



Evaluation of the **Berry Street Stand by Me Program**

Wraparound support during the transition from out-of-home care





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| LIST O | FACR | ONYMS AND ABBREVIATIONS | | | | | |
| AOD | | ol and Other Drugs | | | | | |
| DHHS | | rian Department of Health and Human Services | | | | | |
| DHS | • | er) Victorian Department of Human Services | | | | | |
| EET J2SI | | ation, Employment and Training | | | | | |
| OHC | | ey to Social Inclusion research study (see Parkinson (2012) f-Home Care | | | | | |
| PA | | anal Advisor – support model for care leavers in the UK | | | | | |
| SBM | | | | | | | |
| TILA Commonwealth Transition to Independent Living Allowance | | | | | | | |
| UK | Unite | d Kingdom | | | | | |
| VAGO | Victor | rian Auditor-General's Office | | | | | |
| Note: Ps | eudony | ms are used throughout this report for workers and service users. | | | | | |



Executive Summary

This is the final report of the evaluation of the Berry Street Stand By Me (SBM) Leaving Care pilot program, which was based in Melbourne's North Western metropolitan region between January 2013 and December 2015. The program aimed to provide intensive, holistic and flexible support to a specific group of young people transitioning from out-of-home care (OHC). Care leavers are understood to be among the most marginalised and disadvantaged groups of young people owing to their adverse pre-care experiences, often variable experiences in care, and compressed and accelerated transitions to adulthood.

In Victoria, the Children, Youth and Families Act (2005) requires the Department of Health and Human Services to provide supports to young people leaving out-of-home care until the age of 21. The existing Victorian leaving care and post-care services suite has been in place for well over five years, though the overall impact of these services remains unevaluated. Despite advances in service availability, research evidence suggests that relatively poor outcomes continue to be experienced by many care leavers.

Among young people transitioning from care, the poorest long-term outcomes are often observed for young people who have had the most adverse pre-care experiences. The high risk adolescents falling into this category typically present with multiple and complex needs, including mental health issues, intellectual or cognitive disabilities, substance abuse, offending, violence and sexual vulnerability. They are the cohort least likely to access and receive services during the transition from care, as their complex needs and challenging behaviour are typically incompatible with the design of the mainstream leaving care system.

THE STAND BY ME PROGRAM

Berry Street developed the Stand By Me (SBM) program to respond to the well-documented needs of this group of care leavers presenting with multiple and complex needs. The SBM pilot program operated over a three-year period, during which two SBM workers each engaged with six young people. The model was adapted from the UK Personal Advisor model, in which workers similarly commence engagement with young people in care after their 16th birthday, in preparation for future independence. Personal Advisors coordinate services, implement and review leaving care plans, and maintain contact with young people to provide information, advice and referral until 21 years of age.

Likewise, the SBM program included a pre-exit engagement period designed to enable SBM workers, young people and care teams to develop positive working relationships, and to ensure adequate leaving care planning. In the post-care period, SBM workers acted as navigators and advocates for SBM clients to help facilitate their access to the range of services that best meet their needs.

To summarise, the SBM worker roles included the following:

- Working with the case managers and care teams to identify young people who are likely to need ongoing support with the leaving care transition and post-care, with a particular emphasis on young people at risk of homelessness;
- Working alongside the case manager, whilst the young person is still in care, to promote assessment, planning and skill development;
- Post-care, assuming a more assertive role up to the age of 21, providing a continuity of relationship with a view to establishing and maintaining the young person with an ongoing community based support network;
- Providing a key contact point for vulnerable care leavers;
- Not duplicating any existing leaving care or post-care service, but acting as a strong advocate and key conduit between the young person and appropriate support services;
- Co-ordinating referral to key services such as mental health, disability and substance abuse services and advocating for ongoing support from these services;
- Actively co-ordinating housing options information and eligibility criteria for the relevant geographic region/area; attempting to find matches with the young people leaving care so that they can live together in shared accommodation which reduces loneliness and increases 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 person as they develop over time.

STAND BY ME PROGRAM EVALUATION

The evaluation of the SBM program was undertaken by Monash University, with the publication of an Interim Report in 2014 detailing the program's development and its early implementation. The evaluation was overseen by the SBM Steering Group, including Monash University researchers, Berry Street Childhood Institute Director, Berry Street's Senior Manager of Evaluation, Berry Street SBM workers and program management, and a representative from the Department of Health and Human Services Leaving Care policy group.

The evaluation aimed to:

- Understand to what extent the UK Personal Advisor model could be translated to the Australian and Victorian child, youth and family welfare service system context;
- Identify the most effective aspects of the SBM model;
- Understand clients' experience of SBM support;
- Understand how time and financial resources are utilised by the SBM program;
- Assess whether the program delivers the short, medium and longer term benefits and outcomes intended;
- Identify any necessary modifications to improve program efficacy; and
- Assess the viability of the SBM model as an investment for government.

This Final Report addresses these aims. Evaluation methods included qualitative semi-structured interviews with a range of Victorian leaving care stakeholders, both within and external to the SBM pilot, analysis of program quantitative data on client progress through the program, and an indicative cost-benefit analysis.

Semi-structured interviews were held with SBM program clients (n=9), whose transition processes and outcomes are compared with those for a group of care leavers accessing standard supports during the transition from care (n=8). Berry Street SBM (n=4) and non-SBM staff (n=8) also participated in semi-structured interviews (total of 15 interviews throughout the evaluation period) concerning the observed impact of SBM support. Interviews with Berry Street staff from home-based care, residential care, lead tenant and post-care support programs provided data for a comparative perspective on the pilot program. Quantitative data were also collected concerning clients' support needs and the support provided. These data were drawn upon to generate a cost-benefit analysis investigating the economic viability of the SBM support model, as well as identifying the level of client complexity before and after the SBM intervention.

FINDINGS

Overall, the evaluation demonstrated that the UK Personal Advisor model could be adapted to the Victorian context to deliver more intensive transition support to care leavers experiencing heightened complexity.

The key elements of the SBM program which were integral to delivering positive outcomes included the following:

- The Stand By Me worker-client relationship focusing on:
 - Assertive, persistent engagement;
 - Proactive assistance to navigate the fragmented service system;
 - Reduction of leaving care and post-care anxiety.
- A person centred approach that placed the young people at the centre of all planning and which was:
 - Responsive to individual aspirations and needs;
 - Empowering;
 - Holistic.
- Continuity of support, from in-care through the transition to post-care. This included:
 - Enhanced leaving care planning;
 - Intensity of support varying over time according to need.
- Flexible brokerage and funding advocacy. Of particular importance was:
 - Strengthened housing assistance.
- Flexibility in relation to geographic location, or 'following the young person'.

Stand By Me worker-client relationship

While the young people supported by SBM were notably complex, the evaluation found that most young people were able to develop close working relationships with their workers whilst still in care. The SBM-supported young people who participated in the evaluation received both emotional and practical assistance from their SBM worker, as well as support

in navigating service systems. Crucially, they also appeared to experience the worker-client relationship as 'restorative and enabling' in the sense that the worker provided an experience of adult care and support that was authentic, consistent, persistent, highly individualised and durable - something approximating the safe familial adult that has characteristically been unavailable or inconsistent in the histories of these young people.

Alleviating leaving care and post-care anxiety

The period of pre-discharge engagement appeared to alleviate an identified period of 'leaving care anxiety', during which many care leavers typically disengage from supports and exhibit escalating challenging behaviours. The availability of a key support throughout the transition from care appeared to enhance engagement with services in both the leaving and post-care periods.

Enhanced leaving care planning and implementation

Consequently, leaving care planning was completed and implemented for all SBM supported young people, and SBM workers facilitated access to available brokerage and supports. Though leaving care planning is a key welfare policy, Australian studies continually report low rates of completion. Additionally, locating appropriate and affordable housing for young people is a major challenge for existing services, along with responding to the escalating behaviours of young people increasingly disengaging from support leading up to exit from care. The overall evidence indicated that SBM support appears to alleviate these common problems through the focused period of relationship development between young people and SBM staff, prior to the transition from care.

Strengthened housing assistance

The twelve SBM clients were provided with housing support from the time of exiting care, including emotional support to those who moved in with family or partners, and assistance in maintaining these housing arrangements or identifying appropriate options where the situation became untenable. Nine of the 12 SBM supported young people were in stable, ongoing housing at the end of the three-year SBM support period in December 2015. This outcome was notable given that the program targeted care leavers at high risk of homelessness.

The comparison group of eight young care leavers not supported by SBM each described pathways from care that included accessing housing and homelessness support systems, and most relied on government income support. The non SBM supported group tended to exhibit slightly lower levels of complexity, experiencing stability and support in their housing at the time of interview, and engagement with education, employment, and/or training. However, prior to this period of stability, most of the non SBM supported young people had returned to family post-care, and the majority experienced a subsequent housing and relationship breakdown within six to 18 months of leaving care. This breakdown saw these young people requiring specialist homelessness services to access Transitional Housing, Private Rental Brokerage or referral to Youth Housing Programs that subsequently provided subsidised and supported accommodation.

Holistic support, flexible brokerage and funding advocacy

The intensive engagement provided by SBM workers enabled the delivery of wraparound support, including practical assistance. SBM workers provided transport to and support with

essential appointments, informal counselling, and emotional support for young people's aspirations, concerns, ongoing stress and anxiety and achievements. SBM workers assisted young people in purchasing household, employment and education-related goods, as well as personal necessities such as medication and clothing. There were also opportunities for supporting competence in independent living skills.

Additional financial support assisted SBM supported clients to develop social networks and community connectedness, for example by supporting access to recreational activities. SBM workers were also available to respond to crises, which were occasional for some young people and more ongoing for others. SBM clients were also referred to other support services, and staff advocated for their access to welfare services and programs in the broader community, with a view to promoting greater social inclusion.

Comparison of outcomes between young people supported by SBM and those supported by the standard leaving care system indicated that SBM support ensures that leaving care planning is conducted and implemented, and that the program enables young people's full access to the range of financial and other supports available to them. A number of SBM clients engaged in ongoing therapeutic interventions for serious mental health issues and to address previous trauma. Additionally, SBM clients interviewed had completed or were engaged in education, employment and/or training during their program involvement. There was also evidence of care leavers displaying enhanced confidence in applying independent living skills. Comparison of SBM clients' level of complexity at commencement and at exit from SBM showed a notable reduction: at intake into the program 50 per cent of the group presented with high complexity; at program exit this was reduced to 33 per cent of the sample. The distribution was reversed for the proportion of young people categorised as low: at intake 33 per cent were deemed low, and at the end of Stand By Me this increased to 50 per cent.

Indicative cost-benefit analysis

SBM is a relatively expensive program due to the high level of intensity of work with clients over multiple years. Yet the indicative cost-benefit analysis demonstrated that the program benefits justify this expense, resulting in sizeable cost savings in the medium term. Though based on conservative projections, the analysis nonetheless determined that SBM program involvement for complex care leavers could significantly reduce costs to State Government, leading to savings within three years post SBM support. The analysis further determined that savings at more than double the original program cost were probable at 12 years after program completion (around age 30 for young people). The findings estimated a \$3.77 return for every \$1 invested in the program via reduced state welfare services costs, representing a 177% return on investment over the 12-year period.

Potential program amendments

Experience delivering the SBM program indicated that the initial engagement period predischarge from care was generally one of lower intensity; young people tended to be more stable during this period, and less in need of support while still in care. SBM case workers could each foreseeably work with a higher caseload than the six young people trialled in this pilot.

A somewhat unanticipated component of SBM support was the time and support necessary to explore and mediate relationships with birth families and other relatives. The evaluation found that this work can be complicated and required more intensive interventions than the SBM

program had originally anticipated. Future incarnations of the SBM program may consider incorporating specific supervision around family work. Access to secondary consultations with relevant professionals may be a way to improve access to and/or engagement with family or relationship counselling by this difficult to engage group.

Evaluation limitations

At the time of transitioning from care, the SBM cohort were highly vulnerable, largely disengaged or disengaging from support programs, employment, education and training, and had few family, social or community connections to support their transition from care. The SBM program appears to have transformed these pathways for nine out of the twelve young people supported by the program, with three young people in the program experiencing less positive trajectories. The evaluation was limited in being unable to gather the perspectives of these three young people, though the available data indicated that they had experienced the lowest levels of engagement with the SBM program overall, demonstrating the association between engagement and more positive outcomes. It remains unclear what the precise barriers to engagement might have been for these three young people, as well as what other strategies may have ameliorated this.

Further limitations of the evaluation were owing to the constraints of a modest evaluation budget and the small number of participants that could be expected for a small pilot. Lack of a quasi-experimental design component limited capacity to make causal attributions about program impact. The inability to follow-up program participants post exit also prevented the evaluation from measuring the extent to which SBM could be expected to lead to sustained changes in young peoples' longer-term trajectories. If the SBM program is rolled-out more broadly, at a minimum standardised pre and post outcome instruments should be used, and longitudinal tracking of the extent to which change is sustained is also recommended.

CONCLUSION

The current leaving care services provided through State and Federal governments expect young people with histories of trauma and attachment disruption to navigate a hugely complex service system largely unaided. Government departments fund and deliver services across numerous agencies, through hundreds of separate programs, each having unique eligibility requirements and support periods. Young people at the time of leaving care planning are often facing return to the social, community and family networks that failed to provide adequate care for them previously, or may face homelessness upon leaving care.

The SBM program supported the development of relationships with some of the most difficult to engage care leavers. These relationships were vital to improving these young people's access to services, and were resourced with time, transport and funding necessary to fill the gaps in the current leaving care system for this vulnerable group. Overall, the evaluation indicated that this support is very promising in improving outcomes for young care leavers at the highest risk of homelessness and other poor outcomes. The program evidenced a reduction in client complexity from the point of intake to the time of exit. The indicative cost-benefit analysis also indicated that this model of support, whilst comparatively expensive compared to existing supports, provides significant savings to State Governments by reducing costs related to the subsequent uptake of welfare services by young people exited from the state's care.

Introduction



This is the final report of the evaluation of the Berry Street Stand By Me (SBM) Leaving Care program, which was piloted in Melbourne's North Western metropolitan region between December 2012 and December 2015. The program aimed to provide intensive, holistic and flexible support to a specific group of young people transitioning from out-of-home care (OHC). Care leavers were referred to SBM by other Berry Street OHC programs, where they had been assessed as being at high risk of poor outcomes due to mental health issues, disabilities, substance misuse, criminal offending and/or sexual vulnerability.

The program targeted care leavers with complex needs who face the greatest risk of adverse outcomes on leaving state care. In particular, the program targeted care leavers who were assessed as being at risk of homelessness.

Two SBM caseworkers each provided services to a caseload of six young people over the three-year program pilot. Initial engagement with young people commenced before their discharge from OHC. This period was designed to allow the development of relationships that would enable SBM staff to work intensively with young people following their exit from care. SBM workers aimed to provide continuity of support through involvement in young people's lives before, during and after the transition from statutory services. The intention was for SBM workers to provide a single point of contact for young people throughout the transition period.

The SBM Evaluation Interim Report was released in July 2014 (Meade & Mendes, 2014), 18 months following the establishment of the SBM program. This report detailed the development of the SBM program, and reflected upon the implementation processes. The Interim Report was informed by the experiences of program staff and management, as well as external stakeholders, including carers and other OHC program staff (Meade & Mendes, 2014).

This Final Report details the development of the SBM program model in the context of the existing research literature, current policy initiatives and Berry Street's practice experience in the provision of services to care leavers.

It provides an in-depth, primarily qualitative evaluation of the program implementation and outcomes, drawing on the perspectives of the SBM client group, other care leavers, and Berry Street staff. The SBM program administrative data set is also utilised to analyse client support needs and outcomes across the support period and to perform a cost-benefit analysis, providing further evidence in the evaluation of the SBM pilot.

REPORT STRUCTURE

This report proceeds in Section 2 with a brief background outlining the policy and practice context of leaving care in Victoria. Section 3 outlines the development of the Stand By Me program, explaining its adaptation from the UK Personal Advisor model for care leavers. Section 4 outlines the evaluation methodology. Section 5 provides a review of recent

literature pertaining to care leavers (primarily in Victoria and Australia). Section 6 presents the evaluation findings, including a brief overview of the results contained in the Interim Evaluation Report. The evaluation findings are discussed in depth in Section 7, which specifically assesses the extent to which the program addressed its key aims. Finally, key program strengths and limitations are outlined.

Background



In a social landscape marked by low youth wages, high youth unemployment and rising rental costs, many young Australians are staying at home for longer. This is not an option for those leaving out-of-home care, many of whom come from backgrounds of significant disadvantage, have complex needs and are ill-equipped for independent living. While support is available through a range of DHHS-funded leaving care services, there is little detailed information available on whether these actually meet the needs of these vulnerable young people.

2.1 EMERGING ADULTHOOD AND THE VICTORIAN CONTEXT

Young Australians rely on the support of family and social networks to navigate through early adulthood. This can be a time of financial, emotional and housing instability, and many young people use the 'revolving door' of the family home as a solid base from which they can establish independent households (Lee, 2014). For the 763 young people in Victoria aged 15 to 17 years who were discharged from out-of-home care in 2015 (Australian Institute of Health and Welfare, 2016), the family home and its financial and emotional supports are often unavailable.

2.2 THE COST OF LIVING

Moving out of home can be financially challenging. Youth unemployment in Victoria was at a 15 year high in 2014, with outer suburban Melbourne and other regional areas experiencing the highest rates (Cook, 2014). These sites of disadvantage paradoxically tend to constitute regions with the most affordable housing.

Young people can expect to be charged anywhere from \$110 to \$180 per week to live in a shared, three-bedroom, private rental property - a tough call for those on low wages or relying on the independent Youth Allowance.

Accommodation located within the employment and educational opportunities of the city and inner suburbs of Melbourne is, on the other hand, prohibitively expensive. Young people can expect to be charged anywhere from \$110 to \$180 per week to live in a shared, three-bedroom, private rental property according to the Department of Health and Human Services (DHHS) Rental Report for September quarter 2015 (Department of Health and Human Services, 2015). These high costs exist on the backdrop of often-meagre youth wages. Additionally, the independent rate of Youth Allowance from Centrelink is only \$216.60 per week (\$433.20 per fortnight), which together with available rent assistance of \$65.20 per week equates to a total income of \$281.80 per week. From this an unemployed youth may pay for rent, food, bills and incidentals (Department of Human Services, 2016a, 2016b).

Given youth unemployment rates and the high cost of living, it's unsurprising that even well-educated young Australians from stable backgrounds are remaining at home for longer. Those in care, however, are essentially cut loose at the age of 18, if not earlier, and expected to fend for themselves.

Even university and vocational education graduates are experiencing high rates of unemployment. The Foundation for Young Australians reported that four months' post-graduation, only 65% of university graduates are in full-time work, and only 58% of Certificate III or higher graduates were full-time employed (Foundation for Young Australians, 2015). In this context, it is unsurprising that over 40% of 22 year olds were living with parents in 2011, as were over one quarter of 25 year olds and over 15% of 29 year olds (Australian Bureau of Statistics, 2013). In the Australian context, parenting responsibilities habitually continue well beyond the nominal age of 'adulthood' at 18 years, instead stretching well into their children's mid-twenties.

2.3 VICTORIAN LEAVING CARE LEGISLATION AND POLICY

The Victorian Government discharges its responsibility for the direct provision of accommodation, financial and other supports to children under the custody or guardianship of the state at the age of 18 years or earlier. The Children Youth and Families Act 2005 appears to give the Secretary of the then Department of Human Services responsibility "to provide or arrange for 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..." (cited in Cummins, Scott, & Scales, 2012). Indeed, this legislative change led to the establishment of a number of Victorian 'Leaving Care' services including the creation of mentoring, post-care support and flexible funding programs for eligible young care leavers in Victoria. However, section 16(2) of the Act emphasises that these responsibilities "...do not create any right or entitlement enforceable at law," suggesting that leaving care programs are in fact discretionary, and care leavers do not actually have any legal right to seek or demand support services from government (cited in Mendes, Johnson, & Moslehuddin, 2011).

The Leaving Care services suite is delivered by a range of Community Service Organisations (CSOs). *The Child Protection Practice Manual* (Department of Health and Human Services, 2016a) recommends preparation for leaving care be enacted over the two years leading up to a young person's exit from care. Leaving care preparation involves discussions regarding care leavers' future aspirations, and exploring reunification with family and other alternative longer-term accommodation, including supported or independent living as well as opportunities to acquire independent living skills through observation, role modelling, and supported trial and error (Department of Health and Human Services, 2016a).

Mentoring programs are designed to improve young people's social networks and community connectedness over the 15 to 18 year age range. Leaving care brokerage can assist with costs associated with accommodation, education, training and employment, independent living skills development, and accessing health and community services. Post-care brokerage covers these same funding areas, and is available to young people who have exited care.

Additional Commonwealth funding is also available to Victorian care leavers through the Transition to Independent Living Allowance (TILA) which provides financial assistance up to \$1,500 for young people aged 15-25 years who have departed OHC within the past 24 months (Department of Social Services, 2015). The Commonwealth has recently announced a three-year Towards Independent Adulthood trial for 70-80 young people aged 15-18 years in Western Australia and, like the SMB program, it is based on the UK Personal Advisor model (Department of Social Services, 2016).

Finally, the Leaving Care services suite also offers specific support to access employment and education, as well as housing assistance, and specific services for Aboriginal young people leaving care (Department of Human Services, 2012).

Numerous research studies show that many care leavers struggle with homelessness, drugs, risky behaviour and other adverse outcomes. And it's toughest of all for those with more complex needs.

Leaving care and post-care services in Victoria are yet to be formally evaluated, and there is limited information available on service usage and expenditure (Cummins, Scott and Scales, 2012). In the meantime, numerous research studies report that many care leavers experience poor outcomes, largely owing to a lack of developmental readiness to live independently at 18 years. Many young people exit care directly into homelessness and/or endure ongoing housing instability.

Though DHHS-funded leaving care services appear to provide services across a range of needs, detailed information about how many young care leavers are in need of assistance and how many are assisted with all of their needs is not available. Additionally, it is unclear whether programs are designed and resourced to provide for all young people eligible for assistance, particularly those with complex needs.

Development of the **Stand by Me Program**



Outcomes after leaving care are exceptionally poor for high-risk adolescents with multiple and complex needs who often slip through the cracks of a complicated services system. The Stand By Me program was designed to address this significant problem, and to help these vulnerable young members of our society.

In 2011, Berry Street undertook a scoping study of leaving care in the State of Victoria (Whyte, 2011). The study highlighted exceptionally poor long-term outcomes for some young people transitioning from state care, particularly those who have had the most negative pre-care experiences. The high-risk adolescents in this category typically present with multiple and complex needs around mental health issues, intellectual or cognitive disabilities, drug-related problems, criminal offending, violence and sexual vulnerability. They are also the cohort least likely to access and receive support during the transition from care, as their complex needs, behaviour and capacity are often incompatible with the design and limited resources of mainstream leaving care services. Paradoxically, these young people are most likely to be in need of support and services post-care (Whyte, 2011). Berry Street identified those experiencing volatile post-care pathways as a sub-group of care leavers facing significant difficulties accessing leaving care services. The UK Personal Advisor model was subsequently seen as potentially transformative in helping this group navigate a complicated services system.

