Supporting young people leaving care

As discussed in the policy section above, improving both the quality of OOHC and improving outcomes for care leavers is a key priority in the third action plan of the Commonwealth Governmentâ€™s national Framework for Protecting Australiaâ€™s Children (COAG, 2009). State and territory governments have also made commitments to improve transition from care. For example, in 2012, the Victorian Government implemented its framework Care and Transition Planning for Leaving Care in Victoria (Department of Human Services [DHS], 2012). The framework recognises that care leavers need extended and flexible support options, and aims to provide practitioners involved in the delivery of case management, OOHC and post-care support with best practice approaches to preparing young people for transition, including:

[a] developmentally-based framework that supports children and young people to develop skills and resources to grow into mature young adults and able to participate fully in community life. (2012, p. 2)

The Victorian Government has also implemented and funded mentoring and post-care support services in eight regions across the state (Meade & Mendes, 2014), and recently indicated an intention to introduce a social impact bond targeted at care leavers.

Evaluations, studies and government reviews/inquiries, however, have demonstrated that there are continuing shortfalls in policy and legislation, and that young people continue to face difficulties in the transition period (Child Protections Systems Royal Commission, 2016; Johnson et al., 2010; McDowall, 2009, 2013; Mendes et al. 2014; Mendes et al., 2016; Senate Community Affairs Reference Committee, 2015; Whyte, 2011).

In 2009, the CREATE foundation conducted research to assess how care systems were meeting the needs of young people leaving care (McDowall, 2009). The study found that the majority of care leavers were not receiving the support/assistance they required. McDowall argued that while â€œon paperâ€•, states and territories appeared to be addressing the needs of care leavers through various legislation/policy and funding to support services, these â€œgood intentionsâ€• were not being translated into real support for young people (McDowall, 2009, 2011). McDowall (2009) identified three areas where young people encountered problems/issues:

the preparation phase;

the transition phase; and

the after-care independence phase.

The preparation phase begins at age 15 and is the phase during which leaving care planning should begin and when ongoing health and education needs should be assessed. The transition period phase is the period when the young person will

physically leave care, become established, find a home and gain financial independence (McDowall, 2011). McDowallâ€™s research (2008, 2009, 2013) found that there was a significant lack of support in this phase for young people. For example, of the 50% of young people interviewed that were leaving care at age 18, 40% did not know where they were going to live, and almost 35% experienced homelessness in the first 12 months after leaving care. McDowell identified the after-care, or independence, phase as a â€œlow priorityâ€• area for child protection authorities, with confusion over which government departments should be responsible for tracking outcomes or progress for care leavers.

Australian and international literature has consistently identified several key factors or reforms needed to improve the outcomes of young people leaving care in the various phases identified by McDowall (c.f. Stein, 2012). The literature also reflects the concept of â€œcorporate parenthoodâ€• (see Box 3), which espouses a model in which governments and child protection authorities act as natural parents/carers by providing ongoing nurturing, financial and practical support for care leavers as they enter the emerging adulthood period (Mendes et al., 2011b). The factors consistently identified in the literature include:

improving quality of care and placement stability;

improving transition planning;

leaving care based on developmental readiness, not chronological age;

flexible post-care options up until 25 years of age (i.e. the ability to return to OOHC if needed);

emotional support/mentoring;

therapeutic support;

housing and employment assistance; and

better support for young parents (c.f. Beauchamp, 2014; Cashmore & Paxman, 2007; Dixon, Lee, Stein, Guhirwa, & Bowley, 2015; Mendes et al., 2011b; Stein, 2012).

Additional support is needed for some groups of care leavers such as those with mental health problems, substance abuse issues, or an intellectual or physical disability (Rahamim & Mendes, 2015).

Box 3: Corporate parenthood The concept of corporate parenthood emerged from the United Kingdom in the 1990s as a model for governments and services to provide support and care to children in OOHC (Stein, 2012). It is founded on the principle that governments and services should make the same kind of commitment to providing ongoing nurturing and support to children that parents do (Dixon et al., 2015). As Mendes et al. (2011b, p. 56) explained: In practice this means providing [children] with the best possible placement experiences in terms of stability and supportive relationships, until their care order ends and then continuing to take responsibility for their welfare until they are at least 21 years old. The concept of corporate parenthood acknowledges that young people leaving care need ongoing support through the emerging adulthood stage and that the stateâ€™s responsibility should not cease when the young person turns 18 or leaves OOHC. It has been argued that the barriers and challenges care leavers experience are a direct result of the failure of the state to provide â€œongoing financial, social and emotional support and nurturing typically provided by familiesâ€• (Mendes et al., 2014, p. 403). In the UK, the Leaving Care Act (2000) incorporated the philosophy of corporate parenting into legislation that included the universal provision of a Personal Advisor to all young people leaving care (Meade & Mendes, 2014). Mendes and colleagues (2011b) argued that all governments and welfare authorities in Australia should adopt the model of corporate parenthood to ensure young people leaving care receive the support they need. However, while the philosophy of corporate parenting is incorporated in UK policy and practice (Stein, 2012; Dixon et al., 2015), Australia and the United States have not adopted the model.

