

# The Homeless Youth Assistance Program: Summary Report of State- wide Consultations

CONSULTATIONS HELD APRIL TO MAY 2015

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# 1. Executive summary

The Homeless Youth Assistance Program (HYAP) targets children aged 12 to 15 years who are homeless or at risk of homelessness. The program works towards the child's immediate safety; restoration to family; engagement with school and services; and/or alternative options for longer-term wellbeing, when restoration is not achievable.

HYAP is being designed and implemented through a two-staged approach. This is to ensure immediate client needs are addressed through an initial service response (Stage One), while collaborative planning with key stakeholders occurred for the development of longer-term service models (Stage Two).

During April and May 2015, NSW Family and Community Services (FACS) conducted a substantial consultation with government and non-government stakeholders across 14 Districts to inform the design of services for HYAP Stage Two. This report provides summary of the consistent themes raised in those consultations, to inform the work of service providers, Districts and program management.

## *This is a different client group that needs a new response*

Many existing services relevant to the HYAP target group are primarily geared to younger children or older young people who have significantly different needs. This is not just true in the homelessness sector but in the surrounding health, youth and family sectors too, leaving a gap in services for the HYAP client group. Specialist homelessness services (SHS) and other providers need a degree of redesign to work well with homeless children aged 12 to 15 years and their families.

Many factors contribute to homelessness, but a significant cohort of HYAP clients will be affected by trauma, mental health issues, disability, and/or behavioural issues. At this developmental stage, these factors are often especially difficult for the child to manage and for schools, service providers and families to work with. At the same time, children aged 12 to 15 years are vulnerable to peer abuse and need a nurturing family environment rather than an institutional platform towards independence. They need continuity of local connection to 'some constant in their lives' (South Western Sydney and Northern Sydney consultations) – especially family, school and/or peers – and they and their families need culturally competent service delivery.

While HYAP service models and priorities vary across Districts, there are essentially three cohorts of potential HYAP clients in terms of the service approach needed:

- children who are at risk of homelessness and where there is opportunity to repair family connections while they remain primarily at home
- children who are homeless but where there is opportunity to restore to family with support
- children who are homeless and there is no realistic prospect of them being able to return safely home.

## *Child-centred work with families will be a critical focus for HYAP providers.*

Each cohort requires a response that, after dealing with immediate safety, is quickly focused on achieving a long-term solution for that child and family. Children under 16 years are under the parental responsibility of their parents unless otherwise assigned by a court. Service delivery beyond an emergency response therefore relies on obtaining parental consent. Strategies for supporting the child to remain at home or restoring them to family, similarly require a degree of parental engagement with the program.

Some children within each of the above cohorts warrant a child protection response, especially those who cannot be restored home safely. However, determination of whether a child is unsafe at home relies on a face-to-face statutory child protection assessment, and some children referred to HYAP will not be allocated for such an assessment.<sup>1</sup>

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<sup>1</sup> Community Services Caseworker Dashboard, March 2015 quarter

HYAP services, like other services working with vulnerable families, will need to operate in an environment where, until a statutory response is required, the best available option is often to work with the child and family to maximise safety and stability. This enables the HYAP provider to develop a more detailed understanding of family safety and make further child protection reports, where warranted.

Where family environments appear unsafe and the family will not engage with service provision, HYAP services will need clear mechanisms to engage statutory child protection responses and/or will need to be able to provide their own innovative responses. The latter option will either require parental consent or legislative change that enables service delivery with the child to continue regardless of parental consent.

SHS working with this cohort are needing to draw on skills and frameworks found in family work, child protection, out-of-home care (OOHC), disability and mental health sectors, without always having the infrastructure, systems, workforce and/or legislative supports these sectors have developed.

HYAP services designed around the strengths, needs and goals of children and families will look different to existing youth homelessness services. Safety, family relationships and school engagement will be at the centre. Services will be flexibly shaped to deliver key outcomes rather than defined by outputs. Well designed HYAP services will provide a linchpin around which other services can reshape and connect for vulnerable children and young people.

HYAP services need to be child-centred and family-focused, which means the child's strengths, needs, aspirations and choices are central to planning, and that the family is engaged in case planning and service delivery as much as possible in order to enable a sustainable, safe and nurturing family environment.

*This is a focused program that needs the strong engagement of other services*

In the context of a wider service system that has some capacity for prevention, early intervention and family support, HYAP is the main program able to focus on the immediate safety and accommodation of children who are homeless. District design for HYAP Stage Two has therefore tended to centre on crisis accommodation and support. The intent is to support children to quickly move back to family or alternative stable nurturing placements outside of HYAP.

*develop exit strategy on entry*

***Northern Sydney consultation***

To achieve HYAP goals, children and families with multiple needs require access to a mix of generalist and specialist services. Flexible brokerage is an important part of the HYAP model, which is limited by budget and the availability of external services. Mental health, drug, alcohol, domestic and family violence, counselling, child protection, OOHC, family support, youth services, and schools all have responsibilities in relation to HYAP children and families.

There are four dimensions that require development for the effective involvement of multiple services around a HYAP client:

- service delivery level – case coordination
- service system level – governance, coordination, integration, pathways, planning, continuous improvement
- workforce skills and frameworks
- organisational infrastructure, systems and culture.

Engaging external partners in early intervention was a significant theme running through stakeholder input across Districts. This included prevention through: better OOHC case management; increased child protection responses; school-based identification and intervention; and better exit planning across OOHC, mental health, accident and emergency, and Juvenile Justice.

Stakeholders frequently looked to FACS-funded youth and family services within the Early Intervention and Placement Prevention Program (EIPP) as a resource for prevention, targeted early intervention, youth resilience programs, and post-restoration or post-placement family support. At the same time, the same services are currently seen by other sectors as relevant to child protection and mental health strategies. Given the overlapping nature of these client groups, this is not surprising and points to the value of a more joined-up approach to vulnerable children in the middle years and their families. In this context, expectations of EIPP may become unrealistic or leave strategic gaps, or they may contribute to a strategic and seamless service system.

*HYAP providers need to be able to innovate and work in a context of significant risk*

Apart from safe and sustainable restoration to family, there are few medium-term options for homeless children. Accommodating high needs children aged 12 to 15 years with groups of older young people in refuges, especially for long periods of time, can contribute to poor outcomes. Co-accommodating several high needs children aged 12 to 15 years has similar risks. While placements with extended family or friends offer a 'family-like environment', these too have risks that need to be managed. Entry to OOHC at this age also frequently demonstrates poor outcomes.

In the absence of sustained therapeutic, trauma-informed interventions that some children need, HYAP services will often be working with the best available options. This requires that they work well with risk and have permission to innovate and learn.

