



Family &  
Community  
Services

# Better lives for vulnerable teens

FACS review

Volume 3: Supplementary reference material  
and appendices



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# Supplementary reference material

## 1. The reason for this review

### Young people

Young people are defined in different ways in NSW:

the *Children and Young Persons (Care and Protection) Act 1998* defines a child as “as a person who is under the age of 16 years”, and a young person as “a person who is aged 16 years or above but who is under the age of 18 years”

young people 12 to 24 years of age are targeted in the NSW *Youth Health Policy 2011-2016: Healthy bodies, healthy minds, vibrant futures*. This age range is also considered by the NSW Centre for the Advancement of Adolescent Health to be the period of ‘adolescence’ (CAAH, 2008)

the age group of 9 to 14 years is recognised by the NSW Commission for Children and Young People as the “middle years of childhood”, encapsulating puberty and associated changes in brain development, transition to high school and young people’s shift towards independence.

For the purposes of this review, the term ‘young people’ is broadly used to refer to people 12 to 24 years of age. It is recognised that issues associated with adolescence can start from about 9 years of age and this group of older children is reflected in analysis and recommendations where relevant.

Most young people in NSW grow up with the love and nurture of their families, with the security of stable accommodation, and sufficient continuity in their connection with school and peers. The personal resources they develop as a result of positive relationships and supported experiences give them the opportunity to live independent, productive and satisfying lives.

The NSW Commission for Children and Young People has published *A Picture of NSW Children*, an online databook which shows:

- according to the 2011 Census, there were about 882,500 children and young people 10 to 19 years of age in NSW, making up 12.7 per cent of the population
- while Aboriginal people made up 2.2 per cent of the total NSW population in the 2006 Census, some 28,000 Aboriginal children made up 4.3 per cent of all children from birth to 17 years of age
- for the 17.7 per cent of children who lived in households where English was not the main language spoken during 2006, Asian languages were the most common (13.4 per cent) followed by non-English European languages (3.4 per cent)
- in 2009, the ABS Survey of Disability, Ageing and Carers (SDAC) found that an estimated 15.9 per cent of children 1 to 17 years of age had a recognised chronic health condition. Half of these children had a disability (7.8 per cent). As children grow older a greater proportion have a recognised chronic health condition. Nearly 15 per cent (14.6 per cent) of 1 to 8 year olds had a long-term health condition, compared with 16.9 per cent of 9 to 14 year olds, and 17.3 per cent of 15 to 17 year olds.

A proportion of young people are affected by varying degrees of adversity and vulnerability. Different data sets use different age ranges but we know that in NSW:

- in 2006, 14 per cent of all children from birth to 17 years of age, or 176,000 children, lived in families with a weekly household income of less than \$250 (ABS, Census of Population and Housing, 2006)

- in 2008, 6.8 per cent of 9 to 15 year olds lived in families who had run out of food and not been able to buy more in the previous twelve months (NSW Population Health Survey 2007–2008. Centre for Epidemiology and Research, NSW Department of Health)
- in 2006, 14 per cent of all households with children from birth to 17 years of age – that is, about 111,000 households – were overcrowded (ABS, Census of Population and Housing, 2006)
- in 2008–09, domestic violence was reported to Community Services<sup>1</sup> for 58,000 individual children from birth to 17 years of age (3.7% of that age group)
- in 2010, 4.1 per cent of students (9247 students) in Years 7-10 received a long suspension<sup>2</sup> (up to 20 days) – a far higher proportion than other year groups. Most long suspensions were for physical violence or persistent misbehaviour
- one in four young people 15 to 24 years of age will experience a mental disorder in any 12 month period (Sawyer et al., 2000)
- people were so concerned about the safety of 28,312 children and young people 12 to 17 years of age in 2011 that they reported them to Community Services. Of those reported, 17,635, or 3.7 per cent of that age group, were at risk of significant harm (Community Services, Annual Statistical Report, 2010–11)
- in 2010 4,619 juveniles were given warnings by police, 10,541 were given a caution and 1,566 participated in a youth justice conference.

While these young people are vulnerable to poor outcomes, most will not experience sustained homelessness or repeated juvenile custody. They will recover from bad times and find ways to participate in employment and community life.

Smaller groups of children and young people, who do not have the resilience, relationships and resources to recover, go on to very bad outcomes. More than 940 young people 12 to 17 years of age were so unsafe at home in 2011 that they were removed from their families.

About 40 per cent of young people leaving out-of-home care are estimated to experience homelessness (CREATE, 2010). Just under one percent of young people 12 to 18 years of age in 2006 were homeless – that is, 5,000 young people (Counting the Homeless NSW: 2006).

In 2010, 7,415 juveniles were convicted of an offence, or about 0.8 per cent of 10 to 17 year olds (BOCSAR). Of the young people who completed a custodial sentence in 2008, 63 per cent received a further conviction in the following 12 months (DAGJ Annual Report, 2011). It is sobering that each year since 1998 a steady average of 16 young people 12 to 17 years of age have committed suicide. For each suicide it is estimated that 30 to 40 young people are hospitalised following a suicide attempt – an average of about ten each week in NSW (NSW Department of Health, 2010:10).

NSW, like other jurisdictions internationally, has invested in the early years of children's lives in order to improve outcomes for vulnerable children and reduce the need for later and more intrusive interventions. The case for such investment continues to be relevant (Heckman, 2008) and contributes to better outcomes for young people. However, there remains a proportion of young people who face very poor outcomes and whose stories ought to evoke a better response from the whole community and from all levels of government.

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<sup>1</sup>Annual Statistical Report, NSW Community Services, 2008/09. This year chosen as better represents number of children affected by domestic violence, rather than only those at risk of significant harm – 16250 children in 2010/11.

<sup>2</sup>New South Wales School Students Health Behaviours Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health

## Why bother with the middle and teenage years?

This Review has looked at the experiences of very vulnerable young people through case studies and consultations, and has defined the very bad outcomes which befall only a proportion of the broader vulnerable population. These outcomes are:

- multiple placements in out-of-home care with an absence of 'felt security'
- sustained homelessness
- repeated custody in juvenile justice
- suicide or permanent injury following risky behaviour
- entrenched ongoing vulnerability to abuse and neglect without a protective environment
- early parenthood without adequate parenting capacity or preparedness for adult life

Neither FACS nor its partners can work with all young people who are at some level of risk, and to do so may not bring the intended benefits. Early intervention is more critical for some young people than others, and one of the challenges for governments is to invest early intervention efforts wisely. By looking closely at the cohorts of young people who experience these very bad outcomes we can learn some lessons about who to reach through earlier interventions. The message is not to wait for crises, but to learn from crises and bad outcomes what we need to do better.

## Adolescence is an important period to target

While adolescence is a period of growth and development it also brings vastly increased risk of illness, injury and death:

- ... related to difficulties in the control of behaviour and emotion. It is the high rates of accidents, suicide, depression, alcohol and substance abuse, violence, reckless behaviours, eating disorders and health problems related to sexual behaviours that are killing many youth in our society. (Dahl, 2004 in Cashmore, 2011)

The onset of mental disorders peaks during the ages of 15 to 24 years, and even mild mental health problems at this time can have profound effects on social, emotional, physical and cognitive development. Most young people do recover from episodes of mental illness, but there is often a significant impact on their long-term vocational pathways and economic participation.

Young people 13 to 15 years of age are more likely to be reported as at risk of significant harm than children 7 to 12 years of age (Community Services, 2011:39–40) but less likely to get a face to face response. Of the 3,696 children and young people who entered out-of-home care in 2010–11, 168 were 16 to 17 years old and 775 were 12 to 15 years of age, of whom 570 entered out-of-home care for the first time. The likelihood of young men being acted against by the police peaks at 18 years of age, while young women reach that peak at 15 and 16 years (AIHW, Bulletin 107, 2012:7). Young people who experience abuse and neglect during adolescence are more likely to become homeless and/or enter juvenile justice than those who experience abuse or neglect only during childhood (Cashmore, 2006).

Despite the common emergence or escalation of issues during adolescence, mainstream services and even nominally specialist services often seem to lack the competencies required to make a difference. This needs to change if vulnerable young people are not to be left behind just when they could have been overcoming their past disadvantage and pulling a life together.

This Review focuses primarily on improving outcomes for young people 12 to 17 years of age. However, it is clear from the research and from consultations that for FACS to achieve better outcomes for these young people, it needs to be aware of the opportunities to intervene earlier and the need for support beyond 17 in order to establish young people on a better trajectory towards independence.

## **It is not too late to get their lives back on track**

Adolescence is a period of significant brain development, meaning that a person's life course need not be set by what he or she has experienced by the age of twelve. Experiences during adolescence can further damage or improve a young person's capacity to move into independent adulthood.

Advances in our understanding of the impact of trauma on cognitive ability and ways to ameliorate the effects of trauma can inform our work and assist damaged young people to achieve a better future.

The teenage years encompass rapid changes in brain and body development towards physical, sexual and cognitive maturity. From puberty, which can start from nine years of age, children's hormonal fluxes change the way they respond to people and make decisions. They are more prone to impulsiveness and risk taking and their relationships with family and friends change.

At the same time, young people's brain development picks up pace and continues until their early twenties. During adolescence and the teenage years, young people's brains are making new connections and 'pruning' the connections not being used. Cognitive development starts to gradually increase.

While these changes mark a shift towards adulthood, it is important that parents and other adults including teachers and social workers continue to take responsibility for young people and guide their decisions.

Adolescence brings risks and vulnerabilities that are different from those of childhood, and different skills and expertise are required when working with adolescents. New risks emerge, related to mental health issues, young people's sexual development and sexual activity, and increased risk-taking behaviour. As young people seek to establish their own identities, family conflict can become more serious and more sustained.

In families where young people are exposed to abuse and neglect, changed family dynamics and changes in the young person can reduce their risk of some forms of abuse and increase their exposure to others. For example, an increase in physical strength may shift a young person's role in situations of family violence. On the other hand, young people who reach puberty in an unsafe family environment may be at increased risk of sexual abuse from family members or other adults.

Skills that have been identified as important when working with adolescents and young people include relationship building, collaboration, and continuity (Schmied & Walsh, 2010).

Despite young people's desire for independence at this stage, family is still important to them and remains a strong protective factor for their welfare and wellbeing.

Similarly, young people should be assisted to maintain community connections such as school as they naturally start to build more connections with their peers.

## **Lifecourse institutional costs**

Homelessness creates major ongoing costs to government services. There is, however, a lack of empirical research in Australia examining the lifecourse institutional costs associated with vulnerable people who are homeless. A recent study (Baldry et al., 2012) developed pathway costings using the Mental Health and Cognitive Disability in the Criminal Justice System Dataset, which contains data on lifelong interventions and interactions with all criminal justice and some human services agencies.

Baldry et al. (2012) noted that vulnerable groups, in particular persons with mental health disorders and cognitive disability who experience clusters of disadvantageous circumstances, are over-represented amongst those coming to the attention of police, and those who are incarcerated. People in these groups are more likely to use alcohol and other drugs, be homeless

or marginally housed, or involved in the criminal justice cycle (Baldry et al., 2006). The subsequent costs to the person and the community are very high (Burt, 2003; Edwards et al., 2009; Flatau et al., 2008; Gulcur et al., 2003; Mental Health Coordinating Council, 2008).

Baldry et al. (2012) calculated the economic costs of the pathways of 11 individuals who have cycled in and out of homelessness, and their interactions with housing, health, community services and criminal justice agencies. Lifecourse institutional costs for the 11 case studies, between 23 and 55 years of age, ranged from around \$900,000 to \$5.5 million. The economic costs to government are significant, as are the social and human costs.

In almost every case, Baldry et al. (2012) found that significant disadvantage, vulnerability and risk factors were obvious from early adolescence and, for several individuals, from childhood, yet there was no substantial or sustained care and protection or early intervention. A lack of adequate services for early intervention is associated with costly criminal justice, health and homelessness interactions and interventions later in life.

Homelessness prevention services and services which work with clients to end their homelessness are good investments of public money. Homelessness programs which produce positive outcomes for clients deliver whole-of-government savings in avoidable health, community services, justice and police outlays. Addressing homelessness also boosts rates of participation in the economy and community.

### **Return on investment**

Return on investment is a key driving force for government in delivering targeted programs that are responsive to those in need and requiring intensive, individualised support. It is also significant in creating a service delivery environment that is preventative in nature, and which caters for individuals at all points on the risk spectrum, in order to reduce further public social protection and welfare expenditure.

Fragmented and siloed service delivery is not cost effective, and currently little is known about the cost effectiveness of NSW programs that address vulnerable young people. Research from the UK and United States strongly suggests that economic analyses be undertaken to assess cost-benefit ratios, for both general state budgetary expenditure, and costs to taxpayers in dollar terms – particularly in examining current service system delivery and considering reforms.

For instance the PricewaterhouseCoopers conceptual analysis of London services, part of the *Total Place* model, found that potential benefits that *Total Place* could accrue to the public purse in capital as much as 15 per cent of the £73.6 billion total spend per annum. (PricewaterhouseCoopers, 2010:6)

Extensive research undertaken by the Washington State Institute of Public Policy has found that a number of factors affect the cost-benefit ratio of public programs, particularly youth focused programs. Most importantly, programs that are preventative or focus on early intervention have far more impact on return on investment than those that are response driven (Washington Institute for Public Policy, 2006). Youth-focused programs demonstrate considerable benefits in comparison to those targeted to adults.

Effective interventions in the middle and teen years can save individuals and communities great distress, and save communities and governments a lifetime of costs.

### **Why FACS is taking a lead now**

In mid-2011 the NSW Government established a Commission of Audit to develop a framework for the future of the NSW Public Sector. The Commission's final report made it clear that it is time to do things differently to get better outcomes for clients and reduce long-term costs to the community. It highlighted the need for more effective early intervention, for person centred services, and for better services to complex families (NSW Commission of Audit, 2012).

Part of this re-orientation is a renewed focus on vulnerable teenagers, in which FACS clearly has a key role. It has already been involved in the stories of many young people who have a level of

cognitive impairment and those who have experienced the trauma of abuse, neglect and subsequent insecure attachments – and these are key cohorts among those young people who go on to offend and/or experience homelessness.

FACS and its funded partners have limited opportunities and resources to change the trajectories of these young people. Schools, health services, and justice agencies have others. The multiple disadvantages these young people bear often mean that multiple government and non-government services need to work together and with the wider community to make any lasting change.

Young people are key actors in their own stories, making their own decisions along the way, and not all bad outcomes can be avoided. But often the behaviours that exclude children and young people from school, alienate them from family or carers and refuse or frustrate service delivery are directly linked to cognitive impairments associated with the trauma, cognitive impairment or mental health issues which have made them vulnerable in the first place. If we want better outcomes, the adults around these young people and the services and systems that deal with them need to learn better ways to address the underlying causes of vulnerability and the very challenging behaviour they result in.

Outcomes for very vulnerable young people that are likely to indicate they are now established on a positive trajectory, and would be sound goals for FACS and its partners to aim for, are:

- engagement with education or employment
- resilience
- positive connection to family, peers and community
- stable accommodation
- ability to parent well.

## 2. Policy context

### *NSW 2021*

NSW 2021 is the NSW Government's ten-year plan, which sets immediate priorities for action and guides resource allocation. It includes the following goals and priority actions that are especially relevant to this Review:

*Goal 13: Better protect the most vulnerable members of our community and break the cycle of disadvantage*

The NSW Government will improve and better integrate social services to support and protect our citizens at the right time. This includes giving children the best possible start to life, helping vulnerable young people and their families build resilience and plan for the future, ensuring that people who are at risk of becoming homeless are well supported, and that those who do become homeless spend as little time as possible without accommodation. With a focus on prevention and early intervention, we will work with non-government organisations to deliver community services, care, accommodation and other support services, preventing problems from escalating and becoming entrenched.

#### *Child wellbeing targets:*

- reduced rate of children and young people reported at risk of significant harm by 1.5 per cent per year
- reduced rate of children and young people in statutory out-of-home care by 1.5% per year.

#### *Reduce the number and rate of people who are homeless targets:*

- 7 per cent reduction in the number of homeless people in 2013
- 25 per cent reduction in the number of rough sleepers by 2013
- 33 per cent reduction in number of Aboriginal people who are homeless in 2013
- reduction in number and rate of people experiencing repeat homelessness.

*Goal 14: Increase opportunities for people with a disability by providing supports that meet their individual needs and realise their potential*

The NSW Government is committed to ensuring that people with a disability, their families and carers are at the forefront of decision making about the services they need. We will deliver individualised and tailored services and ensure that people with a disability have the opportunity to participate in and fully contribute to the life of our society, and enable people to maximise their economic independence, relationships and sense of self worth.

#### *Person centred approach to disability services targets:*

- increase the percentage of disability service users who are using individualised funding arrangements:
  - 10 per cent of disability service users using individualised funding arrangements by 1 July 2014
  - 100 per cent of disability service users are able to access individualised funding arrangements by 1 July 2019.

#### *Increase participation of people with disabilities in employment or further education targets:*

- 60 per cent of transition to work participants move into employment or further education by 1 July 2014
- 65 per cent of transition to work participants move into employment or further education by 1 July 2019

- close the gap in the unemployment rate between people with a disability and the overall community by 50 per cent by 2016.

*Increase the proportion of people (aged five and over) with profound and severe disabilities (core activity limitation) involved in out-of-home activities targets:*

- target the out-of-home participation rate to 85 per cent by 2016.

**Goal 15:** *Improve education and learning outcomes for all students*

Access to, and participation in, high quality education provides the foundations for long-term social and economic success. The NSW Government will support all students to reach their full potential at all stages of their education from early childhood to post-school learning and employment. To create an environment where students can continue to excel, and in turn lead productive lives and help build a strong NSW economy, we will ensure all children have access to quality early childhood education, recruit high quality teachers, and provide schools and their communities with a say in local decision making.

*More students finish high school or equivalent:*

- 90 per cent of 20 to 24 year olds have attained a Year 12 or Australian Qualifications Framework qualification at Certificate II or above by 2015
- 90 per cent of 20 to 24 year olds have attained a Year 12 or Australian Qualifications Framework qualification at Certificate III or above by 2020.

*Schools have high expectations for all their students:*

- improve Year 12 completion rates for students in low index of community socio-educational advantage schools
- halve the gap in Year 12 or equivalent attainment for Aboriginal 20 to 24 year olds by 2020
- halve the gap between NSW Aboriginal and non-Aboriginal students in reading and numeracy by 2018
- 90 per cent of 20 to 24 year olds in rural and regional NSW have attained a Year 12 or AQF Certificate III qualification or above by 2020
- 60 per cent of all NSW school students with a confirmed disability have a personalised learning and support plan by 2020.

**Goal 17:** *Prevent and reduce the level of re-offending*

Preventing and reducing re-offending makes our homes and neighbourhoods safer. Former offenders benefit when they can positively redirect their own lives. The NSW Government will address the underlying causes of juvenile crime through early intervention, and appropriate non-custodial approaches. The NSW Government will also reduce juvenile and adult re-offending by diverting people with mental health problems away from the criminal justice system and towards the health services they need. The NSW Government work to ensure that juvenile and adult offenders are given access to a range of specialist programs best placed to address the underlying causes of crime.

*Targets:*

- reduce juvenile and adult re-offending by 5 per cent by 2016
- increase completion rates for key treatment and intervention programs.

### ***NSW Government Commission of Audit***

In mid-2011 the NSW Government established a Commission of Audit to develop a framework for the future of the NSW Public Sector. The intent of the Audit was to assess the current manner of operating within the NSW Public Sector, describe the ideal state of operation and make recommendations on how to improve public sector management and governance in NSW.

The audit's Final Report makes 132 recommendations to improve public sector management and service delivery in NSW, sets out broad principles and directions for expenditure in the context of government policies, key strategies and priorities, and also makes recommendations for change. The NSW Government is broadly supportive of the directions identified in the Final Report, and this Review's directions are informed by the Commission's six reform themes:

### **Devolution**

The government is working to transfer more authority and accountability for decision-making to the local level. It is the government's view that where possible local people should be involved in the decisions that affect them and their communities. However, before these responsibilities are transferred, significant work is needed to ensure that the necessary processes, procedures and accountabilities are in place.

### **Partnerships and outsourcing**

The NSW Government is pursuing a range of options for working with the private sector with the aim to deliver better services at lower cost and with greater innovation. Some recent reforms relevant to FACS include:

- commencement of the transfer of responsibility for delivery of out-of-home-care services to non-government organisations
- development and piloting, with the private sector, Social Benefit Bonds in for improving out-of-home care and reducing recidivism.

### **Workforce flexibility**

The government has taken steps to ensure that the public service of the future is flexible enough to meet new challenges and respond to the changing needs of the community. A newly-established Public Service Commissioner will advise the government on leadership and strategic management of the public sector workforce, including advice on service delivery strategies and models involving collaboration by the public sector with the private business sector, the not-for-profit sector and the wider community.

### **Transparent and evidence-based decisions**

The government has been reviewing its current programs so they deliver outcomes that are consistent with the priorities outlined in *NSW 2021* and to ensure value for money. The government is also putting in place a broad structure that supports transparent and evidence-based decision-making.

### **Collaboration and coordination**

The government has reconfigured agency clusters and strengthened administrative arrangements with the aim of ensuring that government services are delivered more efficiently and effectively. The clusters allow for similar government services to be better coordinated within a broad policy area. This makes it easier for business and the community to engage with government and allows for services to be better targeted to people's needs.

### **Budget constraint**

The government is committed to returning the state's finances to a sustainable surplus. The 2012–13 Budget has confirmed the government's strategy to restore fiscal sustainability while delivering better services and infrastructure. The government has also committed to a transformation program that includes wide-ranging reform of the public sector financial management framework and supporting information systems.

### **FACS**

This Review and the strategy it proposes are intended to contribute to the department's mission: to enable vulnerable people to participate fully in NSW social and economic life, and build stronger, more sustainable and inclusive communities.

The Review's key directions are shaped to assist FACS achieve its aims – to:

- enable each child in NSW to have the best possible start to life
- help vulnerable young people build their capacity for a good future
- improve social and economic outcomes for Aboriginal people
- provide support to vulnerable adults and families so that they can participate fully in community life
- build strong and inclusive communities.