3.1 THE UK PERSONAL ADVISOR MODEL

The SBM program was developed as an adaptation of the Personal Advisor (PA) Model introduced in the UK via the Children (Leaving Care) Act 2000. The PA provides ongoing support for care leavers from 16 to 21 years or until 24 years for those engaged in education or training. The PA coordinates resources and services required to meet their Pathway Plan, which identifies the young person's support needs in areas such as health and mental health, housing, financial support, living skills, education and training, employment and family and social relationships, together with strategies for addressing these (Department of Health, 2001).

Corporate Parenting is all about the responsibility of state authorities to introduce policies that provide young people in care with stable and secure relationships - much like those enjoyed by young people in family care.

Both the Children (Leaving Care) Act 2000 and the PA model incorporate what is known as a Corporate Parenting philosophy. This concept refers to state authorities' responsibility to introduce policies that provide children and young people in care with stable and secure relationships. The intention is that these supportive relationships should assist young people to overcome earlier adverse experiences, offering the same ongoing support

typically experienced by their non-care peers, with a view to maximising their ambitions and achievements (Department for Education and Skills, 2007; Miller, 2006).

The Children (Leaving Care) Act 2000 emphasises shared responsibility between different departments such as education, health, and child welfare. In practice, this entails providing children with stable and supportive placement experiences for the duration of their care order, and then continuing to take responsibility for their welfare until they are at least 21 years of age (Department for Education and Skills, 2007).

The UK PA model remained unevaluated at the time of developing the Stand By Me program. However, a couple of studies reported indications of the PA role's efficacy. Dixon, Wade, Byford, Weatherly and Lee (2006) studied the impact of the Children Leaving Care Act 2000 (CLCA) via interviews with 106 young people and their leaving care workers in seven local authorities in the UK. The findings suggested that the role of the PA was 'pivotal' in ensuring that leaving care services maintained contact with the young people in order to generate plans and review progress. Young people stated that they valued this ongoing support, and virtually all of those consulted (97 per cent) were still in contact with a leaving care worker and/or PA.

An evaluation of the Staying Put program, which enables care leavers to stay with foster carers beyond 18 years of age, found that a higher proportion of those who stayed in care longer (9/19 or 47%) reported that they maintained a close relationship with their PAs compared to those who left care earlier (3/11 or 27%) (Munro, Lushey, National Care Advisory Service, Maskell-Graham, & Ward, 2010). The majority of care leavers interviewed expressed positive views about their PAs and the support received (27/32). At least five young people reported particularly good relationships with their PAs, describing them as 'caring, approachable, understanding and aware of their background and needs'. The majority stated that their PAs were easily accessible, though a minority were not happy with the support received, reporting that PAs were not readily available or timely in their responses to crisis (Munro et al., 2010).

Personal Advisors play a pivotal role in ensuring that young people maintain contact with support services - virtually all were still in touch, and appreciative of the support.

The literature indicates that the majority of young people report positive relationships with PAs, but studies do not indicate definitive evidence for improved transition quality. The English legislation formally requires PAs to have strong skills and knowledge in areas such as human growth and development, legal awareness, valuing diversity, assessment, communication with young people, and an understanding of their health, economic and social needs (Department for Education, 2014). Anecdotal evidence suggests that PAs seem to be contributing to improved transitions by developing stable and supportive relationships with young people.

3.2 COMPARISON OF STAND BY ME AND PERSONAL ADVISOR MODELS

There are a number of similarities between the SBM activities and the PA role. Most notable is the continuity of the support relationship over an extended time period from prior to leaving OHC, throughout the transition, and including post-care. The SBM worker provides secondary

support and consultation, in partnership with existing case managers and care teams, while the young person is still in care, to develop their leaving care plan. After discharge from care, the SBM worker remains actively connected with the young person via assertive engagement, and liaises with other professionals to promote community support for the young person.

The SBM worker provides intensive support to up to six young people, responding to their individual needs, helping them navigate the service system, enhancing their independent living skills and assisting them with housing.

There are 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. In contrast, Victorian care leavers only receive discretionary support post-care (Mendes et al., 2011). SBM, unlike the PA model, is not a universal program, but rather a pilot program funded by a philanthropic trust and targeted to particularly disadvantaged care leavers. Additionally, the SBM worker performs an intensive support role with a small caseload (six young people), focused on responding to individual needs, navigating the service system, enhancing independent living skills and facilitating housing options. This contrasts with the PA's co-ordination and planning role with larger client groups. English legislation requires the PA to visit the care leaver within seven days of them transitioning from care, to meet with them when their Pathway Plan is first reviewed (generally after 28 days), and to continue regular bimonthly visits (Department for Education, 2014). This level of contact is significantly less frequent than the expected role of SBM workers who had the capacity, especially in times of crisis, to visit several times in the one week.

3.3 STAND BY ME PROGRAM DESCRIPTION

The aims and objectives of the Stand By Me program were informed by an extensive review of the leaving care research literature (Whyte, 2011), a study visit to key UK local authorities that are recognised for their PA model, as well as Berry Street's practice experience supporting young people in OHC, transitioning from care and post-care.

Several service and support gaps were identified in the current leaving care system for young people with complex support needs, particularly 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 unsafe and unstable accommodation, and isolation in the absence of a supportive network. The SBM worker roles included the following:

- Working with the case managers and care teams to identify young people who are likely to need ongoing support with 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;
- Post-care, assuming a more assertive role up to the age of 21, providing a continuity of relationship with a view to establishing and maintaining the young person with an ongoing community based support network;
- Providing a key contact point for vulnerable care leavers;

- Not duplicating any existing leaving care or post-care service, but acting as a strong advocate and key conduit between the young person and appropriate support services;
- Co-ordinating referral to key services such as mental health, disability and substance abuse services and advocating for ongoing support from these services;
- Actively co-ordinating housing options information and eligibility criteria for the relevant geographic region/area; attempting to find matches with the young people leaving care so that they can live together in shared accommodation which reduces loneliness and increases 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; and
- Adapting to the needs of the young person as they develop over time.

The Stand By Me Program Logic developed at the planning stage is detailed on the following page, and outlines the targeted client group, program resources, activities, anticipated benefits (both direct and experiential), and specific client and social outcomes expected.

ASSUMPTIONS AND EVIDENCE

The time of transitioning to adulthood and independence is a period of immense change and challenge for most for young people. Young adults who are unable to reside with their families, due to complex and varied factors, are additionally vulnerable. They are expected by the system that removed them from their families to undergo an unrealistically accelerated transition to adult independent living without the levels of support taken for granted by their peers in the 'mainstream'. Meanwhile, the average age at which young adults in the community generally are transitioning to independent living is increasingly being postponed due the costs of housing and education, and the challenges of finding sustainable employment.

These young people often have few safe and consistent social or family connections and what connections they do have are fragile. Sometimes their only connections have been with workers and when these are taken away, they are extremely isolated. Therefore we need to facilitate meaningful connection for the young person beyond 18 years to a dependable, consistent authentically involved adult, including extended emotional and practical support and mentoring to enable a better transition to independent adulthood.

The leaving care service system is fragmented and these young people fall through the cracks. They are seen as too complex, their behaviours too hard to deal with, and services find reasons not to accept them due to level of functioning or duration of support needs. Therefore they need very strong advocates. The broader service system is silo-based yet these young people's issues cross a range of sectors. Therefore we need to assertively offer assistance with navigating across the system.

A lack of low-cost housing options, coupled with an increasingly pressured rental market, makes access to affordable accommodation extremely problematic for young people leaving care. As a result, young people can find themselves in inappropriate and unsafe living environments, often of a temporary nature, that may compound a sense of future uncertainty and heighten their vulnerability. For young people with histories of placement instability, extra help and perseverance is required to maintain accommodation or find new housing after a breakdown of their accommodation. They struggle to acquire a rental history that will enable them to access private rental accommodation as one possible housing option.

CLIENTS

The program will target:

16-21 year old Berry Street OHC clients from within the North & West region who:

- Have been on a quardianship/ custody order at 16 years
- Are at risk of homelessness
- Have limited opportunities for post-care support
- · Have complex behaviours and intensive support needs, including:
 - · Disability, including ID
 - · Substance using
 - Mental health issues
 - Non-participation in education/ training
 - · Very few community links
- Generally have not integrated their trauma experiences and may struggle with engagement
- Have insufficient social skills or capacity at this point for residing with others

SOCIAL

The program will contribute to the following social outcomes:

- Increased social inclusion of care leavers
- Increased life chances of care leavers/improved opportunities to reach their full potential

CLIENT OUTCOMES

The program will contribute to the following outcomes for clients post exit:

- Sustainable, secure housing
- Ongoing utilisation of appropriate services where needed
- Ongoing involvement in meaningful education, training or employment
- · Ongoing capacity to live independently
- · Ongoing family connection and support where achievable
- · Reduced social isolation/ongoing community involvement
- Ongoing resourcefulness/ capacity to cope, including help seeking and problem solving

TRANSITIONAL/INTERMEDIATE

As clients exit the program they will:

- · Have affordable, stable housing options
- Have developed sufficient independent living skills
- Be linked into the required adult specialist services and feel more trusting and confident about selfengagement in these services
- Have financial literacy and a sustainable income source
- Have made progress along an education, training or employment pathway
- · Have a better understanding of and, if appropriate, connection to family
- Have begun to develop other networks of informal support
- Have greater optimism about their future
- Have more positive perceptions of self, including worthiness, strengths and identity





Stand by Me Program Logic Statement

SERVICE ACTIVITIES/THROUGHPUTS

The program will undertake the following pre leaving care:

- Engagement with young person pre exit from care to build more 'adult like' relationship & assess readiness for leaving care
- Encourage & support young person to be active member of their care team
- Intensive engagement with care team before exit from care to advocate for a leaving Care Plan (LCP) to be developed, including sustainable post-care goals
- Increased engagement & assertive outreach during post-care stage
- Further development & review with young person & care team of LCP and its implementation
- · Exploration of all post-care housing options

The program will undertake the following post leaving care:

- · Informal counselling
- Information, advice and active referral
- Ongoing advocacy and support to negotiate the service system and engage in activities
- · Provision of transport where appropriate
- · Informal education & mentoring in independent living skills development
- Support and modelling in problem solving and constructive interpersonal behaviours, including with family where appropriate
- Regular review of assessment and intervention plan
- · Reporting (assessment, review, closure, other

4

DIRECT

While in the program clients will receive:

RESOURCES/INPUTS

Team leader .5FTE

The program will require:

2 FTE Case Workers SOC or 3

with flexibility re working hours

Access to both program Leaving Care brokerage & other State

leaving care financial supports

- Support to enact their leaving care plan
- Active referral and linkage into other specialist services as needed
- Advocacy for leaving care entitlements/supports and other support needs to be met
- Informal education & mentoring in independent living skills and opportunities to practice these
- Support to develop other informal support networks
- Informal counselling as needed
- Financial support to access mental health, housing and other services, and community activities

EXPERIENTIAL BENEFITS

While in the program clients will feel:

- Supported
- Accepted
- A sense of safety in interacting with others
- Involved in decision-making
- Not judged
- Respected
- Comfortable in exploring/ practicing culture
- A sense of hope

Evaluation Methodology



This section of the report describes the methodology adopted for the Stand By Me evaluation. Ethics approval was obtained from the Monash University Human Research Ethics Committee. Both the SBM program and its evaluation were overseen by the SBM Steering Group, which included Berry Street senior management and policy staff, Monash University researchers, Berry Street SBM workers and program management, and representation from the Department of Health and Human Services Leaving Care policy team.

4.1 EVALUATION AIMS

The evaluation aimed to:

- Understand to what extent the UK Personal Advisor model could be translated to the Australian and Victorian child, youth and family welfare service system context;
- Identify the most effective aspects of the SBM model;
- Understand clients' experience of SBM support;
- Understand how time and financial resources are utilised by the SBM program;
- Assess whether the program delivers the short, medium and longer term benefits and outcomes intended;
- Identify the areas in which the program is most successful in improving young peoples' outcomes;
- Identify any necessary modifications to improve program efficacy; and
- · Assess the viability of the SBM model as an investment for government.

4.2 EVALUATION APPROACH

The evaluation of the program incorporates process and outcome evaluation elements. Process evaluation was undertaken in conjunction with the Steering Group through regular reviews of activities and client experiences, beginning from the early days of program implementation. This approach suited both the complex process under evaluation (leaving care) as well as the innovative nature of the SBM program, enabling the program and the evaluation to be shaped by real-time feedback (Patton, 2011).

Learning from the process evaluation was used to modify the program logic, which was flexible for the duration of the pilot (Rogers, 2008). Specific activities of the process evaluation included:

- Development of a program logic;
- Regular examination of program and evaluation activities for areas of continual improvement;
- Reflective practice by program staff throughout the pilot to identify any emerging key issues for inclusion in the data collection; and
- Discussion of research and policy developments to guide the SBM pilot, with a view to alleviating identified service gaps for the program population.

The outcome evaluation involved examining the impact of the SBM program from the

perspectives of various Berry Street program staff and clients, as well as through an indicative cost-benefit analysis. Outcome data were obtained through semi-structured interviews with four informant groups: the SBM client group, young people from Berry Street housing and post-care programs who were not supported by SBM (a comparison group), SBM program staff, and Berry Street non-SBM staff. Additional administrative data were obtained in order to characterise the SBM client group, and this information was utilised to perform the cost-benefit analysis and characterise client complexity before and after the SBM program.

4.3 DATA COLLECTION

4.3.1 Interviews with SBM and non SBM supported young people

Semi-structured audio-recorded interviews were undertaken with care leavers accessing Berry Street services, including young people who were supported by SBM, and others not supported by the SBM program. These interviews aimed to provide a comparative context to understand the differences between young people in receipt of the SBM support model and those receiving less intensive assistance.

The interview schedule was arranged around life domains adopted from The Care and Transition Planning for Leaving Care: Victorian Practice Framework, including items relating to health, education, family and social relationships (DHS, 2012a). Further interview topics concerned housing and homelessness, income support, mental health, alcohol and other drugs, social supports and networks, independent living skills, disability and pregnancy and parenting.

Interviews with non SBM supported young people focused on leaving care experiences including leaving care planning, post-care housing, relationships with family and social networks, physical and mental health, education, employment and training and community connections.

The researchers subsequently modified the interview schedule for SBM supported young people to more precisely investigate the impact of SBM support. SBM-supported young people were asked to specify the help received, and describe its impact at various points (e.g. prior to leaving care, during the transition from care and continuing until, for some, more than a year after exiting OHC). This approach was adopted for a number of reasons:

- To investigate 'duplication' Berry Street was concerned to not duplicate existing leaving care or post-care services;
- To investigate if the advocacy and 'navigating' work intended in SBM was occurring, and if so what that support looked like, and whether clients found it helpful;
- To frame questions for this in the clearest terms possible. SBM clients were asked to provide concrete examples of SBM support, and to then describe the impact of this support; and
- To elicit longer narratives in young people's responses to enable thematic analysis to be performed.

Interviews were conducted in locations selected by young people, with consideration to



privacy and favourable recording conditions. For instance, one interview was undertaken in a fast-food restaurant (at the request of the participant) so the interviewee's children could be entertained during the interview. Where young people were willing to meet in an office or a meeting room environment this was preferable for privacy reasons.

Some young people elected to be interviewed in the presence of their workers and/or carers. Where young people and the interviewer experienced communication issues, or difficulties recalling past events, workers and/or carers prompted clients by describing their recollection of events. The SBM worker was the main participant in the interview of one young person with an intellectual disability who was non-verbal, along with another carer from her disability accommodation. Pseudonyms are used where staff and other stakeholders are quoted throughout this report.

4.3.2 Interviews with Stand By Me program staff, leadership and management

Three interviews were conducted with Stand By Me leadership and management during the evaluation regarding the nature of support provided. These perspectives were reported in the interim findings (Meade and Mendes, 2014). Stand By Me workers were also interviewed together early in the implementation of the program, and again within six months of the end of the program. The second interview aimed to gather learning from the program period, as well as information concerning client outcomes in the lead up to the cessation of SBM support.

4.3.3 Berry Street staff and stakeholders from non-SBM programs

Non SBM staff were interviewed with a view to understanding their perspectives on the challenges faced generally by young people leaving care, and any impact of SBM support upon leaving care experiences and outcomes for young people in the program. Participants were asked about the aims of their programs and any challenges in achieving those aims, or in supporting young people exiting care. Additionally, these interviews sought workers' perspectives concerning the young people participating in SBM with whom they had previously worked. Non SBM Berry Street staff (n=8 total) came from various programs, including residential care (n=2), home-based care (n=2), lead tenant programs (n=1), and post-care support (n=2); additionally one participant was a foster carer.

4.4 DATA ANALYSIS

Thematic content analysis was performed with all data generated from interviews with staff and young people. Specifically, categories of housing pathways, family relationships, independent living skills, education, employment and training, income/brokerage, mental health, alcohol and other drugs, social supports and networks, disability, and pregnancy and parenting were coded. Thematic analysis of coded data identified commonalities and differences in respondents' perspectives on issues for care leavers, and the impact of the SBM program (Crowe, Inder, & Porter, 2015). Additionally, thematic analysis identified effective program elements of SBM, as described by young people, as well as SBM and broader Berry Street leaving care and post-care services staff.

4.5 INDICATIVE COST BENEFIT ANALYSIS

An indicative cost-benefit analysis was performed by Professor Brett Inder of Monash University, to better understand the viability of the SBM model as an investment for government (refer to Appendix 1). The analysis examines the cost per young person of

delivering the SBM program, and subsequently estimates the potential financial benefits to State Government in the form of reduced costs associated with the provision of government funded health, welfare and other services. There was insufficient data on program participants and outcomes to enable the performance of a reliable cost-benefit analysis, thus the analysis presented is indicative only, and reliant on some key assumptions which are documented.

Program delivery costs were directly sourced from the budgeted expenditure of the SBM program in the period 2013-2015. Costs associated with the provision of government-funded health, welfare and other services were drawn from the recent evaluation of the Victorian Springboard program (Baldry, Trofimovsl, Brown, Brackertz, & Fotheringham, 2015). Costs for other services not calculated in the Springboard evaluation were derived from an earlier Victorian study conducted by Raman et al. (2005).

4.6 CASE EXAMPLES

Young people interviewed for the study had differing individual circumstances owing to complex family relationships and histories, and subsequent placement instability in many cases. Two case examples have been developed to highlight differences between the transitions of the SBM supported and non SBM supported care leavers. These case examples were developed by drawing upon multiple narratives of the young people interviewed to maintain the privacy of individual participants. The amalgamation of respondents' experiences thus presents a representation of 'typical' pathways experienced by each group.

Literature Review



Research highlights the fact that many care leavers have multiple and complex needs, and provides evidence of the necessity to <u>increase</u> support for young people exiting care. The research supports the advantages of a corporate parent/UK Personal Advisor-type service that is flexible enough to respond to the myriad challenges and disadvantages faced by young care leavers.

While Victorian leaving care services have not all been formally evaluated, a range of studies and inquiries investigating the experiences of Victorian care leavers and young people in OHC have been conducted since the establishment of these services. To provide research context for the current evaluation, recent studies are summarised, and other relevant Australian and UK leaving care research is also considered.

5.1 INDIGENOUS YOUNG PEOPLE LEAVING CARE

Mendes, Saunders and Baidawi (2015) conducted focus groups with 36 participants working with Indigenous care leavers in Victoria, who were employed in various roles across the OHC and leaving care sectors. The study sought feedback from participants on their experiences with the Cultural Support Planning and Aboriginal Leaving Care Support Initiatives as they had yet to be comprehensively evaluated. It was suggested that there were many resourcing-related barriers to ensuring Cultural Support Plans were completed with Indigenous young people leaving care. Aboriginal Community Controlled Organisations were often under-resourced and consequently unable to assist mainstream leaving care services with promoting cultural connectedness as part of cultural support plans. Many services had to prioritise access to affordable housing above other leaving care tasks.

Further issues affecting Indigenous care leavers' transitions to independence concerned cultural differences between the Western individualistic organisation of the welfare system and Indigenous conceptions of family and community.

The service system directs support at individual people or family units and fails to take into account the broader sharing of resources and responsibilities in Indigenous culture as well as cultural obligations to visit, care for and farewell family and community members sometimes located far away (Mendes et al., 2015). The targeted nature of support services appears to present barriers to promoting young people's cultural connectedness. This along with a lack of housing options thus may compound the challenges faced by Indigenous young people exited from OHC.

5.2 CARE LEAVERS WITH A DISABILITY

Snow, Mendes and O'Donohue (2014) interviewed 15 young care leavers who identified as having one or more formally diagnosed disabilities. Over half of this group reported having more than five placements in OHC; four reported more than 10. More than half of

the respondents described no involvement in formal leaving care planning meetings, and practitioners found leaving care planning to be extremely challenging for young people with disabilities, particularly in the absence of suitable and stable housing options.

Over half of the young people interviewed reported becoming homeless after their first post-care housing option failed - for many this was within a year of leaving care.

Nine of the 15 participants also experienced serious health and wellbeing crises within 18 months of leaving care. The study found that most of the young people were ineligible for support from dedicated disability services. Two thirds of the care leavers had accessed post-care services, and were happy with the assistance they received, but thought the age of eligibility should be increased.

5.3 MENTAL HEALTH ISSUES AMONG CARE LEAVERS

A review of the literature concerning mental health issues amongst care leavers identified a number of serious issues that could impact on a young person's mental health in OHC or leaving care (Rahamim & Mendes, 2015). The authors (2015, p. 3) suggest that:

In addition to their negative pre-care experiences and removal from their biological family, children in OHC may be exposed to unstable and unpredictable living environments. Attachment insecurities and disturbances can arise through experiences such as loss of contact from their biological family and separation from their siblings... multiple placement breakdowns and constant school changes are also a common occurrence, adding to their experience of relationship disruption and loss.

Two focus groups with staff from various agencies involved in providing services to young people leaving care were asked about the support needs of care leavers in relation to mental health.

Study participants highlighted numerous factors affecting the mental health of care leavers including pre-care experiences of "neglect, violence, abuse and maltreatment", in-care experiences of placement breakdowns, leaving care anxiety, and the threat of homelessness as young people near the end of their court-ordered supports.

Crisis-driven practice in the support sector, difficulties accessing mental health services without clinical diagnoses, worker turnover and the disruption to positive relationships with changes in workers and services that many young people experience in the OHC system were also raised as issues in supporting young people to have positive mental health and gain independence (Rahamim & Mendes, 2015).