## 2. Program and policy context

Homeless Youth Assistance Program (HYAP) service delivery is primarily guided by the following policy and program frameworks.

### 2.1. Unaccompanied children under 16 accessing SHS policy

The *Unaccompanied children under 16 years accessing Specialist Homelessness Services policy*<sup>2</sup> (the Policy) sets out roles and responsibilities of FACS and SHS based on the age and legal status of the child. The Policy is based on the following objectives:

1. that a child who is homeless or at risk of homelessness is safe
2. that where possible and safe, the child should be returned home as soon as possible
3. that where a return home is not possible in the short term, a coordinated case plan be developed as early as possible in the support period with the aim of achieving a sustainable transition for the child out of the SHS. A coordinated case plan may involve either the SHS providing direct support or referrals to other youth services to ensure the child's needs are met.

Under the Policy, services are to apply the Mandatory Reporter Guide (MRG) and report all unaccompanied children under 16 years to the Child Protection Helpline.

### 2.2. HYAP program and consultations

The Homeless Youth Assistance Program (HYAP) targets children aged 12 to 15 years (inclusive) who are homeless or at risk of homelessness. It operates within the parameters established by the Policy and has the following objectives:

- rebuilding family, kin and cultural connections and working towards family reconnection, where appropriate
- engaging the child/young person with education or training
- providing access to mainstream health, mental health and wellbeing services
- engaging the child/young person with the broader community to build knowledge, a sense of belonging and which will support their development of age appropriate living skills
- facilitating transitions to longer-term supported accommodation, when family restoration is not achievable.

HYAP is being designed and implemented through a two-staged approach. This is to ensure immediate client needs are addressed through an initial service response (Stage One), while collaborative planning with key stakeholders occurs for the development of longer-term service models (Stage Two).

During April and May 2015, NSW Family and Community Services (FACS) consulted with government and non-government stakeholders across 14 Districts<sup>3</sup> to inform the design of services for HYAP Stage Two.

Stakeholders who participated in the consultations included representatives from Youth SHS (including the HYAP Stage One service providers); out-of-home Care services (OOHC); Early Intervention and Placement Prevention Program (EIPP) services; Community Housing Providers; Reconnect; Youth Hope; headspace; Family Referral Services; Family Support Services; Juvenile Justice; Department of Education; Centrelink; Medicare Locals; Department of Health; Police (Local Youth Liaison Officers) and FACS staff from Districts; Community Service Centres; Child Protection Adolescent Response Teams and Community Program Officers. A breakdown of stakeholders that participated in the service design process is provided at Tab 3.

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<sup>2</sup> [www.housing.nsw.gov.au/NR/rdonlyres/112B3C4E-6AF0-446E-B1DC-04F36D20A7A8/0/UnaccompaniedchildrenServicesPolicy.pdf](http://www.housing.nsw.gov.au/NR/rdonlyres/112B3C4E-6AF0-446E-B1DC-04F36D20A7A8/0/UnaccompaniedchildrenServicesPolicy.pdf)

<sup>3</sup> Funds were fully allocated for one District in Stage One.

The Murrumbidgee and Far West consultations were also conducted with children and young people with a lived experience of homelessness.

This report provides a summary of the consistent themes and critical issues raised in those consultations, to inform the work of service providers, Districts and program management.

### 3. Key issues for service provision, policy and District coordination

#### 3.1. The children who most need a HYAP response have complex needs

Stakeholders reported a range of issues that contribute to children aged 12 to 15 years being homeless or at risk of homelessness, including conflicts that arise as children reach puberty and increase in their levels of independence; parental conflict or re-partnering; domestic and family violence; parental mental health, drug, alcohol or disability issues; intergenerational conflict within migrant families; and experiences of abuse or neglect. All of these can lead to children leaving home or being excluded from home for periods of time. Early stages of a homeless career<sup>4</sup> can include: staying out-of-home as much as possible – including in apparently risky situations; periodic sleeping at friends' or relatives' houses; and finding others who will provide somewhere to stay as familiar options become unavailable.

*Participants discussed the difficulties that arise when support services do not have a sound understanding of the complex needs of young people experiencing homelessness.*

**Broken Hill youth consultation**

The likelihood of a child and family finding a way through these issues depends in part on the causes of the conflict and the personal capacity of the parents and the child. Where there are levels of abuse, neglect and/or family and domestic violence, and especially where there may be intergenerational elements affecting parental capacity, the issues facing the child and family may be complex and entrenched. The impacts of intergenerational abuse for Aboriginal communities and families require particular understanding and culturally appropriate and safe responses.

#### *Trauma-informed frameworks*

Attachment theory and trauma-informed frameworks were seen as useful for understanding the needs of many in the HYAP target group (see Tabs 1 and 2). This is consistent with current out-of-home care reforms in several Australian jurisdictions. These reforms aim to deliver better therapeutic care in response to a growing understanding of what works to improve outcomes for children whose attachment has been disrupted and who have experienced various forms of trauma.

Where children have experienced trauma, this can affect their development, their cognitive capacity and/or their mental health.<sup>5</sup> These impacts also affect their ability to communicate and self-manage, often manifesting in challenging behaviour. Challenging behaviour results in varying levels of exclusion from education, services and even family relationships. Coercive responses to trauma-related challenging behaviour have been shown to worsen outcomes for children and young people. If a child or young person's response to these experiences includes substance misuse or risk-taking behaviour, the challenges they face are compounded.

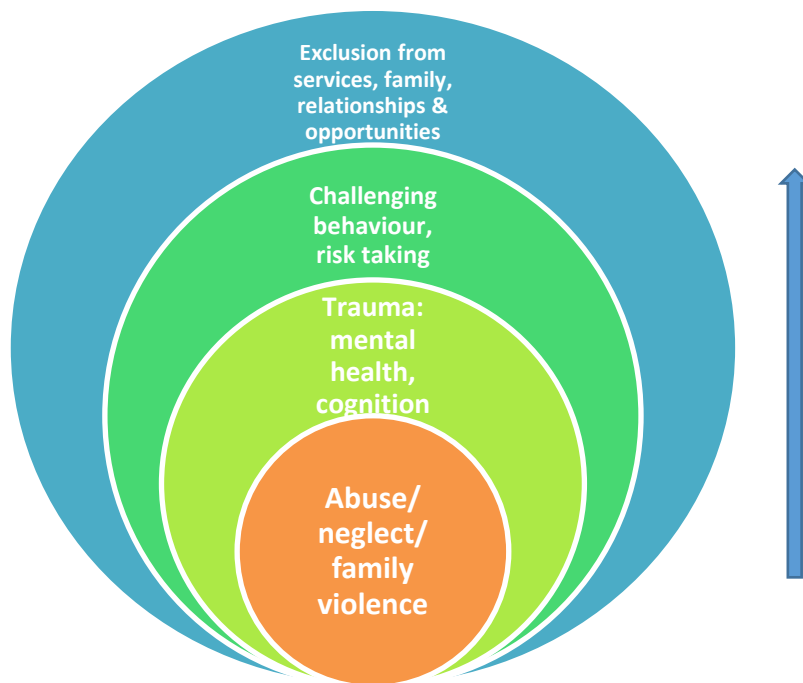
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<sup>4</sup> MacKenzie, D. and Chamberlain, C. (2003) *Homeless careers: Pathways in and out of homelessness*, Swinbourne and RMIT.

