

Practice Commentary

Leaving Care and at Risk of Homelessness: The Lift Project

Volume 42 ■ Number 1 ■ pp. 9–17 ■ © The Author(s) 2017 ■ doi:10.1017/cha.2017.2

Mike Clare, 1 Becky Anderson, 2 Murielle Bodenham 3 and Brenda Clare 1

The paper reflects on developments in leaving care policy and practice in Western Australia (WA) and nationally from the mid-1990s. The review of national and some international literature suggests that current Australian policy and practice shows a 'systems stuckness' that requires a more potent form of annual auditing and reporting of jurisdictional leaving care outcomes. The review of mostly Australian publications focusing on leaving care and the risk of homelessness includes reflections on recent developments in leaving care services in England, which recognise and restore relationship-based services for care leavers. Finally, the history, vision and initial impact of the Living Independently for the First Time (LIFT) Project, a case study of learning by doing, is outlined. The authors and their colleagues from the Department for Child Protection and Family Support (Midland District), Swan Emergency Accommodation (now known as Indigo Junction) and the Housing Authority of WA have collaborated to design and develop the LIFT Project. This initially unfunded action-research strategy involves inter-agency policy and practice designed to prevent homelessness of vulnerable care leavers.

■ Keywords: Leaving care outcomes, risk of homelessness, emotional cut-off, relationship-based practice, working collaboratively

Introduction

A number of leaving care policy and practice projects in Western Australia (WA) were developed in the mid-1990s, initiated through the Western Australian Association of Young People in Care (WAAYPIC), now CREATE (WA). Early activities included a review of national and international literature funded by the ANZ Foundation. Project reports highlighted the importance of preparation for leaving care, which were largely informed by consumer feedback during Life Skills Workshops for care leavers (Clare, 2006; Clare, Murphy, & Moschini, 2000). More recently, a study of the WA Children's Court processes 1 identified the number of young people leaving care from Juvenile Justice Incarceration (Spiranowic, Clare, Clare, & Clare, 2013). Since June 2015, managers and practitioners from the Department for Child Protection and Family Support (CPFS) Midland District, Swan Emergency Accommodation (SEA) and the Housing Authority of WA have established the Living Independently for the First Time (LIFT) Project. A major goal of the LIFT Project is to learn by doing to develop inter-agency policies and practices to support an integrated relationship-based service that prevents the homelessness of vulnerable care leavers; this paper reviews the history, vision and initial impact of the LIFT Project.

WA Leaving Care Legislation

In her review of international literature about leaving care policies and outcomes, Tweddle (2007) asserts that Australian States and Territories have developed their own legislation, policies and procedures. There are important differences within jurisdictions - and the LIFT Project fits within this framework of differences within a jurisdiction by being an innovative project within WA.

In WA, provisions about leaving the CEO's Care are detailed in Sections 96, 98, 99 and 100 of the Children and Community Services Act 2004. As at the end of November, 2016, the Act places responsibility on the CEO of CPFS

ADDRESS FOR CORRESPONDENCE: Mike Clare, Adjunct Senior Research Fellow, School of Population Health, The University of Western Australia. E-mail: mike.clare@uwa.edu.au

¹School of Population Health, The University of Western Australia, Western Australia

²WA Department for Child Protection and Family Support, Midland District, Western Australia

³Indigo Junction (previously Swan Emergency Accommodation), Western Australia

to assist young people aged between 15 and 24 years, who have been the subject of a protection order or a negotiated placement for at least 6 months. Section 98 specifies that the CEO must ensure that a child who leaves the CEO's Care is provided with any social services that the CEO considers appropriate having regard to the needs of the child as identified in the care plan.

The 2015 WA leaving care policy is guided by the objectives, principles and requirements of the Act and is one of a number of CPFS priorities for better services for young people in the CEO's care. The policy identifies three stages of leaving care, namely Preparation, Transition to Independence and After Care. The LIFT Project seeks to address all three stages. CPFS also funds four non-government leaving care services with specified metropolitan and regional responsibilities to assist young people with a range of needs such as access to accommodation, improved family relationships, independent living and links with appropriate services.

