state care.
2. Leaving care arrangements need to have a well-developed leaving care plan with accommodation options clearly articulated and a contingency plan in situations where the housing arrangements break down.
3. Leaving care arrangements need to acknowledge a transition period where young people receive training in independent living skills, and are offered appropriate information and mentoring.
4. The needs of young people leaving care are assessed with reference to an agreed industry standard, such as the *Looking after Children* guideline as proposed in Queensland.
5. The principles and minimum standards supporting leaving care arrangements are supported by a quality assurance framework and clearly articulated standards of best practice.
6. Any response to the needs of young people leaving care requires the development of a joined-up approach (an integrated model of leaving-care support) for care leavers, reaching across policy areas and levels of government. Particular attention should be paid to creating linkages with drug and alcohol services, health services and employment and training services.
7. The provision of post-care support, periodic follow-up and assistance until the age of 25 years.

In the decade since this framework was proposed, there has been little progress towards such a comprehensive approach, the exception being the notion of extending care, or at least transition support, until the care leaver reaches 25 years of age, through a series of pilot programs.

The second recommendation by Johnson, Natalier et al. (2010: 5–6) provides a comprehensive approach to improve access to and maintain housing. This includes:

- Implementation of 'no discharge' into inappropriate housing, including 'crisis, refuge, boarding houses or other forms of temporary and inappropriate accommodation'.
- Increasing supply of transitional accommodation specifically for care leavers.
- Funding of a continuum of housing options to supplement transitional housing. Options included ringfencing a proportion of public or social housing stock for care leavers; long term supported accommodation, models to support care leavers remaining with foster carers, partnerships between leaving care services and housing associations, and 'scattered site apartments' with support from services, which may be owned or leased in the name of the support agency or the young person.

Most notably, it was also proposed to develop and implement a federally funded 'Secure Tenancy Guarantee Scheme' for all care leavers until the age of 25. It was proposed this scheme provide a rental subsidy scheme which capped the cost to 25 per cent of the care leavers' income, with the scheme making up the shortfall, if any, independent of tenure form.

Such a scheme was proposed to redirect some care leavers away from social housing and provide a greater choice of tenure for care leavers. It was argued it would reduce the likelihood of inappropriate or poor housing and provide the care leaver with greater flexibility, and expanded choice in location, enabling maintaining proximity to social connections. Finally, it was argued that the approach would more accurately reflect contemporary trends of young people living in the family home into their mid-20s.

While there has been little movement in the policy area towards a Secure Tenancy Guarantee Scheme in Australia over the past decade, it is an approach which potentially can redress many of the challenges care leavers face in their transition to independence. It would be worthwhile to fund further research and pilots of such an approach, including economic modelling, as the lifetime costs of poor outcomes among care leavers are substantial. Although there are a relatively modest number of Australians exiting state out-of-home care annually, they form a disproportionate component of those accessing expensive crisis support services in areas such as homelessness, criminal justice and mental health.

If such an approach diverted a proportion of care leavers into positive trajectories by providing stable housing in the first years of independence, the long-term cost savings to governments could be substantial.

5.2 Strategies to support care leavers' housing

This project has identified a number of challenges that young people face when transitioning from OHC into independence and independent housing. While other studies have documented some of the varied challenges faced by care leavers (Campo and Commerford 2016; Craig, Halfpenny et al. 2012; Flatau, Thielking et al. 2015; Flatau, Zaretsky et al. 2020; Heerde, Hemphill et al. 2012; Johnson, Natalier et al. 2010; Katz, Busby et al. 2020; Maclean, Taylor et al. 2017; McDowall 2016; Mendes, Standfield et al. 2020; Muir, Purtell et al. 2019; Purtell, Muir et al. 2019, Rahamim and Mendes 2016; Sample and Ferguson 2019), which were also identified in the current study, the linked administrative data particularly evidenced a substantial cohort of care leavers with poor post-care housing outcomes including periods of homelessness. The advantage of linked administrative data is that this is representative for the whole cohort and is likely an underestimate (as these databases did not include early records of homelessness service data and, further, did not identify all homeless people, particularly persons who do not access specialist homelessness services).

Previous research has argued for a consistent national approach to provide transition support for care leavers (Mendes, Johnson et al. 2011). This has included calls to extend care until the age of 21 years (Mendes and McCurdy 2020) and/or providing transitional support for an extended period of time, for example until 25 years (Baidawi 2016; Beauchamp 2016). While support to the age of 25 is found in several Australian jurisdictional policy frameworks, the availability of this support was not well known among care leaver participants unless leaving care not-for-profit agency staff advocated for this. Moreover, a substantial proportion of study participants indicated that leaving care plans and transitional support were not particularly effective or supportive. In line with other contemporary health and human service directions, the involvement of young people in leaving care plans and transitional support is essential.