<sup>5</sup> Perry, B. D. (2006) 'Applying principles of neurodevelopment to clinical work with traumatized and maltreated children: The Neurosequential Model of Therapeutics' in: *Working with Traumatized Youth in Child Welfare*, The Guilford Press, New York, NY, pp. 27–52.  
Hunter, C., Factsheet: *Effects of child abuse and neglect for adult survivors*, The Australian Institute of Family Studies, Jan 2014.  
[www.aifs.gov.au/cfca/pubs/factsheets/a146123/index.html](http://www.aifs.gov.au/cfca/pubs/factsheets/a146123/index.html)

HYAP providers are not expected to comprehensively address the therapeutic needs of children and families. Their focus is on the immediate safety and ultimate restoration of children to family or to a suitable alternative home. However, a number of challenges for HYAP providers arise from the causes and impacts of trauma, which means providers will need effective partnerships with specialist services.

### *Common trajectory for children and young people*



Key challenges relate to: managing the safety and behaviour of children in accommodation settings; engaging parents with service delivery; establishing safety in the home environment; accessing specialist therapeutic services; and building sufficient resilience in children and young people for them to sustain their family/alternative placement and their school engagement.

*Children who become homeless are often escaping trauma, violence or abuse ... Children therefore need a holistic, therapeutic response, which includes the provision of safety and stability, financial support, advocacy, engagement with education/training, and trauma-based counselling; and access to services, including health, mental health and sexual and reproductive health. They also need to be supported to be linked with their family and for support to be provided directly to their families.*

**Southern NSW District, HYAP Stage Two Report**

Several District consultations discussed the need to develop approaches that manage safety while also making allowances for behavioural challenges caused by trauma. This included giving children 'multiple chances' regarding their behaviour rather than the life-bans or criminal justice consequences sometimes historically practiced by refuges and other residential settings. Some therapeutic services explicitly recognise the need to have different standards of expectation for different clients.

*Challenging behaviour historically not well managed in the sector – young people excluded sometimes for trivial reasons rather than worked with well.*

**Western NSW report**

Service providers noted significant differences between children aged 12 or 13 years and those aged 14 or 15 years, with the younger cohort requiring higher levels of support and being more vulnerable to negative peer influences and experiences. They observed that most children currently referred for HYAP services are



15 years of age, many are 14 years, and only a few are 12 or 13 years. This may change as HYAP referral networks become further established, but it seems likely that services do not need to be geared for dealing with highly dependent and vulnerable 12 to 13 year-olds as their main client cohort. Where 12 or 13 year-olds do need support from HYAP, effective and rapid child-centred work with families is of even greater importance.

Other categories of clients with distinct needs included: children under 16 years who are pregnant/parents; children from remote communities; children who are in the process of understanding their sexuality; and children who have long disengaged from school. Stakeholders were sometimes unclear about what the HYAP role should be in relation to children who have left their OOHC placement and other arrangements with friends or family have subsequently broken down. Stakeholders agreed that emergency accommodation sometimes needed to be provided but, in line with the Policy, the OOHC provider needed to be engaged to provide the primary response.

### 3.2. Services and systems for children with complex needs

The multiple needs of children within the HYAP target group led to significant input from stakeholders regarding the skills, systems and organisational capacity required for HYAP and partner services to work effectively.

HYAP services need to be focused on what they are able to deliver within their resources. The service model requires a whole-of-community approach, with significant buy-in from relevant services across health, family, disability, education and justice sectors.

HYAP needs to deliver child-centred, family-focused practice which is trauma-informed and strongly shaped to sustainable family, education, health and resilience goals. Mental health, alcohol, drug, counselling, child protection, OOHC, youth development and family support services are essential HYAP partners. Children aged 12 to 15 years have historically not been a priority target group for a range of sectors, so some of these surrounding services are geared for working primarily with younger or older target groups. This presents issues for HYAP's attempts to engage these much-needed partners, and for partner capacity to deliver appropriate services for HYAP clients. Some stakeholders identified collaborative approaches that would, over time, mutually build capacity and shared frameworks across HYAP partners.

Where multiple services need to be involved around the child and family, stakeholders consistently proposed various forms of service system integration and case coordination. Current service systems for children and young people are constantly evolving, and many thought it timely to build the infrastructure for greater collaboration, including through the development of HYAP District Protocols. Reconnect, headspace, Youth Hope, the Child Protection Adolescent Response, EIPP, OOHC, Youth Health services, Youth on Track, and Family Mental Health Support Services are all important parts of the landscape, and coordination models like Partners in Recovery have been instructive. Local FACS child protection co-design initiatives are also highly relevant.

*Need a clear lead case coordination role which is relationship based, with the child having a say in who is the lead. Needs to be an agency that has a clear sense of ownership of the child's outcomes ... need to be building skills across sector by transferring learnings/skills from those with good practice and experience, for example, through case conferencing.*

**Central Coast report**

Potential HYAP service partners were scarce in many regional areas, while timely access to specialist services was described as difficult in both metropolitan and regional Districts. Even with the brokerage funds being available for HYAP services this does not guarantee partner availability or access to services.

Schools were a much-mentioned focus for a number of themes, including as: sites for early identification and intervention in emerging homelessness; necessary partners in service delivery; and potential sites for the undermining of good outcomes because of stretched in-school supports and due to disciplinary practices (e.g. suspension and exclusion). The challenging behaviour of some HYAP children makes the latter points especially relevant and warrants close partnerships between HYAP services and their client's schools. The Victorian Government has produced a useful resource for schools – *Calmer classrooms: A guide to working with traumatised children*.<sup>6</sup>

### 3.3. Primacy of a supportive family environment and existing connections

There was consensus across the consultations that long-term housing of children aged 12 to 15 years in refuge style accommodation was not appropriate to their stage of development or needs. Children approaching 16 years may become ready to transition to SHS or semi-independent living, but the younger the child the more important is it for them to have a nurturing family environment. Their stage of development, relatively limited independence, need for secure nurture, life experience, vulnerability, judgement, and susceptibility to negative influences were all raised as considerations in the HYAP consultations. Children under 16 years are under the parental responsibility of their parents or other assigned adults – they are not legally able to make some decisions independently, and service provision (beyond an immediate crisis response) is currently understood to require parental consent. These factors drove a strong focus on family restoration for HYAP service provision.