Background: Evidence of Physical, Emotional and Financial Costs of Homeless Care Leavers in Australia

The findings of these State and Territory and national studies suggest that the quality of preparation for leaving care in Australia is inconsistent, and varies both within and across the different States and Territories, as well as within non-government organisations. (Mendes, Johnson, & Moselbuddin, 2011, p. 65)

Approximately, 1550 young people age out of care each year in Australia (Heerde, Hemphill, Broderick, & Florent, 2012) and many face great disadvantages. In the next section, we cite a number of researchers who disaggregate the care leaver population to identify those who are 'stayers' (Clare, 2002), those who 'move on' (Stein, 2006, 2015) and those who make a 'smooth transition' to independent living (Johnson et al., 2010). However, unlike most young people living with their families, too many care leavers begin their journey towards adult independence much earlier and with more finality. They leave care between the ages of 15 and 17, rather than in their mid-twenties (Clare, 2006; Osborn & Bromfield, 2007), with no option of returning to their placement in times of difficulty. 'Their journey,' as Stein (2006) notes, 'is both accelerated and compressed' (p. 274).

For too many, this accelerated journey is typified by a lack of support – emotional, social and financial – and by the continuing risk of homelessness, defined by Flatau, Theilking, Mackenzie, and Steen (2015) as 'a state of non-permanent accommodation' (p. 1). As an umbrella concept, homelessness includes the following: sleeping rough on the streets and in parks; temporary living (in cars, couch-surfing); living in crisis accommodation; or in very cheap motels and boarding-houses. The following brief review

of mostly Australian studies identifies the complexity of the problem, with evidence of a prolonged 'systems stuckness' in addressing challenges that were identified almost 20 years ago.

In their national study involving focus groups with over 200 care and protection workers and 43 young people from five jurisdictions, Maunders, Liddell, Liddell, and Green (1999) reported that 50% of the care leavers had experienced a period of homelessness since leaving care. In conjunction with this finding, the authors identified a number of factors impacting on the transition to independent living, including unresolved anger towards family members, workers or the care system; unsuitable and unstable placements, with multiple changes of carers and workers; lack of preparation for leaving care; lack of long-term goals like education or employment; lack of sufficient income and contact with the juvenile justice system and imprisonment.

The Senate Community Affairs References Committee (2004) noted the life-long negative impacts for many children leaving care, including relationship problems, drug and alcohol abuse, loss of education and work opportunities, long-term physical and mental health problems and antisocial and criminal behaviour. The report asserted: 'This is a significant cost to the individual and a massive long-term social and economic cost for society which may be compounded when badly harmed adults in turn create another generation of harmed children' (Senate Community Affairs References Committee, 2004, p. 166).

Mike Clare (2006) has looked at the introduction of performance indicators for UK agencies working with children in care, and proposed adapting these to leaving care services in WA. The National Priorities and Strategic Objective (Department of Health, 1999) were introduced in the UK to monitor funded services, and, as a consequence of this step, local authority departments report annually on such outcomes as the stability for placements of children in care, their attainment of educational qualifications, employment and training, as well as their health needs. Clare recommended a number of changes to leaving care reporting in Australian States and Territories, including the following:

- The formulation of key performance indicators for leaving care programmes and the reporting of agreed outcomes by non-government and state agencies to a national institution, such as the Australian Institute of Health and Welfare.
- The auditing of the annual progress of young people in care from their 15th birthday until they turn 21 years old, in line with the auditing dimensions and processes in the LIK

McDowall (2008) reviewed a number of national and international studies to identify the common characteristics of care leavers who are likely to be undereducated, unemployed or under-employed, parenting at an

earlier age, incarcerated or involved in the criminal justice system, experiencing homelessness, having mental health issues or dependent on Centrelink. Highlighting the needs and concerns of care leavers across agencies, identified by the national CREATE Report Card Study, McDowall (2010) subsequently notes as follows:

- 35% of young people were homeless in the first year of leaving care.
- 50% of young people in care had to leave their placement upon turning 18. 40% of these young people did not know where they would be living after this time.
- 28% of young women with a care background aged 18 had a baby.
- There are high levels of substance abuse for young people in care.