While interviews with care leavers identified a lack of leaving care planning, they also illustrated a lack of skills development while in care, critical for independent living. Basic knowledge of household chores, such as rudimentary cooking, cleaning, and budgeting skills, are crucial for maintaining a household. Most young people learn this within their family environment but for those not allowed to enter the kitchen or laundry in, for example, a residential care facility, obtaining such skills or knowledge can be a challenge. Such environments do not provide the normative support families do. If the state intervenes, for good reason, and decides to remove a child, the state also has a responsibility to provide care and support for these young people and provide developmental opportunities which facilitate a smooth transition from care to independence.

There are different approaches and pilot programs or projects which aim to improve outcomes for young people in their transition from OHC to independence. For example, the Home Stretch trial, currently underway in WA, provides additional support for care leavers. It includes both case management and additional financial support to attain housing (WA Alliance to End Homelessness 2020). Both elements are important to support young people in establishing and maintaining suitable housing.

While the one-off Australian Government-funded Transition to Independent Living Allowance provides a small grant for care leavers to purchase items required to establish a household, such as furniture or white goods, it does not address the issue of lack of affordable housing in Australia more broadly. It is very difficult for Australians on social security benefits and/or in part-time casual work—income sources for many care leavers—to obtain housing in the private market. There is great demand for public and social housing, and while care leavers are often eligible to apply for such housing, the lengthy waiting time suggests that this is rarely an available option when exiting care—supported by the linked administrative data utilised in this study. The limited financial means of care leavers, and shortage of affordable housing, therefore greatly constricts housing options when transitioning into independent living.

This study found that applying for housing while in care was a rarity. Young women formed the majority of the 30 per cent of care leavers in the administrative data who were allocated public housing. Many of these young women were young parents; highlighting a range of intersecting needs, including individually tailored parenting and family support.

This study identified poorer outcomes among young people who exited residential care and better outcomes among young people who had been in foster or kinship care, consistent with previous research (Purtell, Muir et al. 2019). Interviews with some care leavers with smooth transitions indicated that many were able to continue residing with their carers, often paying rent and/or board; just as other young people do when continuing to live with their family of origin. Sometimes, exiting care was a formality rather than a change in the relationships or arrangements for these young people and their carers. Such arrangements may enable the young person to enhance their income prospects through, for example, further education or training, or engage in suitable employment.

However, there were also instances where there was an intent or desire by the young person to remain living in their current arrangement following exiting care, but it turned out to not be possible. This illustrates the need for transition plans to include contingency or backup plans and explicit strategies for accessing support if things do not pan out as foreseen.

There were also examples where there may have been a smooth initial transition, followed by unexpected challenges. For example, a young person may have decided to enter into a shared living arrangement when leaving care, in the private rental market, but for a variety of reasons, it may break down. This places the care leaver in a very precarious situation. While peers often have the option to return to their family home, if required, care leavers usually do not have that option. It is therefore critical that transition plans include contingency plans, both for the transition process, as well as for re-accessing support subsequently as required.

5.3 Care leavers meaningfully participating

The research this report draws on utilised both quantitative and qualitative methodologies to provide a representative, or population-based, snapshot of service use and outcomes among people who have been in OHC. The study also presented findings based on in depth interviews with care leavers, and focus groups with a range of service providers. It is important to recognise, however, that each person had a unique care experience, transition from OHC, and subsequent outcomes, including service use. It is therefore necessary to recognise that these are individuals with a range of strengths, interests, and support needs. These nuances are often lost when attempting to provide a population-based overview, universal policies or broad outcomes among care leavers.

Acknowledging the individual circumstances, outcomes and needs for all young people in care, some of the stories shared with the researchers in this study suggest that there are opportunities to address post-care outcomes through improved in-care practices. Empowering young people through opportunities to provide meaningful direction about their care while in OHC may enhance post-care outcomes. While most OHC policies and legislation explicitly direct child protection agencies to take the child or young person's point of view into consideration when contemplating where the person may be placed, there is potential to expand this practice to other areas. Further, there is room to report on, monitor and evaluate these practices.

