Stand By Me – Flexible and Holistic Support for Young Care Leavers: Smoothing Transitions from Care

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Young people placed in out-of-home care (OHC) through Child Protection in Victoria are formally discharged by the expiration of their care order at the age of 18 years or younger. In contrast, young people in Australia generally live in their family home with parents or carers well into their twenties. Whilst there are a range of leaving care and post-care services funded for care leavers, these supports tend to be temporary and discretionary in contrast to the ongoing support young people receive whilst in care or, in some cases, from family and social networks post care. Numerous studies have documented the developmental challenges experienced by young people leaving state care, and the often poor outcomes faced by this group. The Stand By Me (SBM) programme was developed in Victoria to replicate the ongoing support provided in the UK to care leavers by Personal Advisers who remain available to assist young people until 21 years of age. Evaluation of the SBM programme has shown that ongoing, holistic support, including housing support, has assisted 12 young people through the SBM pilot to access stable housing, address multiple and complex issues, and form trusting relationships with SBM workers that contribute to positive outcomes.

■ **Keywords:** out-of-home care (OHC), leaving care, Stand By Me programme, personal advisors, evaluation

Introduction

Young people placed in out-of-home care (OHC) through Child Protection in Victoria are formally discharged by the expiration of their care order at the age of 18 years or younger. In contrast, young people in Australia generally live in their family home with parents or carers well into their twenties, relying on the support of family and social networks to navigate their way through secondary, vocational and/or tertiary education and seeking out a career or full-time work (Australian Bureau of Statistics, 2013). The 'revolving door' of the family home gives access to a safe haven, enabling young people to trial living in independent households and with partners (Lee, 2014). For many of the 3273 young people nationwide, including just over 760 young people in Victoria, aged 15–17 years, who are discharged from OHC each year, there is no revolving door to reconnect them with support and accommodation (Australian Institute of Health and Welfare, 2016).

Whilst there are a range of leaving care and post-care services funded for care leavers, these supports tend to be temporary and discretionary rather than ongoing and universally available. Despite the establishment of mentoring, post-care support and flexible funding programmes for eligible young care leavers in Victoria, numerous research studies, and government and community sector reports have documented a range of poor outcomes for many care leavers. This group of young people exiting from OHC remain one of the most vulnerable and disadvantaged groups in Australian society (Mendes, Johnson, & Moslehuddin, 2011).

In 2011, a scoping study of leaving care supports in the State of Victoria identified a group of care leavers

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particularly at risk of homelessness and other outcomes. This group of young people typically presented with multiple and complex needs associated with mental health issues, intellectual or cognitive disabilities, and issues such as substance abuse, youth justice involvement, violence and sexual vulnerability. They are the cohort least likely to receive assistance from mainstream leaving care services because their high needs and challenging behaviour do not fit within the design and limited resources of that service system; yet, they are also those most likely to be in need of support and services post care (Whyte, 2011). The Stand By Me (SBM) programme was developed in Victoria and piloted in Melbourne in early 2013, with funding from the Ian Potter Foundation and the Lord Mayors Charitable Foundation to provide the flexible and holistic support needed by young care leavers at the highest risk. The 3-year pilot concluded in December 2015.

SBM is an intensive support service for young people transitioning out of the OHC system. Two workers were appointed, and each worked with six young people (12 in total) transitioning from care. SBM aimed to promote a successful transition by utilising an early intervention approach that involved engaging and developing relationships with the young person and their support workers whilst they are still in care, and continuing to work with them more intensively post care. The programme targeted 16–21 year olds who were on a child protection guardianship or custody order, and who were likely to be more vulnerable leaving care because of: being at risk of homelessness; presenting with complex behaviours and intensive support needs related to disability, substance use, mental health issues, exclusion from education and training, and/or limited community networks; a history of unresolved trauma; or limited skills or capacity to live in shared accommodation. The average contact time with each young person was 4 hours per week, but there could be additional contact if the young person was in crisis or required extra support for any other reason (Mendes & Meade, 2014).

The SBM programme was developed as an adaptation of the Personal Adviser (PA) model introduced in the UK as a result of the Children (Leaving Care) Act 2000. The PA provides continuous support for care leavers from 16–21 years – or until 24 years if they are still in education or training – and coordinates the resources and services required to meet their Pathway Plan. The Plan identifies the young person's needs for support and assistance in core areas such as health and mental health, housing, financial support, living skills, education and training, employment, and family and social relationships, and how these needs will be addressed (Department of Health, 2001).