More recently, Mendes, Snow, and Baidawi (2014) identified some of the risks and vulnerabilities facing young people who leave care from juvenile justice incarceration. These dual order care leavers were particularly vulnerable and traumatised, with a significant number also experiencing learning difficulties, and having high rates of substance abuse that were associated with offending behaviour. Others became young parents with ongoing involvement in child protection agencies, and had histories of attempted and failed family reunifications, which led to further traumatisation and involvement. Mendes, Snow et al. (2014) noted, in particular: 'Informants identified that substance use in this group impacts adversely on transitions from care by making it harder to access and maintain stable housing' (p. 253).

Evidence of 'systems stuckness' emerged from the work of the Senate Standing Committee on Community Affairs (2015) on out-of-home care. Observing that most jurisdictions do not collect data on the number of children transitioning to independence, the Committee examined the care outcomes identified in the 2013 CREATE Report Card, and reported as follows:

- 35% of care leavers were homeless in the first year of leaving care.
- Only 35% had completed Year 12.
- 29% were unemployed, compared with the national average of 9.7% at that time.
- 70% were dependent on Centrelink for income support (Sections 4.92 and 4.94).

In the Recommendations Section (10.1), the Senate Committee concluded they were "deeply concerned by evidence that suggested out-of-home care placements are not safe or stable and that children and young people experience significantly poorer outcomes than their peers...".

Finally, to complete this review of Australian publications, and deliberately out of the time sequence because of the significance of the proposed moral standard, Mendes, Pinkerton, and Munro (2014) reflect on the consistency of identified concerns facing care leavers and their agency workers. With housing instability and homelessness heading their summary of concerns, Mendes, Pinkerton et al. (2014) assert that increased intervention in families by invasive state child protection systems has to be justified. Recognising future consequences for children who remain in care, they stress that 'Governments have both the moral and legal obligation to devote sufficient resources to ensure that the outcomes for those 'rescued' children are better than if they had remained with their family of origin' (p. 1).

Scoping the Risk of Homelessness on Leaving Care

Young people 'aging out of care' have to manage multiple transitions – moving into independent accommodation, leaving school and trying to find work or other means of support and becoming financially independent – in a shorter time, at a younger age and with fewer resources and supports than their peers (Johnson et al., 2009, p. 1).

Reflecting on links between the care journey and postcare life experiences, a number of authors have focused on the nature of different pathways through care. Brenda Clare (2002) identifies four categories of care journey, each with particular implications for the child's sense of social and psychological wellbeing. She differentiates between those in care as follows:

- *The Passers Through*: in care for a brief stay before returning to family.
- The Repeaters: experiencing several episodes of shortterm care, sometimes planned (for example, serial respite), but frequently under circumstances of crisis and trauma.
- *The Movers*: multiple placements in care both planned and unplanned.
- The Stayers: in long-term stable placements; however, previous transience and uncertainty may lead them to mistrust their current stability.

Stein (2006), reflecting on the UK service experience, identifies three populations of care leavers, taking into account the differences between their care experiences, the quality of their transitions from care, and their subsequent life chances.

- Movers on, who have experienced stability and continuity
 in their care placements, building on secure attachment
 relationships in their birth families initially and, later, in
 care. This group of care leavers welcome the challenges
 of independent living.
- Survivors, who have experienced some placement instability. They are more likely to leave care younger, with fewer qualifications and often after a placement breakdown. They are more likely to see themselves as relatively

self-reliant, although this may be at odds with evidence of their reliance on personal and professional support from workers and mentors.

 Victims, who are the most disadvantaged as a result of their pre-care family experiences. Their lives in care include many placement moves that impact on their personal relationships and their education. They are more likely to have experienced difficulties in school and trouble with the police, and they are more likely to be unemployed and homeless, lonely, isolated and have mental health problems.

