

# Keep caring

Systemic inquiry into services  
for young people transitioning  
from out-of-home care



COMMISSION FOR CHILDREN  
AND YOUNG PEOPLE

The Commission respectfully acknowledges and celebrates the Traditional Owners of the lands throughout Victoria and pays its respects to their Elders, children and young people of past, current and future generations.

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Commission for Children and Young People

Level 18, 570 Bourke Street

Melbourne Victoria 3000

DX210229

Phone: 1300 78 29 78

Email: [contact@ccyp.vic.gov.au](mailto:contact@ccyp.vic.gov.au)

**[ccyp.vic.gov.au](http://ccyp.vic.gov.au)**



COMMISSION FOR CHILDREN  
AND YOUNG PEOPLE

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Mr Andrew Young  
Clerk of the Legislative Council  
Parliament House  
Spring Street  
EAST MELBOURNE VIC 3002

Ms Bridget Noonan  
Clerk of the Legislative Assembly  
Parliament House  
Spring Street  
EAST MELBOURNE VIC 3002

Dear Mr Young and Ms Noonan

**'Keep caring': Systemic inquiry into services for young people transitioning from out-of-home care**

I hereby request that *'Keep caring': Systemic inquiry into services for young people transitioning from out-of-home care* be tabled in accordance with section 50 of the *Commission for Children and Young People Act 2012*.

I would be grateful if you could arrange for the report to be tabled in the Legislative Council and Legislative Assembly on Wednesday 9 December 2020.

Yours sincerely

Liana Buchanan  
**Principal Commissioner**

8 December 2020

## Acknowledgments

The Commission would like to thank the many people who have assisted with the preparation of this inquiry report. First and foremost, we thank the many young people who spoke to us about their experiences of preparing for or transitioning from care as well as those who guided us in how best to frame the recommendations made by this inquiry.

We want to also extend our thanks to the people who work daily with young people in the out-of-home care and post-care systems interviewed for this inquiry – Child Protection, funded agency, and residential care unit staff. Your commitment to children and young people was evident and the perspective you provided was invaluable.

# Message from the commissioners

When the state makes the decision to remove a child from their home, it assumes a significant responsibility and obligation: to act ‘as a good parent would’ in the care of that child.

Our 2019 inquiry into the out-of-home care system, *In our own words*, showed the state often fails to meet the threshold of a good parent. We learned of the ways our over-stretched child protection system can actively harm young people: through unstable or unsafe placements, separation from siblings, broken connections to culture and community, and by disempowering young people from contributing to decisions about their lives.

Being a ‘good’ parent is more than simply meeting the basic needs of a child until they turn 18. It involves setting young people up for success by ensuring they have the skills, confidence and resources to independently navigate the necessary foundations for a thriving adulthood – safe and stable housing, the best opportunities for education and work, sound financial management, proper medical care, strong support networks and the ability to manage a household.

Current policies require the Victorian Government to begin transition planning for children in care once they turn 15, ahead of their common exit from the care system between the ages of 16 and 18. Our review showed evidence of such planning in fewer than half of the files we examined—including for the majority of particularly vulnerable care leavers such as young people with a disability, those who engage in high-risk behaviours or Aboriginal young people. Where plans were found, they were often out-of-date or incomplete. In addition, many young people we spoke to described having no involvement in their transition planning.



This report highlights the key obstacles for care leavers: a lack of coordinated and considered leaving care planning, a dire shortage of post-care accommodation (especially for young people with a disability or with complex needs) and inadequate support and strategies to help young people find work, continue studying or to navigate the service system. There is also currently no enforceable right to support and care beyond the age of 18 and poor visibility of post-care outcomes.

The absence of careful planning and ongoing support post-care translates to poor outcomes for many care leavers. Available data shows at least one-third experience homelessness, almost half will present or be admitted to hospital with acute mental health problems and one-quarter will have involvement in the youth justice system. Outcomes tend to be poorer for young people who have lived in residential care.

## Message from the commissioners

The challenges faced by care leavers are disproportionately felt by Aboriginal young people, who are acutely overrepresented in the out-of-home care system and also experience discrimination in a range of settings. This review revealed that most do not have culturally-informed transition plans to ensure they have strong connections to their culture and communities, which is a known protective factor both in and transitioning from care.

In this inquiry, young care leavers told us just how daunting the transition from care could feel without the right support in place. We heard that what mattered most is access to safe housing, good pathways into work or education, feeling equipped to navigate the basics of life independently and access to a support network. Many also told us about the importance of being meaningfully involved in early and thoughtful transition planning.

Thankfully, the Victorian Government has recognised the need to improve support to care leavers. The Home Stretch pilot (which, during COVID-19, has been extended to all care leavers turning 18 years during 2020 if they need it) as well as the Better Futures program for care leavers are welcome and important steps. However these are not universally available and require more investment to achieve their objectives. Failing to invest at this pivotal time simply pushes costs down the line, often into more expensive and intensive crisis responses.

Young people leaving care are stepping into an uncertain future, made even more precarious by a post-pandemic economy that will see fewer opportunities and greater barriers for those already experiencing disadvantage. Now, more than ever, the Victorian Government must act as countless other parents and carers do when young people transition into adulthood – it must keep caring. Most young people leave home set up for success and secure in the knowledge that help, advice and support is available to them when they need it. Children in our care system deserve nothing less.



**Liana Buchanan**  
Principal Commissioner



**Justin Mohamed**  
Commissioner for Aboriginal Children  
and Young People

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# Abbreviations and acronyms

ACCO	Aboriginal community-controlled organisation
CCYP Act 2012	<i>Commission for Children and Young People Act 2012 (Vic)</i>
Commission	Commission for Children and Young People
CRIS	Client Relationship Information System
CSO	community service organisation (non-Aboriginal)
CYFA 2005	<i>Children, Youth and Families Act 2005 (Vic)</i>
the department	Department of Health and Human Services
Inquiry	Systemic inquiry in relation to provision of services to young people transitioning from out-of-home care
LAC	<i>Looking after children framework</i>
NDIS	National Disability Insurance Scheme
NDIA	National Disability Insurance Agency
TAFE	Technical and Further Education
TCP	targeted care packages
VACCA	Victorian Aboriginal Child Care Agency

# Definitions

## Aboriginal people

The term Aboriginal people in this report refers to Aboriginal and Torres Strait Islander peoples. Indigenous is retained when it is part of the title of a program, report or quotation. The term Koori refers to Aboriginal people from south-east Australia.

## Child Protection

The Victorian statutory Child Protection service is delivered by the Department of Health and Human Services (department) and is specifically targeted to those children at risk of harm where their parents are unable or unwilling to protect them.

## Disability

In accordance with s. 3 of the *Disability Act 2006 (Vic)*, disability means:

- a sensory, physical or neurological impairment or acquired brain injury or any combination thereof which:
- (i) is, or is likely to be, permanent; and
  - (ii) causes substantially reduced capacity in at least one of the care self-care, self-management, mobility or communication; and
  - (iii) requires significant ongoing or long term episodic support; and
  - (iv) is not related to ageing; or
    - a) an intellectual disability; or
    - b) a developmental delay.

## Independent living

While not defined by legislation or departmental guidelines, independent living commonly refers to when a young person, who will soon 'age out' of the care system, lives in accommodation that is not an out-of-home care placement (that is, not a foster, kinship or residential care placement). Independent living may include a young person being housed with a family member or in a private rental or some kind of temporary accommodation including transitional housing management accommodation, a motel room or in a caravan park.

## Intellectual disability

In accordance with s. 3 of the *Disability Act 2006 (Vic)*, intellectual disability, in relation to a person over the age of five years, means:

the concurrent existence of:

- a) significant sub-average general intellectual functioning; and
- b) significant deficits in adaptive behaviour each of which become manifest before the age of 18 years.

## Looking after children framework

In Victoria, *Looking after children (LAC)* provides the practice framework for considering how each child's needs will be met while that child is in out-of-home care. It is used for managing out-of-home care in accordance with the 'Best interests case practice model' cycle of information gathering, assessment, planning, implementation and review.

## **Mental illness**

In accordance with s. 4 of the *Mental Health Act 2014* (Vic), mental illness refers to a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory.

## **Out-of-home care**

Out-of-home care is a temporary, medium or long-term living arrangement for children and young people who cannot live in their family home. This most commonly refers to statutory out-of-home care, where a child or young person cannot live with their family at home and a legal order is in place to support the arrangement. Statutory out-of-home care includes kinship care, foster care, residential care and lead tenant arrangements. In Victoria, the department has oversight of these arrangements.

## **Secure welfare**

The secure welfare service is intended to provide a secure short-term placement option for children or young people aged 10 to 17 years who are at substantial and immediate risk of harm, to keep them safe while plans are developed or revised to reduce their risk of harm and return them to the community as soon as possible.

## **Unallocated case**

A case is unallocated where a child or young person in out-of-home care is allocated to a team leader instead of to an individual practitioner, usually due to high workload across the team. The team leader will then typically assign certain tasks such as visiting children or young people in out-of-home care to other members in the team. The Commission refers to cases 'allocated to a team leader' as 'unallocated' throughout this report, as they are unallocated in effect.

## **Protection orders**

The Children's Court may make a protection order in respect of a child if it finds that the child is in need of protection, or there is a substantial and irreconcilable difference between the person who has parental responsibility for the child and the child to such an extent that the care and control of the child are likely to be seriously disrupted. Upon finding that a child is in need of protection, the court may make one of the following protection orders:

- an interim accommodation order
- a family preservation order
- a family reunification order
- a care by Secretary order
- a long-term care order.

A protection order may continue in force after the child turns 17 years of age but ceases to be in force when the child turns 18.

## **Targeted care package**

An allocation of funding that is tailored specifically to meet individual needs of a particular child or young person and is aimed at providing an alternative to residential care.

# Executive summary

To have the best possible chance at a good life, young people in care often need extra help to discover their aspirations, hone their talents and plan for their future, with the support of their carers and community. When young people leave care, they need a stable home, a means of supporting themselves through work, study or training and access to the services they may need to address trauma or poor mental health.

Aboriginal care leavers also need extra support to build or maintain an enduring connection to culture and culturally safe services.

With young people at the centre, this inquiry examines the needs and aspirations of young people leaving care and the capacity of the service system to respond to those needs and aspirations.

We found the out-of-home care system is not doing enough to help young people plan and prepare for their transition to independence. Unlike the overwhelming majority of their peers, young people leaving care face a significant withdrawal of support, leaving many homeless, unemployed and disengaged from learning, mental health supports and culture.

This report makes 15 recommendations to enhance the service system's capacity to improve the experiences and life outcomes for young people transitioning from care by responding to their needs, challenges and aspirations.

## What is leaving care?

Where a child or young person (under 18 years of age) faces a significant risk of harm as a result of abuse or neglect and their parent has not or is unlikely to protect them from that harm, Child Protection may take steps to remove them and place them in out-of-home care.

A young person 'leaves' out-of-home care in Victoria when they exit care between the age of 16 and their 18th birthday. When a young person leaves care, the state no longer has a statutory responsibility towards them as a 'child' in out-of-home care.

While the Victorian Government must provide children and young people in care with somewhere to live, case management and other specialised services, when young people leave care they can no longer count on such supports.

They must instead seek help when they need it through the universal service system or through the limited discretionary supports available to young people who have left care in Victoria.

## The characteristics of care leavers

A significant number of young people in Victoria leave care every year.

In 2019 alone, more than six hundred young people aged between 16 and 18 left care, and the annual number of young people leaving care has almost doubled since 2009.

Additionally, in 2019, there were more than 2,500 young people who had left care aged between 16 and 21 in Victoria and who were eligible for largely discretionary post-care service supports.

The over-representation of Aboriginal young people in Victoria's out-of-home care system is also reflected in Victoria's care leaver population:

- Almost one quarter of all young people in care aged 15 and older (and therefore eligible for leaving care planning support) were Aboriginal as at 31 December 2019.
- In 2019, 22 per cent (n = 146) of young people in care who were eligible for Better Futures were Aboriginal.
- In 2019, 16 per cent (n = 410) of young people aged between 16 and 21 who had left care (and were eligible for Better Futures) were Aboriginal.

A high number of care leavers also have a disability. While the department does not capture reliable data on the disability status of young people in care,<sup>1</sup> the Commission's review of a random sample of 166 Child Protection files (of young people aged 16 to 18) found 36 per cent had a disability according to file notes (n = 59), usually an intellectual or cognitive impairment.

A significant number of care leavers have complex needs, including support needs related to high-risk behaviours, mental health, substance use issues and youth justice involvement. Of the 166 young people covered by our file review, 17 per cent were clients of Youth Justice (n = 29).

## The life outcomes of care leavers

While some young people thrive after care, people with an experience of care on average have significantly poorer life outcomes than their peers. This includes increased risk of poor physical and mental health, unemployment, homelessness, early parenthood and involvement in the justice system.

Research suggests care leavers who are Aboriginal, in the youth justice system and/or living with a disability face a heightened risk of adverse life outcomes.

<sup>1</sup> The Commission has previously addressed this issue in its *Inquiry into services provided to vulnerable children and young people with complex medical needs and/or disability* (2018), which recommended that: 'Child Protection systematically collect and report on the number of children with complex medical needs and/or disability who are clients of Child Protection and comprehensively train Child Protection staff how to do this', p. 16.

The department's data shows that:

- Of the young people who left care in Victoria between 2013 and 2015, nearly one-third (32 per cent) were identified as homeless in 2015–2016 housing data.
- Young people whose final placement was residential care were most likely to experience homelessness.
- Almost a quarter (24 per cent) of young people who left care between 2006 and 2015 were involved in the youth justice system, with half of the young people whose final placement was residential care appearing in Youth Justice data.
- Of the young people who left care between 2006 and 2014, 80 per cent had been admitted to hospital. More than half (52 per cent) of young people also presented to acute public mental health services.

Poor outcomes for young people transitioning from care can in part be attributed to pre-care, in-care and post-care experiences. These experiences include trauma and neglect prior to coming into care, and placement instability and issues with safety while in care.<sup>2</sup>

Our review of 166 files uncovered a concerning high level of placement instability among young people on the verge of leaving care, with nearly two-thirds (61 per cent) having experienced five or more placements during their current episode in care.<sup>3</sup>

## What do young people need when they leave care?

Young people in care have the best possible chance of transitioning from care successfully if they have:

- a stable and secure care experience where they can learn essential life skills, build resilience and foster positive social supports and relationships
- a positive relationship with at least one family member, mentor or carer

<sup>2</sup> These issues were addressed in detail in Chapters 6 and 7 of: CCYP 2019c, *In our own words: Systemic inquiry into the lived experience of children and young people in the Victorian out-of-home care system*, Melbourne, Victoria.

<sup>3</sup> Excluding periods of time in secure welfare or respite care less than one month.

## Executive summary

- appropriately resourced transition planning involving the young person in a meaningful way
- a gradual and flexible transition from care that reflects developmental needs rather than age
- stable post-care housing
- specialised post-care supports that are flexible and sustained.

### State obligations to care leavers

Both policy and legislation in Victoria require the state to help young people currently in care to transition to independence.<sup>4</sup> To meet this obligation, the department has produced multiple guidelines requiring case managers and care teams to prepare and support young people to transition from out-of-home care to 'independent living'.

The *Children, Youth and Families Act 2005* (the CYFA 2005) imposes an obligation upon the Victorian Government to support young people once they have left care, however, this responsibility is not 'enforceable at law'.<sup>5</sup>

### Planning for leaving care

In Victoria, planning to support young people's transition from care must begin when the young person is 15. At the end of 2019, there were 1,338 young people aged between 15 and 18 in care for whom the department held this responsibility.

Early and collaborative leaving care planning is associated with better post-care outcomes, while a lack of timely and comprehensive planning and support can have long-term negative consequences for young people's wellbeing post-care.

We found that the widespread deficiencies in leaving care planning for young people in care is indicative of a broader lack of capacity and activity in the out-of-home care system to support these young people to

transition to independence successfully. This points to the need to rethink how the current model of care can be reshaped to support and empower young people to plan for and work towards the best possible life after care.

### Required leaving care planning

Our inquiry found that most young people are not supported to transition from care through required planning.

When a young person in out-of-home care turns 15, departmental guidance provides that:

- a 'Looking After Children 15+ assessment and progress record' must be completed for them at least annually.
- a 'Looking After Children 15+ care and transition plan' must be completed for them and reviewed at least every six months.

Many of the young people in care we consulted for this inquiry told us that they did not have a leaving care plan. This was confirmed by the Commission's file review, which found that fewer than half of the files we reviewed (43 per cent) included a 15+ care and transition plan, and only 1 per cent (two out of 166) contained a 15+ assessment and progress record. Young people were least likely to have a plan when case managed by Child Protection and/or in kinship care or a lead tenant placement.

The Commission's file review also found that among the minority of young people who did have a 15+ care and transition plan, many plans were not up to date. It was also very rare for 'final' plans – addressing critical needs such as accommodation, health, training and education – to be developed for young people about to 'age out' of care.

Young people exposed to increased vulnerability need additional support to transition from care successfully. Our file review found that the majority of young people from particularly vulnerable and disadvantaged leaving care groups including Aboriginal young people, young people registered as high risk or with experience of secure welfare, and young people with a disability, did not have a 15+ care and transition plan.

<sup>4</sup> Under s. 174 of the *Children, Youth and Families Act 2005* (the CYFA 2005), when the Secretary of the department places a child or young person in care, they 'must make provision for the physical, intellectual, emotional and spiritual development of the child in the same way as a good parent would'.

<sup>5</sup> CYFA 2005, s. 16(2).



The file review also identified that required leaving care planning, when it did occur, was generally of poor quality, lacked detail and had little focus on a young person's critical needs or aspirations post-care.

Consequently, required leaving care planning appears to have had little to no positive impact on young people's transition from care.

### **Leaving care planning through case plans, care team meetings and quarterly reports**

The extent and quality of leaving care planning undertaken as part of case planning, at care team meetings and via existing reporting mechanisms were also limited. Of the 166 files we reviewed, fewer than half of case plans, and just over half of the young people's most recent care team meetings, addressed leaving care.

While some leaving care planning occurred through these processes, it tended to be unstructured, rushed and rarely addressed the fundamental needs of young people on the verge of leaving care, such as where they will live or how they will support themselves financially.

The file review identified that where planning did occur through case plans, care team meetings or quarterly reports, in general, it:

- lacked a focus on creating or repairing family or other relationships and helping the young person gain a sense of their life before or during care (life story work)
- did not prioritise young people learning the skills necessary to live independently post-care
- left planning for future accommodation until too late and almost always failed to include a back-up plan in case the preferred option 'fell over'.

### **The quality of leaving care planning for vulnerable and disadvantaged groups**

Our inquiry identified various issues relating to the quality of leaving care planning for young people with specific support needs, including Aboriginal young people, young people with a disability and young people with complex needs.

### **Leaving care planning for Aboriginal young people**

The inquiry found that leaving care planning rarely addressed the cultural needs of Aboriginal young people, including how they could maintain a connection to culture upon leaving care.

Only 20 out of the 64 Aboriginal young people covered by the file review had leaving care plans that responded to their need to continue to build or maintain their connection to culture post-care.

The file review also identified that leaving care planning gave very little attention to helping Aboriginal young people forge stronger connections with Aboriginal family.

Additionally, leaving care planning for Aboriginal young people often failed to address critical post-care needs, such as physical and mental health, further education or training, or sustainable and culturally safe accommodation.

Finally, of the Aboriginal young people who had both a cultural support plan and a 15+ care and transition plan, there appeared to be little to no relationship between the two plans.

### **Leaving care planning for young people with a disability**

Our file reviews discovered that leaving care planning by Child Protection and funded agencies often envisages using NDIS supports to build the capabilities of young people with a disability to transition from care successfully.

We also found some promising emerging practice involving Child Protection and funded agencies advocating for care leavers who were NDIS participants to get the plans and supports they needed for a smooth and positive transition from care.

However, the review identified multiple barriers to effective planning for care leavers who were also NDIS participants including:

- complex NDIS assessment processes
- late planning for supported post-care disability accommodation

- poor collaboration between Child Protection, funded agencies and the National Disability Insurance Agency (NDIA)
- Child Protection and funded agencies lacking the knowledge and training to engage with NDIS processes and secure the appropriate outcomes for the young people they are supporting.

About one-third of young people with a disability covered by the file review were completely disengaged from education or further training. However, leaving care planning in general did not sufficiently address the supports these young people need to re-engage with education or training.

### Leaving care planning for young people with complex needs

The Commission's file review found that young people in care with complex needs<sup>6</sup> were at heightened risk of poor mental health, drug and alcohol abuse and disengagement from education. However, it was rare for leaving care planning to consider how young people could be supported to address these needs post-care.

A minority (n = 4 out of 9) of those aged 17 and a half and above had secured stable post-care accommodation at the time of the file review.

### Barriers to effective leaving care planning

The inquiry identified multiple systemic and practice-related barriers to leaving care planning that stop young people from receiving the best chance of a smooth and positive transition to independence.

#### Lack of young people's participation

Leaving care planning is more likely to be effective when the young person is actively involved in its development and implementation. However, our file review found young people seldom have an opportunity to contribute in a meaningful way to their leaving care planning.

<sup>6</sup> Our leaving care planning file review considered leaving care planning for a cohort of young people who had an experience of residential care, secure welfare placements and significant placement instability (five or more placements during their most recent episode in care).

### Poor assessment

Effective planning for leaving care requires a comprehensive assessment of the young person's capabilities, strengths, aspirations and individual and cultural needs.

The Commission's file review identified that leaving care planning almost always occurred without rigorous assessment of a young person's capacity to live independently or their individual needs as they transition from care.

### Administrative difficulties

15+ care and transition plans, when completed, are very difficult to locate on the department's CRIS database. This limits the ability of subsequent Child Protection or contracted case managers to ensure these plans are implemented or updated.

These administrative barriers to workers accessing 15+ care and transition plans lead to a disjointed approach to leaving care planning where planning content is fragmented across 15+ care and transition plans, case plans, care team meeting minutes and quarterly reports (for those who are contract case managed by a funded agency).

### High workload and turnover

Multiple Child Protection and funded agency workers informed the Commission that their workload only permits them to respond to young people in crisis (particularly those in residential care) and that there is little focus on leaving care planning as a consequence.

High workloads and frequent staff turnover limit opportunities to plan with young people for their life after care.

### Limited service collaboration

Most required leaving care planning occurs with limited collaboration between services. Of the 71 15+ care and transition plans reviewed by the Commission, only 37 per cent (n = 26) were written in consultation with other members of the care team.

The inquiry found poor collaboration between services in developing leaving care plans limits the capacity to wrap supports around a young person leaving care, to give them the best chance at transitioning to independence successfully.

### Lack of capability to plan for leaving care

Child Protection practitioners and funded agency workers told the Commission that they had received very limited training in how to plan for young people's transition from care. The resulting lack of capability undermines the quality of leaving care planning and its effectiveness.

The inquiry found that it is too early to tell whether the Better Futures program is improving the quality of leaving care planning through playing a secondary consultation role in young people's care teams.

### Poor oversight of leaving care planning

The department presently uses a proxy measure on its CRIS database<sup>7</sup> to determine whether leaving care planning is occurring. However, this is an unreliable measure as it bears no actual relationship to whether a 15+ care and transition plan has been completed nor to the quality of that plan. This lack of effective oversight detracts from the department's capacity to assess and improve the quality of leaving care planning.

## Supports to transition from care

The inquiry also considered the unmet support needs of young people who leave care in Victoria.

### A stable home

When care leavers transition to independence, they need a stable place from which to learn, earn and be part of their community. However, care leavers face a critical lack of housing options tailored to their diverse needs upon leaving care.

<sup>7</sup> The proxy measure determines whether leaving care planning has occurred by determining whether a leaving care goal has been recorded in the 'Case Practice tab' or whether the 'Has LAC leaving care planning commenced' tick box is checked on CRIS.

In 2019, there were more than 2,500 young people who had left care aged between 16 and 21 years in Victoria eligible for leaving care supports. Yet, only a little over 300 funded places become available to these young people every year. This lack of housing is the key driver of homelessness among young people who have left care.

### Home Stretch

The Home Stretch program provides young people who have turned 18 years and for whom Child Protection has closed with the opportunity to remain with their kinship or foster carer, or to transition to independent living with support until they reach 21 years of age. Despite its suitability for a significant number of care leavers, Home Stretch is ordinarily limited to a maximum of 50 new program participants each year.

Additionally, while the allowance is helping young people in residential care transition into a stable home, Home Stretch recipients often experience ongoing difficulties finding appropriate housing stock, including through the private rental market.

In April 2020, the Victorian Government announced that the Home Stretch program would be temporarily extended to all young people turning 18 before December 2020, as part of its COVID-19 response strategy.<sup>8</sup> This is a welcome boost to the Home Stretch program and demonstrates that Home Stretch can be scaled up quickly, if supported by investment, to benefit all care leavers who need it.

### A home for young people with complex needs

There is a significant cohort of care leavers with complex needs who require supported (including 'step-down') housing options to make a gradual transition to independence. These young people often leave care with unaddressed mental health, trauma and/or substance use issues and have often experienced significant placement instability in care.

<sup>8</sup> Victorian Government 2020a, *More support to keep families and children safe*.

The Commission found that there is a critical shortage of such accommodation for care leavers, outside the limited range of supports available such as through targeted care packages and the COMPASS program. Additionally, under these two programs, supports are time-limited; young people can only access targeted care package supports until they turn 19 and the COMPASS program is limited to a two-year period.

While there was evidence in our file review that a proportion of young people (n = 21 out of 166) had been referred to public housing, applicants from the out-of-home care system must typically wait up to six years to secure a property. Such long waiting times for public housing often make it an unrealistic option for those young people leaving care who require this housing response.<sup>9</sup>

### Education, training and employment

#### Care leavers need extra help to stay engaged in education

Young people on the cusp of leaving care are far more likely to be disengaged from education than their peers, which contributes to poorer educational and employment outcomes.<sup>10</sup>

The Commission found that almost half (44 per cent) of young people covered by our file review were disengaged from education.

Child Protection practitioners, funded agencies (including ACCOs) and residential care workers consulted by the Commission confirmed that young people were often not interested in engaging with learning because of other issues in their lives. This included unstable living environments (particularly in residential care), relationship conflicts and unaddressed mental health issues that meant young people found it difficult to emotionally self-regulate in the class room.

<sup>9</sup> Johnson G, Natalier K, Mendes P, Liddiard M, Thoresen S, Hollows A and Bailey N 2010, *Pathways from out-of-home care*, Australian Housing and Urban Research Institute Melbourne, pp. 46–47.

<sup>10</sup> Cashmore J and Paxman M 2007, *Longitudinal study of wards leaving care: Four to five years on*, NSW Department of Community Services, p. 32.

#### Pathways to further education and training post-care

Given the high levels of disengagement from education and training among care leavers (particularly those in residential care or with high levels of placement instability), care leavers require specific interventions to help improve their educational and training outcomes.

However, the Commission's file review found that most care leavers did not have supports in place to help them engage in further education, training or employment after they left care.

#### Independent living skills

Like all young people, care leavers require support to develop skills to live independently such as cooking, housekeeping, managing money, catching public transport and making their own appointments. The inquiry found that many young people in care – particularly those in residential care – often transitioned to independence without learning these fundamental skills while in placement.

The file review noted that while some young people received support to develop their independent living skills from their funded agency, Better Futures workers or other services, the vast majority did not. This service gap points to a lack of programs and supports for young people to learn these abilities.

#### Mental health, trauma and substance use support

##### Incidence of mental health, trauma and alcohol and drug use among care leavers

The Commission's file review revealed a high incidence of mental health, trauma and drug use among young people about to leave care or who have recently left care. In more than one-third of the 166 cases reviewed, young people were noted as having mental health concerns and/or trauma and complex behaviours (including a high incidence of self-harm and attempted suicide). One quarter (n = 41) of young people were also reported to be regularly using alcohol or other drugs.

The Commission's file review identified that only one-third of young people with poor mental health or substance abuse issues were linked to appropriate supports prior to them leaving care. Young people's disconnection from these services was sometimes due to their reluctance to engage with them, but Child Protection and funded agencies also often failed to offer to connect them with these supports.

These findings highlight the need for:

- a more concerted effort by case managers and care teams to help young people in care engage or remain engaged with appropriate mental health and drug and alcohol supports
- services, such as Better Futures, to assist care leavers to re-engage with these supports when they are ready to do so after they have left care.

This is essential given the current fragmented state of the mental health system in Victoria, which the *Royal Commission into Victoria's Mental Health System* found has 'failed to aid those who are most in need of high-quality treatment, care and support'.<sup>11</sup>

## Supports to build community and family connection

### The importance of family and community connection

Family and community connection are fundamental to young people making a successful transition from care. In our consultations, young people who felt they had made a smoother transition from care often noted the strength and importance of social supports around them including carers, extended family, and mentoring and advocacy organisations.

The inquiry's file reviews found limited evidence of supports for young people in care to repair damaged relationships with parents or siblings (outside of court-ordered contact) even where the young person intended to return to their family after they left care.

The Commission also found that fewer than one in five young people covered by our file review (n = 30) had been linked with a mentor.

<sup>11</sup> Victorian Government 2020b, *Royal Commission into Victoria's Mental Health System: Interim report*, Parl. Paper No. 87 (2018–19), p. 1.

## Case management and case work support

To leave care successfully, many young people need a key worker – during and post-care – to help them navigate the service system to get the support and services they need.<sup>12</sup>

### Child Protection and contracted case management

The inquiry found there was a high degree of variability evident in the level of support that case managers provided to young people to support them to transition from care. Some young people interviewed by the Commission noted that worker instability or limited availability and poor rapport with their Child Protection or funded agency worker were barriers to their successful transition from care.

### Better Futures

Unless a young person is also involved in the disability or youth justice systems, the Better Futures worker is likely to be their key worker after they leave care.

The introduction of Better Futures as a statewide service in 2019 has consolidated a previously fragmented and difficult to navigate post-care support system. The Commission's file reviews uncovered some positive supports provided by this service to care leavers.

While it is early in the statewide rollout of this service, on the basis of the Commission's consultations, file reviews and the department's own data, the Commission holds the following concerns regarding the capacity of the service to adequately meet care leavers' needs:

- Two-fifths of young people receiving Better Futures support were estimated to be on the lowest tier of support, 'active hold'. Some young people with high support needs are placed on 'active hold' because of high demand and limited agency capacity rather than reduced individual need.

<sup>12</sup> See Chapter 6 for an overview of current supports young people in care and post-care receive to navigate the service system and connect to the services they need.

- The age at which direct engagement with a young person typically begins (17 and a half years) is often too late for Better Futures staff to start building a relationship with a young person and to support the care team to establish post-care supports.
- The secondary consultation role performed by Better Futures workers while the young person is still in care, coupled with high workloads of case managers, means care teams are unable to provide effective leaving care preparation for young people.
- Increasing numbers of care leavers eligible for Better Futures will place even further pressure on this model unless it is resourced sufficiently.

### Leaving care supports for vulnerable and disadvantaged groups

Some groups of care leavers are more likely to experience disadvantage and are at greater risk of poor life outcomes after they leave care, including Aboriginal young people, young people with a disability and young people with complex needs. We found that many vulnerable and disadvantaged young people are not receiving the supports they need upon leaving care.

#### Aboriginal young people

The inquiry found that many Aboriginal young people are transitioning from care without enduring supports to help them remain connected to culture and culturally safe services. Our review shows that Aboriginal young people in care are more likely to receive multiple cultural supports when case managed by an Aboriginal community-controlled organisation (ACCO) and least likely when case managed by Child Protection.

Despite the clear benefits of case management by ACCOs, only about half of Aboriginal young people aged 17 and a half years or older are case managed by these services as they prepare for leaving care.

Additionally, one-quarter of all eligible Aboriginal young people currently also do not receive support from an ACCO-run Better Futures. The inquiry also found that ACCO-run Better Futures are struggling to meet the continuously growing demand of this often high-needs cohort. Additionally, these ACCOs are not currently funded to provide the Community Connections component of Better Futures.

#### Young people with a disability

The inquiry found that a shortage of appropriate accommodation options, as well as insufficient supports for carers to continue placements where appropriate, meant that many young people with a disability face homelessness as they exit the out-of-home care system.

Nearly all of the young people covered by the Commission's in-depth file review who did not have stable housing at the time they left care had a suspected or diagnosed intellectual disability.

The inquiry also found that a lack of clarity regarding the roles and responsibilities of the young person's care team and NDIS funded planners and support coordinators can prevent the young person getting the right supports in place for when they leave care, such as post-care accommodation.

#### Young people with complex needs

The inquiry's file review found that where young people with complex needs were still in care, their care teams often did not prioritise leaving care tasks when the young person was involved in high-risk behaviours, including going missing from placement, criminal offending and substance use. This affected their access to supports to transition to independence while they were still in care.

The inquiry found that a significant number of young people who had left care and did not have stable housing, or whose housing arrangements broke down soon after they left care, were also involved with the youth justice system, or had left care with unaddressed mental health or substance use issues.

Young people with complex needs are often placed in residential care, which this inquiry found to be an environment that is not usually conducive to preparing young people to leave care. This cohort often transitions onto targeted care packages (TCPs) and into lead tenant programs. Once these programs cease after the age of 19 to 20, young people with complex needs often face considerable difficulties accessing supported accommodation, and they are at heightened risk of homelessness as a consequence.

## Rethinking support for young people to transition from care

Finally, this inquiry makes the case for reforming the out-of-home care system and post-care supports to give every care leaver the best chance at making a positive transition to adult life.

### A new model of care

Victoria's out-of-home care system is not doing enough to help young people plan and prepare for their future after care.

Our previous inquiry *In our own words* identified that the current out-of-home care system too often causes harm to children and young people. In response, that inquiry made a series of recommendations about how this system should be resourced and function to create safe, stable and caring environments in which children and young people can be supported to reach their full potential, scaffolded by a caring community. Implementing these recommendations will necessarily improve the experiences of and outcomes for young people leaving care.

This inquiry recommends building on these recommendations to ensure that all young people in care have the best possible chance to make a positive transition to independence. This new model of care should embed a young person's life aspirations, talents and goals into everyday case management and their day-to-day care.

We recommend that the redesigned out-of-home care system should include a focus on supporting young people to:

- be active participants in future-focused planning and preparing for their own future, with the support of a key worker (this lead worker should play a key role in facilitating leaving care planning and supports in partnership with the young person)
- develop their independent living skills according to their developmental needs
- remain engaged or re-engage with education or vocational pathways
- build or heal positive connections with family and with the wider community

- develop enduring connections with the services they may need to address mental health, trauma or substance use.

For Aboriginal young people, this new model of care should have a strong focus on supporting them to build an enduring connection to culture and community during and after their time in care.

### Give Better Futures the resources it needs to succeed

While the state-wide rollout of Better Futures is an important step towards delivering consistent and universal support to young people transitioning from care to adulthood, we found that the service is not currently resourced to achieve its core purpose.

This is especially the case for Aboriginal young people. As noted above, about one in four Aboriginal young people miss out on the opportunity to receive culturally appropriate support from an ACCO in the years immediately prior to their exit from care.

Additionally, ACCO-run Better Futures are not funded proportionate to Aboriginal young people's representation among care leavers. This undermines Aboriginal young people's ability to forge an enduring connection to culture and community into adulthood.

Consequently, we recommend increased investment in Better Futures and ACCO-run Better Futures so this service can provide robust and tailored supports to the growing numbers of Aboriginal young people transitioning to independence every year.

### Increase investment in post-care supports

When young people leave care, they are faced with a widening gap between the availability of and demand for largely discretionary post-care services including accommodation. This situation is contributing to their poor life outcomes and to Aboriginal young people leaving care disconnected from culture and community.

We recommend every young person who leaves care should have access to:

- a stable and safe home
- extra help to stay engaged or re-engage in education or vocational training
- an opportunity to learn independent living skills for those who missed out in care
- post-care mental health and/or substance use supports.

### The case for recognising a right to post-care supports

As noted above, once young people have left care in Victoria, they do not have an enforceable legal right to receive services and supports as they continue their transition to independence.

This lack of guaranteed supports for young people contributes to:

- reduced options when planning for leaving care
- the widening gap between the availability of and demand for largely discretionary post-care services
- the relatively poor life outcomes of care leavers.

These systemic failings can, at least in part, be addressed by recognising an enforceable right to post-care supports until the age of 21. An enforceable right to post-care support at a minimum means ensuring a young person has somewhere to live and some level of case work support to help them transition to independence post-care.

Most families in Australia continue to support their children with somewhere to live, money, food, clothing, health care, assistance with the cost of education or employment training, and emotional support, often up to or even past 25 years of age.

There is emerging evidence from jurisdictions which have 'extended care' that young people in extended care experience better life outcomes including:

- improved engagement in further work, education or training
- greater economic security
- less involvement in the criminal justice system.

Investing in universal post-care supports has the capacity to reduce the cost to the government over the course of care leavers' lives through driving savings in areas such as housing, unemployment benefits, hospitalisation and drug and alcohol treatment.

Finally, recognising an enforceable right to post-care supports, by meeting our basic human rights obligations to care leavers, would give them what most young people transitioning to adulthood take for granted.



# Findings and recommendations

## Findings

### Finding 1: The life outcomes of care leavers

Available data on the life outcomes of care leavers in Victoria demonstrates that, in general, young people who have left care experience much poorer life outcomes than their peers:

- At least one-third will experience homelessness.
- About half will present or be admitted to hospital due to acute mental health concerns.
- Almost one-quarter will have some involvement with the youth justice system.
- Care leavers with a history of placement instability and those exiting from residential care have the poorest outcomes.

### Finding 2: Tracking the life outcomes of care leavers

At present, the Victorian Government does not track the life outcomes of people who have been in out-of-home care.

The absence of monitoring means that:

- the true state of the challenges facing care leavers remains largely hidden from the public and policy makers
- governments, policy makers and the public have a limited understanding of the current effectiveness of leaving care supports.

### Finding 3: The occurrence of required leaving care planning

The Commission's file review found 57 per cent of young people transitioning from care did not have a 15+ care and transition plan and only 1 per cent (two out of 166) contained a 15+ assessment and progress record.

Young people case managed by Child Protection are least likely to have a 15+ care and transition plan.

Of the young people who did have a 15+ care and transition plan, about one-third were not up to date. Additionally, only 2 per cent of young people aged 17 and a half and older at the time of the review had a 'final' plan – addressing critical needs such as accommodation, health, training and education.

Our file review found that the majority of young people leaving care from acutely vulnerable and/or disadvantaged leaving care groups did not have a 15+ care and transition plan. Only 41 per cent of Aboriginal young people, 40 per cent of young people with a disability and 39 per cent of young people with an experience of secure welfare and/or classified as high risk had one of these plans.

### Finding 4: The quality of required leaving care planning

Even where 15+ care and transition plans are prepared for young people, they are generally of poor quality and do not appear to support coordinated or meaningful activity to help young people to transition successfully from care.

In general, these plans:

- do not follow leaving care planning guidance about what should be addressed in plans
- have a short-term focus and largely mirror the content found in a case plan
- lack sufficient detail to guide meaningful action towards the achievement of leaving care-related goals
- do not prioritise young people learning the skills necessary to live independently post-care
- do not address the fundamental needs of young people who are on the verge of leaving care, such as where they will live, how they will support themselves financially or how they will maintain their health and wellbeing
- do not appear to be used to guide leaving care practice once they have been drafted.

As a consequence, these plans have a limited capacity to influence activity to support young people's successful transition from care.

### Finding 5: Leaving care planning through case plans, care teams and quarterly reports

In general, leaving care planning that occurs outside of 15+ care and transition plans is inconsistent, with fewer than half of case plans and just more than half of care team meetings addressing leaving care.

Where planning does occur, it often:

- does not address the fundamental needs of young people who are on the verge of leaving care, such as where they will live, how they will support themselves financially or how they will maintain their health and wellbeing
- lacks a focus on creating or repairing family or other relationships and helping the young person gain a sense of their life before or during care (life story work)
- does not prioritise young people learning the skills necessary to live independently post-care
- leaves planning for future accommodation, if accommodation is considered, until too late and almost always fails to include back-up plans.

### Finding 6: Leaving care planning for vulnerable and disadvantaged groups

#### Finding 6.1: Leaving care planning for Aboriginal young people

Leaving care planning rarely addresses the cultural needs of Aboriginal young people – including how they will maintain a connection to culture – upon leaving care.

While Aboriginal care leavers face an acute risk of disengagement from education, unemployment or homelessness, generally, leaving care planning does not go far enough to address these vulnerabilities by timely planning for:

- enduring physical and mental health supports post-care
- re-engagement with work or vocational training
- sustainable and culturally safe accommodation.

### **Finding 6.2: Leaving care planning for young people with a disability**

There is promising emerging practice by Child Protection and funded agency workers advocating for care leavers who are NDIS participants to get the plans and supports they need for a smooth and positive transition from care. However, their ability to play this role – including to secure stable supported accommodation prior to young people leaving care – is hamstrung by:

- complex NDIS assessment processes
- not planning early enough for supported post-care accommodation
- conflict and uncertainty about the respective statutory roles and responsibilities of the NDIS versus the out-of-home care system
- Child Protection and funded agencies lacking the knowledge and training to engage with NDIS processes
- delay in identifying young people with a disability.

Finally, while care leavers with a disability are at heightened risk of disengagement from education, leaving care planning often does not sufficiently address the supports necessary to help these young people re-engage with education or training.

### **Finding 6.3: Leaving care planning for young people with complex needs**

Leaving care planning for young people with complex needs is of a poor quality and in general does little to address the factors in these young people's lives which would reduce the risk of future offending or other poor outcomes including:

- re-engagement with education or vocational training
- supports to address poor mental health and substance abuse
- secure and supported accommodation.

### **Finding 7: Barriers to effective leaving care planning**

The following factors operate as barriers to leaving care planning with the best chance of supporting young people's transition to independence:

#### **Lack of young people's participation**

Young people rarely have an opportunity to contribute in a meaningful way to leaving care planning and, as a consequence, these plans are unlikely to reflect their wishes or aspirations or engender their participation in the plan.

#### **Poor assessment**

Most leaving care planning occurs without rigorous assessment of a young person's needs or capacity to live independently as they transition from care.

#### **Administrative difficulties**

15+ care and transition plans, when completed, are very difficult to locate on CRIS. This limits the ability of subsequent Child Protection or contracted case managers to ensure these plans are implemented and updated.

These administrative barriers to workers accessing 15+ care and transition plans lead to a disjointed approach to leaving care planning where planning content is fragmented across 15+ care and transition plans, case plans, care team meeting minutes and quarterly reports (for those who are contract case managed).

#### **High workload and turnover**

Frequent staff turnover coupled with Child Protection practitioners and funded agency workers' high workload and crisis resolution focus, limit opportunities to plan with young people for their life after care.

### Limited service collaboration

Most required leaving care planning occurs with little collaboration between services. This limits the capacity to wrap supports around a young person leaving care to give them the best chance at transitioning successfully to independence.

### Limited workforce capability to plan for leaving care

The generally poor quality of required leaving care planning suggests a lack of effective training or capability across the out-of-home care workforce to help young people plan and prepare for their future after care.

### Poor oversight of leaving care planning

At present, the department lacks a reliable mechanism to monitor whether leaving care planning is occurring or to assess its quality. This detracts from the department's capacity to monitor and improve leaving care planning.

### Finding 8: Critical shortage of post-care accommodation

The Home Stretch program provides vital housing support for young people in a stable placement or with the skills to live independently.

TCPs and programs such as COMPASS are assisting a small number of care leavers to live in a supportive living environment and divert them from homelessness in the immediate future.

However, there is a critical overall lack of suitable housing available to care leavers.<sup>13</sup> This shortfall is likely to continue to grow as the number of care leavers requiring post-care accommodation rises year-on-year. This shortage is driving high levels of homelessness among care leavers in Victoria, especially those with complex support needs.

<sup>13</sup> This includes instances where financial support is available to maintain home-based care or commence independent living.

### Finding 9: Disengagement from further education and training

The Commission's file review found almost half (44 per cent) of care leavers are disengaged from education before they leave care or at the point they leave care at 18 years. The vast majority of these young people had a history of placement instability, having experienced five or more placements (73 per cent).

Most young people in care do not receive adequate support to continue or re-engage with education prior to or after leaving care.

While it is too early to tell, stakeholders suggest current investment in Better Futures means that the available service offering may not be sufficient to provide the intensive supports required to overcome some care leavers' complex barriers to re-engagement with education, training or employment.

### Finding 10: Lack of opportunity to develop independent living skills

Many young people who leave care, especially from residential care, have not had the opportunity to develop critical living skills because:

- There is a lack of assessment of, and planning about, developing these skills for young people still in care.
- The residential care environment, in most cases, is unsuited to young people learning independent living skills.
- There is a lack of tailored support to assist young people to develop independent living skills both during and post-care.

### Finding 11: Lack of access to and engagement with mental health and substance use support

Our file review found more than two-thirds of young people with mental health issues (67 per cent) and more than one-third of young people with substance use issues (37 per cent) did not receive the help they need to address these issues before they left care.

### **Finding 12: Lack of social supports for young people leaving care**

Many young people leave care with a lack of positive social networks around them to support them as they make their way through life. Very few have the benefit of a mentor to help link them to their local community in and post-care.

Many young people also lack support to repair connections with their family members prior to and after leaving care.

### **Finding 13: A relationship with a key worker is crucial to young people successfully transitioning from care**

Young people leaving care often need and benefit from a key worker to help them navigate the service system before and after their transition from care.

Better Futures has the potential to ensure that care leavers get the support they need to transition from care.

While early in its establishment, the Commission has the following concerns about the capacity of the Better Futures model to support care leavers given:

- The program has uncapped numbers and limited resources allocated to care leavers in the context of growing demand for the program.
- Better Futures in general only begins to actively engage with young people close to their 18th birthday, which may limit its ability to forge a positive working relationship with young people prior to their transition from care.
- Due to current unmet demand, Better Futures does not appear to be fulfilling its secondary consultation role in the care team prior to the young person exiting care.

### **Finding 14: Culturally safe supports for Aboriginal young people leaving care**

One quarter of Aboriginal young people lack the opportunity to receive culturally safe leaving care support from an ACCO in the years prior to or following their exit from care.

Rising demand for ACCO-run Better Futures is putting pressure on these services' ability to support Aboriginal young people to transition from care in a culturally safe way.

### **Finding 15: Systems navigation and appropriate housing for care leavers with a disability**

Many young people with a disability leave care without stable accommodation due to a shortage of supported accommodation options, late planning, delayed NDIS processes and a lack of adequate financial support for carers.

The transition of many young people with a disability from care is undermined by:

- poor interagency collaboration between Child Protection and NDIS
- out-of-home care case managers' lack of knowledge and training to navigate the NDIS effectively
- late identification and assessment of disability
- a lack of clarity about the role of Better Futures in relation to them.

### **Finding 16: Young people with complex needs**

Many young people with complex needs leave care with unmet support needs including relating to stable accommodation, substance use and mental health.

This cohort of care leavers has often experienced unsafe and unstable care experiences, through residential care or placement instability.

Residential care, in its current form, is generally not an appropriate placement for young people with experiences of trauma and undermines effective leaving care preparation including young people's opportunity to learn critical independent living skills.

Young people with complex needs require additional supports including access to supported accommodation to transition to independence.

### Recommendations

#### Recommendation 1: A new model of care

That the Victorian Government, in its implementation of the recommendations of the *In our own words* inquiry, develop and resource a model of care that embeds a young person's life aspirations, talents and goals into everyday case management and their time in placement.

This model, founded on a continuum of supports which begins early, should include a focus on supporting young people to:

- be active participants in future-focused planning and preparing for their own future, with the support of a key worker (this lead worker should play a key role in facilitating leaving care planning and supports in partnership with the young person)
- develop their independent living skills according to their developmental needs
- remain engaged or re-engage with education or vocational pathways
- build or heal positive connections with family and with the wider community
- develop enduring connections with the services they may need to address mental health, trauma or substance use.

For Aboriginal young people, this new model of care should have a strong focus on supports to build an enduring connection to culture and community during and after care.

The Commission notes that the success of this model of care is contingent on the implementation of the recommendations contained in the Commission's *In our own words* inquiry, which called for the out-of-home care system to be redesigned to be safe, stable and caring where young people are empowered to have a voice in decisions about them.

