Housing Plus Supportive Relationships: What do extended care programs internationally tell us about best practice transitions for care leavers?

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International research suggests that many young people transitioning from out of home care (OoHC) are likely to experience housing instability, transience and homelessness. For example, a recent study of leaving care policy and legislation in 36 countries identified secure housing as a major challenge in 31 countries, or 86 per cent of the sample.¹

One leading policy initiative to combat the risk of homelessness has been the extension of OoHC till 21 years of age or older in some jurisdictions. In Australia, the Home Stretch campaign has identified a projected reduction in homelessness (and associated cost benefit savings) as one of the strongest arguments in favour of extended care programs.²

This paper examines the impact of extended care on housing outcomes in two countries, the United States (US) and England. Some implications are drawn about what strategies work to reduce homelessness, and equally what additional supports may be necessary to enhance outcomes for more vulnerable groups of care leavers.

Extended Care in the US
The US enacted the Fostering Connections Act in 2008 as a form of extended care, ‘giving states and nationally recognised Native American Tribal Nations the option of maintaining young people in foster care until 21 years.³ Additional housing assistance was a key component of this initiative.⁴ The program imposes eligibility criteria requiring participants to be completing secondary school or an equivalent program, or enrolled in postsecondary or vocational education, or participating in a program or activity that promotes or removes barriers to employment, or employed 80 hours a month, or incapable of school and/or work requirements due to a documented medical condition.⁵ To date, 30 of the 50 states have adopted this option of extending care till 21 with federal financial assistance.

Mark Courtney and his colleagues have completed two separate evaluations of the benefits of extended study in the US. The first study, known as the Midwest evaluation of the adult functioning of former foster youth, used personal interviews to compare the outcomes for care leavers in Illinois where extended care till 21 years was already available, to outcomes for a similar cohort in Iowa and Wisconsin where OoHC ended at 18 years of age. Their second more recent study, known as the California youth transitions to adulthood study or CalYOUTH, used mixed methods to examine the impact of extended care in California, which has the biggest population of youth in care post-18 years in the US.

The Midwest study reported that between 31 and 46 per cent of the participants experienced homelessness at least once by the age of 26 years. But they added that the relative risk of homelessness was greater between 17 and 19 years for the cohorts from Iowa and Wisconsin than those from Illinois. This finding suggested that extended care protected participants from homelessness at least during the initial transition from care. It was also evident that some cohorts in all three states were at greater risk of homelessness including: those who had absconded more than once from foster care; were placed in a group care setting; experienced physical abuse prior to entering care; had participated in more delinquent activities; and lacked a close relationship with family members.

In addition to recommending the extension of care till 21 years, the researchers highlighted effective transition planning involving concrete plans to address housing needs and advancing supportive relationships with family members as protective strategies.⁶ The CalYOUTH research team examined three particular questions in relation to housing outcomes:

1. What were the housing experiences of those leaving foster care between 17 and 21 years?

2. The impact of extended care till 21 years on incidences of homelessness during this four-year period.

3. Connections between homelessness and other characteristics and life experiences of care leavers such as history of abuse etc.

They reported that approximately one third of this cohort had been homeless between 17 and 21 years, but the length of homelessness was mostly shorter than three months. Risk factors for homelessness included being male or a member of a sexual minority, a history of neglect by caregivers, or a history of being placed in congregate (group) care. Conversely, each year staying in care between 17 and 21 years reduced the risk of homelessness by 28 per cent, reduced the potential for additional episodes of homelessness by 32 per cent, and lessened the total period of homelessness by about 15 days.

Extended care and associated social supports was identified as a significant
protective factor enabling access to secure and stable accommodation.8

Additionally, a study of extended foster care in Washington State reported that young people participating in extended care were far less likely than those not in extended care (16 per cent compared to 45 per cent) from 18 to 21 years to experience homelessness at least once. There was still a major but reduced difference for the two cohorts aged 21 to 23 years (22 per cent compared to 38 per cent).9

Extended Care in England

England introduced a form of extended care, the Staying Put program, that commenced as a pilot from 2008-11 in 11 local authorities, and was later legislated as an ongoing duty on all local authorities in England on 13 May 2014, in part 5 Welfare of Children (98) of the Children and Families Act 2014. The three stated objectives of the Staying Put pilot were to advance a more gradual and normative pathway to adulthood; to assist young people to optimize achievements in ‘education, training and employment’; and to give ‘weight’ to the views of young people on the timing of their move from care to independence.10 The Staying Put model presented two conditions for inclusion. One was an established family-type relationship with a former foster carer. Additionally, there was an expectation of participation in education, employment or training.11

A research team led by Emily Munro used mixed methods to complete an evaluation of the Staying Put trial in 2012. They reported systemic benefits of the Staying Put program such as stable and supportive relationships providing ongoing emotional support to young people who are not developmentally ready for adulthood at 18 years;12 and greater housing stability within a secure family-type environment which facilitates engagement in education or training and employment including improved access to higher education, and enables young people to undertake a gradual transition not dissimilar to their peers in the broader community. These positive outcomes were identified as resulting in both individual and societal benefits, including greater future earnings and less reliance on income support payments by the young people, and associated savings in government expenditure.13

Conversely, concern was expressed that the eligibility criteria could exclude young people leaving residential care who were likely to have the most disadvantaged backgrounds, and be particularly at risk of homelessness due to ongoing mental health challenges.14

Conclusion

Extended care provides care leavers with a safety net including guaranteed housing assistance that enables a more gradual and less compressed transition from care to adulthood. The availability of stable housing assists care leavers to participate in education, training and employment, and to maintain continuing relationships with key supportive adults such as foster or kinship carers, extended family members, and informal community contacts or mentors.

Nevertheless, the findings from evaluations of extended care in the USA and England suggest that some groups of care leavers remain more vulnerable to becoming homeless. In Australia, groups requiring additional specialised assistance are likely to include those leaving youth justice custody, young parents, those with a disability, Aboriginal and Torres Strait Islander young people who may self-exit at a very young age,15 and those leaving residential care who may have the most complex needs yet are not able to remain within existing homes. Many young people in these cohorts may need extended care and support well beyond 21 years.16

Endnotes


8. Feng H, Hardy J, Ilykych N and Courtney M E 2020, Memo from CalYOUTH: Predictors of homelessness at age 21, Chapin Hall at the University of Chicago, Chicago: IL. See also Courtney M E et al 2016, Findings from the California Youth Transitions to Adulthood Study (CalYOUTH) Conditions of Youth at Age 19, Chapin Hall at the University of Chicago, Chicago: IL, p.28; Courtney M E and Okpych N 2017, Memo from CalYOUTH: Early findings on the relationship between extended foster care and youths’ outcomes at age 19, Chapin Hall at the University of Chicago, Chicago: IL, p.5; Courtney M E, Okpych N and Sunggeun E 2018, Report from CalYOUTH: Findings on the relationship between extended foster care and youth’s outcomes at age 21, Chapin Hall at the University of Chicago, Chicago: IL, p.12; Courtney M E, Okpych N J, Hardy J S, Feng H Park S, Powers J, Nadon M, Ditto D J and Park K 2020, Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of youth at age 23, Chapin Hall at the University of Chicago, Chicago, IL, pp.15-20.