In a more recent publication, Stein (2015) refers to the final group above as 'Strugglers' a more neutral and dense term capturing the multiple causes of the challenges they face on leaving care. Also, in an important review of 92 international studies of children in care, Stein (2015) describes placement stability 'as a key mediator for a wide range of adult outcomes including physical and mental health and employment' (p. 88).

Finally, in addition to Stein's observation above, an Australian study by Johnson et al. (2010) has explored the relationship between the care experience, the process for transitioning from care, and subsequent living arrangements. They identify two distinct pathways, the first of which is a *Smooth Transition* characterised by the following:

- Fewer placements and a general experience of safety and security while in care.
- Involvement in the Care Planning process.
- Leaving care at a later age.
- Feeling prepared for leaving care.
- Having a successful first post-care placement facilitating a smooth transition from care.

This group of care leavers report positively on the quality of both their accommodation and their support network. They had a reliable and consistent personal community that provided material and emotional resources, including accommodation as a stable base from which they could access employment, training and education.

The second pathway, dubbed a *Volatile Transition*, is characterised by the following:

- A higher number of placements in care.
- Experience of physical and/or sexual abuse prior to and/or while in care.
- With rare exceptions, the absence of an Exit Plan.
- Leaving care at an early age, often in crisis.
- Being discharged into inappropriate accommodation (refuge/boarding-house).

This vulnerable group of care leavers reported an absence of professional advice, emotional support or practical assistance to access and maintain housing. For many, substance abuse and mental health problems destabilised their ten-

ancy, and their living arrangements were typified by a lack of privacy, safety or control over their accommodation. This group of care leavers also mistrusted the welfare system, had profound difficulties in personal relationships, and tended to develop a social network of other marginalised young people.

Crane, Burton, and Kaur (2013) confirm Johnson et al.'s (2010) findings, asserting that one in three care leavers in Australia will experience some form of homelessness. The authors extend the exploration of homelessness to include the following:

- Covert homelessness, which describes young people, formally in the care system, excluded or run away from a foster placement or residential care.
- Felt homelessness, which is the subjective experience of many young people while living in care.

Managing the Transition

The failure to assist care leavers to make a smooth transition to independent living results in cost shifting from Child Protection authorities to other government departments (Johnson et al., 2009, p. 2)

The invisible cross-government costs of leaving care and homelessness are identified in Mackenzie, Flatau, Steen, and Thielking (2016), and strengthen the argument for effective leaving care planning. In WA, the need for a planned exit strategy, facilitated by practitioners in close relationship with care leavers, was identified by Clare et al. (2000). With considerable input from young people, they developed a three-stage exit strategy, beginning with equipping the care leaver, practically, socially and emotionally; resourcing and managing the transition; and providing ongoing support and a safety net for the young person at times of high need. Central to this model was recognition of the need for specialist practitioners to whom care leavers could turn for ongoing assistance and psychological care.

National Standards and State government policies emphasise the importance of Transition from Care Planning identified by Clare et al. (2006). Worryingly, however, there is evidence of the absence or superficiality of agency compliance with the policy of required Care Plans (Crane et al., 2013; Johnson et al., 2010; McDowall, 2010). McDowall interviewed 335 young people about their experiences of planning for leaving care and found that 50% of these young people had to leave their placement upon turning 18 years of age, with 40% not knowing where they would subsequently live. Almost one-third reported that no one had talked to them about leaving care.

In contrast, in the UK there is now proper recognition of the need for policy and practice that supports vulnerable young people leaving care (Clare, 2003; Dixon, 2008; Leeson, 2010; Mendes & Moslehuddin, 2004; Ridley et al., 2016). Dixon identifies 'home-making' as the first priority

for leaving care services, alongside the need for a greater range of supported and independent accommodation options. Dixon also recognises the importance of addressing the contextual elements of a young person's welfare, including the care leaver's mental health and wellbeing, the development of strong life skills, involvement in appropriate education or employment, social relationships and freedom from troubles.