5.4 OUT-OF-HOME CARE AND YOUTH JUSTICE INVOLVEMENT

Mendes, Baidawi and Snow (2014a) investigated potential strategies to reduce the involvement of young people in OHC in the youth justice system. A total of 77 staff from agencies providing services to young care leavers and/or youth justice clients participated in focus groups or interviews and identified the factors they thought contributed to young people from OHC being over-represented in the youth justice system. Systemic factors identified included school exclusion, placement instability and the lack of post-care supports and resources while individual factors identified centred on unresolved trauma and substance abuse:

Difficulties with emotional regulation and behavioural problems were identified as trauma related outcomes which obstruct the development of positive attachments, leading to isolation from mainstream systems ... Young people transitioning from care were seen to be at risk of abusing substances for a variety of reasons, including normal adolescent development and exposure to drug-abusing family or peers. However, the major function of substance use was believed to be self-medication for emotional problems and mental health issues (Mendes, Baidawi, & Snow, 2014b, p. 14)

Participants thought that improving community connectedness was key to reducing offending with particular emphasis on supporting young people to engage in education and training, although a lack of supported housing was also thought to be a major contributor to offending behaviours.

5.5 OUT OF HOME CARE AND RURAL COMMUNITY CONNECTEDNESS

St Luke's and Whitelion in Bendigo partnered in one program to improve community connectedness for care leavers in their region through a community development approach to delivering mentoring and employment programs. This approach sought to promote young people's participation in the mainstream community. Efforts were made to link young people with positive role models from the local community and education, training and/or employment (Mendes, 2011). A number of young people established ongoing relationships with mentors and improved their education and employment prospects. However young people still faced a number of challenges, some of which were consistent with metropolitan studies of care leavers, and others that were particular to their region. Many participants reported that they had obtained safe and stable accommodation both with formal support from their leaving care agency and without.

While housing had been more accessible for this group in rural Victoria, social isolation was a clear theme in many of the interviews.

The project observed that formal mentoring could be helpful in reducing the social isolation of young people who were seen to be 'doing okay' in care who appeared to gain self-confidence and have fun in the program. It was thought that those young people with less developed social skills could gain more from mentoring programs that had a more practical focus on independent living skills. Rural care leavers also reported a lack of formal supports with serious mental health and anger issues, and young parents felt vulnerable to judgement of their parenting skills and fear of the removal of their children (Mendes & Meade, 2010).

Transport issues inhibited a number of young people's capacity to participate in mentoring and employment programs' activities, and were also barriers to engaging in employment and training.

5.6 VICTORIAN AUDITOR GENERAL'S OFFICE (VAGO) REPORT ON RESIDENTIAL CARE (2014)

The OHC system has also been the subject of review by various government-based organisations. The Victorian Auditor General's Office (VAGO) report on residential care services found that the system was "unable to respond to the level of demand or the increasing complexity of children's needs", and that "outcomes for children in residential care are poor across a range of indicators" (Victorian Auditor-General's Office, 2014). A combination of a lack of placements and high staff turnover affected the ability of the system to find appropriate placements for young people, and led to high numbers of critical incidents between residents and high rates of absconding which placed young people at risk of sexual exploitation (VAGO, 2014). The VAGO audit recommended that the Department of Health and Human Services (DHHS) establish "alternative affordable models with sufficient flexibility to cater for the varying and complex needs of children" and "actively promote ... [the] process for making a complaint; and investigate the feasibility of establishing an independent advocacy role to support children in residential care" (VAGO, 2014, p. 22).

5.7 COMMISSION FOR CHILDREN AND YOUNG PEOPLE'S INQUIRY (2015)

The Commission for Children and Young People's "...as a good parent would..." report is a harrowing account of the abuse and trauma suffered by a sub set of young people experiencing sexual abuse and sexual exploitation whilst living in residential care in Victoria and the system within which residential care units operate (Commission for Children and Young People, 2015). Again, the placement of young people in residential units that are inappropriate and unsafe is highlighted. The report notes that "Of the 87 Department and CSO staff interviewed by the Commission, only one staff member was of the view that the current system of residential care provided adequate safety to children" (Commission for Children and Young People, 2015, p. 108).

This report echoes calls from VAGO to remodel the residential care system and institute an independent visitor program and establish an independent advocate and complaints body.

5.8 SENATE OUT OF HOME CARE INQUIRY (2015)

The Senate Standing Committee on Community Affairs: Out of Home Care Inquiry (2015) reviewed written and oral submissions concerning out-of-home care practice and policy nationally, and came to many of the same conclusions already discussed. The danger of inappropriate placements because of a lack of options for young people was also a concern for this Inquiry, and the extensive report called for, amongst other things:

- A need for models of care that address the impact of trauma and increased resources to fund therapeutic care;
- For the National Framework to look at integrating services for children and young people

with disabilities between disability and out-of-home care services;

- The continuation of care until the age of 21 with extra support for EET outcomes;
- The consideration of training and financial support needs of kith and kinship carers;
- The improvement of participation by young people in decisions made about placements and care and the importance of providing independent mechanisms for complaints;
- · An improvement to young people's connection with family; and
- Comprehensive data to be collected concerning young people's connection to family and/or carers, engagement in education and training, housing and health outcomes upon leaving care and up until 21 years of age.

5.9 LEAVING CARE OUTCOMES DATA

There is a dearth of quantitative data on outcomes for young people leaving care. The Victorian leaving care services suite spans various organisations, and it is not known if they share a common data collection platform. Many adult and youth welfare services do not record service users' histories of child protection involvement or OHC placement.

Questions regarding OoHC history are also omitted from important data collections.

For example, despite the clear correlation between young people leaving care and homelessness identified in the 1989 report, Our Homeless Children, otherwise known as the Burdekin Report, the development of the national Specialist Homelessness Services data collection 4-5 years ago failed to include questions to identify care leavers. In fact, the collection includes people leaving hospital, psychiatric and rehabilitation facilities in the figures denoting 'care leavers' (that is, those exiting institutional care). Out-of-home care is not individually considered (Ritson, 2016).

5.10 LEAVING CARE PATHWAYS THEORIES

Concerns and poor outcomes for many young people leaving OHC detailed in the above literature review update have been the focus of studies for decades. In this time, pathways analysis has been used to characterise outcomes for care leavers. Post-care trajectories can be anticipated by a number of pre-care, in-care and leaving care factors according to two influential pathways theories. Stein (1997) in the UK created three typologies for care leavers: 'strugglers', 'survivors', and those 'moving on'. Strugglers and survivors were those with the worst pre-care experiences and greater placement instability prior to leaving care. Survivors differed from strugglers in that they accepted and responded to support during their transition from care to achieve more positive outcomes later. Strugglers failed to engage in support services and continued on to homelessness and dependency on other welfare supports in the long-term. Stein (1997) coined the term 'moving on' for those care leavers with stable in-care experiences and well planned transitions to independent living. Many of these 'well planned' transitions included not leaving placements until after completing high school education; sometimes well after the age of 18 years.

It is roughly estimated that 20 per cent of care leavers move on, 60 per cent are survivors, and 20 per cent are strugglers.

In Australia, Johnson et al. (2010) also developed a typology of care leavers. Young people interviewed for the study were characterized as experiencing either 'smooth' or 'volatile' housing pathways from care. Care leavers experiencing a 'smooth' transition tended to enjoy placement stability throughout their time in care, and a planned transition from OHC to supported accommodation. Like Stein's strugglers and survivors, young people experiencing a 'volatile' transition had described the worst pre-care experiences and placement instability.

Berry Street's Stand By Me program is specifically concerned with providing a service to those at risk of being categorised as 'strugglers' or those on 'volatile' pathways from care.

5.11 SUPPORTING THE STRUGGLING COHORT TO SURVIVOR STATUS: SMOOTHING VOLATILE PATHWAYS

In South Australia, Malvaso and colleagues (2016) have considered this cohort of strugglers on volatile pathways from care. From previous research, they observed that there is a cohort of young people who leave statutory OoHC who are "highly resistant to receiving any formal help or hostile towards service interventions or organisations which they associate with their time in care" due to a range of factors, including lack of familial or social networks able to assist with obtaining or maintaining housing, and/or an inability to safely share accommodation owing to substance use and mental health challenges (Malvaso et al., 2016, p. 2). The authors describe the barriers preventing this cohort being supported by existing services (Malvaso et al., 2016, p. 15), including:

...conventional service delivery (e.g., appointments in the office during business hours) may be too formal, embarrassing or intimidating for this population of young people leaving care ... As a number of participants pointed out, when young people are angry and/or have experienced trauma and abuse it is often very difficult for them to seek help for their problems.

Malvaso et al.'s (2016) study outlines that the features of support services needed to engage this particular group include a range of specialized approaches.

Person-centred case management practices within flexible and persistent service delivery contexts are key elements.

Staff should be selected for and further trained in youth engagement skills (emphasising a friendly informality), while simultaneously embodying professional practice, including strong boundaries. The study indicated a need for respect for and strengthening of young people's existing relationships with family and friends, whether or not those relationships appear appropriate or useful. "Informal, indirect and creative approaches to service engagement"

are more likely to be successful in working with this complex group (p. 25). Where Malvaso and colleagues (2016) discuss particular styles of working with the struggler cohort and those experiencing volatile pathways, other studies have examined other aspects of support for care leavers and linked these to their pathways trajectories.

5.12 LEAVING CARE PLANNING AND SUPPORTED HOUSING

In a study of care leavers in Victoria and Western Australia, Johnson and colleagues (2010) reported that leaving care planning was associated with smoother transitions from care. The authors state that: "While the overall number of participants who had a [leaving care] plan was low, those whose transition from care was volatile were almost twice as likely not to have had a leaving care plan than those whose transition from care had been smooth" (Johnson et al., 2010, p. 31).

They also cited an earlier study of 60 care leavers where those with a leaving care plan were found to be twice as likely to be in stable accommodation, and three times more likely to be employed (C. Forbes, B. Inder, & S. Raman, 2006). Of the 77 care leavers in Victoria and Western Australia included in the study only 26% of participants could recall having had leaving care plans (Johnson et al., 2010). The 2013 CREATE Foundation Report Card found that 67% (n= 188) of 281 Australian care leavers aged 15 to 17 were unaware of some kind of formal leaving care plan (J. McDowall, 2013). Of the 33% (n= 93) who were aware of some formal planning, less than 50% (45) of those young people reported being 'Quite' or 'Very involved' with that plan (McDowall, 2013). McDowall (2013) reports that across Australia there was no significant increase in the number of young people who had been actively involved in or knew about their leaving care plans since previous studies in 2009 and 2011 (McDowall 2009 and McDowall 2011, cited in McDowall, 2013).

Another critical factor in the 'smooth' transitions reportedly experienced by participants in Johnson et al. (2010) concerns government-funded accommodation. More positive outcomes were closely associated with supported housing in the Johnson et al. (2010) study.

Two thirds of participants who experienced a 'smooth' transition from care exited straight from care into transitional, government-funded accommodation.

This kind of accommodation typically comes with a support agency housing worker attached and rent fixed at 25% of income, as well as the perceived pathway to public housing. For these young people, their affordable, stable and secure, independent housing was identified ahead of their order expiry and was part of their leaving care plan. These young people appear to have not had to contemplate becoming homeless. According to Johnson et al. (2010, p. 37):

...for the majority of this group on a 'smooth' pathway, moving into transitional accommodation was part of a well-organised plan and knowing where they were going after they left care was important for a number of reasons. Not only did it reduce the anxiety of leaving care per se, but it also gave them an opportunity to think about the future and also what resources they might require. Both the support and the structure of [transitional housing] can create stability, which for some young people helps them to focus on other aspects of their lives.

5.13 INTENSIVE HOUSING SUPPORT

Intensive support service models are uncommon in Australia, and The Journey to Social Inclusion (J2SI) project is a comprehensive study of the efficacy of intensive long-term support in breaking the cycle of long-term homelessness for people aged 25 - 50 years of age (Parkinson, 2012). In a Randomised Control Trial of two groups of long-term homeless people, one group received faster access to housing and intensive casework support for the duration of the three-year pilot (Parkinson, 2011).

At the end of the pilot, the supported group had retained their housing at more than twice the rate of the group accessing the existing homelessness support system.

The intensively supported group also showed emotional and physical health benefits, with a reduction in use of health and welfare services, and a late drop in involvement with the justice system (Johnson, Kuehnle, Parkinson, Sesa, & Tseng, 2014). J2SI indicated that the long-term homeless can achieve significant positive outcomes with intensive support, alleviating a significant welfare burden, and preventing a degree of offending behaviours and expensive use of primary health services.

As observed in the Costs of Youth Homelessness in Australia study (Flateau, Thielking, MacKenzie, & Steen, 2015, p. 1):

Homelessness is one of the most severe forms of disadvantage and social exclusion that any person can experience. It is also a frightening and traumatic experience, particularly for children and young people just beginning to make their own way in life. It makes everyday activities like attending secondary school, engaging in further training, or getting a job, difficult in the extreme. Homeless young people often experience mental and physical health problems and experience much higher rates of disconnection from family and friends. The personal and community costs of homelessness are very high.

The absence of safe and secure accommodation, compounded in many cases by poor health, difficult financial circumstances and social isolation, has direct adverse effects on young people's health and wellbeing. The choices many young homeless people make, in order to cope or survive the homeless experience, put them at further risk of harm.

Sixty-three per cent of the 298 young homeless people in this study reported having placements in OHC (Flateau et al., 2015, pp. 2-3), reinforcing the need for safe and stable housing and housing support for care leavers in order to alleviate long-term disadvantage.

5.14 THE SPRINGBOARD PROGRAM

The Springboard Program is funded by DHHS in Victoria to provide intensive support for young people leaving residential care to re-engage in education, employment and training (EET) (Baldry et al., 2015).

The evaluation of the three-year Springboard pilot program demonstrated the benefits of providing intensive, flexible and individually focused support for this complex group of young people.

High rates of ongoing engagement and improved EET outcomes were seen following the three-year pilot. This success is attributed by Baldry et al. (2015, p. 6) to:

Holistic engagement aimed at reconnecting young people with education, training and employment, and that addresses young people's underlying barriers ... activities include: spending time getting to know the young person, building trust and assessing what the most urgent or key issues are the young person wants and needs addressing, using brokerage to assist with health matters or to arrange child care, going to court with the young person, and helping them get their rental and Centrelink payments sorted out. When some of these fundamental barriers are addressed or at least progressively addressed activities more focused on education, training and employment are initiated with Springboard practitioners linking young people with education and training opportunities suited to their individual needs. This is a personcentred, holistic and flexible program approach.

The Springboard evaluation further reported that "Most young people need well over a year of support to address barriers and risks and engage with education, training and employment" and that "the more barriers addressed, the higher the likelihood of the young person sustaining engagement in education, training and employment" (Baldry et al., 2015, p. 31).

Housing provision and support does not appear to be a stated aim of the program. But service providers have considerable control of brokerage expenditure, and the evaluation notes that those agencies with a welfare focus were more likely than agencies with an EET focus to spend brokerage funding on crisis interventions, for example, funding for housing and general life expenses. The authors note that having basic needs met is an important precursor to engagement in EET and indeed, engagement with a support service (Baldry et al., 2015). The evaluation presents evidence of reduced criminal offending and hospital admissions after a 6-12 month engagement period with Springboard workers.

5.15 SERVICE GAPS AND SECTOR REFORM

The reform agenda suggests the need for support across a range of areas that are divided between various sectors in the existing system.

In considering the research to date, and following consultation with service users and the sector, a Victorian government policy reform agenda has recently been released, acknowledging many of the issues faced by Victorian care leavers. Indeed, the *Roadmap to Reform* (Department of Health and Human Services, 2016b, p. 8) recognises that: "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".

The reform agenda identifies a need for a different approach to providing services to vulnerable children and families. The agenda suggests the need for support across a range of areas that are divided between various sectors in the existing system. For example, the reform plan (DHHS, 2016b, p. 29) outlines that:

More needs to be done to make it easier for young people and parents to navigate the range of services they need. That is why the Roadmap includes plans to redesign services for vulnerable children and families, including working with practitioners and experts to design a 'service navigation' function.

The aim of service navigation is to support people with multiple and complex needs who may require some form of longer-term support, or, in other instances, help a victim of family violence navigate the court and legal system. Navigation may be sourced from different specialist disciplines - such as family violence, family services, out-of-home care or disability services - depending on the needs and preferences of the child, young person or family.

Supports are still provided by specialist areas in the system, however a navigator assists service users to access these, minimising the siloing of supports. According to the (then) Victorian Department of Human Services (2013, p. 21), "Holistic practice focuses on the whole range of a person's goals, aspirations and needs, as well as those of their family where appropriate". This kind of work is achieved when staff can privilege the development of therapeutic relationships which, according to the Queensland Government (Department of Child Safety, 2008, p. 3) takes:

...time and commitment, and a willingness to listen. Listening occurs best within a relationship where the young person has some level of trust in the worker, and where the worker brings together knowledge of the young person's history and circumstances with knowledge about what is happening now in the young person's internal world

In summary, the research discussed, largely informed by consultations with care leavers and service agency staff, highlights the multiple and complex needs of many care leavers, and provides evidence of the need for increased supports to young people exiting care. The research argues that this support should be provided in a holistic manner, which is flexible enough to respond to the myriad challenges and disadvantages experienced by young care leavers.

Thus, the more recent leaving care research in Victoria continues to lend support to a corporate parent/UK Personal Advisor-type service, able to provide holistic and flexible ongoing support to young people transitioning from care. The next section outlines the findings of the Stand By Me evaluation.

Findings



The evaluation findings are organised under the following six broad sections:

6.1 SUMMARY OF INTERIM REPORT FINDINGS

6.2 YOUNG PEOPLE'S CHARACTERISTICS: describes the conduct of interviews and the characteristics of the SBM client group, as well as those of other young people, and the SBM and non SBM staff who participated in the evaluation

6.3 OUTCOMES AND EXPERIENCES BY LIFE DOMAINS: summarises the outcomes and experiences of SBM and non SBM supported young people across various life domains, including housing, relationships, education and employment, income, health, living skills and outcomes relating to specific circumstances including disability and parenting

6.4 CASE EXAMPLES: two composed case examples amalgamate the participant experiences, providing a comparative illustration of SBM and non SBM client trajectories

6.5 STAND BY ME PROGRAM BENEFITS: describes key benefits of the SBM program identified throughout the course of the evaluation

6.6 COST BENEFIT ANALYSIS: examines the potential economic impact of the SBM program

6.1 INTERIM REPORT

The Interim Report findings indicated that SBM had had a positive impact on transitions from care in a range of areas and suggested that SBM was effective in promoting positive links to birth families and keeping foster carers and residential care staff involved in the lives of young people.

An early process and formative evaluation formed the basis of the Stand By Me evaluation Interim Report (Meade & Mendes, 2014). Though the findings of the Interim Report are summarised here, and were reviewed as part of this Final Report, the two documents stand alone.

The Interim Report was delivered in July 2014, 18 months after the initiation of the SBM pilot. Its findings were drawn from semi-structured interviews with various stakeholders involved in the care of SBM clients, including SBM staff and management, and foster and residential carers (Meade & Mendes, 2014). Aspects of the evaluation which were presented in the Interim Report included:

- An evaluation of the degree to which program assumptions were supported;
- An investigation of how resources were being used in practice;
- An investigation of which service activities were most widespread/useful and which were less in demand.

The Interim Report findings indicated that SBM had had a positive impact on transitions from care in a range of areas, including finances, housing, facilitating links with family, pregnancy

and parenting support, facilitating access to education and training, and addressing long-standing trauma. Support to identify and access appropriate housing (including financial support) was identified as an integral part of the program. SBM workers provided ongoing financial subsidisation of rental costs, and assistance accessing post-care brokerage to purchase household goods or fund educational pursuits. More broadly, the interim findings suggested that SBM was effective in retaining the involvement of OHC supports and networks (e.g. foster carers and residential care staff) in the lives of young people.

SBM workers were also active in promoting positive links with birth families. This involved negotiating contact prior to discharge from care, helping young people to maintain realistic expectations, supporting young people when planned returns were unsuccessful, and identifying urgent housing alternatives as required. SBM clients were supported to identify educational, employment or training goals, and to procure resources needed to pursue these.

The Interim Report suggested that SBM delivered client-focused and strengths-based support commencing prior to leaving care, and during the transition from care as anticipated. As a consistent part of otherwise evolving care teams, feedback indicated that SBM workers acted as a central support, assisting clients to navigate welfare services. There were indications of trusting and supportive relationships developing between young people and their SBM workers.

Overall, the Interim Report found that the program was meeting its targets, delivering services mostly as anticipated by the program logic, and that clients were gaining predicted benefits. One unanticipated finding was that care team work addressing family mediation and family relationships was a larger component of the SBM program than initially expected.

6.2 YOUNG PEOPLE CHARACTERISTICS

6.2.1 Stand By Me-supported young people

Twelve young people (five females and seven males) participated in the SBM program. Seven young people commenced the program at 17 years, whilst the other five commenced at 16 years of age. Most of the SBM client group were referred from residential care (n=9), though referrals were also accepted from other placement types, including lead tenant (n=1) and foster care placements (n=2). Other characteristics of the SBM group are shown in Table 1 below.

| | Age SBM support commenced | Age entered care | Length of time in care | Pregnancy/ Parenting | Disability |
|---------------|---------------------------------|------------------------|------------------------|-------------------------|------------|
| SBM client 1 | 16 | 11 | 6+ years | Yes | Yes |
| SBM client 2 | 16 | 12 | 5+ years | | Yes |
| SBM client 3 | 17 | 12 | 6+ years | | |
| SBM client 4 | 16 | 14 | 3+ years | | |
| SBM client 5 | 17 | 14 | 4+ years | Yes | |
| SBM client 6 | 17 | 12 | 5+ years | | Yes |
| SBM client 7 | 17 | <1 | 17 - 18 years | | |
| SBM client 8 | 16 | 12 | 6+ years | | |
| SBM client 9 | 17 | 4 | 13 - 14 years | | |
| SBM client 10 | 17 | 3 | 15 - 16 years | | |
| SBM client 11 | 17 | 12 | | | Yes |
| SBM client 12 | 17 | 13 | 5+ years | | |

Table 1. Stand By Me client characteristics

The young people participating in the SBM program can justifiably be characterised as having complex needs, in comparison to the general leaving care cohort. The majority of this group had spent more than one quarter of their lives in care at the time of entering the SBM program. Three quarters of the client group were in residential care at referral, which tends to indicate either a greater level of need unable to be met through foster care, and/or limited availability of a supportive kinship network. Additionally, four of the young people had some form of physical or intellectual disability, two were Indigenous and two young people became parents during the program period.

An analysis of client complexity utilising the five criteria adopted in the recent Springboard evaluation (Baldry et al., 2015) indicated that 50 per cent of the group presented with high complexity, 17 per cent with medium complexity and the remainder (33 per cent) with low levels of complexity pre-enrolment.

Nine of the 12 young people receiving support from SBM consented to participate in an interview as part of the evaluation. At the time of these interviews, the nine participants were residing in a variety of housing arrangements, as shown in Table 2 below.

| Berry Street supported housing | Other supported housing | Disability housing | Private rental | Foster care family | Boarding house | Total |
|--------------------------------------|-------------------------|-----------------------|-------------------|--------------------|-------------------|-------|
| 1 | 1 | 1 | 3 | 2 | 1 | 9 |

Table 2. SBM client housing at interview

Compared with the SBM clients participating in the evaluation, those who did not participate in interviews (n=3) experienced a higher degree of substance abuse issues and criminal justice system involvement throughout the SBM program duration. The patterns of engagement of these three young people with SBM workers were also more sporadic, and they were less well engaged over the time period than other SBM clients.