*Participants suggested ... a stronger family reconciliation approach ... supported informal kinship care arrangements that include financial support for food and education ... proper assessment of safety and appropriateness.*

***Murrumbidgee consultation of young people and providers***

Stakeholders consistently raised the need for children to stay connected with family, school, peers and/or other natural supports in their life. Connection with culture, place and kin has particular significance with Aboriginal children and families. The goals of restoration and keeping children close to home led stakeholders to reject specialised accommodation options that over-centralised service delivery at a District level. Rather they sought to maximise the coverage of emergency and crisis accommodation across the whole District. Often the simplest way to do this was to use capacity within existing SHS, brokering in additional supervision, support, outreach and transport. Some stakeholders raised options for either placing children with carers known to the service or, where possible, within the natural networks of the child. One District, with rural/remote communities, raised the possibility of local safe houses as part of a community response.

### 3.4. Three HYAP cohorts

Consultations segmented the HYAP target group in different ways. However, three broad cohorts and the outcomes relevant to them seem useful to designing service responses:

1. children who are at risk of homelessness (and potentially in the early stages of a homeless career) where there is still the opportunity to repair family connections while they remain at home
2. children who are homeless but there is opportunity to restore to family with support
3. children who are homeless and there is no realistic prospect of them being able to return safely home in the foreseeable future.

Most but not all consultations articulated the first cohort as part of the HYAP target group. They are children at risk of leaving home or of being excluded from home indefinitely, and who may currently be

<sup>6</sup> [www.ccp.vic.gov.au/childsafetycommissioner/downloads/calmer\\_classrooms.pdf](http://www.ccp.vic.gov.au/childsafetycommissioner/downloads/calmer_classrooms.pdf)

sleeping away from home for periods of time. Some consultations saw this first cohort as out of scope for HYAP services and, instead, the focus of other FACS-funded service providers (e.g. EIPP, Youth Hope).

Each of the three cohorts indicates a central service focus of working with families. Consultations identified the need for HYAP staff to be highly skilled in this area. Staff will need to work with families: to gain consent for service delivery; to prevent family breakdown and homelessness; for restoration and post-restoration support; or to find and support alternative placements.

### *Parental consent*

Several consultations reported significant issues in gaining parental consent and engagement for service delivery, which is currently understood to be a legal requirement for unaccompanied children under 16 years in this context. Where services overtly required parental involvement for program entry children were reported to quickly disengage. Service providers face legal and ethical issues where parental consent for service delivery cannot be obtained, but they nevertheless have a duty of care to a child who presents as homeless and is unable/unwilling to return home.

Services have experienced situations where parents are not contactable, do not communicate, provide partial consent, or explicitly withhold consent for services – even when they do not want the child to return home. Another dimension to the issue is where parents refuse consent, refuse to engage with service delivery, and insist on the child returning home, but the service has reason to be concerned about safety in the home and is unable to engage a timely child protection response. Services will not want to risk betraying the child's trust or contributing to any level of abuse. State-wide policy and District protocol arrangements will need to address these scenarios on the basis of robust legal advice. Service providers may also need to obtain their own legal advice if there is not sufficient clarity and certainty in any NSW Government advice.

*Participants were anxious about providing services, with uncertainty around duty of care and parental responsibility.*

**Western Sydney report**

This aspect of HYAP service delivery points to the need for staff to be highly skilled in engaging and working with parents, especially those who may be initially fearful or reluctant to engage with services. Assertive engagement approaches and strong family work practice are relevant skill sets. Strong community networks and credibility, including with Aboriginal communities, were also mentioned by consultation participants as important foundations for effective parental engagement. Stakeholders raised the potential need for legislative change to enable service provision in some situations, regardless of parental consent, especially where there are concerns for child safety at home.

### *Assessing safety*

Services that work to restore children home or prevent them from leaving home will need to be able to make some assessment as to safety at home in order to fulfil their duty of care to the child. Assessments of risk for immediate safety and potential future harm will also assist to understand what services need to do with the child and family to achieve sustainable safety as part of stable accommodation.

Similarly, if services are supporting a child to stay with extended family, friends or an alternative placement, they will need to determine their duty of care to ensure the placement is safe. If the child has self-placed, the duty may or may not be different from if the service has worked with the child to select an appropriate family-like environment.

Assessment of risk and safety factors will guide service decision-making and delivery. Making some assessment of child risk and safety at home is common practice for family support, Brighter Futures and OOHC providers. These assessments can lead to reports to FACS Child Protection but do not of themselves

constitute a formal child protection assessment for statutory purposes. Generally, non-statutory providers will attempt to work with a family until there is statutory child protection involvement, and service provision may even then continue until there is a face-to-face assessment that a child is unsafe at home.

Existing HYAP providers have varying levels of organisational systems, experience and expertise for assessing risk and safety, and for working with families where child protection risks are high. Information from Child Protection at an individual case level was seen as crucial in shaping tailored service responses.

*Discussion occurred around how this system, to service and support the needs of homelessness in the District, needs to intersect with the broader FACS service system, for example, risk assessments FACS performs and what this might mean for the work of a homelessness service provider and their client.*

**Illawarra Shoalhaven report**

### *To restore to family or find alternatives?*

The critical decision will be whether to work towards restoration or some alternative living arrangement. Parental willingness to engage with service delivery will be a key factor. Wherever parents are willing to engage with service delivery, the working assumption will often be that the child's wellbeing is best served by working intensively to increase safety and family functioning within their family. This is also the most practical approach unless there is statutory child protection involvement.

*Goals of immediate independence are not appropriate for this age group. Restoration to family needs to be the driving goal, with accommodation and support shaped to that end. There is a lack of exit options from HYAP and other services for children under 16 years who cannot be restored to family.*

**South Eastern Sydney report**

If the service comes to believe that an alternate medium-term arrangement is required, in the absence of a statutory child protection assessment an alternative placement will require agreement with the child and parental consent, or a means for assigning guardianship. Stakeholders were consistently clear on the need to work with families or alternative placements beyond the period of initial restoration/placement in order to maximise the potential for a sustainable solution and to avoid clients returning to homelessness services at a later date.

### *Role of child protection*

Stakeholders frequently raised questions as to the role of child protection with the HYAP cohorts. This was especially true of the third cohort, where it does not seem feasible to restore a child safely home. Statutory child protection was also seen to have a role to play in situations where parental consent or engagement with service provision is not forthcoming and the service holds concerns regarding child safety at home.