#### Recommendation 2: Overcoming barriers to planning for young people's transition to independence

##### Recommendation 2.1: Improved guidelines and training

That the department develop simplified and youth-friendly assessment tools and guidelines for Child Protection and funded agencies, to support recommendation 1 of this inquiry. Implementation of the new guidance should be supported by training of the Child Protection and funded agency workforce.

The guidance and training should have a strong focus on:

- building the independent living skills of all young people in care in a way that responds to their unique needs and developmental stage
- young people's right to participate in leaving care planning
- providing young people with information about available leaving care supports
- providing young people with clarity about decisions they can and cannot have control over as they mature in care
- ensuring young people's aspirations and talents inform leaving care planning (and helping young people in care to form aspirations for their future post-care and an understanding of how to achieve those goals)
- supporting Aboriginal young people to develop an enduring connection to community and family while in care as a foundation for life after care
- empowering young people with a disability to plan for their future and maximise their independent living skills
- best practice for leaving care planning for young people with complex needs
- roles and responsibilities in the care team to plan for young people's transition to independence
- collaborative practice between services to develop leaving care plans including with Better Futures and NDIS

- ensuring there is a plan and supports to safely re-connect or maintain positive connections with family if the young person wishes to do so
- early planning for post-care accommodation to secure an option tailored to the developmental needs and aspirations of the young person
- support for young people from culturally and linguistically diverse communities.

**Recommendation 2.2: Combine cultural support and leaving care planning for Aboriginal young people transitioning from care**

That the department in consultation with ACCOs create a combined cultural support and leaving care plan for Aboriginal young people to ensure that planning for their transition from care is informed by Aboriginal young people’s right to build and maintain a connection to culture, community and culturally safe services.

**Recommendation 2.3: Monitoring and oversight of leaving care planning**

That the department monitor the extent to which leaving care planning is upholding the right of Aboriginal young people in care to continue to build a connection to culture and community.

**Recommendation 2.4: Assessment of children and young people coming into care**

That the department develop a disability screening and assessment process for children and young people entering out-of-home care, where there are indications that a child or young person may have a disability, to ensure early identification and timely provision of supports.

**Recommendation 2.5: Integrate transition planning**

That the department record transition planning in a way that is accessible to Child Protection practitioners and funded agency staff. This could include incorporating related tasks and goals into the young person’s case plan and actions table.

**Recommendation 2.6: Monitoring and oversight of leaving care planning**

That the department, in implementing recommendation 17 of the *In our own words* inquiry:<sup>14</sup>

- monitor and audit whether transition planning for young people in care is occurring and its quality
- monitor the implementation of its own guidance related to how the out-of-home care system should be cooperating with NDIA with regards to young people transitioning from care
- publicly report on its compliance with key leaving care departmental policy and guidance.

**Recommendation 3: Build capacity and resources to better meet the needs of care leavers with a disability**

**Recommendation 3.1: Additional disability advisers**

That the Victorian Government resource additional advisers with disability and NDIS subject matter expertise within local Child Protection offices to train, assist and mentor case managers in supporting young people with a disability transitioning from care and navigating the disability service system and NDIS.

**Recommendation 3.2: Case manager consults with disability advisers**

That the department require that case managers who are supporting a young person with a disability consult regularly with disability and NDIS subject matter experts, in the years leading up to the young person’s transition from care.

<sup>14</sup> Recommendation 17 advocated ‘That the Victorian Government develop mechanisms to track and report on outcomes for children in out-of-home care to ensure that care services, policy and programs are focused on improved outcomes for children and young people in care’. CCYP 2019c, p. 277.

#### **Recommendation 4: Dedicated brokerage for family therapy**

That the Victorian Government:

- invest in strengthening existing responses and specialist interventions to support young people to repair connections with their family members prior to leaving care
- make available brokerage to support young people's priority access to the above responses and interventions when required.

#### **Recommendation 5: Tracking the life outcomes of care leavers**

That the Victorian Government:

- develop a mechanism to track the life outcomes (at a population level) of people who have left care between the ages of 16 to 18 and publish this data every two years
- advocate to the Commonwealth Government that it provide access to Commonwealth data sets relevant to the life outcomes of care leavers related to education, employment and social security benefits
- report on these outcomes through the governance mechanism proposed in recommendation 17 of the Commission's *In our own words* inquiry.

#### **Recommendation 6: Recording where young people go when they leave care**

That the department accurately record where young people are transitioning to, at the point they leave care.

#### **Recommendation 7: Increase funding for Better Futures**

That the Victorian Government increase the funding of Better Futures to ensure the program:

- can adequately meet its current level of demand, as well as the year-on-year increase in young people eligible for this service
- can offer intensive supports to care leavers who need it, including to learn independent living skills, re-engage with education or vocational pathways and address mental health and/or substance abuse issues
- has the capacity to offer all young people support via the Better Futures Community Connections service
- can directly support and engage with young people from 16 years of age in preparation for leaving care.

#### **Recommendation 8: Provision of culturally safe leaving care supports through ACCO-run and designed Better Futures**

That the Victorian Government ensure that all Aboriginal young people have the opportunity to access culturally safe supports based on their level of need as they transition from care, by:

- at a minimum, allocating a proportion of funding to ACCOs to deliver Better Futures proportionate to Aboriginal young people's representation in the leaving care cohort
- working with ACCOs and Aboriginal young people with a lived experience of care to design a culturally safe Better Futures model
- reporting annually on the proportion of Better Futures funding which is allocated to ACCOs
- giving ACCOs direct access to and control over Better Futures flexible funding
- funding ACCOs, who are delivering Better Futures, to also deliver the Community Connections service.



### **Recommendation 9: Clarify the role of Better Futures to work with young people with a disability**

That the department clarify the role and required capabilities of Better Futures to work with young people with a disability.

### **Recommendation 10: Scope of Better Futures and Home Stretch evaluation**

That the longitudinal evaluation of Better Futures and Home Stretch should consider:

- the effectiveness of Better Futures' secondary consultation role in the care team prior to a young person's exit from care, including the extent to which it contributes to improved leaving care planning and activity
- the extent to which the Better Futures model enables care leavers to develop a positive and productive working relationship with their worker before they leave care
- whether young people with complex needs are receiving the level of support they require to engage successfully with education, training and employment and/or mental health and drug rehabilitation services after they leave care.

### **Recommendation 11: Expanding the Home Stretch program**

That the Victorian Government increase investment in the Home Stretch program to ensure that all care leavers have the option of remaining in their kinship or foster care placements, or transitioning to independent living, with support, until 21 years.

### **Recommendation 12: Increased investment in post-care housing**

That the Victorian Government:

- increase investment in post-care housing options for care leavers to a level sufficient to guarantee a secure, stable and safe home for all young people upon leaving care
- ensure housing investment for Aboriginal care leavers is proportionate to their over-representation among young people leaving care
- report annually through the Aboriginal Children's Forum on housing investment for Aboriginal care leavers as a proportion of funding allocated to all care leavers
- develop and implement an integrated and demand-driven suite of housing options – which includes housing stock and support services – tailored to the diverse needs of young people leaving care.

The suite of options should include:

- social and public housing stock
- a range of supported and step-down accommodation options for young people up to the age of 21 years, who are not yet ready to live independently
- a range of culturally safe housing for Aboriginal young people leaving care, including tailored supports.

### Recommendation 13: Increased accommodation options for care leavers with a disability

That the Victorian Government:

- advocate to the Commonwealth to take measures to ensure that the NDIS market offers a diverse and flexible range of Specialist Disability Accommodation (SDA) options for all care leavers with a disability who require them
- advocate to the Commonwealth that the NDIA adopt processes to ensure a seamless continuity of supports to young people with a disability and their carers so these young people can remain with their carers where appropriate, following their exit from care
- in circumstances where a seamless continuity of supports is not achieved, make available flexible brokerage, including via the Home Stretch program, to assist carers to continue caring for young people with a disability until appropriate NDIS supports are in place
- increase the number and range of supported accommodation options with appropriate levels of support (including those funded by the NDIS) for care leavers with a disability.

Work to fulfil this recommendation should include working with the NDIA to collect and analyse data on the number of care leavers with disability who are unlikely to be eligible for SDA.

### Recommendation 14: Flexible mental health and substance use support for young people who have left care

That the Victorian Government ensure young people who have left care have access to:

- flexible and assertive mental health outreach and substance use support programs
- brokerage to support timely access to services to respond to their ongoing and unmet mental health and substance use needs.

### Recommendation 15: Recognise an enforceable right to post-care supports

That the Victorian Government:

- amend the CYFA 2005 to include an enforceable right for young people who leave care between the age of 16 and 18 to receive services and supports to transition to independence until at least the age of 21
- invest in post-care supports in a manner which meets this right and is responsive to current and growing future demand for post-care services and supports.

# Chapter 1

## About this inquiry

Many young people leaving care report a sense of abandonment, anxiety and fear. They also experience high levels of instability and insecurity; are at risk of unsafe, unstable and poor quality housing; at risk of homelessness; and find it difficult to stay connected to education or employment (Victorian Government 2016, *Roadmap to Reform: Strong families, safe children*).<sup>15</sup>

Leaving care started at 16 – the plan was for me to move in with my dad in [another state]. I thought that would be fine. It fell through when I was about to turn 18 and there was no back-up plan ... so they told me my best option was homeless shelters (Emerson, post-care, 24).

<sup>15</sup> Victorian Government 2016, *Roadmap for Reform: strong families, safe children – the first steps*, Victorian Government, Melbourne, Victoria, p. 14.

## Why this inquiry?

There is mounting evidence in Victoria that young people who have grown up in out-of-home care face an unacceptably high risk of homelessness, poor physical and mental health, unemployment and involvement in the youth justice system.

Despite this, the drivers of this entrenched disadvantage – as well as what it will take to give every care leaver the best possible chance to succeed in life – are often not well understood, and action to address them is too slow and piecemeal.

## Terms of reference

Consequently, this inquiry adopted the following terms of reference:

- To determine the current needs (including education and training, health, mental health and housing) and aspirations of young people leaving care and the current capacity of the service system to respond to those needs and aspirations.
- To identify the short to medium life trajectories of young people transitioning from out-of-home care (including engagement with social and health services, living arrangements, links to homelessness services, education and training as well as involvement in the criminal justice system).
- To examine the application of Victorian Government policies and guidelines regarding planning and preparation for leaving care.
- To explore options for improving the service system's capacity to improve the experiences and life outcomes for young people transitioning from care by responding to their needs, challenges and aspirations.
- To hear from people who have experienced or are experiencing the transition process from out-of-home care about their lived experience of that process.

## Structure of this report

Chapter 2 provides a brief overview of what leaving care involves and what young people need to leave care successfully.

Chapter 3 sets out the current legislative and policy regime applicable to care leavers, the relevant standards of international children's rights law and the key services and supports currently available to them.

Chapter 4 explores what is known about the poor life outcomes of care leavers and current measures to monitor these outcomes in Victoria.

Chapter 5 considers the occurrence, quality and timeliness of leaving care planning for young people in care, including for particularly vulnerable and disadvantaged leaving care cohorts.

Chapter 6 considers the availability and quality of in-care and post-care services and support for young people to transition successfully from care.

Finally, Chapter 7 outlines our recommendations for reforming the out-of-home care system and guaranteeing the availability of post-care supports to give every care leaver the best chance at making a successful transition to independence.

## Methodology

This inquiry draws on the universal standards and language of children's and human rights to assess the extent to which Victoria's out-of-home care system upholds the rights of care leavers. These rights are outlined in the United Nations *Guidelines for alternative care of children* (See Chapter 3).

This inquiry's methodology has four key components:

1. consultation with young people
2. review of files of young people currently in care or who have recently left care
3. quantitative analysis of whole-of-population out-of-home care data
4. consultation with key stakeholders.

## Methodology 1: Consultation with young people

This inquiry draws on consultations conducted in late 2018 as part of the Commission's 2019 inquiry *In our own words: Systemic inquiry into the lived experience of children and young people in the Victorian out-of-home care system (In our own words)*.

Our consultation methodology was designed with young people with experience of the care system. We partnered with Y-Change consultants from Berry Street to develop our consultation methodology, including the framing of questions and measures to ensure that participants felt safe to share their experiences.

Staff undertaking the consultations asked young people aged 15 years or older specific questions relating to their experiences of getting ready to transition from care.

Of the 204 children and young people consulted for *In our own words*, 112 were 15 years of age or older. Twenty of these young people had left care. Of the 112 young people who were 15 or older, 35 were Aboriginal.

Consultations were recorded verbatim by Commission staff, and quotes from those records are used throughout the report.

The Commission acknowledges the following limitations in the information provided through the consultations with young people:

- Participants did not always answer questions across all domains – this was due to young people being invited to:
  - discuss issues of importance to them that they felt comfortable discussing
  - end the interview at their discretion.
- Sometimes Commission staff exercised discretion to cut back on or end a consultation based on nonverbal cues.
- While the Commission endeavoured to talk to a representative spread of young people across the care system, ultimately consultations occurred with a disproportionately high number of young people in residential care and a disproportionately low number of young people in kinship care relative to their overall numbers in Victoria's out-of-home care system. This was because it was easier for the department and funded agencies to facilitate access to young people in residential care, as the young person's participation was not dependent on making contact with individual carers and getting their support for the young person's participation.

In late September and early October 2020, the Commission also met with two separate groups of young people with an experience of or interest in leaving care to test this inquiry's initial findings and seek their advice about proposed recommendations. Young people's views, gathered through these consultations, have been incorporated into this report.

**Table 1: *In our own words* inquiry consultation participants by age (15 and older) and Aboriginal status (n = 112)**

Aboriginal status	Age group				Total #	Total %
	#		%			
	15–18	> 18	15–18	> 18		
Non-Aboriginal	58	11	63%	55%	69	62%
Aboriginal	30	5	33%	25%	35	31%
Unknown	4	4	4%	20%	8	7%
<b>Total</b>	<b>92</b>	<b>20</b>	<b>100%</b>	<b>100%</b>	<b>112</b>	<b>100%</b>

## Methodology 2: review of 166 files

The leaving care file review considered the CRIS files of 166 young people aged 16 and older who were currently in care or had recently left care on their 18th birthday. For those who had left care, the review assessed their file up until their 18th birthday.

This sample size is equivalent to about one-fifth of the number of young people in that cohort as at 31 December 2019.<sup>16</sup> The sample selection included a largely proportional representation of: age, care types, Aboriginal cultural background and location across the department's divisions.<sup>17</sup> A detailed breakdown of the characteristics of the file review cohort is included at Appendix A: Table 12.

While leaving care policy for young people in care states that planning for the transition from care should begin at 15, the Commission chose to focus on the leaving care experiences of this cohort because:

- departmental guidelines require every young person in care to have a 15+ care and transition plan (this is the key leaving care planning document for care leavers in Victoria) by the age of 15 and the plan must be reviewed every six months from the age of 16 and a final plan at 17 and a half
- this age range encompasses what the department refers to as the preparation and transition phases of leaving care planning.<sup>18</sup>

## Extraction of key documents

The Commission extracted the following key documents from each young person's Child Protection file:

- the 15+ care and transition plan and 15+ assessment and progress record if completed
- the young person's most recent case plan, care team meeting minutes and quarterly report (the latter, only if contract case managed)
- Better Futures or other leaving care service referral or assessment forms
- NDIS plans.

For young people with a 15+ care and transition plan on file, the Commission also conducted a review of all case notes and relevant documents over the six months prior to the date of the plan to gauge young people's participation in the development of the plans.

## File review tool

The inquiry also developed a file review tool to gather information from the 166 files related to:

- the key demographics and characteristics of the leaving care cohort<sup>19</sup>
- the timeliness of leaving care planning
- whether leaving care was addressed in the young people's most recent case plan, care team meeting minutes or quarterly report.

The information gathered through this tool was then subject to quantitative analysis to determine:

- the frequency and timeliness of leaving care planning
- any relationship between young people's characteristics and planning practices.

<sup>16</sup> As at 31 December 2019, there were 876 young people aged between 16 and 18 years in out-of-home care in Victoria, therefore a file review of 166 cases was a sample of 19 per cent of this cohort. See Appendix A: Table 10.

<sup>17</sup> The Commission notes the sample included an under-representation of young people who were case managed by Child Protection. As at 31 December 2019, 55 per cent of young people in care aged 15 and older were case managed by Child Protection, whereas only 32 per cent of young people in the sample were case managed by Child Protection (see Appendix A: Table 11).

<sup>18</sup> See in general: DHHS 2012a, *Care and transition planning for leaving care: Victorian practice framework*.

<sup>19</sup> These included: age, care type, disability status, youth justice involvement, number of placements experienced during current episode in care, number of secure welfare stays in most recent episode of care and Aboriginal status.

### Qualitative analysis

The Commission analysed the documents collected through the file review using qualitative analysis software. The analysis aimed to determine:

- the characteristics of care leavers
- the current level of compliance with formal leaving care planning requirements and guidance
- the timeliness and quality of leaving care planning, including to what extent it considered the individual needs of the young person and their aspirations
- where leaving care plans were made, whether this resulted in meaningful supports to the young people transitioning from care
- barriers and enablers to effective leaving care planning
- where addressed by the documents under review, the availability of post-care supports.

### Methodology 3: In-depth review of 30 files

The inquiry also conducted an in-depth file review related to 30 young people who were about to transition or had transitioned from care. The file review did not seek a representative sample of care leavers, but rather selected files to ensure coverage of key leaving care cohorts (Aboriginal young people, young people with a disability and young people who were Youth Justice clients).

A breakdown of the characteristics of the young people in this cohort is included at Appendix A: Table 13 and Table 14.

The purpose of the in-depth file review was to examine what:

- arrangements had been confirmed for young people when they left out-of-home care, with regards to education and employment, housing, income and health supports
- unaddressed needs young people had at the point they left out-of-home care
- barriers were present that impacted appropriate arrangements being made before a young person left care
- role Better Futures and Home Stretch played in assisting young people leaving care.

The inquiry reviewed:

- all documents and case notes in 20 CRIS files during the six months preceding either the date of the file review for young people still in care or the date the young person turned 18
- the Better Futures files for seven of the young people whose CRIS files we reviewed – four of these young people were 18 years old, so the review considered practice and supports post-care
- the Home Stretch files of 10 young people who were all 18 years old. All young people engaged with Home Stretch had a Better Futures worker so this represented another opportunity to consider the practice of and supports provided by this new service.

The 30 in-depth file reviews were also used to inform the composite deidentified case studies in Chapter 6.

### Methodology 4: Stakeholder consultations

To inform this inquiry's understanding of current practice and service supports in relation to young people leaving care, the Commission spoke to:

- Child Protection staff (n = 20)
- Principal Disability Practice Advisers (n = 4)
- funded agencies providing Better Futures and Home Stretch (n = 8)
- other funded agencies providing support to care leavers including Lead Tenant (n = 4)
- Youth Foyer Shepparton
- ACCOs (n = 2)
- The Office of the Public Advocate
- Raising Expectations (a program to support care leavers to engage in higher education).

These interviews were supplemented by consultations conducted by the Commission for the *In our own words* inquiry completed between March and August 2019 with:

- residential care unit staff
- funded agency staff (including CSO and ACCOs)
- Child Protection staff
- secure welfare staff
- foster carers
- kinship carers.

## Methodology 5: Quantitative analysis of whole-of-population out-of-home care data

The department also provided quantitative data from CRIS for the whole population of children and young people in out-of-home care as at 31 December 2019 and 10-year trend data (from 2009–2019) applicable to care leavers. The analysis in this report, drawn from this data, excluded young people in permanent care placements, on permanent care orders<sup>20</sup> or on family preservation orders, as these young people are not eligible for post-care supports.

This data was supplemented by the department's analysis of data linkage (a technique for connecting pieces of information related to the same person, family, place or event) it collected to support the design of the COMPASS program. The insights produced by this data about the life outcomes of care leavers are outlined in Chapter 4.

### Limitations on quantitative and qualitative data from CRIS

The department advised the Commission that, as the CRIS database is a live system, it is updated continuously and updates may occur retrospectively. Consequently, the data presented in this report is only representative of the CRIS database at one point in time. The relevant data for that time period may be subject to future revisions within CRIS.

Additionally, the Commission notes that CRIS files may not be a complete representation of the extent to which a young person's needs are being met through services and support, given that what is on file only reflects information workers enter into the system, and the file review only considered a selection of documents and not all file notes.

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<sup>20</sup> Under the CYFA 2005, the Children's Court may make a permanent care order in respect of a child if the child's parent has not had care of the child for at least six months of the last 12 months, and it is satisfied that: a) the parent is unable or unwilling to resume parental responsibility for the child or b) it would not be in the best interests of the child for the parent to resume parental responsibility, and that c) the person to assume parental responsibility for the child is a suitable person. A permanent care order grants parental responsibility for a child to a person other than the child's parent or the department.



# Chapter 2

## What is leaving care?

### Chapter at a glance

A young person 'leaves' out-of-home care in Victoria when they exit care between the age of 16 and their 18th birthday and the Victorian Government no longer has a statutory responsibility towards them as a 'child' in out-of-home care.

To transition from care successfully, children and young people in care need stability and social and service supports to help them learn to live independently and support themselves.

When young people leave care, they need stable housing, a means of supporting themselves, engagement in further learning, training or employment and help to navigate the service system.

Young people with complex needs often need extra help when they leave care to get support for the challenges they face, such as poor mental health or unresolved trauma.

As the out-of-home care population grows, there is increasing demand and need for leaving care and post-care support.

### Key data

- In 2019, 666 young people aged between 16 and 18 left care, and this number has almost doubled since 2009.
- In 2019, there were more than 2,500 young people who had left care aged between 16 and 21 years in Victoria eligible for post-care supports (16 per cent of these young people were Aboriginal). This number has risen year-on-year.
- Aboriginal young people are significantly overrepresented in Victoria's leaving care population – almost one-quarter of all young people in care aged 15 and older, who are eligible for leaving care planning, are Aboriginal.
- There is a high incidence of disability among care leavers in Victoria – our review of a random sample of 166 files of young people in care or who had recently left care identified that 36 per cent had a disability, according to the file notes.

## Introduction

This chapter provides a brief overview of:

- what leaving care involves
- trends in the numbers and characteristics of young people leaving care and those eligible for leaving care and post-care supports
- what young people need to make a successful transition from care.

## Defining care and leaving care

Where a child or young person (under 18 years of age) faces a significant risk of harm as a result of abuse or neglect and their parent has not or is unlikely to protect them from that harm, Child Protection may take steps to remove them and place them in out-of-home care.

When a child or young person enters care, the state in effect takes on the parental role of helping a child or young person prepare for their future independence.

A young person 'leaves' out-of-home care in Victoria when they exit care between the age of 16 and their 18th birthday<sup>21</sup> and the state no longer has a statutory responsibility towards them as a 'child' in out-of-home care. Leaving care is a major life event which usually involves transitioning from reliance on carers, workers, accommodation and often specialised service supports in the out-of-home care system to a much lower level of assistance.<sup>22</sup>

<sup>21</sup> Young people age out of care on their 18th birthday.

<sup>22</sup> Mendes 2009, 'Young people transitioning from state out-of-home care: Jumping hoops to access employment', *Family Matters*, no. 83, p. 32; and Johnson et al. 2010, op. cit., p. 51.

## Trends in the numbers and characteristics of care leavers

### How many young people leave care every year?

In 2019, 666 young people aged between 16 and 18 left care. This number has almost doubled since 2009 (see Table 2 below).

### How many young people are eligible for leaving care supports?

In Victoria, departmental guidance provides that planning to support young people's transition from care should begin at 15. As at 31 December 2019, there were 1,338 young people in care (aged between 15 and 18) for whom the department held this responsibility.<sup>23</sup>

Young people in Victoria are eligible for Better Futures from 15 years and nine months of age.<sup>24</sup> In 2019, there were 736 young people in care who were eligible for this service. This number has increased by 53 per cent since 2009 (see Figure 1 below). The majority of these young people were in kinship care.

### How many young people are eligible for post-care supports?

In 2019, there were more than 2,500 young people who had left care aged between 16 and 21 years in Victoria eligible for discretionary post-care supports. This number has risen year-on-year (see Figure 2 below).

The year-on-year increase in young people in care and post-care, eligible for support, has taken place against the backdrop of a child protection and out-of-home care system that is increasingly under strain.

<sup>23</sup> Appendix A: Table 10.

<sup>24</sup> Young people on final orders are eligible for leaving care supports while in care until their 18th birthday. Additionally, young people who leave care between 15 and nine months to 18 years of age – and are on final orders on the day they leave care – are eligible post-care supports until they turn 21.

**Table 2: Number of young people leaving care from 2009–2019 by age at time of exit**

Year	Age						Total #	Total %
	#			%				
	16	17	18 <sup>25</sup>	16	17	18		
2009	116	119	105	34%	35%	31%	340	100%
2010	132	153	100	34%	40%	26%	385	100%
2011	100	139	148	26%	36%	38%	387	100%
2012	158	150	138	35%	34%	31%	446	100%
2013	159	193	175	30%	37%	33%	527	100%
2014	135	163	174	29%	35%	37%	472	100%
2015	135	158	195	28%	32%	40%	488	100%
2016	146	152	211	29%	30%	41%	509	100%
2017	117	135	222	25%	28%	47%	474	100%
2018	156	172	192	30%	33%	37%	520	100%
2019	205	211	250	31%	32%	38%	666	100%
<b>Total</b>	<b>1559</b>	<b>1745</b>	<b>1910</b>	<b>30%</b>	<b>33%</b>	<b>37%</b>	<b>5214</b>	<b>100%</b>

Source: DHHS data extraction from CRIS database, 10-year out-of-home care population trend. Data provided to the Commission on 10 May 2020.

As reported in the Commission’s *In our own words* inquiry, between the years of 2008–09 and 2017–18:

- The number of reports to Child Protection almost tripled from 42,851 to 115,600.
- The number of children in care more than doubled from 3,767 to 7,863.
- The number of Aboriginal children the state removed from their parents and living in the care system tripled from 687 to 2,027.
- There was a net loss in the number of foster carers according to available published data sources.
- Significant levels of placement instability experienced by many young people in care was not addressed.
- Funding for the out-of-home care system did not keep up with increasing demand.<sup>26</sup>

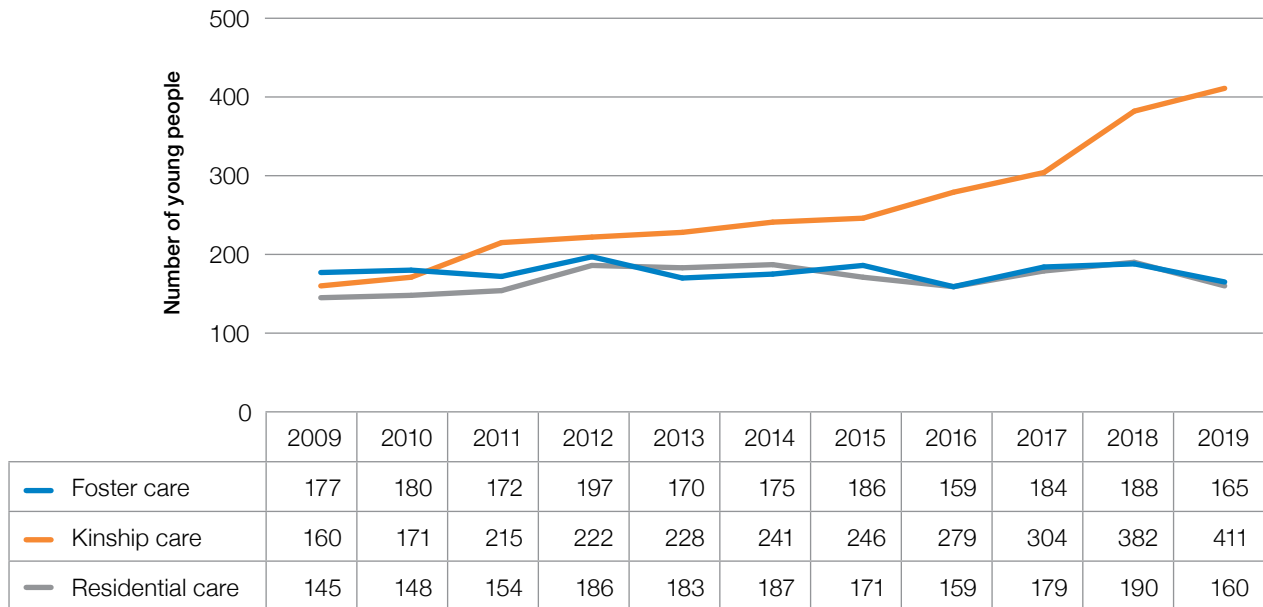
This inquiry made multiple recommendations relating to reducing the strain on this system that are the subject of ongoing discussion with the department.<sup>27</sup> Chapter 7 of this report, which lays out the case for reforming how care leavers are supported in care, notes that redressing these systemic issues is critical to improving the experiences of and outcomes for care leavers.

<sup>25</sup> Refers to young people exiting care on their 18th birthday only.

<sup>26</sup> CCYP 2019c, op. cit., p. 20.

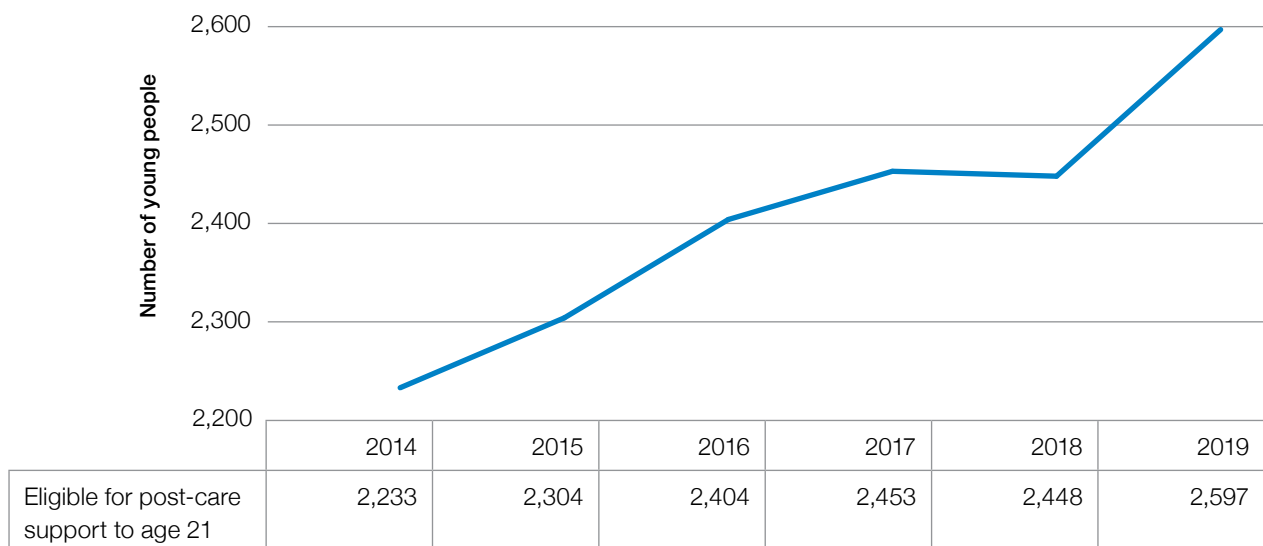
<sup>27</sup> Ibid., Chapter 12.

**Figure 1: Number of young people in care eligible for leaving care supports (now Better Futures) by placement type from 2009–2019**



Source: DHHS data extraction from CRIS database, 10-year out-of-home care population trend. Data provided to the Commission on 27 April 2020.

**Figure 2: Young people aged between 16 and 21 who have left care and are eligible for post-care support from 2014–2019**



Source: DHHS data extraction from CRIS database, 10-year out-of-home care population trend. Data provided to the Commission on 10 May 2020.

**Table 3: Aboriginal young people (aged 15 and older) in out-of-home care by case management type as at 31 December 2019 (n = 306)**

Agency providing case management	Age group				Total #	Total %
	#		%			
	15<17.5	17.5<18	15<17.5	17.5<18		
Contracted case managed	145	25	55%	61%	170	56%
ACCO	85	13	32%	32%	98	32%
CSO	60	12	23%	29%	72	24%
CP managed	120	16	45%	39%	136	44%
<b>Total</b>	<b>265</b>	<b>41</b>	<b>100%</b>	<b>100%</b>	<b>306</b>	<b>100%</b>

Source: DHHS data extraction from CRIS database, population and case details in out-of-home care as at 31 December 2019. Data provided to the Commission on 31 January 2020.

## What are the key characteristics of young people preparing to leave care?

### Care types

Over the past decade, kinship care has become by far the most common placement type for children and young people in Victoria.<sup>28</sup> Reflecting this shift, just under two-thirds (65 per cent) of young people aged 15 and older in care as at 31 December 2019 were in kinship care<sup>29</sup> and since 2009, there has been a 157 per cent increase in the number of young people in kinship care who are eligible for leaving care supports (see Figure 1 above).

While young people in residential care typically make up about 5 per cent of the total out-of-home care population, this cohort represents almost one-fifth (19 per cent) of all young people in care aged 15 and older.<sup>30</sup> A slightly smaller number of young people in this age range were in foster care as at 31 December 2019 (17 per cent).<sup>31</sup>

### Case management

As at 31 December 2019, more than half of young people aged 15 and above in care were case managed by Child Protection (55 per cent), with 45 per cent case managed by a funded agency. Young people about to age out of care (aged between 17 and a half and 18 years) were more likely to be case managed by a funded agency (52 per cent).<sup>32</sup>

As at 31 December 2019, only one in three Aboriginal young people aged 15 and above were case managed by an ACCO (32 per cent). Almost half were case managed by Child Protection (44 per cent) and about one-quarter by a CSO (24 per cent) (see Table 3 above). When provided with an opportunity to respond to any adverse comment contained in this report, the department noted that as at October 2020, about half of Aboriginal young people in care aged 17 and a half or over are now case managed by an ACCO.

<sup>28</sup> Ibid., p. 19.

<sup>29</sup> Appendix A: Table 15.

<sup>30</sup> Ibid.

<sup>31</sup> Ibid.

<sup>32</sup> Appendix A: Table 11.

**Table 4: Number of young people leaving care by age (16–18th birthday only) and Aboriginal status from 2009–2019**

	Non-Aboriginal					Aboriginal					Total #
	16	17	18	Total	%	16	17	18	Total	%	
2009	97	110	103	310	91%	19	9	2	30	9%	340
2010	117	137	91	345	90%	15	16	9	40	10%	385
2011	86	127	133	346	89%	14	12	15	41	11%	387
2012	138	137	120	395	89%	20	13	18	51	11%	446
2013	135	164	163	462	88%	24	29	12	65	12%	527
2014	127	145	153	425	90%	8	18	21	47	10%	472
2015	113	137	168	418	86%	22	21	27	70	14%	488
2016	123	131	180	434	85%	23	21	31	75	15%	509
2017	97	117	195	409	86%	20	18	27	65	14%	474
2018	134	145	168	447	86%	22	27	24	73	14%	520
2019	160	160	200	520	78%	45	51	50	146	22%	666
<b>Total</b>	<b>1327</b>	<b>1510</b>	<b>1674</b>	<b>4511</b>	<b>87%</b>	<b>232</b>	<b>235</b>	<b>236</b>	<b>703</b>	<b>13%</b>	<b>5214</b>
<b>11-year average</b>	<b>121</b>	<b>137</b>	<b>152</b>	<b>410</b>	<b>86%</b>	<b>21</b>	<b>21</b>	<b>21</b>	<b>64</b>	<b>13%</b>	<b>474</b>

Source: DHHS data extraction from CRIS database, 10-year out-of-home care population trend. Data provided to the Commission on 10 May 2020.

### Aboriginal status

Aboriginal young people are significantly over-represented in Victoria’s leaving care population – almost one-quarter of all young people in care aged 15 and older (n = 306 out of 1,338) were Aboriginal as at 31 December 2019. Between 2009 and 2019, the number of Aboriginal young people in care eligible for leaving care supports (now Better Futures) has increased significantly (see Figure 3 below).

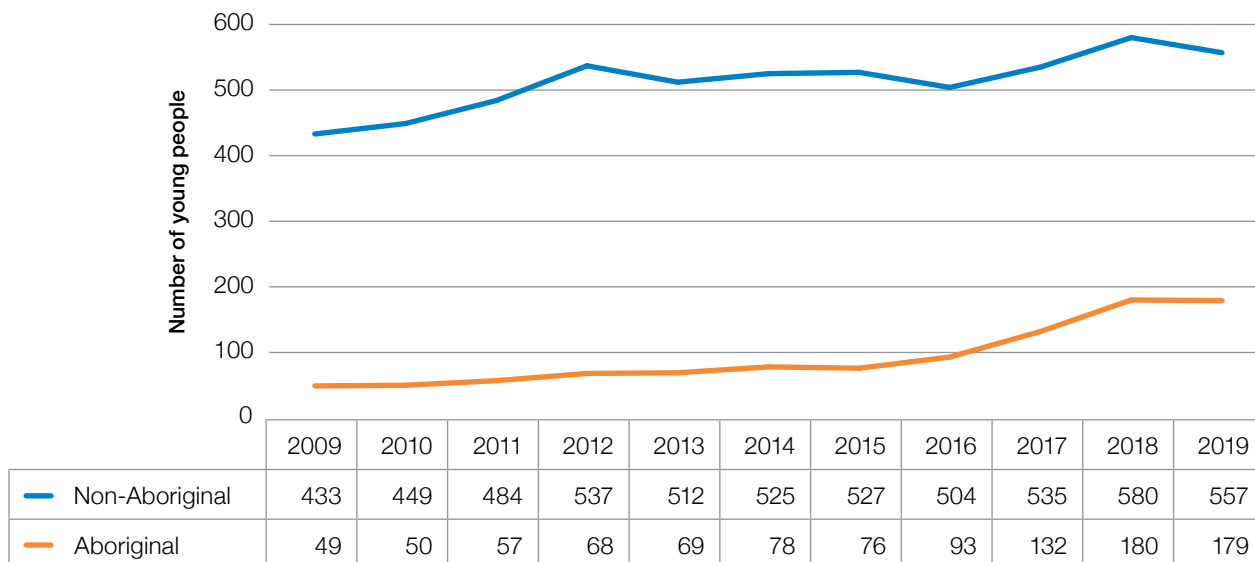
In 2019, 24 per cent of young people who exited care between the ages of 16 and 18 were Aboriginal. In the four years prior (2015–2018) Aboriginal young people made up between 14 to 15 per cent of this cohort (see Table 4 above).

Over the past five years there has also been a large increase in the number of Aboriginal young people who have exited care in Victoria who are aged between 16 and 21 years and are eligible for post-care supports (see Figure 4 below).

Anecdotal evidence collected from ACCOs in Victoria suggests that Aboriginal young people often leave care earlier than their non-Aboriginal counterparts.<sup>33</sup> This is supported by the department’s own data, which shows on average Aboriginal young people are more likely to exit care at an earlier age (see Table 4 above).

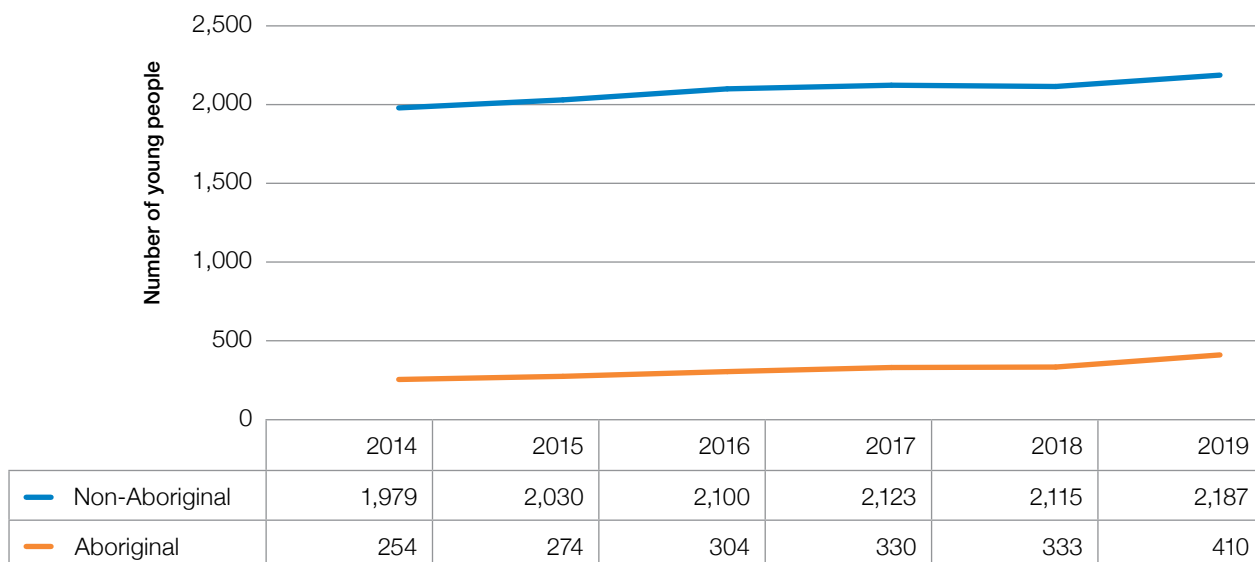
<sup>33</sup> Ibid.

**Figure 3: Number of young people in care eligible for leaving care supports (now Better Futures) by Aboriginal status from 2009–2019<sup>34</sup>**



Source: DHHS data extraction from CRIS database, 10-year out-of-home care population trend. Data provided to the Commission on 31 January 2020.

**Figure 4: Young people aged between 16 and 21 who have left care and are eligible for post-care supports, by Aboriginal status from 2014–2019**



Source: DHHS data extraction from CRIS database, 10-year out-of-home care population trend. Data provided to the Commission on 10 May 2020.

<sup>34</sup> Young people become eligible for Better Futures at 15 and nine months of age.

## Disability

Children and young people with sensory, cognitive and/or communication impairments are overrepresented in out-of-home care.<sup>35</sup>

Despite recent improvements in response to the Commission's recommendations to capture information about whether children and young people involved with Child Protection have a disability, the department is unable to provide reliable data on the number of young people in out-of-home care with a disability.

As at 31 December 2019, departmental data showed that 10 per cent of young people aged 15 and older in care had a disability, but this data did not record the disability status of 55 per cent of this cohort of young people.<sup>36</sup> Our review of a random sample of 166 files revealed a much higher prevalence of disability among care leavers in Victoria in the file notes under review, identifying that 36 per cent had a disability (n = 59). Twenty-nine per cent of these young people were Aboriginal (n = 17).

## Young people with complex needs including those with Youth Justice involvement

Young people who have complex needs, including those related to high-risk behaviours, youth justice system involvement, and mental health and substance use issues are more likely to have unmet needs when they leave care, and they generally experience poorer wellbeing outcomes.<sup>37</sup>

Our review of 166 files of young people in care examined the leaving care planning (Chapter 5) and supports (Chapter 6) provided to a smaller cohort of particularly vulnerable and/or disadvantaged young people who were in a residential care (and with a history of secure welfare) or secure welfare placement and had a history of placement instability (five or more during their current episode of care) (n = 21).

These young people had a variety of complex needs and behaviours that sometimes made it more difficult to support their transition from care. These included:

- 62 per cent were frequently missing from their placement (n = 13)
- 71 per cent had a pattern of not wishing to engage with services (n = 15)
- 71 per cent were engaged in high-risk behaviours including substance use, criminal offending and self-harm and or had been identified at risk of sexual exploitation (n = 15).

As illustrated above, there is often a strong association between young people being in contact with Child Protection, living in out-of-home care and involvement with the criminal justice system.<sup>38</sup> Australian data shows that young people under Youth Justice supervision were 12 times more likely than those in the general population to have been involved with Child Protection in the same year.<sup>39</sup> Victoria Legal Aid (VLA) reports that its clients in care are 'almost twice as likely to face criminal charges as those who remain with their families' and 'to be charged with criminal damage for property-related offending'.<sup>40</sup>

Of the 166 young people covered by our file review, 17 per cent were clients of Youth Justice (n = 29). Most of these young people were in residential care, secure welfare or lead tenant placements,<sup>41</sup> which is consistent with prior Victorian research.<sup>42</sup> Almost all of these young people had been admitted to secure welfare at some point (n = 22), more than one-quarter had a disability (n = 8) and about one-third were Aboriginal (n = 10). More than half (n = 16) had experienced five or more placements during their most recent episode in care (excluding secure welfare).

35 Mendes P, Snow P and Baidawi S 2014, 'The views of service providers on the challenges facing young people also involved in the youth justice system transitioning from out-of-home care', *Journal of Policy Practice*, vol. 13, no. 4, pp. 239–57.

36 Appendix A: Table 16.

37 Malvaso C and Delfabbro P 2016, 'Young people with complex needs leaving out-of-home care: Service issues and the need to enhance practice and policy', *Children Australia*, vol. 41, no. 1, pp. 69–79, p. 77.

38 Sentencing Advisory Council 2019, *Crossover kids: Vulnerable children in the youth justice system*, p. 35.

39 AIHW 2016, *Young people in child protection and under youth justice supervision 2014–2015*, Canberra, ACT, p. 15.

40 Victoria Legal Aid 2016, *Care not custody: A new approach to keep kids in residential care out of the criminal justice system*, p. 1.

41 At the date of the file review or immediately prior to the young person exiting care.

42 Sentencing Advisory Council 2019, op. cit., p. 74.



## What do young people need to leave care successfully?

A variety of service system-related and social factors contribute to young people leaving care with the best chance of living the best possible life they can, including:

- a stable and secure care experience<sup>43</sup> where they can learn essential life skills,<sup>44</sup> build resilience<sup>45</sup> and foster positive social supports and relationships<sup>46</sup>
- a positive relationship with at least one family member or 'secure attachment to at least one unconditionally supportive parent'<sup>47</sup> or committed mentor<sup>48</sup>
- appropriately resourced transition planning<sup>49</sup> informed by the meaningful participation of the young person leaving care<sup>50</sup>
- a gradual and flexible transition from care that reflects developmental needs rather than just chronological age<sup>51</sup>
- stable post-care housing<sup>52</sup>
- specialised post-care supports.<sup>53</sup>

Care leavers are often most likely to benefit from service responses that are flexible and persistent and adopt 'creative, indirect and person-centred approaches to engagement' with an emphasis on 'building peer and adult relationships, and developing adaptive life-skills'.<sup>54</sup> This inquiry explores the quality of leaving care planning and service availability (both specialised and mainstream) during and after care in Chapters 5 and 6 respectively.

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43 Muir S and Hand K 2018, 'Beyond 18: The longitudinal study on leaving care', Australian Institute of Family Studies, Melbourne, Victoria, p. 1.

44 Ibid.

45 See in general: Stein 2008, op. cit.

46 See in general: Johnson et al. op. cit. 2010; and Mendes P, Johnson G and Moslehuddin B 2011b, 'Young people leaving state out-of-home care', Australian Scholarly Publishing, Melbourne, Victoria; and Stein 2008, op. cit.

47 See also: Avery R 2010, 'An examination of theory and promising practice for achieving permanency for teens before they age out of foster care', *Children and Youth Services Review*, vol. 32, no. 3, pp. 399–408, p. 399.

48 Stein M 2008, 'Resilience and young people leaving care', *Child Care in Practice*, vol. 14, no. 1, pp. 35–44, p. 36.

49 Johnson et al. 2010, op. cit.; Mendes, Johnson and Moslehuddin 2011b, op. cit.; and Stein 2008, op. cit.

50 Hall A 2012, 'It's not a transition plan if the young person wasn't involved', *Developing Practice: The Child, Youth and Family Work Journal*, no. 33, pp. 4–9, p. 7.

51 Johnson et al. 2010, op. cit., p. 22.

52 Ibid.

53 Mendes 2005, op. cit., p. 166. See also: Mendes, Baidawi and Snow 2014, op. cit., p. 404.

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54 Malvaso et al. 2016, op. cit., p. 128.

## Chapter 3

# The legal, policy and service system for care leavers

### Chapter at a glance

Victorian legislation places an obligation on the state to support young people in care 'in the same way as a good parent would' to develop physically, intellectually, emotionally and spiritually, as they transition to independence.

The department has also produced multiple guidelines requiring case managers and care teams to support young people to make this transition.

Under these guidelines, every young person in care must have a 15+ care and transition plan by the age of 15 and the plan must be reviewed every six months from the age of 16.

The Victorian Government also holds an unenforceable statutory obligation to 'arrange the provision of services' to support young people who have left care.

At present in Victoria, most post-care supports are delivered by the Better Futures program for young people aged between 16 and 21 who have left care.