The next section examines three key factors that may assist in supporting young people based on what is know about their developmental needs:

improving the stability and quality of residential care including therapeutic residential care;

good planning for transition that is flexible and tailored to meet the individual needs of the young person; and

housing assistance and support options.

Improving the quality and stability of out-of-home-care

While adolescence is a time of independence and exploration, family relationships remain vital to young people during this time (Daniel, Wassell, & Gilligan, 2004). Vulnerable children/adolescents, and particularly those who may have developmental delays or intellectual disabilities, need this support and security more so than their peers; thus, when family is unavailable, it is important that this support network is provided by others. Research has consistently suggested that stability of care and emotional security are significant predictors of young peopleâ€™s outcomes after leaving care (Cashmore & Paxman, 2006, 2007; Crane, Kaur, & Burton, 2013; Dixon et al., 2015; Stein, 2012). A systematic review of the literature (Jones, Everson-Hock, Papaioannou, et al., 2011), for example, identified that placement stability was a key element associated with positive outcomes on leaving care.

Though there are no nationally representative statistics, a number of small studies have shown that children and young people in care often experience multiple placements (Cashmore & Paxman, 1996; Child Protections Systems Royal Commission, 2016; Johnson et al., 2010). One Victorian study of 77 young care leavers found that 46% had more than ten placements during their time in care (Johnson, Natalier, Liddiard, & Thoresen, 2011). The recent Child Protection Systems Royal Commission (2016) in South Australia found that during 2012/13, 50 children leaving care had been in more than ten placements. Placement stability is a standard included in the National Standards introduced in 2011; however, the AIHW monitoring of placement stability currently only measures whether children have had 1 or 2 placements (placement instability would be categorised as more than this). The latest data suggests around 25% of children and young people exiting care have had two placements (AIHW, 2015).

Stability itself may not necessarily be the predictor of good outcomes, rather, it is how the young person experiences the stability of care that is important (Beauchamp, 2014; Mendes, 2011). For example, Cashmore and Paxman (2006, 2007) identified that â€œfelt securityâ€• in careâ€”feeling loved, feeling a sense of belonging, having a strong sense of personal identityâ€”was critical to how well young people fared as adults (see also Dixon et al., 2015; Gaskell, 2010). When living arrangements are stable, young people also tend to have continuity in friendships, schooling, community activities and service providers (Beauchamp, 2014). Gaskellâ€™s qualitative study (2010) found that as well as stability and security, young people wanted to feel â€œcared forâ€•. Experiences of failed past care, however, dominated their understandings of adult carers and acted as a barrier to building trusting relationships (though the instability of carers, social workers and placements also contributed to this).

Security, and subsequently cognitive development, can be enhanced for children in OOHC by developing and supporting positive relationships and connections in childrenâ€™s livesâ€”for example, by fostering connections with family, school and the broader communityâ€”and by offering evidence-based, trauma-specific interventions to all children in care (Bath & Smith, 2015; McLean, 2016a).

Safe and stable environments are essential for children with a history of trauma and abuse (McLean, 2016a) but OOHC placements â€œmay indivertibly undermine psychological safetyâ€• through placement with strangers, placement in volatile residential care facilities, or placement without adequate transition planning (McLean, 2016a, p. 8). Recent national and state inquiries (c.f. Child Protections Systems Royal Commission, 2016; Commissioner for Children and Young People, 2015; Senate Community Affairs Reference Committee, 2015; Victorian Auditor-General, 2014) have highlighted serious problems within both residential and foster care systems in relation to the safety of vulnerable children and the sexual abuse of children in care by both workers and other children in care.