Article 12 of the United Nations Convention on the Rights of the Child emphasises that children have a right to be heard and to participate in any ‘judicial or administrative proceedings’ that impact on their life (United Nations 2009). This right to participate in decision-making processes is particularly significant for children and young people living in, or transitioning from, OHC, whose lives are often controlled and directed by adult care givers. Participation by children and young people in OHC should go well beyond occasional consultations and include access to detailed information that enables them to actively contribute to decision making processes, be given an opportunity to freely express their views and preferences, and their opinions should be given respectful consideration and shown to have an impact on outcomes (Cashmore 2002; McDowall 2013). Participation should extend to all important decisions ranging from daily activities to contact with family members and friends, education, and particularly placement arrangements (McDowall 2013).

For young people transitioning from care, participation is integral to assuring the development of an operational transition plan that meets their core needs in housing and other key areas such as health, education and training, family relationships and social connections. Increasingly, policy makers and researchers are utilising co-design processes with care experienced young people, utilising their experiential knowledge and capabilities via a process of mutual education, to define a social problem, identify needs to be met and an associated range of potential service options, plan and implement a program, and evaluate the outcome (Beresford 2013; Yeates and Amaya 2018). Peer research methodology has been effectively applied in a number of leaving care research studies to optimise the impact of lived experience insights into research design and data analysis (Kelly, Dixon et al. 2016; Kelly, van Breda et al. 2020).

Familial relationships with carers are often a heavily weighted consideration, as is increasing the cultural and social affiliations of carers when placing children and young people in family, kinship, or foster care. This has been recognised as particularly crucial for Indigenous children and young people in OHC, and increasingly also for people from other cultural and linguistically diverse backgrounds.

While obviously shaped by previous poor practice, including various iterations of systematic removal of Indigenous children from their families, or the Stolen Generations, this may also reflect an acknowledgement that children and young people benefit from maintaining cultural and social bonds. The participation, views and perspectives of care experienced children and young people on these bonds and connections are essential to ensuring appropriate cultural and social affiliations.

These needs are also obviously present for children and young people placed in residential care, and residential care facilities sometimes try to facilitate cultural events to advance opportunities for cultural identity and connection. However, independent of the type of care a child or young person is placed in, there are substantial structural barriers which limit individualised activities based on the child or young person’s interests, needs, and circumstances.

While perhaps not articulated as such, there are many examples among the research participants in the current study, as well as in previous research, that illustrate how poorly the care system is designed to provide an individualised or tailored in-care experience to prepare the child or young person for independence. This may start as a sense of ‘otherness’, partly by the bureaucracy of the care system which hinders social activities like visits or sleepovers with peers and classmates, as often the department has to approve such activities. Similarly, obtaining the required departmental approvals and paperwork for school excursions often takes time, and may lead to some people in care missing out because the departmental permissions were not obtained in time.

Recognising these systemic challenges, which need redressing to improve in-care experiences, there are also opportunities to facilitate greater direction or control of the in-care experiences of children and young people. Independent of the type of care (family or kinship care, foster care, or residential care), children and young people in care should be able to pursue their interests and develop their identity in a safe and nurturing environment, as is expected in a family home. This may include a range of leisure activities such as sports and arts; independent living skills such as cooking, housekeeping, and budgeting; social and community connections such as friendships and community groups; and individual identity and development opportunities such as religion and sexuality.

To achieve positive trajectories from OHC, the in-care experience must support individual development—the voice of the child or young person needs to be heard and respected in these aspects while in care. There are many ways this can be facilitated, and previous research has indicated that supportive relationships are crucial for positive outcomes (Muir, Purtell et al. 2019; Mendes and Purtell 2020). Given the documented overall poorer outcomes and high service use among care leavers in general, however, there is substantial room for improvement. Children and young people in care need to be given an avenue to voice and shape their in-care experience in a safe and meaningful way.

There are multiple models developed outlining children and young people's involvement. Karsten (2012) has published and provided a brief description of 36 different participation models and includes strategies and frameworks from the OECD and UNICEF. This goes back to Arnstein's ladder of citizen participation first introduced in 1969 (Arnstein 2019). However, Hart (2008), who developed the 'eight levels of young people's participation', concluded by acknowledging the limitations of a single-minded approach to involving children and young people in decision making and instead concluded that there

'...are so many different routes up through the branches and better ways to talk about how children can climb into meaning, and shall we say fruitful, ways of working with others' (Hart 2008: 29).

Shier (2001) presents a five-level model for participation, but the emphasis is on openness and opportunity for participation, with organisations committing to service user participation.

These ideas on participation by care experienced children and young people offer much genuine and meaningful input for child protection agencies, rather than just an administrative requirement. Some children or young people may want to be present at a child protection department planning meeting. Others may be more comfortable by providing written, or verbal, input on a draft plan, while others again may want the support of an independent champion or advocate. A continuum of options for meaningful participation are indicated, particularly in light of how the impacts of trauma and difficult life experiences intersect with care leavers' willingness and capacity to engage in services and assistance offered.