## Introduction

This inquiry examines the current practices, services and supports for young people leaving care in Victoria. To guide this analysis, this chapter outlines:

- the Victorian Government's obligations towards young people in care and who have left care to help them transition to independence
- state obligations to support care leavers under international children's rights law
- key services and supports currently available for young people in care and post-care to help them transition to independence.

## Current obligations and duties towards care leavers

### Duties and obligations towards young people in care

Both policy and legislation in Victorian requires the state to help young people in care transition to independence. This responsibility towards children and young people in care is intended to be the same as a parent has to their child. Under the *Children, Youth and Families Act 2005* (the CYFA 2005), when the Secretary of the department places a child or young person in care, they 'must make provision for the physical, intellectual, emotional and spiritual development of the child in the same way as a good parent would'.<sup>55</sup>

The Victorian *Charter for children in out-of-home care* is a non-binding document that recognises the rights of young people who are preparing to leave care:

As a child or young person in care I need:

- To be provided with the best possible education and training
- To be able to develop life skills and grow up to become the best person I can
- Help in preparing myself to leave care and support after I leave care.<sup>56</sup>

<sup>55</sup> S. 174.

<sup>56</sup> DHS 2007, *Charter for children in out-of-home care*, State of Victoria, Melbourne.

The department has also produced multiple guidelines requiring case managers and care teams<sup>57</sup> to prepare and support young people transitioning from out-of-home care to independent living. These policies and guidance, which are drawn on throughout this report, include:

- *Care and transition planning for leaving care: Victorian practice framework* ('the Leaving Care Framework')
- *Guide to developing 15+ Care and Transition Plans: Developmentally appropriate planning across the Looking After Children domains*
- *Minimum requirements for home-based care* (in particular, Section 2.7: Transitioning to adulthood (leaving care))
- the *Child Protection Manual*.

### Leaving care planning

Leaving care policy and guidelines in Victoria have a strong focus on supporting young people to transition from care through required planning.<sup>58</sup> When a young person in out-of-home care reaches 15 years of age, departmental guidance provides that:

- a 'Looking After Children 15+ assessment and progress record' must be completed for them annually at a minimum
- a 'Looking After Children 15+ care and transition plan' must be completed for them and reviewed at least every six months.<sup>59</sup>

<sup>57</sup> The purpose of a care team is to manage the day-to-day care and best interests of the child in accordance with the overall case plan. The composition of a care team will vary depending on the specific issues and needs of the child and family. It may include the placement agency worker, the case manager (the Child Protection worker or a funded agency worker if the case is case managed by a funded agency), and the child's carer and parents (as appropriate).

<sup>58</sup> The Leaving Care Framework notes that '[a]s a young person reaches mid to late adolescence more concerted transition planning efforts need to take place', DHHS 2012a, *Care and transition planning for leaving care: Victorian practice framework*, Melbourne, Australia.

<sup>59</sup> DHHS 2012b, *Guide to developing 15+ Care and Transition Plans: Developmentally appropriate planning across the Looking After Children domains*, Melbourne, Australia.

This plan is based on the seven domains in the *Looking after children framework*, and it is designed to identify the strategies and actions required to build the young person's independent living skills, including:

- social skills to help the young person negotiate with peers and other adults in the community
- budgeting and managing money
- managing family and other relationships
- living with people and resolving conflict
- cooking, housekeeping and self-care
- understanding the rights and responsibilities of an adult.<sup>60</sup>

The Leaving Care Framework also directs that at least six months before the expiry of a young person's statutory child protection order, a final transition plan should be completed and agreed to, which confirms accommodation, education or employment arrangements, income and access to key services (including medical and mental health if required).

### Case managers, care teams and key workers

All children and young people in care should have a case manager (either a Child Protection practitioner or contracted case manager through a funded agency).<sup>61</sup> Departmental guidelines require case managers to 'develop and implement a 15+ care and transition plan' and refer the young person to the Better Futures leaving care service at 15 years and nine months (discussed below). Case managers must also 'follow up specialist assessments, including service eligibility assessments' relevant to the young person's transition from care and engage with other services to support the young person's transition.<sup>62</sup>

The department's *Minimum requirements for home-based care* and *Program requirements for residential care in Victoria* require funded agencies and carers to work with children aged 15–18 years during their time in placement to develop independent living skills (such

as budgeting, cooking and cleaning and managing family relationships). Funded agencies must also use the 15+ care and transition plan 'to help the care team to identify the necessary strategies and actions required to assist each individual child's transition into adulthood' and use 'departmental resources developed specifically to assist care and transition planning'.<sup>63</sup>

The Leaving Care Framework also states that the '[c]are teams are central to developing, monitoring and reviewing transition planning processes' but that the care team should identify 'a key worker to work with the young person on transition planning and develop strategies to engage the young person in the process'.<sup>64</sup>

### Duties and obligations towards young people who have left care

The CYFA 2005 appears to impose an obligation on the Victorian Government to support young people once they have left care. The Act states that the Secretary of the department has the following responsibility towards young people who have left care:

- (g) to provide or arrange the provision of services to assist in supporting a person under the age of 21 years to gain the capacity to make the transition to independent living where—
  - (i) the Secretary has had parental responsibility for the person; and
  - (ii) on the Secretary's parental responsibility ending, the person is of an age, or intends, to live independently.<sup>65</sup>

However, the CYFA 2005 dilutes this responsibility by declaring that '[t]he statement of responsibilities of the Secretary under this section does not create, or confer on any person, any right or entitlement enforceable at law'.<sup>66</sup>

<sup>60</sup> DHHS 2012a, op. cit.

<sup>61</sup> A funded agency is a registered non-government organisation funded by the department to deliver kinship or foster care services (s. 23(1) CYFA 2005). This term is used throughout the report to include community service organisations (funded agencies) and Aboriginal community-controlled organisations (ACCOs).

<sup>62</sup> DHHS 2014, *Requirements for home-based care in Victoria: Interim revised edition*, Melbourne, Victoria.

<sup>63</sup> Ibid, p. 22.

<sup>64</sup> DHHS 2012a, op. cit., p. 7.

<sup>65</sup> S. 16(1)g.

<sup>66</sup> S. 16(2).

## State obligations to support care leavers under international children’s rights law

The member states of the United Nations, including Australia, have further defined the rights of children and young people in out-of-home care through the *Guidelines for alternative care of children* (‘the UN Guidelines’). These guidelines were adopted by the United Nations General Assembly in 2010 and include standards for the provision of supports to care leavers:

Standard	Overview
Policies and procedures to support leaving care successfully	‘Agencies and facilities should have a clear policy and should carry out agreed procedures relating to the planned and unplanned conclusion of their work with children to ensure appropriate aftercare and/or follow-up. Throughout the period of care, they should systematically aim at preparing children to assume self-reliance and to integrate fully in the community, notably through the acquisition of social and life skills, which are fostered by participation in the life of the local community’. <sup>67</sup>
Transitions from care should take into account the unique circumstances of the child	‘The process of transition from care to aftercare should take into consideration children’s gender, age, maturity and particular circumstances and include counselling and support, notably to avoid exploitation. Children leaving care should be encouraged to take part in the planning of aftercare life. Children with special needs, such as disabilities, should benefit from an appropriate support system, ensuring, inter alia, avoidance of unnecessary institutionalization. Both the public and the private sectors should be encouraged, including through incentives, to employ children from different care services, particularly children with special needs’. <sup>68</sup>
A specialised support person for every child	‘Special efforts should be made to allocate to each child, whenever possible, a specialized person who can facilitate his/her independence when leaving care’. <sup>69</sup>
Preparation starts early	‘Aftercare should be prepared as early as possible in the placement and, in any case, well before the child leaves the care setting’. <sup>70</sup>
Educational and vocational training	‘Ongoing educational and vocational training opportunities should be imparted as part of life skills education to young people leaving care in order to help them to become financially independent and generate their own income’. <sup>71</sup>
Access to holistic services	‘Access to social, legal and health services, together with appropriate financial support, should also be provided to young people leaving care and during aftercare’. <sup>72</sup>

<sup>67</sup> UN General Assembly 2010, *Guidelines for the alternative care of children*, [131].

<sup>68</sup> *Ibid.*, [132].

<sup>69</sup> *Ibid.*, [133].

<sup>70</sup> *Ibid.*, [134].

<sup>71</sup> *Ibid.*, [135].

<sup>72</sup> *Ibid.*, [136].

## Leaving care supports and services for care leavers

The CYFA 2005 states that '[t]he kinds of services that may be provided to support a person to make the transition to independent living' include:

- the provision of information about available resources and services
- financial assistance
- assistance in obtaining accommodation or setting up a residence
- assistance with education and training
- assistance with finding employment
- assistance in obtaining legal advice
- assistance in gaining access to health and community services
- counselling and support.<sup>73</sup>

A brief overview of key initiatives supporting care leavers in Victoria is outlined below. All of these services are discretionary and often limited in the supports they can provide (see Chapter 5).

### Better Futures

The Better Futures program was rolled out state-wide across Victoria in November 2019, following a pilot in the department's South Division and the Barwon area. Better Futures consolidates the Springboard and Leaving Care Support Services (which included mentoring, brokerage, post-care referral information and advice and Aboriginal Leaving Care Support Services) under the one model.<sup>74</sup> The total funding for Better Futures in the 2019–20 financial year was approximately \$15.9 million per annum.<sup>75</sup>

Prior to the statewide rollout of Better Futures, only some young people could access leaving care and post-care supports. This was often due to specific eligibility criteria or geographic location impacting access to and availability of services.<sup>76</sup>

<sup>73</sup> S. 16(4).

<sup>74</sup> Email from the department to the Commission dated 14 April 2020.

<sup>75</sup> Ibid.

<sup>76</sup> DHHS 2019b, *Better Futures (Post Care Service) factsheet*, Melbourne, Victoria, p. 1.

Under the Better Futures model, all young people aged 15 years and nine months in out-of-home care are referred to their local Better Futures provider to help them make the transition to independence.<sup>77</sup> A Better Futures worker continues to support the young person after they leave care until the age of 21.<sup>78</sup> While a young person is still in care, Better Futures plays largely a 'secondary consult' or advisory role to the existing care team and case managers to support leaving care planning.<sup>79</sup>

Better Futures provides three tiers of support: active support, limited support and active hold. Young people receiving active support are typically either in their last six months of care or have left care and do not have other supports in place. Limited support is intended for young people who have transitioned from care but still require some short-term support to access appropriate services or reach their goals. Young people on active hold receive, at a minimum, a quarterly 'check-in' (in person or via telephone) from the Better Futures provider.

Young people who are receiving Better Futures support are also eligible to receive 'flexible funding' – funds to achieve their personal, vocational or community connectedness goals to support them to build or maintain their independence.<sup>80</sup>

<sup>77</sup> The *Child Protection Manual* requires case managers to 'ensure the young person is linked to post-care services', DHHS 2016a, 'Leaving care – advice', *Child Protection Manual*, viewed 22 November 2019, <<https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/leaving-care>>. Additionally, the *Requirements for home-based care in Victoria* state that 'CSOs will ensure all children leaving care are provided with information and linkages to post-care support services', DHHS 2014, op. cit., p. 23.

<sup>78</sup> Brotherhood of St Laurence 2020a, *Better Futures: Advantaged Thinking Practice Framework*.

<sup>79</sup> In limited circumstances, there is capacity for the Better Futures worker to undertake direct support with a young person in care where they may be at risk of isolation or disengagement after leaving care. However, most young people will not begin to work more intensively with their Better Futures worker until around six months before they leave care.

<sup>80</sup> DHHS 2019b, op. cit., p. 2.

## Post-care accommodation supports for care leavers

### Home Stretch

The Home Stretch program is part of Better Futures. It provides an allowance to support young people to stay with their kinship or foster carers or live independently until they are 21 years old. Home Stretch also provides young people with case work support through a Better Futures worker. The program was rolled out across Victoria in late 2019 and will support 250 young people over a five-year period.<sup>81</sup>

In April 2020, the Victorian Government announced new funding of approximately \$4 million to support young people turning 18 years and due to leave care during the coronavirus (COVID-19) pandemic. As a result of this additional investment, young people in care turning 18 between 16 March 2020 and 31 December 2020 may be eligible for additional support until 30 June 2021 via the coronavirus (COVID-19) Home Stretch initiative.<sup>82</sup>

### COMPASS

COMPASS, Australia's largest social impact bond, is a program supporting care leavers which is delivered jointly between Anglicare Victoria and VincentCare. It provides access to secure housing as well as case management support for a two-year period. COMPASS is currently available in only seven department areas in Victoria and Home Stretch clients are ineligible for this service.<sup>83</sup> The department has advised the Commission that a minimum of 202 young people will be referred to the program over three years. As at November 2020, more than 200 young people have been referred, with many now participating in the program or currently in the engagement stage.<sup>84</sup> Young people undertaking the program receive two years of support from a key worker (Anglicare Victoria) and assistance with

housing (VincentCare). COMPASS is currently providing housing via private rental and purchased properties. COMPASS can also assist with brokerage funds to support young people who wish to remain in their foster or kinship care arrangement.

### Targeted care packages

Targeted care packages (TCPs) are also used to support young people to transition from care. The department advises that 480 of the 891 TCPs allocated to date have been for young people 16–19 years old (54 per cent).<sup>85</sup> The Commission's file review located multiple examples (n = 25) of TCPs being used to support young people to transition from care, including: head lease rental costs, utility bills, groceries, social activities with key workers and after hours workers, interim hotel accommodation, private therapy/psychology sessions, a yearly myki, household items, clothing allowances, et cetera.

### Leaving Care Housing and Support Initiative

The Leaving Care Housing and Support Initiative provides up to two years' case work support to assist young people transitioning from state care. Young people are supported to obtain and maintain housing, including access to transitional accommodation managed through the Transitional Housing Management (THM) program, and assistance to access services that are critical to maintaining stable accommodation.

<sup>81</sup> DHHS 2019d, 'Leaving care', <<https://services.dhhs.vic.gov.au/leaving-care>>, viewed 22 November 2019.

<sup>82</sup> DHHS 2020e, *Increasing support for vulnerable children and families during coronavirus (COVID-19)*, <<https://www.dhhs.vic.gov.au/carers-and-children-care-coronavirus>>, viewed 2 July 2020.

<sup>83</sup> DHHS 2019d, op. cit.

<sup>84</sup> Email from the department to the Commission dated 28 November 2020.

<sup>85</sup> Ibid.

# Chapter 4

## Tracking the lives of care leavers

### Chapter at a glance

While some young people leave care and thrive, in general, people with an experience of care have much poorer life outcomes than their peers and face a higher risk of homelessness, poor mental health, disengagement from ongoing learning and unemployment. These poorer outcomes are likely to be exacerbated by the social and economic impacts of the COVID-19 pandemic.

Young people who are clients of Youth Justice, live with a disability, have experienced residential care and/or are Aboriginal face a heightened risk of disadvantage when they leave care.

Despite a growing capacity to do so, the Victorian Government does not systemically track the life outcomes of care leavers.

This lack of monitoring:

- obscures the true state of the challenges facing care leavers
- limits our understanding of the current effectiveness of leaving care supports.

### Key data

- Data linkage suggests that of the young people who left care in Victoria between 2013 and 2015, nearly one-third (32 per cent) were identified as homeless in 2015–2016 housing data.
- Young people whose final placement was residential care are most likely to experience homelessness.
- Of the young people who left care between 2006 and 2014, 80 per cent had been admitted to hospital and more than half (52 per cent) had presented to acute mental health services.



## Introduction

Young people leaving care 'are not a homogenous group and have varied family backgrounds and experiences, personal characteristics and capabilities'.<sup>86</sup> While some young people leave care and thrive, research suggests that in general, people with an experience of out-of-home care have poorer life outcomes than the general population. Yet most states and territories in Australia do not regularly monitor the life trajectory of young people who have left care.<sup>87</sup>

This chapter outlines available research regarding the life trajectories of care leavers in Australia and Victoria and considers the adequacy of current measures to monitor these outcomes.

## The life outcomes of care leavers in Australia

In Australia, people who have been in care have significantly poorer life outcomes than the general population and face a higher risk of 'significant health, social and educational deficits, including homelessness, involvement in juvenile crime and prostitution, mental and physical health problems, poor educational outcomes [and] inadequate social support systems'.<sup>88</sup> Limited Australian studies also suggest that 'rural and regional care leavers may experience specific locational disadvantages compared to their urban peers'.<sup>89</sup>

Care leavers are more likely to become parents at a younger age.<sup>90</sup> Previous Australian research suggests that one-third of young women will have a child while in care or soon after leaving care, compared with just

2 per cent of under 19-year-olds in the general population.<sup>91</sup> Four young people covered by the file review became parents while still in care.

As outlined in Chapter 6 of this report, a crisis in the availability of post-care accommodation appears to be driving high levels of homelessness among care leavers. A 2015 report on the cost of youth homelessness in Australia, which surveyed more than 400 young people, found that '[n]early two-thirds (63%) of the homeless youth who were surveyed had been placed in some form of out-of-home care by the time that they had turned 18'.<sup>92</sup>

## High-risk cohorts leaving care

Within the broader cohort of young people leaving care, three groups are particularly vulnerable and/or disadvantaged: young people with complex needs (including those involved in the youth justice system), Aboriginal young people and young people with a disability.<sup>93</sup>

### Young people with complex needs including those involved in the youth justice system

Young people who have complex needs (including those related to high-risk behaviours, mental health and substance use issues and involvement in the youth justice system) are more likely to have unmet needs when they leave care and generally experience poorer wellbeing outcomes.<sup>94</sup> As noted below, young people with complex needs are significantly more likely to have experienced placement instability and residential care. Young people with complex needs including mental health and substance use issues and high-risk behaviours are also more likely to be involved in the youth justice system.

<sup>86</sup> Mendes, Johnson and Moslehuddin 2011b, op. cit., p. 13.

<sup>87</sup> Muir and Hand 2018, op. cit., p. 2.

<sup>88</sup> Mendes 2009, op. cit., p. 32.

<sup>89</sup> Mendes 2012, 'Examining the experiences of young people transitioning from out-of-home care in rural Victoria', *Rural Society*, vol. 21, no. 3, pp. 198–209, p. 207.

<sup>90</sup> Mendes P, Saunders B and Baidawi S 2016b, 'Indigenous young people transitioning from out-of-home care (OOHC) in Victoria, Australia: The perspectives of workers in Indigenous-specific and non-Indigenous non-government services', *International Indigenous Policy Journal*, vol. 7, no. 3., p. 242.

<sup>91</sup> Cashmore J and Paxman M 1996, *Longitudinal study of wards leaving care*, Department of Community Services Sydney, Australia, pp. 76–77.

<sup>92</sup> Flatau P, Thielking M, Mackenzie D, Steen A, Bauskis A and Nolan K 2015, *The cost of youth homelessness in Australia study: Snapshot report 1 – the Australian youth homeless experience*, Swinburne University of Technology, p. 4.

<sup>93</sup> See in general: Snow P, Mendes P and O'Donohue D 2014, 'Young people with a disability leaving state care: Phase two report', Monash University, Melbourne; and Mendes, Saunders and Baidawi 2016b.

<sup>94</sup> Malvaso and Delfabbro 2016, op. cit., p. 77.

Research suggests that there is a significant ‘over-representation of young people transitioning from care into the youth justice system’.<sup>95</sup> This cohort – often referred to as ‘dual order’ young people – generally find the transition from care especially challenging.<sup>96</sup> Many dual order young people ‘have a disability, whether or not formally diagnosed’.<sup>97</sup> This group of young people is generally more prone to unemployment, becoming young parents, involvement in sex work, substance abuse and long-term involvement in the criminal justice system.<sup>98</sup>

### Aboriginal care leavers

Until recently, limited research has been conducted about the needs and outcomes of Aboriginal care leavers. However, available data suggests Aboriginal care leavers are ‘more likely to report poorer educational experiences than non-Indigenous people in care’ and are also more likely to transition from care into the youth justice system.<sup>99</sup>

The additional disadvantage endured by Aboriginal care leavers is in part attributable to the effects of successive laws, policies and interventions into the lives of Aboriginal families. These harmful interventions – which included the removal of Aboriginal children from their families – ‘have caused immeasurable spiritual, emotional and physical harm to Aboriginal children and their families’.<sup>100</sup>

### Care leavers living with a disability

Care leavers with a disability often face additional barriers over and above their peers and are at higher risk of poor outcomes.<sup>101</sup> Prior research suggests that young people with a disability are less likely to develop independent living skills, access further education or employment opportunities and form supportive social networks. They are also more likely to experience

homelessness.<sup>102</sup> Care leavers with an intellectual disability are also ‘likely to have experienced multiple out-of-home care placements and school changes, and inadequate support from foster families and child welfare professionals who lack skills and knowledge regarding intellectual impairment’.<sup>103</sup> For this group of care leavers, ‘meaningful employment, stable housing, and supportive relationships are often difficult ... to achieve’.<sup>104</sup>

### The impacts of the COVID-19 pandemic

While its full effects are still unknown, the COVID-19 pandemic is having a disproportionately negative impact on care leavers. Physical distancing means that care leavers, who already face a heightened risk of social isolation and poor mental health, are often cut off from face-to-face contact with workers (including from Better Futures) or mental health professionals,<sup>105</sup> and many young people have not been comfortable with telephone or online counselling. The closure of drug and alcohol rehabilitation facilities over the shutdown period has also limited care leavers’ ability to address unresolved substance use issues.<sup>106</sup>

Disruption in the delivery of further education or training (such as TAFE courses) and difficulty accessing the internet are also leading many care leavers to disengage from further learning.<sup>107</sup>

<sup>95</sup> Mendes, Baidawi and Snow 2014, op. cit., p. 406.

<sup>96</sup> Mendes, Snow and Baidawi 2014, op. cit., p. 248.

<sup>97</sup> Ibid.

<sup>98</sup> Ibid.

<sup>99</sup> Baidawi S, Mendes P and Saunders B 2012, ‘Indigenous young people leaving out of home care in Victoria: A literature review’, *Indigenous Law Bulletin*, vol. 8, pp. 24–7, p. 26.

<sup>100</sup> CCYP 2019c, op. cit., p. 79.

<sup>101</sup> Snow, Mendes and O’Donohue 2014, op. cit., p. 14.

<sup>102</sup> Ibid.

<sup>103</sup> Ellem K, Wilson J, O’Connor M and Macdonald S 2012, ‘Supporting young people with mild/borderline intellectual disability exiting state out-of-home care: directions for practice’, *Developing Practice: The Child, Youth and Family Work Journal*, no. 32, p. 53, p. 56.

<sup>104</sup> Ibid.

<sup>105</sup> From April to July 2020, the Commission conducted focused consultations to develop a point-in-time snapshot of the impact of COVID-19 on children and young people. Overall, we heard from 644 young people and older 172 people working in 70 organisations providing a range of services and supports to children and young people (including schools, youth services and support workers). Many of these consultations highlighted the challenges faced by care leavers at this time: CCYP 2020, *New findings reveal massive impact of COVID for children and young people in Victoria*, <<https://ccyp.vic.gov.au/news/new-findings-reveal-massive-impact-of-covid-for-children-and-young-people-in-victoria/>>, viewed 29 November 2020.

<sup>106</sup> Ibid.

<sup>107</sup> Ibid.

Care leavers who have lost employment due to businesses shutting down have also experienced considerable financial stress.<sup>108</sup>

## The determinants of transitions from care

Outcomes for young people transitioning out of care can in part be attributed to pre-care, in-care and post-care experiences.<sup>109</sup>

### Experiences before care

Many young people leaving care are survivors of trauma and neglect that occurred prior to their entry into care.<sup>110</sup> These experiences can have profound and long-term impacts on young people. The trauma from abuse and neglect can 'negatively affect attachment and brain development, and lead to long-term problems in social functioning, relationships and economic participation'.<sup>111</sup> In its recent inquiry, *In our own words*, the Commission recommended systemic reform of the out-of-home care system to ensure all children and young people are supported to recover from such trauma in a therapeutic, stable and home-like placement.<sup>112</sup>

### Experiences during care

Young people who have benefited from supportive and stable placements 'are far more likely to overcome the adversities resulting from their pre-care and in-care experiences, and prosper when they leave care'.<sup>113</sup> Positive out-of-home care experiences 'involving a secure attachment with a supportive carer are essential for overcoming damaging pre-care experiences of abuse or neglect'.<sup>114</sup>

Conversely, young people who have had a high number of placements while in care are more likely to have complex needs and poorer outcomes post-care.<sup>115</sup> Instability in care arrangements, schooling and case workers, including abuse and poor safety while in care, undermines young people's 'social and educational/training opportunities, and hinders their capacity to make a successful transition towards independence following discharge from care'.<sup>116</sup> In the *In our own words* inquiry, young people interviewed by the Commission often described 'constant movement between placements, which they experienced as degrading, dislocating and upsetting'.<sup>117</sup>

Young people who have experienced trauma and abuse before or during their time in care can have difficulties forming and maintaining relationships, and this can contribute to placement breakdown and instability.<sup>118</sup> Young people with complex needs and emotional and behavioural difficulties are more likely to experience a 'vicious cycle' of frequent movements of placements, which compounds their trauma and results in a pattern of placement instability.<sup>119</sup> However, the *In our own words* inquiry concluded that placement instability is not inevitable for these children and young people in care and that Victoria's out-of-home care system needs significant reform to ensure that all children and young people in care are given the opportunity to recover from trauma and live in a stable home-like environment.

<sup>108</sup> Ibid.

<sup>109</sup> Mendes 2009, op. cit., p. 51.

<sup>110</sup> Ibid.

<sup>111</sup> Ibid.

<sup>112</sup> See in general: CCYP 2019c, op. cit.

<sup>113</sup> Mendes 2009, op. cit., p. 33.

<sup>114</sup> Mendes P 2005, 'Graduating from the child welfare system: A case study of the leaving care debate in Victoria, Australia', *Journal of Social Work*, vol. 5, no. 2, pp. 155–71, p. 166. See also: Mendes P, Baidawi S and Snow P 2014, 'Young people transitioning from out-of-home care: A critical analysis of leaving care policy, legislation and housing support in the Australian state of Victoria', *Child Abuse Review*, vol. 23, no. 6, pp. 402–14, p. 404. See also: Johnson et al. 2010, op. cit., p. 3; and Cashmore J and Paxman M 2007, op. cit., p. 3.

<sup>115</sup> Cashmore J and Paxman M 2006, 'Predicting after-care outcomes: The importance of "felt" security', *Child and Family Social Work*, vol. 11, no. 3, pp. 232–41, p. 237; Crane P, Kaur J and Burton J 2014, *Homelessness and leaving care: The experiences of young adults in Queensland and Victoria, and implications for practice*, pp. 30–34; and Dixon J, Lee J, Stein M, Guhirwa H and Bowley S 2015, 'Corporate parenting for young people in care: making the difference?' *Catch22*, p. 129.

<sup>116</sup> Cashmore J and Paxman M 2007, op. cit., p. 7.

<sup>117</sup> CCYP 2019c, op. cit., p. 131.

<sup>118</sup> Johnson G, Natalier K, Bailey N, Kunnen N, Liddiard M, Mendes P and Hollows A 2009, *Improving housing outcomes for young people leaving state out of home care*, AHURI, RMIT Research Centre, p. 31.

<sup>119</sup> Ward H 2009, 'Patterns of instability: Moves within the care system, their reasons, contexts and consequences', *Children and Youth Services Review*, vol. 31, no. 10, pp. 1113–8, p. 1116.

Placement instability is an ongoing and significant concern for all children and young people in care. The department's data suggests that 36 per cent of young people aged 15 years and older had only one placement during their current episode in care (as at 31 December 2019), but another third (33 per cent) experienced significant placement instability in the form of five or more placements.<sup>120</sup> Notably, 10 per cent of young people in this age group who were in residential care had more than 20 placements.<sup>121</sup>

Our file review uncovered a much higher level of placement instability, with 59 per cent of young people having been placed in five or more placements during their current episode in out-of-home care, excluding periods of time in secure welfare or respite care for less than one month (see Table 5 below). More than one-third (39 per cent) of young people had been in their current placement for six months or less.<sup>122</sup>

**Table 5: File review: number and percentage of placement instances during current out-of-home care episode (or episode prior to turning 18) as at file review date (n = 166)**

Number of out-of-home care placements in current episode	#	%
1	23	14%
2–4	43	26%
5–7	34	20%
8–10	29	17%
>11	37	22%
<b>Total</b>	<b>166</b>	<b>100%</b>

Many young people who have experienced multiple kinship or foster placement breakdowns eventually enter residential care.<sup>123</sup> Of the young people in

residential care or secure welfare covered by the file review, the vast majority (84 per cent, n = 32) had experienced five or more placements during their current episode in care.

The department's data linkage (referred to in detail below) demonstrates that young people with a history of residential care or placement instability face a heightened risk of poor life outcomes and unmet needs after they leave care.<sup>124</sup>

### Post-care experiences

Young people leaving care 'rarely have the emotional, social and financial support that is available to most young people their age from their families'.<sup>125</sup> While many young people in Australia gain casual work or work experience through extended family and social networks, most young people in care cannot rely on such supports.<sup>126</sup> In addition, many care leavers also 'lack the skills and resources needed to access [these supports] placing them at a double disadvantage'.<sup>127</sup>

Most young people in Victoria have a family home that they can rely on as a 'safe haven' if they run out of money or lose their accommodation. Conversely, most young people leaving care do not have this fall-back option.<sup>128</sup> This contributes to many care leavers experiencing a range of poor outcomes including 'housing instability and homelessness, poor mental and physical health, education and employment deficits, limited social and emotional support systems, early parenthood [and involvement of Child Protection], substance abuse and prostitution'.<sup>129</sup>

<sup>120</sup> Appendix A: Table 17.

<sup>121</sup> Ibid.

<sup>122</sup> Appendix A: Table 18.

<sup>123</sup> McLean S 2016, *Report on therapeutic residential care: Report to the SA Child Protection Systems Royal Commission*, Government of South Australia, South Australia, p. 5; Dixon J, Wade J, Byford S, Weatherly H and Lee J 2006, *Young people leaving care: A study of costs and outcomes*, Government of United Kingdom, London, p. 25.

<sup>124</sup> DHHS 2018b, *Social impact bonds: Leaving out of home care*, Melbourne, Victoria, p. 1.

<sup>125</sup> Cashmore J and Paxman M 2007, op. cit., p. 7. See also: Johnson et al. 2010, op. cit., p. 4.

<sup>126</sup> Mendes 2009, op. cit., p. 33.

<sup>127</sup> Mendes, Baidawi, and Snow 2014, op. cit., p. 408.

<sup>128</sup> Ibid.

<sup>129</sup> Ibid., p. 404 and Beauchamp T 2016, 'Young people transitioning from care in Australia: A critical but neglected area of policy development', *Young people transitioning from out-of-home care*, Springer, pp. 265–84, p. 276.

## Recent Victorian studies on the outcomes of care leavers

### Victorian data linkage and care leavers

In 2017 the department collected, linked and analysed administrative datasets relating to care leavers to support the design of the COMPASS program. Data linkage is 'a technique for connecting pieces of information that are thought to relate to the same person, family, place or event' that can be used to produce useful intelligence about a particular cohort's life journey through the service system.<sup>130</sup>

The department initially considered a cohort of 4,942 children who exited out-of-home care during the years 2006–14 (the first Social Impact Bonds (SIBS) study). The department examined the extent to which these young people appeared in other departmental datasets (including those related to health, housing and justice) and 'some of the key details about what happened to them including emergency department admissions, drug use and youth justice charges'.<sup>131</sup> The department then conducted further analysis of a larger cohort of young people 'who made a final exit from Out of Home Care (OOHC) over the period 2006–15, and were aged 15–18 at the time of this exit' (the second SIBS study).<sup>132</sup>

The key findings of these studies – which give the most comprehensive overview of care leavers' outcomes in Victoria's history – are summarised below.

### Homelessness and housing

Victorian data linkage demonstrates that young people leaving care face an unacceptably high risk of homelessness. The second SIBS study considered one year of linked homelessness data for 2015–16 and found that in the cohort of young people who had exited care between 2013–15:

- Nearly a third (32%) were identified as homeless, and this was higher for girls (36%).
- Nearly half (47%) of children exiting from residential care were found in the homelessness data, compared with 13% for permanent care.<sup>133</sup>
- The local areas of final [out-of-home care] placement with the highest associated homelessness rates were Goulburn (48%), Western District (40%), Inner Eastern Melbourne (38%), Central Highlands (38%) and Inner Gippsland (38%).<sup>134</sup>

Data linkage also shows that care leavers are overrepresented in public housing data, pointing to a common challenge finding stable accommodation in the private market. The first SIBS study examined the 2006–2014 cohort's representation in public housing tenancies or applications data and found that '70.3% were found in the housing applications data and 56.4% in the tenancies data'.<sup>135</sup>

The second SIBS study also looked at whether the cohort of young people who exited care between 2006–12 appeared in public housing tenancies or applications data in the three-year period after their exit from care. The study found the following:

- Three in ten (29%) of the cohort appeared in the tenancies data, and 22% were found in the housing applications data.<sup>136</sup>
- Children in permanent care were the least likely to show up in the housing data. Only 16% were in a tenancy during the three years after leaving [out-of-home care], compared with over 30% for the other placement types.
- Only 11% of children in permanent care made a housing application within three years of their out-of-home care exit, compared with around 20% for kinship care and home-based care, and 31% for residential care.<sup>137</sup>
- There appeared to be a strong 'relationship between number of [out-of-home care] placements and likelihood of appearing in the housing data. For children with 1 or 2 [out-of-home care] placements, 22% were in a tenancy and 16% made a housing application within 3 years. For children with 16 or more [out-of-home care] placements, 40% were in a tenancy and 32% made a housing application'.<sup>138</sup>

<sup>130</sup> Data Linkage Western Australia 2018, *What is data linkage?*, Perth, Western Australia.

<sup>131</sup> DHHS 2018b, op. cit., p. 2.

<sup>132</sup> DHHS 2018a, *Social Impact Bonds: analysis of the out of home care cohort 2006–14*, Melbourne, Victoria, p. 1.

<sup>133</sup> Ibid., pp. 1–2.

<sup>134</sup> DHHS 2018b, op. cit., p. 9.

<sup>135</sup> Ibid., p. 3.

<sup>136</sup> DHHS 2018a, op. cit., p. 9.

<sup>137</sup> Ibid.

<sup>138</sup> Ibid., p. 1.

### Health and mental health

Data linkage also points to care leavers experiencing significant difficulties with their physical and mental health following their transition from care, especially among those who experienced considerable placement instability during their time in care.

The first SIBS study found that, among the 2006–2014 cohort of care leavers:

- The large majority of children in the cohort were found in hospital admissions (VAED, 79.6%).<sup>139</sup>
- Females had a higher average number of hospital admissions than males (7.0 vs 4.9) [and] the high placement group [young people who had experienced 15 or more placements while in out-of-home care] had a higher average number than others (7.5 vs 5.7).<sup>140</sup>

This study also found that:

- 51.6 per cent of young people in the cohort were found in the acute mental health (CMI-ODS)<sup>141</sup> and 32.4 per cent in Victorian Government Alcohol and Drug Information System<sup>142</sup> data sets.<sup>143</sup>
- A majority of the children who exited from either residential care (71 per cent) or foster care (59 per cent) were found in acute mental health services.<sup>144</sup>

- Aboriginal young people and young people with high numbers of placements while in out-of-home care were more likely to appear in the Alcohol and Drug Information System data.<sup>145</sup>
- Nearly half (45 per cent) of the episodes recorded in the Alcohol and Drug Information System for young people who had been in care were associated with cannabis use.<sup>146</sup>

The second SIBS study also found that young people leaving care feature prominently within hospital emergency department data within three years of leaving care:<sup>147</sup>

- Three in four (75%) of the cohort, who exited from [out-of-home care] by 2012, had at least one emergency department (ED) presentation within three years of exit (before or after).
- Over a quarter (26%) had five or more ED presentations in this period. Injuries or poisonings accounted for 32% of presentations, while mental or behavioural disorders accounted for 13%.
- Average numbers of ED presentations peaked around the time of [out-of-home care] exit. The highest averages were associated with females, children exiting from residential care and children with higher numbers of [out-of-home care] placements.<sup>148</sup>

**Table 6: Number of emergency department presentations by year relative to out-of-home care exit**<sup>149</sup>

ED presentations	3 years prior	2 years prior	1 year prior	1 year after	2 years after	3 years after
0	45.6%	42.0%	38.4%	39.6%	41.0%	41.6%
1	9.7%	10.6%	11.1%	11.2%	10.7%	10.7%
2	4.3%	4.7%	6.0%	5.3%	5.1%	4.9%
3	1.8%	2.5%	3.1%	3.0%	2.6%	2.4%
4	0.8%	1.3%	1.7%	1.9%	1.3%	1.5%
5+	2.0%	3.1%	4.0%	3.2%	3.6%	3.1%

<sup>139</sup> DHHS 2018b, op. cit., p 2.

<sup>140</sup> Ibid.

<sup>141</sup> 'The Client Management Interface (CMI) is the local client information system used by each public mental health service. The Operational Data Store (ODS) manages a set of selected data items from each CMI', health.vic 2020, *Reporting requirements and business rules for clinical mental health services*, viewed 3 July 2020.

<sup>142</sup> The Alcohol and Drug Information System (ADIS), is a reporting platform for agencies funded by the Department. For more information see: Ibid.

<sup>143</sup> DHHS 2018a, op. cit., p. 3.

<sup>144</sup> Ibid., p. 13.

<sup>145</sup> Ibid., p. 8.

<sup>146</sup> Ibid., p. 1.

<sup>147</sup> This study identified any emergency department presentations within three years (before or after) the out-of-home care exit date.

<sup>148</sup> DHHS 2018b, op. cit., p. 1.

<sup>149</sup> Ibid., Table 2, p. 4.

Table 6 (above) shows the distribution of the 2006–12 out-of-home care cohort by number of emergency department (ED) presentations in each of the three years before and after their out-of-home care exit.

The second SIBS study revealed a strong correlation between a young person experiencing placement instability and emergency department admissions within their first three years of leaving care. It found that '[c]hildren with a high number of [out-of-home care] placements (>15) had twice the average number of emergency department episodes compared with other children, and a higher proportion of these episodes were related to self-harm and low self-esteem'.<sup>150</sup>

### Youth justice

Similarly, Victorian data linkage suggests a strong link between care leavers' placement instability and contact with the youth justice system. The first SIBS study found that: '[c]hildren with a high number of [out-of-home care] placements were nearly twice as likely as others to be found in the youth justice system (40% vs 23%)'.<sup>151</sup>

The second SIBS study also found the following:

- Looking at the full 2006–15 [out-of-home care] cohort, 24% were found in the youth justice data.
- The percentage found in youth justice rises by age of [out-of-home care] exit from 15 years (21%) to 16 years (30%) and to 17 years (41%). However, for exits at 18 years it drops to 14%.<sup>152</sup>
- Half of children (50%) with a final placement type of residential care were found in youth justice. This compares with 22% in home-based care, 16% in kinship care and 5% in permanent care.
- Children with a high number of [out-of-home care] placements were nearly twice as likely as others to be found in the youth justice system (40% vs 23%).<sup>153</sup>
- Boys were much more likely to be found in the youth justice data than girls, at 34% compared with 16% respectively.<sup>154</sup>

<sup>150</sup> Ibid.

<sup>151</sup> Ibid.

<sup>152</sup> The Commission is unaware of the reason for this significant drop in care leavers' appearance in the youth justice data, which may be due to their transition into the adult system.

<sup>153</sup> DHHS 2018a, op. cit., p. 1.

<sup>154</sup> Ibid., p. 2.

### Having children

The second SIBS study considered whether the cohort of young people who exited care between 2006–12 became parents within three years of their out-of-home care exit. It found the following:

- 16% of [the] cohort became parents while still in care or within three years of OOHHC exit. For females this figure was 23%, while for males it was 8%.<sup>155</sup>
- Only 12% of children aged 15 at [out-of-home care] exit became parents within three years compared with 19% of those aged 16, 21% of those aged 17, and 13% of those aged 18.<sup>156</sup>
- 700 children [were] born to the cohort within three years of exit, and of these 68% appeared in the Child Protection data. This figure was slightly higher if the parent in [out-of-home] care was the mother (71%), if the parent was still in [out-of-home care] at the time of the birth (79%), and if the parent exited from residential care (78%).
- Nearly four in five (78%) of children born to a parent in residential care were known to Child Protection, compared with 70% in permanent care, 67% in [foster] care and 60% in kinship care.
- Where the parent had 1 or 2 [out-of-home care] placements then 64% of children were known to Child Protection. This rose to 71% for parents with 3 to 6 placements, 69% for parents with 7 to 15 placements, and 73% for parents with 16 or more placements.<sup>157</sup>

### Beyond 18: The longitudinal study on leaving care (2018)

The *Beyond 18: The longitudinal study on leaving care* (Beyond 18) was commissioned by the Victorian Department of Health and Human Services 'to increase understanding of the factors associated with successful transitions from out-of-home care'.

Beyond 18 has three key elements:

1. a longitudinal survey of young people who have left care involving three waves of data collection (the Wave 1 survey included 202 participants, the Wave 2 included 126 and the Wave 3 included 126)

<sup>155</sup> Ibid., p. 8.

<sup>156</sup> Ibid.

<sup>157</sup> Ibid., p. 9.

2. three annual online surveys of carers and caseworkers
3. analysis of an extract from the department's Client Relationship Information System (CRIS).<sup>158</sup>

Beyond 18's first research report draws on 'data from the first wave of surveys to focus on young people's preparations for transition from out-of-home care'.<sup>159</sup>

### Education outcomes

The Beyond 18 Wave 1 research report concluded that '[c]are leavers commonly leave school earlier than young people in the general population and are less likely to achieve Year 12 or equivalent qualifications'.<sup>160</sup> The study found that only one-quarter of care leavers had completed Year 12<sup>161</sup> (this number had not improved at the time of the Wave 3 study),<sup>162</sup> and that 27 per cent had not completed Year 10.<sup>163</sup> However, the Wave 2 study found that there was 'some evidence of re-engagement with education after leaving school'.

Of the young people who had left school, a little more than half (54 per cent) 'had undertaken some further study after leaving school with just over a third working towards a Certificate III or IV qualification at a TAFE college'.<sup>164</sup>

### Paid employment and financial stress

At the time of the Wave 3 survey, fewer than half (40 per cent) of all study participants had a paid job of some kind, and more than two-thirds received some form of government benefit.<sup>165</sup> This report also found that care leavers' typically 'low incomes were associated with high levels of financial stress', with '84% (n = 98) of participants reporting at least one indicator of financial stress and 57% (n = 67) reporting four or more indicators'.<sup>166</sup> The Wave 3 study concluded that more than 70 per cent of participants lived below the Henderson poverty line.<sup>167</sup>

### Life skills, social supports and emotional wellbeing

The Beyond 18 Wave 1 report identified that 'young people in the study indicated that they were relatively confident about their practical life skills'.<sup>168</sup> The study also found that while most young people had a sense of belonging or of having someone in their life who cared about them, their survey results 'also suggested that many had significant emotional problems and peer-relationship problems'.<sup>169</sup>

The Wave 2 report found that most care leavers reported at least some social supports around them:

- Two-thirds (66 per cent) of care leavers reported they had stayed in contact 'with friends they had made while still in care'.
- About three-quarters (76 per cent) of the continuing participants who had left foster or kinship care 'reported keeping in contact with a former carer'.
- About three-quarters (74 per cent) of continuing participants indicated that 'they were broadly satisfied with how often they were able to see their biological parents, but many wanted more contact with siblings'.<sup>170</sup>

<sup>158</sup> Muir and Hand 2018, op. cit., p. v.

<sup>159</sup> Ibid.

<sup>160</sup> Ibid.

<sup>161</sup> Ibid.

<sup>162</sup> Muir S, Purtell J, Hand K and Carroll M 2019, *Beyond 18: The longitudinal study on leaving care Wave 3 research report – outcomes for young people leaving care in Victoria*, Australian Institute of Family Studies, Melbourne, p. 20.

<sup>163</sup> Muir and Hand 2018, op. cit., p. v. These rates were very similar in the Wave 2 study, which found that: 'Only 25% of school leavers had finished Year 12 while in school and 26% had not finished Year 10' (Purtell, Muir, and Carroll 2019), p. 4.

<sup>164</sup> Purtell J, Muir S and Carroll M 2019, *Beyond 18: The longitudinal study on leaving care Wave 2 research report – transitioning to post-care life*, p. 4.

<sup>165</sup> Muir et al. 2019, op. cit., p. 11.

<sup>166</sup> Ibid.

<sup>167</sup> Ibid. p. 10.

<sup>168</sup> Muir and Hand 2018, op. cit., p. vi.

<sup>169</sup> Ibid.

<sup>170</sup> Purtell, Muir and Carroll 2019, op. cit., p. 5.



## Accommodation

The Beyond 18 Wave 2 report found that ‘[n]early a third (30%) of care leavers in Beyond 18 had moved into supported or government housing immediately after leaving care. Young people exiting residential care were the most likely to move into government or supported housing’.<sup>171</sup> Additionally, the report found that ‘[n]early half (46%) of care leavers lived with former carers, family or friends when their care order ended’.<sup>172</sup>

The Wave 2 report also found that participants frequently changed accommodation after leaving care, with those transitioning from residential care experiencing the most instability.<sup>173</sup> Difficulties maintaining suitable and stable accommodation continued to be identified as an issue in the Wave 3 study.<sup>174</sup>

## Health

The Wave 2 study found that ‘23% of participants said that they had a physical disability or chronic health issue and nearly one in five reported a learning difficulty’.<sup>175</sup> The Wave 2 study also noted that ‘[p]articipants exhibited high levels of psychological distress and low levels of perceived control (‘mastery’) over their lives’.<sup>176</sup>

## Early parenting

The Wave 2 study reported that one in five continuing participants reported ‘having had sex that resulted in a pregnancy and 15 of these young people had children’.<sup>177</sup>

## The impact of trauma

Trauma and instability in care appeared to play a role in poor post-care outcomes, with the Wave 3 report outlining that: ‘[p]articipating care leavers indicated that the barriers to improving their education, employment or housing outcomes included a history of trauma, relationship breakdowns and frequent placement changes’.<sup>178</sup>

## Involvement with youth justice

In the first two Beyond 18 surveys, a significant proportion of participants reported previous contact with the justice or youth justice systems, particularly before turning 18. Levels of involvement with police or the justice system dropped after care leavers turned 18 but remained relatively high. In Wave 3, the reported levels of involvement with police or the justice system were largely unchanged. Nearly a quarter of all participants (23 per cent, n = 29) reported some kind of involvement with police or the justice system after turning 18.<sup>179</sup>

### Finding 1: The life outcomes of care leavers

Available data on the life outcomes of care leavers in Victoria demonstrates that, in general, young people who have left care experience much poorer life outcomes than their peers:

- At least one-third will experience homelessness.
- About half will present or be admitted to hospital due to acute mental health concerns.
- Almost one-quarter will have some involvement with the youth justice system.
- Care leavers with a history of placement instability and those exiting from residential care have the poorest outcomes.

<sup>171</sup> Ibid., p. 3.

<sup>172</sup> Ibid.

<sup>173</sup> Ibid.

<sup>174</sup> Muir et al. 2019, op. cit., p. 15.

<sup>175</sup> Purtell, Muir and Carroll 2019, op. cit., p. 4.

<sup>176</sup> Ibid.

<sup>177</sup> Ibid., p. 5.

<sup>178</sup> Muir et al. 2019, op. cit., p. 3.

<sup>179</sup> Ibid., p. 27.

## Finding 2: Tracking the life outcomes of care leavers

At present, the Victorian Government does not track the life outcomes of people who have been in out-of-home care.

The absence of monitoring means that:

- the true state of the challenges facing care leavers remains largely hidden from the public and policy makers
- governments, policy makers and the public have a limited understanding of the current effectiveness of leaving care supports.

# Chapter 5

## Planning for leaving care

### Chapter at a glance

Early and high-quality leaving care planning is a critical component of a model of care capable of helping young people to get the support they need to transition from care successfully. Despite this, most young people in care are not supported to transition from care through required planning.

Required leaving care planning, when it does occur, is generally of poor quality, lacks detail and has little focus on a young person's critical needs or aspirations post-care. Consequently, required leaving care planning appears to have little to no positive impact on most young people's transition from care.

While some leaving care planning occurs outside of these required processes, it tends to be unstructured, rushed and rarely addresses the fundamental needs of young people on the

verge of leaving care (such as where they will live and how they will support themselves financially).