Aligned with the Commission of Audit, organisational reform within FACS is centred on building capabilities to work better and smarter for clients, which involves:

- moving beyond responses focused on the symptoms of disadvantage to working on breaking disadvantage
- shifting from a culture of entitlement to one of personal responsibility, that builds the capability of vulnerable individuals and families to remove them from welfare dependency
- more client-centred services, working better with other NSW Government agencies and moving to a position of valued influence with other state and federal government agencies to benefit clients and improve services and outcomes.

Key reforms being undertaken across the department, to achieve improved and integrated services for clients, include:

- shifting the focus of service delivery from programs to a person-centred approach to better meet the needs of individuals and communities
- creating a service delivery approach, which provides services targeting different stages of a person's life, within FACS and collaboratively with other government departments and the non-government sector
- incorporating the four reform themes:
  - a more integrated client focus
  - increased prevention and early intervention strategies
  - stronger delivery partnerships with not-for-profit non-government organisations
  - operating within the department's budget, staffing and capacity constraints.

The following corporate priorities of each FACS Division contribute to the FACS reform agenda and have informed this Review's considerations.

### **Community Services**

- Fewer children and young people are vulnerable to abuse and neglect
- Children and young people at risk of significant harm are safer
- Children and young people in out-of-home care have a better future
- A capable organisation and service system.

### **Housing NSW**

- Drive strategy, reform, planning and resource allocation for the housing system
- Service system effective at reducing and preventing homelessness
- Appropriate and accessible housing assistance, and effective tenancy management
- Grow affordable housing supply and the non-government housing sector
- Build communities to reduce disadvantage on estates and in priority locations
- High performing division delivering effectively across FACS and with others.

## Aboriginal Housing Office

- Better housing outcomes for Aboriginal people
- Grow affordable housing supply and the Aboriginal non-government housing sector
- Enhanced skills and greater opportunities for Aboriginal people
- A strengthened Aboriginal non- government housing sector
- Drive strategy, reform, resource allocation and planning for the Aboriginal housing sector

## ADHC

- People with a disability, older people, their families and carers are able to fulfil their potential, actively participate in the community, pursue their goals and carry out their obligations.
- A person centred approach – people make informed decisions about their lives to achieve and accomplish more, on their own terms.
- A lifespan approach – people have greater certainty to plan their lives and build their expectations of what they can set as life goals.
- Improve accommodation models and redevelop Large Residential Centres – people live in safe, secure and appropriate housing.
- A service system with the right capacity – a system that meets the needs of people and is based on evidence, equity and upholding principles.
- Drive national reform and whole-of-government priorities – better outcomes through national and whole of government collaboration and building inclusive communities.

## Keep Them Safe: A Shared Approach to Child Wellbeing

The *Report of the Special Commission of Inquiry into Child Protection in NSW* (Wood, 2008) noted that between 2001–02 and 2007–08, the number of child protection reports involving 12 to 15 year olds and 16 to 17 year olds increased at a greater rate than reports for all other age groups. Further, the data indicated that these were the fastest growing age segments for reports other than children less than one year of age.

The report further noted that these age cohorts tended to receive a lower degree of focus and priority than others throughout the child protection system. This was recognised as sometimes being strategic, a matter of managing scarce resources and responding to the most vulnerable, but also as a practical response to a population group that is perceived to be harder to work with and manage.

The report highlighted the need to focus on training and experience of caseworkers in working effectively with adolescents, and noted the need to ensure effective interagency cooperation and reciprocal sharing of information. Subsequently, *Keep Them Safe: A Shared Approach to Child Wellbeing* (NSW Government, 2009) recommended (20.1) DoCS should train and appoint to each DoCS Region specialist caseworkers to assist in the case management of young people.

In response, Community Services established regional Child Protection Adolescent Caseworker Teams, and an enhanced regional adolescent response, which aims to:

- increase the effectiveness of Community Services in responding to risk of significant harm reports for adolescents 12 to 17 years of age
- enhance caseworker knowledge and skills in working effectively with adolescents 12 to 17 years of age
- strengthen interagency partnerships with a focus on enhancing collaborative and coordinated service intervention in adolescent casework.

## Homelessness Reform Agenda

The NSW Homelessness Action Plan 2009-14 sets the direction for statewide reform of the homelessness service system to achieve better outcomes for people who are homeless or at risk

of homelessness. HAP articulates a vision for reducing homelessness in NSW, where people never become homeless, people who are homeless don't become entrenched in the system, and people who have been homeless don't become homeless again. The HAP includes three strategic directions: to prevent homelessness; respond effectively to homelessness; and to break the cycle of homelessness.

The Homelessness Action Plan acknowledges that homelessness is a cross-portfolio issue which requires a coordinated, whole-of-government response. The Homelessness Action Plan identifies a number of strategies to support young people, including family reconciliation, discharge planning for young people leaving care or juvenile justice, and providing support to young people to remain engaged in employment, education or training. The Homelessness Action Plan incorporates the NSW Implementation Plan under the National Partnership Agreement on Homelessness, where the Australian Government invested \$101.4million in NSW over four years, matched by contributions from the NSW Government through new and existing service delivery. Almost one-third of projects in the National Partnership Agreement on Homelessness specifically target young people, providing intensive case management, accommodation, legal and brokerage support.

Going Home Staying Home is a reform initiative following on from the Homelessness Action Plan that aims to make Specialist Homelessness Services easier for clients to access, and achieve a better balance between early intervention, crisis and post-crisis support. Under these reforms, clients will receive flexible, high-quality services according to their needs, and services will be located in areas of high need.

Vulnerable young people are identified as an important priority group under the Going Home Staying Home reforms. Young people often remain homeless because of the inability of the wider service system to respond early enough to provide support, to build resilience, and to help them participate in the economy and society at critical transition points.

Consultation with the Specialist Homelessness Services sector has identified that early intervention support for young people involves more than maintaining an at-risk tenancy or rapidly housing them. The building of better links between Specialist Homelessness Services and the wider service system to improve access to non-Specialist Homelessness Services, such as education and training, mental health and family support services, is critical to preventing and breaking the cycle of youth homelessness, and to the overall success of the Going Home Staying Home reforms. The Going Home Staying Home reforms are due to be completed by June 2014.

### **Stronger Together: A new direction for disability services in NSW 2006–2016**

*Stronger Together: A new direction for disability services in NSW 2006–2016* is a 10-year plan to provide greater assistance and long-term practical solutions for people with a disability and their families. It involves major reforms and service expansions, and increased funding for disability services. *Stronger Together Phase One (2006–11)* established five reform directions:

- making access fairer and more transparent
- helping people to remain in their own home
- linking services to need
- expanding options for people living in specialist support services.
- creating a sustainable support system.

*Stronger Together Phase Two (2011–16)* commenced on July 2011, with a commitment to deliver 47,000 new places, and an additional focus on developing a person-centred approach that enables people with a disability to be the key determinants of how support resources are used. There is also an increased investment in a lifespan approach that will increase certainty by building long-term pathways throughout the service system.

The expanded capacity will allow further reform to the service system in the five directions of *Stronger Together 2* calls for a focus on the following areas:

- person-centred approaches – enabling people with a disability to be key determiners in how support resources are used
- a lifespan approach – increasing certainty by building long-term pathways through the service system
- large residential centre closures – closing all centres by 2017–18
- a service system with the right capacity – ensuring that the resources are available in ways that meet people’s needs efficiently and at the right quality and time.

Other emerging NSW directions are not only relevant to this Review but, if drawn together, could contribute significant elements to a NSW Government strategy regarding vulnerable teenagers. They include:

- the Connected Communities initiative
- the Ministerial Taskforce on Aboriginal Affairs
- reforms under consideration for children and young people at risk of offending
- evolving youth health, including mental health, strategies
- the ongoing development of a Middle Years agenda
- the National Framework for Protecting Australia’s Children
- Closing the Gap.

### ***Children and Young People Aged 9–14 Years in NSW: The Missing Middle***

*Children and Young People Aged 9–14 Years in NSW: The Missing Middle* (2009) is a report of the NSW Joint Parliamentary Committee on Children and Young People. It draws attention to:

- the needs of children and young people in the middle years (ie between about 9 and 14 years of age)
- the extent to which the needs of children and young people in the middle years vary according to age, gender and level of disadvantage
- the activities, services and support that provide opportunities for children and young people in the middle years to develop resilience
- the extent to which changing workplace practices have impacted on children and young people in the middle years, including changes that have the potential to benefit children and young people in the middle years.

The report stresses that the key response to the missing middle is connectedness: the overarching theme of the evidence presented is the importance of ensuring that 9 to 14 year olds remain connected to their families and peers, engaged with their schools, and participants in their communities. The report notes that this requires that children and young people be acknowledged both as individuals with burgeoning independence, and as part of a family or wider community group, with a need for belonging.

The report notes that needs of children in the middle years are best met by a coordinated approach which addresses issues as part of a developing whole as 9 to 14 year olds move from childhood into young adulthood. It recommends a cross-government approach to planning and implementing programs for this age cohort, and the development of a whole-of-government plan for children and young people from birth to 18 years of age. Such a plan would identify a small number of significant programs/approaches with the potential to impact on multiple outcomes for different age groups, and would include a focus on early intervention, as well as on programs for disadvantaged children and young people. The report also makes a number of practical recommendations, with the NSW Commission for Children and Young People coordinating advocacy for these changes.

### ***National Framework for Protecting Australia’s Children 2009–2020***

The *National Framework for Protecting Australia’s Children 2009–2020*, endorsed by the Council of Australian Governments in April 2009, is a long-term approach to ensuring the safety and wellbeing of Australia’s children. It aims to deliver a substantial and sustained reduction in levels

of child abuse and neglect over time. It includes high-level, and other supporting outcomes, and actions which are being delivered through a series of three-year action plans.

The Framework involves a commitment from all parties to work together better in areas of shared responsibility for protecting children. It also involves a commitment to create better links among the many supports and services provided across jurisdictions, to avoid duplication, coordinate planning and implementation, and better share information and innovation. The six supporting Framework outcomes are:

- children live in safe and supportive families and communities
- children and families access adequate support to promote safety and intervene early
- risk factors for child abuse and neglect are addressed
- children who have been abused or neglected receive the support and care they need for their safety and wellbeing
- indigenous children are supported and safe in their families and communities
- child sexual abuse and exploitation is prevented and survivors receive adequate support.

### ***NSW Youth Health Policy 2011–2016: Healthy bodies, healthy minds, vibrant futures***

*NSW Youth Health Policy 2011–2016: Healthy bodies, healthy minds, vibrant futures* identifies priorities, guides program development and promotes better health outcomes for young people 12 to 24 years of age throughout NSW.

The policy envisions a community in which:

- young people are supported to reach their potential
- the diversity, talents and abilities of young people are celebrated and fostered
- the community works in partnership to ensure that young people who need help receive it in the most appropriate place, time and way
- young people actively making positive choices about their own health and wellbeing and shaping their own future
- young people have access to health services that provide a range of prevention, early intervention and primary health care options, as well as specialist services when required
- health care professionals committed to working in partnership with young people, who understand the unique health care needs and challenges that the period of adolescence presents, provide these services in a range of environments accessible to young people.

In the light of this vision, NSW Health services work towards three goals:

- Goal 1 – young people are encouraged and supported to achieve their optimal health and wellbeing
- Goal 2 – young people experience the health system as positive, respectful, supportive and empowering
- Goal 3 – responses to the health needs of young people are evidence-based, promote prevention and early intervention and are delivered efficiently and effectively.

## **NSW Ombudsman**

The need to improve the response to very vulnerable adolescents, those at high risk and those in unsafe circumstances, has been highlighted by a number of NSW Ombudsman's reports.

### *Keep Them Safe? A Special Report to Parliament under s31 of the Ombudsman Act 1974 (2011)*

This report noted that in Community Services' response to risk of significant harm reports, a higher level of priority is currently accorded to young children who require immediate intervention. By contrast, reports about adolescents very often receive no response. In the view of the NSW Ombudsman, Community Services should develop a clear policy and practice framework which articulates a strong commitment to very vulnerable older children and adolescents, particularly where there is evidence of serious physical or sexual abuse, significant risk of death from abuse, neglect or suicide, or a lack of the basic necessities of life.

The report also noted issues related to school absenteeism in a range of child protection contexts, and observed that children who miss substantial periods of school are usually also exposed to other significant risks. The report reinforced the nexus between engagement in the school system and a young person's overall development and wellbeing. The NSW Ombudsman is of the view that much work needs to be done by Community Services to establish a clear policy and practice framework for responding to significant non-school attendance, including consideration of whether Community Services should be seen as the agency with primary responsibility for these matters. In addressing this issue the focus should be on seeking to determine which agencies are best placed to respond, both individually and collectively, and clarifying the roles Education, Police, Community Services and the non-government sector.

### *Addressing Aboriginal disadvantage: the need to do things differently (October 2011)*

This report highlights the related issue of at-risk older children and young people engaging in offending behaviours and becoming caught up in the criminal justice system. In particular, the Ombudsman notes that one consequence of failing to address the needs of older children and young adolescents can be high levels of offending. The issue of disengaged young people committing crimes is particularly relevant to many Aboriginal young people who live in disadvantaged areas.

### *Discussion Paper: Service provision challenges in responding to very vulnerable older children and young people (draft report, July 2012)*

This discussion paper reviews the circumstances of seven very vulnerable older children and young people, who came to the attention of the NSW Ombudsman in various ways. The case studies illustrate challenges for policy makers and service providers in providing an effective and timely child protection response to very vulnerable older children and young people, most of whom have extremely complex needs. The case studies highlight the complex issues experienced by high-risk older children and young people and illustrate the need:

- to better define and identify those older children and young people who are most vulnerable
- for earlier intervention
- to explore strategies for better engaging marginalised older children and young people in the education system
- to provide a comprehensive and integrated response to highly vulnerable older children and young people
- to provide therapeutic residential support
- to improve responses to young people who are exposed to sexual predators.

This review has also referred to the *Review of a group of children 10 to 14 years of age in out-of-home care and under the parental responsibility of the Minister for Community Services (2009)* and the *Review by the Ombudsman of the planning and support provided by Community Services to a group of young people leaving statutory out-of-home care (2010)*.

### 3. Programs for Vulnerable Young People 2012–13

Table 1: Community Services investment in targeted support services

Program Name	Total NCOS Expenditure	Number of Clients*
Out of Home Care	\$ 723,00, 000**	17,900
Child Protection	\$ 411,600, 000**	3,600
Child, Youth and Family Support services <i>Approx \$24m in YFS stream</i>	\$ 51,100,000	Not Available
Preserved services (from CSGP realignment)	\$ 5,300,000	Not Available
Alcohol and Other Drugs program	\$ 2,930,000	1 756
Intensive Family Support	\$ 5,700,000	158
Intensive Family Preservation	\$ 3,700,000	101
Intensive Family Based Services	\$ 12,250,000	242
Trial early intervention services for 9–15 yr olds	\$ 10,000,000**	<i>Commencing in 2013</i>
<b>TOTAL</b>	\$1,225,280,000	

\*\* 2012–13 budget figures. Other figures from 2011–12 Community Services Annual Report and program data.

Table 2 ADHC investment in support services for vulnerable children, young people and families

Program Name	Expenditure	Number of Clients
Intensive Family Support	@\$13.37k per client = \$1.8m	137 clients
Extended family support	@\$4.3k per client = \$0.3m	70 clients
Regional Behaviour Intervention Teams / Statewide Behaviour Intervention Service	@\$7.5k per client = \$4.5m	598 clients
Leaving Care Program	@92.6k per client = \$48m	521 clients
Community Justice Program	@\$106.8k per client = \$9m	87 (under 25yrs)
Community Participation	Moderate @ \$23,619 -> Exceptional @ \$59,054 = \$75m	1830 (21-25yrs) 581 (16-20yrs)
Transition to Work	@ 19,639 per client = \$24m	151 (21-25yrs) 1073 (16-20)
<b>TOTAL</b>	\$162 600 000	

Program	Description
<b>Community Services</b>	
<i>Child Protection</i>	<p>Community Services delivered intensive and statutory intervention services to protect children from significant risk of harm. This includes the assessment and investigation of reports of cases of child abuse and neglect, as well as intervention when children and young people are in need of care and protection.</p> <p>Community Services established regional Child Protection Adolescent Caseworker Teams, and an enhanced regional adolescent response. The core function of the teams, and the response, was to provide primary case management services for adolescents 12 to 17 years of age who are subject to a risk of significant harm report or request for assistance. The objectives of the teams, and response, were to:</p> <ul style="list-style-type: none"> <li>• increase the allocation of adolescent risk of significant harm reports</li> <li>• respond more effectively to the needs of adolescents and their families by providing specialist adolescent child protection interventions offering primary case management to adolescents who are the subject of a risk of significant harm report</li> <li>• strengthen family systems that support adolescents, aiming to prevent entries into out-of-home care</li> <li>• link with existing referral processes to access specialist support from regional Casework Specialists and Psychological Services, and the state-wide Clinical Issues Unit</li> <li>• build knowledge and expertise across the region in working with adolescents</li> <li>• build and strengthen cross-agency relationships and integrated casework practice in working with adolescents.</li> </ul> <p>The teams, and response, also provided consultation and advice, and had a mentoring role to child protection and out-of-home care teams on adolescent issues, including providing consultation and advice to out-of-home care caseworkers regarding maintaining and re-engaging in education and training in relation to the Teenage Education Payment.</p> <p>In addition to the establishment of regional teams, the enhanced adolescent regions response included strengthening interagency partnerships at a regional level, focusing on enhancing collaborative and coordinated services intervention in adolescent casework. Linked to the establishment of the teams was a learning and development strategy aimed at building knowledge and expertise across the agency in working with adolescents, including:</p> <ul style="list-style-type: none"> <li>• development and delivery of adolescent caseworker training package and resources for caseworkers, focusing on developing knowledge and skills to engage and work with adolescents and their families</li> <li>• enhancement of Caseworker Development Program to include material from the adolescent caseworker training package</li> <li>• inclusion of content relation to supervision staff who work with adolescent in Professional Supervision Practice Group topics.</li> </ul> <p>Once established, the progress of teams in achieving the intended results was monitored through the:</p> <ul style="list-style-type: none"> <li>• number of risk of significant harm allocated by region</li> <li>• number and percentage of young people in entering out-of-home care by region</li> <li>• number of young people re-reported as at risk of significant harm by region.</li> </ul>

<p><i>Out-of-Home Care Family Preservation (OOHC FP)</i></p> <p><i>Teenage Education Payment (TEP)</i></p>	<p>Out-of-Home Care Family Preservation services typically worked with families, children and/or young people who are subject to ongoing statutory child protection intervention in order to prevent placement in out-of-home care. Referrals to Out-of-Home Care Family Preservation were made by Community Service where the family was subject to risk of significant harm and where there was high likelihood of entry to out-of-home care without service intervention to improve the safety and nurturing of the family environment. Out-of-Home Care Family Preservation services provided intensive and targeted intervention to the immediate family and the child or young person where the goal is family preservation. Not all Community Services regions had access to these services.</p> <p>This payment of up to \$6,000 per annum paid to eligible carers to support 16 and 17 year olds in their care to remain in education or training commenced in July 2012. At 31 August 2012, 880 Community Services carers (65 per cent of those invited to apply) had returned Teenage Education Payment applications, of which 93 per cent were approved and \$3.18m paid.</p>
<p><i>Intensive Support Services (ISS)</i></p>	<p>Intensive Support Services provided intensive and specialist casework for high needs children and young people in out-of-home care. There were 50 Intensive Support Services positions across the state (around 35 filled), each with a caseload of 6 clients. Sherwood House is a secure care facility with capacity for 4 residents.</p>
<p><i>Protecting Aboriginal Children Together (PACT)</i></p>	<p>A demonstration project jointly led by Community Services and the Aboriginal Child, Family and Community Care State Secretariat. PACT was an advisory service provided by Aboriginal PACT Advisors in Aboriginal non-government organisations to assist Aboriginal children, young people and families engaging with the NSW child protection system and to provide Community Services Caseworkers with external advice regarding Aboriginal consultations. PACT operated in Moree and Shellharbour CSCs only until the demonstration project is completed in 2014.</p>
<p><i>Schoolzin</i></p>	<p>Community Services negotiated with the Department of Education and Communities to lead an action research pilot that aimed to initiate a “cultural change” of shared responsibility between agencies in addressing educational neglect. Under Schoolzin, an interagency case meeting was convened for all reports about educational neglect (habitual absence) that meet risk of significant harm, to plan intervention and ascertain the agencies best placed to coordinate intervention. The pilot commenced late 2012 in approximately 36 Community Services Centres. Data from the pilot informed the adequacy of a coordinated response to reports of educational neglect</p>
<p><i>Complex Case Panels and Supporting Children Supporting Families (SCSF)</i></p>	<p>Supporting Children Supporting Families was a multi-agency program that provided tailored support to children, young people and their families to assist them to better integrate into their communities. Supporting Children Supporting Families was formerly the Anti-Social Behaviour Project. It was an unfunded initiative which operated in 13 locations across NSW. Participating agencies included Community Services, Department of Education and Communities, Health, Police, Attorney General and Justice.</p> <p>Children and young people under 25 years (at risk of harm to themselves</p>