While there are specialist service providers who support young people in care and in their transition from care, it may be appropriate to expand and formalise independent supports available for children and young people in out-of-home care as well as during their transition from care. This is expanded on below.

5.4 Post-care supports

The concept of 'corporate parent' responsibilities may be variously understood. Some care leavers may view this as a poorly worded and defined concept, yet it is commonly accepted that governments have a statutory if not moral obligation to look after the wellbeing and welfare of children and young people when their parent(s) are unable or unwilling to do so.

Yet, the OHC system does not mirror a family home environment, particularly in settings such as residential care. This is most evident in the provision of material care with few developmental opportunities. Research, including this study, frequently documents young people in residential care characterising these group homes as small institutions with few, if any, opportunities to develop independent living skills such as cooking, housekeeping, and budgeting skills. In fact, it is often stated that young people are not allowed into the laundry or kitchen facilities in residential homes, and therefore not allowed the opportunity to experiment in the homemaking activities that other young people typically engage in as they grow up.

Parental responsibilities, or at least family responsibilities, do not dissipate once someone turns 18. While all state and territory governments provide some form of transitional support for care leavers, this is often ad hoc and does not include specific housing support. However, this is typically the most common support parents provide for their children as they mature into adulthood, whether that is by allowing them to stay in the family home beyond the age of 18, sometimes in return for reasonable board or rent, or assistance to establish their own homes. Some parents even act as guarantors for their adult children's mortgage to enable them to purchase a home.

Hence the argument that as corporate parents, governments and other agencies acting on the behalf of governments, have a responsibility to provide the young people in their care with the same independent living skills and learning opportunities typically associated with parenting. Without these skill sets and knowledge bases, care leavers are vulnerable to substantial social service use and reliance on welfare system supports. Furthermore, as corporate parents, there is a moral obligation (and previous research has illustrated a financial rational obligation) to support care leavers on a positive post-care trajectory.

Various service models have been proposed to provide wrap-around support for care leavers (and other vulnerable persons), such as the Foyer model and the White Paper on Homelessness, *The Road Home* (FaHCSIA 2008), which stipulated no exit into homelessness from institutions. These approaches emphasise the pivotal role of housing for other outcomes such as health, education, training, employment, and positive social relationships. They also implied a 'no wrong door' policy, indicating that interagency collaboration can avoid the situation where service users need to present at multiple service providers and tell their story multiple times.

While there are several initiatives in Australia and overseas which have provided transitional support for care leavers and addressed challenges, there is currently little systemic support in Australia. It may be necessary to have an independent advocate for children and young people in care, as well as for care leavers. This may be in the form of a Children's Commissioner, as is operating in other countries.

While there is a Children's Commissioner on the Australian Human Rights Commission, they do not have a complaint-handling role or the capacity to deal with individual children. This includes individual children's cases in the context of child protection or family law (Australian Human Rights Commission c. 2020). Individual states and territories also have Children Commissioners and/or Guardians; however, their remit varies across jurisdictions. Furthermore, the often-combined role as Guardian may be a barrier for care leavers or children and young people in care, as this may be viewed as another component of the child protection system rather than an independent advocate role.

5.5 Final remarks

This project has considered and examined the experience of care leavers, with a specific focus on service delivery pathways across housing, homelessness, mental health, alcohol and drugs and juvenile justice. To locate the analysis in the lived experience of care leavers, qualitative data were collected on the strategies and supports which promote stable housing, the tailoring of support to facilitate access to sustainable housing and the opportunities for improving and enhancing coordination between housing and other services. Further analysis, combining linked administrative data and qualitative findings was undertaken in order to deepen understanding.

The analysis of linked administrative data from the sample of 1,848 Victorian care leavers demonstrates extensive use of services before and after leaving care. This suggests a group of care leavers who are in crisis and have a wide range of needs well before they leave the OHC system, with 18 and 20 per cent presenting to emergency departments for self-harm and mental health concerns respectively, 21 per cent seeking alcohol and other drug treatment and one in five having a youth justice community order. Compared to the general population of 15–24-year-olds, the OHC cohort are accessing these services at much higher rates. This data emphasises that the housing, homelessness, mental health, alcohol and drug, and juvenile justice service delivery pathways demonstrate extensive usage patterns, while noting that a small group had few or no engagements with services before or after leaving care. This latter group represent a smooth transition from care.