Leaving care planning also often fails to address the specific needs of particularly disadvantaged care leaving cohorts: Aboriginal young people, young people with a disability, and young people with complex needs (including clients of Youth Justice).

The limited instances of effective leaving care planning is indicative of a broader lack of activity and capacity in the out-of-home care system to support young people in care transition to independence successfully. This points to the need to rethink how the current model of care can be reshaped to support and empower young people to plan for and work towards the best possible life after care.

### Key data

The inquiry's file review found that:

- Fewer than half of the files (43 per cent) included a 15+ care and transition plan, despite this being a mandatory requirement.
- Only about one-third (32 per cent) of young people case managed by Child Protection had a 15+ care and transition plan.
- Fewer than one-third (31 per cent) of Aboriginal young people had plans that addressed their need to continue to build or maintain their connection to culture post-care.

**I'll leave here at 18, that's it. The paper they got me to sign, I have no idea about it ... I don't go to school so probably couldn't even read it (Kylie, residential care, 16).**

## Introduction

Planning for a young person's transition from care is crucial to helping them get the support they need to leave care successfully and have the best chance at a good life. Robust leaving care planning – with the young person's talents and aspirations at its centre – is a critical component of a model of care capable of helping young people get the support they need to transition from care successfully.

In Victoria, 'formal transition planning is one of the key ways that young people [in care] are prepared for leaving out-of-home care'<sup>180</sup> and connected to the services and supports they need to transition into adult life. Victorian leaving care guidelines mandate that leaving care planning 'is an essential component of the overall statutory Case Plan'.<sup>181</sup>

Leaving care planning matters. Early and collaborative leaving care planning is 'associated with better post-care outcomes'.<sup>182</sup> Conversely, a 'lack of systematic and holistic planning and support can have long-term negative consequences for young people's wellbeing'.<sup>183</sup>

This chapter discusses the ways that leaving care planning in Victoria is not currently giving young people in care the best possible chance to make a successful transition to independence. It examines:

- young people's lived experiences of leaving care planning
- whether leaving care planning actually happens and where it occurs when it does
- the quality and timeliness of leaving care planning
- the impact of required leaving care planning
- current barriers to effective leaving care planning

<sup>180</sup> Muir and Hand 2018, op. cit., p. 6.

<sup>181</sup> DHHS 2012a, op. cit., p. 24.

<sup>182</sup> Muir and Hand 2018, op. cit., p. 7.

<sup>183</sup> Ibid., p. vi.

- the implications of the poor state of leaving care planning for the current model of care.

The limited instances of effective leaving care planning identified by this inquiry – and associated practice-related and systematic barriers – is indicative of a broader lack of capacity and activity within the current model of care to support young people to transition to independence successfully. This points to the need to rethink how the out-of-home care system can be reshaped to support and empower young people to plan for and work towards the best possible life after care. This proposed new model of care – and supporting policy, practice and monitoring and accountability reforms – are outlined in detail in Chapter 7 of this report.

## What young people told us about leaving care planning

Many young people (n = 11) we spoke to for this inquiry told us that they did not have a leaving care plan, that it was limited or that leaving care preparation had not featured in their conversations with workers.

**Q: Did you have a leaving care plan?**

**A: Nah. I don't have one. Don't have anything like that, I just do my own thing (Walker, residential care, 16).**

**Child Protection didn't talk to me about leaving care ... [My aunty] says that we will still have a home here with her [after we turn 18]. No workers have spoken to us other than to say that we can leave when we are 18 (Tyrah, kinship care, 15).**

People have started talking to me about the idea of doing the Certificate 1 in Developing Independence. Other than that, no one has spoken to me about anything (Felicity, foster care, 15).

For many of the young people we spoke to, leaving care planning was undermined by their lack of participation in it.

I have a leaving care plan. But it wasn't much – it was a half an hour conversation. The questions were a bit useless (Mckenzie, foster care, 15).

No one talked me to about TAFE or further education. There was not any of that. I wish someone had said 'What do you want to do with your life after care?' At 16, we started focusing and getting me my bank card and Medicare – nothing outside of that (Emerson, post-care, 24).

Others experienced leaving care as rushed, suggesting a lack of gradual transition planning.

Let's give kids a few years ahead notice before having to live independently. I felt like it was really rushed. I was told, 'What's ya decision? What's ya decision?' (Caden post-care, 19, Aboriginal).

A small number (n = 5) told us their preparation to leave care had benefited from planning.

**Q:** Since you've been in care, have you felt supported to get ready for when you leave care and become independent?

**A:** Yes – they have a check list for all the things that you need to be able to do – washing, cleaning, looking after yourself, opening a bank account (Kevin, foster care, 17).

## Prior research on what young people think about leaving care planning

Young people in care have raised concerns about a lack of leaving care planning in prior studies. For example, Wave 1 of Beyond 18 raised concerns about leaving care planning, finding: 'only 46% of care leavers and 22% of young people still in out-of-home care reported that they had a transition plan'.<sup>184</sup>

In 2018, a CREATE survey of 409 young people in care aged 15 to 18, found that only 24.4 per cent knew they had a leaving care plan or that one was being developed.<sup>185</sup>

## Required leaving care planning

As outlined in Chapter 3, when a young person in out-of-home care reaches 15 years, departmental guidance provides that:

- a 'Looking After Children 15+ assessment and progress record' must be completed for them annually at a minimum
- a 'Looking After Children 15+ care and transition plan' must be completed for them and reviewed at least every six months.<sup>186</sup>

While the content of the 15+ care and transition plans is expected to vary according to the needs and aspirations of the young person leaving care, this planning must occur under the rubric of the seven *Looking After Children* (LAC) domains (being: health, emotional and behavioural development, education,

<sup>184</sup> However, the report places a caveat on this finding: 'The survey may have under-counted the number of people with transition plans. Baidawi and Mendes (2013) suggested that some young people can forget previous discussions about transition planning because of the complexity of their lives around the time of transition. However, when young people forget about their transition plans, or do not know they have one, it can also indicate that they are not meaningfully involved in the planning process (Hall 2012, op. cit.). The relatively large proportion (33%, n = 17) of young people who knew that they had a transition plan but did not know what the plan contained similarly suggests a lack of involvement in planning'; Muir and Hand 2018, op. cit., p. 7.

<sup>185</sup> McDowall J 2018, *Out-of-home care in Australia: children and young people's views after five years of national standards*, CREATE, p. 95.

<sup>186</sup> DHHS 2012b, op. cit.

family and social relationships, identity, social presentation; and self-care skills).<sup>187</sup>

The Leaving Care Framework also directs that at least six months before the expiry of a young person's statutory child protection order, a final transition plan should be completed and agreed to, which confirms:

- safe and sustainable accommodation
- education or employment arrangements
- sustainable and adequate income
- access to health services such as medical, dental and other specialist services, for example mental health.<sup>188</sup>

### Does required leaving care planning happen?

Our inquiry found that most young people in care are not supported to transition from care through required planning. Fewer than half of the files we reviewed (43 per cent) included a 15+ care and transition plan and only 1 per cent (two out of 166) contained a 15+ assessment and progress record.

As noted above, departmental planning guidance requires that a final transition plan be completed and agreed to at least six months before the expiry of a young person's statutory child protection order. Of the 85 young people included in our file review aged 17 and a half and older, only two had such a plan. While confirmed accommodation is a requirement of the final 15+ care and transition plan, there is no provision for this in the template.

### Were plans up to date?

For young people still in care at the time of the file review, one-third (31 per cent) did not have an up-to-date 15+ care and transition plan on file.

**Table 7: File review: months since most recent 15+ care and transition plan was uploaded, for young people still in care at time of file review (n = 51)**

Months since most recent 15+ care and transition plan was completed	#	%
< 6 months	30	59%
6–12 months	15	29%
> 1 year	6	12%
<b>Total</b>	<b>51</b>	<b>100%</b>

### Who had a plan?

#### Case management and required leaving care planning

Young people aged 16 years and older in care are least likely to have a 15+ care and transition plan when they are case managed by Child Protection and most likely when managed by a community service organisation (see Table 8 below).

Additionally, as at 31 December 2019, one-third (33 per cent) of young people aged 15 and older in care who were case managed by Child Protection were unallocated.<sup>189</sup> The Commission's inquiry, *In our own words*, found that young people case managed by Child Protection are less likely to have regular contact with their workers than those who are contract case managed,<sup>190</sup> and unallocated cases receive even less attention.<sup>191</sup>

These two factors are likely contributing to low levels of required leaving care planning occurring for young people case managed by Child Protection.

#### Placement type and required leaving care planning

Children and young people in lead tenant and kinship care are least likely to have a 15+ care and transition plan (see Table 9 below).

<sup>187</sup> DHHS 2012a, op. cit., p. 39.

<sup>188</sup> *Ibid.*, p. 17.

<sup>189</sup> These are cases allocated to a team leader – unallocated in effect. See Appendix A: Table 19.

<sup>190</sup> CCYP 2019, op. cit., p. 111.

<sup>191</sup> *Ibid.*, p. 187.

**Table 8: File review: number and percentage of young people with or without a 15+ care and transition plan by case management type, as at date of file review (n = 166)<sup>192</sup>**

15+ care and transition plan	Case management agency						Total #	Total %
	#			%				
	CSO	DHHS	ACCO	CSO	DHHS	ACCO		
Plan not on file	46	36	13	49%	68%	65%	95	57%
Plan on file	47	17	7	51%	32%	35%	71	43%
<b>Total</b>	<b>93</b>	<b>53</b>	<b>20</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>166</b>	<b>100%</b>

**Table 9: File review: number and percentage of young people with or without a 15+ care and transition plan, by placement type as at date of file review (n = 166)**

Placement type	15+ care and transition plan				Total #	Total %
	#		%			
	No plan on file	Plan on file	No plan on file	Plan on file		
Kinship care	37	20	65%	35%	57	100%
Foster care	16	17	48%	52%	33	100%
Residential care	17	15	53%	47%	32	100%
Other	15	11	58%	42%	26	100%
Lead tenant	10	5	67%	33%	15	100%
Secure welfare	0	3	–	100%	3	100%
<b>Total</b>	<b>95</b>	<b>71</b>	<b>57%</b>	<b>43%</b>	<b>166</b>	<b>100%</b>

### Planning among vulnerable and disadvantaged groups

Our file review found that the majority of young people from vulnerable leaving care groups did not have a 15+ care and transition plan. Aboriginal young people were slightly less likely than non-Aboriginal people to have one of these plans,<sup>193</sup> whereas young people with a disability were slightly more likely to have one than young people without a disability.<sup>194</sup>

Young people with an experience of secure welfare and/or on Child Protection's high-risk schedule<sup>195</sup> were slightly more likely to have a plan as young people without these characteristics.<sup>196</sup>

<sup>192</sup> For those aged 18 and older at the time of review, this relates to case management at time of exit from out-of-home care.

<sup>193</sup> Appendix A: Table 20.

<sup>194</sup> Appendix A: Table 21.

<sup>195</sup> DHHS 2020c, High-risk youth panels and schedules – advice, <<https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/children-specific-circumstances/high-risk-youth-panels-and-schedules>>, viewed 4 July 2020.

<sup>196</sup> Appendix A: Table 22.

### Finding 3: The occurrence of required leaving care planning

The Commission's file review found 57 per cent of young people transitioning from care did not have a 15+ care and transition plan and only 1 per cent (two out of 166) contained a 15+ assessment and progress record.

Young people case managed by Child Protection are least likely to have a 15+ care and transition plan.

Of the young people who did have a 15+ care and transition plan, about one-third were not up to date. Additionally, only 2 per cent of young people aged 17 and half and older at the time of the review had a 'final' plan – addressing critical needs such as accommodation, health, training and education.

Our file review found that the majority of young people leaving care from acutely vulnerable and/or disadvantaged leaving care groups did not have a 15+ care and transition plan. Only 41 per cent of Aboriginal young people, 40 per cent of young people with a disability and 39 per cent of young people with an experience of secure welfare and/or classified as high risk had one of these plans.

## Quality of leaving care planning

### Quality of required leaving care planning

The Commission's review of leaving care planning revealed serious shortcomings.

#### The plans showed limited adherence to departmental leaving care guidance

The 15+ care and transition plans reviewed by the Commission showed a very limited and inconsistent adherence to planning guidance, with many plans including blank pages for entire LAC planning domains (n = 17). A detailed analysis of these plans' adherence to a selection of key planning tasks across the seven LAC planning domains is included at Appendix B.

#### Plans focused on the present and lacked detail

Almost all of the 15+ care and transition plans under review focused on responding to the immediate needs of the young person in care under each LAC domain as occurs in a typical case plan, rather than on efforts to help a young person develop the capability, resources and service supports to leave care successfully (for example, through securing stable accommodation, income, social supports or further education or training).<sup>197</sup>

These plans also often lacked essential detail critical to their successful implementation. One plan simply stated for each planning domain that there was '[o]ngoing conversation to be had with the young person'. On the last page of the document, it stated '[t]his is a live document and conversations will continue with the young person', but it was never updated. Examples of the brevity and immediate focus across leaving care planning domains are provided at Appendix C.

The 15+ care and transition plan is very tokenistic. It's a separate document meant to be targeted to leaving care, but it overlaps with the current case plan in Child Protection in terms of goals and tasks. Workers feel like they are repeating the work they have already done, just an extra administrative burden (Child Protection practitioner).

<sup>197</sup> See Appendix B.



The Brighter Futures Outer East pilot (described in more detail below) has developed its own leaving care planning template which includes domains more closely aligned with young people’s fundamental needs as care leavers.

The Brighter Futures planning domains were as follows:

<b>Out-of-home care outcomes framework domain</b>	<b>LAC framework domain – outcomes sought for young people leaving care</b>
Housing (accommodation)	Young people leaving care have suitable and stable housing.
Meaningful use of time	Young people leaving care are meaningfully engaged (for example, work, training, extracurricular activities).
Education (learning and development)	Young people leaving care are equipped with the skills and knowledge to thrive (for example, school achievement, self-care, independent living skills).
Cultural and social wellbeing Family and social relationships/ identity	Young people leaving care are culturally and socially connected (for example, family, community, sense of place and belonging) and their life story has been completed.
Health	Young people leaving care are physically and mentally well and can confidently manage their mental health.
Safety	Young people can keep themselves safe.
Emotional and behavioural development/social presentation	Young people leaving care practice positive behaviours (for example, self-care, independent living skills, reduced offending).

The associated plans (n = 13) tended to have a much stronger focus on activity to meet these desired outcomes in the life of the individual young person. Unlike 15+ care and transition plans, they also focused effort on helping the young person to be safe post-care, particularly in circumstances where the young person had been engaging in high-risk behaviours and/or had other particular vulnerabilities affecting their immediate safety and wellbeing.

**Plans did not allocate responsibility to achieve goals or tasks**

In general, tasks included in 15+ care and transition plans did not specify:

- who was specifically responsible for supporting a young person to perform a particular task (plans instead typically listed multiple responsible individuals including Child Protection, funded agency workers and carers)
- the timeframe for the completion of the task. In almost all plans, the timeframe for completion of any task was typically described as ‘ongoing’.

**The impact of required leaving care planning**

The Commission’s file review found little evidence of leaving care plans being used to guide activity once they had been completed, irrespective of whether the young person was case managed by a funded agency or Child Protection. Of the 166 files under review, the inquiry only found one care team meeting that mentioned the need to implement the 15+ care and transition plan once drafted. Similarly, the in-depth file review of the CRIS files of 20 young people who were on the verge of leaving care or had left care did not find any evidence of these plans guiding activity to support a successful transition from care.

### Finding 4: The quality of required leaving care planning

Even where 15+ care and transition plans are prepared for young people, they are generally of poor quality and do not appear to support coordinated or meaningful activity to help young people to transition successfully from care.

In general, these plans:

- do not follow leaving care planning guidance about what should be addressed in plans
- have a short-term focus and largely mirror the content found in a case plan
- lack sufficient detail to guide meaningful action towards the achievement of leaving care-related goals
- do not prioritise young people learning the skills necessary to live independently post-care
- do not address the fundamental needs of young people who are on the verge of leaving care, such as where they will live, how they will support themselves financially or how they will maintain their health and wellbeing
- do not appear to be used to guide leaving care practice once they have been drafted.

As a consequence, these plans have a limited capacity to influence activity to support young people's successful transition from care.

### Leaving care planning through case plans, care team meetings and quarterly reports

In its review of 166 files, the Commission also examined leaving care planning outside of formal leaving care processes through consideration of the young person's most recent case plan, care team meeting minutes and quarterly report.

The file review found that leaving care was addressed:

- in only 45 per cent (n = 75 out of 166) of the young person's most recent case plan (either in the case plan or in the associated actions table)
- in 51 per cent (n = 74 of the 145 who had a case plan on file) of the young person's most recent care team meeting – although if the young person was leaving care at some point in the following six months, there was a higher likelihood of the meeting addressing their transition from care (75 per cent, n = 30 out of 40)<sup>198</sup>
- in about two-thirds (68 per cent, n = 76 out of 112) of the young person's most recent quarterly report where they were case managed by a CSO or ACCO. Young people exiting care at some point in the following six months or who had exited care were most likely to have a quarterly report that addressed leaving care.<sup>199</sup>

An overview of leaving care planning through case plans, care team meetings and quarterly reports is contained in Appendices D, E and F of this report.

In summary:

- Planning for leaving care was inconsistent for the group under review – although planning conducted by funded agencies, outlined in quarterly reports, tended to have a more holistic focus on the needs of the young person.
- For young people on the verge of leaving care (17 and a half or older at the time of the review), attempts to find accommodation were often rushed, and most young people did not have a confirmed accommodation option. For those who did, this option was often not sustainable in the long term, and typically involved some form of transitional housing or independent living funded by a TCP until the young person was 19 years of

<sup>198</sup> Appendix A: Table 23.

<sup>199</sup> Appendix A: Table 24.

age.<sup>200</sup> These transitional or independent living options included cabins at caravan parks, self-contained transitional units or motel rooms or private rentals.<sup>201</sup>

- Plans had a weak focus on supporting young people to engage in further education, vocational training beyond 18 or paid work, but were more likely to include plans to assist a young person to obtain a Centrelink payment.
- A very small number of plans contemplated meaningful action to assist a young person to strengthen family relationships prior to leaving care. This is of concern given the high number of young people who return 'home' at some point after turning 18.
- Plans relating to a young person's identity tended to focus on obtaining identity documents with limited attention given to life story work.<sup>202</sup>
- Plans were more likely to include a goal related to developing 'independent living skills'<sup>203</sup> than other leaving care needs such as finding accommodation, work or further training.
- Plans did not address how the young person could be safe once out of care, including in circumstances where the young person was engaging in high-risk behaviours or vulnerable to sexual exploitation or family violence in the present.
- There were multiple instances where the leaving care domain of the young person's case plan had been left blank.

**200** Of the 66 young people aged 17 and a half or older at the time of the file review who had a case plan, only 27 had a confirmed accommodation option referred to in their most recent case plan, care team meeting minutes or quarterly report. The breakdown was as follows: remain with carer (n = 10), transitional housing or independent living usually funded by a TCP until 19 years of age (n = 11), returning to the care of a parent (n = 1), COMPASS program (n = 4) or supported disability accommodation (n = 1).

**201** In the Commission's in-depth file review, about two-thirds of the 30 young people under review exited care into some form of accommodation.

**202** The *Child Protection Manual* provides that '[p]hotos, certificates, mementos, recalling and retelling shared experiences develop the individual child or young person's "life story" about growing up in a particular time and space', DHHS 2019, 'Looking after children', <<https://www.cpmanual.vic.gov.au/advice-and-protocols/service-descriptions/out-home-care/looking-after-children>>, viewed 2 July 2020.

**203** Although, it was rare for the plan to specify how the young person was going to be supported to do this.

## Finding 5: Leaving care planning through case plans, care teams and quarterly reports

In general, leaving care planning that occurs outside of 15+ care and transition plans is inconsistent, with fewer than half of case plans and just more than half of care team meetings addressing leaving care.

Where planning does occur, it often:

- does not address the fundamental needs of young people who are on the verge of leaving care, such as where they will live, how they will support themselves financially or how they will maintain their health and wellbeing
- lacks a focus on creating or repairing family or other relationships and helping the young person gain a sense of their life before or during care (life story work)
- does not prioritise young people learning the skills necessary to live independently post-care
- leaves planning for future accommodation, if accommodation is considered, until too late and almost always fails to include back-up plans.

## Leaving care planning for vulnerable and disadvantaged groups

### Aboriginal young people

#### Planning for culture post care

The Leaving Care Framework notes that leaving care planning must ‘attend to [the] cultural needs and connections’ of young Aboriginal people and ‘final arrangements’ should include ‘ongoing connection with family, friends, cultural and community activities and family contact post care’.<sup>204</sup>

Our file review confirmed that culture is usually not prioritised in leaving care planning. Only 20 of the 64 Aboriginal young people covered by the file review had plans that addressed their need to continue to build or maintain their connection to culture post-care (most of this planning occurred through 15+ care and transition plans (n = 14)).

Some of these plans lacked any detail about what helping a young person connect to culture post-care might involve in practice (n = 5) and included tasks such as ‘[s]upport and encouragement for [young person] to learn and understand more about [their] Aboriginal heritage’ or ‘[young person] encouraged to participate in [cultural] events’. However, nine of the plans provided a greater level of clarity about planned supports, including return to country trips (n = 2), linking the young person to an Aboriginal mentor (n = 3) or specific Aboriginal services.

Planning for connection to culture post-care also happened to a limited extent outside of the 15+ care and transition planning process. The file review identified a handful of case plans, care team minutes and quarterly reports that included plans to:

- gather more information about a young person’s Aboriginal heritage to build cultural connection during and post-care (n = 3)
- engage in cultural activities in the community (n = 4)
- build knowledge of Aboriginal services so the young person could access them post-care (n = 1).

<sup>204</sup> DHHS 2012a, op. cit., p. 38.

In addition to this limited focus on connection to culture post-care, it is also deeply concerning that so little attention in leaving care planning was given to helping Aboriginal young people forge stronger connections with Aboriginal family (n = 2). Prior Victorian-based research suggests services working with Aboriginal young people who are about to leave or have left care prioritise more immediate and ‘practical’ concerns over cultural considerations, including helping Aboriginal young people reconnect with Aboriginal kin.<sup>205</sup> It appears that this issue remains unresolved in Victoria.

The Leaving Care Framework notes that the 15+ care and transition plan ‘complements and is linked to: Cultural Support Plans for Aboriginal children and young people in out of home care’.<sup>206</sup> Cultural support plans, a legislative requirement under the CYFA 2005, are intended to help Aboriginal children and young people in care to develop their cultural identity and foster their connection to Aboriginal community and culture.<sup>207</sup>

Child Protection guidance characterises the development and implementation of cultural plans as critical to the cultural rights of children and young people both during and post-care:

Preparation for life after care begins from when a child enters care. For Aboriginal children and young people, having a strong and positive connection to their Aboriginal community and culture will assist them throughout their life. When developing a cultural plan, consider how long it is anticipated the child will be in out-of-home care. Think about how important elements of the cultural plan are able to continue once the child leaves care.<sup>208</sup>

Of the 64 Aboriginal young people covered by our file review, about two-thirds (n = 43) had this plan on their CRIS file. The file review found that only 9 per cent

<sup>205</sup> Mendes P, Saunders B and Baidawi S 2016b, ‘Indigenous young people transitioning from out-of-home care (OOHC) in Victoria, Australia: The perspectives of workers in Indigenous-specific and Non-Indigenous non-government services’, *International Indigenous Policy Journal*, vol. 7, no. 3, pp. 1–23, p. 10.

<sup>206</sup> DHHS 2012a, op. cit., p. 3.

<sup>207</sup> S. 176.

<sup>208</sup> DHHS 2017c, ‘Cultural plans - advice’, *Child Protection Manual*, <<https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/aboriginal-children/cultural-plans>> viewed 22 October 2020.

(n = 4) of these plans specifically addressed how the young person would maintain a connection to culture post-care (for example through a referral to an ACCO-run leaving care service or helping a young person research their Aboriginal family heritage and connections). Additionally, of the Aboriginal young people who had both a cultural support plan and a 15+ care and transition plan (n = 15), there appeared to be little to no relationship between the two plans.

The Commission notes that current poor cultural and leaving care planning practices for Aboriginal young people fall short of the department's commitment made in the 2018 *Aboriginal Children and Families Agreement Strategic Action Plan* that it would '[r]eview the circumstance of those young people 15 years and above who are preparing to leave care to ensure they have a recent Aboriginal family led decision making and a Leaving Care Plan'.<sup>209</sup>

### Post-care accommodation

Of the 34 files of Aboriginal young people aged 17 and a half and older we reviewed, only 25 contained references to planning for post-care accommodation in the relevant documents under review.<sup>210</sup> For the majority, planning for post-care accommodation seemed to have been left until too late: 14 young people had plans to explore housing options or make additional housing referrals as nothing had been secured. In most cases, difficulties obtaining suitable housing did not appear to be solely due to a lack of timely planning but rather a lack of viable options (this is discussed in further detail in Chapter 6). These young people were often on waiting lists for public housing or disability accommodation, and one had been unsuccessful in multiple housing applications.<sup>211</sup>

Of the 11 who had plans involving a viable option for stable post-care accommodation, most had plans to transition to independent living (n = 6) – with varying degrees of support including through the COMPASS

<sup>209</sup> DHHS 2018, *Wungurilwil Gagapduir Aboriginal Children and Families Agreement Strategic Action Plan*, Melbourne, Victoria, [1.4].

<sup>210</sup> We considered the 15+ care and transition plan, case plan and action table and most recent quarterly report (where case contracted).

<sup>211</sup> Two young people had refused to agree to housing plans for them and three had 'self-placed' prior to 18 with family or friends.

program – or to remain with their carers (n = 4). In no instance did an Aboriginal young person have an alternative accommodation arrangement if their confirmed options fell over. The file review also identified only four clear attempts to locate culturally appropriate housing (three of these were through referrals to Aboriginal Housing Victoria).

### Aboriginal health and wellbeing

Of the 64 Aboriginal young people covered by the file review, almost one-third (n = 20) had mental health concerns (including depression, self-harm and suicide attempts). Eleven of the young people had drug and alcohol issues, and five were managing chronic health conditions.

However, planning for the physical and mental health of these Aboriginal young people post-care was limited. The file review revealed only:

- six had plans to equip them with the knowledge and skills to manage their mental health or drug and alcohol issues post-care, including through accessing appropriate services
- four had plans to be supported to make their own medical appointments
- five were being supported to maintain a consistent GP or medical service post-care.

None of the five young people living with a chronic health condition were offered structured or collaborative planning to determine how they would manage their condition post-care, and what supports they would need to do this.

### Education

Almost half (n = 25 of the 64) of the Aboriginal young people covered by the file review were completely disengaged from education or further training. Twenty-five were enrolled in a special school, flexible learning option or alternative school setting (including Parkville College<sup>212</sup>) while seven had a reduced timetable.

Our file review found fewer than half of Aboriginal young people (n = 27) had leaving care planning related to supports to remain engaged with learning

<sup>212</sup> Parkville College is a Victorian state school for students who are in custody, a secure welfare setting, or transitioning from these settings.

(n = 4) or explore further education or training (n = 17) post-care. Most of this planning occurred through the 15+ care and transition plan (n = 19). Of the 25 Aboriginal young people (referred to above) who were completely disengaged from education and training, only 10 had plans to re-engage with further education or training (usually through commencing a TAFE course).

### Planning for young people with a disability

Young people with a disability in Victoria also face critical challenges when planning for leaving care, including a '[j]ack of input into key decisions about their lives, particularly regarding changes of placement'.<sup>213</sup> Prior Victorian studies have found that care leavers with a disability rarely benefit from any exit planning, or, if it does occur, the planning is poor.<sup>214</sup>

#### Supports to leave care through NDIS

Thirty-five of the young people covered by the file review were NDIS participants, the vast majority of whom had an intellectual disability. Leaving care planning by Child Protection or funded agencies often envisaged using NDIS supports to build the capabilities of young people with a disability to transition from care successfully. This aspiration was reflected in many of the NDIS plans captured by the file review (n = 15), which included goals related to finding work (n = 1), learning to drive (n = 3), learning independent living skills (n = 3), engaging in social activities (n = 3) and obtaining supported accommodation (n = 3).

Departmental guidance requires case managers and care teams to work closely with the NDIA and with NDIS-funded planners, support coordinators and services to ensure a smooth transition from care for young people with a disability.<sup>215</sup> The Commission's file

review found that much recorded leaving care planning was appropriately focused on ensuring that as statutory involvement ceased, NDIS would fill in any resulting gaps in disability, therapeutic or accommodation supports. To achieve this, these young people's care team often attended NDIS planning meetings, were in regular contact with NDIS support coordinators and played an essential role in advocating for NDIS planning to support the young person to transition from care successfully. For example, case managers advocated for:

- a review or renewal of the NDIS plan to ensure the young person's level of support was maintained post-care (n = 8)
- planning for appropriate supported accommodation and helping to organise various related assessments (n = 7)
- increased support coordination (n = 3)
- funded supports to assist young people to strengthen their independent living skills and community participation (n = 1).

The inquiry's in-depth file review also uncovered several instances of poor coordination between the young person's care team and the NDIA. These related to clarity about:

- which service would fund supports for the young person through available brokerage (Better Futures Flexible Funding, leaving care brokerage, Home Stretch funding versus funding available via the NDIS)
- who would exercise decision-making responsibility about a young person with a significant disability when they aged out of care
- the support Better Futures could provide while a young person was on active hold.

Funded agency and Better Futures workers informed the Commission of the difficulties they encountered planning for leaving care while simultaneously working under the dual statutory and reporting regimes of the out-of-home care system and the NDIS.

<sup>213</sup> Snow, Mendes and O'Donohue 2014, op. cit., p. 9.

<sup>214</sup> Ibid.

<sup>215</sup> For example, case managers must consult with a young person's NDIA Support Coordinator to inform leaving care planning prior to the young person's 17th birthday: DHHS 2020b, 'Case management: NDIS and children with a disability and/or complex medical needs procedure', *Child Protection Manual*, <<https://www.cpmanual.vic.gov.au/policies-and-procedures/health-and-medical/case-management-ndis-and-children-disability-andor>>, viewed 10 June 2020.

We had a young person who had a prominent disability who couldn't manage on their own. The Child Protection legislation says [the young person] can make decisions. NDIS didn't agree, then there was a lot of conflict as both disagreed on the needs for this young person in leaving care planning. Then they left care with no clear plan and I think this is a real barrier. I think there needs to be something done about how to work more cohesively with the disability services (funded agency worker).

In our consultations, funded agency workers also remarked that slow NDIS planning processes often had detrimental impacts on planning and outcomes for care leavers with a disability.

Since NDIS, we have had instances where the day before the child turned 18, not knowing whether the child was going to get a supported accommodation bed, and it was just so terrible for this kid. We had to work out plans A, B, C, which weren't going to meet the child's needs either. Then at the 11th hour we got informed that the bed is available ... It meant he had to move out of area away from family to get the placement unfortunately (funded agency worker).

So it's vague as to what options are available through NDIS. So you're working with a young person who is turning 17, but the NDIS package coordinator will say hold off let's wait until we review and that won't be until they are close to 18 and then it's too late (funded agency worker).

In our consultations, Child Protection and Better Futures workers also observed they lacked knowledge and training about how to work with the NDIA.

With NDIS we are learning as we go. I feel the training for us has not been enough (Child Protection practitioner).

We just don't have a really good understanding of what we need to do and what works and what we can do [with NDIS]. It seems like such a complicated space ... It's something we don't do well. We aren't disability trained. We don't know that sector but the policy – how it stands at the moment – we might become that young person's key worker from their 18th birthday (Brighter Futures worker).

The department has recently developed simple workforce guidelines and tools to assist Child Protection to conduct care planning for young people with disabilities. Prior to the rollout of the NDIS, Disability Services worked with Child Protection and funded agencies to transition people in out-of-home care to support from Disability Services. The new process requires Child Protection to drive the leaving care planning and to engage with the NDIA early to ensure there is sufficient time to enable a joint plan involving the NDIA and Victorian services including the Office of Housing and Office of the Public Advocate to achieve a good outcomes for these young people.<sup>216</sup> These new guidelines post-dated our file review, which therefore did not consider the effectiveness of their implementation.

Delay in identifying young people with a disability in care is also a critical barrier to them receiving the support they need to transition from care successfully. The in-depth file review identified several instances where it was only in a young person's last months of care that a possible disability was identified, and an appropriate assessment conducted. Consequently, in some cases, the NDIS application was still in progress at the time the young person turned 18 (n = 3). In one instance, a young person's assessment for an intellectual disability was initiated in the six months before she turned 18 after having been in care for six years.

<sup>216</sup> DHHS 2020f, *Leaving care planning for young people eligible for the NDIS Melbourne*.

When consulted for this inquiry, Better Futures workers confirmed that young people will often be referred to them without any prior assessments of functioning, and that disability assessment may sometimes only commence in the leaving care phase, after years of remaining unaddressed. They also confirmed this delayed identification and assessment had a negative effect on young people with a disability receiving appropriate supports as they transitioned from care.

Unmet support needs – in part resulting from a failure to assess young people’s functioning in a timely way – can also result in people with disability ‘cycling’ in and out of inappropriate accommodation and sometimes into custody.<sup>217</sup> Two young people covered by the in-depth file review were currently in Youth Justice custody and also had NDIS applications underway.

### Accommodation

The Commission’s file review identified that the key challenge for many young people with a disability was gaining suitable accommodation. Of the 29 young people aged 17 and a half and older at the time of the file review, fewer than one-third (n = 9) had secured stable housing (two of these young people had plans to remain with their carers). Care teams were often attempting to secure supported accommodation through NDIS while simultaneously pursuing other options such as Home Stretch or COMPASS (n = 11).

Four of the young people with a disability aged 17 and a half and older at the time of the file review had also been put on a list for public housing and were still waiting to secure a property.

Delays in securing appropriate supported accommodation were in part due to availability (this is discussed in further detail in Chapter 6) but also due to the time needed to complete the multiple assessments required by NDIS. For example, in one instance, a case manager was informed it would take up to three months for a ‘long-term assessment’ to

occur to determine a young person’s entitlement for supported accommodation, shortly prior to their exit from care.

Uncertainty about post-care accommodation was understandably often a source of stress for care leavers with a disability: one young person’s case plan stated that ‘[young] person is seeking to transition into a supported accommodation environment. [Young person] has said he will be unable to maintain a private rental post 18 and feels that DHHS have “set [him] up to fail”’.

The in-depth file review also identified one instance where a young person, who was the preferred candidate for supported accommodation, could not move into the property until their eligibility was confirmed by the NDIA. Their assessments were completed prior to the young person’s 18th birthday but due to NDIA delays in reviewing the NDIS plan, the young person was rendered effectively homeless on their 18th birthday.

### Planning for education and training

About one-third (n = 22 of 59) of young people with a disability covered by the file review were completely disengaged from education or further training. Thirteen were enrolled in a special school, flexible learning option or alternative school setting, while eight had a reduced timetable. The file review found 14 of the young people with a disability had plans related to exploring further education or training post-care (half of these (n = 7) related to further training at TAFE). Of the 22 young people (referred to above) who were completely disengaged from education and training, only seven had plans to re-engage with learning, for example through brokerage or service supports such as LOOKOUT.

### Leaving care planning for young people with complex needs including those involved with Youth Justice

As noted in Chapter 2, some young people face significant and complex challenges and need additional support to transition from care. Our file review considered leaving care planning for a cohort of young people who had an experience of residential care, secure welfare placements and significant

<sup>217</sup> Office of the Public Advocate 2018, *The Illusion of ‘choice and control’: the difficulties for people with complex and challenging support needs to obtain adequate supports under the NDIS*, Office of the Public Advocate, Melbourne, Victoria, p. 13.



placement instability (five or more placements during their most recent episode in care) (n = 21). Most of the young people were clients of Youth Justice (n = 11) and/or had a disability (n = 11). More than half of this group were Aboriginal (n = 12).

As previously outlined, these young people were often engaged in high-risk behaviours including substance use, criminal offending, exposure to sexual exploitation and self-harm (n = 15). All but one of the young people in this cohort were completely disengaged from schooling or further training (n = 20) and most of these young people had a pattern of not wishing to engage with services (n = 15).

In general, leaving care planning did not adequately address the complex challenges these young people faced and fewer than half of these young people had a 15+ care and transition plan on file (n = 9).

### Planning for education and training

The Commission's file review identified that fewer than half of the young people in this cohort (n = 9) had plans to help them engage in further education or vocational training – this was usually through plans to explore TAFE (n = 4) or find work (n = 2). This is deeply concerning given the high levels of educational disengagement in this cohort.

### Planning for mental health and substance use

Leaving care planning for this group of young people had an immediate – rather than future-orientated – focus on helping the young person to identify or engage with a particular drug and alcohol or mental health service (n = 13). The file review only located one instance of planning to support a young person with complex needs to engage with mental health and drug and alcohol supports upon their exit from care, including for those who would exit both care and custody on their 18th birthday.

### Planning for accommodation

The Commission's file review found that planning for post-care accommodation was apparent for all of the young people aged 17 and a half and above. Of these nine young people, only four had confirmed post-care accommodation. For the remainder, the care team continued to explore possible housing options.

## Finding 6: Leaving care planning for vulnerable and disadvantaged groups

### Finding 6.1: Leaving care planning for Aboriginal young people

Leaving care planning rarely addresses the cultural needs of Aboriginal young people – including how they will maintain a connection to culture – upon leaving care.

While Aboriginal care leavers face an acute risk of disengagement from education, unemployment or homelessness, generally, leaving care planning does not go far enough to address these vulnerabilities by timely planning for:

- enduring physical and mental health supports post-care
- re-engagement with work or vocational training
- sustainable and culturally safe accommodation.

### Finding 6.2: Leaving care planning for young people with a disability

There is promising emerging practice by Child Protection and funded agency workers advocating for care leavers who are NDIS participants to get the plans and supports they need for a smooth and positive transition from care. However, their ability to play this role – including to secure stable supported accommodation prior to young people leaving care – is hamstrung by:

- complex NDIS assessment processes
- not planning early enough for supported post-care accommodation
- conflict and uncertainty about the respective statutory roles and responsibilities of the NDIS versus the out-of-home care system
- Child Protection and funded agencies lacking the knowledge and training to engage with NDIS processes
- delay in identifying young people with a disability.

Finally, while care leavers with a disability are at heightened risk of disengagement from education, leaving care planning often does not sufficiently address the supports necessary to help these young people re-engage with education or training.

### Finding 6.3: Leaving care planning for young people with complex needs

Leaving care planning for young people with complex needs is of a poor quality and in general does little to address the factors in these young people's lives which would reduce their risk of future offending or other poor outcomes including:

- re-engagement with education or vocational training
- supports to address poor mental health and substance abuse
- secure and supported accommodation.

## Barriers to leaving care planning

This section explores key barriers to effective leaving care planning that stand in the way of every young person in out-of-home care receiving the best possible chance at thriving in life.

### Lack of young people's participation

Young people who are actively engaged in the development and implementation of leaving care plans are more likely to 'find the process to be meaningful, of value and an activity for which they can feel some degree of ownership over'.<sup>218</sup> Conversely, tokenistic involvement can have the opposite effect.<sup>219</sup>

Involving young people in care in decision-making about them (including leaving care) is also their human right. Article 12 of the United Nations Convention on the Rights of the Child recognises this right and states that the views of a child or young person must be 'given due weight in accordance with the age and maturity of the child'.<sup>220</sup>

<sup>218</sup> Hall 2012, op. cit., p. 7.

<sup>219</sup> Ibid.

<sup>220</sup> Convention on the Rights of the Child (CRC) 1989, Article 12.

Both research and Victorian planning advice recognise that the meaningful involvement of the young person in the development of their leaving care plan is critical to its success.<sup>221</sup> When a young person is given the opportunity to feel a sense of ownership of the plan for their life, they are more likely to work successfully towards goals which they, rather than another person, have set for themselves.<sup>222</sup>

Care leavers' right to participation is enshrined in the department's policy and guidance on leaving care. The *Child Protection Manual* notes that the Child Protection case manager must '[s]upport the young person to participate in planning so that all decisions consider their views and concerns'.<sup>223</sup> Similarly, the *Program requirements for home-based care in Victoria* advise funded agencies with contracted case management responsibilities to 'consult children regarding their personal aspirations and needs as they mature and transition towards adulthood'.<sup>224</sup>

Research suggests care leavers are less likely to have meaningful input into leaving care preparation and planning when:

- planning is late or hurried
- there is a poor relationship between the worker and young person – sometimes due to constant worker change
- the young person leaving care is not interested in engaging.<sup>225</sup>

### Young people's participation in required leaving care planning

In more than half of all 15+ care and transition plans identified by the file review (n = 36 out of 71), the worker or practitioner completing the form had checked the 'Has the young person been involved in the development of the plan?' box on the form.

<sup>221</sup> Muir and Hand 2018, op. cit., p. 7.

<sup>222</sup> Hall 2012, op. cit., p. 7.

<sup>223</sup> DHHS 2016a, 'Leaving care— advice', *Child Protection Manual*, <<https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/leaving-care>>, viewed 22 November 2019.

<sup>224</sup> DHHS 2014, op. cit.

<sup>225</sup> Hung I and Appleton P 2016, 'To plan or not to plan: The internal conversations of young people leaving care', *Qualitative Social Work*, vol. 15, no. 1, pp. 35–54, p. 54.

The form then requested a description of this involvement. The completed forms usually outlined vague descriptions such as the following:

- 'Discussed with client [who] is aware of goals and approves them'.
- 'Discussions with young person throughout the time he has been in care'.
- 'Consultation with [young person] through monthly visits and regular discussion'.
- 'Informal conversations and care team meetings'.
- 'Conversations with [young person]'.
- 'Through discussion with the care team and residential carers'.
- 'The writer has had informal conversations. However, a meeting is needed to determine concrete goals'.
- '[Young person's] thoughts are always listened to and acted upon as appropriate'.

Only four of the 15+ care and transition plans suggested a more meaningful conversation with the young person had informed the plan. Examples include the following:

- 'Writer met with [young person] to discuss each goal and included any additional suggestions provided by [the young person]'.
- 'Young person has been involved in creating [their] leaving care plan through attending care team meetings. [They] provided Child Protection with a wish list of things that [they] would like [their] leaving care plan to include'.

The Commission's file review suggested that in most cases the young person was not meaningfully involved in shaping their leaving care plan. In only six instances did the plan include information about the young person's aspirations about their life after care or views about how they could successfully achieve those aspirations. Examples of this included:

- '[Young person] expressed a desire to have more contact with his parents and to return to their home'
- '[Young person] has advised that [they] would like to complete Year 12 and gain a hairdressing apprenticeship'.

Additionally, in only 46 per cent of cases (n = 33 out of 71), did file or meeting notes in the six months preceding the finalisation of the plan include evidence that the young person had shaped its content.

The Better Futures program has a strong focus on actively engaging with young people to help them make decisions about their future,<sup>226</sup> but the Commission queries the extent Better Futures can play this role in required leaving care planning while a young person is still in care without additional investment. Given current funding, the majority of young people in care will be on 'active hold' in Better Futures until they are 17 and six months of age (see Chapter 6). As such, leaving care planning remains the chief role and responsibility of Child Protection and funded agency case managers.

### Other avenues for participation in leaving care planning

Young people transitioning from care also have limited participation in decision-making about leaving care through formal case planning or care team meetings. The Commission's review of 166 files only found 23 instances where a case plan or care team meeting minutes included a young person's post-care aspirations (usually related to where they would live post-care (n = 8) or their desired future vocation or further study (n = 8)).

### Poor formal assessment of independent living skills and leaving care needs

Effective planning for leaving care requires a comprehensive assessment of the young person's capabilities, strengths and individual and cultural needs.<sup>227</sup> The department's Leaving Care Framework recognises this and provides that '[t]ransition planning processes should be well coordinated and tailored to the individual needs and circumstances of the young person'.<sup>228</sup> This is not a simple task as care leavers come from diverse backgrounds before coming into

care, and each has had their own unique experiences in care and aspirations for their lives after it.<sup>229</sup>

The Commission's file review found that it was rare for leaving care planning conducted while a young person is still in care<sup>230</sup> to be informed by a thorough or global assessment of the needs and aspirations of the young person (n = 9). In several instances, where such an assessment was conducted, the assessment used an internal document or assessment tool created by funded agencies (n = 3), for example the MacKillop Family Services independent living skills assessment.

The two 'Looking After Children 15+ assessment and progress record' documents identified by the file review were both shallow in their assessment of the young person. In one, the worker ticked the boxes on the form but did not complete any of the narrative text boxes and, as such, the form did not provide any useful assessment of the young person that could inform leaving care planning. The second was slightly more informative. When consulted by the Commission for the purposes of this inquiry, funded agencies also expressed concerns that sometimes young people transitioned into independent living without first determining whether they were ready to do so.

Robust assessments of independent living skills were more likely to be conducted when young people were:

- being considered for supported accommodation (n = 8), for example, the Housing Readiness Tool (ABC tool). Such assessments were often conducted for young people with disabilities, but none assessed the appropriateness of an 'independent living' housing option for other young people
- referred to or assessed by a leaving care service (n = 3) (for example, the 'Barwon Area Leaving Care Early Planning Project Client progress sheet' and 'the Leaving Care Services Gippsland Referral form').

<sup>226</sup> DHHS 2019a, *Barwon Better Futures pilot: Final evaluation report – Youth Team, Children, Youth and Families and Child Safeguarding Unit* (unpublished), Melbourne, Victoria.

<sup>227</sup> Beauchamp 2016, op. cit., p. 271.

<sup>228</sup> DHHS 2012a, op. cit.

<sup>229</sup> For the diversity of young people's lived experience in care, see: CCYP 2019c, op. cit.

<sup>230</sup> Better Futures requires an Initial Readiness Assessment which is to be completed immediately after the young person has left care. The in-depth file review considered some of these plans and found them to involve a robust assessment of both the young person's needs but also aspirations.

An Initial Readiness Tool has also now been implemented as part of Better Futures,<sup>231</sup> which evaluates a young person's independent living skills and is intended to be completed in the first month of post-care engagement with the program (rather than before a young person leaves care). Our in-depth file review identified varying practice among workers regarding if and when the tool is completed and how it is used to plan supports for young people leaving care (n = 5).

### Administrative barriers

It is very difficult to locate 15+ care and transition plans and the 'Looking After Children 15+ assessment and progress record' document on CRIS, as there is no simple way or short cut to find them. Instead, it is often necessary for practitioners to sort through hundreds and sometimes thousands of case notes and other documents to locate these plans.<sup>232</sup>

The difficulty identifying whether a plan exists and locating it is a significant barrier to:

- Child Protection practitioners and funded agencies using the plans to inform leaving care activity
- updating these plans to reflect a young person's changing circumstances and aspirations as they approach the age where they will transition from care.

Additionally, administrative barriers to Child Protection and funded agency workers accessing 15+ care and transition plans lead to a disjointed approach to leaving care planning where planning content is fragmented across 15+ care and transition plans, case plans, care team meeting minutes and quarterly reports (for those who are contract case managed).

The department has initiated a project to review the *Looking after children framework*. The project is also intended to identify key issues in relation to leaving care planning relating to 'leaving care tools and workforce practice issues'.<sup>233</sup> This project represents an opportunity to design systems which consolidate leaving care planning, differentiate it from day-to-day case and care planning, and develop mechanisms to set and monitor leaving care goals and tasks. A draft review of LAC has been completed by the department but has not yet been endorsed. The department advised the Commission that this work has been put on hold as its COVID-19 response has taken priority.<sup>234</sup>

### High workload and turnover

A significant number of Child Protection and funded agency workers informed the Commission that their workload only permits them to respond to young people in crisis and that there is little focus on leaving care planning as a consequence. This is consistent with this inquiry's findings that young people with an experience of secure welfare and/or designated as high risk are least likely to have a 15+ care and transition plan.

Some also noted that the residential care living environment, which they viewed as productive of crisis and instability, acts as a barrier to engaging young people in conversation about their future (n = 4):

When [young people] enter resi, there's a focus on stabilising and meeting basic needs and always a lot of crisis going on. There isn't enough focus on sitting down relationally with the young person and talking to them, developing rapport, learning about each other, and you don't have to use the language 'leaving care'. It's more like, 'What are you interested in and what do you see for your future?' (funded agency worker).