There were a number of similarities between the SBM activities and the PA role. Most notable was the continuity of the support relationship over an extended period from prior to leaving OHC, through the transition, to the end of the post-care phase. The SBM worker provided secondary support and consultation in partnership with existing case managers and care teams, whilst the young person was still in care in order to develop their leaving care plan. After discharge from care, the SBM worker remained actively engaged with the young person via assertive engagement, and liaised with other professionals to promote community support for the young person.

There were also significant differences. The Children (Leaving Care) Act 2000 imposes an obligation on English local authorities to provide assistance to all care leavers till at least 21 years of age via their Pathway Plan and PA (Department of Health, 2001). In contrast, Victorian care leavers only receive discretionary support post care (Mendes et al., 2011). Consequently, SBM was not a universal programme like the PA model, but rather a pilot programme funded by a philanthropic trust and targeted to particularly disadvantaged care leavers. Additionally, the SBM worker performed an intensive case management role with a small caseload (six young people), focussed on enhancing independent living skills and facilitating housing options. This contrasts with the PA's coordination and planning role with larger client groups.

The aims and objectives of the SBM programme were informed by an extensive review of the leaving care research literature (Whyte, 2011), as well as Berry Street's practice experience supporting young people in OHC to transition from care and post care. Several service and support gaps were identified in the current leaving care system affecting young people with complex support needs, especially those lacking family support during the transition from care. This group of young people are particularly vulnerable to falling through service gaps in a fragmented leaving care system, often resulting in experiences of unsafe and unstable accommodation, and isolation in the absence of a supportive network. Consequently, the SBM worker roles included the following:

- Working with case managers and care teams to identify young people who are likely to need ongoing support during the leaving-care transition and post care;
- Working alongside the case manager whilst the young person is still in care, to promote assessment, planning and skill development;
- Assuming a more assertive role once the young person transitioned into post care, providing relationship continuity with a view to establishing and maintaining the young person, up to the age of 21 years, within an ongoing community-based support network;
- Providing a key regional contact point for vulnerable care leavers;
- Acting as a strong advocate and key conduit between the young person and appropriate support services, whilst not duplicating any existing leaving care or post-care service;

- Coordinating referral to key services such as mental health, disability and substance abuse services, and advocating for ongoing support from these services;

- Actively coordinating housing options information and eligibility criteria for the relevant geographic region/area, including, where appropriate, matching young people leaving care so that they could live together in shared accommodation to reduce loneliness and increase skills transfer and sharing of resources;

- Regularly visiting young care leavers in their accommodation, ensuring continuity of relationship and the assistance of an adult in negotiating any barriers to the young person/people maintaining their accommodation;

- Modelling problem-solving for young people;

- Facilitating community connections;

- Mediating in family and relationship difficulties;

- Adapting to the needs of the young people as they develop over time (Berry Street, 2012).

These and other aspects of support were investigated in the formal evaluation of the programme.

Methodology

Ethics approval to conduct the evaluation was attained from the Monash University Human Research Ethics Committee in 2012. Young people interviewed for the evaluation were read an explanatory statement to ensure that literacy difficulties would not be an issue in obtaining informed consent. The explanatory statement assured young people that they would not be disadvantaged in any way if they chose not to participate. They were also informed that their identity would be protected by the use of pseudonyms where young people were quoted, and that identifying data would be omitted from any publication of results.

The SBM evaluation sought to identify the differences that SBM interventions had made to the leaving care outcomes of a particularly at-risk group. The SBM cohort were referred mainly from residential care and lead tenant placements, and the programme was only open to those most at risk of homelessness and other negative outcomes. Practically, this is an extremely difficult population to reach as young people experiencing homelessness, poverty, substance abuse, sexual exploitation, family violence, early parenthood, a lack of education and work experience, literacy and learning difficulties, and serious mental health issues are typically difficult to contact and engage in research. Indeed, three of the 12 SBM clients did not make themselves available to be interviewed for the evaluation.