6.2.2 Non Stand By Me supported young people

Eight non SBM supported young people were recruited by staff from other Berry Street OHC programs, and were primarily in residential care placements (n=5) at the time of leaving care. A minority were in lead tenant (n=1) or foster care (n=2) placements. This group of young people included 5 females and 3 males. At least two of these young people had either a physical or intellectual disability, and one young person was a parent. The characteristics of the non SBM supported sample are shown in Table 3 below.

| | Age entered care | Length of time in care | Pregnancy/ Parenting | Disability |
|--------------|------------------|------------------------|-------------------------|------------|
| SBM client 1 | 15 | 1+ years | Yes | Yes |
| SBM client 2 | 8 | 9+ years | | Yes |
| SBM client 3 | 14 | 2+ years | | |
| SBM client 4 | 12 | 4+ years | | |
| SBM client 5 | 3 | 14+ years | Yes | |
| SBM client 6 | 4 | 12+ years | | Yes |
| SBM client 7 | 15 | 1+ years | | |
| SBM client 8 | 15 | 1+ years | | |

Table 3. Comparison group (non Stand By Me client) characteristics

Compared with the SBM client group, the comparison group tended to have been in care for a shorter period of time; fifty per cent of this group had been in care for three years or less at the time of leaving care. Each young person in the comparison group was in stable housing at the time of the interview, as shown in Table 4 below.

| Berry Street supported housing | Transitional housing | Disability housing | Private rental | Total |
|--------------------------------------|-------------------------|-----------------------|----------------|-------|
| 4 | 2 | 1 | 1 | 8 |

Table 4. Non SBM client housing at interview

Overall the non SBM group presented with a slightly lower level of complexity compared to the SBM supported group. This is to be expected since SBM specifically sought to target care leavers with high needs and limited supports. The next section of the findings describes the outcomes and processes of these young people across various life domains

6.3. OUTCOMES AND EXPERIENCES BY LIFE DOMAINS

6.3.1 Housing and homelessness

Many challenges exist in sourcing appropriate housing options for care leavers. In-care experiences of conflict and difficulties living with other young people and workers often meant that many young people desired to live alone post-care - typically the most expensive housing arrangement:

... young people who have been in care clearly state they don't want to share with other people. They have difficulty sharing with other people, and they find it very hard to manage, so they mostly want to look at accommodation just on their own. And of course they can't afford it because they're on Youth Allowance or there isn't in the homelessness system sufficient one-bedroom options for them (Post-care Information and Referral program staff).

... having all different workers coming in, and all different things I think you just got over people and living with people. So it's just good living by yourself and you can do what you want, and come and go as you want and all that. Like the bills are a bit of a struggle but you get through them sometimes (Christian, non SBM supported young person).

Post-care Information and Referral staff described some of the challenges involved in young people accessing homelessness services if they found themselves in housing crisis:

... there are limited resources for the housing sector in general, and so for a young person to be trying to navigate their way through the homelessness system and be prioritised amongst all those other people who are homeless it's very difficult for them to a) know how to manage the system and b) how to articulate their support needs sufficiently in order for them to be prioritised ... There's also a significant lack of one-bedroom accommodation ... And of course they've got no rental history, so many real estate agents won't even consider them, so that's I think one of the core issues that we find (Post-care Information and Referral staff).

Waiting times for assistance with emergency, transitional, and public housing were also said to be a significant issue, for example:

...To access the homelessness system, a young person might contact an access point, and the access point says you must come in and do this [Initial Assessment and Planning appointment] to have an assessment and then the access point tells them now we'll contact you in six months' time. So a young person goes, 'what's the point?' (Residential Care staff).

... me and my grandma and my brother and my ex-partner were trying to find a house that we could all live in and I was trying to get DHS to help me do that. But in saying that, people wait on lists for years and years and years and years and by the time they get it, it's like, you know, you've moved on from that (Celeste, SBM supported young person).

Interviews with young people not supported by SBM confirmed previous reports describing the challenges finding, accessing and maintaining safe, secure and stable accommodation post-care. Young people without SBM support tended to return to family upon exiting care, typically resulting in relationship, and consequently housing, breakdown. One of the eight young people not supported by SBM had lived in private rental since leaving care and

another was in disability housing. However, the remaining young people all described living in government or philanthropically-funded housing, which was most likely accessed via specialist homelessness services or other welfare service providers:

... I moved back to my mum's once or twice, and I moved back to my nan's once, but I was in care until I was 16. And then I moved into Lead Tenant just before my 17th birthday, and then I moved out pretty much just before my 18th birthday... I had to go and sleep on my nan's floor on a pull-out bed because there was no other housing opportunity. And then the [agency] where my worker worked, got me a house through their program, because they have a couple of units in a specific area (Christine, non SBM supported young person).

I was with my mum, but that kind of fell out and fell through again. And then I went from my mother's to my friend's house. It's my best friend, but I've always been a little bit weird and I don't want to intrude on personal family ... They said I could stay as long as I wanted, but I said, "A month is good." ... Since I left care, I stayed with my mum for about a year ... Oh [then] friend and then caravan park and then here [supported accommodation] (George, non SBM supported young person.

6.3.2 Stand By Me support and housing

SBM workers supported young people with different housing options depending on their preferences. Where young people's preferences were not considered to be in their interest by workers, they were helped to consider other possibilities, for example:

... there was all these people living in there and it was just chaotic all the time. Like, you didn't have any privacy or anything like that. It was just always drama, drama, drama. So I guess [the SBM worker] was trying to lead me in the right direction and I chose not to go in that direction (Celeste, SBM supported young person).

Other SBM supported young people found themselves with similarly inappropriate housing options, which may have led to homelessness without Stand By Me support:

Without [Stand By Me worker], I wouldn't have known about all my funding. I wouldn't be in a proper house at the moment. I'd probably be staying in my Nan's little spare room, which is dust-filled, and falling apart and stacked with mass amounts of stuff that she's storing. Or going from house to house, crashing at people's places or something (Caine, SBM supported young person).

I went from Lead Tenant into private rental because I was working at the time. I was running a call centre ... But then ...the call centre shut down, so I lost my job there. So I wasn't able to pay my rent anymore, so that placement fell apart... if it wasn't for [the Stand By Me worker] paying my rent and stuff, I probably would have had to go to court 'cause-like, I couldn't pay the rent to the lady that I was leasing it off (Stacey, SBM supported young person.

Indeed, the professional opinion of other program staff was that Stand By Me support had led to more positive housing outcomes for four ex-clients:

... last year we had four young people leave us at 18. One of them was connected with Stand By Me and she is the one who has maintained her housing. So out of that four after the original planning. And the year previous to that, 2013, we had six young people exit care, three of them were connected to Stand By Me, one of them was connected with the [other intensive support program], which also did that bridging. And

those four - despite two of them having quite difficult journeys - were still able to have been housed and supported to get housing with family and friends, and looking at their longer term options, whereas the last two really did struggle (Lead Tenant program staff).

An advantage of the SBM program was its ability to place young people in a stand-by position for appropriate housing options to avoid the acceptance of inappropriate housing because of support ending:

... there aren't a lot of options and sometimes leaving care feels a little bit like dumb luck and timing, you know? So, the planning can happen, but if there isn't a vacancy within kind of the foyer model or the service that you sort of would prefer, then that's off the table. That kind of has to happen in that window. So, some of the planning doesn't feel like it eventuates to the way we'd like it to. But whether you extend the age of statutory orders, or have a worker that can kind of cross it and pick up the mantle so it doesn't have to all be executed by that 18th birthday, then you can wait for the better option and I think that's really important (Home-based care staff).

6.3.3 Family relationships

Another clear theme throughout the interviews concerned the importance of family of origin to young people. Many young people spoke about feeling connected to their families, but also described stress and conflict in these relationships, or an inability to rely on family support. Difficulties with family members were common across the SBM supported and non-supported groups. Many young people talked about the process of negotiating those relationships and the work involved in doing so. For some, it took some time for them to get along with family members and form boundaries for themselves along the way.

Support with mum now is really good. Like when I did move into the place I'm in we didn't speak for a month because she didn't want me to leave, but also she was telling me to leave when she was in anger and when I did up and go and I said that's it, I'm gone and moved in, we didn't speak at all and it was like I had to try and rebuild what we had and it was very hard. It took time to do it. There was times where it felt all right, but there was just times where it felt like I just gave up on it (Pete, non SBM supported young person).

For this young person, having their own accommodation helped to facilitate a better relationship with family members:

I've got somewhere to be and that way that I can look at the problem and then come back to it later and not just have to try and face it at the same time there because when I lived with her, when we had a fight - we would have a fight but then my step dad would jump in and that's when it just blew up even more and we couldn't get away from each other. I'd go to my room, but we're still in the same house. So now that I'm in a different house we can actually talk about it, like leaving it for a day then coming back and speaking about it, which has been really better now and I'm actually having a good relationship with my siblings as well. I left care because of my stepfather. Even now we're having a better relationship. We hardly talk, but when we do it's really good because he updates me with my cat and how my brother's been and everything else. It was hard to leave because my cat was there and you can't take it with you (Pete, non SBM supported young person).

For others, attempts at reconnecting with family taught them that their parent/s or other family

members could not be relied upon for the kinds of support that other young people in the community may expect.

It's just like ten, 12 years that he's been just really up and down and I've been trying to chase that whole like consistency thing with Dad. But, now it's I've finally realised that it's just I've got to stop with the whole, "maybe I'll get it consistent", I've been going with it, but it won't happen, so (George, non SBM supported young person).

My grandma doesn't own a house or anything like that and she has mental health issues and she's an ex-alcoholic and all that stuff. But now she's in a better place, but back then, that's where it was... my older brother was on drugs and I just found myself in the same situation that I did when I was living in the residential unit. (Celeste, SBM supported young person).

As the previous sections suggest, relationships with family can prevent homelessness for young people. Interviews with SBM clients suggested family relationships were important to them whether related to housing options or not:

I have a better relationship with my mum now. I know more about my heritage and everything and my family, which is good. I find it important to know where you come from and everything, which I didn't really before... "Those who do not learn from history are doomed to repeat it." It's really important to know who your family is for so many reasons - I mean there's medical reasons, there's just so much. (Caine, SBM supported young person).

The evaluation found ample evidence that the SBM program provided key opportunities far beyond those available through the standard service systems, to support family connections in the leaving care and post-care period. For instance, SBM staff had the capacity to work with clients to test family relationships while there was a safety net prior to leaving care, with a view to strengthening the resiliency of these relationships, as described by one SBM worker:

...we can intervene in a formal way with the family and say 'Okay the young person's identified that they want to come home so what we need to do is sit down and make a plan. Should we have two nights a week here to see how it works while the young person is 17 and a half?' And then you can gradually test the waters a little bit. Whereas previously without Stand By Me intervention the young person might just go home at 18 and [there's] no planning, no one's really prepared and it may or may not work out (SBM worker).

SBM clients were able to request assistance with family issues, and SBM workers were able to help their clients with emotional, financial and housing support in the case of any difficulties arising. Other young people leaving care generally lack similar opportunities. As Pete explained, this can be unsettling for a young person.

I was very scared because even though I'd been there [back at family home] for a month something could go down and I didn't have the bed to go back to. I had to kind of stay around where I was and if it blew up then I didn't know what I was going to do because I was getting to a certain point where I was getting close to my eighteenth that I couldn't go back into care. Even though I left last year in May, it was just different because I still had DHS with me at the time, but it was just seeing ... if I could get along at home. There were a few hiccups or a point where I did want to go back, but because my bed was closing and it was full I couldn't (Pete, non SBM supported young person).

SBM workers were also able to encourage young people to explore and build relationships with family. Additionally, they provided advice on the kinds of supports young people might need to access to support these relationships, and financial assistance to support these connections:

... before [my SBM worker] I didn't really want to give her [young person's mother] a chance, and I didn't really want to know her at all. But then, [my SBM worker] came along and she sort of made me see the meaning to family, and although, like, the start of our friendship or relationship wasn't good at all, like, you have to get past that, and now it's just starting to get better. Like, we talk every couple of weeks on the phone. Like, she'll ring me from jail, and stuff like that, and we'll have a chat. I see my little sister now. I didn't see her for like 10 years, or eight years. And thanks to [my SBM worker], I found her in, like, a resi unit, and now we have access. Like, I go and see her, or I can see more- or like [my SBM worker] will go up and get her and bring her back down this way for me to see her for the day, or spend the night, or stuff like that. So that's really good. I haven't reunited with my brother yet, but that's another story for another day (Stacey, SBM supported young person).

I was able to reconnect with my mum a bit more because she came down from Queensland. I can still keep in touch with my sister and everything. [My SBM worker] and that's looking into getting me some funding to go up to Queensland and see my sister and nephew for a while, which otherwise I wouldn't be doing, because it would just cost too much and everything, so yeah ... (Caine, SBM supported young person).

Family work is not typically a major component in standard leaving care and post-care casework. Indeed, this work was described as somewhat demanding for SBM staff, for instance:

I found it in some ways challenging not to get trapped in the family dynamics... I see my role as directly talking to the young person and supporting the young person. And it's come up a couple of times that within the family of the young person, they're having conflict and they're talking bad about each other.... The young person is trapped in the middle of that, trying to make their own way and you're just trying to support them as much as you can without getting involved in the toxicity of just what's going on within the family.

6.3.4 Education

Young people interviewed from both the SBM supported and the non SBM supported group described shared issues with respect to education. Placement instability, bullying and disruptive residential care households were all cited as contributors to disengagement from mainstream schooling, sometimes very early on:

I dropped out of school at the end of grade six because I couldn't keep up with their movement around. Like they (Department of Human Services) moved me an hour and a half out of town, so I would have to get up at like six to get there on time and I was falling asleep by lunchtime (Christian, non SBM supported young person).

... some of the other clients in the residential work units used to keep me up late at night. So I'd miss school or the residential workers didn't drive me to school. They wanted me to move schools closer to the unit and I'm like, 'no, I'm not moving' because I know in six months' time I'm going to have to move ... it was also hard being in school while being in foster care because kids would find out - I don't know how they would

find out--and you would get targeted and bullied. So I dropped out when I was in year ten (Christine, non SBM supported young person

6.3.5 Alternative education programs

Through alternative education settings many of the care leavers were able to re-engage in and complete Vocational Education and Training qualifications. Both SBM and non SBM supported young people spoke positively about 'hands on' or experiential learning programs, and were less enthusiastic concerning classroom-based programs:

... there's not so much in class work. Everything you do is like something you want to do. So you go out and you shoot packages and film stuff and then hand it back. So it's not sitting in the classroom writing in textbooks and all that, so you're out of the classroom or in the studio filming stuff (Christian, non SBM supported young person).

For some of the young people school was also an important place to build social networks and friendships, suggesting that an alternative education environment may be a key site for social and community network building. One young person also commented on the impact of more intensive support within educational settings, and the impact of a more informal environment in terms of engagement:

... it's a flexi school, it's so much easier. You've got more teachers in the classroom to help you. No uniforms. So technically you get more help at the school than you do at any other school because they actually do sit with you and like, do you understand this? Do you get this? Do you need help with this? And you can even call them after school and be like, 'well I don't get this' or you can stay after school and like 'I don't get this, could you explain'? The one thing good about the school is you get free lunch. So they provide you like breakfast, recess and lunch and they've got their own chef there (Pete, non SBM supported young person).

6.3.6 Supporting young people experiencing educational disengagement

Stand By Me was able to provide practical, financial and emotional support, which young people indicated helped them to remain motivated in their studies. Courses generally have set dates and tight timelines regarding enrolment, text and materials purchases and excursions, but bureaucratic processes relating to brokerage application make it difficult to meet these:

... when I start my photography course if there's things that I need, I know I'll be able to call [SBM worker] and be like I need books, I need this, I need that, and I'll get them. Whereas, with DHS, it was like I didn't ever want to go do courses, I didn't want to go to school, because it was like 'I need these school books', and you would have to wait months for it to get pre-approved, and then for them to actually go out and get them. And then, by the time you got them, you need new books (Stacey, SBM supported young person).

[The SBM worker] would meet up with me every now and again, and we'd have lunch or something so it was a bit of a stress relief. Also helping me get shopping from the shops, or clothing. So it made me feel a lot more comfortable about going to school and just helped me with getting there, and knowing how to, and keeping on track with everything I needed to (Caine, SBM supported young person).

Young people in the SBM program were supported regardless of their readiness to engage in education, training and employment. This was a key difference between this program and

other available services targeting similarly complex care leavers. Conversely, educational support was important to those ineligible for educational support from other service providers:

That was a childcare course; it was just 'no, I've got too much anxiety' and I told the lady that and she's like 'you can't be here if you've got anxiety'. So I'm like 'if I'm not back in 10 minutes I'm not coming back to the class again'. So I rang [my SBM worker] up and I'm like 'no, I want to go' and that's what I did ... (Bridget, SBM supported young person).

I guess printing out forms I could go to the library and print those out, but I wouldn't really have someone to help me get onto different courses, to tell me about the different ones I'm eligible for, and that was a massive help.

[Interviewer]: Have you ever tried to look at that information yourself?

I have tried, but because every time I do there's just an overwhelming amount of things and I don't know. It's hard to compare 50 different things at once, especially when they have cut-off dates, different eligibility...it's a massive help that somebody actually knows about the different courses, different programs that I am eligible for, to help me look at them objectively. It's gigantically helpful (Caine, SBM supported young person).

6.3.7 Employment

There were three participants from the SBM program who secured paid employment, and one from the comparison group.

... I wanted to do trade work, so that was kind of before youth work I wanted to be a tradie. So, I went to a tech school in [suburb] and so I wanted to be a furniture maker. That's kind of a hobby now; it's not really a career any more. But, yeah I wanted to be a furniture maker, so I kind of dabbled in trades for two or three years (George, non SBM supported young person).

Whilst Stacey herself had managed to be in full-time employment for some time, she explained how young people in similar situations to her own can struggle to find and maintain work:

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? (Stacey, SBM supported young person).

Apart from paid employment, nine SBM participants had work experience.

6.3.8 Income

Stand By Me workers provided significant financial support to clients, as well as advocacy in relation to Centrelink benefits. Discussions with non SBM program staff demonstrated the complexities faced in accessing Centrelink support. Additionally, staff described how the implications of being unable to access Centrelink benefits can snowball quickly for young people:

I struggle to help kids navigate Centrelink as it is, let alone letting them doing it themselves. They've gone in to Centrelink and we've sat at a computer and I've got no idea what is going on here and I am supposed to be the professional who is helping them with it (Home-based care staff).

It's unlikely that they can do it, particularly the job readiness and presenting at Centrelink and maintaining their income. Often if there's been a reason why they have forgotten or missed an appointment, there's no one to advocate on their behalf and so they just let it go. We've had young people in post-care that have got no income, that have been homeless or they've been involved in criminal activity because they've got no income. Or they're in inappropriate relationships. They've been in family violence situations, but they stay there because they've got no other accommodation options... all kinds of really escalating events that could have been circumvented (Post-care Information and Referral staff).

Three SBM clients indicated that SBM support helped them to access or maintain Centrelink income through emotional and practical support:

... [My SBM worker's] always taking me down to Centrelink and helping me out with that and Births, Deaths and Marriages with certificates and all that sort of stuff. The transportation has been good ... Instead of putting the stress on me, I can put all the stress on someone else (Jarrod, SBM supported young person).

[My SBM worker] knew a woman where I didn't have to go into Centrelink and went around and all that stuff. So she helped me get onto Centrelink and I've been on Centrelink. But now I'm not on it anymore, but that's fine. Like, I'm fine with not being on it, I'm looking for work and studying (Celeste, SBM supported young person).

6.3.9 Physical health

The evaluation uncovered evidence of SBM clients receiving support with health issues. It appeared that the more flexible and timely access to brokerage available within the program supported access to health resources, for instance:

[The SBM worker] also picked up, when I can't afford anything, my medications and all that. That's good. Bringing Ventolins when I couldn't breathe and I think the occasional hospital trip. He picked me up from hospital and stuff like that (Jarrod, SBM supported young person).

... if I didn't have access to [my SBM worker] and Stand By Me and their help, I would not be in a proper house, I would not have proper clothes, or be eating, or be healthy as I am now or anything. I'd be staying at someone's house, or couch surfing, or something. My back would be stuffed up. My knees would be horrible, because I have pre-existing conditions with those, but I've been able to get lifts to doctors to keep me on track and be healthier, which yeah. It's made a lot of impact to my actual health and safety and everything (Caine, SBM supported young person).

...the manager seems pretty cool like she seems pretty easy with the whole if I need to go to the dentist they'll pay for it, if I need to go to the doctor they'll pay for it ... it's good that they're freer with their money because the things that I need are sometimes not really conventional. (Cara, SBM supported young person).

Trust in SBM workers appears to have been important when young people required help with more sensitive issues, for example:

It's just those things that I need to ask like if my mum was here but she's not here so it's like a surrogate mum and at the same time friend and I can ask [Stand By Me worker] anything. I don't feel shy about asking things from [my SBM worker] (Cara, SBM supported young person)

Though the evaluation appeared to indicate that SBM support improved access to and uptake of health care resources, there was limited data from the non SBM supported group of young people to provide a comparison of experiences between the two groups.

6.3.10 Mental health

Stand By Me staff believed that flexible funding for mental health support was useful to respond quickly to crises, and to facilitate access to young people's preferred therapeutic options:

[Interviewer]: And you've been trying to link young people in, from what you were saying, in terms of counselling support to address longer term trauma issues. Is there any other kind of mental health stuff that's coming up?

[Stand By Me worker 1]: We've actually got a grant, an extra grant to get counselling support for this cohort, so that's helping as well.

[Stand By Me worker 2]: It's really nice to have that, because young people can access mental health kinds of support through their GP, but it's not always a comfortable conversation to have and sometimes, depending on the GP, they can shoot you down in flames. They get subsidised something ridiculous for doing it, so they get audited on that and some GPs are like frightened of that whole process, so don't necessarily embrace what's available. So, to be able to say, 'Oh yes that's a great idea, yes go for that if you want to, but if not we've got this money sitting here for ongoing counselling support or you could access it through the community in this way'. So, just giving people options sometimes is really fantastic.

[Stand By Me worker 1]: Yes, it's been brilliant to access in times of moral crisis even and when I had one of my clients had domestic violence issues; I was able to get him into the counselling session with his preferred counsellor to address that ... And I don't think that would've been able to be put in place, if we didn't have that money, yeah...

Of the twelve young people supported by SBM, only one client was not diagnosed with a mental health issue, though SBM staff recorded suspected mental health issues for this client. SBM staff were able to access treatment for six SBM clients, four of whom engaged in counselling funded by the program for one year or more during their involvement with SBM. Extra funds for counselling were primarily spent on four clients.