<sup>231</sup> Brotherhood of St Laurence 2020a, op. cit.

<sup>232</sup> The department informed the Commission that '[T]he 15+ care and transition plan is uploaded on to the CRIS file by attaching it to a case note in the referral of placement component of CRIS'. Email from the department to the Commission dated 17 January 2020. However, the Commission located multiple plans which were not located under these components.

<sup>233</sup> Email from the department to the Commission dated 4 December 2018.

<sup>234</sup> Email from the department to the Commission dated 9 July 2020.

It's even difficult with ICMS [contracted intensive case management], when young people are at the higher end of risk levels ... when those caseloads get high, it's just about putting out fires. One year turns into two, turns to three, then, all of a sudden, they have to leave care (funded agency worker).

The environment in which they are living [in residential care] is unstable and so crisis driven. So if a case manager goes to meet with them in that place, they are dysregulated, they are living day-to-day. Engaging in a conversation about their future is impossible (funded agency worker).

I think there's a lot of situations in DHHS where the revolving door of workers means workers don't get to know the young people well enough to fill [the 15+ care and transition plan] out properly. There's some instances where the workers just have too many young people on their books so don't get to know the young person (funded agency worker).

Worker continuity has a huge impact. I've noticed the kids who have a consistent allocated worker have a more positive experience and the outcomes are better (Child Protection practitioner).

The Commission, in its prior inquiry *In our own words*, expressed grave concerns about the current state of residential care in Victoria and made a series of recommendations to reform and replace it. If implemented, these recommendations would also render the residential care environment more conducive to preparing for leaving care.

In our consultations for the purposes of this inquiry, Child Protection and funded agency workers identified that worker instability was also a barrier to planning for young people's futures after care (n = 5):

I try to allocate all the time I can to [the leaving care] space. With the direct client work, you just don't have the time. The contracted agencies might be working with six clients where I have 30, so the direct contact stuff isn't possible (Child Protection practitioner).

I think the care and transition plan is definitely a useful tool when it is used. I have to say that these are the things that can become neglected in the business of court matters, all these other legislative requirements and admin things that these are the areas that are the first to go in terms of priority (Child Protection practitioner).

### Limited service collaboration

Required leaving care planning often occurs without the involvement of the young person's broader care team or carers, which acts as a barrier to gaining a holistic and shared understanding of care leavers' needs and to coordinating a service response that meets those needs.

15+ care and transition plans require the person completing the form to note who was involved in the development of the plan. Of the 71 plans reviewed by the Commission, only 37 per cent (n = 26) were written in consultation with other core members of the care team (Child Protection or contracted agency case managers, carers or residential care workers). A small number of these plans involved the services that might have brought a different understanding of the needs of the young person, such as Better Futures workers or its precursors (n = 3), mental health workers (n = 1), disability supports (n = 2), an Aboriginal elder (n = 1) or school or other education or training providers (n = 2).

The in-depth file review also identified multiple instances of poor collaboration between a young person's care team having a negative impact on leaving care planning.

## Innovation in leaving care collaboration

The Brighter Futures Outer East project has been trialling a new leaving care case conferencing model since April 2016 which involves a broader group of stakeholders (from government, community services and education providers) in leaving care planning. It also includes a high level of consultation with the young person about their future aspirations, and is intended to be focused on the goals of the young person leaving care.

The Commission has reviewed 13 plans resulting from these leaving care panels.

Almost all of these plans involved:

- the input from multiple services and other individuals in the young person's life
- holistic assessment of the young person's needs (relating to education and training, housing, social connection, culture, family relationships, disability and physical and mental health)
- meaningful plans to support the young person.

The Brighter Futures program – and professionals who have participated in these panels consulted for this inquiry – report that the leaving care panels have helped young people get employment, mentoring and mental health supports they would not have otherwise received.

Child Protection North Division has also implemented a leaving care panel. Each month, the panel reviews a selection of young people approaching 18 years of age based on their level of vulnerability against a three-tier rating system. A fortnight before the panel meets, consultations occur with the young person's key workers. Then at the panel, the young person's case manager presents the case to senior Child Protection practitioners and executives and reports on key issues and challenges to progressing leaving care planning for the young person. The inquiry observed a meeting of this panel, which appeared to bring a holistic and timely focus to the leaving care needs of acutely vulnerable and disadvantaged young people in care.

This included:

- a lack of clarity in the care team about who was responsible for progressing leaving care tasks
- limited liaison between the young person's case manager and Better Futures/Leaving Care worker as the young person approached 18
- no care team meetings occurring during the six-month file review period.

## Limited workforce capability in leaving care planning

The generally poor quality of required leaving care planning suggests a lack of effective training<sup>235</sup> or capability across the Child Protection and funded agency workforce to help young people plan and prepare for their future after care. In our consultations with Child Protection practitioners, some appeared to view leaving care as a tick-a-box process rather than an opportunity to plan with a young person towards their goals and aspirations:

<sup>235</sup> However, the Commission notes that the department's Beginning Practice training for new Child Protection practitioners covers responsibilities related to leaving care planning (for example, the preparation of a 15+ care and transition plan): email from the department to the Commission dated 7 August 2020.

The plan, in terms of our policies and the steps, is clear about what we need to do in terms of when [the young people] get to a certain age we need to do a referral, and at a certain age, we need to tick boxes to ensure they have all the relevant stuff like a bank account et cetera (Child Protection practitioner).

The process starts when the young person is about 16 – that’s when you can do a referral to leaving care services and ensure they have a birth certificate, are linked to Centrelink, NDIS (Child Protection practitioner).

With our checklist for leaving care, like sometimes you just need to tick the boxes to meet the deadlines of what needs to be achieved (Child Protection practitioner).

This was also recognised by some workers:

Care and transition plans for some out-of-home care providers are absolutely just a tick the box exercise, and there isn’t much thought that goes into it (funded agency worker).

You might have someone who is really skilful and knowledgeable and supports the individual, but then you have others who treat it as a tick-box exercise. Set up a bank account. Tick. Medicare. Tick (Child Protection practitioner).

Some Child Protection practitioners linked this issue to the low expectations that the out-of-home care system has of young people in care, and its propensity to dehumanise them:

We aim super low for these kids in care. We are so focused on deficits and plugging them that we forget about the capacity building stuff. We have this thing of going ‘We need to get them on Centrelink’, but why do that before getting them help to get work? And getting a housing referral to public housing. Why do that before the real work around where they want to live? The focus of our work is about getting the kids into lifelong welfare rather than lifelong employment. We just aim too low (Child Protection practitioner).

We just don’t expect enough of our kids, I think. Maybe we just forget about their basic human needs – [they need] to feel good about themselves, to have a purpose in life, the things that underpin our human experience (Child Protection practitioner).

I think we forget to think about what another human being needs ... rather than what does our policy manual or theory say (Child Protection practitioner).

Others noted poor leaving care planning was a result of a lack of training and guidance:

[You need] skill and knowledge to be able to make a good 15+ care and transition plan – like I said, they may have been a case manager for five years but have never had a kid who is 16 in their case load – so time, skill and knowledge are big factors (funded agency worker).



## Better Futures' role in improving planning practice

The Commission notes the new role of Better Futures is to 'provide secondary consultation to the care team – lending expertise to the transition plan process; identifying goals and actions for inclusion in the 15+ care and transition plan and supporting youth participation and engagement in leaving care processes'. While recognising that Better Futures is a new program, only a small number of 15+ care and transition plans reviewed for this inquiry involved this program's participation in developing them (n = 3).

The inquiry also reviewed care team meeting minutes (n = 9) – in which Better Futures participated – and found its secondary consultation role appeared to be quite limited so far.

Prior evaluations of the Better Futures pilot did not examine the extent to which the program is driving improved leaving care planning practice within the care team. However, it is uncertain as to how helpful this secondary consultation role can be where Better Future workers have not established a comprehensive understanding of the young person, developed through a working relationship with them or by playing an active part in the care team.

One Child Protection practitioner observed:

I feel as a [Child Protection] practitioner, I bring that focus [on planning] when they are reaching those ages. Because Better Futures work closer to 18, they aren't really playing an active role in that care team, I would say the onus still relies on Child Protection (Child Protection practitioner).

A group of Better Futures workers from an ACCO also doubted whether the program's value lay in the expertise they could bring to planning:

The majority of our clients are in ICMS and [ICMS] know more about leaving care. We haven't got the training in it ... some stuff we can do. We have a cultural role but even if we do have this knowledge, it's usually the same information they already have. Sometimes we can connect to family out of area. I will always offer to be the first point of contact for Aboriginal family (ACCO Better Futures provider).

However, Child Protection practitioners emphasised that the roles of the Health Watch Principal Practitioner and Clinical Nurse Specialist and Principal Project Officer Housing and Homelessness Reform in North Division had been critical to improving leaving care outcomes for young people. These roles help practitioners to navigate the health and homelessness systems using in-house expertise, and provide consultation through care team meetings. These positions are resourced through non-recurrent funding.

The Commission also notes the role of the Multiple and Complex Needs Initiative (MACNI) program, which receives referrals for consultation for high-risk young people in care (among other complex cohorts), often related to planning for leaving care. MACNI, in this consultation role, works with care teams to help these young people with complex needs to access services, including identifying post-care housing and funding specialist assessments (where required).<sup>236</sup>

MACNI only works with a very small number of care leavers each year as part of its overall case load.<sup>237</sup> The Commission's file review identified three young people with complex needs who were referred to the MACNI program, but only one young person whose referral had been accepted. The latter's referral to MACNI was to ensure the young person would receive the required psychological and housing supports post-18, including filling in any 'financial gaps where funding [could not] be accessed through leaving care brokerage or NDIS'.

<sup>236</sup> Consultation conducted with MACNI staff member for the Commission's *Inquiry concerning young people who are absent or missing from residential care*.

<sup>237</sup> Ibid.

### Lack of oversight of leaving care planning

Poor planning practice is reinforced by a lack of oversight and monitoring of case managers' compliance with case planning requirements: '[g]enerally in Australia there is little monitoring of compliance with legal requirements for leaving care planning'.<sup>238</sup>

The department has advised the Commission that it applies the following proxy measure on CRIS to determine whether required leaving care planning has occurred:

- 'leaving care goal has been recorded in case planning' (Case Practice tab > Actions > Goals > Targets & Timelines Summary > Planning Area = 'Leaving Care'), or
- the 'Has LAC leaving care planning commenced' tick-box is checked'.<sup>239</sup>

Such a measure has limited utility in determining whether required leaving care planning is occurring. The inquiry found through its leaving care file review that only 40 of the 71 files that had a 15+ leaving care plan addressed leaving care in their case plan or actions table, and 48 files had leaving care content in the case plan or actions table but no 15+ leaving care plan on file. Thus, there appears to be a limited relationship between leaving care actions appearing in a case plan and the completion of a 15+ care and transition plan.

The Commission's file review identified two instances where the department's staff followed up with contracted case managers about compliance with leaving care planning. Both emails included a request for:

- 'Up to date 15+ Care and Transition Plan to be uploaded to CRIS
- Leaving care tick-box in the self-care LAC dimension to be completed
- 2 x leaving care goals in the CRIS actions table'.

Such an approach is unfortunately likely to encourage only superficial compliance with leaving care requirements and is insufficient to determine the quality of leaving care plans.

At present, Western Australia is the only jurisdiction in Australia to set criteria for and to monitor:

- whether the transition process has been finalised and the goals in the leaving care plan achieved
- the long-term placement arrangement is likely to be sustained prior to the young person turning 25.<sup>240</sup>

<sup>238</sup> Carr N and McAlister S 2016, 'The double-bind: Looked after children, care leavers and criminal justice', *Young people transitioning from out-of-home care*, Springer, pp. 3–21, p. 13.

<sup>239</sup> Email from the department to the Commission dated 23 January 2020.

<sup>240</sup> Beauchamp 2016, op. cit., p. 277.

## Finding 7: Barriers to effective leaving care planning

The following factors operate as barriers to leaving care planning with the best chance of supporting young people's transition to independence:

### Lack of young people's participation

Young people rarely have an opportunity to contribute in a meaningful way to leaving care planning and, as a consequence, these plans are unlikely to reflect their wishes or aspirations or engender their participation in the plan.

### Poor assessment

Most leaving care planning occurs without rigorous assessment of a young person's needs or capacity to live independently as they transition from care.

### Administrative difficulties

15+ care and transition plans, when completed, are very difficult to locate on CRIS. This limits the ability of subsequent Child Protection or contracted case managers to ensure these plans are implemented and updated.

These administrative barriers to workers accessing 15+ care and transition plans lead to a disjointed approach to leaving care planning where planning content is fragmented across 15+ care and transition plans, case plans, care team meeting minutes and quarterly reports (for those who are contract case managed).

### High workload and turnover

Frequent staff turnover coupled with Child Protection practitioners and funded agency workers' high workload and crisis resolution focus, limit opportunities to plan with young people for their life after care.

### Limited service collaboration

Most required leaving care planning occurs with little collaboration between services. This limits the capacity to wrap supports around a young person leaving care to give them the best chance at transitioning successfully to independence.

### Limited workforce capability to plan for leaving care

The generally poor quality of required leaving care planning suggests a lack of effective training or capability across the out-of-home care workforce to help young people plan and prepare for their future after care.

### Poor oversight of leaving care planning

At present, the department lacks a reliable mechanism to monitor whether leaving care planning is occurring or to assess its quality. This detracts from the department's capacity to monitor and improve leaving care planning.

# Chapter 6

## Support to transition from care

### Chapter at a glance

To transition to independence successfully, young people in care need support to stay engaged in study or vocational training and the independent living skills to do things like cook, clean and budget. They also need the support of the community around them as they adapt to adult life. When young people leave care, they also need a safe and stable home, from which to build a good life.

However, too many young people transition from care without these supports.

In particular:

- There is a critical lack of housing options for care leavers. This is especially the case for young people with complex needs and/or disability. This lack of housing is the key driver of homelessness among care leavers.
- Many young people leave care disengaged from education, training or work and/or with unaddressed mental health or substance use issues and do not get the support they need to re-engage.
- Many young people leave care, especially from residential care, without learning crucial independent living skills such as cooking, cleaning and budgeting, and there is a lack of tailored supports through which care leavers can learn such skills.

- In general, young people on the verge of leaving care receive very limited support to reconnect with family, make links with the community around them through the support of mentors or maintain a connection to culture.

In addition, many young people about to leave care often do not have a regular and consistent key worker they can rely on to help them find the supports they need.

While early in its statewide rollout, the Better Futures program is assisting care leavers to connect to the supports they need to transition from care successfully. However, the Commission is concerned about the sustainability of the Better Futures model, given its limited resources.

This is especially the case for Aboriginal young care leavers requiring the support of an ACCO-run Better Futures. At present, about one in four Aboriginal young people miss out on the opportunity to receive culturally appropriate support from an ACCO in the years immediately prior to their exit from care. Further, ACCO-run Better Futures are not funded proportionate to Aboriginal young people's representation among care leavers.

## Key data

- In 2019, there were more than 2,500 young people who had left care aged between 16 and 21 years in Victoria eligible for leaving care supports. In the face of this rising demand in Victoria, there are only a little over 300 housing options which become available to these young people annually.
- The Commission's file review found that almost half of the young people reviewed (44 per cent) were disengaged from education. The vast majority of these care leavers (73 per cent) had a history of placement instability (five or more placements). Only 22 per cent of these young people were connected to supports to help them re-engage with education or training.
- The inquiry's file review found that more than one-third of young people experienced mental health issues and/or trauma and complex behaviours (including a high incidence of self-harm and attempted suicide), yet only one-third (33 per cent) of this group were connected to services to support them with these issues as they were about to leave care.
- Despite the clear benefits of case management by ACCOs, only about half of Aboriginal young people aged 17 and a half years or older are case managed by these services as they prepare to leave care.

**You turn 18 and everything just goes, you just shit yourself. Hard transition being an adult after being in that system for so many years (Caroline, post-care, 19, Aboriginal).**

**I signed a paper the other day about leaving care. They don't really tell me much about it. The whole leaving care thing is the most fucked up thing about [being in care]. As soon as you're 18, bye bye (Kylie, residential care, 16).**

## Introduction

To have the best possible chance at a good life, young people leaving care need somewhere stable to live, a means of supporting themselves through work, further study or training and the independent living skills to do things like cook, clean and budget. Young people leaving care and recovering from trauma endured before or during their time in care need ongoing access to therapeutic or other mental health supports so they can seek help when they need it. Care leavers also need a community around them to encourage and support them through the tough times that all young people experience through early adulthood, especially Aboriginal young people for whom connection to culture and community can be a strong foundation to build a life on.

Many care leavers with a disability, complex needs or experience with the youth justice system need extra help to live independently, continue studying or working and to navigate the service system.

This chapter explores the extent to which the out-of-home care system meets the critical needs of care leavers, being:

- a stable home
- further education, training and employment
- independent living skills
- mental health, trauma and substance use support
- culture, community and family connection
- case management and supports to navigate the services system.

This chapter then examines the adequacy of in care and post-care supports for those at most risk of challenging transitions from care namely: Aboriginal young people, young people with a disability and other young people with complex needs (including those who are clients of Youth Justice).

## What are the key unmet needs of young people when they leave care?

### A stable home

When care leavers transition to independence, they need a stable place from which to learn, earn and be part of their community. While most young Australians aged 18–21 years (83 per cent) continue to live with their family after they turn 18,<sup>241</sup> the vast majority of care leavers cannot count on having somewhere stable to live. This section considers why stable post-care housing is so important for care leavers and the impact of the present critical shortage of secure housing.

### Why housing matters

Australian research has consistently found that care leavers with stable housing are more likely to experience successful transitions to independence, including improved employment, better education and training outcomes, more secure relationships and increased social connectedness.<sup>242</sup> Stable housing is also the factor most closely associated with good mental health outcomes for care leavers.<sup>243</sup>

Conversely, care leavers without a stable home are at far greater risk of not completing their education or training and subsequently unemployment, reliance on social security benefits and ongoing financial insecurity.<sup>244</sup>

<sup>241</sup> Wilkins R, Lass I, Butterworth P and Vera-Toscano E 2019, *The household, income and labour dynamics in Australia survey: Selected findings from waves 1 to 17*, Melbourne Institute of Applied Economic and Social Research, University of Melbourne, p. 112.

<sup>242</sup> Cashmore and Paxman 2006, op. cit., pp. 18–25; Wade J and Dixon J 2006, 'Making a home, finding a job: investigating early housing and employment outcomes for young people leaving care', *Child & Family Social Work*, vol. 11, no. 3, pp. 199–208; and Johnson et al. 2010, op. cit., p. 13.

<sup>243</sup> Hannon C, Wood C and Bazalgette L 2010, *To deliver the best for looked-after children, the state must be a confident parent: In loco-parentis*, p. 106.

<sup>244</sup> Raman S, Inder BA and Forbes CS 2005, *Investing for success: The economics of supporting young people leaving care*, Centre for Excellence in Child and Family Welfare, p. 3; and Muir, Purtell and Hand 2019, op. cit., p. 19.

## What young people told us about their housing post-care

Several young people (n = 4) told us they had experienced homelessness or housing instability since leaving care.

When [my transitional accommodation] fell over, they had no back-up plan so they told me my best option was homeless shelters. Luckily, [organisation] approached me and they had a house they could turn into a transitional property. I was there for about a year and a half. It went alright. We had a few people move in and out. It was hard – there were people who had turned 18 and they wanted to make the most of it and party (Emerson, post-care, 24).

I was living with my aunty but that just didn't work out. She went to sleep early. I don't like to sleep early. I like to roam. So I moved out with [my friend] after I turned 18, then moved in with [another friend] but she didn't want me there (Hazel, post-care, 19).

The current living arrangement is complicated. I've been in private rental under the same landlord but I've moved three times. I live on my own but at the moment, I have a friend living with me until he finds a place of his own (Cole, post-care, 21).

In situations where a return to family had been planned for, several young people did not appear to have been supported with a backup plan when this did not work out.

Leaving care planning started at 16 – the plan was for me to move in with my dad in [another state]. I thought that would be fine. It fell through when I was about to turn 18 and there was no back-up plan (Emerson, post-care, 24).

I moved back to my mum's and they closed the case just before I turned 18. ... I lived with her for like a year and then now in a boarding house (Robert, post-care, 19).

A small number of young people (n = 5) said they had found, or were going into, stable housing with the support of services.

As far as being able to live on my own, I never had the fear of being on the street. Even balancing with uni and rent, every now and then [my agency] would help me with rent and they would help me. I was in that bubble (Audrey, post-care, 18).

I am going to go to my own unit in two or three weeks. I am feeling really prepared. I am keen to be independent – I prefer to do stuff myself rather than other people doing it for me (Carter, residential care, 16).

Other young people had experienced stable accommodation since turning 18:

I am still living with my foster carer. He's taken me on as a son. He has opened up his house to me. He gave me my keys when I first moved in. It made me feel 'I am secure, I am safe'. It felt like a home point for me (Kevin, foster care, 17).

I am now living on my own in a unit in town. It can get a bit lonely at times, but I have lots of family in town who I visit and spend time with (Bridget, post-care, 19, Aboriginal).

I'm going back to my mum at the end of the year. It took my mum two years to get better ... I have a good support system around me. I have a foster home to go back to if it does not work out. They still have a room for me (Harmony, foster care, 17, Aboriginal).

### The availability of housing for care leavers

There is a mixture of accommodation options available to young people who have left care in Victoria, each with their own eligibility criteria and catchment requirements. Reflecting the diverse needs of care leavers in Victoria, these options have varying degrees of worker and financial support attached to them.

#### Home Stretch

Through the Home Stretch program:

- Young people and their kinship and foster carers have the option of the young person staying on in their placement until they turn 21, supported by an allowance.
- Young people leaving residential care are eligible for an allowance to support housing costs up to 21 years of age.

In addition to an accommodation allowance, the program includes case work support and brokerage provided by a Better Futures worker, to facilitate the young person's access to education, employment and health and wellbeing supports. For young people in a stable kinship or foster placement, the ability to stay on in a stable placement mirrors the experience of other young people who often have the option to remain at home as they transition into adulthood.<sup>245</sup>

There is a significant cohort of young people who experience relative stability, and would benefit from the opportunity to continue in their placement after they turn 18 years of age. Of the young people under 18 covered by our file review (n = 129), 44 per cent had been in their current placement for more than 12 months (n = 57). The department's own data indicates that more than one-third (36 per cent) of the young people in out-of-home care as at 31 December 2019, have only had one placement during their current episode in out-of-home care.<sup>246</sup>

Unique to Victoria's Home Stretch offering is that it is also available to young people transitioning out of care from residential care. However, when consulted by the Commission, departmental staff noted that while the allowance is also helping young people in residential care transition into a stable home, the program is experiencing ongoing difficulties finding appropriate housing stock for eligible young people, including through the private rental market.

In July and August 2020, the Commission consulted with three young people about their experiences of the Home Stretch program. These young people spoke positively about the combination of Home Stretch and Better Futures supports, which reduced the stress of leaving care and helped them to engage in further training and study:

It has been amazing, the income goes to internet and the general basic needs, which I am very grateful for. In terms of education and stuff, I have accessed a bit for myki. I could buy a six-month pass which was really beneficial for me. I travelled everywhere by bus ... to get to work and TAFE ... I can't thank [my Home Stretch agency] enough for all of the help they have given me ... It has been great for my gran. [My Home Stretch agency] has been such blessing. It was a smooth transition for me a bit before I was about to leave care. One of my workers in kinship contacted [my Home Stretch agency] and from then on, I had a Better Futures worker. It was so good. I remember the day they came to my house and were explaining the program. My gran was so happy. She was shocked. She was like wow! Great that there is support like that. If I didn't have my grandma or [my Home Stretch agency] I would have been so, so fearful and scared because it is so much responsibility the feeling of having to grow up so much at that age. It is not a feeling that you necessarily want to have. Families that haven't been through care, they would still have that support but people from broken families, it is so hard because you are basically on your own (Hayley, post-care, 19).

<sup>245</sup> Mendes, Johnson and Moslehuddin 2011b, op. cit., p. 6.

<sup>246</sup> See Chapter 2: Table 5.



This funding and the support that I get from [my Home Stretch provider] supports me, like for example to try and get a job. I was stressed [when I knew I was going to be leaving care] cos I knew I'd have to pay board ... I knew the funding from [my out-of-home care placement provider] was stopping at 18, it made me stressed. So this funding has taken away the stress. I didn't know much about the bills and money but coming to 18 you learnt that. So it doesn't force me to get into work or do that instead of doing extra study. So it's allowed me to take up my place in uni. [My Home Stretch provider] are good. They have this thing that if you don't need them, they'll still be there. But if you need it they will help you. If you have like short-term goals, they will be there helping. Like at the moment I'm getting in touch weekly pretty much, but it really just depends on the person and how they want the support to look, which is the great thing about this. So they kind of help you with how you want to be helped (Cass, post-care, 19).

I didn't know any details until a couple of months before I turned 18 ... I had a good worker who was with me the whole time at [my funded agency] that made a big difference. My foster father was really good – having consistent people around you is really important. Better Futures overall made the transition into adulthood a lot easier, I would have been thrown into the deep end otherwise. I had one worker in first few months but got a new one after that and has been the same since. We are in contact once a week, normally five-minute calls to check up, talk about what I need ... I am working towards getting into uni ... I have had extensive talks about all this with my worker and about what support they could provide. [Home Stretch] has helped out my foster father a lot, takes a lot of weight off (Sam, post-care, 19).

Home Stretch also appears to function as a protection against young people falling into homelessness post-care. In two instances identified by the in-depth file review, a young person was able to secure a private rental using the Home Stretch accommodation allowance after the breakdown of what had previously been a stable placement at the point that they had exited care.

Home Stretch is also a cost-effective means of accommodating care leavers. The price of supporting carers to continue placements after a young person turns 18 is a fraction of the cost of delivering home-based care. In 2017–2018, the average annual cost per child for home-based care was \$48,800<sup>247</sup> while the Home Stretch financial allowance is just \$15,441 (excluding Better Futures brokerage).<sup>248</sup> It is also a fraction of the expense incurred to the health, welfare, justice and housing service systems if care leavers do not have access to stable housing (see Chapter 7).

Despite its promise for a significant number of care leavers, Home Stretch is limited in the numbers of young people it supports each year to a maximum of 50 new participants. However, in April 2020, the Victorian Government announced that the Home Stretch program would be temporarily extended to all young people in care turning 18 before December 2020, as part of its COVID-19 response.<sup>249</sup> This is a welcome boost to the Home Stretch program and demonstrates that Home Stretch can be scaled up quickly, if supported by investment, to benefit all care leavers who need it in Victoria.

<sup>247</sup> Productivity Commission 2018, *Report on Government services 2018*, Canberra, Australia, Table 16A.34.

<sup>248</sup> While there is no firm limit on Flexible Funding brokerage available for each young person, requests of more than \$5,000 need to be considered by a Better Futures Flexible Funding panel: DHHS 2020d, *Homestretch factsheet*, Melbourne.

<sup>249</sup> Victorian Government 2020a, op. cit.

## Leah – a case study of homelessness and Home Stretch allowance as a safety net

At 17 years old, Leah was living with her aunt in a kinship care placement. Her placement was stable, and her aunt was committed to caring for her beyond her 18th birthday. Leah had successfully applied to Home Stretch, giving her aunt an allowance to support Leah continuing to live with her.

Shortly after Leah turned 18, her kinship placement broke down. Leah lived transiently for several months in squat housing and also with her sister, who struggled with substance use issues. When she was 18 years and four months old, the department converted Leah's Home Stretch carers allowance into an independent living allowance. This allowed Leah to transition from homelessness into a private rental shortly afterwards.

### *Supported accommodation and step-down models*

The Commission's file reviews and consultations identified a cohort of young people – with complex and unresolved needs – who require more supported accommodation options as they transition to independence than Home Stretch can offer (these young people's heightened needs and often complex circumstances are outlined in more detail below). As one Child Protection practitioner consulted for the purposes of this inquiry reported, '[o]ur most vulnerable are the most difficult to exit'.

Supported accommodation generally provides stable, semi-independent accommodation with additional support from workers to develop independent living skills. It can provide an important 'step-down' approach between care and independence, particularly for those least equipped to live independently due to care or pre-care experiences, life skills or poor mental health.<sup>250</sup> As detailed later in this chapter, young people in residential care can miss out on the opportunity to learn these important independent living skills due to residential care's unstable everyday living environment.

Child Protection and funded agencies advised the Commission that it is very difficult to find suitable supported or step-down housing options for care leavers, particularly for those:

- experiencing mental health issues, substance use issues or challenging behaviours – they informed us that these young people are often less likely to be willing or able to share housing, further reducing their accommodation options
- who are reluctant to engage with services or with education and employment – as engagement is often part of service eligibility criteria
- transitioning from a high support setting such as residential care to independent living.

The three key step-down and supported accommodation models in Victoria for young people who have left care are the COMPASS program, supported independent living through targeted care packages (TCPs), and the Leaving Care Housing and Support Initiative – these are described in turn below.

### COMPASS

Under the COMPASS pilot program, young people receive subsidised housing (private rentals and purchased properties) and casework support for a two-year period from 18 years in Western Melbourne, Brimbank Melton, North East Melbourne, Greater Bendigo, Hume Moreland area, Central Goldfields and Campaspe.<sup>251</sup> The program became operational in

<sup>250</sup> Hannon C, Wood C and Bazalgette L 2010, op. cit., p. 225.

<sup>251</sup> Delivered by Anglicare and VincentCare, in partnership with DHHS: VincentCare 2020, *COMPASS – Social Impact Bond*, <<http://vincentcare.org.au/our-services/compass-social-impact-bond/>>, viewed 10 June 2020.

2019<sup>252</sup> and uses a step-down model, gradually reducing the level of support provided to young people over the course of their time in the program.

Child Protection and funded agency workers advised the Commission that the program was suitable for young people who have some independent living skills and are willing to share accommodation with others. In the Commission's file review, 12 young people had been referred to COMPASS from a range of different care types. However, not all were likely to be accepted into the program as willingness to engage with a key worker is a criteria for eligibility. A COMPASS service provider advised that although the program is open to young people from all care types, in practice there has been a low uptake from young people in foster and kinship placements who often experience more stability as they leave care.

Leaving care workers advised the Commission that COMPASS and similar smaller programs such as GOALS (delivered by Berry St) provided important housing options for young people leaving care (n = 4) as the provision of intensive case management support<sup>253</sup> combined with access to secure housing, enabled a stable and gradual transition to independence. While this combination of intensive support with provision of stable housing is a proven model for care leavers with complex needs,<sup>254</sup> access to the COMPASS pilot program is very limited; the government must refer a minimum of 202 young people over three years to the program.

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**252** COMPASS 2020, COMPASS, <<http://www.compassleavingcare.org.au/>>, viewed 10 June 2020.

**253** The Intensive Case Management Service is designed to meet the needs of young people who fit the criteria of high-risk youth, that is, young people who are Child Protection clients and have multiple and complex behavioural and emotional difficulties requiring long-term and substantial support: DHHS 2016b, *Intensive case management service*, <<https://www.cpmanual.vic.gov.au/advice-and-protocols/service-descriptions/support-services/intensive-case-management-service>>, viewed 4 August 2020.

**254** Craig C, Halfpenny N and Stockley C 2012, 'Incremental transitions from care: The cluster housing model', *Developing Practice: The Child, Youth and Family Work Journal*, no. 33, pp. 83–91; Meade S and Mendes P 2014, Interim evaluation report for the Berry Street Pilot Program 'Stand By Me', Berry Street, p. 5.

### *Targeted care packages*

Young people who are in residential care or who are at risk of entering residential care are eligible for TCPs, when all attempts to source non-residential care services have been exhausted.<sup>255</sup> TCPs are intended to 'enable the transition of children and young people from residential care to more appropriate care arrangements where their care needs will be better met'.<sup>256</sup>

TCPs sometimes provide financial support to subsidise housing arrangements, often in private rentals or in transitional accommodation as well as direct casework or personal support for young people up until 19 years of age. As at July 2020, more than a quarter of all TCPs functioned as the primary source of support for care leavers with complex needs (aged 18–19) who were no longer subject to statutory orders.<sup>257</sup>

Of the total cases reviewed by the Commission, 14 per cent (n = 23) of young people were receiving a TCP. The Commission's file review identified that the cohort supported by TCPs to transition from care (n = 23) had complex needs:

- Nearly two-thirds (n = 15) had experienced five or more placements during their current episode of care.
- Almost half (48 per cent, n = 11) had a previous experience in secure welfare.
- 39 per cent (n = 9) had an intellectual disability.
- More than one-third (35 per cent, n = 8) were Aboriginal.
- Nearly one-quarter (22 per cent, n = 5) were also clients of Youth Justice.

In the files reviewed by the Commission, TCPs often took a 'step-down' approach to reducing financial and other support over the life of the package. The level of support varied from full-time, live-in staff to a semi-supported model with part-time staffing. The role of TCP workers was often focused on assisting the

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**255** DHHS 2018c, *Targeted care packages guidelines – To provide individualised and flexible supports that better meet the needs of children in out-of-home care* (January 2018), Melbourne.

**256** *Ibid.*

**257** As at July 2020, there were a total of 221 young people on TCPs aged 15 and older. Sixty-eight TCPs were allocated to young people aged 17 years (31 per cent), 53 to young people aged 18 years (24 per cent) and four to young people aged 19 years (2 per cent): email from the department to the Commission dated 14 April 2020.

## Sarah – case study of a young person with complex needs, youth justice system involvement and housing issues

Sarah has been in care for many years and the department eventually placed her in residential care, after she had experienced multiple placement breakdowns. When she was in residential care, she often went missing from her unit and was identified as at significant risk of sexual exploitation. Since her first placement in residential care, Sarah has struggled with escalating substance use and deteriorating mental health.

Prior to entering custody at 17 years of age, Sarah had been living independently through a TCP, but this tenancy ended after she allegedly damaged property and threatened staff. While Sarah was in custody, her care team explored different housing options but found nothing suitable. Her application for Home Stretch was

unsuccessful as she did not have stable housing. She was also ineligible for a specific supported accommodation program, as she was not currently engaged in education or employment. Her time in custody was extended due to her lack of confirmed housing post-release. Two weeks before she turned 18, a transitional housing property became available and she exited custody into this.

Sarah's TCP will cease when she is 18 years and six months old. Her care team are concerned about Sarah's ongoing complex support needs and how these might affect her ability to maintain her transitional housing tenancy. She faces a high risk of becoming homeless.

young person to develop independent living skills (n = 9), promoting pro-social activities and connection to community (n = 10), supporting the young person to access education or training (n = 7), and accessing mental health supports (n = 5).

Child Protection practitioners and funded agency workers described TCPs as a flexible option that allowed for housing and support arrangements to be tailored to a young person's individual circumstances. In one case covered by the file review, the TCP package enabled two siblings to remain together after the eldest had turned 18 and they were assessed as ineligible for other services.

While TCPs are currently employed to provide much needed intensive supports to a cohort of care leavers with complex needs, they are time limited and cannot be extended beyond 19 years of age. Funded agency and Better Futures workers raised concerns that many young people they supported with complex support needs were not ready for independent living when their TCP ended and faced a lack of access to supported accommodation at this time (n = 3). This means that some of the most vulnerable care leavers

have limited suitable housing options after their TCP ends, while those in stable care placements – or who are ready to live independently – may be eligible for support until the age of 21 (if a Home Stretch client).

### *Leaving Care Housing and Support Initiative, Housing Assistance for Young People Leaving Care and leaving care cluster models*

The Leaving Care Housing and Support Initiative provides up to two years' case work support to assist young people transitioning from state care. Young people are supported to obtain and maintain housing, including access to transitional accommodation managed through the Transitional Housing Management (THM) program,<sup>258</sup> and to access services which are critical to maintaining stable accommodation.

<sup>258</sup> As at February 2020, there are 54 dedicated THM properties under the Leaving Care Housing and Support Initiative with a total of 118 bedrooms. The figure of 118 beds presumes a maximum of one person per bedroom. However, in practice, often young people are in fact the sole tenant in a THM, based on their needs.

This initiative is complemented by the leaving care cluster models (up to 12 beds) and the Housing Assistance for Young People Leaving Care initiative. The leaving care cluster model consists of self-contained units with on-site and outreach support for 16 to 18 year olds who require supported accommodation. This program has the capacity for young people to continue in the accommodation as THM tenants after the expiry of their Child Protection order. The Housing Assistance for Young People Leaving Care initiative was implemented in 2017 and is funded for a fixed term in North, South and West Divisions. It includes up to 97 beds through a combination of head leasing and rental packages.<sup>259</sup>

#### *Other mainstream supported accommodation options*

There are also mainstream supported group housing options such as the Youth Foyers, delivered by Melbourne City Mission<sup>260</sup> and the Education First Youth Foyers delivered by Launch Housing and Berry St (eligible to young people who are committed to engaging in education or training).<sup>261</sup> Funded agencies consulted by the Commission advised that although the Youth Foyers offered a successful model of supported accommodation for some care leavers, it was not suitable for those with complex needs or higher risk behaviours as often these young people were more likely to be disengaged from education. Only one of 166 young people whose cases were reviewed by the Commission had been accepted into a Youth Foyer before they left care, indicating that this is not a common housing pathway for care leavers.

<sup>259</sup> Email from the department to the Commission dated 13 March 2020.

<sup>260</sup> Medium-term accommodation (up to three years) for young people aged 16–25 years who are homeless or at risk of homelessness across three locations. Young people receive support from a dedicated case worker and assistance to access education, training and employment: MCM 2020a, *Accommodation*, <<https://www.mcm.org.au/homelessness/accommodation/>>, viewed 10 June 2020.

<sup>261</sup> Three foyers in Victoria each house 40 young people aged 16–24 years for two-year periods who cannot live at home and wish to engage in education and training. Young people live in studio-style accommodation with shared communal areas, and each foyer is supervised by trained staff 24 hours per day: Brotherhood of St Laurence 2020b, *Youth Foyers*, <<https://www.bsl.org.au/services/young-people/youth-foyers/>>, viewed 10 June 2020.

#### *Public housing*

Prior Victorian research has estimated that 39 per cent of care leavers are reliant on long-term public housing support, at a rate of 12.2 times that of an average Victorian.<sup>262</sup> Recent data linkage collated by the department (outlined in detail in Chapter 4) found that nearly one-third (29 per cent) of care leavers who exited between 2006 and 2012 aged 15 to 18 obtained public housing in the three years after leaving care.<sup>263</sup> Young people who had previously been in residential care were more likely to be found in the public housing data than any other care type (31 per cent).<sup>264</sup> There was also a strong relationship found between the number of out-of-home care placements and the likelihood of appearing in this housing data.<sup>265</sup>

While there was evidence in the Commission's file review that a proportion of young people (n = 21) had been referred to public housing, there was little indication that public housing would provide viable post-care accommodation for them. The in-depth file review also identified significant variability in when care leavers were referred to public housing, with some young people placed on the list when they were 16 years and some just before they turned 18 years.

The long waiting times for public housing often make it an unrealistic option for young people exiting care who require this housing response.<sup>266</sup> In one in-depth file review, a young person had been accepted onto the priority public housing list and the Office of Housing advised the wait time for a property was expected to be five to six years. A public housing unit was allocated in only one of the files reviewed in-depth, and that was to a young person leaving care in a regional area. In equivalent jurisdictions such as the United Kingdom and the United States, local authorities have negotiated for care leavers to have guaranteed access to public housing upon leaving care.<sup>267</sup>

<sup>262</sup> Raman, Inder and Forbes 2005, op. cit., p. 21.

<sup>263</sup> DHHS 2018b, op. cit., p. 9.

<sup>264</sup> *Ibid.*, p. 13.

<sup>265</sup> *Ibid.*

<sup>266</sup> Johnson et al. 2010, op. cit., pp. 46–47.

<sup>267</sup> Johnson et al. 2009, op. cit., p. 62.

### *Moving back in with family*

The Commission's file reviews found at least 11 young people (out of 166) were intending to return to their parent or other family member after they left care. Child Protection practitioners and funded agency workers advised the Commission that it is common for care leavers to return to family at some point after they leave care. A 2007 Australian study found that 39 per cent of care leavers had spent some time living with their parent or another family member in the five years after leaving care – most often for brief periods.<sup>268</sup>

Returning to family is not always a safe option for care leavers, due to unresolved risk factors in the home environment such as family violence or substance use. Child Protection practitioners confirmed that where a family placement is unsuitable and is assessed as high-risk to the young person, they will generally not plan for, or support, this as a post-care option. The Commission's file review noted that, while some young people (n = 3) who planned to return home received support to strengthen their family relationships (for example, through offering family therapy) or to develop harm minimisation strategies if they became unsafe, most did not (n = 6).<sup>269</sup>

### **Housing options are not keeping up with demand**

Care leavers face a long-term shortage of suitable housing options, including a lack of affordable housing, social housing and supported accommodation.<sup>270</sup> Almost all Child Protection practitioners and funded agency workers, when consulted, confirmed that lack of housing for care leavers is the key challenge they faced in supporting young people to transition successfully from care. One practitioner advised that, '[t]his is the number one priority, everyone needs a roof over their head and food in their belly. But it's the hardest one'. Another stated that, '[n]o matter who you talk to, in terms of housing availability it's always the same – there just isn't enough'.

When we reviewed a number of young people's cases in-depth, we found a significant number had no safe or sustainable accommodation when they left care.<sup>271</sup> Others only had accommodation confirmed in the weeks before they were due to exit care. Child Protection practitioners and funded agency workers appeared to take a 'scattergun' approach to finding accommodation, often involving a large number of housing referrals, regardless of the individual care leaver's needs, in the lead-up to their exit from care.<sup>272</sup> This approach reflects the lack of suitable housing options available. One Child Protection practitioner described cases in which the young person leaving care, 'ha[d] been looking at homelessness then we find something literally at the last second'. Prior research and the Commission's file reviews confirm that the sometimes frantic search for appropriate housing often becomes the main focus for a care team, meaning other support needs of the young person may not have been considered.<sup>273</sup>

As noted in Chapter 2, in 2019, there were more than 2,500 young people who had left care aged between 16 and 21 years in Victoria eligible for leaving care supports, and this number has been steadily rising each year. In the face of this rising demand in Victoria, there are a little over 300 funded places which become available for these young people each year.<sup>274</sup> The majority of these accommodation options are also not long-term arrangements and are available for no more than a two-year period after a young person leaves care.

<sup>268</sup> Cashmore, Judy and Paxman, 2007, op. cit., p. 26.

<sup>269</sup> In two cases, the department was still considering whether return to family was an appropriate option.

<sup>270</sup> Mendes, Johnson and Moslehuddin 2011b, op. cit., p. 61.

<sup>271</sup> Excluding those who were Home Stretch clients as the program is aimed at young people in stable home-based care placements and those ready for independent living.

<sup>272</sup> As noted in Chapter 5, in some cases late planning was also a contributing factor to the lack of secure housing for care leavers.

<sup>273</sup> Muir and Hand 2018, op. cit., p. 5.

<sup>274</sup> This annual estimate is based on approximately one-third of all allocated beds becoming available each year for young people up to the age of 21 years.

These options are as follows:

Housing option	Annual funded places (approximate)
Transitional Housing Management (THM) beds and case work support through the Leaving Care Housing and Support Initiative	Nomination rights to approximately 39 beds per year or a total of 118 beds <sup>275</sup>
Home Stretch	50 places per year (excluding the temporary boost in supports under the COVID-19 response) or 250 people over five years <sup>276</sup>
COMPASS	67 places per year or a minimum of 202 over three years
TCPs	Approximately 57 young people aged between 18 and 19
Head leasing arrangements <sup>277</sup> and rental packages through the Housing Assistance for Young People Leaving Care programs <sup>278</sup>	Approximately 32 beds per year or a total of 97 beds <sup>279</sup>
<b>Total</b>	<b>324 (approximate)</b>

### The consequences of a lack of housing

Care leavers who cannot secure a post-care housing option must instead turn to the already limited resources of the homelessness sector<sup>280</sup> or the private

rental market, which is generally inaccessible to care leavers without financial support.<sup>281</sup>

Consequently, the critical lack of guaranteed housing options for care leavers in Victoria is driving high levels of housing instability and homelessness among care leavers in Victoria. As outlined in Chapter 4, recent Victorian data linkage found that nearly one-third (32 per cent) of young people who exited care between 2013 and 2015 were recorded as homeless within three years of leaving out-of-home care in Victoria.<sup>282</sup> Alarming, a 2016 study found that almost two-thirds of homeless young people in Australia had spent time in out-of-home care.<sup>283</sup>

Finally, it is worth noting that securing a housing option does not guarantee care leavers' stability. In the in-depth file review, some of the reviewed cases in which the living arrangements were considered stable at the time the department closed its involvement with the young person broke down within the first few months of the young person leaving care – often due to interpersonal conflict. This points to the need for accommodation options that young people can re-engage with in the period after they have left care.

<sup>275</sup> This figure has been calculated based on the department having nomination rights to 118 bedrooms in 54 THM properties under the Leaving Care Housing and Support Initiative (LCHSI) as at 23 June 2020 as advised in an email from the department to the Commission on 9 July 2020.

<sup>276</sup> It was announced on 23 April 2020 that Home Stretch was to be expanded to support all young people currently in care who are due to turn 18 before December 2020, as part of the department's COVID-19 response: Victorian Government 2020a, op. cit.

<sup>277</sup> Head leasing refers to when a government department or organisation leases a property in the private rental market and then sub-lease to an approved social housing tenant.

<sup>278</sup> DHHS 2019f, *Attachment 1: Housing options discussion paper* (unpublished).

<sup>279</sup> This figure has been calculated based on there being 97 head leasing and rental subsidy packages available and roughly one-third of care leavers ageing out at 21 years each year.

<sup>280</sup> For example, there are only 127 refuge beds available at any given time for the nearly 6,000 young people estimated to be homeless in Victoria: MCM 2020b, *What is youth homelessness?*, <<https://www.mcm.org.au/homelessness/frontyard/what-is-youth-homelessness>>, viewed 18 June 2020. One in six clients are turned away from homelessness services each day in Victoria due to a lack of housing and resources: Council to Homeless Persons 2018, *Homelessness in Victoria*, <<https://chp.org.au/wp-content/uploads/2019/01/Homelessness-in-Victoria-Fact-Sheet.pdf>>, viewed 5 July 2020.

<sup>281</sup> Johnson et al. 2010, op. cit., p. 63.

<sup>282</sup> DHHS 2018b, op. cit., p. 1.

<sup>283</sup> Flatau et al. 2015, op. cit., p. 1.

## Finding 8: Critical shortage of post-care accommodation

The Home Stretch program provides vital housing support for young people in a stable placement or with the skills to live independently.

TCPs and programs such as COMPASS are assisting a small number of care leavers to live in a supportive living environment and divert them from homelessness in the immediate future.

However, there is a critical overall lack of suitable housing available to care leavers.<sup>284</sup> This shortfall is likely to continue to grow as the number of care leavers requiring post-care accommodation rises year-on-year. This shortage is driving high levels of homelessness among care leavers in Victoria, especially those with complex support needs.

## Education, training and employment

### High levels of disengagement in education among young people about to leave care

Young people leaving care are far more likely to be disengaged from education than their peers, contributing to their relatively lower educational and employment outcomes.<sup>285</sup>

Many young people in care face considerable personal challenges continuing their education. Almost half of the young people covered by our file review (44 per cent, n = 73 out of 166) were disengaged from education while still in care or at the point they left care at 18. The vast majority of these young people had a history of placement instability, having experienced five or more placements (73 per cent, n = 53) and more than one third (40 per cent, n = 29), were currently placed in residential care or secure welfare.

The in-depth file review identified that of the young people who were not engaged in training or education, nearly all had complex needs and had experienced difficulties with mental health issues or substance use and/or were clients of Youth Justice. As noted in Chapter 5, care leavers who are Aboriginal, have a disability or were clients of Youth Justice face a heightened risk of being disengaged from further education, training or work at the point of leaving care.

The in-depth file review also found a strong association between young people experiencing placement instability and educational disengagement. Of the young people who were disengaged from school and whose Child Protection files were reviewed, nearly all of them had a history of placement instability, with one young person experiencing 21 placements while in care. In some cases, young people were not ready to engage in education or training until they had addressed their other support needs related to housing or mental health. One young person said that she did not wish to undertake any further education until she had a stable home where she wanted to live. In another case, the young person had chosen to cease his studies due to experiencing significant anxiety.