In addition to sexual abuse, issues with understaffing, underqualified staff and physical safety have been brought to light in recent inquiries. While residential care is seen as a last resort for children (often those with complex needs) who have experienced multiple placement failures (McLean, 2016b), demand for placements in residential units is increasing, particularly for children under 10 years (Audit Office of NSW, 2015; Child Protections Systems Royal Commission, 2016; Senate Community Affairs Reference Committee, 2015;). It is clear that residential care does not always provide a safe, secure or caring environment for vulnerable children and that major improvements and reforms to the system are required.

The South Australian Child Protections Systems Royal Commission (2016) recently recommended that a â€œwholesale reform of residential care is neededâ€• in South Australia, with a focus on therapeutic care, ensuring no more than four children per facility and no child under 10 in residential care, and providing extra support for children with high needs adequately trained/skilled staff. The Victorian Commissioner for Children and Young People (2015) also suggested that residential care needed major reform and should be redesigned to encompass solely short-term therapeutic treatment prior to entering more permanent home-based care, which is believed to better support traumatised children and young peopleâ€™s needs.

Therapeutic residential care

There is a growing emphasis on therapeutic residential care in Australia and internationally (Anglin, 2015; Child Protections Systems Royal Commission, 2016; McLean, 2016b; Peak Care, 2015a; Whitaker, del Valle, & Holmes, 2015) and some evidence that therapeutic residential care models have increased in Australia in recent years (McLean, 2016b). Therapeutic residential care is informed by the research and clinical literature on childhood adversity and trauma (Bath & Smith, 2015). The National Therapeutic Residential Care Working Group (in McLean, Price-Robertson, & Robinson, 2011) developed a working definition of therapeutic residential care as:

intensive and time-limited care for a child or young person in statutory care that responds to the complex impacts of abuse, neglect and separation from family. This is achieved through the creation of positive, safe, healing relationships and experiences informed by a sound understanding of trauma, damaged attachment and developmental needs. (Mclean et al., 2011, p. 2)

Anglin (2015) clarifies that therapeutic residential care is not about providing residential â€œtreatmentsâ€• (though targeted interventions should be offered to all children). Rather, residential therapeutic care is one in which â€œchildren and young peopleâ€™s psycho-emotional health and development functioning improvesâ€• (p. 43).

It is generally agreed that therapeutic residential care should be:

trauma-informed;

based on research-informed practice principles;

focused on helping children feel safe, developing positive developmental relationships and restoring or developing healthy connections to caring and emotionally available adults; and

focused on healing and helping young people understand and cope with their past experiences of trauma and abuse

short term;

offered predominately in small â€œhomelikeâ€• facilities. (Anglin, 2015; Bath & Smith, 2015; Mclean et al., 2011; Mclean, 2016b)

It also requires a highly trained, self-aware workforce that is able to sensitively respond to childrenâ€™s â€œpsycho-emotional pain and behaviourâ€• (Anglin, 2015, p. 44).

With limited evaluations of service models, there is limited evidence of the effectiveness of therapeutic models (see Mclean 2016b; Whitaker et al., 2015 for a summary of evidence). An evaluation of pilot therapeutic residential care sites across Victoria, commissioned by the Victorian Government, reported positive findings, however (Verso Consulting, 2011). The evaluation compared experiences of children in therapeutic care to children in standard residential care, over 30 months. Positive benefits of therapeutic care included:

improvements in the quality of relationships between staff and children (as a result of increased staffing and the presence of highly qualified therapeutic staff);

improvements in placement stability; and

greater engagement/participation in community compared to children in non-therapeutic care.

Therapeutic support should be extended to young people leaving and/or transitioning from care, especially given that many mental health problems may emerge in late adolescence.

Flexible, well-planned and supportive transition from care

There is a strong association in the literature between good preparation for leaving care, and better outcomes and coping after leaving care (Mendes et al., 2011b). International and Australian research suggest that transition from care needs to be flexible, gradual and well planned, rather than an abrupt cessation of care at age 18 (Dixon et al., 2015; Mendes, et al, 2011b; Stein, 2012). This includes individual transition planning based on the young personâ€™s needs, flexible post-care options and ongoing support until young people reach 25 years of age. Care leavers need to be given the same opportunities, support and guidance that many young people receive from family/parents. Enabling young people to remain in care beyond 18 years of age, and the provision of ongoing post-care emotional, therapeutic and financial support, is associated with better outcomes (Cashhmore & Paxman, 2006). This is particularly pertinent for the significant numbers of young people exiting care who may have developmental delays, acquired brain injury, mental health issues and other complex needs (Meade & Mendes, 2014). See Box 4 for two examples of good practice

community models that provide ongoing post-care support including housing assistance, mentoring and case management.