*Effective interaction with the child protection and OOHC systems to enable appropriate levels of support*

**Nepean Blue Mountains report**

Stakeholders believed there were patterns of under-reporting for this age group because of what they believed to be low historical response rates. HYAP providers are mandatory reporters and will make reports to the Child Protection Helpline, as warranted, during service delivery following application of the Mandatory Reporter Guide (MRG), or they may make use of local arrangements. District Protocols will need to address whether any other channels of communication are required between HYAP and Child Protection.

Where a child protection response is provided, a proportion will result in continuing work with the family to strengthen safety (by FACS, HYAP or others), and a proportion may result in entry to OOHC. Stakeholders often expressed the expectation that children would receive a better service with more resources (for

example, therapeutic care) if the situation required the child to be removed from family and enter OOHC. There was also acknowledgement that OOHC outcomes are not always positive, especially for children who enter OOHC during adolescence.

### 3.5. Program targeting

One District has identified the need to target HYAP to children who have been screened as at Risk of Significant Harm (ROSH) and for whom child protection has determined that the risks at home mean they could safely be restored with HYAP support. Children at ROSH who cannot be safely restored home through HYAP receive a statutory child protection response. This approach targets the response to those known to be most at risk, in the context of what state-wide stakeholders described as potentially overwhelming demand. Having a child protection response minimises the risks of inappropriate referrals and provides for better integration with child protection and OOHC services. Other Districts opted to retain greater flexibility in targeting, referral pathways and service partnerships. Appropriate targeting for each District will depend on the surrounding service system and local supply and demand.

The defining focus for HYAP was overwhelmingly the needs of children who present as homeless on any given day, and the need to have a local response that provides for their safety through appropriate accommodation and support services. Most Districts accept referrals from diverse sources using the HYAP program definition of children who are homeless or at risk of homelessness. Children exiting from Juvenile Justice, mental health, accident and emergency and OOHC featured as priorities in discussion.

Children with connections within the District were usually prioritised because of the importance of keeping children connected with family, school and peers. However, stakeholders were loathe to leave beds empty if a child presented needing a bed, and they advocated for suitable cross-District and cross-jurisdiction arrangements. Some stakeholders considered HYAP to be a last resort program for children whose needs could not be met through other services, or as a program only for children currently homeless – not for those at risk of homelessness.

### 3.6. Objectives for service delivery

The HYAP program articulates four objectives (see 2.2) which, along with the policy objective of safety, were consistently evident in stakeholder discussions. Stakeholders viewed the goal of family restoration as primary for the program, and strongly supported the goal related to educational engagement. There was some discussion about the absence of safety as a goal within the program, although it is represented in the Policy. Building resilience and laying sound foundations for long-term independence were also discussed.

## 4. Options for service delivery

HYAP is not only a youth accommodation program but also a child and family service – activated by homelessness or risk of homelessness – with accommodation as one of the tools available to complement the casework that forms the core response for most clients. HYAP serves the essential need of providing safety and accommodation for children who are homeless on any given night, but it does so as a service focused on longer-term goals of restoration or alternative placement, all the while shoring up the child’s healthy connections with family, education, natural supports and necessary services. To maximise the opportunity for good outcomes and manage demand, HYAP contributes to early intervention with children at risk of homelessness.

*Flexible intensive casework built on systemic approach that works with people around the child – not just support workers – but identifies, builds and supports informal networks ... accommodation is an enabler for a systemic, client-centred response – not a desired end!*

**Northern Sydney District report**

HYAP services need to be child-centred and family-focused – meaning the child’s strengths, needs, aspirations and choices are central to planning, and the family is engaged in case planning and service delivery as much as possible in order to enable a sustainable, safe and nurturing family environment. Family Case Management and Milwaukee Wrap-around<sup>7</sup> offer models of this approach. Children, young people and research show that the quality of the service’s relationships with children and their families will be critical.<sup>8</sup> HYAP services require a high degree of cultural competence for working with Aboriginal children and children from culturally diverse backgrounds and their families, evidenced in their culturally safe practices, community networks, credibility and trust.

Within limited resources, HYAP services need to find ways to cover whole Districts and keep children as local as possible, including through outreach and the use of existing infrastructures. Services will need skills and frameworks for working with complex needs, including challenging behaviour and children affected by trauma. As services that are focused on immediate safety and long-term restoration (or alternative placement), HYAP services will need strong external partnerships and the skills, relationships and systems for managing care in that environment. HYAP interdependencies with other services would benefit from FACS and other agencies providing a wider context of service system governance for coordination, planning and ongoing improvement around vulnerable children and young people.

The considerations for HYAP delivery of emergency, crisis and medium-term accommodation options are reasonably consistent, although their modes of delivery can be quite different. The diagram on the following page is one way of depicting the HYAP response to the three cohorts identified in 3.4.

### 4.1. Use of refuges for crisis accommodation

One challenge for HYAP stakeholders in the consultations was to design service responses around the needs and goals of the child, while needing to make the most of existing service infrastructure. Where SHS services are used for crisis accommodation, stakeholders were concerned about a number of risks in relation to: the potential for fresh trauma through abuse; negative peer influences on children with less life experience and judgement; and the potential for different needs (challenging behaviour, aggression, etc.) to interact in ways that make the place unsafe. Stakeholders identified risks in co-locating high-needs young people of this age together (e.g. 12 to 13 year olds), even without older teens, given their developmental stage, vulnerabilities and complex needs. Research confirms aggregation of vulnerable