<sup>284</sup> This includes instances where financial support is available to maintain home-based care or commence independent living.

<sup>285</sup> Cashmore J and Paxman M 2007, op. cit., p. 32.



Child Protection practitioners, funded agencies (including ACCOs) and residential care workers consulted by the Commission confirmed that young people on the cusp of leaving care were often not interested in engaging with learning because of other issues occurring in their lives. These issues included unstable living environments (particularly in residential care), relationship conflicts and unaddressed mental health issues that impacted their ability to emotionally self-regulate in the class room. They also reported that multiple placements impacted young people's engagement with school because the frequent moves disrupted their education.<sup>286</sup>

One ACCO advised the Commission that flexible learning options – a common educational option for young people in residential care disengaged from formal education – were often focused on 'pushing kids back into mainstream schools', whereas these young people wanted to do trades but could not achieve the pre-requisite qualifications to go to TAFE through their flexible learning option program.

It is likely that the social and economic impacts of the COVID-19 pandemic will further entrench disadvantage in education and training for young people in care. Schools and out-of-home care providers consulted by the Commission raised concerns about the disruptions to young people's education during the shift to remote learning during the COVID-19 pandemic, particularly as some vulnerable young people struggled with accessing or using online platforms.<sup>287</sup>

### What young people told us about study and work

Some young people had a clear aspiration for future training and employment:

I want to become a diesel mechanic and get my truck licence. I'm going to go to TAFE. I need a pass for the years that I missed (Owen, residential care, 14).

<sup>286</sup> The link between placement instability and poor school engagement has been the subject of considerable research: Johnson et al. 2009, op. cit., p. 26.

<sup>287</sup> The Commission conducted consultations from April to July 2020 with service providers about the experiences of children and young people during COVID-19: CCYP 2020, op. cit.

Flight attendant seems cool cos they seem really happy and they care for people and make sure they're safe (Felicity, foster care, 15).

Maybe like social work, especially cos I can like understand how hard things can be (Noemi, foster care, 17, Aboriginal).

Hairdressing, and then I want to go and do a midwifery course (Erin, residential care, 16).

Yes. I'm going to finish VCAL and be a landscaper, travel a bit. I want to go to London and New York (Harry, residential care, 16).

I want to be a dentist – before that I want to study dental nursing (Vanessa, foster care, 17).

A number of young people, all with experience in residential care, told us they had tried but had been unable to find or hold down a job. They identified barriers to engaging in work such as having a criminal record, drug use and difficulty staying engaged with training.

I can't get a job cos I have a record (Leo, foster care, 16).

The carers applied for Centrelink without telling me. Centrelink connected me to an employment agency. The agency tried to get me into different courses. The agency enrolled me in a 12-month cert 3 course. I almost completed the course twice. The first time, I left the course because I had an argument with the substitute teacher and the second time I left because another student threatened me. After that I enrolled into a bakery course but left this also because the student that threatened me was also enrolled in the same course (Cole, post-care, 21).

### Pathways to further education and training for young people in care and post-care

Specific interventions are required to improve career development and employment outcomes for young people in out-of-home care.<sup>288</sup> High levels of educational disengagement among young people in care, highlighted by our file review, point to the need for an out-of-home care system which does more to help young people in care remain engaged or re-engage with education. This issue will be the subject of a future inquiry by the Commission.

In the majority of cases considered by the Commission's file review (n = 129), it was not evident that there were supports in place to help young people to remain engaged or re-engage in further education, training or employment after they left care.

Prior to November 2019, care leavers at greatest risk of ongoing disengagement from education and employment were often supported by the Springboard program. Springboard provided intensive one-to-one assistance to young people aged 16–21 in residential care or who had recently left residential care, who were disengaged from education, training or employment.<sup>289</sup> A 2015 evaluation of Springboard found that it effectively met the needs of care leavers with complex needs and filled a pre-existing gap in service provision for this cohort.<sup>290</sup> During the 2018–2019 financial year, Springboard supported 280 young people, 90 per cent of whom were placed in residential care. Of the young people who had educational supports in place (n = 37), the Commission's file review found that around half received support from Springboard to engage in further education and training (n = 17).

Now that Springboard has been subsumed into the Better Futures program, Better Futures is now the key support to help young people re-engage with further education, training or employment.

Child Protection practitioners, funded agencies and Better Futures providers consulted by the Commission noted that since the Springboard program ceased in 2019 with the roll out of Better Futures, there may now be a 'service gap' for young people who require intensive support to engage with education, training or employment before or after they leave care. Although Better Futures provides direct support to high-needs young people before they leave care in some circumstances, Child Protection practitioners and funded agency and Better Futures workers advised that many young people in care who need intensive education or employment support are not receiving it. While it may be too early in the implementation of Better Futures to conclude there is a gap in service provision, this issue should be further explored in the ongoing longitudinal evaluation of the program occurring between 2019 and 2023.<sup>291</sup> Concerns about the current resourcing of Better Futures are discussed in greater detail later in this chapter.

Funded agencies consulted by the Commission also reported a lack of supported education pathways for young people once they turned 18 such as pre-TAFE courses, to assist those who had been disengaged from schooling for extended periods of time. However, the Certificate 1 in Developing Independence for young people in out-of-home care represents one such pathway. Developing Independence is currently co-delivered by five TAFEs and four community service organisations. Its curriculum features supported planning to help young people think about their educational or work aspirations and the pathway to achieve them.<sup>292</sup>

**288** Tilbury C, Creed P, Buys N and Crawford M 2011, 'The school to work transition for young people in state care: Perspectives from young people, carers and professionals', *Child & Family Social Work*, vol. 16, no. 3, p. 345.

**289** DHHS 2019e, *Springboard (leaving care) 31421*, Melbourne.

**290** Baldry E, Trofimovs J, Brown J, Brackertz N and Fotheringham M 2015, *Springboard evaluation report*, p. 31.

**291** DHHS 2019c, *Draft evaluation plan for Better Futures and Homestretch*, Melbourne.

**292** Brotherhood of St Laurence and Hanover Welfare Services 2014, 'Certificate I in Developing Independence: Learning Plan', p. 2.

Funded agency and Better Futures workers consulted by the Commission praised Developing Independence, noting it provided an important opportunity for care leavers to prepare for further education. As at July 2020, there were approximately 10 students engaged in undertaking the certificate who were in, or had recently left, out-of-home care.<sup>293</sup> This is a fraction of the total number of young people who leave residential care every year in Victoria.<sup>294</sup>

Across Australia, it is estimated that only about 1 per cent of young people who have left care go to university during their lifetimes.<sup>295</sup> In the Commission's file review, the number of young people considering higher education was extremely low (n = 3 out of 166). The Raising Expectations program, a partnership between the Centre for Excellence in Child and Family Welfare, Federation University of Australia, La Trobe University and Swinburne University of Technology, supports young people in care and care leavers to access vocational and higher education.<sup>296</sup> The program advised the Commission that it had achieved promising results over the last four years, with around 360 care leavers actively enrolled in tertiary studies or vocational training at the three universities in 2020, from an initial 43 care leavers enrolled in 2016 at Federation and La Trobe universities only. These initiatives are much needed given the serious under-representation of care leavers at university. Since July 2019, the Victorian Department of Education and Training, the program's funding partner, has committed to a multi-year investment to December 2022. This followed initial funding and support from the Sidney Myer Fund.

<sup>293</sup> Email from the department to the Commission dated 9 July 2020.

<sup>294</sup> In 2019, 176 young people aged between 16 and 18 left residential care: Appendix A: Table 25.

<sup>295</sup> Harvey A, Campbell P, Andrewartha L, Wilson J and Goodwin-Burns P 2017, 'Recruiting and supporting care leavers in Australian higher education', Centre for Higher Education Equity and Diversity Research, La Trobe University, p. 12.

<sup>296</sup> CWCFW 2020, *Raising Expectations – getting more care leavers to TAFE and uni*, <<https://www.cfecfw.asn.au/raisingexpectations/>>, viewed 10 June 2020.

## Finding 9: Disengagement from further education and training

The Commission's file review found almost half (44 per cent) of care leavers are disengaged from education before they leave care or at the point they leave care at 18 years. The vast majority of these young people had a history of placement instability, having experienced five or more placements (73 per cent).

Most young people in care do not receive adequate support to continue or re-engage with education prior to or after leaving care.

While it is too early to tell, stakeholders suggest current investment in Better Futures means that the available service offering may not be sufficient to provide the intensive supports required to overcome some care leavers' complex barriers to re-engagement with education, training or employment.

## Independent living skills

All young people require support to develop skills to live independently such as cooking, housekeeping, managing money, catching public transport and making their own appointments. Independent living skills are key to young people's successful transition from care to independence and underpin the success of other interventions such as stable accommodation.<sup>297</sup>

Departmental guidance recognises the out-of-home care system's responsibility to help young people develop these skills. The program requirements for residential care and home-based care state that carers and funded agency workers and residential

<sup>297</sup> Mendes, Johnson and Moslehuddin 2011a, p. 89, pp. 61–70.

carers must work with young people in care to develop independent living skills that are appropriate to their circumstances, age and development.<sup>298</sup>

When consulted by the Commission, Child Protection and funded agency workers acknowledged that developing young people's independent living skills was an area that required increased focus and was often not done well. They repeatedly raised concerns that young people – particularly those transitioning from residential care – were transitioning to independence without these fundamental skills.

Young people who leave care have the worst knowledge of anyone. They often don't know how to shop. It's not just access to specialist services, being able to shop or go to the doctor or those basic things – young people leaving care need to start from scratch (funded agency worker).

[If] you look what would happen in a normal household around skill development, that doesn't happen when the kids are in care. It is left to this leaving care program (funded agency worker).

Workers also advised the Commission that a lack of independent living skills was also the primary factor in shared living arrangements often breaking down after a young person has left care. The breakdown of young people's accommodation arrangements often then led to them becoming homeless.

### What young people told us about independent living skills

In our conversations with young people, some (n = 8) spoke about the support they received from their carers or residential care workers to develop independent living skills:

My current carer is encouraging me to live independently as much as I can which I am happy with because I am learning more. I have the opportunity to take risks – like sometimes buying my own stuff, travelling around by myself (Vanessa, foster care, 17).

We have a menu in the office. Staff are cooking meat and veg, lasagne, salads. They teach us how to cook if we want also (Seth, residential care, 16).

Other young people (n = 5) said they left care with little preparation for independent living:

I got fined for not knowing how to do your taxes. I tried to explain that I had come out of care but it was not good enough. I had no idea there was local voting. I rely on other people. I remember avoiding the doctors because I didn't know there was bulk billing. I used to drive to [one suburb] from [another] to see a doctor who had seen me before. When I left care they made the dentist appointment, after that I had no idea (Audrey, post-care, 18).

I need life skills. That's what resi should do for you. I am going to move to lead tenant housing soon and I hope I learn some more skills there. There is a kitchen at my resi but the staff don't help us learn to cook or anything. When I leave care I won't know what the fuck to do. I have never been taught (Ellie, residential care, 16).

I don't think they have helped me to become independent. Here they sometimes do my washing for me. How is that teaching me independence? They should just tell me to do it, clean my room. It went from me being the adult [at home] to me being the child [in resi]. Now that I can be more immature, I have to start being an adult again (Logan, residential care, 15).

<sup>298</sup> DHHS 2016c, p. 25.; DHHS 2014, op. cit., p. 15; DHHS 2017b, p. 25.

### **Carer support to develop independent living skills in care**

As noted above, departmental guidance anticipates that young people in care will receive support from their carers to develop critical independent living skills. However, from the file reviews conducted by this inquiry, it was difficult to determine the current level of support young people received to develop their independent living skills in placement, in part due to the lack of routine assessment and tracking of these supports on file.

While the Commission's file review noted multiple plans to develop such skills, it uncovered limited evidence of residential care unit workers (n = 9) or carers (n = 9) working with a young person to develop independent living skills in areas such as housekeeping (including cooking, washing clothes, cleaning), budgeting and managing finances or driving skills. One Child Protection practitioner informed the Commission, '[i]n the case plan we might put a line in there about the caregiver helping developing skills but we won't dig deep and assess how that's going'.

When consulted by the Commission, Child Protection and funded agency workers raised concerns about the level of support young people receive in kinship care to develop these skills. One funded agency stated that while it was expected that foster and kinship carers would develop a young person's independent living skills, there was rarely any in-depth discussion with them about what this involved by 'stepping it out' and assessing the quality of this support. Kinship carers may be less likely to receive support from a case manager to help assess or develop a young person's independent living skills as young people in these placements are more likely to be case managed by Child Protection, less likely to have regular contact with their worker (than those who are contract case managed) and more likely not to have an allocated case manager.<sup>299</sup>

Some residential care workers described to the Commission the work they were doing with young people to help them learn how to cook, budget or shop for their own clothes. However, residential care workers, funded agencies and Child Protection workers often described the crisis-prone residential

care environment – which is often unsafe, with poor placement mix and unstable staffing<sup>300</sup> – as ill-suited to young people learning independent living skills. The inquiry heard that workers commonly did tasks for young people that they could do for themselves to avoid conflict. However, some advised that young people in residential care who transition to lead tenant or independent living supported by TCPs are better placed to learn independent living skills in these more 'settled' living arrangements.

### **Worker support to develop independent living skills in care and post-care**

The Commission's file review noted that some young people received support from their contracted case managers (n = 12), or Better Futures workers (n = 8) to develop their independent living skills. According to the experiences of service providers, Better Futures workers were often unable to undertake this kind of one-on-one work with young people – even after they had left care – due to their caseloads. However, the in-depth file review found some young care leavers on 'active' or 'limited' support from Better Futures (and benefiting from regular face-to-face contact) typically received this type of skill development after they had left care.

### **Service supports to develop independent living skills in care or post-care**

With enough support from their care team, most young people in a stable home-based placement should be able to learn key independent living skills from their carers. However, as noted above, there is a significant cohort of young people – mostly with an experience of residential care – who miss out on developing these skills while in care. This group requires additional support to learn the skills they missed out on learning in care, either through a specific independent living skills program or through post-care supported accommodation.

Dedicated support to assist young people to develop independent living skills in care or post-care (outside of supported accommodation through TCPs, lead tenant or programs such as COMPASS) is limited in both geographic availability and the numbers of young

<sup>299</sup> CCYP 2019c, op. cit., pp. 28–31.

<sup>300</sup> *ibid*, pp. 33–34.

people they are funded to support. Current programs that offer such supports include:

- the Certificate 1 in Developing Independence<sup>301</sup>
- programs such as Planning to Succeed<sup>302</sup> and Healing Matters<sup>303</sup> delivered by specific agencies in certain areas.

The file reviews conducted for this inquiry confirmed the lack of dedicated service supports for young people in care and post-care. In a number of cases reviewed in-depth by the Commission, across placement types, it was unclear what independent living skills supports had been put in place for young people post-care or if areas identified for further development (such as budgeting and cooking skills) had been addressed before they left care. The broader file review of all 166 files found only a very small number of young people (n = 3) – all in residential care – were undertaking a specific independent living skills program or course such as the Certificate 1 in Developing Independence.

When consulted by the Commission, funded agency and Child Protection practitioners also noted a lack of tailored programs dedicated to developing independent living skills in care or post-care. The extent of this support is clearly inadequate given the significant numbers of young people leaving residential care each year (in 2019 alone, there were 176 young people who exited care from residential care).<sup>304</sup>

<sup>301</sup> This course supports young people to develop independent living skills as they transition to independence and is co-delivered by TAFE and community service agencies: Brotherhood of St Laurence and Hanover Welfare Services 2014, op. cit. The stage 2 evaluation of Developing Independence found that while there were still opportunities for further improvements to the program, there was evidence that it did effectively expand young people's capabilities and engage them in planning for their futures: Myconos M 2014, *Developing Independence: Evaluating an educational initiative for young people facing homelessness*, p. 20.

<sup>302</sup> Quantum 2020, *Better Futures: Transitioning from care*, <<https://quantum.org.au/programs/sed-ut-perspiciatis-unde-omnis-iste-natus-error-sit-voluptatem-accusantium-3/>>, viewed 10 June 2020.

<sup>303</sup> Healing Matters supports young people living in out-of-home care to make positive choices and behaviour in relation to their health and wellbeing: Healing Matters 2020, *Healing matters*, <<https://www.mcm.org.au/homelessness/accommodation>>, viewed 10 June 2020.

<sup>304</sup> Appendix A: Table 25.

## Finding 10: Lack of opportunity to develop independent living skills

Many young people who leave care, especially from residential care, have not had the opportunity to develop critical living skills because:

- There is a lack of assessment of, and planning about, developing these skills for young people still in care.
- The residential care environment, in most cases, is unsuited to young people learning independent living skills.
- There is a lack of tailored supports to assist young people to develop independent living skills both during and post-care.

## Mental health, trauma and substance use support

### Incidence of mental ill-health, trauma and alcohol and drug use among care leavers

The Commission's file review revealed a high incidence of mental ill-health, trauma and drug use among young people on the verge of leaving care. In more than one-third of the 166 cases reviewed through the leaving care file review, mental health concerns and/or trauma and complex behaviours (including a high incidence of self-harm and attempted suicide) were evident among the young people (n = 64). This mirrors recent research that shows young people in care are disproportionately at risk of poor mental health, intentional self-harm or suicidal behaviour.<sup>305</sup> The drivers of the higher rates of poor mental health experienced by young people in out-of-home care are complex and often associated with insecure attachments and the profound and

<sup>305</sup> DHHS 2015, *Trauma and mental health: 10-year mental health plan technical paper*, Melbourne, Victoria.

cumulative effects of childhood abuse and neglect.<sup>306</sup>

One quarter (n = 41) of young people covered by the file review were also reported to be regularly using alcohol or other drugs, which is also consistent with Australian and international research, which has repeatedly found higher rates of substance use among care leavers and young people in care.<sup>307</sup>

### Care leavers' engagement with mental health, trauma and drug and alcohol supports

As noted in Chapter 4, mental ill-health and trauma are a common and concerning feature in the lives of care leavers<sup>308</sup> and are associated with increased contact with the justice system.<sup>309</sup>

The engagement of young people who are about to leave care with mental health, trauma and drug and alcohol supports is not commensurate with the high levels of need among this cohort. The Commission's file review found that:

- Only one-third of young people with poor mental health were receiving supports for this (n = 21).
- In more than a third of cases in which young people had substance abuse issues (n = 15 out of 41), there was no indication of any attempts to link the young person with drug and alcohol support services.

- In many cases, a young person's unwillingness to engage with supports was recorded as a key barrier to the young person receiving them (n = 16 out of 41).<sup>310</sup>

The in-depth case reviews also identified that significant and unaddressed mental health and substance abuse issues among young people about to leave care or post-care often negatively affected many facets of their lives. In many cases, ongoing mental health or drug use issues acted as a barrier to the young person maintaining stable housing or education and employment, and sometimes rendered them ineligible for particular services and programs. These unaddressed concerns also appeared to lead them into contact with the criminal justice system.

### Help to re-engage with mental health supports

As noted above, there is a significant cohort of young people who leave care with unmet trauma, mental health and/or substance use issues who will need assistance to re-engage with supports when they are ready to do so. The interim report of the *Royal Commission into Victoria's Mental Health System* observed that the mental health service system is highly complex and fragmented and people with mental health issues, particularly those facing additional disadvantage, encountered great difficulties accessing the help they needed.<sup>311</sup>

After a young person leaves care, Better Futures workers are, in many cases, the sole worker in their lives and therefore have a critical role to play in helping care leavers navigate the mental health system. The Commission found limited evidence in our file reviews (n = 2) of Better Futures providing support to young people to re-engage with mental health services after they left care. Such support is essential given the current state of the mental health system in Victoria, which the *Royal Commission into Victoria's Mental Health System* found in its interim report to have 'failed to aid those who are most in need of high-quality treatment, care and support'.<sup>312</sup>

**306** Australian Government 2011, *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care* and Royal Australian and New Zealand College of Psychiatrists 2015, *The mental health care needs of children in out-of-home care: Position statement 59*, <<https://www.ranzcp.org/news-policy/policy-submissions-reports/document-library/the-mental-health-care-needs-of-children-in-out-of>>.

**307** Dworsky A, Napolitano L and Courtney M 2013, 'Homelessness during the transition from foster care to adulthood', *American Journal of Public Health*, vol. 103, no. 2, pp. 318–23; Rahamim A and Mendes P 2016, 'Mental health supports and young people transitioning from out-of-home care in Victoria', *Children Australia*, vol. 41, no. 1, p.59; and Mendes, Johnson and Moslehuddin 2011b, op. cit.

**308** DHHS 2018b, op. cit., p. 3.

**309** NSW Office of Social Impact investment 2018, *Analysis of future service usage for Out of Home Care leavers*, p. 28.

**310** These trends related to mental health and drug and alcohol supports were also reflected in the Commission's in-depth file reviews.

**311** Victorian Government 2020b, op. cit., p. 147.

**312** Ibid., p. 1.

## Marie – case study of young person’s experience of mental health issues, uncertain housing and educational disengagement

Marie is a young person who recently left care when she turned 18. She was previously in a residential care placement and moved to a transitional housing property with TCP support when she was about to turn 18.

Marie has a history of significant anxiety and smoked marijuana to help her sleep at night. She was previously engaging with a psychologist regularly. When she left care, her care team did not have a plan in place to support her to re-engage with mental health services again when she was ready.

Marie often feels isolated in her transitional housing property. Before Marie left care, she expressed her wish to re-establish contact

with her father once she turned 18 but there is no plan in place for how she will be supported to do this.

Marie’s struggles with her mental health have affected her ability to participate in education. Currently, she is participating in some limited online schooling but would like to complete her VCE and attend university in the future. Marie’s case manager had discussions with her before she left care about engaging in further education, but Marie did not wish to make plans until she had more secure housing. Marie hopes to obtain a private rental or public housing in a different area after she leaves her transitional housing accommodation, but she has not found anything yet.

### Addressing the drivers of poor mental health in care

The Commission is deeply concerned that the often poor and unaddressed mental health of care leavers is, at least in part, attributable to the out-of-home care and mental health systems’ joint failure to help these particularly disadvantaged young people while still in care. In its 2019 inquiry, *Lost, but not forgotten*,<sup>313</sup> the Commission found that there was an absence of effective early mental health intervention for vulnerable children and young people. The inquiry found a range of systemic barriers to the provision of early mental health intervention, including:

- an absence of specialised mental health services for children diagnosed with mental illness or other mental health presentations by the age of seven years
- a lack of targeted support to help children recover from childhood abuse and trauma

- an inadequate focus on delivering integrated family-based interventions to support the recovery of children experiencing mental illness.

In its 2019 submission to the *Royal Commission into Victoria’s Mental Health System*, the Commission observed that young people in care often do not receive the mental health care they need, have difficulties accessing mental health services and that mental health services are often not responsive to their needs.<sup>314</sup> The interim report of the Royal Commission noted that children and young people in care and care leavers are a highly disadvantaged group and due to their common experiences of childhood trauma are particularly vulnerable to poor mental health.<sup>315</sup>

<sup>313</sup> CCYP 2019a, *Lost, not forgotten: Inquiry into children who died by suicide and were known to Child Protection*, Melbourne, Victoria, p. 21.

<sup>314</sup> CCYP 2019b, *Submission to the Royal Commission into Victoria’s Mental Health System*, Melbourne, Victoria, pp. 20–21.

<sup>315</sup> Victorian Government 2020b, op. cit., pp. 46 and 48.



## Finding 11: Lack of access to and engagement with mental health and substance use support

Our file review found more than two-thirds of young people with mental health issues (67 per cent) and more than one-third of young people with substance use issues (37 per cent) did not receive the help they need to address these issues before they left care.

### Supports to build community and family connection

#### The importance of family and community connection

As noted in Chapter 2, family and community connection are fundamental to young people making a successful transition from care. While many children and young people experience fractured relationships with siblings and parents while in care, connections with family members post-care are often very important to care leavers even if they do not want to live with them.<sup>316</sup> Positive relationships with others also greatly benefit the mental health of care leavers.<sup>317</sup>

Many young people in care and post-care also lack meaningful connections with the wider community. The Commission's inquiry *In our own words* noted that while many children and young people in stable home-based placements are able to build community connections through participating in sport or other community-based activities, those who endure placement instability or are placed in residential care are often very disengaged from the society around them.<sup>318</sup> The inquiry made several recommendations focused on improving and stabilising the care experience for young people.<sup>319</sup>

<sup>316</sup> Wade J 2008, 'The ties that bind: Support from birth families and substitute families for young people leaving care', *British Journal of Social Work*, vol. 38, no. 1, p. 50.

<sup>317</sup> Campo and Commerford 2016, op. cit., p. 14.

<sup>318</sup> CCYP 2019c, op. cit., pp. 214–215.

<sup>319</sup> Ibid.

#### What young people told us about connection to family and community

In our consultations, young people who felt they had made a smoother transition from care often noted the strength and critical importance of social supports around them (n = 5). These supports were often provided by carers who were still in their lives, extended family and mentoring and advocacy organisations. Young people often stressed the importance of people in their lives who cared for them and who were not paid to be there.

My aunty has helped me and has been my mentor. She has advocated for me. My aunty and I sat down and talked about what I wanted to do in the future. I said I wanted to have a place to live in town. So we set about working out what I needed to do and learn to get there. All my aunties got together and helped me with my interview skills like talking up, asking questions. I didn't really have any suitable clothes for an interview and one aunty arranged some clothes. I got the internship and had feedback that I did well in the interview. I really love working [there] (Bridget, post-care, 19).

A mentor from Whitelion really made a difference. He did not take any money to do it. He could have got reimbursed but he would always just reach into his own pocket. He really helped me out and was always introducing me to new food and new experiences (Emerson, post-care, 24).

One young person observed that part of a successful transition from care necessarily meant a transition from service supports to more of a reliance on community connectedness:

You need to build a network around young people. We still need the care sector and organisations doing great work but we also need to help people prepare for the next chapter of their life. It is not a normal life to rely on the service system forever. You will end up with no community, no job, no life. No one tried to help me venture outside of the service system. It was always call a worker not a friend. You get in the habit of calling up and asking for a worker. I was still doing that at 21 (Emerson, post-care, 24).

In the Beyond 18 study, young people also emphasised the value of relationships in their lives and described their positive impact on their wellbeing and ability to obtain housing and to find work. Young people reported that meaningful relationships with family, friends and carers were essential to their transition from care.<sup>320</sup>

### Supports to reconnect with family

The inquiry's file reviews found limited evidence of supports for young people in care to repair ruptured relationships with parents or siblings (outside of court-ordered contact) even where the young person intended to return to their family after they left care (n = 11). However, in one of the cases reviewed in-depth, the young person received significant support to re-establish contact with her family gradually and this lessened her anxiety about re-connecting with them. When consulted by the Commission, Child Protection and funded agency workers highlighted the need for more work to be done to help young people to safely manage these relationships and nurture the connections that are important to them before and after they leave care. Young people also advised the Commission that they would like more advice from their workers while in care about how best to re-establish relationships with family and support to do so safely as well as a plan for how to continue this after they leave care.

<sup>320</sup> Muir, Purtell and Hand 2019, op. cit., pp. 30–34.

Support to reconnect with family is also a critical issue for Aboriginal care leavers. In 2020, Monash University completed a national scoping study of Aboriginal care leavers (the Monash scoping study). This study noted 'Indigenous care leavers are usually left to their own devices in terms of navigating relationships and reunification with family'.<sup>321</sup> ACCO participants in the study 'felt that the natural consequence of a lack of support to reunify with family, was that Indigenous youth in care were self-placing with family, sometimes at quite a young age'.<sup>322</sup>

Funded agency workers and Child Protection practitioners also advised that there was a gap in support for developing young people's social connections (n = 5). Sometimes this was due to a lack of available services such as mentoring, particularly for young people over 18, or to limited worker capacity.

### Availability of mentoring

A relationship with a mentor can have a positive impact on those at risk of poor life outcomes, such as care leavers, through building a positive connection to the community through a caring individual.<sup>323</sup> Additionally, approaches, such as 'natural' mentoring, whereby a young person chooses a supportive adult they already know, have been found to have positive wellbeing outcomes for young people in and transitioning from care.<sup>324</sup> For young people who have had a history of disrupted attachments, abuse and placement instability, it may be very difficult to develop a trusting relationship with a mentor.<sup>325</sup>

<sup>321</sup> Mendes, Standfield, Saunders, McCurdy, Walsh, Turnbull and Armstrong E 2020, *Indigenous Care Leavers in Australia: A National Scoping Study*, Melbourne, Victoria, p. 150.

<sup>322</sup> *Ibid.*, p. 153.

<sup>323</sup> Mendes, Johnson and Moselehuiddin 2011b, op. cit.

<sup>324</sup> Thompson AE, Greeson JK and Brunsink AM 2016, 'Natural mentoring among older youth in and aging out of foster care: A systematic review', *Children and Youth Services Review*, vol. 61, pp. 40–50, p. 40.

<sup>325</sup> Gaskell C 2010, "'If the social worker had called at least it would show they cared": young care leavers' perspectives on the importance of care', *Children & Society*, vol. 24, no. 2, p. 138; Thompson, Greeson and Brunsink 2016, op. cit., p. 42.

When consulted by the Commission, funded agency workers and Child Protection practitioners highlighted the importance of care leavers having people in their lives that care about them who are not part of the service system. However, it appears most young people in care do not benefit from formal mentoring relationships. The Commission found that fewer than one in five young people covered by the file review (n = 30) had been linked with a mentor.

Prior to the rollout of Better Futures, mentoring services for young people in care were often fragmented across the state and limited in the services they could offer. For example, Whitelion delivers the RAMP mentoring program to young people in care in Eastern Metropolitan Melbourne (with a target of 30 young people) and a mentoring program for care leavers in partnership with Berry Street in Gippsland (with a target of 10). Berry Street also runs a mentoring program for young people in Hume.

As part of the implementation of the Better Futures program, the Community Connections service will be available to young people in care and post-care. Its focus is on helping young people to build support networks outside of the service system by brokering access to opportunities and resources in the community.<sup>326</sup> Although the Community Connections service was in the early stages of implementation at the time of this review, Better Futures providers spoke positively of the Community Connector role and its potential to help connect young people to their community – a focus that had often been overlooked previously. However, in discussions with the department, the Commission was advised that funding for Community Connections is currently unavailable to ACCOs delivering Better Futures.

<sup>326</sup> Email from the department to the Commission dated 13 March 2020.

## Finding 12: Lack of social supports for young people leaving care

Many young people leave care with a lack of positive social networks around them to support them as they make their way through life. Very few have the benefit of a mentor to help link them to their local community in and post-care.

Many young people also lack support to repair connections with their family members prior to and after leaving care.

## Case management and case work supports

To leave care successfully, many young people need a key worker – during and post-care – to help them navigate the service system to get the support and services they need. As noted throughout this report, sometimes care leavers need extra help to find somewhere stable to live, engage or re-engage with further education or training, reconnect with family or culture or learn essential independent living skills.

Care leavers also need a stable worker. Research suggests that worker stability has a significant impact on how well young people transition from care,<sup>327</sup> and that building a trusting relationship between workers and children and young people is one of the best predictors of positive wellbeing outcomes.<sup>328</sup> Developing a therapeutic and trusting relationship with workers is also necessary to reduce potential re-traumatisation and is aligned with the principles of

<sup>327</sup> Muir et al. 2019, op. cit., p. 38.

<sup>328</sup> FACSIA 2018, *Pathways of care longitudinal study: Literature review – factors influencing the outcomes of children and young people in out-of-home care*, Sydney, NSW, p. 63; Kopta et al. 1999, 'Individual psychotherapy outcome and process research: Challenges leading to greater turmoil or a positive transition?', *Annual review of psychology*, vol. 50, no. 1, p. 69.

trauma-informed care,<sup>329</sup> as recovery from trauma must take place in the context of healing relationships.<sup>330</sup>

### What young people told us about their leaving care workers

Some young people interviewed by the Commission (n = 8) noted that instability, limited availability or poor rapport with their out-of-home care or leaving care workers were barriers to their successful transition from care:

With me, with my first leaving care worker, we had options for things to do currently, and then things have changed coz I got a new worker and now she's going, it's gonna change again. The new leaving care worker will have to do the same thing all over again so I'm not sure if we can think about far in the future if they keep changing (Kayla, post-care, 18).

I am turning 18 years [soon]. I am being supported by a leaving care worker. I haven't met her yet (Stacey, residential care, 17).

I've got a leaving care worker but he's hopeless. I haven't spoken with him at all. He comes and picks me up from school and brings me home. We don't really talk (Brooke, residential care, 16).

Finally got my birth certificate which means I can get Centrelink and stuff like that. I want to move out soon. I waited one and a half years to get my birth certificate. Don't know why – I think one worker takes it on and then leaves and another [ACCO] worker does it and it goes to CP (Ellie, residential care, 16, Aboriginal).

<sup>329</sup> Mendes, Baidawi and Snow 2014, op. cit., pp. 41–42.

<sup>330</sup> Bath H 2008, 'Residential care in Australia, Part II: A review of recent literature and emerging themes to inform service development', *Children Australia*, vol. 33, no. 2, p. 21; Anglin JP 2014, *Pain, normality, and the struggle for congruence: Reinterpreting residential care for children and youth*, Routledge, p. 6.

Care leavers themselves have also described consistent relationships with workers as crucial to helping them to build trusting relationships and gain access to support services. Young people in the Beyond 18 study identified the importance of key support workers in their transition from care, who were able to provide direct practical support and consistency in their lives.<sup>331</sup>

### Supports to help young people in care and post-care to navigate the system and get the support they need

#### *Child Protection and contracted case management*

For young people still in care, Child Protection and contracted case managers from funded agencies play a critical role in planning for leaving care supports (see Chapter 5) and connecting young people to these supports. The in-depth file reviews revealed a high degree of variability in the level of support that case managers provided to young people and the extent to which they performed a leaving care service navigator role for them. For example, some case managers assisted care leavers with tasks such as sourcing post-care housing, re-connecting with family, accessing mental health services and the development of independent living skills. For others, there was little evidence of leaving care tasks being progressed in the lead-up to Child Protection closing its involvement.

Worker instability also prevents young people in care receiving the support they need to leave care successfully. The Commission's *In our own words* inquiry found that young people often experienced a number of different workers and they reported that this impeded their ability to engage with them. The Commission found that children and young people case managed by Child Protection experienced a significant number of changes in their allocated Child Protection workers. For example, the average number of workers for children who had been in care less than 12 months was 7.9. The inquiry also identified one child who had been allocated 44 different workers over the course of one year.<sup>332</sup> The inquiry

<sup>331</sup> Muir et al. 2019, op. cit., p. 38.

<sup>332</sup> CCYP 2019c, op. cit., p. 113.

recommended that all young people in care be provided a single point of contact/key worker to avoid the negative impacts of worker instability.<sup>333</sup> A key worker model would also likely enable a smoother transition to independence as young people could gradually move from working with their key worker to a Better Futures worker. The Commission's proposal for a reformed model of care, where young people in care are supported by a key worker to plan and prepare for their life after care, is outlined in Chapter 7 of this report.

### ***Better Futures***

Better Futures workers have a critical role to play as a bridge between the care and post-care system as young people transition to independence. However, the inquiry's file reviews and consultations with leaving care providers often raised concerns about the effectiveness of the supports provided by Better Futures workers, namely that:

- Young people may not be receiving support according to their level of need.
- Workers often have limited opportunity to build relationships with a young person while they are still in care.
- Better Futures support provided to care teams is limited.

#### *Young people may not be receiving support according to their level of need*

Better Futures providers are required to provide a service to all young people referred to them in their catchment area. However, the Better Futures model allows for agencies to determine the tier of support provided to the young person based on either the needs of the young person or the capacity of the agency.<sup>334</sup>

Further, significant numbers of young people are placed on 'active hold' (the lowest tier of support involving quarterly contact with the young person by phone or in person) by Better Futures providers. As at July 2020, two in five young people (40 per cent, n = 500 of 1,250) receiving Better Futures support

were estimated to be on active hold.<sup>335</sup> More than half the young people on active hold (59 per cent, n = 297 of 500) were aged 17 and a half years or older, and therefore Better Futures was no longer acting in their secondary consultant role but were in the direct support phase.

When consulted by the Commission, funded agencies, Child Protection practitioners and Better Futures providers reported concerns that some young people with high support needs are placed on active hold or limited support because the demand for the service is too high in their regions. One Better Futures worker informed the Commission: 'We have to keep accepting referrals ... so we have kids who are turning 17 in a month's time and they have sort of been left in the lurch'.

Some Better Futures providers and funded agency workers also described situations in which young people with heightened needs are prioritised for active support, but young people with low support needs remain on active hold despite being close to leaving care. These providers also reported that direct engagement could sometimes begin as late as 17 and nine months. Others expressed concerns that if Better Futures was not better resourced, caseloads would continue to rise to the point that more and more young people would not receive the support they needed.

From the Commission's file review, it was also evident that in many cases, young people are placed on active hold due to limited capacity rather than need. In one case reviewed in-depth, the young person met with their Better Futures worker for the first time only one month before they turned 18. In another case, the young person had no recorded contact with their Better Futures worker prior to leaving care.

As noted in Chapter 2, in 2019 there were 736 young people in care, and an additional 2,597 young people aged between 16 and 21 who had left care, who were eligible for Better Futures. Increasing numbers year-on-year of care leavers eligible for Better Futures can only serve to put further pressure on this model unless it is resourced sufficiently to meet the often complex and varied support needs of care leavers.

<sup>333</sup> Ibid.

<sup>334</sup> Brotherhood of St Laurence 2020a, op. cit., p. 39.

<sup>335</sup> Information provided by the department via email to the Commission on 9 July 2020.

## Anna – a case study of positive Better Futures support

Anna lived with her grandmother in a kinship care placement that her case manager considered stable. Although Anna hoped to eventually move into independent living at a later stage, she was happy to remain with her grandmother after she left care.

Anna and her grandmother were successful in obtaining Home Stretch before Anna turned 18, and this financial allowance supported the placement to continue after she turned 18. Funding was also secured to install a Kids Under Cover unit for Anna on her grandmother's property.

A year before Anna left care, Better Futures engaged with her and had regular contact through face-to-face meetings and phone calls. Anna was keen to develop her

independent living skills, and Better Futures supported her to manage her own appointments and money. She was also referred to a living skills program.

Anna had ongoing issues with her mental health but was managing these through engagement with counselling services. Better Futures helped her to access funding to cover the costs of this and also helped cover the cost of her education fees.

After Anna moved into the unit, Better Futures placed Anna on 'active hold', which involved contact on a quarterly basis. Anna was well engaged with the Better Futures worker and was confident she could request support when she needed it.

*Workers often have limited opportunity to build relationships with a young person while they are in care*

As noted previously, the Better Futures model of more intensive engagement with care leavers generally begins at 17 and a half years (although, as noted above, our file reviews and conversations with Better Futures providers suggest active engagement can start much closer to 18).<sup>336</sup> Child Protection practitioners and funded agency workers stated that 17 and a half years of age was often 'too late' to start building a relationship with a young person to facilitate leaving care supports before they left care. Better Futures providers, funded agency workers and Child Protection practitioners also noted that this limited opportunity for Better Futures workers to establish relationships with young people prior to their exit from care also impeded their ability to provide quality advice as secondary consultants in the pre-leaving care phase, or effective support to the young person in the post-care phase.

*Better Futures support provided to care teams is limited*

Child Protection practitioners, funded agency and Better Futures workers also advised the Commission that the secondary consult role performed by Better Futures workers (while the young person is still in care), coupled with high workloads of case managers, result in care teams not delivering effective leaving care preparation for young people.

Some Better Futures workers and funded agency staff reported that care team members found it frustrating that Better Futures workers did not have the time to support young people with high support needs or did not have the relationship with young people to complete necessary documents such as the Leaving Care Readiness Tool. This frustration may in part be due to the rolling of Springboard – which typically worked with young people in residential care – into Better Futures. On the other hand, if Better Futures were more actively engaged in the care team, there is a risk its role would become redirected towards implementing the immediate case management tasks determined by the care team, rather than those focused on leaving care.

<sup>336</sup> Brotherhood of St Laurence 2020a, op. cit., p. 39.

### **Finding 13: A relationship with a key worker is crucial to young people successfully transitioning from care**

Young people leaving care often need and benefit from a key worker to help them navigate the service system before and after their transition from care.

Better Futures has the potential to ensure that care leavers get the support they need to transition from care.

While early in its establishment, the Commission has the following concerns about the capacity of the Better Futures model to support care leavers given:

- The program has uncapped numbers and limited resources allocated to care leavers in the context of growing demand for the program.
- Better Futures in general only begins to actively engage with young people close to their 18th birthday, which may limit its ability to forge a positive working relationship with young people prior to their transition from care.
- Due to current unmet demand, Better Futures does not appear to be fulfilling its secondary consultation role in the care team prior to the young person exiting care.

### **Leaving care supports for vulnerable and disadvantaged groups**

Some groups of care leavers are more likely to experience disadvantage and are at greater risk of poor life outcomes after they leave care, including Aboriginal young people, young people with a disability and young people with complex needs.

We found that many vulnerable and disadvantaged young people are not receiving the supports they need upon leaving care. One quarter of Aboriginal young people leaving care lack the opportunity to receive culturally safe leaving care support and rising demand for ACCO-run Better Futures is impeding the capacity of these services to support Aboriginal young people leaving care.

We also found that there is an urgent need for appropriate housing and supports to navigate the service system for young people with disability. Young people with complex needs also need improved access to supported accommodation and other therapeutic supports in their transition to independence.

### **Aboriginal young people**

Aboriginal young people face significant disadvantages as they transition from out-of-home care to independence. Prior research suggests that Aboriginal care leavers are 'more likely to report poorer educational experiences than non-Aboriginal people in care',<sup>337</sup> are less likely to have finished school or go on to further education and training<sup>338</sup> and are more likely to transition from care to become a client of Youth Justice.<sup>339</sup> As noted in Chapter 5, our file review found that almost half of Aboriginal care leavers (39 per cent) were disengaged from education and a similar proportion were clients of Youth Justice.

<sup>337</sup> Baidawi, Mendes and Saunders 2012, op. cit., p. 24.

<sup>338</sup> Mendes, Saunders and Baidawi 2016a, op. cit., p. 13.

<sup>339</sup> Baidawi, Mendes and Saunders 2012, op. cit., p. 24.

### Leaving care supports through case management

For Aboriginal young people in care, their Child Protection case manager or contracted case manager (provided by a CSO or ACCO) holds lead responsibility for coordinating day-to-day leaving care planning and supports. Prior research in Victoria has raised concerns about the cultural competency of non-Aboriginal CSOs to perform this role for Aboriginal young people.<sup>340</sup> A study conducted by Monash University concluded that while ACCO workers tended to see cultural connectedness as a ‘primary and fundamental’ need of Aboriginal care leavers through which other needs may be fulfilled, non-Aboriginal CSOs tended to view connection to culture as one among many needs of Aboriginal care leavers.<sup>341</sup>

Additionally, where a child or young person’s case is managed by an ACCO, they are more likely to have contact with Aboriginal extended family members, be provided with opportunities to participate in cultural activities and be engaged socially with an Aboriginal person.<sup>342</sup> The Commission’s file review found that Aboriginal young people in care were more likely to be receiving multiple cultural supports when case managed by an ACCO (65 per cent, n = 13) and least likely when Child Protection case managed (37 per cent, n = 7).

Child Protection practitioners, ACCOs, funded agency and Better Futures workers consulted for the purposes of this inquiry spoke to the Commission of the importance of culture as a ‘protective factor’ in many Aboriginal young people’s lives. Despite the clear benefits of case management by ACCOs, as at 31 December 2019, only a small proportion of Aboriginal young people aged 17 and a half years or older (32 per cent)<sup>343</sup> are case managed by these

services as they prepare for leaving care.<sup>344</sup> When provided with an opportunity to respond to any adverse comment contained in this report, the department noted that as at October 2020, about half of Aboriginal young people in care aged 17 and a half or over are now case managed by an ACCO.

The Commission’s file review found that the vast majority (n = 27) of Aboriginal young people who were leaving care in the next six months were connected to culture in some way. This often occurred through links to: Aboriginal mentors, cultural camps, activities or sporting programs, Aboriginal carers, family finding or Aboriginal services and case management. Through the in-depth file reviews, it was evident that there was significant variability in the level of such supports provided to Aboriginal young people by their case managers irrespective of whether they were from Child Protection, a CSO or an ACCO. However, the file review found that for those young people who were case managed by Child Protection (n = 19), cultural supports – such as help to find out more about Aboriginal culture or return to country planning – were least likely to occur at all.

The Commission’s file review also found that of the Aboriginal young people reviewed who were not connected to culture prior to leaving care, most had indicated they were not interested (n = 5). This underlines the importance of offering Aboriginal young people the option of connecting to culture at different points in their lives. ACCO participants in the Monash scoping study noted that: ‘Knowing how to navigate one’s Aboriginality while disconnected from Indigenous family and community was... highly problematic requiring specialist culturally informed support’.<sup>345</sup> Aboriginal young people who are linked into culturally specific services are necessarily more readily able to take advantage of these opportunities when ready.

<sup>340</sup> Mendes, Saunders and Baidawi 2016a, op. cit., p. 34.

<sup>341</sup> Ibid., p. 8.

<sup>342</sup> CCYP 2016, *Always was, always will be Koori children: Systemic inquiry into services provided to Aboriginal children and young people in out-of-home care in Victoria*, Melbourne, Victoria, p. 55.

<sup>343</sup> See: Table 3, Chapter 2.

<sup>344</sup> In its previous inquiry, *In our own words*, the Commission also found that while there has been significant effort, investment and improvement by the Victorian Government towards the goal of all Aboriginal children and young people in care being case managed by an ACCO, there were still relatively low numbers of eligible Aboriginal children and young people in care who benefit from contracted case management by an ACCO.

<sup>345</sup> Mendes, Standfield, Saunders, McCurdy, Walsh, Turnbull and Armstrong 2020, op. cit., p. 146.



## Jay – case study of an Aboriginal young person

Jay is an Aboriginal young person. He has been in care off and on since he was young and has changed placements more than 15 times. He is currently living in a foster care placement with a non-Aboriginal carer, after his kinship care placement with his grandfather broke down. Jay did not get any help to try and repair his relationship with his grandfather.

Even though Jay has been in care for a long time, he has never had a cultural support plan. When he was younger, he used to go to cultural camps, but since he stopped living with his grandfather, he has not participated in any cultural activities. His most recent case plan included a goal to support him to build relationships with Aboriginal kin (including through a return to country trip), but this was never followed up.

Jay is case managed by a non-Aboriginal CSO who referred him to an ACCO-run Better Futures program shortly before he turned 18. Jay's contact with the service was sporadic at first – partly because his worker kept changing, but also because Jay was often missing from placement and was hard to track down. Over time, the ACCO-run Better Futures became more responsive to Jay's needs. After some difficulties getting funding, the ACCO-run Better Futures linked Jay to a cultural mentor three months before he turned 18 and is now helping him find work with an Aboriginal organisation. The ACCO-run Better Futures has also helped him connect to an Aboriginal health service.

### Better Futures delivered by ACCOs

In November 2019, the Aboriginal Leaving Care Support Service was consolidated under the Better Futures program and ACCOs were funded \$1.163 million per annum (effective January 2020) to deliver Better Futures leaving care support to Aboriginal young people.<sup>346</sup>

The Commission's file review identified 12 young people who were supported by an ACCO-run Better Futures. This file review found that ACCO-run Better Futures workers assisted young people in a variety of ways before they left care. This included support with: sourcing long-term housing options, enrolling in traineeships, referrals to mental health services, accessing driving lessons and tutoring. Some of the Better Futures files that the Commission reviewed in-depth included cases where the young person was receiving this program from an ACCO. These young people received a range of supports just prior to

leaving care and post-care including support to: re-engage with education, navigate the NDIS, source identity documents, access driving lessons, develop budgeting skills and maintain contact with family. As observed in the non-ACCO Better Futures files, in some cases the worker maintained regular contact with the young person, while in other cases contact was sporadic and it was unclear what leaving care supports, such as drug and alcohol rehabilitation services, had been confirmed for the young person after they turned 18.

As outlined in Chapter 5, the in-depth file review also identified that it was often unclear if and how cultural supports would continue for Aboriginal young people after they left care. For example, one Aboriginal young person, supported by an ACCO-run Better Futures program, expressed a wish to establish contact with her father once she turned 18, but there was no record of any plans to assist her with fulfilling this wish and it was not evident this was facilitated on her behalf.