The evaluation also conducted interviews with non-SBM supported young people focussing on their leaving care experiences. Whilst a comparative experimental approach is an effective means of examining differences between groups where the comparison group is not receiving a similar intervention, this form of research with vulnerable popula-

tions can be problematic for both practical and ethical reasons. Ethically, there are challenges in interviewing people experiencing many complex issues. Asking young people about their difficulties and lack of support has the potential to prove upsetting. Some of the key considerations in research with such vulnerable groups are ensuring, first, that informed consent is attained, and that the research participation does not cause any physical or psychological harm. There is also a duty for welfare professionals and researchers to provide information to young people on counselling and other assistance available to them should they be upset by their participation. This concern is often addressed through the practice of recruiting research participants through welfare programmes that are already providing services to care leavers, and are able to provide follow-up support to participants should they experience any distress following their involvement in interviews or focus groups (Mendes, Snow, & Baidawi, 2014). The alternate group in the SBM evaluation was recruited through existing post-care programmes for the practical and ethical reasons discussed above. Young people who consented to being involved were receiving significant supports, and were mostly living in stable and supported accommodation which included significantly subsidised rents. The evaluation was not able to compare outcomes for the two groups as the comparison group were, at the time of their interviews, receiving similar supports. However, interviews with the comparison group revealed that most had acquired their housing through accessing homelessness services post care. As such, the comparison group had not received substantial support in their transition from care, and were able to inform the study of how the absence of an SBM-type programme had impacted on their time in OHC, their experiences leading up to their exit from care and their post-care experiences.

Since the SBM programme represented a change to the status quo in leaving care support, an exploratory examination of the kind of support offered by the programme and accepted by the young people was required. Therefore, the semi-structured interview schedule for the SBM supported group was based around what support young people reported receiving through the programme, and how they evaluated that support. The evaluation also entailed interviewing and conducting focus groups with a range of professionals and carers who had worked with clients in the SBM programme, as well as with other young people exited from care without SBM support, who provided a system-centric perspective on differences they noticed between the two groups.

Results

The practice of exiting young people from OHC based on the chronological age of 18 years (or an earlier expiration of court orders) occurs irrespective of developmental readiness or the availability of appropriate accommodation. This

practice appears to cause serious anxiety in young people that hampers effective leaving care planning:

> I think for young people when they were exiting care, if there was an appropriate accommodation option for young people it would go a long way to reducing their anxiety. So if they knew that there was a pathway that was going to be available to them then a lot of their energies wouldn't necessarily need to go into worrying about that and you could look at how do we prepare them for that option. I can't imagine how horrible it must be for a young person to not know next week where they're going to be. (Non-SBM program manager)

A Residential Care Unit manager also raised the issue of leaving care anxiety:

> [W]hen young people are heading towards an exit from care it's a time of high anxiety because there's all that uncertainty. They don't know what's ahead and I think it's a big ask to expect an 18-year-old person to even contemplate living independently when they've never usually done that before. So their behaviours often escalate, they often vote with their feet and don't make themselves available for those discussions or they're in denial. So it's really difficult for workers to even commence those discussions. (Residential Care Unit Manager)

Most respondents thought that young people in OHC tended to experience the lead up to turning 18 or to their order expiring as a time of uncertainty involving fear and concerns about housing and financial insecurity. It was also thought that the existing siloed system of support services, which contains many distinct services within different organisations providing targeted support for particular issues, was not appropriate for young people leaving care. Multiple workers for addressing different support needs were not seen as ideal:

> A lot of young people, when they leave care, they have been in an environment where everything they do is monitored, they've got staff there all the time, they are accompanied to all their appointments; the last thing they want to do is have to go to a range of different people for different things. (Non-SBM program manager)
> I think just what they should do is when they've got a kid they should just leave it with one worker, and then they should just work together through everything through that. Instead of just pushing people and making them, because most of the kids already feel like they've been, you know, have that neglect in their life and felt like they're not wanted and they feel like just being palmed over to somebody else, another stranger, and then by the end of it you don't want to talk to them and tell them anything because you're just over it. You think, 'What? I'm going to tell you something and then another one's going to come along?' (Kelly, non-SBM supported young person)
> There's too much communication going on between too many people. I got in trouble at school for forgetting a book. They call home, they tell one worker, that worker's leaving so they write it down, another worker sees it and suddenly they think I've beaten someone up. But it's literally Chinese whispers. Nothing ever actually is taken down that actually happened. It's, yeah, it's insanity. It's chaos, because there is no real organisation. (Caine, SBM supported young person)

A need for more intensive, holistic and flexible support for young care leavers was identified by respondents and there was much praise for the SBM programme:

> It was hard because when I first moved in I didn't have anything. So I think I had a bed and that was it. I didn't have a fridge, microwave or anything like that. And trying to get in contact with my worker that was helping me with that was hard. (Kerrie, non-SBM supported young person)
> I don't have to go through the whole structure because I just don't understand the structure. I don't understand, when you give a job to someone, then someone goes to another one and another one goes to this. It's like one person has a manager and that manager has another manager and it's just like it's a never-ending circle. And I don't think I can go through that. That's why I'm trying to fit everything in before [SBM worker] leaves me because I know that it's just going to be such a hassle trying to get money … you get a bit scared to be independent when you've always had someone there, like, behind you. It's pretty good that SBM is still standing by me. (Cara, SBM supported young person)
> So if it hadn't have been for SBM I'd probably still be out in the gutter somewhere. I wouldn't be doing a photography course. I wouldn't be living here. Wouldn't really, yeah … And these days there's so many kids out on the street. It's so sad. If they had SBM workers this wouldn't be happening … They're out on the street for two, three years. They're used to work and accustomed to that life, but, like, they don't know any different. I have friends that do window washing on Hoddle Street that have been on the street for five, six years, that their job is to now wake up, go and wash windows at a set of lights, and they make a lot of money, they do, but that all goes straight to heroin, and then they've got nowhere to live. They have nothing, they have kids, and they're out on the street. And that could have been avoided. Like, I could very well be on the street doing window washing, but, I'm not, because I had [SBM worker]. I could be on the street prostituting like a lot of my other friends from resi [residential care] units, but I'm not, because I had [SBM worker], whereas these girls didn't. A lot of these girls are pregnant with kids, or have been pregnant that have kids, that are out on the street prostituting. I know that's sad. It's sad to see a beautiful girl that I used to know so well that was so innocent now standing proud on Grey Street for a $100 or $200 bucks so that they have somewhere for them and their kid to go. (Stacey, SBM supported young person)

Young people supported by SBM spoke about the value of being assisted with practical needs through developing the relationship with their SBM worker. Alongside the informal approach to engagement, other collaborative interactions also made young people feel like someone was there for them, such as: taking young people on outings from their residential care placements or foster homes to breakfast, coffee or lunch; assisting young people to get to their appointments; at times helping them get to or from education, employment or training activities; and shopping carefully

for the most appropriate household items. The SBM model was consequently able to duplicate a more normative experience of parenting to an older adolescent, an experience that would not typically involve the distribution of support tasks to outsourced services, or engagement with numerous adults unfamiliar to a young person. Supportive parents, after all, are available when their children need a lift to work or the train station, and they assist young people to identify the best things to buy within their means. SBM workers did not attempt to imitate family members, yet they provided SBM clients with the security of knowing that advice, assistance and emotional support were available if required.

In contrast, many non-SBM supported young people reported feeling abandoned by the system as statutory supports fell away on or before their 18th birthdays:

> I would have liked them, like the workers, to stay longer or prepare me or have a backup plan for when I did go home because it was just . . . Before I hit 18 everyone just left and it was just like I was left with nothing. If I needed a worker or I needed someone to talk to there was nobody. (Pete, non-SBM supported young person)
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> I would have liked a bit more support because they just gave me $100 and said "Oh, the supermarket's up the road", which was like a 45-minute walk, and they were like, "Well if you need anything just call us on Monday", and that was basically about it. (Christian, non-SBM supported young person)
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> When you leave care, some of your supports go as well and when you hit a certain age all the supports that you did have can no longer be with you because you've reached that mark. (Kelly, non-SBM supported young person)
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> All my life I've had workers that kind of replaced my parents. So without them, it's like no parents. (Christine, non-SBM supported young person)

According to two SBM clients, their post-care trajectories without access to SBM could have been tragic:

> We talked about this the other day. I reckon I could have probably been dead . . . I don't know. Then if I was homeless all the time, and I didn't have any food or shelter or anything, I would be sleeping on the street. I probably would have got pneumonia. I couldn't afford any food or something, I was starved. So yeah, I probably would be dead. I think about things really logically. (Jarrod, SBM supported young person)
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> Like, pretty much, if I didn't have SBM, I'd probably still be on drugs out in the gutter with nothing, because that's what happens. They kick you out a couple of months before you're 18 with nowhere to go, no money, no job, no schooling. And how are you meant to get schooling? How are you meant to get a job? How is someone meant to give you a go when you're on drugs and you have no idea? You have no previous work experience, so you don't have a reference. You know what I mean? Like, how are you meant to go out, and how are you going to get a job when you're on the street? That was half my problem. (Stacey, SBM supported young person)