Towards a Best Practice Framework – Relationship-Based Practice

The interplay between worker continuity, frequency and intensity of support, and children's needs is thus complex (Ridley et al., 2016, p. 62)

Shifting focus from care leavers' needs to the agency culture of their case managers, Leeson (2010) borrows the sociological concept of 'emotional labour' to highlight the powerful impacts on workers of responding to the emotional needs of care leavers (Hochschild, 1983). Leeson argues for workers' access to sufficient resources, training and skilled supervision to help them to deal effectively with their own emotional reactiveness. In addition, Leeson stresses the role conflict of the front-line practitioner caught between the agency's policies and philosophical ideals, their own vision and compassion, their sense of relative powerlessness and the needs and reactions of the care leaver.

There is a long tradition in professional social work of recognising the complexity of emotional labour. Relevant concepts include 'the reflection process' (Mattinson, 1975), the 'parallel process' (Kahn, 1979) and 'vicarious trauma' (Department of Families, Queensland, 2003). The focus on the emotional context and role-strain of professional practice and supervision is developed by Clare (2001) and Hawkins and Shohet (2012). These publications, and many others, underline the emotional costs of service delivery in fraught relationship-based practice. Leeson (2010), for example, asserts: 'It has become clear that the development of a bureaucratic, managerialistic system of care that is outcomes-driven has created a situation where the development of productive relationships has been hindered or even discouraged' (p. 490).

The recent publication by Ridley et al. (2016) reports on a study of 169 children and young people, which identified key elements of good quality practitioner relationships with children in and leaving care; these findings contributed to the establishment of a number of new agencies in England. Independent Social Work Practices (ISWPs) developed to enable relationship-based practice with young people in care. Findings from interviews with care leavers highlighted their need for practitioners to take a genuine interest in them as individuals, respect their confidences and involve them in decision making. They also wanted workers to be

available, reliable and advocate for their legal rights. Above all, they wanted consistency in their worker.

In the Australian context, the findings of a survey undertaken by CREATE (WA) in 2015 highlight the critical importance of effective relationships with a caseworker for young people in care. The 17 young people in the local CREATE study wanted outgoing and energetic workers who would be trustworthy; were prepared to spend time with them and to really get to know them; would listen to them and respect their views; and would be available, understanding and caring. The congruent findings of Ridley et al. and CREATE (WA) provide a valuable survey of client feedback about core elements of relationship-based practice.

The LIFT Project: History, Vision and Initial Impact

These young people are reaching the age of 18 with poor independent living skills and difficult behaviours that range from aggression, defiance and drug misuse through to passive resistance, apathy and helplessness. Most have mental health concerns, and drug and alcohol dependency; some have developmental delays. (Anderson, 2015, p. 1)

The initial impetus for the LIFT Project came from a decision by CPFS (Midland District) to prioritise the housing needs of young people leaving care, as part of its contribution to the WA Homelessness State Plan 2010–2013. CPFS (Midland) recognised that mainstream homeless and crisis-accommodation services often sustain cultural environments wherein:

- Security of tenure is used as leverage for behavioural compliance, and young people unable or unwilling to conform to the rules may face eviction, transience, and, ultimately, homelessness.
- Exposure to other young people with mental health problems/drug addictions and/or involvement in criminal activity can lead to immersion in a negative culture from, which it is difficult to escape without adult support and guidance.
- 3. Transient, untrained and inconsistent staffing minimises the likelihood of close and constructive, parent-like relationships forming, which would otherwise help the young person access necessary therapeutic, remedial or educational services.

Endorsed by the Director General of CPFS in January 2015, the LIFT Project is a joint venture between the Midland District of CPFS, the Housing Authority of WA and SEA (now Indigo Junction), an NGO providing services for homeless young people. The Midland District of CPFS has a well-established working relationship with SEA who has demonstrated significant commitment to and expertise in providing supported accommodation for people with complex needs. On average, SEA accommodates 50 young people per year; of these, around 15 have had care experiences, with

10 having experienced a 'volatile transition' to independent living.