<sup>346</sup> Email from the department to the Commission dated 13 March 2020.

### Access to Better Futures

Not all Aboriginal young people currently have access to an ACCO-run Better Futures. One-quarter of Aboriginal young people supported by Better Futures receive services from a mainstream organisation.<sup>347</sup> When consulted by the Commission, some Child Protection practitioners and funded agencies stated that in some parts of Victoria there are no ACCOs funded to provide Better Futures, or they are restricted in what they can provide due to limited resources.

ACCOs are already struggling to keep up with the demand. One ACCO consulted by the Commission is funded for approximately 8.4 full-time equivalent staff across Victoria and services approximately 174 clients. Workers have caseloads of about 19.5 (as at February 2020). This ACCO advised the Commission that many of the Aboriginal young people they assist have complex needs and require active support but this is not always possible, given capacity constraints.

In the face of these constraints, demand for ACCO-run Better Futures is high and growing. In 2019 alone, there were 179 Aboriginal young people in care eligible for Better Futures<sup>348</sup> and an additional 410 Aboriginal young people aged between 16 and 21 years who had left care and were eligible for the service<sup>349</sup> – this latter number has increased by 61 per cent since 2014.

One ACCO delivering Better Futures in a regional location advised the Commission that it only has one worker dedicated to supporting Aboriginal young people to leave care. Its workers advised the Commission that its work with Aboriginal young care leavers was compromised by:

- late referrals from Child Protection (the service often receives referrals to support young people shortly before the young person turns 18), which prevented the services from connecting Aboriginal young people to service supports or further education and training opportunities in a timely way

- the requirement to apply for leaving care funds through another CSO which created delays in putting in place supports for Aboriginal care leavers
- the lack of cultural supports (including mentoring programs) to help Aboriginal young people – particularly those who are placed with non-Aboriginal families – to connect with Aboriginal community before they age out of care
- the shortage of housing for Aboriginal young people which often results in Aboriginal care leavers having no option but to return home, even when inappropriate<sup>350</sup>
- the lack of intensive and culturally safe services to help Aboriginal young people learn essential independent living skills prior to leaving care and make a successful and supported transition to independent living, especially for Aboriginal young people who exit care from custody.

With regards to the last point, one worker from this ACCO commented:

**[Child Protection] remove them for a reason. What they provide should be better than the nuclear family ... They are in care all their life and expect them to leave care with no independent skills and no identity at all and no wonder they go back into the system ... A lot of kids say to me they are better off going back inside cos they get a feed and get a bed and that, and that's just no good.**

<sup>347</sup> DHHS 2020a, op. cit.

<sup>348</sup> See: Figure 3, Chapter 2.

<sup>349</sup> See: Figure 4.

<sup>350</sup> Aboriginal care leavers are noted as a particularly at risk group in: *Aboriginal Housing Victoria 2020, Mana-na woorn-tyeen maar-takoort: The Victorian Aboriginal Housing and Homelessness Framework*, p. 18.

While it is noted that at present Victoria is only one of three states in Australia to provide discrete funding to Aboriginal care leavers,<sup>351</sup> at present, the funding Victorian ACCOs receive to deliver Better Futures is not proportionate to the numbers of Aboriginal young people eligible for this service. In 2019–2020, ACCOs received 12 per cent of Better Futures’ annual funding,<sup>352</sup> whereas in 2019 Aboriginal young people made up 21.4 per cent of young people in and post-care eligible for this service.<sup>353</sup>

The Monash scoping study noted that ‘The chronic underfunding [of leaving care services nationally], which extended to ACCOs, contributes to Indigenous care leavers having less access to culturally responsive supports during transition planning’.<sup>354</sup>

### **Finding 14: Culturally safe supports for Aboriginal young people leaving care**

One quarter of Aboriginal young people lack the opportunity to receive culturally safe leaving care support from an ACCO in the years prior to or following their exit from care.

Rising demand for ACCO-run Better Futures is putting pressure on these services’ ability to support Aboriginal young people to transition from care in a culturally safe way.

### **Young people with a disability**

As noted in Chapter 2, young people with a disability face additional challenges leaving care and often need additional supports to make that transition, including having a say in their post-care arrangements and securing work or further education or training after school.<sup>355</sup> Despite sometimes experiencing greater challenges developing their independent living skills than other young people in care, many young people with a disability can also be reluctant to engage with disability support services due to concerns about stigma.<sup>356</sup>

### **Supports for young people in care to navigate the disability service system**

Young people with a disability in care are often simultaneously involved in both the child protection and disability systems. Our file reviews of these young people revealed they often relied heavily upon their care team and case management to secure accommodation, education, employment, community access and independent living supports critical to their quality of life post-care. Funded agencies, Better Futures workers and Child Protection practitioners advised the Commission that they experienced significant challenges navigating the disability service system including NDIS and guardianship matters. They informed us that many workers are not very familiar with the disability service system, as they do not regularly have clients with disabilities in their case load and found the NDIS to be constantly changing and complex. Some Child Protection practitioners reported having received specialised training but still found that this had not assisted them in better understanding or working with the NDIA.

<sup>351</sup> Mendes, Standfield, Saunders, McCurdy, Walsh, Turnbull, and Armstrong 2020, op. cit., p. 15.

<sup>352</sup> Email from the department to the Commission dated 1 October 2020.

<sup>353</sup> In 2019, there were 179 Aboriginal and 557 non-Aboriginal young people in care eligible for this service (See: Figure 3, Chapter 2) and 410 Aboriginal and 2187 non-Aboriginal young people who had exited care who were eligible (Figure 4, Chapter 2).

<sup>354</sup> Mendes, Standfield, Saunders, McCurdy, Walsh, Turnbull and Armstrong 2020, op. cit., p. 109.

<sup>355</sup> Snow, Mendes and O’Donohue 2014, op. cit., p. 41.

<sup>356</sup> Mendes, Snow and Baidawi 2014, op. cit., p. 248.

## Sam – case study of a young person with a disability

Sam was living in foster care before he turned 18. He has a profound intellectual disability and is a participant of the NDIS. The Child Protection case plan goal for Sam was to transition him into specialist disability accommodation (SDA), when he turned 18. However, on his 18th birthday, he still did not have confirmed accommodation. So instead, his care team planned for him to remain with his carer post-18, until he was ready to transition into the SDA.

However, financial issues made it difficult for the carer to keep Sam in her home. The carer's education allowance ceased when Sam turned 18, although he was still attending school. The department eventually agreed to grant an extension of this payment for the remainder of that year if Child Protection was unable to find suitable accommodation for Sam.

Before Sam turned 18, he was selected as the preferred applicant for an SDA option. However, his application could not progress

until his eligibility was confirmed by the NDIA. This was a lengthy process and required an occupational therapist (OT) first to assess Sam's capacity to perform everyday activities. While the OT assessment was completed prior to Sam turning 18, staffing shortages at the NDIA resulted in delays reviewing the plan and processing his SDA application.

Four months after Sam turned 18, he was still waiting to secure post-care housing. His case manager described him as 'essentially homeless', as his carer was experiencing other family issues and planned to relinquish care as she was struggling to care for him. His case manager requested an urgent review of the NDIS plan, which was due to expire imminently, and approval of the SDA funding application.

Five months after Sam left care, the SDA was eventually approved and he moved into stable accommodation.

The department's Principal Disability Practice Advisers (PDPAs) play an important role in building the capacity of and assisting Child Protection practitioners to navigate the disability service system and NDIS by providing secondary consultations. PDPAs told the Commission that they sometimes liaise with the NDIA directly or attend NDIS planning meetings to assist Child Protection practitioners to advocate for NDIS plans that meet the needs of young people about to transition from care. This also provides an important learning opportunity for Child Protection practitioners.

While the number of PDPAs across the state has increased, they informed the Commission that:

- At present they are sometimes unable to meet the high number of secondary consultation requests they receive from Child Protection.<sup>357</sup>
- Secondary consultation processes occur on an ad hoc basis (including for young people on the verge of leaving care) rather than in a timely or coordinated way.
- It may be beneficial to imbed disability and NDIS 'subject matter expertise' within Child Protection offices at an area level in order to continue to build Child Protection's capacity to advocate effectively for young people in care eligible for or in the NDIS.

<sup>357</sup> The PDPAs have an additional and significant function, supporting families with children with a disability to minimise the likelihood of those children being accommodated outside the family home and are therefore not solely focused on their role of providing advice and guidance to practitioners.

## Jake – case study of a young person with disability on active hold with Better Futures

Jake was living in foster care before he turned 18. He has an intellectual disability, is registered with NDIS and requires additional supports to live independently.

Better Futures engaged with Jake when he was 16 and initially focused on assessing his independent living skills. He was placed on 'active hold' when he was 17 years and two months. This involved quarterly to biannual check-ins with Jake and occasional attendance at his care team meetings. Around this time, Child Protection advised Better Futures that he could not continue to live with his current carers post-care, and that Jake would need supported accommodation and assistance to develop his living skills. In response, Better Futures advised that this would be difficult due to the Better Futures program specialising in leaving care, rather than disability, and that another program might better suit Jake's needs. Noting these

reservations, the care team agreed, however, that Better Futures would remain involved and support Jake's transition from care.

At the time Jake left care to move into disability accommodation, he was still on 'active hold' with Better Futures and the support that they might provide to him in the future remained unclear. The NDIS Support Coordinator asked for clarification about the nature of Better Futures support for Jake and Better Futures advised that its supports are tailored and due to Jake's capacity to engage, the program would work with his care team to support his transition from care and would place him on active hold, as living skills could be done with house workers and support hours in his NDIS package.

Ultimately, the independent living skills support that Jake required was delivered through the NDIS, rather than Better Futures.

Child Protection practitioners and funded agency workers advised the Commission that sometimes a lack of clarity about the roles and responsibilities of the young person's care team and NDIS support coordination act as a barrier to the young person getting the right supports in place for when they leave care, such as post-care accommodation. The Commission's file reviews identified three cases where there was confusion about whose responsibility it was between the care team and NDIS to progress leaving care actions or to fund certain items, services or assessments. In the case of one young person, the care team noted that it was encountering difficulties exploring post-care accommodation options when it was unknown what would be available through the NDIS; yet the NDIS plan later stated that the care team could assist in finding supported accommodation.

One Child Protection practitioner consulted for this inquiry said:

... it's vague as to what [accommodation] options are available through NDIS, so you're working with a young person who is turning 17, but the NDIS package will say, 'Hold off, let's wait until we review' and that won't be until they are close to 18, and then it's too late.

Funded agencies also told the Commission that they were confused about Better Futures' role when a young person is not expected to be able to live independently in the future. The file notes in several files reviewed in-depth by the Commission indicated that the Better Futures workers did not feel they were adequately equipped to work with a young person on their independent living skills without any specialist disability training and stated that NDIS workers were better placed to do this effectively.

### Securing stable accommodation

Young people with disability can find it even more difficult to transition from care due to a lack of housing appropriate to their needs.<sup>358</sup> Funded agency and Child Protection practitioners described the lack of suitable supported post-care accommodation for care leavers with a disability as a ‘disaster’ which often leaves very vulnerable young people in precarious situations. The shortage of appropriate housing means that many young people with a disability do not have stable housing confirmed as they exit the out-of-home care system. Of the young people covered by the in-depth file review who did not have stable housing at the time they left care, nearly all had a suspected or diagnosed intellectual disability.

The process of securing appropriate accommodation can be lengthy and involved. Child Protection practitioners and funded agency staff advised us that when a young person was successful in securing disability-specific accommodation, it was often confirmed by the service only in the last weeks of a young person’s time in care. In the case of SDAs, a funded assessment is required by the NDIA to determine their eligibility.<sup>359</sup> Child Protection practitioners advised that SDA places will only be offered once a young person has turned 18. If the young person is assessed as ineligible, additional supports must be sought through the next NDIS package to assist with supported living arrangements in private rental or community housing. The in-depth file reviews also illustrated the shortage of disability-specific accommodation options available (combined with the lengthy processes to assess a young person’s eligibility), meant that many young people were facing homelessness as they exited care. As noted in Chapter 5, these challenges are compounded by planning for disability accommodation which typically starts too late.

Continuing in a stable foster or kinship placement beyond 18 can provide a smoother transition to independence for young people with a disability. A significant number of care leavers with a disability are in stable kinship or foster placements (the

Commission’s file review found that more than half of young people with a disability (n = 16 out of 29) in these care types had experienced four or fewer placements).

However, young people with a disability do not always receive the support they need to continue in their placement after they turn 18. In several cases identified by the in-depth file review, carers were happy for the young person to continue in the placement after they turned 18 but did not feel that they had been provided with appropriate supports for this to occur. In some cases, the sustainability of the placement was undermined by the lack of financial and respite support for the carers after the young person turned 18.

In one case, in which a foster carer wished to continue the placement after the young person turned 18, the carer was struggling financially to do so due to the reduced rate of carer allowance payable via Home Stretch when compared to what was available when the young person was completing their senior secondary education beyond their 18th birthday.<sup>360</sup> The carer felt that the rate of the Home Stretch allowance would not allow them to continue to provide care for the young person who had significant needs. The Home Stretch allowance was a marked reduction in financial support to what the carer had previously received under the Carers Education Allowance at the higher rate. While the placement had been sustainable with extra financial support while the young person was in care, Home Stretch did not offer a sustainable housing option for this young person with significant needs and their carer.

In another case involving a young person with a significant disability, there were no adult respite support options available to the carer in their local area, and as a result, the stability of the young person’s post-care accommodation was put at risk.

<sup>358</sup> Snow, Mendes and O’Donohue 2014, op. cit., p.41.

<sup>359</sup> National Disability Insurance Scheme (Specialist Disability Accommodation) Rules 2020, sections 11 to 13.

<sup>360</sup> For carers who are receiving above ‘Level 1’ (this applies where the young person is assessed as having higher needs such as disability), transitioning to Home Stretch is a significant reduction in financial support once the young person finishes school. DHHS, Care allowance information for carers: DHHS 2017a.

## Finding 15: Systems navigation and appropriate housing for care leavers with a disability

Many young people with a disability leave care without stable accommodation due to a shortage of supported accommodation options, late planning, delayed NDIS processes and a lack of adequate financial support for carers.

The transition of many young people with a disability from care is undermined by:

- poor interagency collaboration between Child Protection and NDIS
- out-of-home care case managers' lack of knowledge and training to navigate the NDIS effectively
- late identification and assessment of disability
- a lack of clarity about the role of Better Futures in relation to them.

### Young people with complex needs including those involved in the youth justice system

As noted in Chapter 2, young people who have complex needs (including support needs relating to high-risk behaviours, engagement with the Youth Justice system, and mental health and substance use issues) are more likely to have unmet needs when they leave care and generally experience poorer wellbeing outcomes.<sup>361</sup>

### Post-care accommodation for young people with complex needs

Young people with complex needs are most likely to struggle to secure stable accommodation post-care. Of the young people reviewed in-depth by the Commission who did not have stable housing when they left care or whose housing arrangements broke down soon after they left care,<sup>362</sup> a significant number were also clients of Youth Justice, or had left care with unaddressed mental health or substance use issues.

In some cases identified by the in-depth file review, young people's involvement with Youth Justice compounded their challenges in receiving appropriate supports. For example, in one instance, an independent living skills program closed its involvement with a young person due to her being in custody. In another, a young person's court date had been delayed and his custody prolonged due to his lack of confirmed housing post-release. The Sentencing Advisory Council has also recently confirmed concerns that children may be remanded unnecessarily because of a 'lack of appropriate accommodation outside the juvenile justice system'.<sup>363</sup>

The overall lack of accommodation for care leavers is compounded by the unresolved challenges these young people face. The Commission's file review identified an instance where a young person's independent living arrangements with a TCP had broken down due to agency concerns about the young person's aggressive behaviours and their suitability for the program. In another case, referrals to post-care housing had been delayed due to the care team's immediate focus on the young person's declining mental health and subsequent admissions to hospital.

Given these challenges, young people with complex needs and challenging behaviours require additional supports to maintain accommodation post-care as they transition to independence.

<sup>361</sup> Malvaso and Delfabbro 2016, op. cit., p. 77.

<sup>362</sup> This number included two Home Stretch clients.

<sup>363</sup> Sentencing Advisory Council 2019, op. cit., p. 22.

However, as outlined earlier in this chapter, this cohort often transition out of care onto TCPs and/or into lead tenant programs. Once young people's involvement in these programs ceases at 19 years, they often face considerable difficulties accessing supported accommodation and are at heightened risk of homelessness as a consequence. In our consultations with Child Protection practitioners, funded agency and Better Futures service providers, several spoke about the challenges they faced in finding supported accommodation including mental health residential options for young people with complex needs.

### A focus on responding to crises, particularly where young people were involved in high-risk behaviours

The sometimes complex or high-risk behaviours of some young people on the verge of leaving care also appear to serve as a distraction to services putting in place robust leaving care supports. In the in-depth file reviews, Child Protection or contracted case managers often did not prioritise leaving care tasks in cases where the young person was involved in high-risk behaviours, including being absent from placement, criminal offending and substance use. Workers in these situations often focused on responding to a series of crises rather than identifying and confirming services for a young person's transition from care. For example, when a young person could not be located or when they did not wish to engage or were in custody, this caused delays in their care team or case manager progressing referrals to appropriate services. Additionally, young people in crisis often did not wish to engage with workers or to discuss their plans for the future.<sup>364</sup>

### Residential care is a barrier to a supported transition from care

Evidence suggests that successful leaving care preparation must occur not only early in a care leaver's journey but in the context of a stable placement. However, numerous Victorian-based inquiries have identified issues with the safety, stability and provision of a home-like environment for young people in residential care which can exacerbate trauma already experienced. Serious issues of sexual abuse, physical abuse, understaffing and underqualified staff in residential care units have been highlighted by a number of inquiries conducted by the Commission and other statutory bodies.

Child Protection staff and funded agency workers, when consulted by the Commission for the purposes of this inquiry, advised that they often observe young people new to residential care, adopting its culture of substance use, criminal offending, going missing from placement and other high-risk behaviours. Residential care settings were described by Better Futures providers as places of crisis in which young people are often focused on survival. Workers advised that engaging young people in conversations about leaving care while they are in this environment is often impossible.

The Commission's 2019 inquiry *In our own words* found that the residential care environment is not therapeutic and does not meet the needs of young people with significant trauma and associated complex behaviours. Young people consulted for the purposes of this inquiry commonly reported that placement with other traumatised young people, often with significant behavioural issues, did not provide a stable and safe experience. The Commission recommended that a suite of therapeutic options be funded to support children and young people with complex trauma and challenging behaviours to transition over time to more family-like care settings.

<sup>364</sup> In the Commission's consultation with the Multiple and complex needs initiative (MACNI) program on 14 July 2020, as part of its *Inquiry concerning young people who are absent or missing from residential care*, it was advised that generally young people with complex needs do not wish to engage with wrap-around supports after they leave care.



## **Finding 16: Young people with complex needs**

Many young people with complex needs leave care with unmet support needs including relating to stable accommodation, substance use and mental health.

This cohort of care leavers has often experienced unsafe and unstable care experiences, through residential care or placement instability.

Residential care, in its current form, is generally not an appropriate placement for young people with experiences of trauma and undermines effective leaving care preparation including young people's opportunity to learn critical independent living skills.

Young people with complex needs require additional supports including access to supported accommodation to transition to independence.

# Chapter 7

## The case for reform

### Chapter at a glance

Victoria's out-of-home care system is not doing enough to help young people plan and prepare for their future after care.

When young people leave care, they are faced with a widening gap between the availability of and demand for largely discretionary post-care supports, particularly accommodation. This situation is contributing to their poor life outcomes and to Aboriginal young people leaving care disconnected from culture and community.

The Commission's *In our own words* inquiry recommended that the out-of-home care system be resourced and redesigned to create safe, stable and caring environments in which children and young people can reach their full potential. This chapter advocates building on these recommendations to ensure every care leaver experiences a supported and empowering transition to adult life.

To achieve this outcome, we propose a new model of care which embeds a young person's life aspirations, talents and goals into everyday case management, planning and their day-to-day care.

We also recommend a significant increase in the availability of post-care supports for young people who have left care to address the unacceptable rates of entrenched homelessness, unemployment and poor mental health that care leavers face.

This chapter also identifies the emerging rights-based, social and economic rationale for:

- an enforceable right for young people to experience a gradual and supported transition from care based on individual need rather than age
- guaranteed services and supports care leavers need to transition from care successfully until at least the age of 21.

Improving pathways to independence for vulnerable young people leaving care in Victoria can help redress their relative disadvantage and has important long-term social and economic benefits.

## Introduction

To have the best possible chance at a good life, young people in care often need extra help to discover their aspirations, hone their talents and plan for their future, with the support of their carers and community. When young people eventually leave care, they need somewhere stable to live, a means of supporting themselves through work, study or training and access to the services they may need to address trauma or poor mental health. Aboriginal care leavers also need extra support to build or maintain an enduring connection to culture and culturally safe services.

This inquiry found that the out-of-home care system is not doing enough to help young people to plan and prepare for their transition to independence. Unlike the overwhelming majority of their peers, young people leaving care face a significant withdrawal of support, leaving many homeless, unemployed and disengaged from learning, mental health supports and culture.

Improving the life outcomes of young people leaving care is at the core of this inquiry. The recommendations we make in this chapter aim to achieve this through system reform while enhancing the capacity of components of the system that are working well. They call on the Victorian Government to take action through investment in the service system, policy and practice improvements and better monitoring and reporting on outcomes for care leavers. They build on the Commission's *In our own words* inquiry and have been developed based on best available evidence and in consultation with young people, service providers and the department.

This first set of recommendations aim to ensure the out-of-home care system is equipped to help young people reach their full potential, while supporting them to chart their own pathway to adulthood (recommendations 1 to 6).

The state-wide rollout of Better Futures is a welcome step towards universal supports for young people transitioning from care to independence. However, this inquiry calls for it to be resourced so it can achieve its aim to be an effective bridge between care and adult life, particularly for Aboriginal care leavers (recommendations 7 to 10).

Noting that the current state of the service system achieves poor life outcomes for many care leavers, this chapter recommends a significant increase in post-care supports and programs. This would ensure that every young person leaves care with somewhere to live, independent living skills, the opportunity to continue or re-engage with learning or training and the ability to connect with supports to address mental ill health and trauma (recommendations 11 to 14).

Finally, this chapter makes the case for legislative change so all care leavers have the enforceable right to post-care supports (recommendation 15).

## Redesign Victoria's model of care for young people transitioning from care

All young people in care deserve the independent living skills and the social, cultural and service supports necessary to make the best possible transition into adult life.

Victoria's out-of-home care system, in its present form, does not provide a solid foundation on which young people can build a life. This lack of a solid foundation contributes to poor outcomes for young people who have been in care.

The findings of this inquiry highlight that the child protection and care systems do not do enough to help young people in care discover their aspirations, or support them to plan and prepare for their future. Too many young people leave care completely disengaged from education or a vocational pathway. This is especially the case for Aboriginal young people, young people with a disability and young people with complex needs.

It is hard to think about the future when the present is in upheaval. The Commission's *In our own words* inquiry shone a light on the difficult care experience many children and young people endure. This experience is often one of constant movement between placements, fractured relationships with carers and workers, dislocation from family, community and culture – and, for some, a lack of safety.

Our *In our own words* inquiry concluded that the 'increasing strain on the system and chronic under-resourcing of those working with and caring for children is significantly limiting its capacity to address the fundamental needs of children and young people in care'.<sup>365</sup> We made a series of recommendations about how the out-of-home care system should be resourced and function to create safe, stable and caring environments in which children and young people can be raised and develop to reach their full potential, scaffolded by a caring community.

These recommendations, which have since been accepted by the Victorian Government, include:

- a new whole-of-system investment model and strategy for the child and family system that identifies the resourcing levels needed for 'a safe and quality out-of-home care system'
- a single point of contact/key worker for all children and young people in care, who remains with the young person over the course of their time in care
- strategies to reduce placement instability, including the provision of safe, stable, home-like and therapeutic care
- a rethinking of residential care and the creation of a suite of therapeutic pathways to more family-like care environments
- strengthened accountability and governance measures at a regional and local level to lift the quality and implementation of legislated processes to support connection to culture for Aboriginal children and young people in care.

This inquiry builds on these recommendations by calling for Victoria's model of care to refocus and redouble its resources and activity so that young people are supported to make a positive and successful transition from care from the point they first enter the system.

When we consulted with young people with an experience of leaving care about what this model should look like they told us:

- Young people in care should all get an opportunity to learn independent living skills, especially budgeting.
- The system needs to do much more to support young people to repair their relationships with parents before they leave care, because often they felt they were left to do this on their own.

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<sup>365</sup> CCYP 2019c, op. cit., p. 261.

## Recommendation 1: A new model of care

That the Victorian Government, in its implementation of the recommendations of the *In our own words* inquiry, develop and resource a model of care that embeds a young person's life aspirations, talents and goals into everyday case management and their time in placement.

This model, founded on a continuum of supports which begins early, should include a focus on supporting young people to:

- be active participants in future-focused planning and preparing for their own future, with the support of a key worker (this lead worker should play a key role in facilitating leaving care planning and supports in partnership with the young person)
- develop their independent living skills according to their developmental needs
- remain engaged or re-engage with education or vocational pathways

- build or heal positive connections with family and with the wider community
- develop enduring connections with the services they may need to address mental health, trauma or substance use.

For Aboriginal young people, this new model of care should have a strong focus on supports to build an enduring connection to culture and community during and after care.

The Commission notes that the success of this model of care is contingent on the implementation of the recommendations contained in the Commission's *In our own words* inquiry, which called for the out-of-home care system to be redesigned to be safe, stable and caring where young people are empowered to have a voice in decisions about them.

### Enabling a new model of care

Based on the findings of this inquiry, the Commission recommends the following elements will give the new model of care the best possible chance of succeeding:

- effective planning with the young person's participation at its centre
- early, effective and collaborative cross-system planning for young people with disability
- repairing family or other relationships
- tracking the outcomes of care leavers.

### Effective planning with the young person's participation at its centre

This inquiry found that most young people in care who should have a 15+ care and transition plan do not have one, and that the majority do not benefit from coordinated planning or activity to help them transition from care successfully.

Overall, leaving care planning – when it does occur – lacks young people's participation, is not guided by their aspirations and as a consequence fails to address the fundamental needs of young people who are on the verge of leaving care (such as where they will live, how they will support themselves financially or how they will maintain their health and wellbeing).

For Aboriginal young people in care, it is rare for leaving care planning to address how they could be supported to continue to build their connection to culture and community post-care.

We also found that, in general, leaving care planning does not address the key challenges faced by young people at heightened risk of poor life outcomes after care – being homeless, disengagement from education and poor mental health.

Additionally, leaving care planning for young people with a disability tends to start too late, culminating in a rush to find suitable accommodation and to line up other post-care disability supports. This late planning is sometimes compounded by young people being assessed as having a disability only after being in care for many years.

This inquiry identified that the overall poor quality and low incidence of leaving care planning is reflective of the limited work across the care system dedicated to preparing young people to transition from care.

We found that multiple and inter-related systemic factors stand in the way of meaningful activity to help young people transition from care. These include high worker caseloads, constant worker turnover and poor workforce capability to plan for leaving care. These factors will necessarily be addressed through the new model of care proposed under recommendation 1.

However, we also found that practice-related concerns contributed to the current poor state of leaving care planning, such as:

- the availability of user-friendly leaving care planning and assessment tools
- administrative barriers to storing and locating leaving care plans
- the lack of a reliable mechanism to monitor whether leaving care planning is occurring or to assess its quality
- the existence of multiple and unaligned plans relating to the one young person (including case plans, 15+ care and transition plans and cultural support plans for Aboriginal young people).

When we consulted with young people with an experience of care about how planning should change, they emphasised the need for planning to:

- be user friendly from a young person's perspective
- be supported by empowering young people with information about different leaving care and post-care support options
- begin early and be supported by regular check-ins with the young person
- involve listening to the young person's vision for their future
- provide clarity about decisions a young person has and does not have control over as they grow older in care
- focus on helping the young person reconnect to family, find a stable post-care home and learn how to be safe after they leave care
- involve a gradual transition to post-care accommodation (some described being moved from residential care to another place on the day before a young person turned 18 as abrupt and traumatic).

## Recommendation 2: Overcoming barriers to planning for young people's transition to independence

### Recommendation 2.1: Improved guidelines and training

That the department develop simplified and youth-friendly assessment tools and guidelines for Child Protection and funded agencies, to support recommendation 1 of this inquiry. Implementation of the new guidance should be supported by training of the Child Protection and funded agency workforce.

The guidance and training should have a strong focus on:

- building the independent living skills of all young people in care in a way that responds to their unique needs and developmental stage
- young people's right to participate in leaving care planning
- providing young people with information about available leaving care supports
- providing young people with clarity about decisions they can and cannot have control over as they mature in care
- ensuring young people's aspirations and talents inform leaving care planning (and helping young people in care to form aspirations for their future post-care and an understanding of how to achieve those goals)
- supporting Aboriginal young people to develop an enduring connection to community and family while in care as a foundation for life after care
- empowering young people with a disability to plan for their future and maximise their independent living skills
- best practice for leaving care planning for young people with complex needs
- roles and responsibilities in the care team to plan for young people's transition to independence
- collaborative practice between services to develop leaving care plans including with Better Futures and NDIS
- ensuring there is a plan and supports to safely re-connect or maintain positive connections with family if the young person wishes to do so
- early planning for post-care accommodation to secure an option tailored to the developmental needs and aspirations of the young person
- support for young people from culturally and linguistically diverse communities.

## Recommendation 2: Overcoming barriers to planning for young people's transition to independence (continued)

### Recommendation 2.2: Combine cultural support and leaving care planning for Aboriginal young people transitioning from care

That the department in consultation with ACCOs create a combined cultural support and leaving care plan for Aboriginal young people to ensure that planning for their transition from care is informed by Aboriginal young people's right to build and maintain a connection to culture, community and culturally safe services.

### Recommendation 2.3: Monitoring and oversight of leaving care planning

That the department monitor the extent to which leaving care planning is upholding the right of Aboriginal young people in care to continue to build a connection to culture and community.

### Recommendation 2.4: Assessment of children and young people coming into care

That the department develop a disability screening and assessment process for children and young people entering out-of-home care, where there are indications that a child or young person may have a disability, to ensure early identification and timely provision of supports.

### Recommendation 2.5: Integrate transition planning

That the department record transition planning in a way that is accessible to Child Protection practitioners and funded agency staff. This could include incorporating related tasks and goals into the young person's case plan and actions table.

### Recommendation 2.6: Monitoring and oversight of leaving care planning

That the department, in implementing recommendation 17 of the *In our own words* inquiry:<sup>366</sup>

- monitor and audit whether transition planning for young people in care is occurring and its quality
- monitor the implementation of its own guidance related to how the out-of-home care system should be cooperating with NDIA with regards to young people transitioning from care
- publicly report on its compliance with key leaving care departmental policy and guidance.

<sup>366</sup> Recommendation 17 advocated 'That the Victorian Government develop mechanisms to track and report on outcomes for children in out-of-home care to ensure that care services, policy and programs are focused on improved outcomes for children and young people in care'. *Ibid.*, p. 277.



### Early, effective and collaborative cross-system planning for young people with a disability

Our file reviews identified that leaving care planning by Child Protection and funded agencies often leveraged NDIS supports to build the capabilities of young people with a disability to transition from care successfully. We also found some instances of Child Protection and funded agencies advocating for care leavers who were NDIS participants to get the plans and supports they needed for a smooth and positive transition from care.

However, we found that many young people with a disability experience a transition from care that is undermined by:

- late planning for supported post-care disability accommodation
- poor interagency collaboration between Child Protection and NDIS
- out-of-home care case managers' lack of knowledge and training to navigate the NDIS system effectively.

## Recommendation 3: Build capacity and resources to better meet the needs of care leavers with a disability

### Recommendation 3.1: Additional disability advisers

That the Victorian Government resource additional advisers with disability and NDIS subject matter expertise within local Child Protection offices to train, assist and mentor case managers in supporting young people with a disability transitioning from care and navigating the disability service system and NDIS.

### Recommendation 3.2: Case manager consults with disability advisers

That the department require that case managers who are supporting a young person with a disability consult regularly with disability and NDIS subject matter experts, in the years leading up to the young person's transition from care.

### Repairing relationships

We found that many young people in care lack support to repair connections with their family members prior to leaving care, even in circumstances where a young person indicated they wished to return home upon leaving care. While there are some service supports available to assist young people to rebuild their relationship with family, our file review found it was very uncommon for young people to be linked to these services.

When we consulted with young people with an experience of leaving care about this recommendation, they told us that:

- The present system does not do enough to help young people in care connect to family and instead often acts as a barrier to this.
- Supports to repair family relationships should endure after a young person has returned home.

### Recommendation 4: Dedicated brokerage for family therapy

That the Victorian Government:

- invest in strengthening existing responses and specialist interventions to support young people to repair connections with their family members prior to leaving care
- make available brokerage to support young people's priority access to the above responses and interventions when required.

### Tracking the outcomes of care leavers

We found that the lack of available data on the life outcomes of young people who have left care – as well as where young people are transitioning to, at the point they leave care – hides the true seriousness of the challenges faced by this cohort from policy makers and the public. Additionally, without a mechanism to measure care leavers' life outcomes, the out-of-home care system will not have the capacity to monitor the effectiveness of any new model of care that has been redesigned to focus on preparing young people for independence.

### Recommendation 5: Tracking the life outcomes of care leavers

That the Victorian Government:

- develop a mechanism to track the life outcomes (at a population level) of people who have left care between the ages of 16 to 18 and publish this data every two years
- advocate to the Commonwealth Government that it provide access to Commonwealth data sets relevant to the life outcomes of care leavers related to education, employment and social security benefits
- report on these outcomes through the governance mechanism proposed in recommendation 17 of the Commission's *In our own words* inquiry.

## Recommendation 6: Recording where young people go when they leave care

That the department accurately record where young people are transitioning to, at the point they leave care.

## Strengthen Better Futures to be an effective bridge between care and independence

### Resource Better Futures to achieve its purpose

The introduction of the Better Futures program is an important step towards delivering consistent and universal support to young people transitioning from care to adulthood. Although the statewide roll-out of Better Futures is quite recent, we found it is not currently resourced to meet the needs of young people as it was designed to.

We found that this under-resourcing is contributing to:

- high numbers of young people in Better Futures' direct support phase being placed on 'active hold'
- young people with heightened needs (including supports for learning independent living skills, re-engaging with education and vocational pathways or addressing mental health and/or substance use issues) being prioritised for active support while those with lower identified support needs remain on active hold despite being close to exiting care.

With the current level of demand and the rising numbers of care leavers each year, unless addressed, this resourcing issue will only compound over time.

When we consulted care leavers about the Better Futures model they told us that, as they transition from care, they want a worker who:

- is trustworthy, consistent and advocates for them
- behaves more like a mentor than an out-of-home care worker
- proactively reaches out to them, especially to young people who are introverted or feel less comfortable asking for help when they need it
- they can go to when they need help with things like accommodation, study, finding work or building the social skills they might have missed out on learning in care.

### Resource Better Futures to build community around care leavers

All young people transitioning to independence need a community around them to support them and barrack for their success. We found that in the current system:

- Many young people leave care lacking positive social networks around them to support them as they make their way through life.
- Very few have the benefit of a mentor to help link them to their local community due to the limited availability of such programs.

The introduction of the Better Futures Community Connections service, which if resourced appropriately, has the potential to help young people transitioning from care connect to their community.

## Recommendation 7: Increase funding for Better Futures

That the Victorian Government increase the funding of Better Futures to ensure the program:

- can adequately meet its current level of demand, as well as the year-on-year increase in young people eligible for this service
- can offer intensive supports to care leavers who need it, including to learn independent living skills, re-engage with education or vocational pathways and address mental health and/or substance abuse issues
- has the capacity to offer all young people support via the Better Futures Community Connections service
- can directly support and engage with young people from 16 years of age in preparation for leaving care.

## Resourcing ACCO-run Better Futures

Ongoing connection to culture is a strong protective factor in the lives of Aboriginal care leavers. However, this inquiry found that one-quarter of Aboriginal young people in care lack the opportunity to receive culturally appropriate support from an ACCO in the years immediately prior to their exit from care.

Additionally, we found that ACCO-run Better Futures are not funded proportionate to Aboriginal young people's representation among care leavers. This lack of supports undermines Aboriginal young people's ability to forge an enduring connection to culture and community into adulthood.

We also found that rising demand for ACCO-run Better Futures is putting pressure on these services' ability to support Aboriginal young people to transition from care in a culturally safe way. The Commission is concerned that unless these programs are better resourced and funded proportionate to the representation of Aboriginal young people among care leavers (including new funding to deliver the Community Connections service), many Aboriginal young people – especially those with more complex needs – will not receive the active and sometimes intensive supports they need to make a successful transition from care. The Commission notes the department's prior commitment under the 2018 *Aboriginal Children and Families Agreement Strategic Action Plan* to '[r]eview funding for leaving care services and allocate in proportion to Aboriginal young people's representation in the leaving care cohort'.<sup>367</sup>

We also found that the requirement for ACCO-run Better Futures to apply for leaving care funds through another CSO is creating delays in putting in place supports for Aboriginal care leavers. This situation is also contrary to the principles of self-determination.

<sup>367</sup> DHHS 2018, *Wungurilwil Gapgapduir Aboriginal Children and Families Agreement Strategic Action Plan*, Melbourne, Victoria, [1.4].

### **Recommendation 8: Provision of culturally safe leaving care supports through ACCO-run and designed Better Futures**

That the Victorian Government ensure that all Aboriginal young people have the opportunity to access culturally safe supports based on their level of need as they transition from care, by:

- at a minimum, allocating a proportion of funding to ACCOs to deliver Better Futures proportionate to Aboriginal young people's representation in the leaving care cohort
- working with ACCOs and Aboriginal young people with a lived experience of care to design a culturally safe Better Futures model
- reporting annually on the proportion of Better Futures funding which is allocated to ACCOs
- giving ACCOs direct access to and control over Better Futures flexible funding
- funding ACCOs, who are delivering Better Futures, to also deliver the Community Connections service.

### **Better Futures role in the lives of young people with a disability**

Funded agencies consulted for this inquiry expressed confusion about Better Futures' role when a young person is not expected to be able to live independently in the future. Our file reviews also identified that some Better Futures workers did not feel adequately equipped to work with young people with a disability on their independent living skills without any specialist disability training.

### **Recommendation 9: Clarify the role of Better Futures to work with young people with a disability**

That the department clarify the role and required capabilities of Better Futures to work with young people with a disability.

### **Evaluating Better Futures**

The longitudinal evaluation of Better Futures (including Home Stretch), commissioned by the department, commenced in 2019 and is planned to conclude in 2023.

This inquiry identified several emerging issues related to Better Futures' effectiveness which it recommends be considered as part of this ongoing evaluation:

- Better Futures does not appear to be fulfilling its secondary consultation role in the care team prior to young people exiting care.
- Better Futures' intended direct engagement with a young person from 17 and a half years is often 'too late' to start building a relationship with a young person to facilitate leaving care supports before they leave care.
- Better Futures' service offering may not be sufficient to provide the intensive supports required to overcome some care leavers' complex difficulties re-engaging with education, training or employment or mental health and drug rehabilitation services after they leave care.

## Recommendation 10: Scope of Better Futures and Home Stretch evaluation

That the longitudinal evaluation of Better Futures and Home Stretch should consider:

- the effectiveness of Better Futures' secondary consultation role in the care team prior to a young person's exit from care, including the extent to which it contributes to improved leaving care planning and activity
- the extent to which the Better Futures model enables care leavers to develop a positive and productive working relationship with their worker before they leave care
- whether young people with complex needs are receiving the level of support they require to engage successfully with education, training and employment and/or mental health and drug rehabilitation services after they leave care.

## Increase investment in post-care supports

### Fund and provide the post-care services and supports young people need for a stable transition to independence

This inquiry found that the significant gap between the need for and the availability of crucial post-care supports is fuelling care leavers' unacceptable rates of homelessness, disengagement from further education or vocational training, unemployment and poor mental health.

Meeting our responsibility to young people who have left care will at the very least require the Victorian Government to fund or facilitate the availability of:

- a safe and stable home for every care leaver

- accessible and funded post-care mental health and/or substance use supports.

### A home for every care leaver

This inquiry highlights how the lack of guaranteed post-care accommodation is driving high levels of homelessness among young people who have left care.

While the inquiry found that the new Home Stretch program is a promising and cost-effective means of accommodating care leavers, the program is currently limited in the numbers of young people it supports to a maximum of 50 new participants a year (plus the temporary surge in numbers as part of the Victorian Government's COVID-19 response). The Home Stretch allowance is also sometimes insufficient to cover the support needs of young people with a disability to remain in their placement once they have left care or to secure a rental property.

Additionally, we found that many young people leave care with accommodation needs that cannot be met by Home Stretch.

The inquiry noted an unmet need for:

- social housing
- a step-down model of housing for young people who leave care with ongoing complex needs
- supported disability accommodation
- culturally safe housing for Aboriginal young people.

## Recommendation 11: Expanding the Home Stretch program

That the Victorian Government increase investment in the Home Stretch program to ensure that all care leavers have the option of remaining in their kinship or foster care placements, or transitioning to independent living, with support, until 21 years.

## Recommendation 12: Increased investment in post-care housing

That the Victorian Government:

- increase investment in post-care housing options for care leavers to a level sufficient to guarantee a secure, stable and safe home for all young people upon leaving care
- ensure housing investment for Aboriginal care leavers is proportionate to their over-representation among young people leaving care
- report annually through the Aboriginal Children's Forum on housing investment for Aboriginal care leavers as a proportion of funding allocated to all care leavers
- develop and implement an integrated and demand-driven suite of housing options – which includes housing stock and support services – tailored to the diverse needs of young people leaving care.

The suite of options should include:

- social and public housing stock
- a range of supported and step-down accommodation options for young people up to the age of 21 years, who are not yet ready to live independently
- a range of culturally safe housing for Aboriginal young people leaving care, including tailored supports.

## Recommendation 13: Increased accommodation options for care leavers with a disability

That the Victorian Government:

- advocate to the Commonwealth to take measures to ensure that the NDIS market offers a diverse and flexible range of Specialist Disability Accommodation (SDA) options for all care leavers with a disability who require them
- advocate to the Commonwealth that the NDIA adopt processes to ensure a seamless continuity of supports to young people with a disability and their carers so these young people can remain with their carers where appropriate, following their exit from care
- in circumstances where a seamless continuity of supports is not achieved, make available flexible brokerage, including via the Home Stretch program, to assist carers to continue caring for young people with a disability until appropriate NDIS supports are in place
- increase the number and range of supported accommodation options with appropriate levels of support (including those funded by the NDIS) for care leavers with a disability.

Work to fulfil this recommendation should include working with the NDIA to collect and analyse data on the number of care leavers with disability who are unlikely to be eligible for SDA.

### Post-care mental health and/or substance use supports

We found that a high number of young people leave care with unmet trauma, mental health and/or substance use issues. These young people will need assistance to re-engage with supports when they are ready.

When we consulted with young people with an experience of leaving care, they also told us that because being in care is sometimes unsafe and unstable, it is not until young people leave care and find some kind of stability that they are able to begin addressing past trauma. One young person told the Commission:

For trauma, your brain does not process it until you feel safe which is when the mental health issues arise when you are in your own environment. The funding for mental health for children with a care experience needs to extend a lot further.

Young people also informed the Commission of the need for brokerage to ensure continuity in mental health supports for young people transitioning from care, for example, so they can continue to see the same psychologist once they have left care.

### Recommendation 14: Flexible mental health and substance use support for young people who have left care

That the Victorian Government ensure young people who have left care have access to:

- flexible and assertive mental health outreach and substance use support programs
- brokerage to support timely access to services to respond to their ongoing and unmet mental health and substance use needs.

### Recognise a right to post-care supports and fund them

For many children and young people whose parents are unable to provide them with a safe home, the Victorian Government stands in the place of their parent. The CYFA 2005 requires that when placing a child away from their family, the state ‘must make provision for the physical, intellectual, emotional and spiritual development of the child in the same way as a good parent would’.<sup>368</sup>

However, as noted in Chapter 3, while this legislation provides that the Victorian Government must support care leavers under the age of 21 to gain the capacity to make the transition to independent living,<sup>369</sup> it clarifies that this duty is not ‘enforceable by law’.<sup>370</sup>

This diluted responsibility to care leavers is reflected in the findings of this inquiry, including:

- young people’s experience of a ‘cliff edge’ transition from care,<sup>371</sup> where there is often an abrupt cut off in accommodation and service supports at 18 (Chapter 6)
- high levels of homelessness and other forms of social and economic disadvantage among young people who have left care (Chapter 4)
- growing demand for post-care services and supports without a commitment to demand-driven funding (Chapter 6)
- the lack of monitoring of the life trajectories of people with an experience of care to track, among other things, the effectiveness of the current discretionary approach to the allocation of post-care supports and services (Chapter 4).

### The call for extending care

A coalition of community organisations<sup>372</sup> – under the umbrella of the Home Stretch campaign – has

<sup>368</sup> S. 174(1).

<sup>369</sup> S. 16(1)g.

<sup>370</sup> S. 16(2).

<sup>371</sup> Hannon C, Wood C and Bazalgette L 2010, op. cit., p. 22.

<sup>372</sup> These organisations include: the peak child welfare provider group, the Victorian Centre for Excellence in Child and Family Welfare (CFECFW); CSOs and ACCOs; academic researchers; the Foster Care Association of Victoria; the Council to Homeless Persons; and the national consumer group known as the CREATE Foundation.



advocated for the Victorian Government to support a more flexible and gradual transition by ‘extending care’ until 21 years of age.<sup>373</sup> This approach calls for ‘raising the care leaving age – the upper age limit beyond which the young person no longer enjoys the full provision of the care system’.<sup>374</sup> While care provided under the age of 18 is often experienced as ‘imposed’ by young people who are the subject of statutory orders, ‘extended care operates with the agreement of the young person who has requested or accepted the opportunity to remain in or return to care’.<sup>375</sup> Several developed nations have already extended the age that a young person leaves care including New Zealand, England, Scotland and the United States.<sup>376</sup>

At a minimum, extended care would ensure a young person has somewhere to live and some level of case work to help them continue their transition to independent living and access required service supports.

The Home Stretch program (not the campaign) is an example of extending the provision of accommodation coupled with case work supports through Better Futures; similar supports to extend care are being implemented or contemplated by other Australian states and territories.<sup>377</sup> However, the diverse service and support needs of care leavers, outlined in this report, indicate that to be effective, voluntary

post-care supports would necessarily need to be tailored in nature and intensity to meet the unique needs of each individual young person.

## The rationale for guaranteed post-care supports

The Victorian Government should guarantee and drastically increase investment in post-care supports to fulfil human rights responsibilities to young people leaving care, achieve outcomes that benefit, not only young people leaving care, but broader society, and to align with an emerging economic case for investment in these supports.

## Upholding the rights of care leavers

Most young people in Victoria have parents or guardians who support their transition to adulthood. Their carers give them a stable and loving home and help them learn what they need to know to care for themselves, crystallise their aspirations for the future and chart out the steps to get there. For most young people, their family home remains home long after they turn 18 or acts as a base to return to when things get tough.

In fact, most families ‘continue to support their children with ongoing accommodation, money, food, clothing, health care, assistance with the cost of education or employment training, and emotional support often up to or even past 25 years of age’.<sup>378</sup> When surveyed, most Australians also believe that parents should financially assist adult children or let them continue to live with them.<sup>379</sup>

The standards of international children’s rights law recognise that, because care leavers cannot rely on such support from their families of origin, they have a right to access ‘social, legal and health services, together with appropriate financial support’.<sup>380</sup> The moral case to provide such supports is especially strong for young people whose development has

**373** See: *Homestretch 2020, Young people in state care should have a place they call home and support until the age of 21*, viewed 3 July 2020. Although the Commission notes this campaign represents the most recent incarnation of this call to extend supports to care leavers, it dates back at least two decades: Mendes P 2019, ‘A case study of policy inaction: Young people transitioning from out of home care in Victoria’, *Social Work & Policy Studies: Social Justice, Practice and Theory*, vol. 2, no. 1, pp. 1–18.

**374** Gilligan R 2018, ‘Age limits and eligibility conditions for care, extended care and leaving care support for young people in care and care leavers: The case for cross-national analysis’, *Scottish Journal of Residential Child Care*, vol. 17, no. 2, pp. 1–16, p. 3.