Box 4: Good practice models supporting transition from care Anglicare St Lukeâ€™s Leaving Care and After Care Support Service The St Lukeâ€™s Leaving Care and After Care Support Service run by Anglicare in the rural Victorian town of Bendigo is a holistic community model that adopts a â€œcorporate parenting strengths-basedâ€• approach that assumes responsibility for providing ongoing nurturing and support for young people in leaving care beyond 18 years (Mendes, 2011, p. 118). It is underpinned by a developmental approach to each individual user of the program to be appropriate to age, needs and developmental stage. In conjunction with community organisations, it provides a comprehensive after care service that includes case management, mentoring, employment and training assistance programs, material assistance, housing assistance and supported transitional housing. A study involving 40 young people who had participated in the model, undertaken by Mendes (2011, 2012) suggested that a community model such as this has the potential â€œto enhance outcomes for care leaversâ€• (2011, p. 138). Though the study was small, improvements were seen in the areas of housing, education and training, financial management and living skills. Further, following participation in the St Lukeâ€™s program, some participants reported reduced anxiety/depression/anger and a reduction in drug and alcohol use. The authors noted, however, that it wasnâ€™t possible to establish a correlation between participation in the program and reductions in these behaviours (Mendes, 2012). Berry Street Stand By Me Program The Berry Street Stand By Me Program was developed following a scoping study in 2011 that identified the need for ongoing provision of support and services for young people leaving care with complex needs such as mental health issues, disabilities, and those engaging in high risk behaviours (Meade & Mendes, 2014). Young people with complex needs were identified as being particularly vulnerable to homelessness on exiting care. The Stand by Me Program is an adaptation of the Personal Advisor (PA) model developed in the UK (and offered universally in the UK). The core elements of the PA model are on providing medium-term support, beginning in care and going through to the post-care period, provision of secondary support and consultation with existing case managers and transition planning (Meade & Mendes, 2014, p. 9). The Stand by Me Program focuses on early intervention and continuity of care via intensive case management. Program support workers establish strengths-based relationships with young people aged 16+ identified to be most at risk of â€œhomelessness and other negative outcomesâ€• (Meade & Mendes, 2014, p. 10) and provide continuity of support following exit from OOHC. Evaluation found that the Stand by Me Program provided some positive benefits to participants (Meade & Mendes, 2014) (although, as with most research involving young people in OOHC, this study involved only a small number of participants). Some of the positive outcomes associated with participation in the program included: program workers developed a greater ability to build trust with young people, which subsequently allowed them to offer more timely support that resulted in positive outcomes for the young people;

young peopleâ€™s participation in transition planning increased;

better interagency collaboration was observed, which enabled program workers to facilitate young peopleâ€™s relationships with other support services (e.g. health, disability, housing, employment);

short and medium housing needs for young people improved;

young people could address past trauma and access specialist mental health support services; and

some young people were able to establish meaningful connections with their families.

Emotional and mental health support during the transition and post-care period

Significant numbers of young people in OOHC experience poor mental health (Akister et al., 2010). The transition period may act as a trigger for mental health issues, suicide and self-harm (Rahamim & Mendes, 2015). Earlier experiences of placement instability, disrupted attachments to caregivers and sexual abuse in OOHC may adversely influence a young personâ€™s mental health when they leave care (Commissioner for Children and Young People, 2015; Rahamim & Mendes, 2015). Leaving care may be further complicated by the young personâ€™s delayed maturation, often experienced as a result of trauma and/or abuse, as described above. For example, Rahamim and Mendesâ€™ (2015) study reported that there was a â€œsignificant difference between care leaversâ€™ actual age and the developmental functioning.â€• Another issue they identified was that OOHC policy and practice is â€œcrisis drivenâ€• (2015, p 6). That is, driven by immediate or practical needs such as housing, while mental health is given a low priority. Participants in Rahamim & Mendesâ€™ study identified a need for better inter-agency collaboration between mental health services and OOHC services, and more mental health outreach services. Additionally, systemic-level support should address a range of needsâ€”housing, education, employment, etc.â€”which would improve mental health outcomes on the whole (Rahamim & Mendes, 2015).