	<p>and/or others, and who may benefit from integrated case management plans) received coordinated, responsive, holistic and effective services through multi-agency case plans tailored in terms of length, support and service delivery. Supporting Children Supporting Families aimed to assist vulnerable children and young people to prevent entry into the justice system and to reach their full potential as community members. Legislation allows agencies to share information to provide the best possible response to address complex issues.</p>
<p><i>Intensive Family Based Services (IFBS)</i></p> <p><i>Intensive Family Support (IFS)</i></p> <p><i>Intensive Family Preservation (IFP)</i></p>	<p>Intensive Family Support \$5.7m in 11/12, Intensive Family Preservation \$3.7m and Intensive Family Based Services \$12.25m aimed to provide an appropriate early response where neglect or abuse means that the child is at risk of entry to out-of-home care.</p> <p>The program design for all these programs had been informed by the Institute for Family Development <i>Homebuilders</i> program. Like <i>Homebuilders</i>, Intensive Family Based Services provided a short term (up to 3 months) intensive (up to 20 hours per week) crisis intervention for eligible Aboriginal families.</p> <p>In contrast, Intensive Family Support and Intensive Family Preservation participants could remain in the program for six months and up to 12 months, if required. Intensive Family Preservation targeted children at <i>imminent</i> risk of entering out-of-home care or where restoration following emergency placement had or was to occur.</p> <p>Intensive Family Support targeted children at risk of entering out-of-home care or where restoration following emergency placement had or was to occur. Intensive Family Support delivers on average 28 visits and 30 hours of casework support for families that participated in Intensive Family Support for 12 months.</p> <p>Intensive Family Preservation offered higher levels of service provision with at least 36 visits and additional telephone support provided in the first 3 months of participation. There were 29 Intensive Family Support services and 17 Intensive Family Preservation services funded. Aboriginal Intensive Family Services operate in four communities</p> <p>In 2011/12, 86 families received Intensive Family Support (6-12mths intensive casework x2/wkly). Of these, 16 (19 per cent) had at least one child in the 13 to 15 years age group. Most also had younger children – the 13 to 15 year old was the sole child in the family in only three cases (3.5 per cent).</p> <ul style="list-style-type: none"> <li>• 42 (49 per cent) had at least one child in the 6 to 12 years age group</li> <li>• 26 (30 per cent) of families had at least one parent with a disability</li> <li>• 30 (35 per cent) of families had at least one child with a disability</li> <li>• 24 (28 per cent) of families were Aboriginal</li> <li>• 10 (12 per cent) of families had at least one person who spoke a language other than English at home</li> <li>• 11 (13 per cent) of families had at least one parent under 21 years of age.</li> </ul> <p>49 families received Intensive Family Preservation (12 months intensive support for <u>imminent</u> risk of entering out-of-home care: 12week intensive, 24hr on call + 40wk multi-faceted casework). Of these, 12 (24 per cent) had at least one child in the 13 to 15 years age group. All families who had a child in the 13 to 15 age group also had younger children.</p> <ul style="list-style-type: none"> <li>• 32 (65 per cent) had at least one child in the 6 to 12 years age</li> </ul>

	<p>group</p> <ul style="list-style-type: none"> <li>• 16 (33 per cent) of families had at least one parent with a disability</li> <li>• 18 (37 per cent) of families had at least one child with a disability</li> <li>• 19 (39 per cent) of families were Aboriginal</li> <li>• no families had at least one person who spoke a language other than English at home</li> <li>• 2 (4 per cent) of families had at least one parent under 21 years of age</li> </ul>
<i>Child and Family Support (9 to 12s)</i>	Historically, many funded child and family support services worked with children up to the age of 12. Consistent data collection for Child and Family Support was only recently implemented, therefore program data obtained to date is not reliable. However, consultation with FaMS, the peak body for Family Support services in NSW, suggested that most family support services have been influenced by the broader focus on intervention in the early years and had increasingly directed most resources and effort to working with families with children under 9 years. Very few Child and Family Support Services worked with children 9 to 16 years of age.
<i>Youth and Family Support (YFS)</i>	These services targeted low to medium risk young people 12 years of age to under 18 years of age and families where presenting problems, if left unattended, would likely escalate to the point where either a more intensive service would be required; or risk of significant harm is identified. Families and/or young people eligible for this service typically do not have their needs met by universal services, or are unable to access these services. Aboriginal or Torres Strait Islander families will receive priority of access to services under this service model. The target group also includes homeless young people whose homelessness is not entrenched. These services are based on strengths-based, collaborative, early intervention approaches involving young people and families in decisions regarding their welfare and wellbeing.
<i>Alcohol and Other Drugs program (AOD)</i>	This comparatively small program aimed to reduce drug and alcohol misuse and impact on community of drug related crime and antisocial behaviour by providing treatment and counselling services to young people 9 to 25 years of age.
<i>Getting It Together (GIT)</i>	Getting It Together services were delivered by 15 non-government organisations, of which 10 received annual funding in 2012/13 of approximately \$181,736 pa to provide case management support and 5 services received funding of \$33,915 for brokerage. Getting It Together services worked with young people, using early intervention case management, to assist them transition to or resume self-sufficient living, free of dependence on drugs and/or alcohol. The target group includes young people 12 to 25 years of age (focus on young people under the age of 18) with alcohol and other drug misuse problems who require assistance to address a range of issues: income support; health; mental health; homelessness; justice; education; employment; and relationships. Across NSW, Getting It Together provided case management and support to approximately 1,692 vulnerable young people in 2011/12, 818 (48 per cent) of whom were Aboriginal or Torres Strait Islander and 108 (6 per cent) from culturally and linguistically diverse backgrounds. Services include access to training and employment opportunities, accommodation, transport, and essentials such as food, clothes and

<p><i>Youth Drug and Alcohol Court (YDAC)</i></p>	<p>toiletries.</p> <p>Youth Drug and Alcohol Court aimed to reduce offending by reducing drug and alcohol use amongst young people involved in the criminal justice system, and offered a range of therapeutic interventions. The program targeted serious offenders likely to receive a custodial sentence, was widely utilised by Indigenous offenders and achieved some success in reducing offending rates in this group. The program drew in resources from various agencies including Juvenile Justice, Community Services, Police, Health, Education and Legal Aid. 2010/11 figures indicated 56 young people engaged in Youth Drug and Alcohol Court Intensive Case Work Support and After Care Support Service, while 63 families / significant others were provided with casework support to assist the client. Youth Drug and Alcohol Court was suspended by the Attorney General at 30 June 2012.</p>
<p><i>Family Case Management (FCM)</i></p>	<p>Family Case Management is an integrated case management response to families that are frequently encountered by a number of government agencies and non-government organisations. Frequently encountered families are those who continue to come into contact with multiple agencies and service providers and show little or no improvement in their situations. Family Case Management focuses on those families that include a child or young person at risk of harm, rather than significant risk of harm. Family Case Management aims to reduce the risk of harm and strengthen overall family functioning.</p>
<p><i>Trial of early intervention services for 9 to 15 year olds</i></p>	<p>\$10 million is to be used to trial innovative approaches to early intervention service provision for children 9 to 15 years of age. The tender for the trial closed at the end of November and trials were to commence by March 2013. Ninety percent of this program's clients was to be children 9 to 15 years of age at Risk of Significant Harm but unable to be prioritised for a face to face response by Community Services Centres. Children and their families are referred to non-government organisations for innovative responses designed to reduce risks and enable children to stay safely at home in a nurturing environment. Outcomes in relation to safety, educational engagement and offending behaviour will be measured to evaluate the trials</p>
<p><i>Staying Home Leaving Violence Integrated (SHLV)</i> <i>Domestic and Family Violence Services Program (DFV)</i></p>	<p>Casework or case coordination to support women and children who have experienced domestic and family violence, prevent them becoming homeless and help them remain in their own home.</p> <p>Casework or case coordination for people affected by domestic and family violence, provided either through multi-disciplinary teams or referral pathways between service agents such as Police, Health, Housing, Community Services and non-government support agencies.</p>
<p><i>Social Benefit Bonds (SBB)</i></p>	<p>Consideration has recently been given to attracting private sector investment in delivering youth services. Whilst greater investigation is needed, private sector involvement could take the form of: philanthropic donations; corporate social responsibility programs; or social benefit or impact bonds. Based on versions implemented in the UK, private investors provide capital to an organisation with a government contract to deliver improved social outcomes. If agreed outcomes are met, government savings generated through the bonds will then be used to pay investors a reward in addition to the payment to the principal. Social</p>

	<p>impact bonds cultivate innovation, particularly in regards to delivering prevention and early intervention services and breaking the cycle of disadvantage. This fundamentally changes the relationship between private, non-government organisation and government sectors</p>
<p><i>Memorandum of Understanding– Community Services and NSW Health</i></p>	<p>Community Services/ NSW Health Memorandum of Understanding covered health screening, assessment, intervention and review for children and young people in statutory out-of-home care. The Memorandum committed both agencies to meeting the health needs of these children and young people. Out-of-home care non-government organisations are parties to the Memorandum.</p> <p>The Out-of-Home Care Health Screening and Assessment Pathway was a Keep Them Safe initiative, and a recognition of the need to improve health outcomes for children and young people in out-of-home care. It was based on the work of the Royal Australian College of Physicians-Division of Paediatrics and Child Health, who developed an evidence-based policy statement about the need for, and details of, health assessments for children and young people in out-of-home care. The Pathway was developed with outcomes for the child the focus of each component in the development of services, and with the roles of both agencies following from this principle.</p> <p>The Pathway aimed to improve early identification of health needs, and ensure access to timely health interventions. The Pathway provided a statewide framework for comprehensive multi-disciplinary health screening and assessment for children and young people entering statutory out-of-home care, with development of a health management plan outlining required health interventions and review. The Pathway mapped the service journey, led by the child. Roles and responsibilities of NSW Health, Community Services, out-of-home care non-government organisations, and Foster and Relative/Kinship Carers are identified, and the flow of information exchange mapped, at each step along the Pathway.</p> <p>The Pathway is a successful example of collaborative service delivery and sustainable change, which is expected to deliver improved long-term health outcomes for these children and young people. Its main outcomes include:</p> <ul style="list-style-type: none"> <li>• access for children and young people entering statutory out-of-home care to best practice clinical care and comprehensive multi-disciplinary health screenings and assessment</li> <li>• early identification of health needs (within 30 days of entering statutory out-of-home care) for children and young people entering out-of-home care</li> <li>• a child-focused approach to health assessment and intervention which places the child at the centre and supports carers in decision-making about health-care needs</li> <li>• better management of client health information, through the use of a standard referral form, and integration of the health management plan with the out-of-home care case plan</li> <li>• access to targeted and culturally appropriate comprehensive health interventions for children and young people entering statutory out-of-home care, and resultant improved long-term health outcomes, including for Aboriginal and Torres Strait Islander children and young people</li> </ul>

	<ul style="list-style-type: none"> <li>• continuity of care for children and young people in out-of-home care, particularly for those with multiple, ongoing and complex conditions</li> <li>• collaborative and sustainable service system reform with stronger links between child protection practice, and the integration of primary health care providers in delivering health assessment and intervention, within an agreed framework</li> <li>• improved relationships between non-government organisations, carers and government agencies, through greater accountability and commitment of government agencies to increased access and delivery of health assessments and services</li> <li>• significant cultural change across NSW Health and Community Services in reinforcing the shared responsibility of child protection.</li> </ul>
<p><i>Community Services Memoranda of Understanding - Education</i></p>	<p>Community Services/ Department of Education and Communities Memorandum of Understanding related to educational services for children and young people in out-of-home care. The Memorandum of Understanding committed both agencies to a coordinated approach to identifying, planning, and responding to the educational needs of these children and young people. The Memorandum of Understanding recognised the increased role of out-of-home care non-government organisations in providing case management to children and young people.</p> <p>Protocols were developed between each Community Services, and Department of Education and Communities region to support implementation of the Memorandum of Understanding and identify local systems, processes and strategies that support collaborative practices and joint responses. Community Services implemented the out-of-home care Education Planning pathway, which identifies the roles and responsibilities of Community Services, Department of Education and Communities, out-of-home care non-government organisations and carers. Similar agreements were in place with the Association of Independent Schools NSW, and the NSW Catholic Education Commission.</p>
<p><i>Community Services and Ageing, Disability and Home Care Memorandum of Understanding</i></p>	<p>Community Services and Ageing, Disability and Home Care had in place a Memorandum of Understanding - Regional Protocols and Joint Practice Guidelines relating to working jointly with children and young people with a disability, as part of an Integrated Practice Framework guiding collaborative work. A Protocol between FACS (Community Services and Ageing, Disability and Home Care) and the NSW Public Guardian for the Public Guardian's Advocacy Function supported transition of young people with a disability from the care of Community Services to the care of Ageing, Disability and Home Care.</p>

ADHC	
<i>Community Support Teams</i>	<p>Provide behaviour support, case management, occupational therapy, physiotherapy, psychology and speech pathology.</p> <p>Regional Behaviour Intervention Teams and the Statewide Behaviour Support Service offered additional support for highly complex cases. A large and growing proportion (over 45 per cent of Regional Behaviour Intervention Team and Statewide Behaviour Intervention Services clients are children and young people 6 to 17 years of age; a further 25 per cent were 18 to 25 years of age (based on 2010/11 Ageing, Disability and Home Care data).</p>
<i>The Leaving Care Program (LCP)</i>	<p>The primary objective of the Leaving Care Program was to support young people with a disability to transition from the Parental Responsibility of the NSW Minister for Family and Community Services to live as independently as possible and be part of their local community once they turn 18 years of age.</p> <p>Person-centred approaches to planning and case management to assist young people on the Leaving Care Program reach this goal began from age 15 years. The program should be delivered in line with the National Standards for Out-of-Home Care.</p> <p>The program seeks to support the aspirations of the young person through a person-centred approach. These aspirations may include education, employment, social choices such as developing supportive relationships and living independently.</p> <p>The Leaving Care Program has a particular focus on reducing the incidence of young people with a disability who are homeless or at risk of becoming homeless, or are involved in or at risk of becoming involved in the criminal justice system.</p>
<i>Vulnerable young people with a disability living at home</i>	<p>Flexible respite (home-based, community-based or centre-based) with an allocated number of respite hours depending on support needs. Respite/recreation options include <i>Leisurelink</i> for young people with challenging behaviours who are at risk of suspension or expulsion from school; <i>Teen Time</i> after school and vacation support for secondary school students; and <i>Respite Camps for Teens</i> – mainstream or Specialised <b>Stay Connected</b> Case Management for Young People with Challenging Behaviour (pilot in South West Sydney and Central Coast) was a joint initiative between Ageing, Disability and Home Care; Burnside and the Department of Education and Communities. Case management for young people in Years 6 to 10 with autism or an intellectual disability and challenging behaviour and at risk of suspension or expulsion. Provides practical support and behaviour management strategies, social skills building and referrals to counselling/anger management. The pilot reported to deliver better behaviour management for young people with fewer suspensions and incidents occurring.</p>
<i>Life Skills and Employment</i>	<p><i>Transition to Work</i> assists young people with a disability to transition from high school to work. This includes post-school planning, provision of community supports, and work-focused skills development, training and/or job placement.</p>

<p><i>Family Support Programs</i></p>	<p>Strengthen capacity and resilience of families and their informal support networks by working to sustain the family unit and reduce need for ongoing high cost intensive services, such as OOHC. Family Support Programs are targeted at families who have a child aged 0 – 18 with a disability, providing a combination of direct support (e.g. therapy, respite, skill development etc) and supports for the family to build their capacity and support networks.</p> <p><b>Intensive Family Support:</b> For families with a child/young person 0-18 years and there may be risk of family breakdown. Time limited (12 weeks) home based intervention. Mixture of one-on-one support, practical and specialist strategies.</p> <p><b>Extended family support:</b> More intensive support where there is greater risk of family breakdown. Also supports the provision of short or long-term OOHC placements where young person is unable to remain at home.</p> <p><b>Family Choices Program (2006):</b> Voluntary care for children and young people who can't live with the family but there are not child protection grounds for placement in OOHC. Family Choices is designed for families considering relinquishing care, to support them to maintain their care arrangements. Services (currently only in Southern, Western and Northern regions) rely on availability of appropriate carers. To date, the program has been unable to recruit carers for the full number of places (20). 38 children and young people under 17 were relinquished into care in 11/12.</p>
<p><i>Community Justice Program (CJP)</i></p>	<p>Ageing, Disability and Home Care recognised that children and young people are at particular risk of remaining in the criminal justice system once they have been charged as a juvenile. The Community Justice Program provided accommodation and support to people with an intellectual disability who have had contact with the criminal justice system, placing themselves or others at serious risk of harm, who present a level of complexity that requires services beyond what Ageing, Disability and Home Care may normally be able to provide. Referrals could be made by DJAG, Community Services, Health or disability service providers.</p>

<p><b>Housing NSW</b></p>	
<p><i>Crisis Accommodation Program</i></p>	<p>Crisis and transitional accommodation provided overnight or for short term stays for homeless people, or for people moving from crisis housing to independent living. The properties are provided and managed under a range of different arrangements, including direct management by Housing NSW, Community Housing Providers (including Specialist Homelessness Services providers), and purchased lease arrangements. On 30 June 2012, there were 1498 crisis accommodation properties.</p>
<p><i>Temporary Accommodation</i></p>	<p>Purchased short-term accommodation provided to individuals and families facing imminent homelessness, accessed through Housing NSW offices and the After Hours Temporary Accommodation Line. A maximum of 28 days per annum is available to each client, with accommodation purchased from hotels, motels and other providers of low cost accommodation.</p>
<p><i>Housing and Accommodation Support Initiative (HASI)</i></p>	<p>The Housing and Accommodation Support Initiative was an innovative partnership program between NSW Health, Housing NSW and the non-government organisation sector, that provides housing linked to clinical and psychosocial rehabilitation services for people with a range of levels of psychiatric disability.</p>

	<p>The Housing and Accommodation Support Initiative was designed to assist people with mental health problems and disorders requiring accommodation support to participate in the community, maintain successful tenancies, improve their quality of life and most importantly to assist in their recovery from mental illness. Its objectives are:</p> <ul style="list-style-type: none"> <li>• engage people with a mental illness and high levels of psychiatric disability</li> <li>• enable the sustaining of successful tenancies with appropriate support</li> <li>• maximise participation in the community</li> <li>• improve mental health</li> <li>• increase access to specialist and generalist community services.</li> </ul> <p>The Housing and Accommodation Support Initiative operated as a three-way partnership in service delivery:</p> <ul style="list-style-type: none"> <li>• accommodation support and rehabilitation associated with disability is provided by non-government organisations, funded by NSW Health</li> <li>• clinical care and rehabilitation is provided by specialist mental health services</li> <li>• long-term, secure, and affordable housing and property and tenancy management services is provided by a range of social housing providers.</li> </ul>
<p><i>Specialist Homelessness Services (SHS)</i></p>	<p>Specialist Homelessness Services is a program funded by the Australian and NSW governments under the National Affordable Housing Agreement. Specialist Homelessness Services provide accommodation and support services to assist families, adults, young people, and women and children affected by domestic violence, who are homeless or at risk of homelessness, and includes projects funded under the National Partnership Agreement on Homelessness. Services.</p> <p>The program funds specialist homelessness services to deliver case management, support, outreach, advocacy, living skills and supported accommodation services, as well as linkages to other specialist services such as health and housing. The program has an increasing focus on flexible models of service delivery that respond to client need, accompanied by a move towards early intervention and post-crisis support to prevent people from becoming homeless or re-entering homelessness.</p> <p>In 2010-11, there were 138 funded youth focused Specialist Homelessness Services across NSW. The total 2010-11 funding for these youth services was \$48.1m or 36% of the total Specialist Homelessness Services program funding (\$134.1m).</p>
<p><i>Building Stronger Communities</i></p>	<p>As part of the Building Stronger Communities initiative, new youth services have been developed in areas of need. The initiative provided youth related programs to young people living in priority locations. These programs include: school holiday, evening and weekend activities (physical and arts based; homework clubs; and prevention and early intervention health programs.</p> <p>The Building Stronger Communities initiative included a strong youth agenda, and was operating in 10 communities across NSW: Casino; Cranebrook; Dubbo; Minto; Mt Druitt; Redfern/Waterloo; Riverwood; Rosemeadow; Wagga Wagga; Warrarong. Ensuring linkages, across FACS, with other youth specific programs, such as Community Services</p>

	Child Youth and Family services was important to improving outcomes in these areas.
<i>Private rental assistance</i>	<p>Housing NSW offered a range of housing assistance products targeting the private rental market. These products were all available to eligible young people:</p> <ul style="list-style-type: none"> <li>• Rentstart - financial assistance with bond and advanced rent</li> <li>• Private Rental Brokerage Service - assisted people with support arrangements in place and who are assessed as having capacity to rent in private market</li> <li>• Tenancy Facilitation - short-term assistance to help people understand renting in the private market, searching and applying for properties</li> <li>• Tenancy Guarantee - a financial surety offered to landlords to take on tenants they may not have otherwise taken</li> <li>• Tenancy Assistance - to prevent eviction due to rent arrears caused by short-term problem, such as a sudden illness</li> <li>• Start Safely - provided a longer period of support but only for females (with or without children) escaping family and domestic violence.</li> </ul>
<i>Housing and Mental Health Agreement</i>	<p>The Housing and Mental Health Agreement was a partnership between NSW Health and Housing NSW, which was signed in August 2011. The Agreement aimed to improve housing outcomes and the general wellbeing of people with mental health issues who are living in social housing, or who are homeless or at risk of homelessness.</p> <p>The Agreement was implemented through Housing and Mental Health District Implementation and Coordinating Committees, which align with Local Health Districts. The committees aimed to improve coordination among service providers in the housing, mental health and support systems in the local area, rather than focusing on individual clients. The Agreement aimed to ensure streamlined and integrated services are available to clients with mental health issues, and to assist clients to access those services.</p>

<b>NSW Health</b>	
<i>Out-of-Home Care Coordinator positions</i>	<p>Across NSW, out-of-home care coordinator positions have been funded and established in NSW Health to support the coordination of health assessments between Community Services, NSW Health and the Department of Education and Communities, as well as to support services implementing the new health assessments. In addition, Community Services Interagency Pathways Coordinators have been employed in each region until June 2013, to facilitate referrals to NSW Health. The implementation of both the Health and Community Services interagency positions have assisted the development, implementation and ongoing viability of the Pathway.</p>
<i>Keep Them Safe Whole-Family Teams (KTS-WFT)</i>	<p>Established in 2010 in Nowra, Lismore, Newcastle, and Gosford. These teams address the needs of families where carers have mental health and/or substance use problems and parenting difficulties. Keep Them Safe Whole-Family Teams provide specialist comprehensive assessments; case management; and specialist group, family, and individual interventions over</p>