The strategies and supports that enable young people exiting OHC to obtain and maintain stable housing remain largely aspirational, as few care leavers or service providers could provide examples of well-planned transitions from OHC. Of those who could, the transition from OHC was not a particular event, nor did it involve careful planning. Instead, these care leavers experienced ontological security in that their housing and relational contexts did not change; they simply remained with their carers (kinship or foster). This meant that they could build on their sense of ontological security and plan for their future through further education, training and employment. Some spoke of the day when they would leave home to live independently, just like others transitioning through the developmental stage of emerging adulthood in the general community. There was no pressure to leave or be independent at a certain age.

Considering the third research question of how service providers coordinate and tailor support for young people exiting OHC in order to obtain and maintain appropriate and sustainable housing, the answer is: in an ad hoc and often crisis-oriented manner.

This study has shown that leaving care planning is problematic, non-existent in some cases or occurring a few months before a young person leaves care. Consequently, coordinated and tailored support is rare, and no detailed accounts of this were uncovered in this research. However, many not-for-profit leaving care services described examples of attempting to coordinate support services, including building relationships with real estate agents and other housing providers in order to create pathways into independent housing for care leavers. However, little evidence of systematic coordination or tailoring of supports was identified through interviews and focus groups with care leavers and service providers.

There are significant opportunities to improve coordination of services between housing and other sectors. This starts with adequate attention given to long-term planning for leaving care. Moreover, coordination of services can form part of this long-term planning, introducing various agencies and practitioners to the care leaver and building familiarity. This would partially address the issue that many care leavers raised, that their early life experiences which led to them being placed in care, along with the disruption and ontological insecurity associated with care, make it difficult for them to engage with practitioners. This slow build to leaving care, with planned engagements and interventions, has the potential to create smoother transitions and reduce the service usage patterns noted above.

This all implies particular policy responses, including monitoring and managing OHC more closely, and in particular, the leaving care planning process. The meaningful involvement of care experienced children and young people in their leaving care plans would enable them to more closely reflect young people's strengths, interests and goals, while having a better chance of success, and reducing the need for extensive service usage across a wide range of organisations. Clearly, housing is a major issue for this cohort and targeted housing programs have a place in improving the outcomes for care leavers.

Finally, universally increasing the leaving care age has the potential to create the conditions for improved outcomes and smoother transitions from care, aligning the experience of care leavers with their non-care peers.

This project also highlights areas of future research needed. A limitation of this study is that it did not investigate the experience of OHC staff who are responsible for leaving care planning. Research is needed to deeply understand the context and constraints faced by this workforce, particularly if the approach to leaving care planning is to be improved through better timing and interagency and service coordination.

Another area for improvement in data collection relates to nationally consistent reporting on the housing planning and outcomes when young people leave OHC. This form of data collection has the potential to provide concrete evidence in relation to planning for housing and the types of accommodation accessed upon leaving care. Finally, the needs and experiences of the significant number of young women (25% in the linked data) who gave birth while in care, or in the four years after leaving care, requires further investigation. Accounts from young women in the qualitative component of the study highlighted their vulnerability, with some having their children removed and placed in OHC, while others struggled to find material, social and emotional support as they navigated young parenthood.

To conclude, this study has reinforced findings from other studies on care leaving, emphasising the disadvantage a significant proportion of the OHC population experience when they leave care. Unfortunately, little has changed for care leavers, but this study suggests innovative responses, including the meaningful involvement of care leavers in all aspects of OHC.

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Appendix 1: Service User Interview Guide

Accommodating Transitions – Service User Interview Guide

Thank you for taking the time to meet with me today. The purpose of this interview is to ask you about your experiences of leaving care, housing and support from agencies. These questions are not intended to upset you, or bring up painful memories. If however, you find this happens let me know, and we can stop the interview and take a break, finish up and return to the interview another day, or you might decide to withdraw from the research.

1. Thinking about preparing to leave care, what were your most pressing needs and concerns? Prompts:
 - a. Housing
 - b. Health
 - c. Income
 - d. Wellbeing (emotional, social and mental)
 - e. Social supports and connections
 - f. Cultural connections
 - g. Sexuality, gender, identity
2. Can you tell me about the support you received in planning to leave care? Prompts:
 - a. Who provided this support?
 - b. How much support did they provide and over what time period?
 - c. Can you tell me about your readiness to have these conversations? If not ready, what needed to be in place for you to feel ready?
 - d. Can you give me some examples of what was covered in the conversation(s) about planning to leave care?
 - e. We have heard many people talk about the importance of flexible support, tailored to the unique needs of the person. Was this something you experienced? (Ask for examples to support answer.)
3. I would like to explore the support and help available to you when you left care:
 - a. Were you referred to other organisations (which ones)?
 - b. Were there organisations you planned to stay connected to (which ones)?
 - c. If you were referred, can you tell me about the referral process?
 - i. Was there discussion about the agencies (description of service, intended impact of referral, choice of agency etc.)
 - ii. Can you explain how the worker referred you to other services (i.e. warm referral, phone/email/ written referral with no service user involvement etc.)?
 - d. If you are continuing to receive the services of existing organisations, was there any communication from the care services to these agencies? (Prompt for details of this)