<sup>7</sup> <http://wraparoundmke.com/>

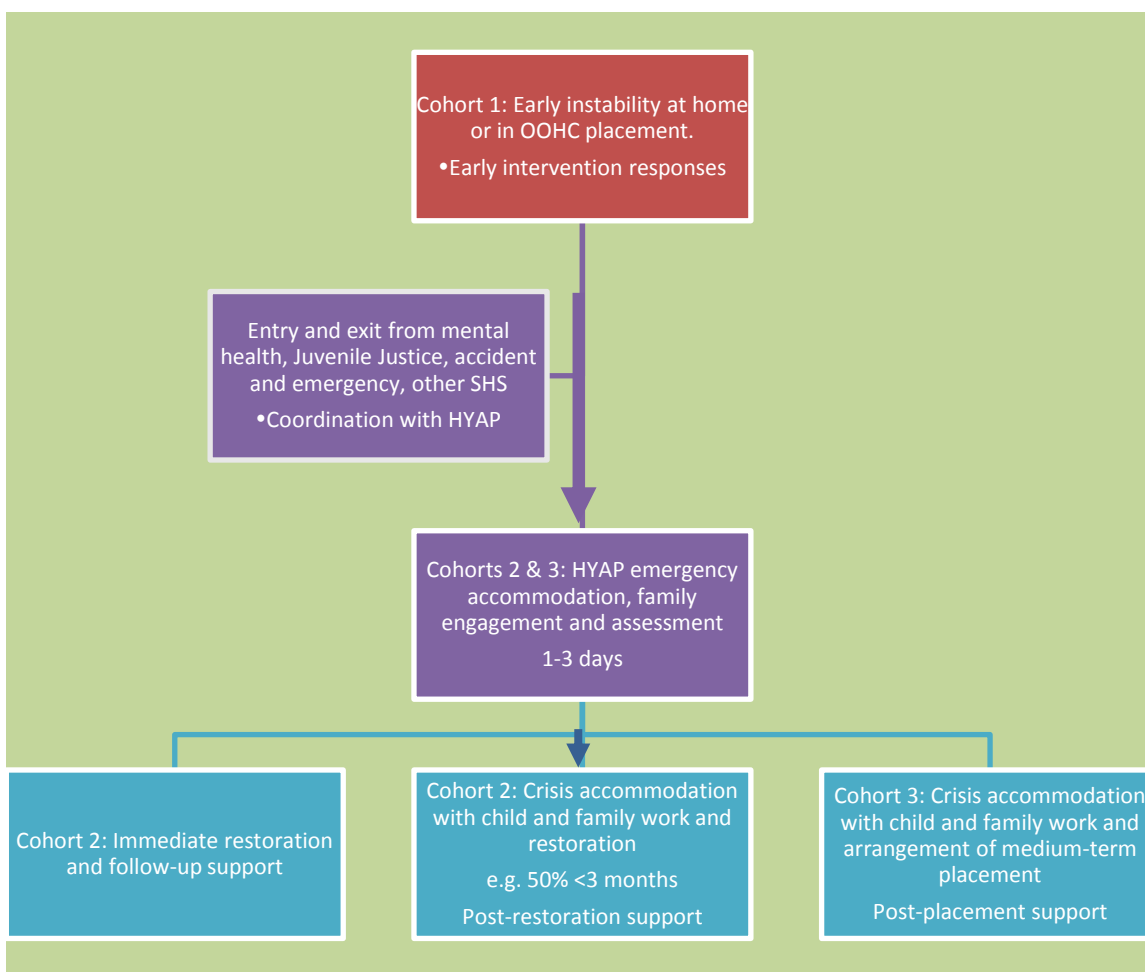
<sup>8</sup> Young people were surveyed in Western NSW and consulted centrally and in the Murrumbidgee and Far West Districts.

young people holds risks of poor outcomes.<sup>9</sup> Age differences, gender/sexuality, individual needs, and likely duration of stay were all considerations that would affect the viability of any particular placement into a residence.

Levels of concern varied from stakeholders who felt that refuge-style group accommodation should rarely if ever be used (whether including older young people or not), to most who saw it as a manageable approach with increased levels of support. A range of options were discussed by some Districts.

Many Districts reported being unable to place children in SHS at times because of the mix of young people already accommodated. In one high-volume District, this frequent lack of availability led to the development of options for a specialist accommodation facility for under-16s, complemented by brokering accommodation elsewhere as appropriate. Another District currently addresses these issues by supplementing SHS capacity with a suitable non-SHS facility.

### HYAP cohorts and service responses



Cohort 1: Children who are potentially in the early stages of a homeless career where there is still the opportunity to repair family connections while they remain at home

Cohort 2: Children who are homeless but there is opportunity to restore to family with support

Cohort 3: Children who are homeless and there is no realistic prospect of them being able to return safely home in the foreseeable future

Stakeholders consistently advocated for a flexible approach to service duration and intensity. Several consultations recognised the need for intensive casework to intervene effectively in this environment, and

<sup>9</sup> *Early Intervention strategies for children and young people aged 9 to 14 years*, NSW DoCS, 2007.



most took a 'do what it takes' approach to duration. However, the risks of long-term accommodation in refuges or other group settings meant that stakeholders were keen to identify better medium-term options that offered a home-like environment. While some options were identified, this remains a critical area for development.

*No options for children who don't want to return home – need long term solutions. Medium-term is biggest gap but need creative solution and appropriate child protection response.*

**Mid North Coast consultation participants**

## 4.2. Family-like environments

For children who are homeless or at risk of homelessness, home itself will sometimes also hold some level of risk to their safety and wellbeing. Where restoration to home is not an option, alternative family-like placements hold the promise of a safe and nurturing environment, but they also hold similar risks and are challenging platforms from which to obtain positive outcomes. Medium-term accommodation options are the part of the HYAP service system where there are currently no appropriate options. Stakeholders emphasised the need to develop options in this area, while also maintaining the crisis response.

*Provision of a family-like environment was seen as a critical priority for the client group, both in crisis and medium-term accommodation. Innovative methods for providing this accommodation ... are a potential service component.*

**Northern NSW report**

Risk is an unavoidable part of the HYAP service landscape, requiring services to develop robust systems and practices to achieve intended outcomes and minimise the incidence of very poor outcomes. Stakeholders raised the absence of quality standards, accreditation or oversight bodies appropriate to HYAP, even though it deals with clients and risks that potentially overlap with the highly regulated OOH sector.

Apart from refuge-style accommodation (for under-16s or mixed with youth SHS clients), stakeholders raised a variety of options for crisis and/or longer-term accommodation for further exploration, including:

- placement with extended family or friends, with support services to the child and hosts (or supported self-placement)
- use of hotels or purpose-built community housing units which allow for 1-1 crisis accommodation and intensive professional support
- voluntary carers (in their own home) with support services and brokerage (see next page)
- live-in voluntary house parent model with support services and brokerage
- new models of independent living, requiring changes to policy and practice
- voluntary community safe houses for emergency accommodation.

Currently, all non-home accommodation options require parental consent at some stage of the process. Whatever the range of options available, it will be necessary for Districts, in collaboration with HYAP and SHS services, to develop alternative responses should crisis accommodation places be unavailable.

## 4.3. Early intervention

Stakeholders saw broad prevention and early intervention as a strategic area for attention in relation to the HYAP target group, but they also identified a number of existing services and programs that have a potential role to play. As HYAP needs to focus on safety for homeless children, stakeholders often advocated for a minimal HYAP role in broad prevention and early intervention, or described a leadership/influencing role rather than one of significant delivery.



Most consultations nevertheless described a role for HYAP in targeted early intervention with children at evident risk of homelessness. Schools and school-based programs were often nominated as a key point for early identification and intervention, with the Geelong model seen as a valuable approach that combines elements of broad prevention with targeted intervention<sup>10</sup>. Northern Sydney District is currently implementing a version of this model for Stage One.