CPFS carries responsibility for selecting and preparing the young people referred to the LIFT Project, and for ensuring that young people are better prepared and supported in their transition from care. The Housing Authority of WA staff have prioritised access to long-term public housing for LIFT participants, who meet the eligibility requirements. A house was also allocated for use as transitional accommodation for LIFT participants. The program was developed, piloted and evaluated by SEA.

Two central considerations informing the LIFT programme are as follows:

- The symbolic dimension of 'home' as the setting within which basic social relations and social institutions are located and reproduced (Saunders & Williams, 1988, p. 82).
- The centrality of relationship-based practice between workers and service users (CREATE (WA), 2015) to developing trust and the promotion of the young person's choices within the LIFT Own Goal Plan.

To achieve this goal of providing a 'psychological home' for care leavers, the LIFT programme provides trauma-informed, tailored care (Bloom, 1999), stable accommodation and a sense of place and belonging based on principles of consistency, trust and strengths. The LIFT workers provide authentic, parent-like relationships for young people, listening, modelling, coaching, planning, transporting and teaching life skills. Workers strive to avoid punitive, disciplinary strategies and focus on experiential learning, natural justice, shared power and integrated care. In short, the LIFT workers aim to provide safe and secure accommodation as a context for healing through relationships.

Swan Emergency Accommodation: Managing the Transition from Care

LIFT has been developed to keep young people with high level behavioural difficulties in safe, stable accommodation (external to our hostel style youth accommodation) while supporting them, through a case management and mentor approach, to access services and develop the life skills they require to live independently and participate effectively in social and community structures. (Bodenham, 2016, p. 19)

The inter-agency LIFT Project offered accommodation to 12 care leavers. The Project established a two-level management structure with senior managers from the three agencies participating in the Policy and Management Committee, whereas team leaders and front-line workers were involved in the Management and Practice Committee. Initial discussions led to the development of two important practice and evaluation tools, a Risk and Needs Assessment Tool, and the Lift Project Evaluation Tool.

The Risk and Needs Assessment Tool was developed and trialled by CPFS colleagues to identify the 12 most vulnerable care leavers to be offered places on the LIFT Project. Workers scored each care leaver in relation to the nature of their current placement, use of drugs and alcohol, experience of family violence, mental health issues, engagement with education and training, health issues, number of years in care and involvement with Juvenile Justice. In contrast, the LIFT Project Evaluation Tool evolved with the project. SEA began piloting and evaluating the LIFT programme from its commencement in June 2015. In August 2015, SEA secured a two-year Department of Attorney General Criminal Property Confiscation Grant, allocated to the support of Victims of Crime. SEA was familiar with the Department of Social Services Standard Client/Community Outcomes Reporting (SCORE) evaluation framework from their funding of their Strong Fathers' Project, and designed a similar outcomes-based evaluation framework.

The project has been extremely successful in engaging nine young men referred by CPFS; another three young people chose not to engage. The evaluation was conducted by the practitioner group who meet regularly with the agency research officer to review the SCORE framework. The most recent LIFT Project Evaluation Report (2016) indicated that:

- On average, each young person receives at least 4 hours of SEA worker time each week. Sometimes, a client in crisis may need intensive support over multiple days.
- Each young person can expect to have 2–3 years of involvement with the LIFT Project.
- 100% of the participants have developed their Own Goal Plan as their guide to casework.

The following achievements have been identified in response to the six key outcomes identified below:

- Prevent Homelessness: 100% of young people have been provided with access to safe accommodation. Their place remains even when they choose alternatives at times. One young person has moved on to safe, stable and long-term accommodation.
- Build Independent Living Skills: 80% of young people have made gains across the domains of Independent Living Skills, Money Management and Tenancy Skills.
- Address Mental Health/Alcohol and Other Drug Use: 70%
 of young people have been engaged in mental health
 services and Alcohol and Other Drug counselling. Two
 are currently linked to residential rehabilitation programmes. All are being provided with trauma-informed
 care.
- Build Support Networks and Connections: 90% of care leavers show improved skills in finding support, dealing with agencies and forming more positive peer networks and family interactions (where appropriate).