	<p>a six-month period. In addition, the teams coordinate, link, and network with other support services to ensure that clients can be treated in a holistic manner, and can continue to receive support following intervention.</p>
<i>Youth Health Services</i>	<p>Twelve youth health services in NSW provide multi-disciplinary primary health care to young people, and focus on engaging disadvantaged young people – mainly in urban areas. The Innovative Health Services for Homeless Youth (IHSY) Program is a component of youth health services. The program is a joint state and Australian Government program to improve provision of health services for young people who are homeless or at risk of homelessness. The nine Innovative Health Services for Homeless Youth services in NSW provide specialist health services including health promotion, intervention and prevention measures, and assistance to access mainstream health and community services.</p>
<i>Youth Mental Health Services</i>	<p>Child and Adolescent Mental Health Services (CAMHS) are specialist mental health services for children and adolescents 17 years of age and under and their families in NSW. Child and Adolescent Mental Health Services aim to improve the mental health of young people and to help them optimise their development and build a secure base for their future. The services target young people who have mental health issues or who are vulnerable to developing mental health issues. The services provide: specialist community based services for young people, their parents, carers, and families; more intensive treatment through day programs and hospitals; outreach telepsychiatry; and special programs such as support for young people who have a parent with a mental illness.</p> <p>From 2007/08 a total of \$6.8 million in recurrent annual funding was allocated to the Youth Mental Health Service Model across NSW, aimed at providing mental health services for young people 14 to 24 years of age in youth-friendly settings, co-located with primary health, drug and alcohol and other services, where possible. School Link Coordinators also liaise with schools, delivering training to teachers and promoting partnerships between schools and non-government organisation youth and family services.</p> <p>In 2012, NSW established a Mental Health Commission designed to deliver international-best practice mental health care in NSW. The NSW Minister for Mental Health will oversee the implementation of significant reforms that aim to improve services and outcomes for mental health patients, their families and carers across NSW. The government has made specific commitments to focus on the needs of children and young people in this model.</p> <p>NSW Early Psychosis Program is a youth focused service to reduce symptoms and distress levels for young people and their families, reduce suicide risk, assist a rapid and complete recovery, and improve long-term health outcomes.</p>
<i>Sexual Health Services</i>	<p>Sexual health services across NSW provide free and confidential screening for sexually transmitted infections, treatment, support, counselling and referral to specialist adolescent services. Some sexual health services have youth specific outreach clinics operating in partnership with other specialist youth services to provide holistic sexual health care to at risk young people.</p>

<p><i>Sexual Assault Services</i></p>	<p>NSW Health has 55 Sexual Assault Services which provide onsite, outreach crisis and ongoing counselling, medical and forensic services, and support including court support to adult and child victims of sexual assault and non-offending family members.</p>
<p><i>Child Protection Counselling Services (CPCS)</i></p>	<p>There are 17 Child Protection Counselling Services statewide providing a range of therapeutic, counselling and casework services to children, young people and their families when physical abuse, emotional abuse, neglect or exposure to domestic violence has occurred within the family. Referrals to Child Protection Counselling Services were made by Community Services, Joint Investigation Response Teams, and the Children’s Court to ensure access to services for those assessed as being at the greatest risk of harm. Some services are also known as Physical Abuse and Neglect of Children Services (PANOC).</p>
<p><i>New Street Adolescent Services</i></p>	<p>New Street Adolescent Services provides integrated, holistic therapeutic services for young people 10 to 17 years of age who have sexually offended, with priority given to those 10 to 14 years of age. The service aims to prevent child sexual abuse by providing a specialised, early intervention program to address the sexually abusive behaviours of young people, and assist young people change their sexually abusive behaviours before they become entrenched. A direct service is also provided to families/carers to assist caregivers to promote and support responsible, appropriate behaviours and lifestyles for the young person.</p>
<p><i>Hospital-based Care for Young People</i></p>	<p>Hospital-based specialist care is provided through the Departments of Adolescent Medicine at The Children’s Hospital at Westmead and Westmead Hospital, the Youth Consultancy at Royal Prince Alfred Hospital, Sydney Children’s Hospital Acute Care Facility and Kaleidoscope at John Hunter Hospital. These Units provide expert multi-disciplinary assessment and care to young people, their parents, carers and families. Other hospitals also provide some specialised services for young people, such as antenatal clinics and group programs.</p>
<p><i>Statewide and Specialist Services</i></p>	<p>NSW Health provides a series of statewide specialist services that deal with specific health issues experienced by young people. They can be accessed by young people from across NSW and include: drug and alcohol; mental health (including the Transcultural Mental Health Centre and Children of Parents with a Mental Illness); NSW Adolescent Vaccination Program; eating disorders; adolescent weight management; complex chronic illness clinics; and services for young people who are victims of sexual assault and those have been perpetrators of sexual abuse.</p>
<p><i>Aboriginal Medical Services</i></p>	<p>Aboriginal community managed health services, also known as Aboriginal Medical Services, provide culturally appropriate primary health care and health services to families, adults, young people and children.</p>
<p><i>Health Clinics in Non-Government Youth Services</i></p>	<p>Many youth services also have medical clinics. The clinics aim to improve young people’s access to General Practitioners, with an emphasis on reaching disadvantaged young people who are more likely to access community based youth services. General Practitioners bulk bill their sessions or are paid by their Division of General Practice, which means the services are provided at no cost to the young person. Some innovative systems have been developed which provide vouchers for medication, free pathology and free services from other specialist groups. Other clinics that may operate in youth services include sexual health clinics or counselling services developed in partnership</p>

	between health services and the youth service.
<i>Youth Health Coordinators</i>	Located within Health services and work to improve young people's access to health services, providing coordination for youth health activities and services and undertaking planning, networking, mapping and professional development activities. Youth Health Coordinators build networks and foster a collaborative approach between stakeholders, agencies and young people across government and community sectors. As such, these positions have the potential to play an important role in the planning and coordination of integrated service delivery at a local level.

<b>Education</b>	
<i>Connected Communities</i>	Based on Extended Service Schools model (UK), positioning schools as community hubs. It broadens the influence of the community and school leadership to play a role in the delivery of key services and in supporting children and young people from birth through school into further training, study and employment. A key objective of placing education in this context of social capital and community connectedness is 'Improving community access to services'. Established in Boggabilla, Toomelah, Wilcannia, Walgett, Bourke, Moree, Coonamble, Taree, Brewarrina, Menindee and Tamworth.
<i>Schools in Partnership (SIP)</i>	Schools in Partnership aimed to improve outcomes for Aboriginal students with a key focus on community participation and parent engagement.  A pilot transition to high school project was developed based on the Pyramid Club program from the UK ( <a href="http://www.continyou.org.uk/www.continyou.org.uk/pyramid">http://www.continyou.org.uk/www.continyou.org.uk/pyramid</a> ). Providing a 10 week program for 6-8 vulnerable 11-12 year old children in Year 6, it was to be delivered in weekly one hour sessions by an adolescent caseworker and Community Services psychologist. The school counsellor will liaise and do follow up work. The program will be evaluated using behaviour and attendance data collected by the school counsellor. The UK owners of the Pyramid Club program will supply materials and training. Negotiations are progressing between Community Services and Department of Education and Communities and it was expected that the pilot program was to be located in Western Sydney.
<i>Home School Liaison Officers</i>	Home School Liaison Officers support students at risk of poor educational progress because of habitual non-attendance. In rural and remote areas, the allocation of additional positions has increased the reach of the program and support for schools, particularly those with a high Aboriginal enrolment. The Department of Education and Communities Student Welfare Directorate meets with the NSW Aboriginal Education Consultative Group and the Department of Education and Communities Student's Aboriginal Education and Training Directorate to ensure that strategies are viable for Aboriginal students and communities. Home School Liaison Officers:

<p><i>Student Support Officers (SSO)</i></p> <p><i>Out-of-Home Care Coordinators</i></p>	<ul style="list-style-type: none"> <li>• use data to assist schools to identify students at risk of developing poor attendance patterns, working with school learning support teams to implement attendance improvement strategies. E.g. calling parents of students who are absent and referral to appropriate government agencies or NGOs to assist</li> <li>• contribute to local initiatives on anti-truancy e.g. HSLOs and Aboriginal Student Liaison Officers (ASLOs) work with local police and Chambers of Commerce to display advice that students will not be served in shops during school hours</li> <li>• support schools with below regional average attendance rates to develop comprehensive attendance action plans.</li> </ul> <p>50 school-based positions established in government secondary schools in suburbs with high levels of child protection notifications and where there are greater pressures on school counsellors. SSOs work with school counsellors and staff as well as students' families. They assist to establish links between schools and community organisations and other agencies such as police, NSW Health and non-government organisations. SSOs can connect students and families with services, activities and support; work with individuals and small groups to develop skills and positive relationships at school and at home; and liaise with primary schools to support effective transition of students to secondary school.</p> <p>Employed by the Department of Education and Communities to assist students in out-of-home care in their education, for example, transitioning to high school or a new school following a placement.</p>
<p><i>Links to Learning</i></p>	<p>Provides grants to non-government community organisations to develop and support students in Years 7 to 12, identified as at risk of disengaging from their education; and young people who have left school before completing Year 12 and have not completed an equivalent vocational education and training qualification. The program assists young people to remain engaged with education or training or move into employment.</p>

<p><b>Justice</b></p>	
<p><i>Juvenile Justice Community Supervision</i></p> <p><i>Youth Justice Conferencing</i></p> <p><i>Intensive Supervision Program (ISP)</i></p>	<p>In 2010/11, 4,458 community-based orders were commenced, while 5,175 were completed [2,609 individual young offenders], 1,359 Bail supervisions and 5483 remand interventions.</p> <p>Youth justice conferences are a formal legal process based on the principles of restorative justice. They bring young offenders, their families and supporters face-to-face with victims and their support people. Together, they agree on a suitable outcome that can include an apology, reasonable reparation to victims, and steps to reconnect the young person with their community in order to help them desist from further offending. In 2010/11, 2,134 referrals for a youth justice conference were made across NSW, with 1,637 resulting in a conference. Approximately 91 per cent of young offenders completed the required tasks of their outcome plans.</p> <p>Based on a multi-systemic therapy model (MST), this program is specifically aimed at juveniles who commit serious and/or repeat offences. A range of issues are addressed including aggression, substance abuse, financial problems, housing needs, family conflict and negative peer</p>

<p><i>Justice Health NSW Community Integration Team (CIT)</i></p> <p><i>Care Circles</i></p> <p><i>Safe Aboriginal Youth program</i></p> <p><i>Youth Conduct Orders</i></p>	<p>pressure. The program seeks to empower caregivers to address systemic factors that predispose or maintain offending. It has been established in Newcastle and Western Sydney and is being evaluated by BOCSAR</p> <p>The Community Integration Team targets young people leaving custody who have a mental illness and/or problematic drug and alcohol use. A Justice Health nurse is co-located in a Juvenile Justice or Community Services office, to coordinate integrated, ongoing care for the young person to aid successful community re-integration and reduce the number of young people re-entering custody. Care is co-ordinated prior to and during the critical post-release period with links made to appropriate specialist and generalist community services.</p> <p>Aim to encourage more culturally appropriate decision making and care plans for Aboriginal children and families in the Children’s Court. Currently operating in Nowra, Justicewas to expand the program to Lismore.</p> <p>Identifies vulnerable Aboriginal youth who are unsupervised on the street at night. Safe Aboriginal Youth patrols provide safe transport options to clients and link them to a safe place where they can access supervised activities and trained youth workers who link them with services relevant to their individual needs. The patrols reduce the risk of young people engaging in crime and the likelihood of victimisation. The patrols operate in Armidale, Bourke, Dareton, Dubbo, Kempsey, La Perouse, Newcastle, Nowra, Taree, and Wilcannia.</p> <p>3-year pilot, linked to State Plan priorities of reducing crime and antisocial behaviour, ended in June 2012. Juvenile Justice employed three local case co-ordinators, with partner agencies including the NSW Police Force and the Department of Education and Communities. The scheme is being independently evaluated to establish its effect on reducing re-offending.</p>
<p><i>Bail Assistance Line</i></p>	<p>The Bail Assistance Line was established in 2010 to assist police considering conditional bail for juveniles. By funding non-government organisations to provide accommodation and other support services, the Bail Assistance Line seeks to divert young people away from remand in cases of family crisis and chronic homelessness. In the absence of stable home care, non-government organisation specialists can provide accommodation, transport, case management, court assistance, and modest support to purchase clothes and necessities.</p> <p>Now operating in the Hunter and Greater Western Sydney. Three non-government organisations provide placement services for clients: CatholicCare operates a house in the community, while Link-Up and Life Without Barriers work within a foster care model. CatholicCare and Link-Up accept referrals from metropolitan Sydney, while Life Without Barriers provides services in Dubbo and Newcastle/Hunter.</p> <p>This initiative developed positive and productive working relationships with NSW Police and FACS. In the first 12 months of operation the Bail Assistance Line received over 130 telephone calls for assistance and provided safe accommodation for nearly 40 young people to ensure they were not remanded in custody because of accommodation, transport and case support issues.</p>

<b>Federal Government programs</b>	
<i>Reconnect</i>	<p>Established in 1998 as a community-based early intervention program for young people who are homeless or at risk of homelessness. Reconnect uses family-focused early intervention strategies to help young people to stabilise and improve their housing, achieve family reconciliation and improve their level of engagement with work, education, training and community. The Australian Government Department of Families, Housing, Community Services and Indigenous Affairs funds Reconnect services to deliver services to young people 12 to 18 years of age (newly arrived young people 12 to 21 years) who are homeless or at risk of homelessness, and their families. Some Reconnect services focus on working with specific population groups, for example, Indigenous young people (Aboriginal or Torres Strait Islander people), young people experiencing mental health issues, and newly arrived young people</p>
<i>Youth Connections</i>	<p>Flexible and individualised case management to assist young people to remain engaged or re-engage with education and to improve their ability to make positive life choices. Youth Connections providers also run outreach activities for young people in the community and work to strengthen services in their regions so young people are better supported.</p> <p>Youth Connections services use Subjective Wellbeing of clients as an outcomes measure. Over 7,770 participants completed a survey in 2011 and 2012 - 1,535 of these on entry and exit. RMIT University analysed the survey results against a comparative sample of 1,329 Victorian students and reported <i>overwhelming scientific evidence which supports ... improving psychological outcomes for a significant proportion of young people who successfully complete the program:</i></p> <ul style="list-style-type: none"> <li>• young people in the Youth Connections sample reported significantly lower SWB than the mainstream adolescent sample</li> <li>• successfully completing the Youth Connections Program resulted in a considerable reduction in the proportion of young people who are likely to be depressed or at high-risk for depression</li> <li>• participation in Youth Connections Programs resulted in a significant increase in personal wellbeing for many Indigenous young people.</li> <li>• collaboration was developed between Partnership Brokers and Youth Connections, under School Business Community Partnership.</li> </ul>
<i>Transition to Independent Living Allowance (TILA)</i>	<p>Helps young people exiting formal/informal care to transition to independent living through enhanced access to accommodation, employment/education and development of life skills/knowledge. Up to \$1,500 is available to young people 15 to 25 years of age who are about to, or have exited, state-based care and/or informal care such as Juvenile justice, out-of-home care or kinship care. 748 young people in NSW received the Transition to Independent Living Allowance in 2011/12.</p>
<i>Youth Allowance</i>	<p>Australian Government financial payment to assist young people who are studying full time, training, undertaking a full-time apprenticeship, looking for work or sick. Young people are eligible for Youth Allowance if they are:</p> <ul style="list-style-type: none"> <li>• 16 to 21 years old and looking for full-time work or undertaking approved activities</li> </ul>

	<ul style="list-style-type: none"> <li>• 18 to 24 years old and studying full-time or undertaking a full-time apprenticeship.</li> </ul> <p>Residency requirements and parental means tests apply. Young people may also be eligible for Youth Allowance if they are 16 to 17 years old and studying full-time if: they need to live away from home in order to study; or are considered independent for Youth Allowance.</p> <p>In some circumstances, young people may be able to receive Youth Allowance if they are 15 years, or are older than the school-leaving age, and have been assessed as being independent. Being independent means that parental income and assets are not considered when determining whether a young person is eligible for Youth Allowance.</p> <p>Sector consultations for this report highlighted the difficulties vulnerable young people experience in accessing Youth Allowance. This was particularly in terms of the complexity of understanding and applying for payments, and meeting the criteria for payments, specifically where a risk assessment, as opposed to meeting the threshold for risk of significant harm was required to determine eligibility. In some instances, consultations highlighted that often where vulnerable young people who did not qualify for payments, this exacerbated their homelessness and led to dis-engagement with education at younger age. Additionally, ongoing engagement with the Australian Government, on this issue, is recommended.</p>															
<p><i>Indigenous Community Links</i></p> <p><i>Helping Young Parents</i></p>	<p>Indigenous Community Links (formerly Community Support Service) provides links and referrals to a range of mainstream and Indigenous services</p> <p>Helping Young Parents – for young parents receiving Parenting Payment – commenced in January 2012 and is being trialled in Bankstown, Wyong and Shellharbour Local Government Authoritys, areas with existing Youth Connections or Communities for Children programs. It aims to support education or training that assists the parent to attain Year 12 or equivalent; and parenting or life skills; school readiness; or early childhood education for the parent’s child(ren).</p> <table border="1" data-bbox="371 1323 1380 1630"> <thead> <tr> <th><i>Helping Young Parents - NSW sites</i></th> <th>Estimated # of teenage parents supported in first year</th> <th>Estimated total no. over 3.5 years</th> </tr> </thead> <tbody> <tr> <td><i>Bankstown</i></td> <td>94</td> <td>225</td> </tr> <tr> <td><i>Wyong</i></td> <td>226</td> <td>514</td> </tr> <tr> <td><i>Shellharbour</i></td> <td>95</td> <td>214</td> </tr> <tr> <td><b>Total</b></td> <td><b>415</b></td> <td><b>953</b></td> </tr> </tbody> </table>	<i>Helping Young Parents - NSW sites</i>	Estimated # of teenage parents supported in first year	Estimated total no. over 3.5 years	<i>Bankstown</i>	94	225	<i>Wyong</i>	226	514	<i>Shellharbour</i>	95	214	<b>Total</b>	<b>415</b>	<b>953</b>
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<p><i>Communities for Children</i></p>	<p>Under the umbrella of the Family Support Program, the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs funds place-based prevention and early intervention services to improve outcomes for children from birth to 12 years and their families. Using a ‘collaborative’ hub and spoke model, each site has a lead agency ‘Facilitating Partner’ that sub-contracts other local non-government organisations to deliver programs in their areas of expertise.</p> <p>Responding to the fact that jobless families experience poorer health and educational outcomes and are at greater risk of intergenerational transfer of welfare dependence, Communities for Children programs also work on a voluntary basis with parents who have their income support payments</p>															

	<p>income managed, including young parents at Helping Young Parents trial locations.</p> <p>The Australian Government Department of Families, Housing, Community Services and Indigenous Affairs <b>Raising Children Network</b> website provides information for parents and carers including pre-teens (9 to 11years) and early teens (12 to 15 years).</p>
<i>Headspace</i>	<p>Headspace - National Youth Mental Health Foundation program with nine services in NSW offering support and information to young people with general health, mental health, and drug and alcohol issues. Headspace engages young people to seek help early through care provided in youth friendly, integrated, multidisciplinary service centres. These centres provide a public-private model of care involving General Practitioners, Psychologists, Youth Workers and other professionals to address mental health and substance use issues, but also to address other factors such as homelessness, education, training and employment.</p> <p>By providing integrated services in a youth-friendly environment and developing good referral pathways, Headspace promotes access to specialist and therapeutic care that mainstream youth services are not usually able to deliver to vulnerable young people.</p>
<i>Community Investment Program</i>	<p>Not age-specific but a significant proportion of Community Investment Program funding goes to projects targeting children and young people from disadvantaged communities.</p>

## 4. How to get better outcomes (good theory & practice)

### Structural improvements to help young people

Focus is often placed on the individual young person rather than the broader structures, processes or settings which may be causing disengagement, placing young people at risk of disengagement, or making them vulnerable to disadvantage (ARACY, 2008).

A focus on broader structural issues not only addresses immediate issues facing at-risk or disengaged young people, but can prevent social disadvantage and risk factors that young people might face in the future. Access to education, health and mental health services, community support, accommodation and employment services can mitigate against risk factors. This can be seen in international comparisons of child injuries and abuse, where what makes the difference is not investment in child protection interventions but investment in universal health, education and employment access.

The message is clear: young people who feel connected, have opportunities to participate in meaningful activities, are included in decision-making, feel safe and secure in supportive environments, report better health and mental health. As a result, these young people are more likely to be engaged in schooling, family life, positive peer relationships, civic activities and employment, and contribute to the shaping and building of better communities (ARACY, 2008:7). Recognition and understanding of various risk factors is an important prerequisite for developing an effective response (Tully, 2007); however, a risk factor analysis alone may only address the symptoms rather than the causes (France et al., 2010). A focus is needed on developmental prevention, on promoting 'pathways to wellbeing' through coordinated and ongoing service delivery that has a focus on building protective factors (France et al., 2010). This should be done by addressing wider social or structural forces at play, over which government has some influence, such as:

- changes in the social fabric (for instance a decline in affordable housing, increased levels of family breakdown, divorce, sole parent families and conflict or violence)
- an increasingly deregulated and unstable labour market (resulting in decreased formal labour and increased casual, part-time and short-term employment, which results in increased flexibility for young people but decreased job insecurity)
- a fluctuating economy
- increasing emphasis on the 'individual' (young people have a perceived greater level of 'life choices' but higher levels of insecurity) (Tully, 2007).

The Australian Research Alliance for Children and Youth (ARACY) note in their 2008 report *Preventing Youth Disengagement and Promoting Engagement* that in combination, social and structural forces can result in cycles of poverty, disadvantage and vulnerability, spanning generations and geographical regions. Thus, arguably both structural and environmental causes of exclusion and disengagement need to be responded to, so that:

- youth participation is seen as an outcome, but also as a process for developing effective policy and programs that reduce youth exclusion and disengagement
- policies address multiple individual risk factors and work across settings (family, school, peer groups and community)
- policies address social determinants by minimising structural disadvantage
- strategies cut across policy silos
- strategies address risk factors and acknowledge community and connectedness as core components of youth experience and identity.