*School partnerships are essential to early intervention. There are currently no consistent triggers for schools to engage outside services as issues emerge for their students.*

**Hunter New England report**

## Conclusion

The majority of stakeholders welcomed a targeted consultation process regarding a client group that is often seen to fall through 'service system gaps'. It was felt strongly that for HYAP services to be effective, they will need to be effectively integrated to local service systems and work well with a range of mainstream and specialist services. Key findings are summarised as follows:

- Services need a degree of redesign to work effectively with the HYAP cohort as many services relevant to HYAP clients are geared to younger children or older young people who have different needs and circumstances. This is true in the homelessness and surrounding health, youth and family sectors.
- The main focus of the HYAP is on the immediate safety and wellbeing of children who are homeless or at risk of homelessness. To function effectively, HYAP services will require the strong engagement of other services.
- Stakeholders felt strongly that the legal mandate of service providers is currently unclear when they are unable to gain parental consent.
- Three broad cohorts of HYAP clients have been identified:
  - children who are at risk of homelessness but where there is an opportunity to repair and strengthen family connections whilst they remain at home
  - children who are homeless but where there is an opportunity to restore them to their family with support
  - children who are homeless and for whom there is no realistic prospect of being able to return safely home.
- For the latter cohort, stakeholders articulated strongly through the service design process that robust local mechanisms must be in place to ensure all alternative options are considered, including statutory care.
- **Innovation and working with risk are important aspects of the HYAP operating environment.** Co-accommodating vulnerable children carries risks that require managing, as do placements with extended family or friends. Equally, entry into out-of-home care at this age frequently demonstrates poor outcomes. HYAP services will need to look to the best available options and work effectively with risk, whilst being given permission to be innovative and to learn with districts and other services will be critical.

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<sup>10</sup> [www.thegeelongproject.com.au/](http://www.thegeelongproject.com.au/)

## Tab 1: Attachment

Some children's behaviour and mental health concerns are grounded in family dynamics. Parental behaviours or stresses undermine attachment and contribute to lasting child conduct, depression and anxiety issues.<sup>11</sup> A range of mental health risk factors can be addressed by attention to patterns of behaviour within the family, including: lack of warmth and affection; poor parental supervision of and involvement with children; neglect; harsh or inconsistent discipline; family violence and disharmony; and marital discord.

### Attachment

Infants are genetically primed to attach to caregivers to ensure their survival. Attachment behaviours (such as smiling, crying, clinging, following), which are elicited when the child is alarmed or in need, invite the caregiver to respond with comfort and protection and ensure proximity to the primary caregiver. The response of the caregiver to the child's distress shapes the attachment behaviours, which form at around six months of age (Bowlby 1988).

Secure attachment develops when a caregiver responds to an infant's cues in a consistent and nurturing way. However, the result of unpredictable or inconsistent parental response is not *no* attachment, but *insecure* attachment (Morton & Browne 1998).

#### The four categories of childhood attachment are:

- **Secure**, where children seek the attachment figure on reunion are easily soothed and comforted, and parents respond promptly and sensitively to the child's distress
- **Insecure** (avoidant) where the child shows little distress on separation and avoids the caregiver on reunion. Parents are characterised as angry, rejecting and intrusive
- **Insecure** (anxious/ambivalent) where the child shows a great deal of distress, but in response to the parent's withdrawal, lack of involvement or inconsistency, behaves in ambivalent ways
- **Insecure** (disorganised/disoriented) was identified in studies of maltreated children, whose parent exhibit frightened or frightening behaviour. This elicits a contradictory response on the part of the child, such as proximity seeking as well as avoidance, dazed expression and apprehension toward the parent (Morton & Browne 1998, Shapiro & Levendosky 1999).

The attachment style developed in childhood is seen to be enduring and predictive of adult relationships. This is explained by the concept of the 'internal working model' (Bowlby 1988). ***When the infant and young child begins to explore her world, her first interest is in the interpersonal world ... The infant discovers who she is ... in the eyes, face, voice, gestures and touch of her mother and father*** (Hughes 2006, p.2). This determines the child's (and adult's) view of herself as deserving of care and attention and of others as trustworthy or untrustworthy, reliable or rejecting, and the world as safe or frightening.

Dwyer, J., et.al. (2012) *Literature Review: A trauma-sensitive approach to children aged 0–8 years*, FAHCSIA.

<sup>11</sup>Bayer, J., et.al., 'Risk Factors for Childhood Mental Health Symptoms: National Longitudinal Study of Australian Children', *Pediatrics*, Vol. 128, No.4, October 2011.

## Tab 2: Trauma

### Trauma

All children at some point face stressful situations; indeed learning to manage and master these situations builds resilience. Shonkoff (2009) differentiates between positive stress, which is short-term in nature and involves normative challenges (such as meeting new people), tolerable stress which is stronger and potentially overwhelming (such as a death of someone familiar) but which occurs within the context of a supportive relationship that facilitates coping and toxic stress that is prolonged, occurs without the scaffolding of adult support and overwhelms coping mechanisms. Traumatic experiences fall into the latter category:

***A trauma is a psychologically distressing event that is outside the range of normal childhood experience and involves a sense of intense fear, terror and helplessness (Perry 2002, p.23).***

... [T]he presence of a supportive adult is central to an experience being tolerable, rather than toxic. Many children who experience trauma do not have the benefit of an adult to scaffold them. In some circumstances the adult may be the source of their trauma, such as an abusive parent, the adult may be traumatised by the circumstances and unable to comfort the child, such as during an incident of family violence or the adult may be absent or limited in their capacity to support due to disability or mental health problems.

Dwyer, J., et al. (2012) *Literature Review: A trauma-sensitive approach to children aged 0–8 years*, FAHCSIA.

### **The effects of trauma are neurological, biological, psychological and social in nature, including<sup>12</sup>:**

- changes in brain neurobiology
- social, emotional and cognitive impairment
- adoption of health risk behaviours as coping mechanisms (eating disorders, smoking, substance abuse, self-harm, sexual promiscuity, violence)
- severe and persistent behavioural health, health and social problems, early death.

### **The ability to form healthy relationships is highly dependent on learned social skills:**

- Children's social skill learning is directly related to the characteristics of their environments.
- Disordered environments = dysfunctional skills.
- Violence teaches withdrawal, anxiety, distrust, over-reaction and/or aggression as coping behaviours.
- Extreme behaviours are rooted in dysfunctional emotional states.<sup>13</sup>

**Trauma-informed** approaches to care recognise that the effects of trauma require a diversity of therapeutic approaches.<sup>14</sup> Therapeutic approaches for traumatised children and young people have been characterised as having four main aims:<sup>15</sup>

- establishing safety in their environment, including home, school, and community
- developing skills in emotional regulation and interpersonal functioning
- making meaning about past traumatic events and finding more positive, constructive views of themselves with hope for the future
- enhancing resiliency and integration into social networks.