Discussion

The SBM programme was developed to address the existing weaknesses in the Victorian leaving care system including, particularly, the lack of guaranteed support with housing and other core needs beyond 18 years. The feedback from young people about SBM and about the myriad other services they've had in their lives centres on the key aspects separating SBM support from the models of support provided by other government-funded services. SBM is there for young people in the lead up to their exit from care, and continues when other services drop away. SBM has been developed to avoid the siloing that characterises other services, which leads to the service gaps that plague this highly vulnerable group of young people. It seeks to provide assistance with any issues as needed, and has the time available to do what is necessary to get a young person help, with the support of a worker who they have got to know and trust. Workers were equipped with brokerage and resources to address some of the most critical issues faced by care leavers such as homelessness, a lack of income and food costs, without necessarily having to refer out (or defer) to other services. According to an SBM worker, 'that flexibility once again, it's almost like responding to a fire with a fire hose straightaway, that you can just put it out and without having to worry about anything else. It's been great, yeah'.

Conclusion and Recommendations

In the Victorian context of affordable housing scarcity, and fragmented and siloed support services, young people with complex needs require access to a single contact for assistance during the transition from care. Intensive support from a central worker is required to establish trust and a positive working relationship. Though a range of Victorian initiatives currently target care leavers, these are often plagued by various deficiencies. For example, mainstream leaving care and post-care services:

- are often unsuited to young people with multiple and complex needs;
- typically require young people to have an ability and willingness to engage in education, employment or training;
- are usually unable to respond to a young person's changing needs over time due to extensive application procedures; and/or
- do not typically provide crisis support and access to housing.

The evaluation of the SBM pilot programme has found that these service gaps can be bridged for this particular group of care leavers by amalgamating key identified needs in leaving care service provision. The evaluation recommends:

- An engagement period with flexible brokerage for prosocial spending that equips case workers with the time and

resources to establish rapport with clients. These prosocial activities are carried out in non-institutional settings such as cafes, shopping centres and whilst transporting the young person, feeding them, and occasionally taking them out for a treat or other leisure activities. This informal support, a normative experience for many young people, is foundational in the development of positive working relationships between SBM workers and clients, and appears to have allowed other important work to be carried out, improving outcomes over the longer term.

- Holistic, wraparound support with flexible brokerage that works with a young person in their broader family, social and community contexts. Such support further assists the development of the worker–client relationship, and familiarises the worker with each young person's needs. As a supportive family enquires and knows facts about a young person's friends, education, housing, physical and mental health and romantic relationships, so too does the SBM worker. This case management model reflects a healthier attachment style than the fragmented and siloed service system otherwise available to care leavers.

- Leaving care planning and strong, independent advocacy based on a period of engagement with young people that encourages their active and considered participation. SBM supported clients spoke about their workers knowing them, and consequently learning to trust the advice of SBM workers. Advocacy was critical in the development of trust, and also in completing 100% of SBM clients' leaving care plans. Both SBM workers and non-SBM programme staff talked about leaving care planning falling by the wayside for many clients, and the brokerage application processes requiring support and advocacy to complete.

- Housing support that provides a safety net and ongoing stability to prevent the disruption and additional trauma of homelessness. Leaving care studies consistently report that young people exiting care into safe and stable housing fare better in the long term. SBM supported young people were able to move from OHC to other accommodation, avoiding the trauma of not knowing where they would stay. In contrast, the group of young people interviewed who did not receive support from SBM predominantly returned to family with the exception of the two who exited to unsustainable or inappropriate private rental properties, and one who was entering disability housing after a long placement in respite care. Seven of these young people ended up requiring housing support and were in, or moving to, supported housing at the time of the interview (Purtell, Mendes, Baidawi, & Inder, 2016).

In conclusion, the SBM evaluation confirms the need for young people transitioning from care to receive the same financial, emotional and social support, and nurturing provided by most families to their children. Post-care support should reflect developmental needs not chronological age, be mandatory rather than discretionary, and focus on preparing young people for continuing support and interdependence rather than independence. There is a strong argument for care authorities to duplicate the ongoing and holistic support that responsible parents in the community typically provide after their children leave home until at least 25 years of age.

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