

EXECUTIVE SUMMARY

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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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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).



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