Positive relationships with others were also identified in the study as benefiting the mental health of care leavers. As such, as well as improving care leaversâ€™ access to counselling services, mentoring groups and programs in the community may also be beneficial. Most care leaving services in Australia offer mentoring programs to young people leaving care (Mendes et al., 2011b). Mentoring programs typically pair a young person with a non-family adult

volunteer mentor from the community and aim to build a relationship that will encourage the young personâ€™s positive development and wellbeing (DuBois, Portillo, Rhodes, Silverthorn, Valentine, 2011). Relationships with caring adults, such as mentors, can be protective in helping young people overcome adversity and help to compensate for those at risk of experiencing negative outcomes (Mendes et al., 2011b; Zimmerman et al., 2013). The influence of mentoring programs, however, can vary based on several contextual factors such as a young persons previous relationship experiences, the quality of the mentoring relationship and how long the relationship lasts, as well as a variety of other personal, environmental and situational factors (Rhodes, Spencer, Keller, Liang, & Noam, 2006).

Establishing a close and trusting mentoring relationship with an unfamiliar volunteer adult may be difficult for young people with histories of attachment challenges, abuse and living instability (Gaskell, 2010; Thompson, Greeson & Brunsink, 2016). Natural mentoring, where young people choose a supportive, caring adult that they already know and with whom they may already have developed a relationship bond to be their mentor, has emerged as an approach to overcome this concern (Thompson, et al., 2016). In Thompson et al.â€™s (2016) systematic review of natural mentoring programs for older youth in OOHC, a positive association was found between having a natural mentor and positive wellbeing outcomes. The natural mentoring relationship was found to be of particular importance during the foster youthâ€™s transition to adulthood and in adulthood. A central theme formed across the studies within the review found positive relationships between natural mentoring and improved psychosocial, behavioural or academic outcomes for young people in foster care. Longevity and consistency were found to be traits important to quality natural mentoring relationships (Thompson et al., 2016).

Housing support

Housing and homelessness is recognised as a significant issue for young people leaving care (Crane et al., 2013; Johnson et al., 2010; Stein, 2012). In the emerging adult stage, young people may make many attempts at independence and often have the option to return to the family home in the face of adversity or if â€œthings donâ€™t work outâ€•. As described above, young people leaving OOHC do not always have access to a parental/family safety net (Mendes et al., 2011b). As a result, and for a range of other structural and economic reasons, they are at a higher risk of homelessness. A study examining the extent and experience of youth homelessness in Australia, for example, found that almost two thirds of the 298 homeless youth in their study had spent time in OOHC (Flatau et al., 2015). The OOHC care system can thus be a significant pathway to youth homelessness (Crane et al., 2013).

According to Mendes et al. (2011b) contributing factors for a high risk of homelessness include:

a lack of affordable housing;

the decrease in public housing/insufficient public housing;

abrupt and poorly planned departures from OOHC/poor transition planning;

a lack of employment, and;

failed attempts at reunification with family.

Furthermore, care leavers may experience a range of other issues that affect their ability to obtain secure housing including relationship breakdowns, domestic violence, criminal offending, and substance abuse (Mendes et al., 2011b; see also Johnson et al., 2010). In addition to high rates of homelessness, care leavers are also likely to experience housing instability; for example, frequent moving, transitional or temporary housing or housing uncertainty (Craig, Halfpenny, & Stockley, 2012).

It has been argued that safe, affordable, secure and stable housing options for young care leavers are vital to improving outcomes in other areas relevant to the transition to independence; for example, employment, education, training and positive social relationships (Johnson et al., 2010). Cashmore and Paxmanâ€™s (2007) longitudinal study found that stable accommodation was associated with the ability of care leavers to form healthy, secure relationships, social connectedness and better work, education and training opportunities (Craig et al., 2012).

Mendes et al. (2011b) argued that care leavers need flexible and ongoing accommodation support based on individual needs assessment. International research has established that gradual or staged transition from OOHC results in better experiences for young people (Stein, 2012; Mendes et al., 2011b). Given that many care leavers may not be developmentally or emotionally ready to live independently, support should occur within the existing â€œstate homeâ€• or foster home. This means allowing care leavers to stay in OOHC up to the age of 25, or return to OOHC if things donâ€™t work out, as well as ensuring foster and kin carers are prepared to care and support children until they are 25 years of age.

Some of the other solutions presented in the literature for addressing housing instability and homelessness amongst care leavers include increasing public housing for care leavers with transitional public housing units (Johnson et al., 2010), providing housing subsidies to care leavers (Mendes et al., 2011b), and increasing emergency accommodation services. Another option for care leavers with complex needs is supported living units or cluster housing (see Box 5).

Reference

Psychometric Methods: Theory into Practice (Methodology in the Social Sciences)

Behavior Theory in Health Promotion Practice and Research