<sup>12</sup> 'Trauma Informed Care: An Overview', Caldwell 2006; Felitti et al, 1998; Herman, 1992.

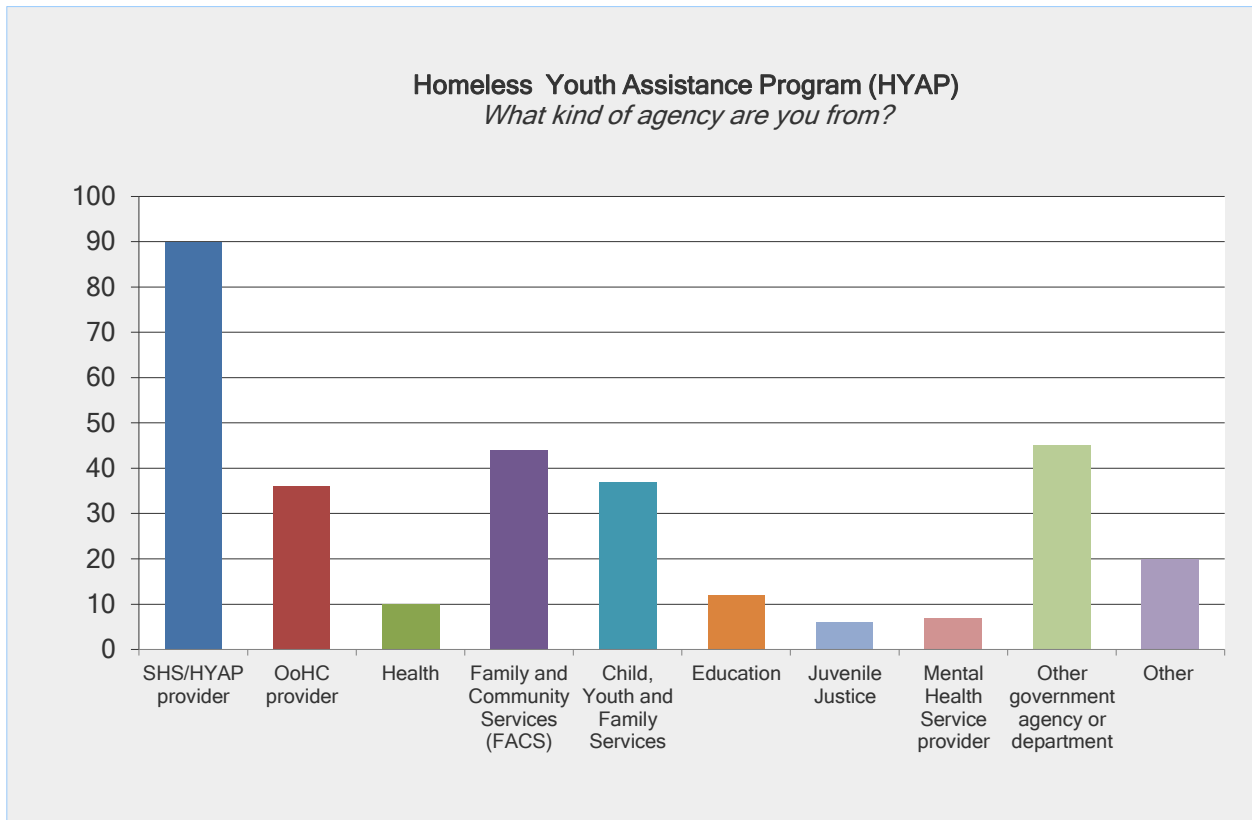
<sup>13</sup> New Freedom Commission, 2003; SG Report, 1999; Hodas, 2004; Saxe, 2003.

<sup>14</sup> <http://childtrauma.org/>

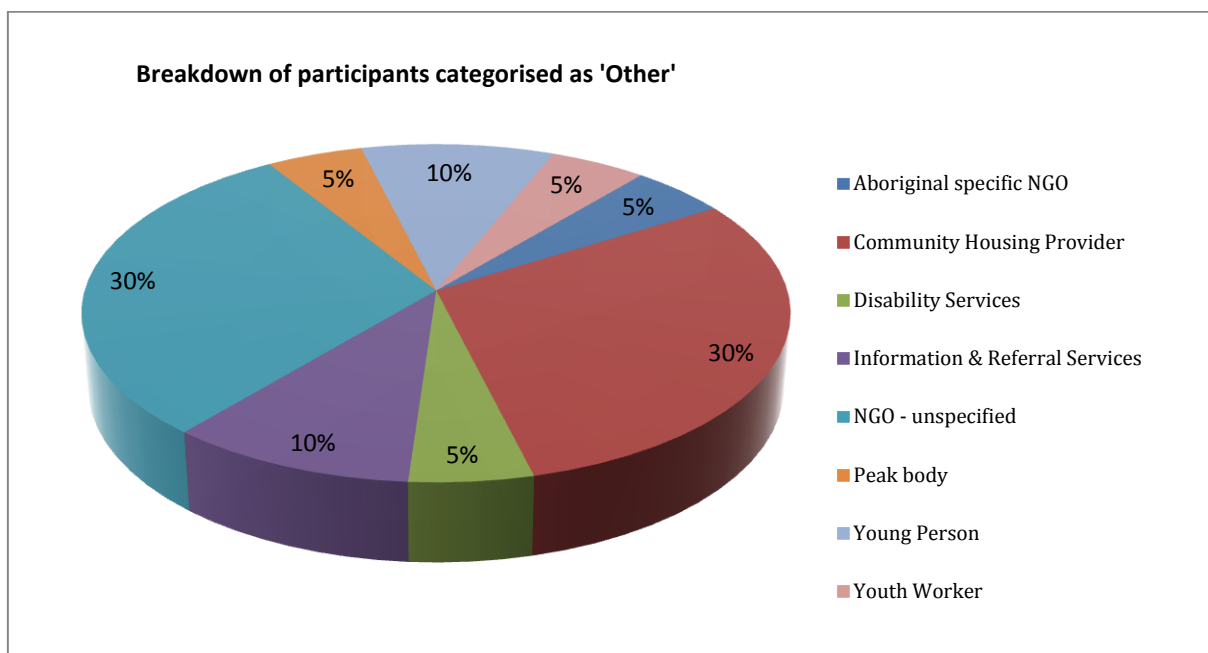
<sup>15</sup> <http://cathykezelman.com/trauma-informed-care-and-practice-youth-mental-health/459/>

### Tab 3: Composition of stakeholders involved in HYAP District-level consultation sessions

The graph below shows the breakdown of participants based on the 240 responses received through the HYAP Stakeholder Engagement Survey. The highest number of participants were in the SHS / HYAP category at 37.5%.



The graph below shows the breakdown of the providers categorised as Other.



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