4. After you left care, what was your experience of the different agencies working together?
 - a. Sharing information/repeating one's story to different services
 - b. Duplication of services
 - c. Gaps in and between services
 - d. Anything else
5. Where did you live immediately before entering care?
 - a. Location
 - b. With whom
 - c. Tenure type
6. Where did you live immediately after leaving care?
 - a. Location
 - b. With whom
 - c. Tenure type
7. Was this accommodation
 - a. Secure
 - b. Appropriate
 - c. Affordable?
8. Where do you live now?
 - a. Location
 - b. With whom
 - c. Tenure type
9. Is your current accommodation
 - a. Secure
 - b. Appropriate
 - c. Affordable?
10. Would you like, or are you planning, to live somewhere else?
 - a. Location
 - b. With whom
 - c. Tenure type
11. How many housing moves have you made since leaving care?
12. Thinking about your experiences of leaving care:
 - d. What worked?
 - e. What did not work or could be improved?
 - f. What could the different agencies who are supposed to support people in similar circumstances do differently?
13. Are there some key messages you would like service providers to hear about your experience of leaving care?

14. We would like to ask you some demographic information now. Can you tell me:
 - a. Your date of birth
 - b. Your gender identity
 - c. If you are Aboriginal or Torres Strait Islander
 - d. Your cultural identity
 - e. If English is your first language
 - f. If you experience any form of disability (prompt for type)
 - g. If you are currently employed, studying or unemployed.
 - h. Your income source(s)
 - i. If you are single or partnered?
 - j. If you have children (ages, gender, parental status)

Appendix 2: Focus Group Interview Guide

Accommodating Transitions – Focus Group Questions: Service Providers

Thank you for taking the time to meet with us today. The purpose of this focus group is to explore and understand your experiences as service providers in providing support and coordinated services to people exiting OHC.

1. Please introduce yourself, your agency and your role in supporting people leaving OHC.
2. What is your approach to supporting someone to leaving OHC?
 - a. Starting the conversation (timing, content, working with barriers or resistance).
 - b. Planning processes
 - c. Referral processes
 - d. Follow up/after care processes
 - e. Service coordination
3. What are some of the issues you face in providing support and coordinated services to people exiting OHC?
4. What have you found works when supporting people to leave OHC?
5. Are there some key messages you would like policy makers to hear about your experience of supporting people to leave OHC?

Appendix 3: A Care Leaver's Perspective

Sarah Morris, BhuServ, MSW

Definitions:

Corporate Agent/s – employed staff either directly employed by the Department of Health and Human Services or employed by a contracted community services organization who provide care on behalf of the Department of Health and Human Services. Mainly referring to staff in a position of power, those with decision making control over the children and young people in their care (eg. Case Workers, Case Managers, Team Leaders, Coordinators or Practitioners)

Corporate Ego – describes the toxic neo-liberal ideology that erodes the ethical practices of community services organisations, instead acting in their own vested interests or the interests of the organization, over the wellbeing of the children and young people within their care.

Introduction

Following an extensive period of transience in 2005, I had become known to the Department of Health and Human Services at the age of 13. It was not until January of 2006 when I was placed in out-of-home care entering a residential care facility, moving into a family group home only weeks after my initial placement into out-of-home care. Prior to this I had no knowledge of out-of-home care, my grandmother rarely spoke of her time in foster care, but when she did, she would recount how she was beaten so severely she was left with permanent hearing damage. On the 16th of February 2006, the Melbourne Children's Court issued an Interim Protection Order, followed by a Custody to Secretary, which would remain in effect for another four years, until my 18th birthday.

The state was now responsible for the "daily care and control of the child" (s.3, p.26, CYFA, 2005), this child was me.