- Promote Links to Employment, Education and Training.
 70% of young people were supported through making links to training or education, and 70% received support to obtain their driving licence. Two received support that enabled them to sustain periods of employment.
- Prevent Crime: All the young people showed improvement in behaviour management (impulse control), their mental health, wellbeing and self-care, and reduced their Alcohol and Other Drug use.

The LIFT Project team are clear that their traumainformed approach (Bloom, 1999) underpins the success of the project. Participants have developed a sense of place and belonging through their relationships with workers; they trust that they will receive a consistent, predictable supportive response. The LIFT Project Report (2016) asserts, 'No participant has been refused support, a safe place or food; although some have chosen not to accept it on occasions' (p. 3).

Two concerns have nevertheless been raised. First, there was a pattern of a SCORE drop on entry to the LIFT programme. This may be linked to the young people's experience of LIFT and experimenting, the participant's exposure to new peer groups at SEA's crisis accommodation service and exposure to new drug networks in the wake of previous exposure to Alcohol and Other Drug. Second, a consistently lower SCORE is especially evident in relation to employment, education and training domains, reflecting the serious, negative impacts of poor impulse control among many LIFT clients, who are often unable to sustain group learning situations and struggle to cope with one-on-one practice sessions.

Young people experiencing the volatile transition from care are challenging to work with, and LIFT workers are regularly threatened, insulted and pushed to extremes. SEA has a duty of care to protect staff as they cope with this emotional labour, through training, critical incident de-briefing and professional supervision. However, while SEA does not want to reject young people in crisis and exacerbate the likelihood of homelessness, the nature of the support required is intensive and the level of staffing needed difficult to maintain. SEA is not funded to employ multiple or highly qualified workers, and workers frequently have to work alone with six young people, each with their own complex set of needs.

Conclusion

Evidence from leaving care publications over the past 30 years demonstrates that a chronic 'stuckness' affects the nature and quality of reported service outcomes, and that there has been an inability to develop a national strategy to identify and address the number of young people making a volatile transition from care. The review of publications also demonstrates that the quality of planning for transitioning from care must be professional and sufficient to overcome

predictable structural disadvantages, particularly in securing accommodation, and the young person must be actively engaged in the process.

The average number of placements for the nine young people in the LIFT Project was 25, suggesting most had had repeated experiences of 'emotional cut-off' (Clare, 2000; Framo, 1976), the most damaging and unhelpful manner of leaving home in Western cultures. Walking away or being rejected seriously undermines learning about impulse control in conflict resolution processes, as well as corroding skills in managing complex, provocative relationships.

The LIFT Project led to the development of open, positive and effective inter-agency working relationships, with three key outcomes achieved to date by the organisations involved. First, CFPS (Midland District) has reviewed and improved its leaving care planning to ensure that young people are better prepared and supported to transition from care; second, the Housing Authority of WA has committed to prioritising access to long-term public housing for LIFT participants, and a house was allocated for use as transitional accommodation for LIFT participants. Third, SEA has developed a Linear Housing Model (Barker, Humphries, McArthur, & Thomson, 2012), which allows vulnerable young people to progress through separate but inter-connected accommodation services, from emergency services towards independent living.

All nine young people have been provided with continuous, safe and supported accommodation consistent with the LIFT Project's definition of 'home'. Furthermore, the overall service has supported the therapeutic, relationship-based concept of 'containment' (holding concerns and risks) (Ruch, 2007). Looking to the future, and consistent with the WA leaving care policy and the importance on the first stage of Preparation, the next annual cohort of 31 care leavers have participated in the Needs and Capacities Assessment processes readying for their participation in the LIFT project.

There is a strong argument for the formulation of key performance indicators for leaving care services and the annual reporting on agreed outcomes by government agencies to a national institution, such as the Australian Institute of Health and Welfare. After ten years of involvement in leaving care services in WA, Mike Clare (2006) made the astute observation, that 'If it takes a village to bring up a child, it clearly requires a 'whole of government' costed, funded and audited approach when the 'government is parent' for that child' (p. 16).

Endnote

1 This study was part of a national investigation of children's courts funded by the Australian Research Council.

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