As mentioned above, SBM was able to fund the counselling for two and a half years for one client to address family violence issues. Counselling of the same duration was also funded for another SBM client who experienced severe mental health issues putting him at high risk of significant harm. Chloe, who experiences severe disability-related communication difficulties, was able to access music and other therapies during her involvement with SBM. Staff from her housing believe that Chloe's music therapy sessions were very important to her wellbeing, and indicated that she was noticeably calmer as a result of those sessions over time. Cara also accessed counselling funds through SBM, which may have helped to stabilise her ongoing foster care placement, and supported her ongoing involvement in part-time work and education. SBM clients were most engaged in counselling services in the second half of the program.

Care leavers did not discuss formal mental health diagnoses or involvement with clinical mental health services in any detail throughout the interviews. All informant groups were more likely to discuss issues concerning trauma, stress and anxiety. The set date of leaving care, usually a young person's 18th birthday, and engagement in education, training and

employment, and relationships with family were all identified as sources of stress and anxiety. There was also discussion of how this trauma, stress and anxiety could be exhibited in challenging behaviours, including violence. Stand By Me workers, non SBM program staff and carers discussed an association between extreme distress, challenging behaviours and poor mental health. Challenging behaviours were also attributed to communication difficulties:

[Stand By Me worker]: When we first started working together and Bridget was in crisis, she would call me and start yelling and screaming down the phone and demanding things and stuff. But within a few months we were able to turn that around and then it just became that every time that Bridget called she was a completely different person, where she was able to negotiate things and get what she wanted and make herself heard by improving some of the communication skills, rather than just demanding and yelling and stuff...

[Interviewer]: Do you know why things have changed like that?

Because I'm a lot happier. Just a lot happier.

[Interviewer]: And do you know what some of the things were that made you less happy and some of the things that have made you happier? Do you know what they are?

I'm not sure. I have to think. I guess the things that didn't make me happy was I wasn't sure how to communicate with people about how I was feeling properly, and I had a lot of anxiety and depression. And the thing that made me happy was just moving in to here and having [partner and baby] around and stuff (Bridget, SBM supported young person).

I feel like you were always making it really clear, Chloe, when you weren't happy because you would just sit on the floor and not go with anyone, or you would just scream, 'No!' Or if someone was in your space you would pull their hair. So in all of those ways, you were making it clear that you were anxious and upset and people sort of framed that as behavioural problems. But I personally felt like it was just, that's how she could communicate that she wasn't okay (Chloe, SBM supported young person with disability - non-verbal.

Stand By Me did not withdraw support from young people exhibiting challenging behaviours or 'not engaging' with workers, as is common practice for many other services. As a result, young people were able to retain continuity in their support, which is valuable in the context of distress and difficulties coping underlying these behaviours:

She was still able to work with me and help me through that time. I didn't do anything with my life for that whole year except just be a really angry person at the wrong people. So, yeah, she just supported me through that time where I was just in denial that I was doing something wrong, but you know. Yeah (Celeste, SBM supported young person).

Five SBM supported young people did not wish to engage in formal counselling or therapy (their diagnosed conditions are recorded by SBM staff as being untreated throughout SBM support). For example, Celeste, whose post-care circumstances included substance use and living in overcrowded housing with others experiencing mental health and substance abuse issues, stated:

[The SBM worker] has offered counselling and all that stuff, but I find that - I know it's weird because I'm talking to you about it - but I find it harder to speak to strangers about

it, to get on a personal level where I'm actually talking about stuff that's really affected me in my life to somebody that I barely know (Celeste, SBM supported young person).

It should be noted that SBM had access to flexible engagement brokerage and that significant engagement spending took place. This spending funded informal activities such as meals and outings, which provided opportunities for rapport building, trust building and informal counselling between SBM supported clients and their workers. It is unclear exactly what impact this engagement spending had on young people's mental health, yet there are indications that this informal support was highly valued by young people. SBM workers also saw improvements in young people's help-seeking behaviours and communication styles over the extensive support period. Such progress may indicate benefits to continuing support with access to flexible brokerage.

[Stand By Me worker]: Chloe used to be, like, get pretty upset and sometimes bang her head and drop to the ground if she didn't want to do something and scream and yell and pull hair and get really distressed and show that at that time. That's really not happening for her at all any more. Her anxiety has really levelled out so much over the past few years (Chloe, SBM supported young person with disability - non-verbal who accessed music therapy

Conversely, Lucy's foster parents did not have SBM support to assist in accessing counselling:

[Ex foster carer]: Yeah, her behaviour could be challenging.

[Lucy]: Except now, since I live with them, my behaviour's getting better now, since I live with them.

[Ex foster carer]: Yeah, you have counselling and things. Yep. Which you have each week.

[Lucy]: I don't play up much. I don't really play up much.

[Interviewer]: And so that was really probably, I suppose, you're in the room, the best of it was when you felt you were settled there, yeah?

[Lucy]: Yeah. Because I trust them.

[Ex foster carer]: And we did things like, again, pushed for private counselling, and my wife doesn't take no for an answer (Lucy, non SBM supported young person with disability).

In the absence of intensive support such as that offered by the SBM program, the strong advocacy of her continuing foster carers was needed for Lucy to access mental health support.

6.3.11 Alcohol and other drugs

The SBM administrative data set showed that seven SBM clients experienced untreated alcohol or other drug (AOD) issues at the time that they were leaving care and for the six month period following their exit from care. After SBM clients had been out of care between 6-12 months, four were recorded as having untreated AOD issues. This does suggest a spike in substance misuse at the time of leaving care and immediately after which supports statements made by evaluation participants about leaving care anxiety and disengagement. Unfortunately, three SBM clients who did not participate in interviews as part of this evaluation were still experiencing significant substance abuse issues in the last months of the program. This is potentially indicative of a subset of young people for whom even a higher degree

of support represented by SBM is insufficient to prevent or resolve such issues in the medium term.

Only two SBM clients who were interviewed elected to disclose substance abuse issues during their time in residential care and afterwards. Both of these young people expressed a desire to cease substance use, and needed to separate themselves from other young people in residential units:

... a lot of my friends were back from residential units, and stuff like that, that I was on drugs with, so I don't really speak to them anymore. Like, I had to sort of cut ties with a lot of the people that I knew from back then (Stacey, SBM supported young person).

... it was my decision to move out of the residential unit because I was trying to get off drugs and a lot of the ...young adults there were on drugs, and I found myself always getting into trouble with it, and so I just needed to get out of there (Celeste, SBM supported young person).

Stacey indicated that her interest in art supported her abstinence from drugs:

... when I woke up the first thing I thought about was what am I going to do today? Like how am I going to get my drugs today? So coming from that in resi to now where I wake up and I'm in a house and I've got food in my cupboards. It's like I wake up and I'm like, oh, you know, like, I want to go take photos today, because that's what I like. Like, I'm really into art, drawing, music, photography (Stacey, SBM supported young person).

The SBM evaluation did not collect a large amount of data on substance use issues, partly because three clients with serious drug issues did not participate in interviews. However, the comments above highlight the broader context of drug use and addiction. Both young women severed ties with social networks to reduce their drug use, and Celeste gave up her OHC placement to move away from problem drug use there. Stacey was able to study photography, which might be considered by other EET support services to be not sufficiently vocationally-oriented and thus not a worthy investment of program expenditure. SBM did not possess these limitations, and workers were able to encourage clients to explore their interests, with ensuing pro-social impacts.

6.3.12 Social supports and social networks

As mentioned above, social networks developed through drug use often had to be abandoned by young people wanting to cease substance use. Most young people interviewed reported a lack of extensive, long-standing or positive social or friendship networks:

A lot of them don't have very well advanced social skills, a lot of them don't have friendship basis that are in the community so they're socially isolated (Residential Care Unit staff).

... because I've been in care the majority of my life, I didn't get the proper socialisation skills, so it can be a bit difficult for me to communicate with people in certain situations. So it really helps when people know a bit more about me so they can understand how I, well, work (Caine, SBM supported young person).

I never went to high school, so I don't really have friends from back in high school. It's sort of just the new friends that I'm backing now. So I don't have many people (Stacey, SBM supported young person).

Two SBM clients described supportive friendship groups. Both of these young people had

experienced more stable foster care placements:

Obviously they probably care a lot more in like a love/family way. I know my best friends and stuff, we all love each other and stuff, and we care really dearly about each other (Carl, SBM supported young person).

Unfortunately, despite these networks, being in care was still experienced as a challenge to being a part of 'normal' teenage life. Cara talked a lot about feeling she was in a different situation to her friends and peers, and her sense that they were unable to understand the issues that she faced as a foster child:

...You can't really talk about those things to your friends because at the end of the day they didn't go through foster care. Like they didn't have to go through DHS, and asking for permission to do things from DHS, or having to go to court, or having to deal with your birth mum being really mean to you. They still live with their parents; their parents didn't do any of those things to them. So it's really hard to talk to my friends without them pitying me. But then they can't really help me either because they don't know how to. You can always talk to someone about it, but they can't really help you because they've never gone through that same thing that you've gone through, unless you're talking to another person that's gone through the same things (Cara, SBM supported young person).

For Cara this had a significant impact on how she felt about herself at times:

Obviously all my friends are fine, but you do feel like that silent thing in your head there, like your clothes aren't as good as them, and it just plays with your self-confidence and then it plays with obviously your school. It really comes out with everything like it comes out towards everything like your school, your self-confidence, how you perceive yourself, how you perceive your body and everything. I learnt that the hard way, but yeah it really plays with everything from just one little single thing like the funding [clothing allowance]. I remember I used to get \$300 and then they had to cut it down to 200 and from 200 they cut it down to 150 or something and it just dropped (Cara, SBM supported young person).

Cara's SBM worker was described as a valuable confidant for discussing issues that she believed her friends and foster family were unable to understand. The SBM program's flexible brokerage to purchase items including clothing, and other hobby-related objects also supported the care leavers' capacity to engage with, and develop social networks. Another SBM client described how flexible brokerage provided social, educational and personal development benefits:

I had a friend at school that - we talked at school and everything, but we didn't really hang out after school, or outside of school and that. Getting my part for my computer and that, me and him actually built it together, we hang out a lot more and everything. I reconnected with one of my friends that I went to primary school with when I got my tools and everything, and hanging out with him more and everything. Just those things are giving me more confidence to be able to talk to people properly. Before all that, like right now, I would not be talking nearly as much as I am now, or with the confidence or anything. It's helped me in a number of ways.

[Interviewer]: And what about when you're studying, how does confidence affect how you go at school and stuff?

I share my ideas more, I talk during class discussions; I actually ask for a lot more help and everything when I need it. I talk to the other kids, which I used to not do at all, so it's helped me massively academically... I used to worry about like what I'm saying and what I'm doing, where now I don't really as much. Being able to join into conversations in class and ask for help and be able to actually do my work better, get better at it and do it faster and everything is just, yeah, helps a lot. I've learnt a lot more because of that as well. I'm more interested in different subjects now as well, because I'm talking with people about different things (Caine, SBM supported young person).

6.3.13 Living skills

There was a consensus that fully equipping young people with independent living skills was challenging and often did not happen during OHC placements. This was for a myriad of reasons, including time constraints, and tensions between addressing current versus historical issues:

There was lots of drug and alcohol issues, educational sort of stuff that we wanted to work on and the kids actually want to work on as well. But it was difficult to get around to each and every one of those things in a timely way in working with the young people as well and working on their independent skills and trying to do all those things within that short space of 16 to 18 (ex-Lead Tenant worker).

... sometimes young people come into care at a later age to Lead Tenant. They might have come into care when they were ...16 and you've got two years to try and work on all those issues. And I think the priority is on their health and wellbeing in terms of their prior experience and why they've come into care. So a lot of time goes into that therapeutic trying to figure out, get some support for their mental health or whatever. So you don't have a great deal of time to start looking at do they know how to do the washing ... the issues are far greater than the day to day living skills (Lead Tenant program staff).

And what we are finding is the workers very much trying to build those independent living skills and even basic things like making sure he can manage his own medication and cook a meal, get himself around on the bus. And the carer, because he's been there for so long, is very much 'No, no, I'll do those things', almost sees herself as his mum like of any other 17 year old, kind of forgetting that he's a kid leaving care and does need to have those skills... which is lovely in lots of ways, that they become part of the family and they just seem like a normal 17 year old. But then they're not, because at 18 he's moving out (Home-Based Care staff).

The kid will tell you he's grown up and he knows how to do everything, but once he gets put in that house it's he doesn't know what's going on, how to cook, how to clean. I know I've got a housemate ... he can't cook, or some people struggle trying to use the washing machine or just little things like that (George, non SBM supported young person).

Stand By Me workers identified that living skills deficits left young people vulnerable to poor outcomes:

I don't think they understand what they're getting themselves into sometimes, so an example would be that in the same way that they approach these kind of forms they will approach services like Cash Converters and go out and get a loan, sign up for

things we're already investigating and then realising that what they have to pay back is absolutely huge (SBM worker).

There was evidence indicating that the SBM program model provided staff with sufficient time to directly equip young people with independent living skills. Additionally, brokerage was available to spend on quality household items, which encouraged young people to practice life skills such as cooking:

I was able to do a lot better cooking from just practicing, because I got some actual proper pots and pans and everything. Where otherwise I was using some scratched pans, or pots way too small and stuff ... when I was younger I could only make two-minute noodles. Now I can make soufflés and something like chicken schnitzel and chicken Parma from scratch, or steak... I really enjoy cooking for other people and seeing that they like it (Caine, SBM supported young person).

6.3.14 Disabilities

Both of the young people who were housed and supported post-care in disability services experienced significant difficulties accessing disability housing, requiring strong advocacy. Lucy and her previous foster carer (not supported by SBM) needed to be very proactive in supporting the transition from OHC to disability services:

... we were very sure that it'd be a smooth transition, but in fact we found that there was virtually – well there is some interface between foster care and disability, but not much. And they kept saying, 'We're looking for a place, we're looking for a place' ...

I mean, just being an observer, I suppose, of the system, the biggest thing is that you go from one situation and then virtually overnight they turn 18 and you're in a totally different system, and the two systems are not compatible and if you're not willing to push and fight ... There's no way they could do it on their own (Former foster carer of Lucy, non SBM supported young person).

The observations made by Lucy's former foster carer are supported by the SBM worker's experience in supporting Chloe, a non-verbal young person with disabilities who had been placed in residential care. Residential care staff advocated strongly with Disability Services as part of Chloe's leaving care planning:

... we would always go above and beyond in our descriptions of Chloe just because she couldn't talk and we just felt like it was our responsibility to push it, push anything about Chloe. It wasn't always successful because Disability Services aren't the greatest to deal with, but we still continue to try so I think [the Stand By Me worker] probably felt that from us.

Residential care staff supported the establishment of a relationship between the SBM worker and Chloe while she was still in care, to ensure that SBM could assume an advocacy role once Chloe had to be exited from residential care:

[Stand By Me worker]: ...it took me ... probably about six to nine months before Chloe was comfortable enough to get in my car, and now she'll just jump in the car and go wherever, but that took a really long time... she was so rigid in what she wanted to do and didn't want to deviate at all, but ...I think it was all anxiety, just not wanting to do something she didn't know what the hell she was doing ... Most of the information I had about Chloe ... was from talking to people and just incidental things, like spending time with Chloe and her previous workers (Chloe, SBM supported young person with disabilities).

This engagement period meant that Chloe had continuity of care and a strong advocate through what was reportedly a stressful and abrupt transition to disability accommodation and services. Whilst the transition itself was not smooth, the SBM worker was able to monitor the transition and work to improve Chloe's circumstances wherever possible:

[Stand By Me worker]: Chloe didn't have anywhere to go and Chloe's Disability Client Services case manager was really struggling to find a placement for her...we were really advocating really strongly that it needed to be a planned transition, and we were pushing for that for ages, for like more than six months before she actually turned 18 ... it just couldn't happen so it was all pretty rushed in the end and we got a call, I think it was on the day that the placement was made available at [Disability unit] and it was really rushed and she just sort of had to go there without having ever actually physically seen the property, although we'd managed to get some photos emailed through to show her what it looked like... It was really, really rushed and really traumatic for her. The night we left Chloe at [Disability unit]... it was pretty difficult because Chloe was really distressed and crying, and it was really unfortunate that the Department hadn't been able to find a secure home for her earlier so that the transition could be gradual... Chloe just sat at the table and just cried and cried and cried, and I remember [Disability unit worker]... just sort of looking at her saying something like, 'Oh, what are we going to do?' Like she was just so distressed (Chloe, SBM supported young person with disability - non-verbal).

This experience demonstrated for SBM staff and the Steering Group the extremely concerning circumstances for young people with disabilities being exited from OHC without intensive support and strong advocacy. It is unclear what would have happened in Chloe's situation without SBM support. The impressions of staff involved with Chloe's care from residential care services, the SBM program and disability services was that this experience required ongoing systemic advocacy as the level of concern for young people's welfare in comparable circumstances was very high.

6.3.15 Pregnancy and parenting

Two SBM clients and one of the non SBM supported young people interviewed became parents during their transition from care. Again, the flexibility and intensive nature of the SBM program allowed staff to support young people through pregnancies and afterwards:

... the work that the Stand By Me worker was doing wasn't just the case management of the young person anymore, then it was kind of like family services work. It was working with Child First, and they were actually able to be flexible enough to be able to do that. So, instead of having to hand-pass that off to another kind of specialised service and have the young people relearn and re-engage and do all that, they were able to kind of do that case coordination, which I think is just invaluable (Lead Tenant program staff).

The SBM program design had not anticipated this dual role, which presented both challenges and advantages. For example, Bridget had mixed feelings about her pregnancy and Jarrod was abusive towards his partner during hers:

... I didn't even want to be pregnant. I was like 'what the fuck?' I wasn't sure what to do. I thought I was going to die at one stage. But I got through it; it's fine. I guess that's what I'm made to do anyway - well some people are made to do - just to have babies and stuff, a good family, and that's what I have now (Bridget, SBM supported young person).

... a lot of work has been done around making sure that my client understands the repercussions of domestic violence and the repercussions this system has and in fact, also getting him to understand that he's quite a young person himself and that he's just left care and there will be people, I guess, in some ways watching that he is able to provide for his son or daughter ... And it's going to continue to be a challenge for myself as the baby's born and then I, like on one side I need to provide as much support as I can, and the other side I also have to keep an eye out to make sure that there's not neglect or any kind of abuse that I might need to report. So, that has been a little bit challenging for myself to be on both sides of the fence I guess ... But, it's good that I'm the person that does both things ... because if I ever need to make any kind of reports, which in one case I had to recently, I can also highlight the strengths of the young person and that goes a long way (Stand By Me worker).

Jarrod did not comment on his worker's Child Protection obligations, but did say he was happy for the continued involvement:

... his role has more changed from social worker to a family worker because I have the kids and that, so his role changed dramatically...It's good that he's stuck around ... He's good with kids (Jarrod, SBM supported young person).

6.4 CASE EXAMPLES

This section of the findings presents two amalgamated case examples of the study participants. The content of the first case example (Caitlin) is drawn from the narratives of the young people supported by SBM, while that of the second example (Laura) is derived from non SBM client experiences. The case examples outline some common experiences of these two client groups, illustrating the types of support offered by SBM, and the ways in which this impacted upon young peoples' trajectories.

6.4.1 SBM case example - Caitlin

Caitlin is a 20-year-old woman who first entered residential care at the age of 13 years, having moved from a foster family following her refusal to attend high school in year 7. Her foster family was unable to accommodate Caitlin remaining at home throughout the day. Caitlin enjoyed primary school, but experienced bullying and teasing from other students at high school, who laughed at her difficulties with spelling and made fun of her second hand uniform. Caitlin continued to refuse to attend high school in residential care, and was not eligible for alternative education programs until she turned 15.

During this period, Caitlin routinely arose at midday, smoked marijuana at a friend's house in the afternoon, and returned to the unit in the evening to watch television and sleep. Staff searched for educational options for Caitlin during this time, taking her to the library to identify her interests. Caitlin often selected books on different exotic animals, and was familiar with a range of species, often impressing her residential workers. Unit staff helped Caitlin to enrol in a Certificate II in Animal studies with a local TAFE provider, a major achievement after Caitlin's hiatus from education. Unfortunately, Caitlin did not enjoy the study:

I didn't really get along with any of the people there and I found it hard to learn ... they'd do one thing, and then they'd move onto the next thing, and then onto the next thing, and then onto the next thing. It was like you didn't get to finish that first thing. And it was just sitting in a classroom like pretty much the whole time. And I felt like if I did that for a year, I wouldn't really feel motivated to get up and go.

At 16 years of age, Caitlin was introduced to the Stand By Me program. Staff at her residential unit informed Caitlin that her SBM worker would support her planning and preparation to transition from care. Jessica arrived at the unit to take Caitlin out for a milkshake, and was warned that Caitlin was agitated following a phone call with her mother. Caitlin emerged, swearing and yelling that her mother, whose boyfriend was a drug dealer, shouldn't be permitted to have custody of her two siblings. Jessica said she could see this was a stressful time and she could come back another day, but offered to take Caitlin out for a coffee if she wished. Caitlin took this up.

In the car, Jessica asked if Caitlin had always lived in her current suburb. Caitlin indicated that she originally lived an hour away, but was familiar with different bus and train routes to the city. She described spending a lot of time around Flinders St Station, starting trouble with a group of friends. Jessica changed the subject and asked if she preferred the eastern suburbs where she had grown up. Caitlin snapped back that that was the area in which she grew up with her mum and dad who were dealing heroin, so, no, she did not miss it, and was glad to be away from 'all those junkies'. Caitlin's demeanour improved instantly as she noticed an animal outside, remarking 'Aww, look at that Staffy: what an awesome dog!'

Jessica quickly established Caitlin's passion for animals. Over time, through incremental trust building and support, Jessica was able to draw out Caitlin's motivation for further education related to animals. Together they explored the Certificate in Animal Studies at the RSPCA. Caitlin progressed to enrolling in the course and thoroughly enjoyed it. Following her completion of the certificate, she wanted to stay on as a volunteer to develop her work experience:

I did a Certificate II in Animal Studies at the RSPCA, which was awesome... now I've applied for volunteer work there, and I want to do further studies. And I'm also looking for a job and I've never had a job before, so it will be different for me to be able to get a job if I do. But I'm happy doing volunteer work and stuff for now.

Caitlin's motivation for her course meant that she was fully engaged with Leaving Care planning with her Stand By Me worker. She accessed Leaving Care brokerage for a computer, mobile Internet, various educational tools and resources. She also received a yearly Myki ticket to travel to and from her course and elsewhere. When Caitlin was 17, a Lead Tenant vacancy became available, and Jessica helped Caitlin to select and purchase the furniture and household goods Caitlin would require upon leaving care. They also looked for extra storage options since it remained uncertain where Caitlin would move to after exiting the Lead Tenant placement.

While discussing leaving care plans, Caitlin mentioned that the prospect of being alone when she turned 18 was frightening. Jessica emphasised that the preparation being undertaken would help to ensure Caitlin was well prepared and could look forward to becoming more independent. Jessica targeted youth foyers and supported housing programs to register Caitlin for vacancies, but they were rare and had lengthy waiting lists.

Jessica also maintained familiarity with Caitlin's friendship circumstances to identify potential housemates; however, Caitlin's TAFE friends seemed to live with family. Her other friends from Flinders St station tended to be using drugs, and were potentially involved with sex work, so Jessica encouraged Caitlin to find more positive friendship networks.