A key issue at hand is developing service delivery models that address the causal factors contributing to the disengagement of young people, but also provide ongoing support for those who are already disengaged due to a range of co-morbid factors and who face the prospect of ongoing welfare support from government (for instance income assistance, housing, involvement

in the justice system, health and mental health support and assistance). From a public policy perspective, such service delivery needs to be cost effective, so that it prevents further young people from becoming entrenched in a cycle of disadvantage due to a range of co-morbid factors.

Another way of framing the issue of current youth-focused service delivery, is to move policy-making past being a response that lurches from crisis to crisis, and to address the social and economic forces that influence the wellbeing of vulnerable young people and families more broadly (Healy, 2011).

Mental health, for example, should be seen as an issue for the entire community rather than only for those who are at risk, and should be met with a whole-of-community response through greater access to support and resources. It follows that responsibility to provide support should sit across portfolios, with family and community services, educational institutions, workplaces, correctional services, emergency services, and the sports, arts and business sectors, as well as with carers and consumer groups. An effective response to youth mental health requires partnerships that reach well beyond specialist mental health services or broader health services, and become mainstream sources of information and resources in order to prevent mental issues occurring in the first place.

A workable approach to addressing disengaged young people therefore involves a combination of targeted programs (which are both evidence based and domain driven) that deliver crisis relief for individuals, and develop protective skills and resilience among young people generally. That is, they need to cater for individual young people who are currently disengaged and requiring immediate intervention, and also implement prevention programs for young people generally who may become disengaged in the future. For instance, in the case of family, consideration must be given to a multitude of case-specific factors for the young person (such as parental conflict, divorce, unemployment, family history of mental illness, parental substance abuse). Similarly, considering a young person's community as a cause may involve addressing cultural norms of violence and crime, limited social capital, poor connectedness and limited opportunities to participate. Finally, wider social forces need to be addressed, which put an individual at risk of disengagement: economic factors, housing availability, the education system, and wider health and social supports.

Furthermore, for service delivery to be effective, it must be context-driven, incorporate an early intervention and preventative approach, and be integrated in its delivery. Targeted programs and effective service delivery must have a 'holistic focus' at the core, whereby outcomes are measured in terms of: young people being engaged and resilient; and government receiving return on investment, as there is less strain placed on service delivery in the future (in the areas of housing, welfare and employment support, justice, health and mental health) due to young people being engaged with society and having the necessary skills to overcome adversity as individuals.

### **The importance of early intervention and prevention as a key approach**

Early intervention and prevention is widely discussed in the literature as the preferred approach to working with disadvantaged and vulnerable young people, not only in addressing the social welfare needs of individuals early on, but also in preventing the need for future welfare support services, and subsequent costs to the taxpayer for the funding of these services.

Effective early intervention has been found to address a number of factors associated with youth vulnerability and disengagement. Interventions that address factors such as family conflict, mental health issues, unemployment, poverty, alcohol and other drug issues, and crime, and build protective factors such as community connections and healthy family relationships, lead to long-term benefits for young people, families and communities (ARACY, 2008:2).

Research shows that intervention early in life or early in the progress of a problem can equip young people to overcome future challenges through the development of risk and protective factors (for instance in addressing mental health problems and health risk behaviours), as well as

the building of resilience (ARACY, 2008:2). Such skills are essential for young people to empower themselves to take control of their situation and any future challenges.

Achieving real-world success with prevention and early intervention, however, is difficult. Close attention must be paid to quality control and adherence to original program designs (Washington State Institute for Public Policy, 2004).

Research shows that it is important to define goals for early intervention around the building of protective factors associated with specific outcomes at different stages of development. For instance, early interventions delivered during the transition to adolescence are essential to capturing three groups (DOCS, 2007):

1. those who are currently experiencing problems but who did not receive an intervention during early childhood
2. those who received an intervention in early childhood but who continue to experience problems
3. those who are not currently experiencing problems but who are at risk of this (for instance mental health, substance use and child protection).

Early intervention does not necessarily mean intervening early in life, but rather early in the developmental pathway of disengagement or disadvantage (DOCS, 2007). This approach stems a potential cycle of disadvantage and welfare support, and thus reduces the need for public expenditure on crisis-driven responses for those who are currently experiencing problems, but who did not receive an intervention during early childhood.

The literature also highlights that:

- effective prevention and early intervention strategies across multiple settings are more effective. For example, media campaigns are more effective if they are supported by appropriate and available services and/or peer or family education in schools or homes (ARACY, 2008)
- reducing one risk or causal factor or enhancing a protective factor is likely to impact on other causal and protective factors – for example, promoting increased communication skills and valuing diversity in families, schools and the community will reduce conflict between peers, parents and teachers. For example, community interventions that reduce behaviours such as crime and violence or drug and alcohol use will also reduce the level and severity of mental health problems (ARACY, 2008)
- early intervention and prevention has the capacity to yield multiple benefits for intervening with just one poor outcome. This is essential to addressing the multiple barriers which inhibit learning and developing skills in obtaining social, emotional and financial independence that are often impossible for youths to achieve when battling a multitude of co-morbid issues.

### **The costs and benefits of early intervention and prevention**

To date, the literature has focused on the many benefits of early intervention and prevention, and little has been written about the costs. However, given that successful practice is contingent on both engaged and resilient young people, and return on investment for government, it is necessary to consider both the costs and the benefits of early intervention programs. It is argued that early intervention and prevention services cost less money to implement and deliver than more intensive programs aimed at reforming behaviour and addressing ingrained issues and challenges, such as those attempting to assist young people already within the juvenile justice system.

In the Pricewaterhouse Coopers analysis of programs and services delivered throughout London Councils for young people displaying anti-social behaviour, it was demonstrated that a multitude of services exist, spanning young children to young adults, from generalist early intervention and prevention services to reforming interventions, with the reforming interventions costing the most (PricewaterhouseCoopers, 2010:3).

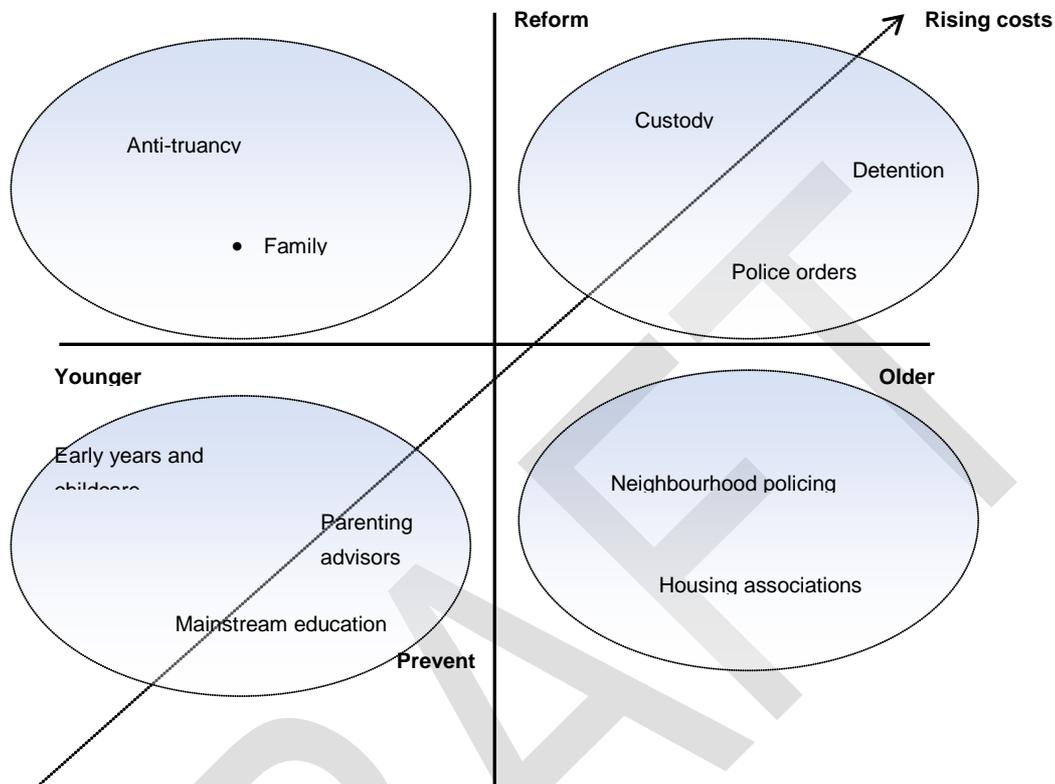


Figure 4: PricewaterhouseCoopers: London Council System for young people and anti-social behaviour

### Early identification

Key to intervening early in a trajectory to poor outcomes is identifying a problem promptly or predicting the likelihood that it may occur. Early identification of vulnerability for young people is essential for effective intervention but requires identification systems to be implemented and met with an adequate response (Victorian Government, 2010). The Victorian Policy Framework to Support Vulnerable Youth argues that systems for early identification should be linked with early intervention strategies that are easily accessible and available at the local level or ground roots for vulnerable young people – for instance at a justice, education and health and wellbeing service level.

Given the near-universal attendance of children and young people at school, the education system provides an opportunity for broad or even population-wide identification of issues.

The Geelong Project is an example of using schools to screen the entire student population as a means to triage those needing further support. From their initial assessments of students, about 4 per cent were at high or very high risk of homelessness, but of these only a third demonstrated poor school engagement. This is consistent with other studies and suggests that programs targeting young people at risk of offending would not be well shaped for all those at real risk of homelessness.

The assessments only of high school students found that similar proportions of students 12 to 15 years of age and 16 to 17 years of age were at risk of homelessness. The project will test school

staff perceptions of risk among young people with evidence-based assessments, which will be useful to inform pilots such as Schoolzin and school referrals to offending prevention programs.

For children and young people who have already come to the attention of one or more agencies, through either a broad-based screening process or specific incidents, the ability and willingness to share information between agencies becomes crucial. Intelligence-led collaboration has the potential to promote a more accurate view of vulnerabilities and risks and thus bring about a more appropriate response.

Schoolzin is a proposed action research project in 36 Community Services Centres, responding to risk of serious harm reports where educational neglect is a reported issue. FACS will initiate interagency case planning discussions with relevant agencies to exchange information and identify and agree on the agencies best placed to provide interagency interventions to address issues that will improve the child or young person's school attendance.

### **Integrated service systems**

There has been an increased focus in the public sector on the benefits of integrated models of service delivery, which cross traditional organisational boundaries and bring together a range of professionals to provide health, education, and family support services to families of young people (Martinson, 1999, cited in ARACY, 2010). Service coordination and integration is a key component of any successful service system or intervention which provides for the multiple and complex needs of young people and their families.

Integration essentially has seen a shift away from specialised and bureaucratic patterns of service provision, towards a more coordinated approach (Fine et al., 2000). Integrated models are said to reduce complexity in navigating the system (as only a single point of entry is required and this reduces the need for multiple assessments), lead to more timely service delivery, and avoid having families 'fall through the cracks' (ARACY, 2010). Effective interagency work is crucial to facilitating positive outcomes for young people and their families, and such interagency work involves building relationships, collaboration and clear expectations of both service staff and clients (Tully, 2007).

Integrated service delivery is particularly relevant to the issue of providing better services for disengaged youths and their families. Such service delivery has the capacity to provide universal, targeted and clinical services that address multiple risk and protective factors and operate across multiple environments such as school, home and community, thus increasing the likelihood that the needs of the young person will be met holistically (Valentine et al., 2007, cited in ARACY, 2010).

In summary, integrated service delivery enables (Fine et al., 2000):

- the elimination of duplication of tasks such as intakes, eligibility, assessment, diagnosis
- more effective consumer access assistance through a 'one stop shop' approach
- access to services through program 'hooks' (improved referral patterns and consumer access mechanisms)
- coordinated systems planning for a more comprehensive set of services
- a better fit between consumers and community needs, with the array of services made available because of more coordinated planning, information sharing and pooling of agency funds
- service workers' knowledge of the entire array of available services.

The World Health Organisation argues that integration is best seen as a continuum rather than as two extremes of 'integrated' and 'not integrated', and that integrated care can look different at different service levels. Furthermore, integration does not necessarily mean that everything is to be integrated into one 'package', but rather disjointed services for the user are to be avoided (WHO, 2008). Furthermore, WHO believes that integration should not be seen as a 'cure' for inadequate services, but as a better use of resources, which can assist in reducing costs.

There are many barriers to integration, and in practice there are considerable challenges when developing and implementing health, education and social welfare structures with the capacity to

provide seamless service delivery (ARACY, 2010). For instance, different agencies may have differing philosophies, work practices, data management systems and information sharing protocols. However, research suggests that it is the quality of the program/intervention delivered rather than successful integration that is crucial (ARACY, 2010). Ultimately, however, this holistic approach is able to create synergies, leading to innovation and streamlining of service delivery, through information and skill sharing (Fine et al., 2000).

Governance arrangements can meld top-down approaches with bottom-up responsibility for identifying and meeting local needs, such as the Extended Schools initiative in the UK. This initiative bases integrated services in schools, supported by robust communication and governance arrangements across the community, service delivery organisations and varying levels of government (Valentine et al., 2007, cited in Brechman-Tousaint and Kogler, 2010).

### **An integrated approach in NSW**

Making the service system work for vulnerable young people relies in part on effective integration. Current service systems tend to be siloed and disjointed, and do not recognise that young people and their families experience multiple complex issues. Recent place-based initiatives such as One Place One Plan has found that there is often poor awareness among agencies – including police, schools and even between FACS divisions – of the extent and nature of services available in their own local areas. Disjointed information-sharing and decision-making prevent a truly client-centred approach and lead to missed opportunities to avoid very poor outcomes and to make earlier, lower-cost interventions.

Frequently noted examples of disjointed service delivery include:

- interagency meetings that are often not strategic or time-efficient; response not always coordinated across FACS or engaged with other agencies; concerns re privacy often over-stated and prevent timely action
- lack of planning and coordination between agencies on Housing estates
- poor FACS support of children and young people in the parental responsibility of the Minister brought before the Children's Court or under Juvenile Justice supervision; lack of coordination between all agencies at exit from Juvenile Justice
- inability to secure stable accommodation, or staying at home due to lack of support services at appropriate level
- inadequate referral response for some young people in existing youth services
- service provision to support young people through suspension/expulsion – needs consistent representation from non-educational agencies in interagency coordination
- flexible transport options or sustainable outreach services
- mental health community follow-up options and capacity to support young people with dual diagnosis, and transitioning young people to the adult system, particularly access to adult psychiatrist to monitor medication

As Valentine and Hilferty (2012) point out, 'the idea of integration and 'joined up' working has broad intuitive appeal'. The problems faced by vulnerable young people often require complex solutions that cross systems and agency boundaries, which suggests that improved coordination and integration should reduce systemic inefficiencies and improve responsiveness to the complex needs of clients. Research suggests that an integrated service system has the capacity to provide universal, targeted and clinical services to address multiple issues, operating across multiple environments including school, community and home (Valentine et al., 2007, cited in Brechman-Tousaint and Kogler, 2010).

Governance arrangements can be developed which meld top-down approaches with bottom-up responsibility for identifying and meeting local needs, such as the Extended Schools initiative in the UK. This initiative bases integrated services in schools, which are supported by robust communication and governance arrangements across the community, service delivery organisations and varying levels of government (Valentine et al., 2007, cited in Brechman-Tousaint and Kogler, 2010).

Improved governance presents opportunities for improving planning and coordination of responses at a number of points where a vulnerable teenager's trajectory brings them into contact with the support system.

### **An integrated youth services system**

The integration of services to address multiple issues and needs is a main theme throughout the literature. However, this is not best achieved by connecting multiple services directly to the one young person – leaving vulnerable families trying to manage the uncoordinated input of numerous services with different priorities and approaches. It is achieved by good face-to-face casework by a few, backed up by the expertise and resources of all the relevant partners.

At a service delivery level, research highlights the need for services and practitioners to recognise the multiple contexts and issues which individuals and families experience. For example, in services for children experiencing child abuse and neglect, services need to address the parental issues leading to child maltreatment, such as parental substance misuse (Scott, 2009:38). It is argued that children's services need to be able to focus on adult issues contributing to children's needs, and adult services need to have a child focus and recognise children's needs (Scott, 2009:39).

Research highlights that some of the contextual factors limiting the capacity of services to provide effective support for individuals, families and communities in an integrated manner include:

- legal requirements of mandatory reporting contributing to families being afraid to access services
- perceived and real privacy constraints on information sharing across agencies and organisations
- limited and siloed resources and budgets (Scott, 2009:41) – focused on fragmented delivery of single services rather than client outcomes.

These issues are combined with the challenge of ensuring that staff across sectors and services have the capabilities and scope to work effectively with children, young people and families in need. Research demonstrates that services and interventions need to recognise issues across individual, family and community contexts, and empower individuals, families and communities to become more autonomous participants in society (Dawe et al., 2008).

Research consistently shows that organisations and agencies need to ensure staff are supported through policies, frameworks and service statements to work flexibly across multiple issues and in partnership with other services (Dawe et al., 2008). This has previously been achieved in services by incorporating relevant content (for example, partnership working, recognising trajectories of need, and complex issues) into educational programs, and broadening service objectives (Dawe et al., 2008:39). Research also suggests budgets and resources be pooled across services (Scott, 2009:42).

Research indicates that service systems using multi-layered services are better able to identify children, young people and their families who may be at risk early, and to support those who are already at risk and experiencing significant issues.

In alignment with the public health model of child protection and youth services, research recommends that service systems incorporate layers within a multi-layered service framework, including:

- a universal and inclusive service base for children, young people and their families
- embedded specialised and targeted services
- information provision to clients and between services to ensure positive outcomes
- multiple single-entry points, including soft and hard entry points
- integrated services, including pooled resources and funding, with multiple interventions to ensure accessibility and flexibility across services
- community-based partnerships
- collaborative governance arrangements across government, non-government and community services

- commitment and support from senior levels of government (Centre for Community Child Health, 2011:71-72).

A number of best-practice studies identify the need for the youth service system to deliver effective supports for vulnerable young people, particularly at key transition points, along a well-structured continuum from prevention and early intervention through to secondary and tertiary services (KPMG, 2007).

In reality, youth services with small isolated budgets are provided by a range of organisations and the current service system tends to be characterised by lack of systematic coordination and little data-sharing to help inform comprehensive service delivery. For many vulnerable young people – and often for service providers supporting these young people – it is a difficult system to navigate.

The Turnaround Program in the Australian Capital Territory has a whole of government, cross-sectoral approach in response to findings that services for young people with complex issues in the Australian Capital Territory were:

- offered in a somewhat uncoordinated and piecemeal manner
- largely crisis driven and offered post-crisis support
- had limited capacity to identify or intervene at a young person's personal point of need or to identify problems at an early stage.

The Turnaround model incorporates the following elements:

- a centralised assessment and referral service
- case plans that are developed for each individual client, and involve the entire service network
- coordinated management of resources and services that aim to better address each individual client's identified needs
- strengthened support services for each client
- a support team developed for each client with relevant professionals and those in an existing relationship with the client (i.e. natural supports).

## The costs of integration

A review conducted by Fine et al. (2000) into the coordination and integration of human service delivery models explored the cost-benefit ratio of integration. They explain that this cost-benefit ratio is not fixed, but varies with the type and number of clientele and the nature of the integrated service. For instance, 'transaction costs' can be said to be involved in the process of establishing integration (including administrative and organisational costs), and in the case of clients who have complex needs, it is often cheaper to reduce transaction costs by employing a range of staff involved in one organisation (such as a hospital). However, for those who require simpler treatment or support, such ongoing transaction costs can be unnecessary and wasteful, and it may be more effective to adopt a case-management arrangement.

Furthermore, Fine et al. (2000) acknowledge that the outcomes of integrated service delivery are very hard to measure, particularly when trying to determine whether problems are due to poor inter-organisational links or poorly directed funding; and questions have been raised about whether the costs of achieving integration have been justified in the absence of evidence of improved outcomes for consumers and funding agencies.

This is an important point in moving forward with any recommendations for integrated service delivery in the human service sector, as without evidence-based practices to set the groundwork for service delivery, there is little potential for ongoing value.

## Localised service system model – Total Place

Traditional service system structures are often siloed according to areas of delivery. This can cause significant fragmentation across services, and create obstacles for people accessing more than one service. As noted above, a solution to this is service integration. However, there are challenges to service integration if it is to progress beyond surface level cooperation between differing services and agencies.

Some discussion around place-based policies and initiatives may help to understand these challenges. Place-based policies have been undertaken in Australia and internationally, and most have focused on addressing concentrations of disadvantage through community engagement and capacity building along with increased resources and services.

A model of place-based service modelling is currently being implemented in the UK to address the complexities and issues which exist with centralised and siloed service divisions. Known as Total Place, this program is operating in 13 pilot sites across England, and is based on a pilot run in Cumbria where public sector partners worked together to determine how their resources could be spent more effectively (PricewaterhouseCoopers, 2010:3). It aims to bring together central and local government resources and agencies to:

- create service transformations that can improve the experience of local residents and deliver better value
- deliver early efficiencies to validate work
- develop a body of knowledge about how more effective cross agency working can deliver cost savings and/or better services for citizens (PricewaterhouseCoopers, 2010:3).

This place-based model is particularly useful as a case study to consider for the NSW context, considering its aim to bring a range of agencies together to address fragmented service delivery.

Crucial to the program's development has been a range of mapping exercises.

PricewaterhouseCoopers was commissioned by London Councils to undertake a conceptual analysis of London services and find ways they could be made more efficient and effective using the Total Place model. This exercise included mapping public expenditure across selected service streams, and analysing the service systems in depth. One of the service streams examined is young people exhibiting anti-social behaviour, due to the complexity in administration, involvement of a large number of agencies, and the long term costs associated with criminality and other issues as a result of not intervening early (PricewaterhouseCoopers, 2010:24). This has particular relevance to our examination of

vulnerable young people who are at risk of disengagement due to the interrelated nature of anti-social behaviour and other factors such as homelessness, family breakdown, substance use and abuse, mental issues and the like.