Transitional housing placement 1

As I was nearing the age of 16, in the typical fashion of the system, corporate agents (case managers and child protection practitioners) began grooming me to believe that being 'independent' was a remarkable thing. Coercive tactics like this were often deployed to manipulate young people into subservience, through the use of psychological manipulation whereby their position on the corporate ladder is leveraged against the young person. With the aim to control behaviour and alter the perception of young person to fulfil a corporate agenda while making the young person believe what is being done to them is in their best interests, when in fact, it is the contrary. Ostensibly, to advance the interests of the Corporation, often at the young person's expense, such methods could be considered a form of exploitation. These corporate agents, act as an extension of the system, seemingly fuelled by corporate ego, key performance indicators (KPI's) and career progression. All at the expense of vulnerable and disadvantaged children and young people.

From the moment I arrived at the Family Group Home, it immediately felt like the home I never had, it was within this placement that I felt safe, loved, protected and supported by a group of individuals (residential care workers and co-residents), who became more like family to me over the years. I still refer to that little mud-brick house on the top of the hill as my home to this day. Where every morning I had awoken to fresh flowers and the days newspaper on the breakfast table; every birthday when often my own mother wouldn't be in attendance, my carers and co-residents were there; when I brought home a questionable boyfriend, they would interrogate him to find out his intentions. Even though at times it could appear dysfunctional, it was my dysfunctional home, that was until we were deemed too old for the service and subsequently moved on.

Only our months into my 16th year, on the 25th of June (2008) to be precise, I was placed into a Lead Tenant property, I recount feeling both liberated yet still surveilled. Unfortunately, the Lead Tenant soon moved out and was replaced with an unsettling middle-age man named Max, to which I had openly opposed. As a 16-year-old girl I was forced to live unsupervised in a house with an unknown middle-age man. Those corporate agents who were responsible for my safety and wellbeing, did not listen to my complaints or concerns regarding living with an unknown man. Albeit, they being the ones responsible for placing me in that uncomfortable and concerning position, I was simply dismissed.

Many years later when I accessed my files my feelings of dismissal were further confirmed after finding an email in which referred to the situation as, 'just Sarah being a little princess'.

This experience sheds light on the unreconcilable tension between corporations (NGOs and Child Protection) and the young people in their care, as the focus is primarily on coercing independence in young people, often before they are ready for this and ignoring any self-agency they attempt to display. All the while simultaneously not seeing them as credible independent young people and consequently continually treating them like children. These practices perpetuate paternalism and hinder the young person's ability to participate in the decision-making processes that concern their own lives. Recounting these experiences, I felt baited and unable to defend myself during this difficult circumstance, as anything I said or did was weaponised within case notes and reported in such a manner as to reinforce the corporate agenda.

The organisation I was case contracted to at the times slogan read, 'we are for childhood', yet I was never provided a fulfilling childhood in comparison to my non-out-of-home care peers. Instead I was thrust out into independence and coerced into believing it was for most best interest, the loving home I shared with my co-residents was ripped from us and we were forced out into the 'real world' all alone. Furthermore, prior to my expulsion from the family group home and in despite of the residential staff's advocacy, I had been encouraged to drop out of mainstream education by corporate agents, again who utilised manipulative tactics. Whereby they had made me believe I could never achieve such an accomplishment and that attending university would be completely unattainable. This event concretises my experiences as just another number within the system, just another tender to be leverage for monetary gain, at the expense of my childhood.

This 'Independent living' fallacy, is sold by corporate adults, to abandon children in their time of need, and the worst part was, I was coerced into believing it myself.

Transitional housing placement 2

Eight months later I was finally found an alternative placement with a more compatible co-resident in another Lead Tenant facility. Unfortunately, this was short lived as he soon aged out of Lead Tenant and into Transitional Youth Support Service (TYSS) housing. The corporate adults then made the decision to place a young girl who was barely 14-years-of-age into the property with myself and the Lead Tenant couple. The placement begun to break down almost immediately. The young girl had no concept of cleanliness and was often hostile. It was evident to me, at the age of 17, that she was not ready for an independent living placement. Simultaneously it made me question everything I was led to believe about requiring a certain level of maturity and independent living skills. I had been force fed the notions that these things were contingent to obtaining a Lead Tenant Placement, but this was proven to be false.

As I was forever cleaning up after her, I soon refused to do so and instead would pile her dirty and mouldy dishes next to her bedroom door. I raised these issues with the corporate agents, however, again my concerns were dismissed, simply stating that there was nowhere else for her to go.

The placement eventually broke down completely. Late one evening while the Lead Tenants were away, I arrived home from work where I was met with an unauthorised visitor of my co-resident, leading to an incident where I was threatened by this person. The police were called and escorted the visitor off the premises; however, I was then threatened by my co-resident. Despite these events it wasn't until some months later that I was found an alternative placement, but the aggressor remained.

I expressed my concern about being put in another unsafe environment, but only I was framed as the problem, which is a clear example of corporate ego in action.