No suitable vacancies had been found by Caitlin's 18th birthday. She was anxious about losing the Department's support, and indicated a desire to just smoke bongs and ignore the

problem. Many of Caitlin's Flinders Street friends lived with older people with whom they were relatively unfamiliar after leaving care. However, they were provided with food and drugs, and didn't have to chance it on the streets, providing a better option in Caitlin's eyes. Jessica explained that Stand By Me was able to work with Caitlin for another year and a half, and that they could fund emergency housing if needed.

Just prior to her 18th birthday, Caitlin met someone at TAFE who lived in a three-bedroom student house and was looking for a tenant. Caitlin was scared to live with other people without workers being in charge, but was equally scared of going to a refuge, or having to stay with her friends from Flinders St. Jessica explained that if it did not work out, Stand By Me could help, so there was a backup plan.

Jessica worked closely with Caitlin over the subsequent six-month period, supporting her to deal with share house frustrations and, at times, strained relationships with housemates. During this time, they also worked on finding employment, and Caitlin eventually secured part-time work in a pet store. Caitlin found this improved her confidence and social skills, as she gained significant practice speaking with strangers. When Stand By Me ended Caitlin was working up to 25 hours a week in the pet shop, and was happy with both the job and her employer. She had been able to pay her rent and bills at the share house for two months prior to the end of the program.

Caitlin's great progress through SBM was enabled through the gradual building of trust and the consistency of emotional support provided by the SBM worker. This slow process involved encouragement, guidance and the setting of appropriate incremental goals and evolving levels of support to match Caitlin's motivation and capability. Where other workers before her had tried and given up in the face of Caitlin's complexity, Jessica had the benefit of time to build a positive, safe and durable relationship and to provide the plethora of supports required to create the right conditions for scaffolding Caitlin to make progress in her educational re-engagement, her housing and her other achievements over time.

6.4.2 Non SBM case example - Laura

Laura entered residential care at 15 years of age, half way through Year 10. The residential unit was located five suburbs away from her high school, to which she had previously been able to walk in under half an hour. Within a few months of entering residential care, Laura turned 16, stopped attending high school, and began to disengage from her school friends. She spent her days at a large shopping centre, with other young people who were also disengaged from education. She stated:

...I grew up in one area and then moved like, all the way to this other area that I didn't even know. I didn't know anybody there....Then I move into this house with these kids and you got to get along, like you know what I mean? Because if you don't, in a way... like I've seen kids get bashed and stuff like that. Taken advantage of, things stolen off. So you want to ... be good friends with the kids, and then you get into bad crowds, and then you start picking up bad habits and doing like, bad stuff.

Residential care staff encouraged Laura to find another educational program. While enrolment information appointments were made with local training organisations, residential care staff were often unable to coordinate transporting Laura to these, given their supervision responsibilities for other residents. Appointments were made for Laura to go by herself, but she failed to attend these.

When Laura turned 17, she was reminded that she needed to complete a qualification or find work, as she would be supporting herself soon. Laura said she didn't have to worry about it as she intended to move back in with her mum and sister, and her boyfriend paid for her other expenses. Residential care staff suggested that Laura should spend more time at her mother's house to become familiar with the environment before moving in. Laura enjoyed staying at her mother's house now; the boyfriend with whom she had conflict had gone, and she had fun with her little sister. If conflict arose with her mother or little sister, Laura could call the residential care unit staff, or sometimes her boyfriend, for a lift home. She didn't know what it would be like to live there without other options so wanted to keep her room at the unit. Staff were encouraging Laura to move back with her mother, as they believed this was her best exit option. Laura believed they were eager to vacate her room for another young person:

...their main goal is to try and get you back home. To work with your mum or your family and you to see what were the problems that you had, to try and change them and look at different ideas of how to not fight. That way that it doesn't happen again and you don't end up being in care anymore.

Laura moved back in to her mother's place five months prior to her 18th birthday. It felt good being back in a more homely environment, and she enjoyed being present for her sister who was in Grade 6 and doing well at school. However, when Laura's mother began a new relationship, their own relationship became strained. Laura thought her mother was neglecting her little sister because of the new boyfriend and became more and more critical of her mother. Laura's mother retaliated by telling Laura she was wasting her life not being at school. Laura would phone her old residential unit in tears asking to go back again, but her bed was closed and had been reallocated. Laura sometimes stayed with her boyfriend in a small public housing unit he shared with his mother. Laura did not like it there and thought they should move out together. However, this option was not affordable for her boyfriend, and he also stated that Laura did not know how to cook or clean properly to look after him.

Laura attended a local housing service at the suggestion of Unit staff, but was refused support since she was not at risk of homelessness while residing with her mother. The housing service referred Laura to an early intervention service to improve the relationship between her and her mother. Over three months of working with the early intervention service, the fighting between Laura and her mother escalated. Laura would threaten to leave (even though she had nowhere to go), and Laura's younger sister would get extremely upset, in turn escalating Laura's distress. Laura's worker observed that the situation was worsening and that Laura's mental health was suffering. She was able to identify a vacancy in a Transitional Housing property with another young woman, and Laura was offered the room provided she enrol in a course to become eligible for independent youth allowance from Centrelink.

Laura's housing workers were unaware of her residential care background, and her eligibility for brokerage through Post-care services to set up a household until six months after she had moved into the property. During this period, Laura could have applied for funding for driving lessons to improve her employability and community involvement, as well as a supportive mattress to replace the cheap mattress provided by the Transitional Housing program and improve her sleep. Laura's housemate often had different friends over late into the evening, which made it difficult for her be well rested for the TAFE course in which she had enrolled as part of her accommodation conditions. This pattern triggered memories of living in residential

care and Laura wanted to leave.

When Laura raised these issues with her housing worker, she was met with an unskilled response. The worker informed Laura that she was lucky to have access to the property, and that many other young people in her position had to live in caravan parks and motels for months before they got an opportunity like this. She further told Laura if she did not like the current property then she needed to find a well-paying job so she could choose where she lived. She said that with rental costs in Melbourne she would not find somewhere of equal quality until she worked full-time for more than minimum wage.

6.5 STAND BY ME PROGRAM BENEFITS

This section of the findings highlights some of the key benefits of the SBM program which were identified throughout the course of the evaluation, including:

- The impact of the Stand By Me worker-client relationship;
- Continuity of support;
- Reduction of leaving care and post-care anxiety;
- Flexibility (relating to brokerage, funding advocacy and geography);
- · Strengthened housing assistance; and
- Person-centred, holistic approach.

This section describes the impact of these program strengths, and highlights how these elements of SBM address systemic deficiencies encountered by many young people in current leaving care and post-care service systems. While these benefits are discussed separately, in reality they are intertwined. For example, a reduction in leaving care anxiety is based upon the holistic support offered through the SBM worker-client relationship.

6.5.1 The Stand By Me worker-client relationship

Much of the failure in current leaving care and post-care services was attributed to a lack of understanding of the time required to engage young people in supports that were available to them. The existence of leaving care supports cannot be conflated with young people accessing those supports.

... anything less than 17 and three months, we're not going to get a lot done, which is terrible. Because it sounds you've got nine months, you'll get heaps done, surely you can have a couple of really solid conversations... It's not how it works. You're looking at consistency in having the young people trust workers and being able to have provable follow through. It takes a while and so it should, so it should. These young people have really sharp survival defences and to be able to get them to kind of relax then enough to talk about what's real for them, it takes time and time is the only thing that does it. You can kind of cheat in little ways and kind of build quicker engagement, but still they have got to be ready to say okay, this is what I really want and don't do anything bad with it (Lead Tenant program staff).

A crucial feature of the SBM workers' role was their willingness to assertively and persistently engage with young people, particularly in the period immediately after leaving care. The workers understood that often when young people leave care they want to assert their independence by rejecting the caseworkers who have previously controlled so many aspects of their lives. The SBM workers maintained respectful contact so the SBM clients always knew

there was someone there for them during times of volatility and crisis.

SBM workers provided ongoing support to clients and in doing so, demonstrated persistence and reliability:

... She was a worker, so I guess she couldn't put that input in where she was saying this is not where you should be. But at the same time, she was trying to help me see - do you know what I mean? Because I couldn't see that this was going to end badly and I wasn't going to get anywhere if I stayed there. So I guess, in a way, she was trying to help me with all these support links and all these things and trying to get a house and all that stuff. But the more that I tried, I'd fail and I wouldn't get up again. I'd be like 'Nah, I can't do it, that's fine, I'm not going to do it again', but she'd be like 'No, no, no, I'm going to help you do this, we're going to try it again', do you know what I mean? So it just took a lot of trying to push me in the right direction, but not doing it so I would know that she was saying 'this is not where you should be', you know what I mean?' (Celeste, SBM supported young person).

A clear theme in SBM clients' accounts were the length of time it had taken to develop familiarity with SBM workers, the significance of the length of time spent working together, and the fact that they felt known by their SBM worker:

... because I seen her every week, or two weeks, for three years, she knew my story... there's DHS workers that make your every decision, and what goes on in your life, that you don't know, they don't know you...I've never had a worker for more than two, three weeks at a time, for me to let my walls down. With [my SBM worker] ... it wasn't like I met her one day, told her my story like I usually do with DHS, and then we just got along. Like, it took a couple of months for me to get to know her. And then I realised, after a couple of months and she was still around, you know, it got to like the six month mark, then that's when we really started becoming like good-good friends (Stacey, SBM supported young person).

... I feel that three years with the one worker works really well, because you learn so much about each other and ... the client base becomes a bit more intimate and is like a friendship kind of thing... going through foster care or Home Based Care, workers have changed... Like you would get settled and you would see the same worker and you'd be like 'Oh okay, this is nice' and then they would change. And being younger I would have been like 'oh they must not like me' or 'what's going on?' ... it would just disrupt my 'I've spent so long getting comfortable with this person; shit, I have to go do it all over again' kind of thing (Carl, SBM supported young person.

As the Post-care Information and Referral manager explains, many young people lack trusting relationships with workers, which has an impact upon the level of disclosure and engagement with existing supports such as Post-care services:

... a significant thing that I've noticed with Stand By Me is the fact that there is an element of trust that has been developed between the young person and the worker, and that is something that a lot of young people that we see in post-care don't have with workers. They're very wary of disclosing their circumstances, they'll tell us some of their story but they won't tell all of their story... so we might be assisting a young person with a specific support area, and then there's a whole other issue that they're not considering or looking at because they don't know us that well.

Alternatively, the evidence suggests that for most of the young people involved, the SBM model supported the building of trust necessary to provide effective interventions:

... they know that there's that consistency, that there's a worker that will always keep trying no matter what. No matter what happens in any circumstance, that worker still keeps coming back and still is there and they're not judging them in the way that young people think other workers will judge them or the broader community will judge them. (Post-care Information and Support staff).

The time spent on relationship development appears to have resulted in those SBM clients who were interviewed feeling well supported and emotionally secure - that is, they appear to have developed a sense of 'felt security' as described by Cashmore & Paxman (2006):

Ilt makes a really good difference. You feel like at least there's somebody there if you really need something or need to talk to someone, like the main thing knowing that there is somebody there for you (Bridget, SBM supported young person).

Yeah, I'm able to call her up or message her whenever I really need to do and she'll get back to me as soon as she can. I have her email address as well in case my phone is dead or I'm running out of credit or something. It's extremely helpful having multiple ways to get onto her (Caine, SBM supported young person).

...With [SBM worker], I know that [SBM worker] will answer, I know her mobile number, if I'm like [SBM worker] I need this help or whatever. Or with [other services] I keep referring to that circle of endless I just put you onto another person or I just go to another person or this and that. So it's good to know that you have that one person who just focuses on you and solely for you ... the client (Cara, SBM supported young person).

SBM supported young people suggested that they were used to workers leaving, generating reluctance to engage with new workers. In contrast, the quality of the relationship between SBM workers and young people resulted in young people feeling cared for. For instance:

... other workers were there to just do their job - at the end of the day they didn't care. But I know with [the SBM workers], at the end of the day they do care, and they're there to support me, not to just do their job... they're doing their job but they like doing their job, so they enjoy helping people, but some other workers didn't enjoy helping people or being supportive like [SBM worker] and [SBM worker] are... other people aren't as understanding and not as caring and not as supportive.

They put effort into what they're doing, and they show you respect and they tell you that they care and they don't just tell you, they show you at the same time. So if you need help with food or something they'll help you with vouchers or they'll take you shopping... (Bridget, SBM supported young person).

As the above quotes suggest, young people tended to conflate the SBM program worker's capacity for intensive, long-term support with their personal and professional characteristics.

It is also important to note that the three SBM supported young people who did not participate in this evaluation had experienced the lowest levels of engagement with the program, and equally the least positive outcomes in transitioning from care. It appears that a similarly strong therapeutic and support alliance was unable to be generated in the case of these three young people. Yet these observations perhaps reinforce the association between program engagement and more positive outcomes.

6.5.2 Continuity of support

A unique and important element of the PA model adopted by SBM was the continuity of support offered by the program. SBM workers began their engagement with clients before they left care, enabling the SBM workers to assist with leaving care planning.

Young people, professionals and other stakeholders suggested that the ending of OHC support by age 18, (sometimes on the very day of their birthday) had a negative impact on proactive leaving care planning. The impending end date of support appears to discourage the inclusion and/or engagement of young people in planning. Additionally, the absence of post-care follow-up leads to a lack of accountability concerning leaving care planning. Conversely, the presence of an SBM worker in the care team was seen to enhance accountability, follow-through, and worker morale:

...having a worker sitting in the care team that is going to be there post-18 makes the whole leaving care planning a lot more accountable, I guess. So, some planning can get lazy, you know, and that's a really sad part of the leaving care that people don't take a long view, or the more difficult path, which may be in the best interests of the young people (Home-Based Care manager).

... where I've worked with Stand By Me, there is a real shared load, I suppose, so they're on board and offering support and advice along the way and towards the end, they're very much picking up primary case management so you're able to step back and get other stuff done that you might not have had capacity to do (Home-Based Care manager).

The SBM workers identified the importance of being able to engage and build relationships with the SBM clients whilst the young people were still in care.

When the SBM clients left care, they had a worker with whom they were already familiar and who was available to provide support through both the immediate transition from care as well as in the post-care period.

Further, the SBM workers commented on the value of a three-year period of engagement. Over this time, there were periods when individual SBM clients sought intensive support and others when SBM clients were more settled and needed less support. The SBM model allowed the workers to increase and decrease the intensity of support they provided for each individual over time, without the usual pressure to close a case during relatively quiet times. The workers recognised the importance of their availability during the inevitable periods of crisis and upheaval. They believe this continuity of support ensured these crises did not result in homelessness or incarceration for any of the SBM clients during the course of the pilot.

6.5.3 Person-centred approach

SBM clients each valued different program aspects; however, most of the identified features were facilitated by the person-centred, flexible and holistic focus of the SBM program.

Whereas most leaving care programs focus on a specific area of need or intervention, SBM was able to respond to the individual aspirations and needs of each SBM client. The program focused on engaging and developing the whole person rather than addressing a particular issue.

Being a person-centred model meant the SBM clients were at the centre of their own planning and goal setting. The capacity of the SBM workers to encourage and support young people to achieve goals was noted by clients, for example:

... the thing that is most helpful is just the pestering - not necessarily the pestering sorry, but the encouragement to get things done ... driving around to different places to get the forms signed for different things and school and whatnot. Making sure that kids are motivated for that I think is one of the most notable things that they can do (Aaron, SBM supported young person).

So too did clients appreciate the capacity for outreach, transportation and informal meet-up sessions:

She would come to wherever I was staying - whether it was around the corner from here [inner city] or [western suburbs] or now [north eastern suburbs] - she would come and pick me up and would take me to a coffee shop or just sit in the car and just have a chat if I didn't feel like going anywhere or she'd come into the residential unit and have a chat to me... I can't always get myself to a specific place, and for somebody to be able to pick me up or come to where I am I felt a bit more comfortable (Celeste, SBM supported young person).

Going to all the individual services, and then the different types of services for each thing is just-seeing which is best and so on and so forth, is a lot of work, especially when I don't have a lot of time to do it. With [SBM worker], she's actually able to help me look at things before going through them, or when I'm at school and tell me about them...it saves so much time and stress and hassle. It has had a very, very big impact. (Caine, SBM supported young person).

SBM was also able to stay involved with Cara despite her apparently low support needs. Cara attributed a great deal of importance to the relationship, which provided a buffer to discuss issues that could have jeopardised her relationship with her foster family, who were no longer obligated to support her:

... it's just nice to have someone not in your friendship groups and not part of your family, you don't live with them. Just be someone from the outside, you can just blab to them about anything because they don't really know any of these people. They're not going to be blabbing to my friends that I've been bitching about them. On those days when I grab my coffees or breakfast with [SBM worker] it's more about I just need a friend ... and I feel with [SBM worker] being in my life I'm not missing out on having a parent in some ways. Even though I have my foster parents I still feel really awkward asking them about money or anything, but with [SBM worker] I'm like "oh [SBM worker] I need a little bit of money" and she just obviously gives it to me, like supports me in some ways (Cara, SBM supported young person).

The SBM workers identified the importance of the SBM supported young people understanding the difference between a statutory case manager and the Personal Advisor role. The workers talked with the SBM clients about how they were not there to tell them what to do but to support them and advocate for them. Highlighting the change in expectations of the worker role was part of recognising the different stages of development the young people were experiencing as they became increasingly independent.

6.5.4 Alleviating leaving care and post-care anxiety

There was a consensus amongst young people and OHC providers that the current policy and practice (without the availability of SBM support) is inadequate to prepare young people for independent living, or for accessing safe and secure accommodation upon exit from care.

Lead Tenant staff explained how even a successful pathway leaving care may be experienced punitively by a young person:

... you can be kind of earmarked to have a bit more maturity to come into Lead Tenant, to have the capacity to be able to learn the skills and then you kind of graduate or you finish at 18. But that graduating, because you are doing well, we then take all the workers you know away and we give you a whole new service with a whole new set of workers. So well done, like we're going to change the whole care team just because you've done well. You know, that doesn't necessarily always seem like a reward for good work, and keeping your nose down, and keeping their eyes focused on where they want to be (Lead Tenant program staff).

Many young care leavers will continue to experience significant anxiety in the period leading up to exiting care, which may compromise their engagement in leaving care planning. For many young people without SBM support, leaving care options included returning to family environments previously deemed inappropriate, or facing homelessness:

Coming to the eighteenth there was going to be no support. There was no DHS. There were technically no workers and I kind of felt very scared that I didn't want to come to the eighteenth because of it. Because if something did go down there was no way of me getting anywhere and it did break down (Pete, non SBM supported young person).

Multiple staff members raised the issue of leaving care anxiety, and how this obstructs the best-intentioned leaving care planning processes. This was seen to be the case for young people in both home based or residential care placements, for example:

... 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 staff).

Disengagement by young people was also seen to be driven by the siloed support services system, which requires young people to access multiple services for addressing various issues. This system structure was seen as inappropriate for promoting engagement, connection and stability:

... [young people] 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 (Post-care Information and Support staff).

The SBM workers were able to reduce disengagement by playing a navigator role, proactively assisting the SBM clients to navigate a fragmented service system.

Additionally, post-care anxiety and disengagement may also be driven by a sense of abandonment experienced by young people 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).

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).

Two SBM clients similarly suggested that their post-care trajectories could have been tragic in the absence of SBM support:

I reckon I could have probably been dead, because obviously I wouldn't have had the kids and that. I might not have had the kids if I didn't meet [my SBM worker]... 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 (Jarrod, SBM supported young person).

... if I didn't have Stand By Me, 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? (Stacey, SBM supported young person).

The availability of an ongoing supportive relationship such as that provided within the SBM model appears to attenuate some of the abandonment anxiety provoked by the current leaving care model.

6.5.5 Strengthened housing assistance

Housing is a foundational need that often precedes a young person's ability to progress in other life domains.

The Post-care Information and Referral staff argued that the availability of accommodation for young people leaving care could allay a significant amount of leaving care anxiety:

... 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 (Post-care Information and Support staff).

One of the most distinguishing aspects of SBM was the provision of housing support to all young people in the program. There was strong evidence of SBM as a promising program for prevention of homelessness: for three quarters of this group of twelve young care leavers, all with complex needs and few other family, social and/or community supports on which to call, SBM was able to secure stable accommodation options. Accommodation of the remaining three was somewhat tenuous, but none were sleeping rough.

[The SBM worker] used to help me with food, so she used to get me food vouchers. If I needed to go to an appointment, she would help me get there... She's helped me with accessing post-care. She's actually helped me with paying for rent for quite a long period of time when me and my partner were struggling. She's helped with a lot of things from trying to help me find a rental back when I was young, and trying to help me get my learner's and stuff (Celeste, SBM supported young person).

6.5.6 Flexibility

SBM workers and clients appreciated the model's flexibility. This was particularly apparent in relation to the flexible use of brokerage and funding advocacy. For some clients SBM assistance with accessing post-care or Transition to Independence Allowance funding was especially important. SBM was able to help Cara explain the reasoning around wanting to purchase more expensive items, for example:

If [my SBM worker] wasn't there I don't know what am I going to do. Moving out, like, I wouldn't be able to buy a fridge or all the whitegoods and all the things that I need. [The SBM worker] is just there to make sure that the things that I get are what I want and that will last me for long periods. If I just ask from [OHC provider] like I need some money for whitegoods they'll just give me the minimum money that I can just buy the cheapest brand there is out there. With [SBM worker], she's like an advocate to be like 'yes she needs this, she needs that'; it's just good to have a support, someone backing me up (Cara, SBM supported young person).

One young person mentioned accessing specific cultural support as part of the leaving care process; the accessibility of this support was attributed to the flexibility of brokerage spending within the SBM program:

I went to Darwin as well back when I was 16. They paid for me to go to Darwin to learn about Aboriginal culture with my mentor, so that was good. Yeah. They'll pay for things like that if you like. If there's a new museum that's, like, got to do with the Aboriginal culture that you want to go see, they're happy to pay for stuff like that so you can learn about it (Stacey, SBM supported young person).

On the other hand, SBM was able to temper other requests:

[SBM worker]'s not getting me a dryer. I know that she won't get me a dryer because it's not a necessary thing that I need. I can have a clotheshorse, and it's going to be so expensive to have a dryer in my house too. She knows that and it's just that relationship that you trust that person, I trust [SBM worker] to do her best to get the things that I want and she trusts me to pick the right things that I want (Cara, SBM supported young person).

It is not typical for youth support services to be funded to purchase meals or drinks, though many young people see these efforts as an important function of engagement:

[Interviewer]: what difference does it make that if you come here [at a café] as opposed to going and sitting in the library and no one gets anything?

I reckon, because you can't afford much and [SBM worker] is around, then he will do this sort of stuff for you and it makes a difference. If you're sitting in the library there and then you've got nothing, whereas [it's] just not very entertaining I suppose (Jarrod, SBM supported young person).