It was found that the systems for dealing with and trying to prevent anti-social behaviour in young people and its consequences are very complex in the London region, with the objectives and services of different agencies and organisations often clashing, with varying target populations and issues (PricewaterhouseCoopers,2010:25).

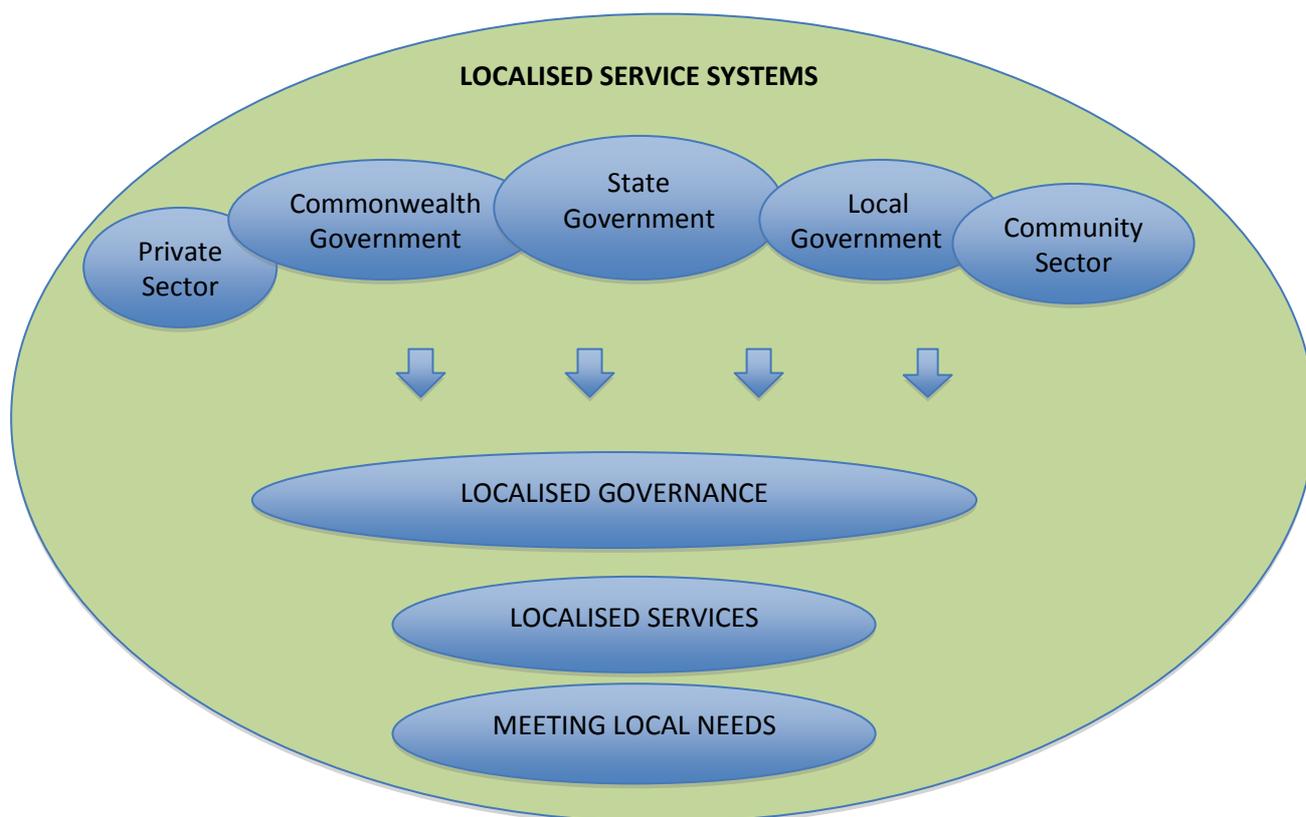
Proposed solutions to these issues need to include these features:

- locally led intensive support
- aligning the evidence and resources available
- identifying children and young people early in the risk trajectory
- full integration of local youth services with other local services
- offender re-integration and end-to-end service system support.

The main youth offender services within a locality, and a focus on intensive support for children, young people and families to intervene early. Crucial to the issue at hand in this Review, it is thought that services should also be developed which focus on supporting and integrating young offenders into communities, providing end-to-end support across the risk trajectory to try and interrupt the cycle of offending. Pricewaterhouse Coopers postulate that such measures will enable greater savings in the long term by preventing ongoing offending later in life, and the issues and expenses associated with this.

Visualising service systems through a place-based lens rather than from a service stream perspective may provide a model which can be piloted to improve the effectiveness and efficiencies of the current provision of services to assist vulnerable teenagers in NSW. This includes ensuring the service system is capable of addressing issues across the domains and contexts which impact on teenagers and in which they experience challenges, as well as providing services across risk trajectories, from general support and opportunities through to high risk and highly vulnerable teenagers.

Figure 5: Localised Service System Concept



### Young people and complex risks

Young people are identified as at risk through interaction with varying actors within the government and non-government service systems. However, these risks exist within varying and connecting contexts, with issues which are often interrelated and extremely complex. The understanding of risk required to assist these young people effectively needs to take into consideration these diverse impacts and influences. This is evident in the analysis of program approaches currently used in Australia and internationally that attempt to target and assist young people. Services must recognise and address the issues and risks that exist across individual, family, community and structural contexts. A siloed model of service delivery is widely recognised to result in confused and uncoordinated support, often causing increased barriers between young people and the services they need. A service system structure should support service delivery, across the continuum of risk and the multitude of contexts in which young people exist.

### Effective programs in effective systems

The literature highlights the need for effective approaches to service coordination and integration as a key component of any successful service system or intervention providing for the multiple and complex needs of young people and their families.

In regards to specific services and programs, the 2012 Australian Government of Department of Families, Community Services, Housing and Indigenous Affairs review of interventions for homeless and at risk youth (Barker et al., 2012), found that services and programs should be based on:

- relationships – recognising the relationships in a young person’s life, including those within family and communities
- collaboration – coordination and collaboration across services to holistically support young people
- continuity of care – ensuring services and programs are able to be provided across age spans and risk trajectories, to avoid young people falling through cracks in a service system

- strengths based approaches – empowering young people to recognise and use their strengths and abilities
- participation and inclusion – recognising that young people are individuals and should be key decision-makers
- individual responsiveness and flexibility – recognising that all young people are different and experience different issues and challenges
- capacity building – building skills and resilience within young people.

Systems theory (including addressing the individual needs, expectation and attributes of individuals interacting with the welfare system), development theories (acknowledging the cognitive, emotional, physical, social and educational influences on young people) and the socio-ecological model (understanding individual behaviour as a product of the social environment within which the individual is situated) (Tully, 2007) are common themes in social work and social service literature. These perspectives have been integrated into this Review, along with the benefits of integration and collaboration across a service system.

Although it is relatively easy to recognise the benefits of these best practice principles, significant challenges and barriers have been identified to achieving integrated service delivery for young people, including funding streams, program design, and top-down versus bottom-up approaches. The concept of the localised service delivery system provides a possible pathway to achieving integration at a local level which may provide real benefits for young people in need, and greater return on investment across government, non-government, and the private sectors.

### **Understanding client needs and service provision**

It has been shown that the risks and challenges young people face are diverse and complex, spanning varying contexts related to individualised issues, familial relationships, community norms and values, and structural inequity and disadvantage. Given the complexity and relationships between these varying issues, developing a framework to guide service provision to young people at risk in NSW is a challenging task.

The integration of services and planning has featured consistently in rhetoric from governments for some time, as it has been recognised that service delivery models based on centralised, hierarchical models are not working, and that the increasing demand for social services and the decreasing funds available make service collaboration desirable. In addition, the silo approach to services has resulted in a multitude of services and interventions, making it difficult to assess outcomes and cost-effectiveness (Heffernan et al 2005:2). However, as previously discussed, there are challenges to service integration, particularly given the silo-based funding streams and competition for funding within government and non-government organisations.

The integration of services may be facilitated by actors in a service system having a shared understanding of client needs and current service provision. This will be instrumental in developing an effective and coherent direction for providing at-risk young people with the assistance they need.

A research project conducted by academics from the Queensland University of Technology and Griffith University demonstrated the potential of locality-based service and need-mapping for at-risk youth. This project found that although challenges arose regarding data collection across government and non-government organisations, such as information access, quality and quantity, tools such as geographic information system mapping and shared information systems were key to negotiating the shifts towards integration of social services (Heffernan et al 2005:15).

It can be argued that geographic information system mapping can be particularly useful because of its ability to layer information, including qualitative and quantitative measures regarding locations of services, locations of disadvantage and need, and barriers to service access. As discussed in the previous section, the concept of locality based service system models enables the mapping and planning of services and need based on geographies rather than program target issues. This provides a clearer and more person-centred approach to assisting young people, particularly those who face complex issues and challenges.

In a localised service system model, the idea is that local collaboration between national, state and local governments, as well as community organisations and private sector services and businesses, will enable the needs of the community to be addressed through more flexible and responsive service arrangements. This may enable services to work across issues facing young people, providing continuity of care across the risk trajectory, rather than individual silo services creating barriers and challenges for clients and services alike.

Localised governance arrangements of service provision, across the various actors involved, may provide benefits such as:

- strong community knowledge (PricewaterhouseCoopers, 2010:26), and links and connections with community organisations, including private and non-government funded programs
- potential to develop and deliver early intervention services at a grass roots level due to understanding and identifying trends and issues experienced by residents in the area
- the ability to target specific problem areas of disadvantage.
- a solution to fragmented and siloed funding programs due to their potential to integrate local youth services with other local services.

In their review of Total Place, Pricewaterhouse Coopers (2010) urge that Local Councils in the UK be provided with funding pots to allow them greater latitude to respond to local issues; and that government provide funding that allows local authorities greater flexibility to target resources to the needs and objectives that reflect local circumstances.

This proposal builds on the relative cost effectiveness of targeted programs compared to programs attempting to assist broad populations and the recognition that issues associated with disadvantage are often concentrated, and attempts to provide a pathway where integration can occur in service systems, leading to better outcomes for clients.

Effective practice with vulnerable young people needs to be grounded in an understanding of the combination of factors that has made them vulnerable, and which often lead to challenging behaviours. Hyde and Kammerer (2009) present a strong argument for trauma-informed practice, recommending that carers and caseworkers receive trauma-informed training so that they are better equipped to respond to young people's behaviours.

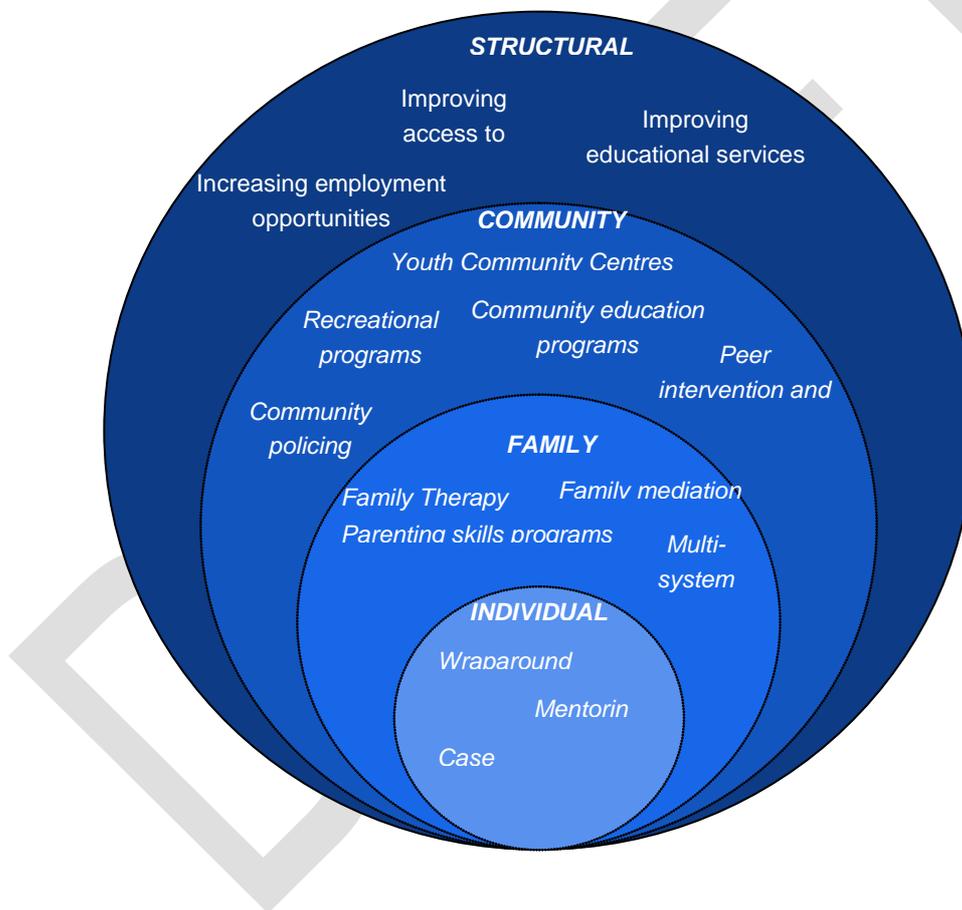
In NSW, focus has been placed to date on service models and intervention programs that incorporate multi-systemic therapy, family therapy, parenting programs and individual and group therapeutic approaches (Tully, 2007). However, a 2009 NSW Parliamentary Enquiry into the 'Missing Middle', found a deficiency in research around the appropriateness, efficiency, and effectiveness of programs that engage young people in NSW, such as:

- parenting programs (especially parenting programs that have been developed to meet the needs of culturally and linguistically diverse groups)
- programs to prevent violence, substance use and child sexual abuse
- after-school programs
- extracurricular activities
- mentoring programs
- community programs
- health promoting schools initiatives
- school suspension and expulsion
- programs developed in response to the views and perspectives of young people.

There are many varying approaches used by government and non-government organisations across Australia and internationally aimed at helping young people who have been identified as at risk. Many of these approaches and programs are contained and targeted at the different domains in which young people exist, the individual, family, community and structural contexts. These differing approaches are also targeted at varying points on the risk spectrum/trajectory, from prevention and early intervention for young people seen as low risk, to intensive intervention for those seen at high risk of disengagement.

Figure 6, below, outlines these four domains, and provides examples of approaches and interventions to address risk factors for young people. For instance, in addressing the structural domain, issues such as service access, employment opportunities and the quality of educational services are addressed, and at an individual level, programs that include wraparound approaches, case management and mentoring to build protective factors and resilience are incorporated.

Figure 6: Examples of approaches and interventions to address risk factors for young people



The following contains an overview of international and domestic programs and interventions, focusing on the context of the approach (that is, whether it targets the individual, family, community or structural domain of young people's issues and experiences), as well as the level of risk which the interventions and program types are typically targeted towards. Discussion centres around the strengths and weaknesses of targeting these various domains.

### **Working with individual young people**

Services and programs that target individual young people are particularly effective in cases where intensive support and intervention is required. This approach is typically used with young people who are identified as being at high risk, for example, those currently disengaged from employment and education, involved in criminal activities, and having substance issues and/or a mental illness. This work typically takes place within a case-management environment, with a caseworker/manager taking responsibility for multiple needs of the individual. At times, working with individual young people may involve intensive support such as psychotherapy or placement in out-of-home care.

Interventions focusing solely on the issues that individual young people encounter can fail to address broader issues being experienced in the family and community. Failing to recognise these broader issues, including structural inequity and disadvantage, can make an intervention less effective. Hence a focus on place can be an important complement to a person-centred approach.

#### *Person centred approaches to helping vulnerable young people*

Overwhelmingly, research indicates that the most effective programs and interventions supporting young people with complex needs are those that respond to the needs of the individual. Key themes identified across effective client-centred and strength-based approaches include:

- tailored services that are flexible
- services allowing greater choice to young people
- young people having independence and control over decisions regarding services (Barker et al., 2012:10).

Research consistently shows that young people must not be seen as a problem to be solved, but as part of the solution (Bond, 2010:2). Successful services see young people as active participants who should be supported to articulate their needs and help shape the responses and services to support them (Bond, 2010:5). In relation to children and young people in out-of-home care, making decisions in line with their views is likely to result in their being more cooperative, having more successful placements, and gaining enhanced self-esteem (Osborn and Bromfield, 2007b).

The effectiveness of person-centred approaches can be limited by the traditional operational structures of service systems, including siloed services and funding, and fragmented referral processes (Bond, 2010).

Research indicates that place-based and person-centred approaches can be used as key complementary components of a broader service system framework (Centre for Community Child Health, 2010:71–72).

#### *Place-based approaches to helping vulnerable young people*

Place-based approaches to service delivery address the collective problems of families and communities at a local level, usually with a focus on community strengthening (Centre for Community Child Health, 2010:iii). Of the limited evaluations and research available on place-based initiatives in Australia and internationally, there is some evidence of improved outcomes for target populations.

Choice Neighbourhoods in the US includes investment in selected communities to revitalise housing, improving economic opportunities, coordinating investments from multiple sources in the co-location of services, particularly in relation to schools and education, and resident involvement in planning and implementation (Centre for Community Child Health, 2010:58). Initiatives such as these aim to reduce concentrations of disadvantage in communities, thereby helping to address structural and community level issues impacting children, young people and their families.

Key themes across successful place-based interventions include:

- robust and collaborative governance arrangements
- adequate and long lasting funding
- community engagement and participation
- overlaps and intersections between programs
- clear role of government
- robust evaluation (Wear, 2007, in Centre for Community Child Health, July 2011:45–46).

Predominantly, place-based initiatives targeting children, young people and their families have been school focused. Research shows that the advantages of school-based initiatives include:

- providing convenient and familiar locations for accessing integrated services (Brechman-Tousaint & Kogler, 2010:20)
- providing soft entry points into the service system, which may enable greater engagement with young people who are vulnerable
- providing the potential to intervene and engage with young people early in the trajectory of risk and vulnerability (Barker et al., 2012:19).

Initiatives such as Extended Schools suggest that including young people in the design of service models to address local need may increase youth engagement and help young people build self-confidence (Brechman-Tousaint and Kogler, 2010:20).

However, research also cautions that school-focused place-based initiatives may exclude those young people already disengaged from education, or those experiencing difficulties such as bullying at school (Bond, 2010:5). This issue can be addressed through effective partnerships between schools and youth services working in and outside the school.

Overall, the main advantages of place-based approaches being incorporated into a service delivery framework for vulnerable young people include:

- allowing flexibility of service provision and responsiveness to community needs
- addressing service gaps in particular areas through recognition of socio-geographical differences
- building and strengthening community capacity
- providing the platform for effective service integration at a particular level.

### *Case management*

Case management plays an important role in addressing multiple and interlinked factors, and therefore is particularly relevant to interventions with highly disengaged or high-risk young people. Case management can also be said to include a range of approaches, practices and processes that endeavor to coordinate the collaboration between the often diverse and complex roles and responsibilities of services in addressing the needs of their clients, including interaction with a network of services to ensure clients receive the support they need (Barker et al., 2012).

A 2012, the Australian Government Department of Families, Housing, Community Services and Indigenous Services review of interventions for homeless and at-risk youth, found that important principles for working with young people should cover (Barker et al., 2012):

- relationships
- collaboration
- continuity of care
- strengths-based approaches (see below)
- participation and inclusion
- individual responsiveness and flexibility
- capacity building.

Caseworkers have reported that the following frameworks for care are particularly important to delivering effective services for young people (Tully, 2007):

- strengths-based approaches – where focus is placed on positives such as capacity, talents, competencies, possibilities
- systems theory – for instance, addressing the individual needs, expectation and attributes of individuals interacting with the welfare system
- developmental theories – acknowledging the cognitive, emotional, physical, social and educational influences on young people
- socio-ecological model – this is crucial to this review and has been highlighted as an integral element to discussions around service delivery. It involves understanding individual behaviour as a product of the social environment within which the individual is situated.

### **Effective case management**

Much has been written in the public sector domain about guiding principles which should be considered in working with young people. The Queensland Department of Child Safety (2008) *Practice Paper: A framework for practice with 'high-risk' young people (12–17 years)* highlights the following evidence-based approaches to practice, in working effectively with high risk young people:

#### *A good working relationship is essential*

A therapeutic relationship is essential to facilitating change in challenging young people. It is imperative that someone is available to the young person as their reliable and available worker and that someone is linked into the team through which intervention planning occurs.

#### *Identify and focus on individual needs*

Much high-risk behaviour is grounded in identity and self-esteem, along with the related impacts of significant trauma or loss. Assessing need on the part of a high-risk young person will involve a range of actions including psychological assessments. It is important to break through the layers of complexity in order to gain an accurate assessment.

*Not only did they help me but they actually cared about my well being and this I appreciated a lot and will never forget it*

#### *The importance of responding to behaviour and need simultaneously*

Planning based on understanding the nature and extent of a young person's need allows more focused responses to predictable crises, as well as day-to-day challenges of risky behaviour.

### *Aim for unconditional commitment*

Trust and security are essential to responding to pervasive needs stemming from loss and trauma. Unconditional commitment is required, and a 'nothing you do will make us give up on you' mentality employed, followed up with action, patience and persistence by the system as a whole.

### *Build resilience and hope*

Young people who have significantly negative self-images, whose behaviour masks or expresses a pervasive sense of shame, and who are receptive to subtle messages are at risk of thinking their situation is hopeless. As discussed previously, focusing on resilience is crucial, and one of the core pillars in building resilience is education.

### *Work as part of the team*

An integrated approach to a young person's care is imperative, as the system cannot rely upon one person, worker or carer to adequately meet the all needs of a young person with high risk behaviour.

### *When behaviour is extreme, act to minimise harm*

This should be done in the short term until the young person can be helped to make changes, while also working to meet the needs expressed through risky behaviour.