Transitional housing placement 3

After moving into my third 'independent' living placement I started to feel resentful of the fact that I was again forced to move due to the behaviours and actions of others. In a time where I required a secure and stable living environment which was supposed to prepare me for independence, the corporate 'parent' instead had provided me with unsafe and insecure housing which left me riddled with feelings of uncertainty.

Corporate agents would often hijack my life-narrative (in the form of case-notes and other documentation) in order to serve their own agendas.

For example, a case manager at the time reported:

'Sarah's experience in Lead Tenant has been a mostly positive experience for her. Her recent move to XXX Avenue has given her an added level of independence in preparation for her exit from care'

This above excerpt highlights the failings of those corporate agents to accurately depict my lived experiences. These entries actively silenced my feedback and complaints to avoid scrutiny on their capacity as an agent of the system. The narratives within those texts served to justify decisions that I was subjected to, not as an accurate representation of my experiences, opinions, complaints, needs or wishes.

Return to Education

It was January of 2010 when I had initiated my return to education, with the goal to begin to lay the foundations for my future. After much reflection and thought I had decided to pursue a career within the community services sector. However, to my surprise, this decision was not met with the response that I had anticipated, instead those corporate agents actively challenged and undermined this decision:

'Sarah had discussed wanting to engage in an educational setting doing a course in community services. We talked about how it may be difficult for her to work and study in this area because of her own experiences.'

What was not documented, were the acts of resistance, rather than encouragement I had encountered, which also resulted in not just a direct breach of my confidentiality about this decision, but also slanderous comments.

I was informed by another young person that her case manager (corporate agent) had informed her all about my ambitions and had stated that I 'would be a terrible resi worker'. This comment left me feeling humiliated and made me question if my ambitions would be discredited due to my lived experience.

Exit from state care

The day before my 18th birthday I moved from out-of-home care and into my boyfriend's pre-existing share house arrangement, having taken over the lease from the previous housemate. I was supposed to receive post-care support for an additional 6-weeks, however, this mainly consisted of phone conversations and an application for additional funding to go toward a vehicle.

Much like any 18-year-old, obtaining your driver's license is a key part of the transition to adulthood. Prior to my case closure, the allocated Case Manager had booked an appointment online on my behalf however, failed to share the VicRoads online appointment booking confirmation with me, which clearly stated:

'VicRoads does not provide vehicles for driving tests.'

Consequently, I arrived at VicRoads to undertake my driver's licence test unknowingly, without a vehicle.

I was very fortunate that after explaining my situation the clerk, she appeared understanding of my predicament and waived the rescheduling fee for the driving test and booked me for the next available appointment. However, the next available appointment wasn't until 3 months later. This error, which was no fault of my own, caused a delay in obtaining my driver's licence, left standing there, alone and humiliated in front of the bustling VicRoads Centre. What was supposed to be a highlight of my teenage years, a symbol of adulthood, instead left me with feelings of idiocy and shame. I had to walk out of that building with my head hung low, feeling like an idiot and a failure.

Concluding Statements

Throughout my care-experience there was a false-narrative compiled about my life, where agents of the system actively snuffed out my voice and concealed untoward experiences that may have placed them in an unfavourable light. Which upon review of my case files was evident that in addition to the aforementioned, the pages consisted of weaponised accounts of the shared perspectives of corporate agents which portrayed me in such a light of requiring "intervention" while simultaneously stating that I "refused to engage with services". While it was the responsibility of corporate agents to act in my 'best interest's', it became clear that they were purely looking after their own. Reviewing my personal archives as both an adult and as an emerging Social Work practitioner, there remains further issues relating to the content of these records and what formulates my individual life-narrative.

It was also apparent that the so called "Corporate Parent" who was assigned by the court to provide for my care, was failing to address my most pressing needs. It is clear that these corporate adults failed to provide basic mental health care to assist me in healing from childhood trauma and adversity. Instead, I am left with thousands of pages, crammed into thick binders, littered with examples of the inherent corporate ego that continues to stain the system and the agents of the system.

These corporate agents who act as an extension of the system, all while utilising an empowerment narrative to serve as justification for exerting control over the subjugate children and young people in their care. Simultaneously exploiting the 'best interests' framework to make decisions concerning the lives of others, often without the knowledge or consent of the child or young person. All the while these corporate agents actively document the contrary (or failing to document events at all), while claiming that they are 'empowering' the young person and making decisions in their best interests. Corporate agents looking on from a privileged lens, ignorant to the forms of power, discretion, control and surveillance that can hinder the rights and needs of the child or young person in state care.



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