**375** *Ibid.*, p 3.

**376** *Ibid.*, p. 5.

**377** The ACT provides carer subsidies for care leavers until they reach 21, while South Australia will continue reimbursements for foster and kinship carers until young people turn 21. Tasmania is also planning to extend care, and Western Australia has committed to a six-month trial: ABC 2019, *Victorian Government launches trial to extend age of young people in state care*, <<https://www.abc.net.au/news/2019-04-02/victorian-state-care-leaver-age-extended-from-18-to-21/10963418>>, viewed 3 July 2020.

**378** Vassallo S, Smart D and Price-Robertson R 2009, ‘The roles that parents play in the lives of their young adult children’, *Family Matters*, no. 82, pp. 8–14.

**379** Weston R and Qu L 2016, ‘Attitudes towards intergenerational support’, *Australian Family Trends* no. 11 — November 2016.

**380** UN General Assembly 2010, op. cit., [136].

been impacted by poor safety and trauma experienced during their time in the out-of-home care system. These all too common negative lived experiences in care were highlighted in the Commission's *In our own words* inquiry.

### The social rationale

Extending care appears to contribute to improved life outcomes for young people with an experience of care. In 2008, the US Federal Government passed the *The Fostering Connections to Success and Increasing Adoptions Act*, which gave states the option of maintaining young people in foster care until 21 years. Early evidence from the USA suggests that those young people who are supported in a placement until 21 are 'more likely to have access to transition and mental health support, [are] economically more secure, and less likely to have been in contact with the criminal justice system', and young women were less likely to fall pregnant.<sup>381</sup> This study also found that 'those who had the option to stay in care to 21 were 3.5 times more likely to have completed at least one year of college than their counterparts who had to leave by 18'.<sup>382</sup>

The Staying Put: 18+ Family Placement Programme pilot (Staying Put) began in 11 United Kingdom local authorities in July 2008 and ended in March 2011. Staying Put is targeted at young people who have 'established familial relationships' with their foster carers and offers this group the opportunity to remain with their carers until they reach the age of 21.

An evaluation of the pilot in 2012 found the program gave care leavers the opportunity to:

- exercise 'greater control over the timing of their transition from care to independence'
- 'experience transitions that are more akin to those experienced by their peers in the general population'
- 'remain in a nurturing family environment where they can mature and develop, prepare for independence, and receive ongoing support'

<sup>381</sup> Hannon C, Wood C and Bazalgette L 2010, op. cit., p. 222, citing (Courtney et al. 2007).

<sup>382</sup> Hannon C, Wood C and Bazalgette L 2010, op. cit., p. 222.

- enjoy continuity and stability, which facilitates their engagement in further work, education or training.<sup>383</sup>

In 2014, Staying Put was enshrined in UK legislation and now fostered young people in England have the right to be supported to stay with their foster families when they reach 18, if both parties agree.<sup>384</sup>

### The economic rationale

There is also an emerging economic rationale for guaranteeing ongoing support to young people leaving care beyond the age of 18. Analysis conducted by the Victorian Parliamentary Budget Office in April 2020 estimated 'the benefit-cost ratio of implementing the Home Stretch program to be 1.49, meaning... a return of \$1.49 for every dollar spent on the program'<sup>385</sup> by producing savings or additional income to government in domains such as income tax, unemployment benefits and hospitalisations.<sup>386</sup>

In 2016, Deloitte Access Economics conducted a study for Anglicare Victoria on the socioeconomic costs and benefits of extending care to 21 years in Victoria. Deloitte Access Economics modelling found that under the assumed program cost and program uptake rate (about 25 per cent), for every dollar invested in the program, it would result in an expected return of \$1.84 in either savings or increased income.<sup>387</sup>

<sup>383</sup> Munro ER, Lushey C, Maskell-Graham D and Ward H 2012, *Evaluation of the Staying Put: 18 Plus Family Placement Programme final report: research brief*, Government of United Kingdom, London, p. 11.

<sup>384</sup> Part 5 of the *Children and Families Act 2014* (UK).

<sup>385</sup> Parliamentary Budget Office 2020, *Extending out-of-home care to youth aged up to 21 Costs and benefits*, Melbourne, Victoria, p. 6.

<sup>386</sup> Ibid.

<sup>387</sup> Most of these savings associated with extending care related to avoiding housing support costs, hospitalisation and alcohol and drug treatment: Deloitte Access Economics 2016, 'Raising our children: Guiding young Victorians in care into adulthood', report commissioned by Anglicare Victoria, <<http://thehomestretch.com.au>>.

A decade earlier in 2005, the Victorian Centre for Excellence in Child and Family Welfare (CFECFW) also conducted a study examining the economic costs of not supporting young people post-care. The study estimated that the cost of establishing a comprehensive wrap-around model of support services to help young people leaving care (including health, education, housing, employment, and mentoring) would virtually pay for itself in cost savings,<sup>388</sup> if it could 'produce an improvement of [just] 10% in life outcomes for young people leaving State care'.<sup>389</sup> The CFECFW advised the government to 'spend a little more now to save a lot in the future'.<sup>390</sup>

Modelling conducted in the United Kingdom also suggests that young people who have a more stable care journey and exit care later rather than prematurely (18 versus 16 and a half) are much more likely to cost the state less over their lifetime and more likely to go on to further education.<sup>391</sup>

## What young people told us

When we spoke to young people both with and without an experience of care they told us that they believe all young people who have left care should have the right to a home and other supports as they start out in life.

## Recommendation 15: Recognise an enforceable right to post-care supports

That the Victorian Government:

- amend the CYFA 2005 to include an enforceable right for young people, who leave care between the age of 16 and 18, to receive services and supports to transition to independence until at least the age of 21
- invest in post-care supports in a manner which meets this right and is responsive to current and growing future demand for post-care services and supports.

<sup>388</sup> Cost savings were calculated as a proportion of the estimated life time state government spend on a young person who had been in care versus an individual who had not in eight key areas: Child Protection, GST revenue, general health, mental health, drug and alcohol treatment, police; justice system and correctional services; and housing: Forbes C, Inder B and Raman S 2006, 'Measuring the cost of leaving care in Victoria', working paper 18/06, Department of Econometrics and Business Statistics, p. 11.

<sup>389</sup> *Ibid.*, p. 24.

<sup>390</sup> *Ibid.*, p. 2.

<sup>391</sup> Hannon C, Wood C and Bazalgette L 2010, *op. cit.*, pp. 147–154.

# Appendices

## Appendix A: Data and figures

**Table 10: Young people in out-of-home care (aged 15 and older) as at 31 December 2019 (n = 1338)**

Age	#	%
15	462	35%
16	497	37%
17–17.5	181	14%
17.5–18	198	15%
<b>Total</b>	<b>1338</b>	<b>100%</b>

Source: DHHS data extraction from CRIS database, population and case details in out-of-home care as at 31 December 2019. Data provided to the Commission on 31 January 2020.

**Table 11: Young people (aged 15 and older) in out-of-home care by case management type as at 31 December 2019 (n = 1338)**

Case management category	Age groups				Total #	Total %
	#		%			
	15<17.5	17.5<18	15<17.5	17.5<18		
Contracted case managed	509	99	44%	52%	608	45%
Child Protection managed	640	90	56%	48%	730	55%
<b>Total</b>	<b>1149</b>	<b>189</b>	<b>100%</b>	<b>100%</b>	<b>1338</b>	<b>100%</b>

Source: DHHS data extraction from CRIS database, population and case details in out-of-home care as at 31 December 2019. Data provided to the Commission on 31 January 2020.

**Table 12: Characteristics of the file review cohort (n = 166)**

Characteristic	#	%
<b>Age</b>		
16	47	29%
17	82	49%
18	37	22%
<b>Total</b>	<b>166</b>	<b>100%</b>
<b>Care type</b>		
Kinship care	57	34%
Foster care	33	20%
Residential care	32	19%
Other	26	16%
Lead tenant	15	9%
Secure welfare	3	2%
<b>Total</b>	<b>166</b>	<b>100%</b>
<b>DHHS area</b>		
North	39	23%
South	40	24%
East	33	20%
West	54	33%
<b>Total</b>	<b>166</b>	<b>100%</b>
<b>Order type</b>		
Long-term care	44	27%
Care by Secretary order	103	62%
Family reunification order	17	10%
Interim accommodation order	1	<1%
No current order found on CRIS	1	<1%
<b>Total</b>	<b>166</b>	<b>100%</b>
<b>Aboriginal status</b>		
Aboriginal	64	39%
Non-Aboriginal	102	61%
<b>Total</b>	<b>166</b>	<b>100%</b>

Characteristic	#	%
<b>Classified as high risk</b>		
Yes	31	19%
No	135	81%
<b>Total</b>	<b>166</b>	<b>100%</b>
<b>Experience of secure welfare</b>		
Yes	41	25%
No	125	75%
<b>Total</b>	<b>166</b>	<b>100%</b>
<b>Disability status</b>		
Disabled	107	64%
Not disabled	59	36%
<b>Total</b>	<b>166</b>	<b>100%</b>
<b>Youth Justice client</b>		
Yes	29	83%
No	137	17%
<b>Total</b>	<b>166</b>	<b>100%</b>

**Table 13: Characteristics of the in-depth file review cohort of CRIS files reviewed (n = 20)**

Characteristic	#	%
<b>15+ care and transition plan on file</b>		
Yes	10	50%
No	10	50%
<b>Total</b>	<b>20</b>	<b>100%</b>
<b>Age</b>		
17.5–18	3	15%
18+	17	85%
<b>Total</b>	<b>20</b>	<b>100%</b>
<b>Care type</b>		
Kinship care	6	30%
Foster care	6	30%
Residential care	6	30%
Independent living	2	10%
<b>Total</b>	<b>20</b>	<b>100%</b>
<b>DHHS area</b>		
North	4	20%
South	5	25%
East	2	10%
West	9	45%
<b>Total</b>	<b>20</b>	<b>100%</b>
<b>Order type<sup>392</sup></b>		
Long-term care order	5	25%
Care by Secretary order	15	75%
Family reunification order	0	0%
<b>Total</b>	<b>20</b>	<b>100%</b>

Characteristic	#	%
<b>Aboriginal status</b>		
Aboriginal	9	45%
Non-Aboriginal	11	55%
<b>Total</b>	<b>20</b>	<b>100%</b>
<b>Classified as high risk</b>		
Yes	3	15%
No	17	85%
<b>Total</b>	<b>20</b>	<b>100%</b>
<b>Disability status</b>		
Disabled	9	45%
Not disabled	11	55%
<b>Total</b>	<b>20</b>	<b>100%</b>
<b>Youth Justice client</b>		
Yes	5	25%
No	15	75%
<b>Total</b>	<b>20</b>	<b>100%</b>
<b>Engaged with Better Futures<sup>393</sup></b>		
Yes	7	35%
No	13	65%
<b>Total</b>	<b>20</b>	<b>100%</b>

<sup>392</sup> Current order for young people in care or last order immediately prior to exit from care for those who were 18+ at the time of the review.

<sup>393</sup> Better Futures files were also reviewed for this cohort.

**Table 14: Characteristics of the in-depth file review cohort of Home Stretch files reviewed (n = 10)**

Characteristic	#	%
<b>Care type prior to exit from care</b>		
Kinship care	6	60%
Foster care	2	20%
Residential care	1	10%
Independent living	1	10%
<b>Total</b>	<b>10</b>	<b>100%</b>
<b>Aboriginal status</b>		
Aboriginal	5	50%
Non-Aboriginal	5	50%
<b>Total</b>	<b>10</b>	<b>100%</b>
<b>Disability status</b>		
Disabled	2	20%
Not disabled	8	80%
<b>Total</b>	<b>10</b>	<b>100%</b>
<b>Youth Justice client</b>		
Yes	2	20%
No	8	80%
<b>Total</b>	<b>10</b>	<b>100%</b>

**Table 15: Young people in out-of-home care (aged 15 and older) by placement type as at 31 December 2019 (n = 1338)**

Placement type	#	%
Kinship care	868	65%
Residential care	248	19%
Foster care	222	17%
<b>Total</b>	<b>1338</b>	<b>100%</b>

Source: DHHS data extraction from CRIS database, population and case details in out-of-home care as at 31 December 2019. Data provided to the Commission on 31 January 2020.

**Table 16: Young people in out-of-home care (aged 15 and older) by disability status as at 31 December 2019 (n = 1338)**

Disability	#	%
No	478	36%
Unknown	731	55%
Yes	129	10%
<b>Total</b>	<b>1338</b>	<b>100%</b>

Source: DHHS data extraction from CRIS database, population and case details in out-of-home care as at 31 December 2019. Data provided to the Commission on 31 January 2020.

**Table 17: Number of placements experienced by young people (aged 15 and older) during current episode in out-of-home care by care type as at 31 December 2019 (n = 1338)**

Placements in current episode of care	Care type						Total #	Total %
	#			%				
	Foster care	Kinship care	Residential care	Foster care	Kinship care	Residential care		
1	11	445	22	5%	51%	9%	478	36%
2-4	77	285	66	35%	33%	27%	428	32%
5-7	51	68	42	23%	8%	17%	161	12%
8-10	32	40	33	14%	5%	13%	105	8%
11-13	19	11	28	9%	1%	11%	58	4%
14-16	23	7	19	10%	1%	8%	49	4%
17-20	3	8	14	1%	1%	6%	25	2%
>20	6	4	24	3%	0%	10%	34	3%
<b>Total</b>	<b>222</b>	<b>868</b>	<b>248</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>1338</b>	<b>100%</b>

Source: DHHS data extraction from CRIS database, population and case details in out-of-home care as at 31 December 2019. Data provided to the Commission on 31 January 2020.

**Table 18: File review: Current placement duration of young people as at date of file review (excluding young people aged 18 and older) (n = 129)**

Duration in current placement (months)	#	%
<1 month	8	6%
1-6 months	43	33%
7-12 months	21	16%
13-18 months	12	9%
19-24 months	3	2%
>2 years	42	33%
<b>Total</b>	<b>129</b>	<b>100%</b>



**Table 19: Allocation status of Child Protection managed cases of young people (aged 15 and older) in out-of-home care at 31 December 2019 (n = 730)**

Child Protection case allocation	Age groups				Total #	Total %
	#		%			
	15<17.5	17.5<18	15<17.5	17.5<18		
Child Protection practitioner	424	66	66%	73%	490	67%
Child Protection team leader	216	24	34%	27%	240	33%
<b>Total</b>	<b>640</b>	<b>90</b>	<b>100%</b>	<b>100%</b>	<b>730</b>	<b>100%</b>

Source: DHHS data extraction from CRIS database, population and case details in out-of-home care as at 31 December 2019. Data provided to the Commission on 31 January 2020.

**Table 20: File review: Number and percentage of young people with or without a 15+ care and transition plan by Aboriginal status, as at file review date (n = 166)**

15+ care and transition plan	Aboriginal status				Total #	Total %
	#		%			
	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal		
No plan on file	38	57	59%	56%	95	57%
Plan on file	26	45	41%	44%	71	43%
<b>Total</b>	<b>64</b>	<b>102</b>	<b>100%</b>	<b>100%</b>	<b>166</b>	<b>100%</b>

**Table 21: File review: Number and percentage of young people with or without a 15+ care and transition plan by disability status, as at file review date (n = 166)**

15+ care and transition plan	Disability status				Total #	Total %
	#		%			
	No	Yes	No	Yes		
No plan on file	64	31	60%	53%	95	57%
Plan on file	43	28	40%	47%	71	43%
<b>Total</b>	<b>107</b>	<b>59</b>	<b>100%</b>	<b>100%</b>	<b>166</b>	<b>100%</b>

**Table 22: File review: Number and percentage of young people with or without a 15+ care and transition plan by experience of secure welfare and/or classification as high risk, as at time of file review (n = 166)<sup>394</sup>**

15+ care and transition plan on file	#	%
<b>No experience of secure welfare and not classified high risk</b>		
No plan on file	72	60%
Plan on file	49	40%
<b>Total</b>	<b>121</b>	<b>100%</b>
<b>Has secure welfare experience and/or classified as high risk</b>		
No plan on file	23	51%
Plan on file	22	49%
<b>Total</b>	<b>45</b>	<b>100%</b>
<b>Total</b>	<b>166</b>	<b>100%</b>

**Table 23: File review: Number and percentage of files with care team meeting minutes that included or did not include leaving care actions, by time remaining in care, as at file review date (n = 145)<sup>395</sup>**

Time remaining in care	Leaving care actions in care team minutes				Total #	Total %
	#		%			
	Leaving care actions	No leaving care actions	Leaving care actions	No leaving care actions		
Between 0–6 months	30	10	75%	25%	40	100%
Between 7–12 months	13	18	42%	58%	31	100%
Between 13–24 months	13	30	30%	70%	43	100%
Exited care	18	13	58%	42%	31	100%
<b>Total</b>	<b>74</b>	<b>71</b>	<b>51%</b>	<b>49%</b>	<b>145</b>	<b>100%</b>

<sup>394</sup> In our leaving care file review sample (n = 166), there were no instances where a young person was classified as high risk and did not have an experience of secure welfare.

<sup>395</sup> There were 21 instances where the file review could not locate care team meeting minutes under the period of review.

**Table 24: File review: Number and percentage of files with a quarterly report, that included or did not include leaving care actions, by months remaining in care, as at date of file review (n = 112)**

Leaving care actions in quarterly report	Months remaining in care								Total #	Total %
	#				%					
	0-6	7-12	13-24	Exited care	0-6	7-12	13-24	Exited care		
No leaving care actions included	7	11	12	6	25%	41%	44%	20%	36	32%
Leaving care actions included	21	16	15	24	75%	59%	56%	80%	76	68%
<b>Total</b>	<b>28</b>	<b>27</b>	<b>27</b>	<b>30</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>112</b>	<b>100%</b>

**Table 25: Number of young people exiting care by age (16-18th birthday only) and placement type from 2009-2019**

Year	Placement type						Total #	Total %
	#			%				
	Foster care	Kinship care	Residential care	Foster care	Kinship care	Residential care		
2009	127	116	97	37%	34%	29%	340	100%
2010	117	148	120	30%	38%	31%	385	100%
2011	151	133	103	39%	34%	27%	387	100%
2012	131	187	128	29%	42%	29%	446	100%
2013	147	219	161	28%	42%	31%	527	100%
2014	133	196	143	28%	42%	30%	472	100%
2015	118	229	141	24%	47%	29%	488	100%
2016	116	241	152	23%	47%	30%	509	100%
2017	121	255	98	26%	54%	21%	474	100%
2018	106	285	129	20%	55%	25%	520	100%
2019	134	356	176	20%	53%	26%	666	100%
<b>Total</b>	<b>1401</b>	<b>2365</b>	<b>1448</b>	<b>27%</b>	<b>45%</b>	<b>28%</b>	<b>5214</b>	<b>100%</b>

Source: DHHS data extraction from CRIS database, 10-year out-of-home care population trend. Data provided to the Commission on 10 May 2020.

## Appendix B: Quality of 15+ care and transition plan

LAC domain	Summary of key planning guidance <sup>396</sup>	Commentary
Health	<ul style="list-style-type: none"> <li>Young person is encouraged, gradually to make and keep appointments. If not able, appointments are made in consultation with the young person and they are assisted to attend them</li> <li>Ensure the young person has a consistent General Practitioner (GP) or links to a community health centre (and identification of ongoing health services, adult mental health support services during last six months in care)</li> <li>Young person is assisted to monitor their own health needs, according to their abilities and circumstances</li> </ul> <p><b>Final six months</b></p> <ul style="list-style-type: none"> <li>Confirm services with Disability Client Services (if in Disability Services target group) for leaving care preparation</li> </ul>	<p><b>Encouraged to make and keep appointments</b></p> <p>Eleven of the 15+ care and transition plans under review identified a goal related to the young person being encouraged and supported to make and keep their own appointments. In most cases, the carer or residential worker was allocated the responsibility of supporting the young person to do this.</p> <p><b>Linked with consistent GP or other health and mental health services</b></p> <p>Only five 15+ care and transition plans included a task related to ensuring the young person had a consistent GP or medical service. Of those, only two specified the GP, while the remainder identified that the young person needed to identify the GP they wanted. Four plans included tasks relating to supporting young people to engage with mental health supports and two related to drug use.</p> <p><b>Assisted to monitor own health needs</b></p> <p>The vast majority of plans did not address this domain. Of the four that did, all lacked the necessary detail for a young person to achieve this goal. For example, the 15+ care and transition for one young person with diabetes stated his goals as ‘injecting insulin, measuring insulin, [carer] linking [young person] into another service’ and another, ‘[John] to communicate if he requires support’.</p> <p><b>Confirm services with DSC (now NDIS)</b></p> <p>Of the 28 young people living with a disability who had a 15+ care and transition plan, only two recognised the need to have an NDIS plan completed.</p>

<sup>396</sup> This field is derived from guidance contained in DHHS 2012b, op. cit.

LAC domain	Summary of key planning guidance <sup>396</sup>	Commentary
Emotional and behavioural development	<p><b>Friendships developed and sustained</b></p> <ul style="list-style-type: none"> <li>• Referral to specialist support service (if applicable), for example, mental health, counselling or Centres Against Sexual Assault</li> <li>• Explore appropriate volunteer involvement to promote connectedness to the community</li> </ul> <p><b>Final six months in care</b></p> <ul style="list-style-type: none"> <li>• Clarity about post-placement support</li> </ul>	<p><b>Friendships developed and sustained</b></p> <p>This goal appeared in nine of the plans under review. All but two referred to supporting young people to attend particular youth groups, or sporting and recreational activities. The remainder related to encouraging young people to develop positive peer groups.</p> <p><b>Referral to specialist support service</b></p> <p>Twenty-nine young people had a goal related to linking them to counsellors or psychologists to address trauma or mental health concerns.</p> <p><b>Develop strategies to help the young person identify and manage their emotions and behaviour</b></p> <p>Eight plans contained goals related to behavioural management or emotional-self regulation (almost all of these young people were in residential care).</p> <p><b>Explore volunteer involvement</b></p> <p>Only two plans contained a goal related to the young person volunteering for a community organisation.</p> <p><b>Clarity about post-placement support</b></p> <p>The review did not identify any content under this goal for young people aged 17 and a half and above at the time of the file review.</p>

LAC domain	Summary of key planning guidance <sup>396</sup>	Commentary
Education, training and employment	<p><b>For young people still at school</b></p> <ul style="list-style-type: none"> <li>• Provide various supports to stay in formal education (including through Student Support Groups and Individual Education Plan, private tutoring etc.)</li> </ul> <p><b>For those who are disengaged</b></p> <ul style="list-style-type: none"> <li>• Explore underlying causes of education disengagement, assess educational needs and consider education alternatives</li> </ul> <p><b>Other guidance</b></p> <ul style="list-style-type: none"> <li>• Supported to make appropriate choices about income, Centrelink requirements or employment</li> <li>• Determine if transition brokerage is available for additional education or learning needs, such as tutoring or access to pre-apprenticeship programs</li> </ul> <p><b>Final six months in care</b></p> <ul style="list-style-type: none"> <li>• Ongoing education, vocation, training opportunities and employment support services</li> <li>• Confirm employment arrangements of young people with a disability</li> </ul>	<p><b>Supports to stay engaged in formal education</b></p> <p>31 of the 15+ care and transition plans included actions under this goal. Most actions referred to pre-existing school-based education supports for young people at school who are in care (such as support through Student Support Groups and Independent Learning Plans). Several plans also put the onus on carers, the care team or schools to support the young person to remain at school without detailing how they could or should do this (for example, carer 'to support [young person] in engaging with school and attending on a regular basis'.)</p> <p><b>Explore underlying causes of education disengagement</b></p> <p>There was only one instance of a plan identifying the need to monitor and collaboratively support a young person's re-engagement in education. While five plans identified young people who were on a limited timetable at school or enrolled in a flexible learning option, none outlined any plans for how they would re-engage with full-time school education.</p> <p><b>Supported to make appropriate choices about income, Centrelink requirements or employment</b></p> <p>The file review identified seven plans under this category. In general, actions to obtain employment were vague such as '[Young person] to be supported with exploring what kind of employment would like to apply for' or 'Assist [young person] to obtain employment when required' and assist her to 'access information on her career goals and requirements to pursue her goals'. However, some plans took a more practical approach to such supports; one plan contained an action to make an appointment with a school careers adviser and another to provide a young person with a course guide and support her to choose 'a couple of short courses'.</p> <p><b>Educational, vocational or training opportunities</b></p> <p>Twenty-one plans included content related to exploring or supporting young people to:</p> <ul style="list-style-type: none"> <li>• find out what training a young person might be interested in (n = 3)</li> <li>• explore or link to specific further training/education options (VCAL pathways, GOTAFE etc.) (n = 6)</li> <li>• create or hand out resumes (n = 6)</li> <li>• get work experience (n = 3)</li> <li>• find a part-time job (including interviews) (n = 4)</li> <li>• maintain a casual job (n = 2).</li> </ul> <p><b>Employment arrangements for young people with a disability</b></p> <p>The review did not identify any plan with this content.</p> <p><b>Additional brokerage</b></p> <p>The file review located two instances of plans identifying additional brokerage to meet learning needs (the purchase of laptop to help a young person complete their assignments for school subjects).</p>

LAC domain	Summary of key planning guidance <sup>396</sup>	Commentary
Family and social relationships	<p><b>Living with people and resolving conflict</b></p> <ul style="list-style-type: none"> <li>Managing family and relationships (including developing a clear family contact strategy with immediate and extended family members) and where necessary support the young person in their contacts</li> </ul> <p><b>Pregnancy or early parenting supports</b></p> <ul style="list-style-type: none"> <li>Promote community engagement, social activities and friendships</li> </ul> <p><b>Final six months in care</b></p> <ul style="list-style-type: none"> <li>Accommodation planning if young person is remaining with their carer</li> <li>Transition or post-care brokerage funds to assist the young person in their family and social support networks</li> </ul>	<p><b>Living with people and resolving conflict</b></p> <p>Only three plans included a goal related to young people developing this capability. All of these plans were for young people in residential care and focused on them developing positive relationships with co-residents and workers.</p> <p><b>Managing family and relationships</b></p> <p>Forty-four of the plans under review contained an action related to maintaining scheduled contact with birth parents or siblings. However, only four of these proposed a mechanism outside of contact (for example, family mediation/reconciliation or family therapy to mend fractured family relationships or emotional regulation strategies during or following contact).</p> <p><b>Pregnancy or early parenting supports</b></p> <p>Of the five young people covered by the file review who were pregnant or had become parents, none had a 15+ care and transition plan on file.</p> <p><b>Promote community engagement, social activities and friendships</b></p> <p>Twenty young people had goals and proposed actions under this domain. Of these:</p> <ul style="list-style-type: none"> <li>Two proposed linking the young person to a mentor.</li> <li>Three quarters (n = 16) contained actions to support the young person to engage in recreational activities or hobbies, or 'engage with the community' (none of these actions appeared to be informed by the interests of the young person, although one plan proposed asking the young person about what activities they might be interested in).</li> <li>One quarter (n = 6) aimed to encourage the young person to develop positive peer relationships but did not provide further detail about how this was to occur. Although one proposed that the young person spend 'time with friends that aren't apart of the care system, and these will outlast [the young person's] care experience'.</li> <li>One proposed referring an Aboriginal young person to an Aboriginal youth program.</li> </ul> <p><b>Supports to remain with carer</b></p> <p>The file review did not identify any related tasks.</p> <p><b>Brokerage to support young person in their family and social networks</b></p> <p>The file review did not identify any related tasks.</p>

LAC domain	Summary of key planning guidance <sup>396</sup>	Commentary
Identity plan	<ul style="list-style-type: none"> <li>• Ensure has identity documents (photo ID, birth certificate, Medicare card, Health Care Card)</li> <li>• Ensure other key registrations: tax file number, learner's permit (and driving opportunities), electoral roll and address for post</li> <li>• Create life story records with photos and narratives of the young person's life and share appropriate information about their past, parents and extended family members</li> <li>• Find out where the young person sees themselves in the future, as appropriate for their age, for example what they want to be when they grow up</li> </ul> <p><b>Last six months</b></p> <ul style="list-style-type: none"> <li>• Provision of freedom of information (FOI) pack.</li> <li>• Same-sex attracted young people provided assistance and advice regarding supports</li> </ul>	<p><b>Ensure has identity documents</b></p> <p>Twenty-five plans included this goal which usually related to obtaining identify documents.</p> <p><b>Key registrations</b></p> <p>Six plans noted planned supports to help the young person to drive. Two included plans to help young people obtain their tax file number but none made provision for enrolling to vote or obtaining an address for post.</p> <p><b>Life story work and exploring past and family</b></p> <p>Overall 15 plans contained related actions. These included supporting the young person to:</p> <ul style="list-style-type: none"> <li>• identify extended family members (n = 1)</li> <li>• develop a life story book for key events in care or childhood memories (n = 10)</li> <li>• explore identify or give information about their past (n = 3)</li> <li>• engage in cultural activities to have a wider understanding of Aboriginal background (n = 3).</li> </ul> <p><b>Registered on electoral roll</b></p> <p>No plans included a related task.</p> <p><b>Tax file number</b></p> <p>This was included in only two of the young people's plans.</p> <p><b>Provision of (FOI) pack</b></p> <p>No plans included a related goal.</p> <p><b>Same-sex attracted young people provided assistance and advice regarding supports</b></p> <p>One plan made provision to support a young person connect to LGBTI+ social supports in the community.</p>



LAC domain	Summary of key planning guidance <sup>396</sup>	Commentary
Social presentation	<ul style="list-style-type: none"> <li>• Help the young person with any physical social presentation needs (including how to dress and present for different purposes during the past six months)</li> <li>• Promote positive interactions and behaviours with peers and adults</li> </ul> <p><b>Last six months</b></p> <ul style="list-style-type: none"> <li>• Opportunities where the young person is able to develop skills necessary for attending interviews for housing/ accommodation, sharing accommodation</li> </ul>	<p><b>Physical presentation</b></p> <p>Only eight goals contained actions related to physical presentation. Of these, the majority (n = 5) related to ‘appropriate’ or ‘age appropriate clothing’ for young women. The remainder related to young men improving their personal hygiene.</p> <p><b>Social skills</b></p> <p>Thirty-four plans contained goals related to helping the young person develop their social skills. Almost all of these plans contained actions to support the young person to engage in activities or sport in the community (although only three specified what these activities were) or develop positive friendships with others. However, three plans referred to the young person being supported to develop pro-social skills with the support of a psychologist or counsellor.</p> <p><b>Interview skills for shared housing</b></p> <p>Two plans included tasks related to supporting a young person to prepare for potential housing interviews.</p>

LAC domain	Summary of key planning guidance <sup>396</sup>	Commentary
Self-care skills	<ul style="list-style-type: none"> <li>• Support in understanding how to budget and how to manage money (including opening an account)</li> <li>• Cooking, housekeeping and self-care</li> <li>• Early planning for disability or long-term health condition</li> <li>• Opportunities to take themselves to places, appointments activities and getting learners licence</li> <li>• Planning for accommodation 12 months prior to leaving care</li> </ul> <p><b>Last six months</b></p> <ul style="list-style-type: none"> <li>• Transition or post-care brokerage funds to develop and improve self-care skills e.g. cooking, driving lessons including Commonwealth Transition to Independent Living Allowance</li> </ul>	<p><b>Budgeting and financial literacy</b></p> <p>About one quarter of plans (n = 14) under review contained an action related to budgeting and financial literacy. The majority of these goals (n = 8) placed responsibility upon a young person’s funded agency or carer to assist them to learn how to budget. Four actions under this goal simply related to assisting the young person to obtain a bank account and Centrelink payment.</p> <p><b>Cooking, housekeeping and self-care</b></p> <p>About a third of plans (n = 25) included an action under this goal. Half (n = 12) allocated responsibility to a carer to teach the young person these skills and a smaller number to the care team (n = 4) or a post-care service (n = 2). In two cases, the plan recognised the necessity to assess the young person’s needs in this area before allocating a member of the care team to help the young person gain these skills. Four young people in residential care, with a 15+ care and transition plan, had actions recorded under this goal which all related to them attending to personal hygiene and keeping their rooms clean, while only one related to essential independent living skills such as shopping and meal preparation.</p> <p><b>Early planning for disability or long-term health condition</b></p> <p>The file review did not identify any planning under this goal, with the exception of planning for disability/supported accommodation above.</p> <p><b>Opportunities to take themselves to places, appointments activities and learners</b></p> <p>Thirteen of the plans under review contained an action under this goal. Five young people had an action related to supporting them to make and get to appointments with services on time. Carers or case workers were usually tasked with supporting the young person to achieve this. Seven plans included supports to help the young person learn how to drive which was sometimes supported by brokerage of some kind.</p> <p><b>Commence planning for accommodation</b></p> <p>Fewer than a quarter (n = 12) of 15+ care and transition plans had a goal related to early planning for post-care accommodation. These plans considered the following options:</p> <ul style="list-style-type: none"> <li>• public housing applications (n = 3)</li> <li>• Aboriginal Housing Victoria (n = 1)</li> <li>• ‘independent living’ including private rental (n = 8). Of these, only three contemplated services to support the young person to make this transition</li> <li>• supported disability accommodation if assessed as appropriate (n = 1).</li> </ul> <p><b>Brokerage to support self-care</b></p> <p>Only one plan referred to post-care support (TILA) to help a young person buy homewares, cover gym membership and purchase trade tools.</p>

## Appendix C: Examples of generic tasks and goals in 15+ care and transition plans

Domain	Example of actions contained in plan
Health	<p>'[Young person] has been taken to GP'</p> <p>'GP appointments are required'</p> <p>'[Young person] to receive an annual health assessment as per the out-of-home care guidelines'</p> <p>'[Young person] will have access to relevant health care professionals'</p>
Emotional and behavioural development	<p>'[Young person] is being supported in his placement and by his case worker to refer him to professional services as needed'</p> <p>'[Residential care] staff to remind and administer [young person's] medicine daily. Staff to record this on the medication chart'</p> <p>'Carers to provide age appropriate care and respond to [young person's] needs'</p>
Education training and employment	<p>'Funding access to the internet'</p> <p>'[Young person] to be supported by carer and – [agency] when required – in getting to and from school'</p> <p>'[Young person] to be linked in with an educational provider'</p> <p>'[Young person] to attend [school], where [they] have a very positive relationship [with several staff] there'</p>
Family and social relationships	<p>'Continue to attempt contact with [parent]'</p> <p>'Make arrangements for contact to occur as per the case plan'</p> <p>'[Young person] to see case manager once a week ... to ensure [their] needs are being met'</p> <p>'For regular care meeting to be held to discuss negative peer associations and safety planning'</p>
Identity	<p>'[Young person's] youth allowance debt repayment to be addressed with Centrelink'</p> <p>'Support workers, carers, and family to support [young person] in exploring [their] identity'</p>
Social presentation	<p>'Carer to work with [young person] on his social presentation'</p> <p>'For carers to continue to support [young person] with his friendships, relationships and model appropriate social behaviour and to be socially presentable'</p> <p>'Explore and prompt for differences in clothing, language etc'</p> <p>'Young person to be offered with hygiene bags and information'</p>
Self-care	<p>'Workers to provide [young person] with opportunities to help [them] develop independent living skills'</p> <p>'To support [young person] with practical skills of promoting his independence skills'</p> <p>'[Young person] will follow up and earn pocket money for appropriate chores'</p>

## Appendix D: Analysis of leaving care planning through most recent case plan

Planning domain	Analysis
Health and emotional and behavioural development	<p>The 166 case plans under review included little forward planning for the young people's health needs post-care.</p> <p>Of the six which included tasks related to the young person's health post-care, these included:</p> <ul style="list-style-type: none"> <li>• brokerage to support ongoing health needs (n = 1)</li> <li>• a task related to finding the young person a consistent GP (n = 1)</li> <li>• connecting a young person to alcohol and drug supports post-care (n = 1)</li> <li>• supporting the young person to manage and monitor their own health and/or book and keep appointments with health professionals including to support their mental health (n = 3).</li> </ul>
Education and training	<p>Only 14 case plans referred to supports to transition to further education or vocational training and only one provided for brokerage to support this transition. Four of these plans involved a referral to or supports provided by Springboard and four related to support to explore or attend vocational courses, usually at TAFE.</p>
Income and employment	<p>Twelve case plans included tasks related to obtaining a Centrelink payment for a young person. Otherwise, with the exception of one case plan which included a task to support a young person to find part-time work, they did not consider how the young people would support themselves financially post-care.</p>
Family and social relationships	<p>A very limited number of case plans included goals or tasks related to supporting a young person's family and social relationships post-care (n = 6).</p> <p>These included plans to:</p> <ul style="list-style-type: none"> <li>• provide support to manage family relationships (n = 2)</li> <li>• explore family connections outside of immediate family (n = 2)</li> <li>• identify the young person's interests and hobbies (n = 1)</li> <li>• participate in community activities (n = 1).</li> </ul>
Identity	<p>Nineteen case plans noted the need to obtain key identity documents for the young person (ID, Medicare card, tax file number). Only one planned to help the young person enrol to vote. None of the plans contemplated life story work to help the young person understand their life prior to or during care.</p>
Self-care and independent living skills	<p>Forty-four of the case plans under review included goals or tasks related to self-care and independent living skills, including:</p> <ul style="list-style-type: none"> <li>• support to develop domestic skills such as cooking, cleaning, washing clothes shopping etc. (n = 20), sometimes with the support of a carer, residential care worker or leaving care service</li> <li>• a goal for the young person to develop independent living skills or to perform 'self-care tasks', without providing any further detail as to what that might involve (n = 20)</li> <li>• learning to drive (n = 11)</li> <li>• banking, shopping, paying bills and budgeting (n = 11)</li> <li>• maintaining health and making and attending appointments (n = 3)</li> <li>• helping the young person to connect to services they may require post-care (n = 1).</li> </ul>

Planning domain	Analysis
Accommodation	<p>Of the 166 case plans under review, only 32 addressed a young person's post-care accommodation.</p> <p>More than half of these noted that members of the care team were exploring possible housing options (n = 22) including independent living (through programs such as COMPASS or TCP brokerage) or remaining with their carer (through Home Stretch (n = 6)).</p> <p>In four instances the care team were attempting to identifying suitable supported accommodation for a young person with a disability, including through NDIS.</p> <p>Only 10 of the case plans noted a confirmed accommodation option for the young person including: independent living funded by a TCP (n = 4) or COMPASS (n = 2), remaining with their carer (n = 2), a private rental (n = 1) and supported disability accommodation (n = 1).</p> <p>The review only located two instances where a planned accommodation option (such as remaining with a carer) included a back-up plan in case it fell over.</p> <p>Public housing applications were planned for or had been made for four young people.</p>
Brokerage to support transition	<p>The review noted 21 case plans including actions to support a young person's transition from care through brokerage, including:</p> <ul style="list-style-type: none"> <li>• applying for Transition to independent living allowance (TILA) funding through the Commonwealth (n = 4)</li> <li>• brokerage through the COMPASS program (n = 1)</li> <li>• brokerage to support a young person to engage in further education (n = 1)</li> <li>• TCP brokerage to support accommodation, the development of independent living skills and living expenses or ongoing mental health supports (n = 13).</li> </ul>
Leaving care planning to occur	<p>Eighteen case plans included a goal for leaving care planning to occur at some point in the future, including preparing or updating a 15+ care and transition plan. One case plan included a task that leaving care planning should occur six weeks before the young person turned 18. Four plans included a task that the young person's leaving care needs were to be assessed (for two, through the housing readiness tool).</p>
Referral to leaving care services	<p>Forty-three case plans included a task to link the young person to a leaving care service to help them transition from care (these services included Better Futures, COMPASS and Home Stretch).</p>
Blank sections	<p>The review identified 10 action plans attached to case plans which included a leaving care 'goal' but failed to include any tasks related to that goal.</p>
Disability supports	<p>Aside from attempting to plan for supported accommodation, 11 young people had tasks or goals related to disability supports to assist their transition from care, including supporting young people to:</p> <ul style="list-style-type: none"> <li>• access NDIS as they transition from care (n = 3)</li> <li>• develop independent living skills through NDIS supports (n = 2 )</li> <li>• transition from out-of-home care to the NDIS and ensure the NDIS plan is adequate to support this transition (n = 3)</li> <li>• improve their 'community access' or social connection (n = 2)</li> <li>• find work (n = 1).</li> </ul>

## Appendix E: Analysis of leaving care planning through care team meetings

Planning domain	Analysis
Health and emotional and behavioural development	A very small number of care team meeting minutes referred to ensuring physical and mental health supports were in place for the young person (n = 3), including supporting a young person to make their own appointments and ensuring the young person had an enduring connection with a medical service post-care.
Education and training	<p>Eighteen care team made plans related to pathways to further education or training post-care, including:</p> <ul style="list-style-type: none"> <li>• exploring vocational training options through TAFE (n = 12) or the Youth Foyer Program (n = 3)</li> <li>• supporting the young person to engage in further education or training through Springboard (n = 5)</li> <li>• assisting the young person to re-engage with school (n = 2).</li> </ul>
Income and employment	<p>Twenty-six of the plans addressed income and employment, including:</p> <ul style="list-style-type: none"> <li>• obtaining a Centrelink payment and staying on the payment by meeting jobseeker requirements and repaying Centrelink debts (n = 17)</li> <li>• learning how to budget and manage finances (n = 2)</li> <li>• supports to find paid work (n = 8) including developing a resume and applying for jobs and brokerage.</li> </ul>
Family and social relationships	Outside from discussing contact arrangements, only four of the care team meeting minutes under review discussed supports to build a young person's relationship with family or community prior to leaving care.
Identity	<p>Nine care team minutes contained plans to:</p> <ul style="list-style-type: none"> <li>• help young people obtain key identity documents or tax file numbers (n = 8)</li> <li>• obtain a certificate of Aboriginality (n = 1).</li> </ul>
Self-care and independent living skills	<p>Thirty-four of the plans anticipated providing supports related to the young person learning self-care and independent living skills, including:</p> <ul style="list-style-type: none"> <li>• the care team or carer supporting the young person to learn domestic skills such as learning how to cook, shopping and cleaning (n = 14)</li> <li>• making and attending their own appointments (n = 1)</li> <li>• support to learn how to drive and/or obtain a learner's licence (n = 10)</li> <li>• a statement that the young person would be supported to develop independent living or 'leaving care skills' without further defining what that meant (n = 5)</li> <li>• using public transport to get around (n = 6)</li> <li>• links to a program to develop independent living skills such as Developing Independence through the Foyer program (n = 2).</li> <li>• assessment of independent living skills or housing readiness (n = 3).</li> </ul>

Planning domain	Analysis
Accommodation	<p>Seventeen care team minutes (of young people aged 17 and a half and older at the time of the file review) contained planning related to the young person's post-care accommodation.</p> <p>This included plans to:</p> <ul style="list-style-type: none"> <li>• explore possible accommodation options for a young person on the verge of leaving care (n = 4)</li> <li>• locate accommodation for a young person with a disability and often associated engagement with NDIS (n = 5)</li> <li>• submit housing applications to public housing (n = 4), COMPASS (n = 4) or other accommodation providers (n = 5)</li> <li>• support the young person to remain with their carer including through Home Stretch (n = 1)</li> <li>• support the young person to transition to independent living with a TCP (n = 4).</li> </ul>
Leaving care planning to occur	<p>Fourteen care team minutes noted that leaving care planning was to happen some point in the future through:</p> <ul style="list-style-type: none"> <li>• a future meeting dedicated to this issue or completion of a 15+ care and transition plan or adding a leaving care goal to the case plan (n = 7). Some minutes suggested a rushed process: 'writer raised some concerns around the short amount of time before [the young person] turns 18; intensive engagement needs to occur'</li> <li>• planned engagement with Better Futures to help plan for leaving care (n = 1).</li> </ul>
Referral to leaving care services	<p>On 12 occasions, the care team meeting minutes noted that:</p> <ul style="list-style-type: none"> <li>• a referral to a leaving care service (Better Futures or prior equivalent) had occurred or was planned</li> <li>• continued support from such a service was to occur.</li> </ul>
Disability supports	<p>Fourteen of the care team minutes under review identified tasks related to:</p> <ul style="list-style-type: none"> <li>• engaging with NDIS and/or reviewing NDIS plans to ensure sufficient disability supports were in place post-care (n = 9)</li> <li>• facilitating assessments of a young person to determine eligibility for NDIS supports (n = 5).</li> </ul>

## Appendix F: Analysis of leaving care planning through quarterly reports

Quarterly reports prepared by funded agencies, reviewed by the inquiry, provided a snapshot into short to intermediate term planning for leaving care.

Planning domain	Analysis
Health and emotional and behavioural development	<p>There was a limited focus on supporting mental health in the transition to independence (n = 9). The limited examples included:</p> <ul style="list-style-type: none"> <li>• drug and alcohol and mental health supports post-care (n = 7)</li> <li>• supports to attend appointments related to a pregnancy (n = 1)</li> <li>• a referral to 'mental health' supported accommodation (n = 1).</li> </ul>
Education and training	<p>Twenty-four of the quarterly reports made plans for supporting ongoing high school study, reengaging with education, or further training and education post-care. This included supports to:</p> <ul style="list-style-type: none"> <li>• attend TAFE (n = 6) or undertake or explore other vocational training or apprenticeships (n = 9)</li> <li>• re-engage with education, assisted by Better Futures, Springboard or an educational specialist (n = 4)</li> <li>• extend their carer's allowance beyond 18 to support further study (n = 1)</li> <li>• apply for scholarships to undertake further study (n = 1).</li> </ul>
Income and employment	<p>Twenty-eight of the reports addressed income and employment, including:</p> <ul style="list-style-type: none"> <li>• obtaining or maintaining a Centrelink payment (n = 10)</li> <li>• supports to find casual or part-time work (n = 20).</li> </ul>
Family and social relationships	<p>Only a small number of young people (n = 4) had plans to strengthen relationships with their immediate or extended family but contained no detail as to how this was to occur.</p>
Identity	<p>Six of the quarterly reports of Aboriginal young people contained plans to help them strengthen their connection to culture through return to country planning (n = 2) or conducting further research about a young person's Aboriginal heritage (n = 4).</p> <p>Four of the reports included plans to obtain identity documents for the young person (n = 4).</p> <p>Only one plan related to life story work for a non-Aboriginal person (n = 1).</p>
Self-care and independent living skills	<p>Forty (n = 40) of the plans contained supports related to learning independent living skills, including:</p> <ul style="list-style-type: none"> <li>• a statement that the young person would be supported to develop independent living or 'leaving care skills' without further defining what that meant (n = 16)</li> <li>• domestic skills such as learning how to shop, cook and clean (n = 9)</li> <li>• learning how to budget (n = 6)</li> <li>• getting from place to place (n = 3)</li> <li>• support to learn how to drive (n = 19).</li> </ul>



Planning domain	Analysis
Accommodation	<p>Forty-eight of the quarterly reports included planning for post-care accommodation including:</p> <ul style="list-style-type: none"> <li>• supports for a young person to remain with their carer post-18 (sometimes through a referral to Home Stretch (n = 8))</li> <li>• locating appropriate supported accommodation for care leavers with a disability or mental health concerns (n = 12)</li> <li>• exploring or securing housing options including independent living with a TCP and COMPASS (n = 27)</li> <li>• a public housing application (n = 2).</li> </ul> <p>Among those aged 17 and a half and older who were contract case managed (n = 61), only 10 had secured a stable housing option at the time the quarterly report was prepared.</p>
Leaving care planning to occur	<p>Twenty of the quarterly reports under review noted that leaving care planning was to occur including by completing the 15+ care and transition plan or involvement in a leaving care panel.</p>
Referral to leaving care services	<p>Nineteen of the plans addressed supports for the young person to engage with their Better Futures/leaving care worker.</p>
Disability supports	<p>Eleven of the quarterly reports under review identified tasks related to engaging with NDIS and/or reviewing NDIS plans to ensure sufficient disability supports were in place post-care.</p>

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COMMISSION FOR CHILDREN  
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### **Commission for Children and Young People logo**

The logo represents our vision for all children to be strong in health, education, culture and identity, and face the world with confidence.

The people are connected, equal in size and importance, and there is a fluidity that binds them together.

The mission of the Commission is for all young Victorians to achieve these goals.

The symbol is a Koori design created by Marcus Lee for the Commission.

The Commission respectfully acknowledges the Traditional Owners of the country throughout Victoria and pays respect to the ongoing living cultures of First Peoples.



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