Additionally, the NSW Community Services reference, *The Effective strategies and interventions for adolescents in a child protection context: Literature Review* (2009), identified the following key factors in working effectively with adolescents:

- adolescents benefit from engaging in meaningful relationships and activities
- establishing a relationship with an adolescent is the core element of practice and this relationship is characterised by 'being there' and 'spending time', continuity of worker, and commitment to and connection with the young person
- development and maintenance of good working relationships with the young people, parents and family members is key to the success of any intervention
- specialised engagement strategies lead to greater success in the engagement and retention of adolescents and their families in an intervention
- adolescents need to be supported with practical strategies to achieve their goals
- effective interagency work is central to the success of an intervention
- the complex nature of work with adolescents needs to be supported by flexible and appropriate services and interventions that are available along a continuum of need
- service systems should support seamless transition of children and young people across agencies and services.

The same literature review identified a number of principles that have the potential to make service systems more responsive to the needs of young people:

- community reach – systems and resources that meet the needs of young people must be readily available and accessible
- one stop shop – adolescents find it easier to navigate services when they are clustered or co-exist

- access to stopgap services aimed at providing support for the young person's successful reintegration back to family and community from services such as in-patient facilities, correctional placements or out-of-home care
- continuity of care – consistency of workers who know the young people and their needs
- staff access to training and opportunities for skill development.

*no one will really admit it, but we're looking for the basic support and we're looking for someone just to listen to us and talk to us, to tell us we're special and to tell us that, you know, we're not useless and we're not going to end up the way we think we are.*

*And just listen to us and be patient no matter how stupid we seem at the time and even though we're annoying you so much [laughs] with our antics, listen, just try to listen to us.*

The Community Services publication *Effective casework practice with adolescents: perceptions and practices of DoCS staff* (2007) looked at the nature of effective casework practice with adolescents from the perspective of staff working in Community Services. This paper was

also referenced in *The Report of the Special Commission of Inquiry into Child Protection in NSW*, in relation to casework practice with young people in statutory care. The report identified the following factors that either help or hinder effective casework practice with adolescents:

- a supportive work environment – having an opportunity to work in teams or services that focused on adolescents had a number of advantages including the development of expertise and feeling supported in the work environment (good management and supervision)
- building skills and experience in working with adolescents – working with adolescents was seen as challenging and demanding, requiring certain skills, training and experience particularly as working with adolescents can raise feelings of anxiety and intimidation
- working with increasing demand and finite resources (time is a scarce resource) – caseloads needed to be manageable to enable caseworkers to spend time engaging and building trust with the young person
- effective interagency work – this is crucial to achieving positive outcomes for young people and their families. The importance of having local service system knowledge and knowing the services in local areas is paramount
- lack of local adolescent services – a lack of adolescent services for young people, including waiting lists for many services and a lack of effective systems, result in caseworkers spending significant time securing services and placements.

The importance of relationship-building was also identified as a central feature of practice with adolescents by Walsh and Schmied (2010) in their qualitative analysis of focus groups and interviews with child protection practitioners in NSW. They argue that there are three key characteristics of the relationship between child protection practitioners and adolescents: commitment to the young person; connection with and interest in the young person; and continuity of caseworker.

The evaluation of the Australian Government Department of Family, Housing, Community Services and Indigenous Affairs Reconnect programs, *Reconnect: working with young people who are homeless or at risk of homelessness* (2012), outlines principles that support effective practice with young people who are homeless or at risk of homelessness. The report notes that these young people require support that is relationship-oriented (rapport and trust), client-centred (choice and agency), flexible, holistic (collaborative), strengths-based and solutions-oriented. These principles are necessary but not sufficient. They do not constitute evidence-informed practice on their own, but they are a necessary precondition of effective interventions.

There are many challenges to effective case management. The literature strongly suggests that education and support for case workers are vital to building a strong frontline of support for these young people. It is through investment in casework support that integrated, coordinated and effective services can be delivered. For instance, caseworkers report that it can be difficult to know whether to focus on the adolescent at hand or the parent/s, and a fine line needs to be trod in attempting to work on what the adolescent and parent want (Tully, 2007).

This suggests that further consultation and assessment needs to take place with young people to ascertain their needs at various points along the intervention continuum, and translate this into common practice for case management workers. Other factors which enable or hinder effective casework practice with adolescents include organisational contexts, and the demands of providing child protection services with increasing demand yet finite resources (Tully, 2007). There is a need for current service delivery generally, not only to diversify the way they interact with young people, but to readdress the current systems within which they are operating (Tully, 2007).

Finally, effective practice with young people at risk involves a process of relationship building and collaboration or 'walking it together' through connection, commitment and continuity. It is clear that caseworkers play a central role in the coordination of services and supports for the young person and their family. However, often there is insufficient continuity of care by caseworkers with clients due to constraints imposed by the sector, and other wider issues such as program reform, caseload pressure, and funding (Tully, 2007). Consideration also needs to be given to front-line workers who implement revised policies and programs. The literature shows that generally workforce turnover among child protection caseworkers is much higher than other comparable community service occupations, and arguably, despite substantial investment in child protection reform, the conditions of frontline practice continue to deteriorate (Healy, 2011).

### **Wraparound support**

Wraparound is an approach where different support resources collaborate together to develop one support plan for a young person (Barker et al., 2012). In an analysis of outcomes for children and youth with emotional and behavioural disorders, Suter and Bruns (2009) found only modest evidence for the efficiency and effectiveness of the wraparound approach (Barker et al., 2012). Other studies have found that wraparound is somewhat effective for young people with mild to moderate needs, but that there is less evidence of its effectiveness for young people with more severe emotional and behavioural issues. Some studies suggest that wraparound is a resource-intensive approach to helping young people, and results in minimal measurable outcomes (Barker et al., 2012).

### **CASE EXAMPLE: The Time Out House Initiative (QLD)**

The Time Out House Initiative is a pilot providing three months outreach and case management support to young people whose circumstances were impacting on their mental health or had the potential to do so. The key objective of the program is to provide early intervention in a short term, safe and youth-friendly residential program.

The key aim of the program is to achieve better outcomes for young people 15 to 25 years of age through:

- personalised, client-centred assistance through outreach and case management support work
- intensive non-clinical and where needed clinical care coordination, and lifestyle support in a recovery-focused environment
- articulation with existing youth and adult services/networks, including mental health support where necessary
- capacity to respond to changing needs of the young person
- support for families and natural support networks.

The pilot is funded by the Queensland Government. Two non-government organisations, one in Cairns and one in Logan, are funded to implement the project.

A baseline evaluation was conducted in 2012 of the Time Out House Initiative, which found the program to:

- improve the self-esteem and emotional and overall wellbeing of young people who participated
- build positivity and hope for the future, and help participants 'get back on track'
- reduce emotional tension and stress, with time to focus on goals
- establish connections through case management to a range of clinical and non-clinical services and programs
- provide support to recommence school and education
- improve personal relationships, for example making new friends and engaging in social, recreational or similar activities facilitated through the program.

Whilst findings have yet to be established for the long-term effects of the program (an evaluation is due to be completed in late 2013), nonetheless the program appears to be delivering on its aims.

*Source:* Gendera S, Fisher K, Robinson S, Clements N, 2012, "Evaluation of the Time Out House Initiative in Queensland". Social Policy Research Centre Report Series

## **Working with families**

Research indicates that family has a significant influence on young people and the issues and challenges they face during adolescence and adulthood. It also indicates that young people who spend more quality time with a strong family unit are less likely to smoke or try illicit drugs, and are more likely to finish school and to obtain tertiary qualifications. Young women are less likely to have been pregnant by age 18 years (Barker et al., 2012).

Family or parenting programs aim to strengthen protective factors such as positive parent–child communication, and reduce risk factors such as poor monitoring and supervision (Tully, 2007). Working with families also enables essential protective factors for at-risk or disengaged young people, such as stable housing, financial support, and safety. Working with families is typically associated with young people at medium to high risk of disengagement. For instance, issues such as disability, mental illness, abuse, divorce, or income issues associated with the family setting play a significant role in placing young people at risk.

### **CASE EXAMPLE: The Adolescent Transitions Program (United States)**

The Adolescent Transitions Program is a multi-level, parent-focused 12 session intervention, for parents of young people at risk for problem behaviour and/or substance abuse. The program is delivered in the middle school setting and teaches parents three types of family management skills: using incentives to improve behaviour; setting limits, monitoring activities and using appropriate consequences; using effective approaches to family communication, problem solving, and negotiation. Parents learn about how to make requests, use rewards, monitor, make clear rules, provide reasonable consequences for rule violations, solve problems, and engage in active listening, through discussion, practice, role-plays, and activities to implement at home. Parents also watch six videos that show ineffective and effective parenting practices.

The program promotes:

- relationships – through clear social norms, good relationships with parents peers and teachers, perception of support from adults and peers
- independence – healthy/conventional beliefs and standards
- optimism – high expectations by community, family, school, and self.

A two-year randomised clinical trial and evaluation have been carried out to assess the program's effects, which found the program led to improvements in parents' reports of parenting, antisocial child behaviour and problem-solving interactions, and that these improvements were maintained over time. In addition, an independent economic analysis conducted by Washington State Institute for Public Policy found that ATP was associated with significantly more benefits than costs in preventing youth substance abuse.

*Source* Tully L, 2007, "Literature Review: Early intervention strategies for children and young people 8 to 14 years" NSW Department of Community Services; Child Trends, 2003, "The Adolescent Transitions Program – Parent Focus", <http://www.childtrends.org/Lifecourse/programs/atpp.htm>; National Dropout Prevention Center/Network, 2012, "Adolescent Transitions Program (ATP)",

#### *Group parenting programs*

Tully (2007) reports that group parenting programs delivered at transition to secondary school are effective in preventing alcohol and substance use in young people. Relatively brief programs that focus on enhancing parenting and family communication have been found to have significant preventive effects, even six years after the delivery of the program. These programs demonstrate significant cost-benefits in preventing alcohol use disorders. Low-cost, self-directed parenting programs, where families work through the materials at home without the involvement of a facilitator, have also been found to be effective, at least in the short term, in enhancing a range of parent and child outcomes.

#### *Targeted parenting programs*

Targeted parenting programs have been found to improve parent and child outcomes for families with multiple risks, families with parental depression, divorced parents, step-families, low income parents, and parents stressed by adolescent substance use. Behavioural parenting programs based on social learning theory are effective for children and young people with externalising problems such as conduct disorder, oppositional defiant disorder and attention deficit hyperactivity disorder (Tully, 2007).

Tully (2007) points out that there is mixed support for the inclusion of additional interventions that target parental risk factors, such as depression and domestic violence. There is some evidence that duration of parenting programs is important, with families who attend more sessions showing more positive outcomes. However, there are also some very brief parenting programs that have demonstrated positive effects.

### *Multi-systemic therapy*

Multi-systemic therapy is an intensive and time-limited intervention focused on the young person and their family, designed to equip young people and their families with skills which allow them to function more successfully in their communities. Multi-systemic therapy has been shown to have some effectiveness in relation to improving social behaviour. However, outcomes have been shown to be reliant on commitment to the therapy and strict adherence to its principles, cooperation with staff, involving peers and neighbourhoods and positive interaction with all involved systems. Most evaluations of multi-systemic therapy have been related to juvenile justice programs in the United States, and the effects of the therapy on young people with more mild to moderate risks are unknown (Barker et al., 2012).

### **Working within the community**

Working in the community setting is relevant to young people on all levels of the risk spectrum, as it not only addresses the immediate environment which may be contributing to the disengagement of a young person, but also assists in building protective factors to prevent future risk and disengagement.

It is understood that early interventions for young people eight years of age and over differ from early interventions for younger children in three ways: first, there is greater focus on intervening with the child rather than the parents (who, for younger children are seen as agents of change); second, interventions for older children and young people are often delivered in the school setting due to access; and third, early interventions for families with older children and young people often target child vulnerabilities (such as behavioural problems) rather than parent vulnerabilities (such as substance abuse and mental illness) (Tully, 2007).

Outside of the family environment, the school is the primary setting within which development of children and young people can be directed and shaped. Tully (2007) uses the term 'child-focused' for programs which typically target risk and protective factors through classroom-based approaches that target problem-solving and emotional regulation. Multi-component programs, on the other hand, address risk and protective factors in the home, school and community, and usually involve a combination of classroom approaches, school-wide approaches and family-based approaches (Tully, 2007).

Research suggests that school connectedness is an important protective factor for behavioural, emotional, and school-related problems, and there is evidence that multi-component interventions that specifically target school connectedness improve children's academic, behavioural and psychological outcomes (Tully, 2007). However, Tully (2007) has found that there is mixed evidence on the effectiveness of extracurricular activities, after-school programs and mentoring programs as a strategy for high-risk children and young people, although these approaches may be beneficial for low-risk children. There is also some evidence that involving parents in school-based programs may enhance the effects of the intervention (Tully, 2007).

Community programs appear to be effective when delivered as part of a multi-component intervention. However, the evidence supporting community programs as stand-alone interventions relates to early childhood, and it is not known whether these findings generalise to children 8 years and above, including young people (Tully, 2007).

### *Peer Group Interventions*

It is important to note that a number of studies have found that aggregating high-risk young people into peer groups can have undesirable results (Tully, 2007). In particular, group interventions with high-risk young people may serve to increase risk behaviour through contact with deviant peers. It is thought that deviant peer influences are among the most potent factors in the development of antisocial behaviour (Dodge et al., 2006 cited in Tully, 2007).

Tully (2007) refers to a number of studies examining the impact of aggregating at-risk young people, including a mental health intervention in the United States which began in the 1930s to prevent antisocial behaviour with high-risk youths which found that five years after the

intervention, boys who received the intervention were more likely to have had a court appearance for offences, and 30 years later had worse outcomes in terms of early death, criminality and psychiatric disorder (Dodge et al., 2006 cited in Tully, 2007).

In addition, evaluations of the Child and Parent Relations program, a brief home-based family-focused program to prevent alcohol use, found that while a reduction was seen in two and three year follow-ups for individuals who were non-alcohol users at the start of the project, young people who were already alcohol users at baseline actually showed *greater* alcohol use and misuse at follow-ups.

Finally, group-based skills training intervention programs for antisocial young people were shown to produce significantly smaller benefits than interventions that avoided aggregating antisocial peers.

Tully (2007) reports that aggregating high-risk young people is common practice in education, mental health, juvenile justice and community sectors, which is worrying considering that such practices have the capacity to escalate rather than reduce behavioural problems for these young people. However, it is noted that not all targeted interventions which aggregate high-risk youth have been found to have negative outcomes, so further research is needed to further understand how peer contagion effects operate (Tully, 2007).

### *Recreational programs*

It is widely recognised that recreational programs, including activities such as sport, art and theatre, help create communities where young people can feel connected, provide role models for young people, and take up time which may otherwise be spent in risky behaviour. They can create goals that young people can work towards, building their confidence and resilience.

However, recreational programs can be ineffective if they do not include ongoing funding and engagement with families and the wider community. It is difficult for recreational programs, particularly generalised programs for all young people, to address issues associated with high- and extreme-risk young people.

### **CASE EXAMPLE: Recreational programs for Indigenous young people using inhalants**

Recreational programs have been established across Australia to engage young people identified at risk. For example, in some remote Indigenous communities, recreational activities have been used to try and intervene in young people's use of inhalants. The Australian Government Department of Health and Ageing evaluated several of these programs and found that they were sometimes effective in engaging young people, building confidence and new skills, and decreasing substance use. However, these benefits were only realised if family and community members were engaged, long term funding was attached to the programs and prestige and respect was attached to participation in the activities.

Source: Department of Health and Ageing, *Volatile substance misuse: a review of interventions*, Monograph series no. 65, 2008.

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## 6. List of Acronyms

ABS	Australian Bureau of Statistics
AbSec	Aboriginal Child, Family & Community Care State Secretariat NSW
ADHC	Ageing, Disability and Home Care (FACS)
ADHD	Attention deficit hyperactivity disorder
AHO	Aboriginal Housing Office (FACS)
AHURI	Australian Housing and Urban Research Institute
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and Other Drugs
ARACY	Australian Research Alliance for Children & Youth
BOCSAR	NSW Bureau of Crime Statistics and Research
BoS	Board of Studies
CAAH	NSW Centre for the Advancement of Adolescent Health
CALD	Culturally and Linguistically Diverse
CAT	Child Assessment Tool
CCYP	NSW Commission for Children and Young People
CIW	Corporate Information Warehouse
CPAT	Child Protection Adolescent Caseworker Teams
CS	Community Services (FACS)
CSGP	Community Services Grants Program
CST	Community Support Team (ADHC)
CTF	Child Trust Fund
CWU	Child Wellbeing Unit
CYFS	Child Youth & Family Support (CS funding sub-program)
CYP	Children and Young People
DAGJ	NSW Department of Attorney General and Justice
DEC	NSW Department of Education and Communities
DEEWR	Dept of Education, Employment and Workplace Relations (Commonwealth)
DIACC	District Implementation and Coordinating Committees
DoC	Department of Community (Queensland)
DoCS	(former) NSW Department of Community Services
EIPP	Early Intervention Placement and Prevention
FACS	NSW Department of Family and Community Services
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs (Commonwealth)
FRS	Family Referral Services
FSIQ	Full Scale IQ
GIT	Getting it Together (CS funding sub-program)
HASI	Housing and Accommodation Support Initiative
HNSW	Housing NSW (FACS)
HOIST	Health Outcome Information Tool Kit (Health database)
HSNet	Human Services Network
ICYAR	Inner City Youth at Risk project

IFP	Intensive Family Preservation service model
IFS	Intensive Family Support service model
JJ	Juvenile Justice
KTS	Keep Them Safe
LCP	Leaving Care Plan
MOU	Memorandum of Understanding
NDS	National Disability Services
NFPAC	National Framework for Protecting Australia's Children 2009-2020
NGO	Non Government Organisation
NSW	New South Wales
OOHC	Out of Home Care
OPOP	One Place One Plan
OSHC	Out of School Hours Care
PRS	Private Rental Subsidy
RBIT	Regional Behaviour Intervention Team (ADHC)
ROI	Return on Investment
ROSH	Risk of Significant Harm
SBIS	State-wide Behaviour Intervention Service (ADHC)
SCSF	Supporting Children Supporting Families
SDAC	Survey of Disability, Ageing and Carers
SFYS	School-focused Youth Services (Victoria)
SHS	Specialist Homelessness Services
SPRC	Social Policy Research Centre
SSO	Student Support Officer
STGC	Secure Tenancy Guarantee Scheme
SYPCAP	Supporting Young People's Connection to Activities Project
TAFE	Technical and Further Education
TEP	Teenage Education Payment
WHO	World Health Organisation
WISH	Women's Indigenous Support Housing
YAPA	Youth Action and Policy Association (NSW)
YLO	Youth Liaison Officer
YDAC	Youth Drug and Alcohol Court
YFS	Youth and Family Support service model
YOT	Youth on Track
Y-POP	Young People's Outreach Program
YSC	Youth Support Coordinator
YSCI	Youth Support Coordinator Initiative

## 7. Methodology

This Review was initiated by the NSW Minister for Family and Community Services. On behalf of the FACS Executive, Community Services led the Review in consultation with other FACS divisions, external experts, service providers and young people. The Review, undertaken between June and December 2012, comprised:

Stage I – information gathering and consultation

Stage II – analysis, including draft report content

Stage III – drafting options and recommendations.

A Steering Group, whose membership was drawn from relevant FACS divisions and peak organisations, met monthly. The role of the Steering Group was to contribute information, advice and recommendations to ensure that current knowledge, available evidence and a diverse range of views are reflected in the Review. See Appendix 8 for Steering Group membership. The Steering Group commissioned the gathering of information across the FACS divisions to develop an initial map, and for analysis of the current service system for the cohorts of adolescents relevant to the Review, including:

- existing data and analysis of current service provision, client characteristics and cohorts (including data on high cost services)
- divisional policies
- program information or guidelines, client numbers and budget information
- internal program and/or policy review documents
- policy, practice or program directions that are relevant to the Review
- internally commissioned research or external research that the division considers useful to the Review.

To support the work of the Steering Group, a Community Services Working Group was established. Appendix 10 outlines the notes taken at the Working Group and lists the membership of the group. The NSW Ombudsman provided seven in-depth case studies to inform the Review's work.

Consultations were undertaken with a range of NSW and Australian Government agencies, non-government organisations, peak organisations and young people. An Expert Advisory Panel was convened for a facilitated consultation on the key issues identified by the Review, and for expert input into strategies and recommendations. Notes from this meeting and attendees of the Expert Advisory Panel Workshop are listed at Appendix 11. A literature review was undertaken.

Dr Leanne Dowse (UNSW) reviewed drafts of the report and provided expert input.

## 8. Vulnerable Teens Review Steering Group membership

<b>Name</b>	<b>Division</b>	<b>Position</b>
Ross Beaton	Community Services	A/Director Prevention and Early Intervention
Roderick Best	Community Services	Executive Director, Vulnerable Children and Families
Ken Bone	FACS	Regional Executive Director, Western Sydney
Deborah Brill	FACS Strategy and Policy	Executive Director Strategic Policy and Cabinet Coordination
Noreen Byrne	ADHC	Manager, Life Skills and Employment
Anne Campbell	Community Services	Deputy Chief Executive Policy and Programs
Michael Coffey	Yfoundations	Chief Executive Officer
Anne Freestone	ADHC	Manager , Respite Options
Vivian Hanich	Housing NSW	Director Homelessness Policy and Programs
Scott Holz	National Disability Services	State Manager
David Nesbitt	ADHC	A/Manager Service Planning and Priority Projects
Brett Paradise	Yfoundations	Board Member
Bill Pritchard	AbSec	Chief Executive Officer
Michelle Roberson	FACS Strategy and Policy	A/Director Strategic Policy
Julie Sedon	ADHC	Manager Leaving Care
Hilary Smith	National Disability Services	Sector Development Manager
Melinda Smith	ADHC	Manager, Service Planning and Priority Projects
Sophie Trower	YAPA	Sector Support Coordinator
Michael van der Lay	Housing NSW	Director, Service Improvement
Angela Webb	AbSec	A/Chief Executive Officer

## 9. Expert Advisory Panel workshop participants

Kate Alexander	Establishment Senior Practitioner, Community Services
Monica Bernacki	VTR Senior Project Officer, Community Services
Roderick Best	Executive Director, Vulnerable Children & Families, Community Services
Ken Bone	Regional Exec Director Western Sydney, Housing NSW
Anne Campbell	Deputy Chief Executive, Policy Programs & Strategy, Community Services
Judy Cashmore	University of Sydney
Megan Chambers	Redbank House
Marie Connolly	Melbourne University
Mark D'Astoli	VTR Senior Project Officer, Community Services
Tony Keenan	Hanover Welfare Services
Steve Kinmond	Deputy Ombudsman, Ombudsman NSW
David MacKenzie	Swinburne University
Philip Mendes	Monash University
Brett Paradise	Yfoundations
Fiona Robards	NSW Centre for the Advancement of Adolescent Health
Michelle Roberson	Director Strategic Policy, FACS
Catherine Robinson	University of Technology Sydney
Anthony Shannon	Principal Policy Officer, Policy Programs and Strategy, Community Services
Hilary Smith	National Disability Services
Melinda Smith	Manager, Service Planning and Priority Projects, ADHC
Sophie Trower	Youth Action and Policy Association (NSW)
Liz West	Director Systemic Projects , Ombudsman NSW

## 10. Notes from FACS Divisional Consultation Workshop

### FACS Vulnerable Teenagers Review Divisional Consultation Workshop

27 September 2012  
Portside Conference Centre

#### Undesirable outcomes

Suggested child/ young person outcomes to avoid were supported:

- Entering Juvenile Justice more than once
- Homeless or without stable accommodation for more than six months
- Not able to be safely restored
- Suicide, or death other than suicide
- Unable to self-manage or function well due to abuse, neglect, trauma and lack of support
- Without adequate parenting capacity, have children of their own and not connected with appropriate opportunities.