Whereas, with Berry Street, like the Stand By Me program, it's like if you need something to help better yourself with education, or with general living, you can get that. Like, I needed a new TV when I first moved into this house, and I needed new furniture. I was able to go get that through the Stand By Me program. I needed clothes for a course that I was starting a few months back, but I didn't end up starting it, but I needed clothes for that, and I was able to go out and get \$200 or \$300 worth of clothes, like, for educational purposes (Stacey, SBM supported young person).

General youth services may see the purchase described by Stacey as a waste of money since she was unable to commence the course for which the clothes were purchased. Interviews with young people suggested that such spending demonstrated the workers' trust and confidence in young people. This in turn helped build positive working relationships, and easier and more efficient provision of supports.

The program was also able to be flexible in terms of geography. As with any young person leaving home for the first time, the SBM clients moved around during their three years of engagement with the program. The SBM workers were able to follow the SBM clients as they moved around metropolitan Melbourne, thus ensuring the continuity of relationship, which was identified so crucial to this model.

Not being hamstrung by DHHS divisional boundaries was a very significant differentiating feature of the program's design and resourcing, and represents a much more realistic fit with the needs of the target group.

Discussion



The SBM evaluation final report has examined the pilot program's implementation and outcomes to explore the impact of SBM support.

The evidence indicates that the SBM program is a promising program that works towards addressing significant service gaps in the Victorian leaving care system. A range of outcomes appeared to have been improved for young people receiving support from the program.

Findings of the SBM evaluation are consistent with the results of many of the more recent studies, reviews and inquiries outlined in the literature review earlier in this report, as well as a large body of leaving care literature discussed in the SBM Interim report (Meade & Mendes, 2014) and the Berry Street scoping study 'Just Beginnings' (Whyte, 2011). This discussion responds to each of the questions posed as the aims of the evaluation, including identifying effective components of the program, describing overall client experiences, and key improved outcomes. Additionally, cost-benefit analysis is further discussed along with the limitations of both the SBM program and evaluation.

7.1 ADAPTABILITY OF UK PERSONAL ADVISOR (PA) MODEL

The creation of an intensive and holistic leaving care support program for particularly high-risk young people has been received well by both young people and leaving care service providers.

The anticipated foci of SBM workers of engagement with young people, leaving care planning processes, and implementation has proved an important contribution to the existing leaving care services suite with outcomes discussed below in Section 7.5 (Client Outcomes).

The findings demonstrate the successful translation of features of the UK PA model by SBM into the Australian and Victorian child welfare system context. Residential care, lead tenant and post-care staff commended the contribution made by SBM workers to leaving care planning coordination. Key elements of the program responsible for this success are outlined below.

7.2 KEY ASPECTS OF THE STAND BY ME SUPPORT MODEL

7.2.1 Establishing the relationship

Feedback from young people indicated that quality time, personal engagement, responsiveness to requests for assistance, and the ability to access funding for goods and services differentiated the SBM model from working relationships with professionals that they considered unhelpful. These findings echoed those of the J2SI intensive support program

trialled with people who had experienced long-term homelessness (Parkinson, 2012, p. 38):

The critical aspects of the case management process that participants most commonly identified related to the theme of having someone to offer them regular, consistent, and accessible practical assistance and emotional support when needed. This included having someone who listened to them, providing a sense of structure to their life, was available to transport to appointments, or to provide a point of 'normal' social contact through simple day to day activities such as going for coffee and lunch.

Contrary to this relationship-building approach, many support services are based around targeted, short-term interventions with clearly defined outcomes, throughputs and goals, as these models may appear to constitute efficient use of public funds. Yet care leavers who did not have SBM support clearly indicated the absence of a trusting relationship with workers can have a negative impact on the flow of important information between young people and their support workers and agencies. Providing irrelevant, incorrect or inappropriate services due to miscommunications or young people withholding information is not efficient.

Whilst SBM workers spent long periods of time working with their clients, all of the informants in this evaluation identified this extensive contact as key to establishing a trusting working relationship.

This evaluation and many previous studies have highlighted the frequent disengagement of young people from support as they approach the exit from care, and the subsequent difficulties in engaging this group with other services during this period. SBM workers maintained ongoing engagement (albeit at varying levels) with all twelve clients over the three-year program. As indicated in the recent Springboard evaluation: 'When we take into account the chaotic and negative experiences of the young people in our sample ... remaining engaged in the program is, in and of itself, a success' (Baldry et al., 2015, p. 12).

Similarly, the Department of Human Services' *Best Interests Case Practice Summary Guide* (R. Miller, 2012, p. 31) states that: '... other than the family's characteristics, the quality of the relationship you form with the family is the single most important factor contributing to successful outcomes for the child.' The evaluation findings indicate that the SBM model contains the necessary elements to enable the development of effective working relationships between staff and a relatively complex leaving care cohort.

7.2.2 Providing practical assistance

Provision of practical assistance was a critical element of the development of trust and the positive working relationship. Alongside the informal approach to engagement, practical assistance demonstrated the reliability of SBM staff to young people.

The model was consequently able to duplicate a more normative experience of parenting to an older adolescent, which would not tend to involve distribution of support tasks to outsourced services, or across numerous adults unfamiliar to a young person. Rather, supportive parents 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.

employment related items... Welfare oriented providers used brokerage more broadly 7.4.1.

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.

A unique feature of SBM, and perhaps what differentiates it from much of the welfare system more broadly, is its proactive nature. Rather than being crisis-driven, based on research evidence and practice wisdom, the program anticipates that there is a group of people for whom the transition from care is highly likely to be problematic. Services are established for young people prior to leaving care, without needing a crisis to precipitate availability.

The SBM model also avoids service siloing, closing the service gaps which tend to plague care leavers experiencing multiple and complex needs. The levels of program resourcing ensure that staff are available to both develop a relationship and provide the kinds of support (e.g. development of independent living skills) that are beyond the scope of the majority of leaving care and post-care services available in Australia.

SBM workers are equipped with sufficient brokerage and resources to address some of the most critical issues faced by care leavers such as homelessness, income and food insecurity, without necessarily having to refer, or defer, to other services.

7.3 THE STAND BY ME CLIENT EXPERIENCE

The stated intentions of various welfare policies and practices can vary widely from a client's experiences of those services. SBM clients clearly articulated a sense of SBM workers' desire and capacity to offer support. They tended to characterise other services or individual workers as less caring or less helpful. This personalisation of program support perhaps explains some of the disengagement from targeted services or the exhibition of challenging behaviours in some circumstances. Impersonal, process- and compliance-oriented service models appear (quite understandably) to be experienced as uncaring, untrustworthy and punitive by the young people participating in the SBM evaluation.

7.3.1 Flexible approaches to spending brokerage

The SBM evaluation uncovered evidence of how a trusting and encouraging approach to spending funds on young people led to much more positive client experiences. Flexible funding is more able to consider the broader impacts of spending on what may otherwise seem to be trivial items such as clothing or hobby tools. In particular, the evidence from the evaluation indicates that brokerage for items and services supporting greater social connectedness was appreciated by young people, and contributed to a sense of emotional wellbeing.

Similarly, the Springboard Evaluation (Baldry et al., 2015) emphasised the importance of flexible brokerage, and the willingness to spend funds - not just to incentivise a young person, but to provide for more normative life experiences. The Evaluation (Baldry et al., 2015, p. 17) notes that:

Providers differed in how they used brokerage. Those that are primarily training and employment organisations tended to focus on paying for education, training, and

employment related items... Welfare oriented providers used brokerage more broadly and innovatively, including for 'normalising experiences', opportunities to engage in activities to build self-esteem and to alleviate life crises... uses of brokerage that provided essential resources, assisted to build trust, indicated commitment to the young person and strengthened engagement. And these sorts of life and social needs are essential if a young person is going to engage successfully with education and training.

Flexible brokerage is effective in establishing and maintaining working relationships with young people who are otherwise extremely difficult to engage in support, and is a critical element in the SBM program.

7.3.2 Felt security

Cashmore and Paxman's (2006, p. 238) study points to the primacy of 'felt security' and the availability of social support after leaving care in predicting better outcomes. SBM participants spoke about the importance of having a trustworthy adult being available, responsive and helpful. This appears to go some way to providing the stable base to replicate the family home to which many young people can return if needed. Conversely, the absence of this stable support is widely acknowledged as a contributor to poor leaving care outcomes, as highlighted in Johnson et al.'s (2010) study.

It is a limitation of the SBM program that young people could not be supported indefinitely, even when their situations are unstable at the closing stages of the program.

By the end of the program, nine of the twelve SBM clients had developed supportive and stable relationships with partners, relatives and other professionals, and indications were that these circumstances would be able to be maintained in the absence of SBM support. The three other clients were dealing with significant drug use issues, and some strained relationships with family at the time the program ended. SBM program staff had serious concerns for those young people, putting into place external supports as best they could. As with the pre-determined upper age threshold for leaving care, it is a limitation of the SBM program that young people could not be supported indefinitely, even when their situations are unstable at the closing stages of the program. It is unclear whether these young people will be able to access housing support and/or engage with other supports now that SBM support has ceased.

7.3.3 The Stand By Me relationship as a therapeutically-informed intervention

Many aspects of the care system unfortunately have the potential to compound earlier trauma (e.g. experiences of leaving care triggering abandonment anxieties) or be experienced as a subsequent trauma (e.g. experiences of homelessness). Furthermore, OHC, leaving care and the welfare system more broadly often fail to provide opportunities for the development of stable relationships that are potentially able to contribute to mending previous attachment insecurity. For example, as outlined in the current evaluation, young people involved in these systems often report having multiple workers and lacking personal relationships with adults

who make decisions about their day-to-day lives and futures.

The Lighthouse Foundation Therapeutic Family Model of Care organises its residential care services around Attachment and Object Relations Theories which emphasise the primacy of a need for positive, safe and caring relationships for healthy development throughout the life course (Gonzalez, Cameron, & Klendo, 2012). Disrupted attachments of young people placed in OHC are addressed by the availability of, and encouragement to, form a safe and healthy relationship with a primary Lighthouse Foundation carer, which 'assists the young person to develop confidence in relationships' (Gonzalez et al., 2012, p. 15).

SBM workers modelled a secure attachment style by developing relationships with young people over time, from within a program specifically aimed towards longevity in the worker-young person relationship. The initial relationship-building period was neither time-limited, nor dependent on explicit goal setting and task-oriented processes common in the targeted service system. The care team managed the case work for young people as they got to know their SBM workers, providing the time to develop trusting relationships required to deliver primary case management to these high risk clients post-care.

Existing leaving care services tend to lack the intensiveness required for this valuable relationship work, or are otherwise insufficiently flexible to provide assistance with the breadth of needs a young person may bring.

The Springboard program appears to be more adaptable in this regard but this flexibility, in terms of brokerage spending, appears to differ significantly according to which organization provides the service (Baldry et al., 2015).

7.4 CLIENT OUTCOMES

The evaluation utilised the method for categorising complexity of the young people that was adopted by the Springboard evaluation (Baldry et al., 2015). Participants were classified into 3 groups - low, medium and high complexity. These were based on five criteria upon entry to the program and post exit following the Stand By Me intervention:

- 1. Whether they were charged in the year prior
- 2. Whether they have had a secure placement or a warrant issued in the year prior
- 3. Whether they presented at emergency or were hospitalised in the year prior
- 4. Whether they have or may have a mental illness
- 5. Whether they are in financial distress upon entry to Stand By Me

A participant was classified as low in complexity if they had 1-2 criteria; medium if they had 3 criteria; and high if they had 4-5 criteria.

The Stand By Me team reviewed and deliberated on all cases together at the conclusion of the program to derive the categorisations at intake and at the end of the intervention. At intake into the program 50 per cent of the group presented with high complexity; at program exit this was reduced to 33 per cent of the sample. The distribution was reversed for the proportion of young people categorised as low: at intake 33 per cent were deemed low, and at the end of Stand By Me this increased to 50 per cent.

| Level of o | complexity (overall | rating on criteria) | |
|----------------------------|---------------------|---------------------|----------|
| | % Low | % Medium | %High |
| At intake into SBM | 33.3 (4) | 16.6 (2) | 50.0 (6) |
| At end of SBM intervention | 50.0 (6) | 16.6 (2) | 33.3 (4) |

Table 5. Comparison of Stand By Me client complexity pre- and post- program intervention

7.4.1 Leaving Care Planning

An increased focus on formal leaving care planning is understood to address many well-known issues for care leavers.

The care team is responsible for identifying key issues to be addressed for a young person leaving care such as housing, independent living skills, education, employment and training pathways, household items to be purchased, treatment for mental health and alcohol and other drug issues, income and identification and more. But primary responsibility for this planning (whether within Child Protection or contracted out to external agencies) falls with services which are not funded or contractually required to provide any service to a young person after the expiration of the Child Protection order. In contrast, SBM performs an important function in ensuring leaving care plans are followed through, resulting in concrete post-care outcomes.

Matters of timing and the bluntness of discontinuing statutory supports - literally on the date the court order ends - lead to numerous pressures on leaving care planning, particularly in locating accommodation. Mendes, Saunders and Baidawi (2015) reported that these pressures prevented proper cultural support planning for Indigenous care leavers. Similarly, Snow, Mendes and O'Donohue (2014) found that post-care placements for young people transitioning to adult disability services may not be secured until days before a young person is being exited from OHC. This last minute arrangement undermines support workers' ability to plan day programs and activities for the young people in their new neighbourhoods, or from making decisions about the appropriateness of the housing placement. It also keeps the young person in a state of uncertainty and crisis, rather than providing an experience of calm and methodical decision-making and action. While pressures of leaving care planning were clearly articulated by stakeholders and young people in this evaluation, SBM clients were able to have their leaving care plans fully completed with funding accessed within six months of leaving care.

7.4.2 Preventing homelessness

All of the young people interviewed in the evaluation required support to prevent homelessness. Most of those who had exited care to return to family members found this housing arrangement broke down within 12 to 18 months after leaving care.

Many of the young people not supported by SBM subsequently entered the homelessness support system to be placed in emergency accommodation such as refuges, and on waiting lists for transitional housing and public housing.

The Commonwealth Government's 'The Road Home' Report (2008) declared that no Australian should be exited from institutional care to homelessness, yet almost every young person in the comparison group was a recipient of homelessness services. Accommodation with family for this group had generally broken down in the 12 to 18 months following exit from care.

Three of the SBM clients were fortunate to be able to access continued support from foster families after the expiration of their care orders. Young people reported that access to informal counselling de-escalated conflict within the foster family, which may have otherwise led to potential relationship and housing breakdowns. A Lead Tenant staff member believed that the housing stability achieved by a further four SBM clients was directly attributable to SBM support. In comparison, the outcomes for other young people exited from that particular Lead Tenant program without ongoing support were cause for (in some cases, serious) concern.

Through advocacy, ongoing support and access to brokerage, the SBM program is able to significantly expand the options available to young people to divert them from entrenched homelessness.

SBM clients were supported to look for appropriate housing options rather than options being determined by availability during crisis periods (e.g. upon leaving care or a subsequent housing breakdown). This is due to the capacity to provide provisional support to secure emergency or temporary accommodation, enabling young people to wait for a vacancy in a youth foyer or other supported accommodation program. These options would likely lead to more positive outcomes in the short, medium and long-term.

7.4.3 Supporting family relationships

A clear theme throughout the interviews conducted concerned the importance of family of origin to young people. Many of the young people not in the SBM program attempted reunification with family members post-care, often resulting in relationship breakdown. Frequently, the only exit option available to young people is to reside with family, thus a breakdown of these relationships results in homelessness. Conversely, the SBM program worked with clients to test family relationships while there was a safety net prior to leaving care, in an attempt to strengthen the positivity and resilience of these relationships.

Young people supported by the SBM program were able to reside with family post-care, with the safety net of SBM support in the event of a relationship breakdown. During their time with family (which also frequently ended due to strained relationships), SBM clients were supported to reflect on their expectations and their experiences of returning to family, to help facilitate more positive outcomes. This occurred whether the young person continued to live with family, remained in regular contact with them, or did not.

Contemporary leaving care studies frequently mention the need for the availability of family work throughout the transition from care (Jones, 2012; Mendes et al., 2014a; Mendes et al., 2015; Stein, 2012). Yet few leaving care or post-care services are resourced to work with a client's family, partner or household. Conversely, SBM workers were able to develop close relationships with young people, permitting discussion about difficult issues relating to family and relationships. This work can be complicated and required more intensive interventions than the SBM program had originally anticipated, including areas in which workers were relatively inexperienced. It may be useful for workers in any roles similar to SBM or in any future incarnations of the SBM program to have specific supervision around family work.

Access to secondary consultations with relevant professionals may be helpful where young people are not willing to be referred to family or relationship counselling themselves.

7.4.4 Mental health and challenging behaviours

As in the broader leaving care literature, significant distress experienced by care leavers during their time in care, throughout the process of being exited from the OHC system and afterwards was shown in the evaluation. Such distress is experienced in addition to previous trauma associated with reasons for entering OHC. SBM workers, owing to the quality of relationships established with their clients, were able to provide informal emotional support to young people, and to access brokerage funds to pay for preferred counsellors.

The Victorian Chief Psychiatrist's Guideline for 'Priority access for out-of-home care' recognises the needs of young people in the OHC system and difficulties they have faced in accessing mental health services. Typically, a young person could not be admitted to services without the existence or likelihood of a clinical diagnosis of a mental disorder. The priority access initiative has removed this barrier for these young people (Department of Health, 2011). The literature reviewed and interview data gathered as part of this evaluation suggest that a clinical mental health response may not always be appropriate or effective in responding to the distress of young people leaving care.

Apparent from the data was that the cohort of SBM clients presented with greater prevalence of mental health diagnoses compared to other leaving care samples. For example, a study of 60 care leavers in Victoria found that 32 per cent reported having a mental health diagnosis, though this is likely to be an underestimate given that the authors reported separately on certain conditions, including ADHD (Raman et al., 2005). Two UK studies found that approximately 40 to 44 per cent of care leavers in Scotland and England had mental health problems, including emotional and behavioural difficulties (Dixon, Wade, Byford, Weatherley, & Lee, 2006; Stein & Dixon, 2006). These figures are comparatively low compared with the almost 100 per cent of the study sample who evidenced mental health issues, indicative of the high-risk nature of the group accessing the SBM program.

Despite the availability of support for young people to access mental health services, only six SBM supported young people accessed treatment for diagnosed mental health issues (out of eleven people with formal diagnoses, and another young person suspected to be experiencing mental health issues). Yet this proportion (50 per cent) is on par with other studies of care leavers. For example, one Australia-wide survey of care leavers found that 38 per cent had accessed counselling in the previous six months (McDowall, 2008). In Victoria, Forbes and colleagues (2006) found that 50 per cent of a non-probability sample of care leavers had accessed mental health services in the previous six months. In samples of high-risk care leavers, the figures are generally much lower. For instance, Mendes and colleagues (Mendes, Snow, & Baidawi, 2013) reported that only one of a sample of 15 dual order care leavers had accessed mental health supports since leaving care.

It is fair to state that the SBM program's ability to facilitate access to mental health services is a significant accomplishment of the program, and the evidence suggests this outcome was supported by both the flexible funding and therapeutic relationships inherent in the SBM program. SBM workers assisted young people over time to identify and access mental health supports that they found to be appealing and useful. A number of the SBM clients identified a change in how they dealt with stress, anxiety and anger since first becoming involved in the program. Many SBM clients had previously exhibited challenging behaviours, but had since improved communication skills and developed a willingness to discuss their concerns with SBM workers and others. This outcome, though partly attributable to developmental maturation processes, can also be seen as a result of the informal therapeutic relationship developed between the SBM client and worker.

7.4.5 Leaving care pathways

The SBM program has taken a group of 12 young people who at the time of transitioning from care were characterised as belonging to Stein's (1997) 'strugglers' subgroup of care leavers. They were disengaged or disengaging from support programs, employment, education and training and had few if any supportive family, social or community connections to call for assistance in their transition out of care. These young people were referred to SBM by other Berry Street OHC programs because staff believed these young people were likely to experience what Johnson et al. (2010) call a 'volatile' pathway from care into homelessness and other poor outcomes.

The SBM program appears to have transformed these pathways for nine out of the twelve young people supported by the program.

Stein's (1997) most positive pathway type, 'moving on', was characterised by stability in care and good planning for leaving care, which included provision for accommodation and independent living needs. Whilst most SBM clients did not experience the stability in care of the 'moving on' cohort, they did receive intensive, flexible and holistic support to plan their exit from OHC over time, and to meet accommodation and independent living needs. Crucially, this included the necessary resources for the SBM supported young people to access mental health support of their choosing, improve relationships with family, and to pursue goals that they identified as interesting or significant. This appears to have helped SBM clients to develop greater social networks, community connections, and more confidence undertaking education, employment and/or training.

Johnson et al.'s (2010) positive or 'smooth' pathway for care leavers was only experienced by a minority of participants in their study. Those who experienced 'smooth' pathways from care are comparable with the 'moving on' pathway, as the two terms describe more positive outcomes post-care and stability during care (Stein, 1997). Whilst SBM clients' in-care experiences do not align with the 'smooth' or 'moving on' typologies, outcomes for nine of the 12 SBM clients at the conclusion of SBM support reflect these characteristics. The nine SBM clients who completed the SBM program within stable housing arguably experienced transformed trajectories.

Numerous factors of the intervention appear to have contributed to this altered outlook, some of which are tangible, such as access to housing and support.

For Johnson et al. (2010), around half of the 'volatile' group in the study had improved their circumstances through access to housing and support. This was said to be accompanied by the addressing of substance use issues, improved relationships with family friends and other supports, as well as enhanced involvement with education, employment and training (Johnson et al., 2010). This reflects the experiences of the SBM client group who were interviewed. For the majority of the client group, SBM support appears to have shifted their trajectory from a volatile to a smoother pathway.

7.4.6 Indicative cost benefit analysis

The level of support provided by the SBM program over a three-year period has been substantial and costly compared with individual targeted services and welfare support generally. To apply this program to the estimated 20 per cent of Victorian care leavers who fall into the struggler category (i.e. about 150 of the 750 care leavers per annum), and with caseloads increased from 6 to 10 young people per worker, would cost about \$2,325,000 per year.

Our cost-benefit analysis demonstrates that, though a relatively expensive intervention, SBM is able to provide intensive support that will offset some of the longer-term costs of the 'struggler' cohort on their 'volatile' pathways from care.

The analysis was conservative in its projections and still found that the benefits of three years' involvement in the SBM program for this 'struggler' cohort could significantly reduce costs to State Government, leading to savings within three years post SBM support. It is important to emphasise that this indicative cost benefit analysis excludes services provided by the Commonwealth Government, which shoulders the burden of income support through Centrelink as well as Rent Assistance payments. Thus the savings may significantly increase if all government costs are taken in to account.

7.5 LIMITATIONS OF THE SBM EVALUATION AND THE SBM MODEL

The evaluation model had some limitations. One of the drawbacks in this evaluation was the inability to gather the perspectives and experiences of three young people in the SBM program. This subgroup potentially experienced some of the most complex leaving care challenges, as suggested by their inability to participate in the evaluation, and the substance abuse, housing, and criminal justice issues they experienced. This is a difficulty inherent in most leaving care studies, and more broadly any research focusing on the experiences of marginalised and difficult-to-reach young people (Marpsata & Razafindratsimab, 2010).

The available data indicated that these three young people experienced some of the lowest levels of engagement with the SBM program overall, definitely demonstrating the association between engagement and more positive outcomes. Whilst we can speculate that ongoing substance abuse and criminal justice issues throughout their SBM program involvement were significant barriers to engagement for these three young people, without being able to interview them, it remains unclear what their perspectives on their lack of engagement were and what other strategies may have ameliorated this.

Further limitations of the evaluation related to the small number of participants and the limited follow-up period.

Due to the pilot nature of the program, the evaluation was necessarily qualitatively focused. As such, there is limited capacity to draw definitive conclusions regarding the program impact in a quantitative sense. Additionally, the evaluation considered the period of SBM support only, and did not ascertain the impact of the intervention upon young peoples' longer-term trajectories. If the SBM program is rolled-out more broadly, ongoing data collection is recommended to enable both of these limitations to be overcome.

One limitation of the SBM program model is also a potential asset. SBM staff described the initial engagement period (pre-leaving care) as one of less intensity with young people, who were more stable during this period and less in need of support while they were still in care. Additionally, many of the young people were quite settled near the end of the three-year period, and needed less support from the SBM workers at that time. Consequently, the SBM case workers could each foreseeably work with a higher caseload than six young people.

Despite the many benefits of the SBM model outlined by management, staff and young people, it is evident from young peoples' outcomes that the SBM program is no panacea for care leavers.

The addition of improved support via the SBM program or similar models does not overcome broader structural deficiencies such as limited housing availability and a deficiency of viable employment pathways.

Furthermore, a three-year support window, however intensive, still fails to provide care leavers with resources equivalent to those available to many young people in the general community. As a time-limited intervention, the model (like leaving care services more broadly) lacks the capacity to respond flexibly to care leavers who may still be in crisis at the end of the support period. However, this may have the capacity to be adjusted with wider application beyond a pilot program.

As it stands, the support provided is certainly insufficient in duration and intensity to be expected to entirely overcome the level of disadvantage and interpersonal trauma experienced by many care leavers. This is particularly true for the most vulnerable young people targeted by SBM. And yet, the evidence from this evaluation clearly indicates that the SBM model is a large step in the right direction towards a more supported transition from state care.

7.6 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. For the 'strugglers' cohort of care leavers or those at risk of 'volatile' pathways, intensive support from a central worker is required to establish trust and a positive working relationship. The final report of the Stand By Me evaluation considers the

following recommendations as the key ingredients for achieving the improved outcomes experienced by Stand By Me clients.

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 support of sufficient duration that recognises the protracted transition needs and the ups and downs of that transition, including potential breakdown of housing arrangements.

The evaluation of the Stand By Me pilot program has found that these service gaps can be bridged for this particular group of care leavers through amalgamating the following elements:

- 1. Engagement period with flexible brokerage for spending on social activities equips caseworkers with the time and resources to establish rapport with clients. This is carried out in non-institutional settings such as cafes, shopping centres and whilst transporting them, 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.
- 2. Holistic, wraparound support 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.
- 3. 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 program staff talked about Leaving Care planning falling by the wayside for many clients, and the brokerage application processes requiring support and advocacy to complete.
- **4. Housing support ensuring safety nets and ongoing stability** prevents 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. The group of young people 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.
- **5.** Access to therapeutic support that is tailored to the needs of the young person, rather than the formal criteria of the support services system. The evaluation suggests that the combination of the SBM key ingredients led a small number of clients to engage in formal therapeutic supports. An unwillingness on the part of most Stand By Me clients to engage in formal counselling again reflects the need for support programs to access brokerage to fund services most appropriate to the young person.



Conclusion



The leaving care and homelessness research literature outlines knowledge of the difficulties faced by young people exited from out of home care at or before the age of 18. Negative experiences of young people in OHC are detailed in government inquiries at State and Federal levels. The importance of relationship development and connections between young people and their workers in providing support to young people with histories of trauma, abuse and neglect exists within Child Protection and OHC providers' policy frameworks and best practice guidelines. The SBM program has demonstrated success with integrating best policy and practice knowledge into an innovative support program for this particularly disadvantaged group.

The current leaving care services suite requires young people with histories of disadvantage, trauma and insecure attachment to navigate a hugely complex service system largely unaided. State and Federal Government departments fund and deliver services across numerous agencies, through hundreds of separate programs, each with unique eligibility requirements and support periods. Young people at the time of leaving care planning are often facing return to the same social, community and family networks that failed to provide adequate care for them previously; others experience homelessness upon leaving care.

The SBM program supported the development of trusting relationships with some of the most difficult to engage care leavers. These relationships were vital to improving these young people's access to services, and were resourced with the time, transport and funding necessary to bridge the gaps in the current leaving care system for this vulnerable group. The evaluation indicates that this support is effective in improving outcomes for young care leavers at the highest risk of homelessness and other poor outcomes.

The cost-benefit analysis has indicated furthermore that this model of support, whilst relatively expensive compared to existing supports, provides potentially significant savings to State Government by reducing costs related to the subsequent uptake of welfare services by young people exited from the state's care. In our opinion, the Commonwealth Towards Independent Adulthood Trial commencing soon in Western Australia should give serious consideration to incorporating significant aspects of the SBM program in its practice model.

Appendix 1: Indicative Cost-Benefit Analysis - Stand By Me: A good investment?

While helping support young people leaving care is clearly a worthwhile aim, this report also considers financial benefits in the form of reduced demand for government-funded services. For example, if SBM is able to reduce the proportion of young people who end up in the criminal justice system or avail themselves of government-funded drug treatment programs, this will save the government money. But while SBM is a relatively expensive program - due to the high level of intensity of working with clients over multiple years - the evidence from the costing analysis demonstrates that the benefits clearly justify the expense, resulting in substantial cost savings in the medium term.

This Appendix outlines the results of an indicative cost-benefit analysis, illustrating the potential financial savings accruable though the SBM program. There was insufficient data on program participants and outcomes to enable the performance of a reliable cost-benefit analysis, thus the analysis presented is indicative, and reliant on some key assumptions which are documented. The purpose of the analysis is to show that while the SBM program is expensive on a per-client basis, it can more than pay for itself in cost savings for other services, if realistic improvements in life outcomes can be achieved.

The basic approach taken is to examine the cost to the State associated with the current leaving care and post care policy. Subsequently, the costs associated with the more proactive SBM style approach to leaving care are documented, with a view to examining whether ongoing funding of an SBM-type program would provide a financial benefit to the State, in addition to improving the lives of young people leaving care.

1.1 SCOPE OF COSTS

It is firstly important to specify whose costs have been estimated. Local, State and Commonwealth Governments, private individuals and non-government organisations all bear costs associated with young people leaving care. However, this analysis focuses exclusively on direct costs to the Victorian Government. One of the purposes of this study is to allow the State Government to make informed decisions about future spending priorities. Within this context, State Government costs are the most pertinent.

Even with this research objective in mind, there is a case to argue that this cost analysis should not be limited to State Government-related costs. Government, as the collective representative of the people, ought to be concerned with all costs even if they have no direct impact on the government's specific budget. If a situation emerged in society which generated significant private costs to be incurred by a number of people, and the government had the capacity to invest in programs that could reduce these costs, the government would have a responsibility to consider making this investment on behalf of the people it represents.

While limiting our analysis to direct State Government costs clearly provides a gross underestimate of the overall social costs, it allows a targeted focus on the potential direct and

immediate benefits of State Government investment in programs that provide greater support for young people leaving care. The basic approach taken to analysing the cost-benefit analysis is now outlined.

1.2 COSTS

An incremental costing approach is used, which entails examining the additional cost of offering the SBM program per young person. Costs represent the direct costs of delivering the program for the life of the program, which is best represented as the cost per young person.

Costs are easily measured, and estimates in this report are based on the budgeted expenditure associated with the delivery of SBM in the period 2013-2015. Actual expenses varied somewhat from these values, presumably because the program did not roll out exactly as per plan. In terms of planning for future program expansion, the budgeted values provide the most robust estimates.

The SBM program is designed to provide one worker for every 6 clients. The costs associated with the program are mainly the salary and other costs related to the activities of these staff, including staff development, and transportation costs. There is also an allowance in the costings for direct support of young people (approximately \$4,000 per young person per year), and an allowance for administrative and management support of the program.

The total budget for the 2013-2015 program was \$840,000 over 3 years. This includes two Personal Advisors (SBM staff), each of whom were to have a case load of 6 clients. Thus the annual cost per client is \$840,000 / 3 years / 12 clients = \$23,333.33 per client per year, or \$70,000 per client over the life of the program.

1.3 BENEFITS

In Health Economic analysis of this type, the focus is usually on improvements in the quality of life of the program participants which are attributable to the program. These improvements are given a financial value using a range of different techniques.

This report focuses on more directly measurable financial benefits in the form of reduced demand for government-funded services. For example, if SBM is able to reduce the proportion of young people who avail themselves of government-funded drug and alcohol treatment programs, this will implicitly save the government money. The estimated total savings across a range of service areas represents the financial benefit the analysis seeks to capture.

1.4 AREAS FOR COST SAVINGS

A recent evaluation of the Victorian Government Springboard program (Baldry et al., 2015) provides a useful framework for defining the areas of Government services where the cohort of potential SBM participants are likely to engage services at a high level. These areas also represent possibilities for cost savings if life outcomes can be improved, leading to a commensurate decline in demand for services.

Section 5 of Baldry et al. (2015) also outlines the costs of various services that young people commonly access, and examines potential cost savings for participants in the Springboard program. In this study we will use the calculations of cost-of-service that are used in this study. Their data sources, provided in Appendix 2 of the Baldry et al. report (2015, p.35), are

based largely on 2014 reports. While updates are available, these are sufficiently recent to give a good indication of the relevant costs in current dollars.

Table 13 of Baldry et al. (2015) does not provide costs per person of the services by category, but these can be derived from the information in that Table, and we produce these in Table 6 below.

| Area | Cost per year per young person incurring need |
|------------------------------------|---|
| Mental health issue | \$2,960 |
| Alcohol and drug | \$8,294 |
| Family violence | \$9,714 |
| Financial distress | \$3,601 |
| High risk-taking behaviour | \$8,294 |
| Homelessness | \$1,946 |
| Medical / health | \$4,693 |
| Anger management | \$3,601 |
| Youth justice order | \$1,743 |
| Negative experience with education | \$3,601 |
| Unstable living | \$1,946 |

Table 6. Unit costs per person per year for services associated with specific barriers: Barriers presented in Baldry et al. (2015)

A useful survey by Costello and Thomson (2011) of Youth Mentoring programs provides a valuable overview of various studies that evaluate youth mentoring programs. As part of this literature review, Costello and Thomson highlight areas where young people encounter barriers and obstacles. On reviewing this literature, we have identified two other areas where the Springboard Evaluation did not capture the costs adequately: the cost of providing public housing, and costs associated with young people having dealings with Child Protection services in relation to their own children. Both of these factors were considered in the study by Raman et al. (2005). It is reasonable that they were excluded from the Springboard Evaluation, as this evaluation examined short term barriers, a period over which young people are unlikely to have access to public housing. Similarly, a good proportion of young people will not yet have had children in the period of the Springboard evaluation.

This evaluation of the SBM program intends to assess the potential benefits over a longer time period. Although SBM operates in the 16 to 20 age range, the intention is to help young people through critical life decisions in this period so that their trajectories into adulthood prevent long term difficulties with housing, parenting, health, livelihoods etc. It is therefore logical to factor in potential cost savings through diverting young people from contact with Child Protection services, or reliance on public housing. Therefore these two additional factors have been included in the cost: benefit assessment. Based upon data from Raman et al. (2005), Table 7 presents estimated Unit Costs per person per year for services associated with these additional specific barriers.

Cost per year per young person incurring need

| Public housing | \$32,252 |
|------------------|----------|
| Child protection | \$59.713 |

Table 7. Unit costs per person per year for services associated with specific barriers: Additional costs based on Raman et al. (2005)

1.5 PREVALENCE RATES

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Having identified the areas where young people are likely to be vulnerable, and hence potentially incur costs, the analysis then estimates the rates at which the various services will be used, and hence costs incurred. Initially this would need to be done for young people whose background and life experiences are similar to the cohort of potential SBM clients, but in the absence of the SBM program. This is effectively working out the prevalence of various costs for young people in the "control group" - those not exposed to the SBM program.

There is no authoritative source for these prevalence rates, but there are two closely relevant data sources which will provide a guide. First, for the cohort of Springboard clients, Baldry et al. (2015) present the rate of prevalence of each barrier presented in Table 6. This is based on 81 young people in Victoria, of the appropriate age range.

The SBM pilot program involved 12 clients, and an internal analysis was undertaken comparing the level of complexity of SBM clients with those in the Springboard evaluation. This is based on five criteria that overlap with, but are not totally aligned with, the Barriers listed in Table 6. The prevalence rates reported here are based on the SBM analysis where the information is available, and then the Springboard analysis for other cases.

Prevalence rates for the additional factors considered in Table 6 are based on estimates given in Raman et al. (2005). The various prevalence rates are given in Table 7, with the last column representing the prevalence rates assumed in the cost-benefit analysis reported below.

1.6. LIKELY REDUCTION IN PREVALENCE RATES RESULTING FROM THE SBM PROGRAM

The next parameters to be specified for the cost-benefit analysis are the likely impacts of the program on client life outcomes. We need to predict the reduction in prevalence of the different barriers / access to services associated with the costs itemised in Tables 6 and 7 above.

Again, there is little hard evidence to rely on in apportioning these benefits. The trial of the SBM program involved only 12 participants, insufficient for reasonable estimates to be obtained. So we rely on the evaluation of the Springboard program as the main guide for realistic potential improvements in outcomes.

Prevalence

| Area | Springboard cohort | Assumed for SBM cohort | Basis for Assumed rate |
|------------------------------------|--------------------|------------------------|--|
| Mental health issue | 50% | 83% | SBM study, 10 of 12 |
| Alcohol and drug | 50% | 83% | SBM study, 10 of 12 |
| Family violence | 25% | 25% | Springboard |
| Financial distress | 60% | 58% | SBM study, 7 of 12 |
| High risk-taking behaviour | 30% | 30% | Springboard |
| Homelessness | 15% | 58% | SBM study, 7 of 12 |
| Medical / health | 15% | 33% | SBM study, 4 of 12 |
| Anger management | 40% | 40% | Springboard |
| Youth justice order | 30% | 67% | SBM study, 8 of 12 |
| Negative experience with education | 65% | 65% | Springboard |
| Unstable living | 45% | 58% | SBM study, 7 of 12 |
| Public housing | | 29% | 50% of Unstable living rate, Raman et al (2005) |
| Child protection | | 40% | Raman et al (2005) |

Table 8. Prevalence rates of various barriers and services for potential SBM clients

Table 9 shows the proportion of clients in Springboard who saw improvements in each of the costs / barriers listed, along with the improvements we will assume in the indicative cost: benefit results reported here. Where Springboard proportions are available, we use these, rounded to the nearest 5%. For the two additional areas, we rely on results in Raman et al. (2005) to obtain realistic estimates of the potential improvements.

| Area | Proportion experiencing improvement in this area | Assumed proportion for whom intervention reduces need for services |
|------------------------------------|--|--|
| Mental health issue | 21% | 20% |
| Alcohol and drug | 37% | 40% |
| Family violence | 10% | 10% |
| Financial distress | 65% | 65% |
| High risk-taking behaviour | 22% | 20% |
| Homelessness | 55% | 55% |
| Medical / health | 31% | 30% |
| Anger management | 27% | 25% |
| Youth justice order | 35% | 35% |
| Negative experience with education | 45% | 45% |
| Unstable living | 47% | 45% |
| Public housing | | 50% |
| Child protection | | 50% |

Table 9. Proportion of clients in Springboard experiencing improvement in barriers

These proportions used in Table 9 are crucial to calculations of potential financial benefit / savings. The higher the proportion who experience a reduction in need for a particular service, the greater the cost saving. With little hard data in the small sample of SBM participants, we have had to rely on other studies to estimate possible benefits. This has an impact on the interpretation of the reported cost savings. The best way to think about the analysis that follows is that it shows what cost savings are achievable if improvements in life outcomes for SBM participants could reach the levels presented in Table 9. To allow for this uncertainty, the discussion below includes results of a sensitivity analysis - how do cost savings vary as if the improvements are significantly less than those presented here?

1.7 TIMING OF INCURRING COSTS, AND OF POTENTIAL SAVINGS

A key issue with measuring cost savings are temporal effects. Does the SBM program lead to long term benefits for young people beyond the life of the program?

At one extreme, if a young person is engaged in the SBM program for three years, one could assume that the improvements in life outcomes are not sustained at all beyond the life of the program. In other words, they revert to what they would have been doing immediately prior to entering the program. In that case, the only cost savings that can be considered are those incurred in the period of the program.

At the other extreme, improvements could be lasting and permanent. That is, the program reduces the likelihood of needing drug and alcohol services by a certain percentage in the years of the program, and these lifestyle changes are sufficiently entrenched that the improvements are sustained throughout the person's life.

It is probable that neither of these extremes adequately captures the temporal dimension, so we proposed a diminishing benefit of the program after it ceases. The model includes a parameter which allows scenarios to be run about the rate at which this benefits diminish. A value of 100% indicates the benefits are sustained for life, 0% determines that they disappear immediately, and 50% indicates that the benefits are halved in the fourth year (the period following completion of the program).

There are a couple of variations to this basic structure. First, with respect to housing, it is very unlikely any young person will access public housing in a short time period. The model assumes that the costs of public housing commence after 6 years, and that when this occurs, other costs cease (homelessness and unstable living).

Secondly, with respect to encountering Child Protection services, we assume that this occurs first in Year 4, and hence cost savings do not commence until that year.

Table 10 shows the potential cost savings across all the dimensions, projecting for up to 15 years from the commencement of the SBM program. This table of cost savings uses the various parameters discussed above, summarized in the Table itself.

Note that there is no explicit discounting of future cash flows in this analysis. By retaining all amounts in current dollars and neither appreciating costs nor benefits, this will give a valid estimate of present value of future cash flows, provided it can be assumed that a common rate of inflation applies to all costs and savings. For the purposes of demonstrating benefit of a program like SBM, this approach is internally consistent and gives valid estimates.

| Area | | | | | | | | Year | ar | | | | | | | Total |
|--|---------|---------|-------------------------|---------|---------|--------|--------|---------|---------|---------|---------|---------|---------------|---------------------------------|---------|---------|
| | - | 7 | ო | 4 | rv | 9 | 7 | œ | စ | 10 | Ħ | 12 | (1 | 41 | ट् | |
| Mental health issue | 493 | 493 | 493 | 247 | 247 | 247 | 247 | 247 | 247 | 247 | 247 | 247 | 247 | 247 | 247 | 4,400 |
| Alcohol and drug | 2,765 | 2,765 | 2,765 | 1,382 | 1,382 | 1,382 | 1,382 | 1,382 | 1,382 | 1,382 | 1,382 | 1,382 | 1,382 | 1,382 | 1,382 | 24,883 |
| Family violence | 243 | 243 | 243 | 121 | 121 | 121 | 121 | 121 | 121 | 121 | 121 | 121 | 121 | 121 | 121 | 2,186 |
| Financial distress | 1,366 | 1,366 | 1,366 | 683 | 683 | 683 | 683 | 683 | 683 | 683 | 683 | 683 | 683 | 683 | 683 | 12,290 |
| High risk-taking behaviour | 498 | 498 | 498 | 249 | 249 | 249 | 249 | 249 | 249 | 249 | 249 | 249 | 249 | 249 | 249 | 4,479 |
| Homelessness | 624 | 624 | 624 | 312 | 312 | | | | | | | | | | | 2,497 |
| Medical / health | 469 | 469 | 469 | 235 | 235 | 235 | 235 | 235 | 235 | 235 | 235 | 235 | 235 | 235 | 235 | 4,224 |
| Anger management | 360 | 360 | 360 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 3,241 |
| Youth justice order | 407 | 407 | 407 | 203 | 203 | 203 | 203 | 203 | 203 | 203 | 203 | 203 | 203 | 203 | 203 | 3,660 |
| Negative experience with education | 1,053 | 1,053 | 1,053 | 527 | 527 | 527 | 527 | 527 | 527 | 527 | 527 | 527 | 527 | 527 | 527 | 9,481 |
| Unstable living | 511 | 211 | 511 | 255 | 255 | | | | | | | | | | | 2,043 |
| Public housing | | | | | | 4,703 | 4,703 | 4,703 | 4,703 | 4,703 | 4,703 | 4,703 | 4,703 | 4,703 | 4,703 | 47,034 |
| Child protection | | | | 11,943 | 11,943 | 11,943 | 11,943 | 11,943 | 11,943 | 11,943 | 11,943 | 11,943 | 11,943 | 11,943 | 11,943 | 143,311 |
| Total | 8,789 | 8,789 | 8,789 | 16,337 | 16,337 | 20,473 | 20,473 | 20,473 | 20,473 | 20,473 | 20,473 | 20,473 | 20,473 | 20,473 | 20,473 | 263,769 |
| Cumulative Savings | 8,789 | 17,578 | 26,366 | 42,703 | 59,040 | 79,513 | 986'66 | 120,459 | 140,932 | 161,405 | 181,878 | 202,351 | 222,824 | 243,296 | 263,769 | |
| Net benefit / saving | -14,545 | -29,089 | -14,545 -29,089 -43,634 | -27,297 | -10,960 | 9,513 | 29,986 | 50,459 | 70,932 | 91,405 | 111,878 | 132,351 | 152,824 | 132,351 152,824 173,296 193,769 | 193,769 | |

Table 10. Potential cost savings from the SBM program (\$)

1.8 CONCLUSIONS OF INDICATIVE COST BENEFIT ANALYSIS

We make the following observation from this analysis:

- Even with conservative estimates of the impact of the SBM program on life outcomes for young people, the savings to State Government in reduced demand for services outweigh the cost of the program within three years of the program concluding.
- Looking ahead to 12 years after the program concludes (around age 30 for young people), the savings are substantial at more than double the original program cost. Every \$1 invested in the program returns a saving of \$3.77 in reduced cost of the various services. The net gain of \$2.77 per \$1.00 investment represents a 177% return on investment over the 12 year period.
- The most costly services (and therefore potential for cost savings) are the use of Child Protection services and those related to housing. There is also potential for substantial savings in the use of drug and alcohol services.
- The analysis conducted is based upon quite modest expectations about the benefits SBM can deliver to young people. The greater the reduction in barriers, the greater the cost savings / economic benefit. Some analysis of outcomes for the 12 participants in the pilot SBM suggest that improvements could be substantially better.
- Similarly, if the benefits to young people are not as strong as those assumed in this study, the cost savings can still be substantial. For example, further sensitivity calculations show that if benefits are half those assumed in Table 8, the return on investment is still a very healthy 88% over the 12 year period.

In summary, the analysis suggests that SBM is a relatively expensive program due to the high level of intensity of working with clients over multiple years. Despite this, the evidence from the indicative costing analysis demonstrates that the benefits should clearly justify the expense, resulting in substantial cost savings in the medium term.

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