In addition the group raised several other undesirable outcomes:

- injury and death other than suicide
- mental health or disability going undiagnosed / untreated by 18yrs
- no connection to community or family / loss of identity
- Inappropriate placements due to homelessness and medical issues / short-term support / 18yr drop-off (temporary care leads to expectation of further placement)

People who work with highly vulnerable children and young people sometimes find themselves 'breaking the rules' (e.g. working outside of their job description or beyond the service they are funded to provide) in order to provide ongoing or holistic support.

Child protection casework should be broader than the binary decision of whether the child or young person is better off 'in the family' or 'out of the family'. We need to look at other options for assisting the young person to stay safe and well.

Part of this is taking advantage of other links, for example family or kin, to provide substitute care or support for the birth family.

Parents relinquishing children into care raises the question 'has this become just a way out? Is there a social acceptance of giving up (vs community ownership of these children and young people)?

#### Cohorts on trajectory to undesirable outcomes

Suggested vulnerable cohorts were supported:

##### High priority

- without stable accommodation (outside of family)
- at continuing high risk of abuse or neglect despite being reported to Community Services and/or in out-of-home care
- Aboriginal children and young people in remote / rural areas

- 9-17 years in out-of-home care with ongoing multiple placements
- with cognitive impairment, especially mild, borderline or otherwise unlikely to be diagnosed, and especially with challenging behaviours
- sibling groups with extensive child protection history being reported multiple times to Community Services.

### **Medium priority**

- at risk of offending or involved with Juvenile Justice
- leaving out-of-home care without stable family, without a guardian if intellectually impaired, or without accommodation or education/employment
- mental health /trauma/ intellectual disability
- parents with mental health issues, cognitive impairment, intellectual disability and CP history
- misusing alcohol/ drugs and disconnected from family
- in disadvantaged location/ community
- chronically disconnected from school.

### **Other cohorts that were considered or raised**

- children and young people in poverty were considered, however poverty was seen as indirectly linked with high vulnerability, as this risk factor tended to have the effect of exacerbating other risk factors that should be a higher priority
- children and young people with parents in prison were considered
- children and young people notified to Police or CS who are at risk from sexual predators were considered
- children and young people in voluntary out-of-home care were raised, particularly those who are relinquished in care.

### **Rationale for high priorities:**

- Maslow's hierarchy – can't address other issues without food and housing
- cognitive impairment / challenging behaviour is 'first thing seen, last thing addressed' – prevents access to service and connections that would otherwise be protective factors
- cost / benefit – e.g. rental arrears vs cost of post-eviction placements
- multi-agency involvement provides opportunities for efficiencies and cumulative effect
- families who engage – children and young people more likely to have positive outcomes if offered support
- over-representation of Aboriginal children and young people.

### **Rationale for lower priorities:**

- location / poverty are subsidiary risks factors
- Youth on Track reforms and Juvenile Justice case management should provide early intervention response
- notified to police / sexual predation – Police Memorandum of Understanding should deliver better police response.

## **Cohorts – discussion**

- Entering out-of-home care in adolescence is an outcome Community Services is keen to avoid.
- Sometimes we persevere with a child protection response longer than we should to avoid teen care. Gateways into care such as relinquishment into voluntary care and temporary care orders should be examined.
- Interventions come unstuck with unmanageable behaviour. Children and young people with behavioural issues may be avoided by early intervention or other support services. They can experience continual referrals without receiving a sustained service response.
- Community Services Weekly Allocation Meetings are starting to bring in services for children and young people while they await allocation for a child protection response.
- Agencies are not sharing the information they hold about a child or young person that is on their waiting list. This reduces the effectiveness of services that might have the capacity to work with that child or young person in the meantime.
- Crises should not be seen as “too late”. We need to think laterally about what kind of intervention we can offer between early intervention and child protection intervention. At times these will be parallel processes.
- FACS agencies need to collaborate more, and collaborate better. Efforts to improve collaboration should build on existing successful collaboration initiatives, for example under Keep Them Safe.
- Need to engage services with children and young people in care (Juvenile Justice accesses them, why can't other agencies?)
- Better identify those on downhill trajectory – we can connect the dots but can't always respond within resources. This requires good assessment and allocation – *'we don't share those [the 80%] we don't get to'*
- Agencies dump on each other– need to address fragmented service system / individualised agency case planning.
- Youth workers in high schools; Queensland Youth Support Coordinator model could support this.
- Income management / offers of housing conditional on engaging with support services
- Help Line has diminished relationship between Community Services Centres and non-government organisations – need to re-invest in local interagencies. Better to invest in local relationships and joint responses rather than more training. This includes FACS relationships at CST/CSC and regional levels.

## **Results and outcomes sought**

Suggested results/ outcomes sought for young people were supported:

- engaged with education and employment
- resilient
- positive relationships and connected to community
- stable accommodation
- remaining in stable family 9 to 20 years of age
- able to parent well.

## **Outcomes sought – discussion**

FACS agencies should establish:

- a common assessment tool, to assist development of a shared understanding/ language around clients' service provision needs
- collaborative decision making and information sharing
- client-centred approaches – individual clients and also communities often have clear ideas of what they need
- joint contracting and funding across FACS agencies
- closer work with Health and Education.

The following approaches were valued:

- therapeutic family work
- whole-of-community approach, building in non-government organisation panels and business partners
- flexibility e.g. Cabra Street Team – no risk of significant harm restriction, engages and works with Community Housing etc
- pooling funds for innovative responses
- funding accountability that is outcomes based. Tendering processes need to be tougher and ensure agencies have demonstrated success, experience, capacity to deliver what is required. Utilise generic FACS funding agreements and shared models
- interrogation of what outcomes we measure, and whether they are the right ones
- coordinated case management, especially within FACS
- joint training
- out-of-home care placement matching
- replacing all current interagency panels with a single panel, in order to reduce wastage of staff time (often the same staff members are used on multiple panels) and reduce confusion for clients subject to decisions of multiple panels. Mandate for interagency commitment to promote engagement; screen out non-FACS issues in decision-making.

Ideal world responses:

- not dollar-driven - no one says 'we just can't afford to do that'.
- no wrong door.
- not diagnostically-based
- offer 12 months support, not 12 weeks
- FACS-wide Common Assessment Tool and single person to coordinate approach
- whole of community approach
- mobile models of support - not property/accommodation-based

## FACS Divisional Workshop attendance

<b>Name</b>	<b>Division</b>	<b>Position</b>
Benn Anderson	ADHC	A/Senior Project Officer, Leaving Care
Debra Corfield	ADHC	Senior Clinical Consultant
Stuart Koski	ADHC	Psychologist
Melinda Smith	ADHC	Director Policy and Practice
Donna White	ADHC	Statewide Behaviour Intervention Services
Amanda Wilson	ADHC	Manager, Life Skills and Employment
Ross Beaton	CS	A/Director, Prevention and Early Intervention
Roderick Best	CS	Exec Director Vulnerable Children and Families
Linda Bunclark	CS	Community Program Officer, Southern
Jo-Anne Cottee	CS	Casework Specialist, Southern
Simone Czech	CS	Director Child and Family, Metro South West
Mary Evans	CS	Director Practice Standards, Hunter Central Coast
Sandra Heriot	CS	Director Psychological Services
Anthony Shannon	CS	A/ Director Operations Practice
Greg Skelly	CS	Director Child & Family, Metro West
Suzana Tanevski	CS	Casework Manager, Metro South West
Anjali Balani	FACS	Keep Them Safe Regional Coordinator
Viki-lee Collins	Housing NSW	Assessment Team Leader
Tim O'Connor	Housing NSW	Manager Housing Operations
Celia Pennycook	Housing NSW	Homelessness Policy and Programs
Hilary Smith	NDS	Senior Sector Development Officer
Sophie Trower	YAPA	Sector Support Coordinator
Kellie Checkley	YFoundations	Board Member
Monica Bernacki	CS	Snr Project Officer, Venerable Teens Review team
Mark D'Astoli	CS	Snr Project Officer, Vulnerable Teens Review team

## 11. Notes from Expert Advisory Panel workshop

### Expert Advisory Panel

Portside Conference Centre

11/10/12

Facilitator: Kate Alexander, Establishment Senior Practitioner, Community Services

#### Welcome

Maree Walk, Chief Executive Community Services

There is a focus on what is happening for highly vulnerable adolescents in NSW. This has partly been driven by the findings of the Wood Report that adolescents were experiencing poor outcomes as a result of significant service provision gaps. There has also been improved research evidence on the impact of trauma on adolescent brain development.

Community Services has recently reformed child protection interventions for adolescents. We are building on this with a FACS-wide review of policies and programs relating to highly vulnerable adolescents. The Review will align responses to this group across the FACS agencies of Housing, Community Services, and Ageing, Disability and Home Care. It will also align our responses with the most recent research evidence.

The NSW Ombudsman individual case studies clearly demonstrate the personal costs of complex disadvantage.

Attendees	Key message for the Expert Advisory Panel / Review to take into account
Roderick Best, ED Vulnerable Children and Families, CS	<i>Real differences we can make for adolescents rather than the general issues that are already known.</i>
Philip Mendes, Monash University	<i>Links between out-of-home care and other areas such as the criminal justice system and disabilities. UK Personal Advisors Model is a mix of supports that improve outcomes for young people leaving care.</i>
Marie Connolly, Melbourne University	<i>Strengths of families and extended families should not be forgotten when we plan interventions for vulnerable adolescents.</i>
Judy Cashmore, Sydney University	<i>Getting the perspectives of young people. How can agencies get together, especially for young people in the care of the Minister, e.g. where there are no court advocates at Juvenile Justice court hearings, preventing expulsion.</i>
Ken Bone, Regional Executive Director of Western Sydney, HNSW	<i>Clear pathways for young people, reducing the need for advocacy on their behalf in order for services to be provided.</i>
Brett Paradise, Yfoundations	<i>Take into account the range of what community sector responses have been and can be, not just looking for one 'model'.</i>
Megan Chambers, Redbank House	<i>Don't lump this age group together as there are very different developmental stages in older childhood, adolescence and early adulthood. Capacity to deliver services at the necessary level of intensity/complexity for this cohort, and the structures that support this intensity/complexity that rather than relying on services to deliver</i>

	<i>alone.</i>
Catherine Robinson, UTS	<i>Centrality of childhood sexual abuse (CSA), as this experience drives lifetime vulnerability and disadvantage. Develop a person-centred, trauma-informed approach through improving workforce skills in Specialist Homelessness Services sector.</i>
Tony Keenan, Hanover Welfare Services and Foyer Federation	<i>Don't give up on education – we need to engage and create pathways. Vulnerable young people have the right to aim high.</i>
David MacKenzie, Swinburne University	<i>Geelong project - community of school and youth services goes beyond youth homelessness and integrates many service responses to many risk factors.</i>
Fiona Robards, NSW Centre for the Advancement of Adolescent Health	<i>Access: inability of services / staff to engage challenging young people. Soft access points have been cut over years, with a shift towards clinical services. GPs don't get training in youth health</i>
Hilary Smith, National Disability Services	<i>Recognising the crucial role of NGOs and ensuring they are resourced and skilled.</i>
Anne Campbell, DCE Policy Programs and Strategy, CS	<i>Challenge how we deliver / respond to needs of young people as a department that includes disability, housing, community services. Currently a lot of focus and resources on assessment but not delivering a service.</i>
Melinda Smith, Director Policy and Practice, ADHC	<i>Recognising and addressing difficult behaviour as a barrier to accessing support.</i>
Juliana Demetrious, NSW Ombudsman	<i>Promoting intelligence-driven child protection responses. Place-based service delivery.</i>
Liz West, Director Systemic Projects, NSW Ombudsman	<i>Barriers to services for young people considered 'too late' for child protection.</i>
Penny Ryan, Consultant	<i>Placed-based, person-centred interventions (US), putting resources into keeping kids where they are by supporting the people and services in the community. Achieved by excellent staff support and resources. Excellent cost benefit analysis. Initiatives such as adolescent panel don't work if not top-down, not resourced.</i>
Sophie Trower, YAPA	<i>Need for flexibility to respond to the vulnerabilities that are present. Building relationships with young clients is key to behaviour / circumstance change.</i>
Steve Kinmond, NSW Deputy Ombudsman	<i>We've regressed in our responses to older children and adolescents in NSW. Community development model, working with communities and non-government organisations. Wasted resources if not done properly - not value for money.</i>
Maree Walk	<i>Collective impact approach which is moving beyond the idea that one service has the answer, sharing information and data.</i>

## **Summary analysis from Community Services Review team**

The purpose of today's panel is to gain fresh input and test priorities that we have come up with so far. Key directions that are currently being considered by the Review team are largely reflected in the messages that Experts have put forward in their introductions.

In working back from the poor outcomes we want to avoid, and examining what prevention strategies can be put in place, we have identified as priorities for the Review children and young people who are:

- outside of family without stable accommodation
- at continuing high risk of abuse / neglect despite being reported to Community Services and/or in out-of-home care
- Aboriginal and in remote / rural areas
- 9 to 17 years of age in out-of-home care with ongoing multiple placements
- with cognitive impairment, especially mild, borderline or otherwise unlikely to be diagnosed, and especially with challenging behaviours
- in sibling groups with extensive child protection history being reported multiple times to Community Services.

We are looking for ways to do better with the resources we have, but we are also open to the bigger issues and long term strategies.

### **Strategic cohorts of vulnerable children and young people for Review to focus on**

*Are we focusing on the right cohorts? Are there other groups that should be a priority?*

It is not useful to compartmentalise between young people in care, in Juvenile Justice, and with drug and alcohol problems. These tend to be the same kids, just reported in a different way. These are not real cohorts of young people. "The cohorts are really issues - these are funding streams". Too many young people are in more than one cohort.

The panel agreed that we need to acknowledge that the groups overlap and that children and young people in the cohorts have a lot in common whether they are homeless, in care, or Juvenile Justice. All are likely to have faced childhood abuse/neglect, and dropped out of school early. We need to look at a range of professional and non-professional community supports. We tend to direct our resources to crisis situations. We are not looking at highly vulnerable young people from an holistic perspective. UK 'corporate parenting' approach encourages a person-centred approach.

We need to work back from positive outcomes rather than negative outcomes:

- living situations are stable safe and sustainable
- strong nurturing relationships not only with service providers
- aspirations, plans for the future
- skilled to deal with the problems in life.

Discussion of the 'system' must keep in mind systems broader than FACS especially schools. School and education must be central to the long term strategy. Can't map pathways without this focus. Connected Communities is an example - the principles and key directions of this reform should be kept in mind and built on. In the Northern Territory, Education is currently taking a lead with this approach.

We should not mirror young people's crisis with a crisis response. In the context of limited resources, services should be flexible about moving money around to where it is needed most and is most effective.

Service system analysis should look at ‘appropriate interventions’, not either ‘crisis interventions’ or ‘early intervention’. There is a good economic argument for timely intervention that addresses causes.

Suggested that the Review look at “trajectory of increasing risk” instead of looking at crisis. Structures that intervene in crisis sometimes cause us to wait until the young person is in crisis, as in Ombudsman’s case studies.

## **Critique of NSW service system strengths and issues**

### ***What has worked well?***

- Ageing, Disability and Home Care Integrated Services Program - adult-focused but we can learn from its approach: ‘we are the too-hard basket, we’re not going to refer you anywhere else’. Involved Housing, Health and Ageing, Disability and Home Care, doesn’t require client diagnosis.
- Whole family teams (Community Services) - drug and alcohol and mental health are working with CS in four locations to deliver holistic case management to families.
- Newpin (Burnside) - part of local Community Services Centre intake which assists development of sustained relationships with clients.
- Police under Keep Them Safe have taken child protection on board, have developed local relationships with services through youth liaison officers. Also Youth Conferencing, when done well.
- Intensive Support Service (ISS) Team.
- Secure residential therapeutic service (Sherwood House only example in NSW).
- Early Intervention Placement and Prevention Intensive Family Support / Intensive Family Preservation programs, for families with children and young people up to 15years. Limited evaluation to date but appears to be positive. Operates at a critical point before removal.
- Ageing, Disability and Home Care Community Justice Program ensures court orders are well crafted, young people stay on in accommodation after court orders have expired - stepping down process is very slow.
- Relationships that are maintained beyond the service provision period are a sign of a program’s effectiveness.

### ***Obstacles – what is preventing the system from operating well?***

- Fragmentation between government departments - agencies not taking responsibility or trusting that other agencies will deliver.
- Lack of data at ‘intersections’; privacy used as an excuse not to share, Chapter 16A working only in some circumstances.
- Tendency of bureaucracies to want to formalise collaborative efforts, slows it down, young people slip past.
- Lack of top down cross-government policy framework, identifying someone to take responsibility within a collaborative model. When people are prepared to work collaboratively there are no models to do so.
- Ageing, Disability and Home Care Intensive Family Support (and other interventions) only for 12 weeks – not long enough to engage young people. ‘Statutory systems can’t do long-term relationships’.
- Number of youth peaks can dissipate advocacy, consolidation might be best approach

### ***What effective interventions should we be implementing?***

- Intensive wrap-around services, team approach, flexible planning, range of services with capacity to work intensively for required period of time, ‘no reject’ policy.
- Education screening (e.g. Geelong). Examples of Police, Education and FACS using their respective data holdings to identify high-risk children and young people.

- Addressing childhood sexual abuse at first knowledge (intensive long term).
- Transitions and preparations for transitions as points of intervention:
  - o foster care entry is an intervention point to reduce long term poor outcomes and increase likelihood of placement stability
  - o family restoration is another key point of intervention.
- Therapeutic residential services e.g. Sanctuary currently building their evidence base
- NSW Juvenile Justice using multi systemic therapy.

### ***What is working elsewhere?***

- Victorian interagency committee led by a dynamic senior minister, true collaboration, e.g. Housing building affordable accommodation (Foyer) on school land.
- Bendigo deemed enrolments scheme, kids who are enrolled but not attending are targeted by St Luke's to assist them to engage with school in the long term. Funding follows the young person from the school to St Luke's and back again.
- White Lion holistic leaving care program: mentoring and employment, guaranteed housing, basis of new Springboard program.
- Staying Put program (remaining with carers until 21), UK evaluation - seems to be effective
- Other states are better at including health in wrap-around services.
- Victorian Department of Human Services (DHS) tender process outlined six outcomes to be delivered by consortium. Geelong Project was one winner (would not have gotten up under a traditional tender process). \$15m for eleven projects, \$10m recurrent - had to demonstrate leveraging funds from other areas.
- 'One DHS' reform (Vic) abolished program areas. Funding framework person-centred.
- Non-government organisations in Victoria are leading initiatives for leaving care, they apply for funding once they have proven to be effective.
- UK corporate parenting model does not always work well (Marie Connolly's experience in NZ) but does work well with strong relationships between agencies at a local level
- Berry Street using Personal Advisor Model for 16-21 yr olds leaving care
- WA peer educators program with parent who have had children removed
- Family to Family (UCal clearinghouse).
- Northern Territory – Education is taking the lead on place based service delivery, might have teachings for delivering services in regional / rural NSW (e.g. Connected Communities).
- Specific residential care models (current WA & Qld studies), requires legislative change.

### ***What is the one thing you would change...?***

- Get strategic framework right, before adding further funding
  - o governance: who is driving this thing? Include non-government organisations / community leaders.
  - o 'mandatory' relationship between Education and Youth Sector
  - o mapping, needs identification: hard to respond without a clear picture of what we spend on vulnerable CYP and what services are currently offered.
  - o need to evaluate service take-up and delivery outcomes. There has never been an evaluation of NSW aftercare services.
  - o broaden stakeholder input into tender process assessments
  - o do the 'pointy end' and place-based community development to support it.
- Provide a 'place of stillness' as a site for a flexible, coordinated response e.g. Housing First.
- Trauma informed care – framework to build skills and capacity of workforce.

- Mainstream systemic response to childhood sexual abuse – this has become a lesser priority in recent years. Requires an additional set of agencies at the table e.g. police.
- Following through on assessments – no new assessment until recommendations from the previous one is implemented.

### **Wrap-up and next steps**

Anne Campbell, Deputy Chief Executive Policy Programs and Strategy: It's clear that we need to work with what we currently have in a different way. Service delivery people need permission to shape their own responses. The challenge is shifting the crisis focus without disrupting what's working on the ground. We also need to place our report in the context of other reforms e.g. Department of Justice Youth on Track, Homelessness Programs. We will forward the draft report with recommendations - participants are invited to look at it critically and provide further feedback.

DRAFT

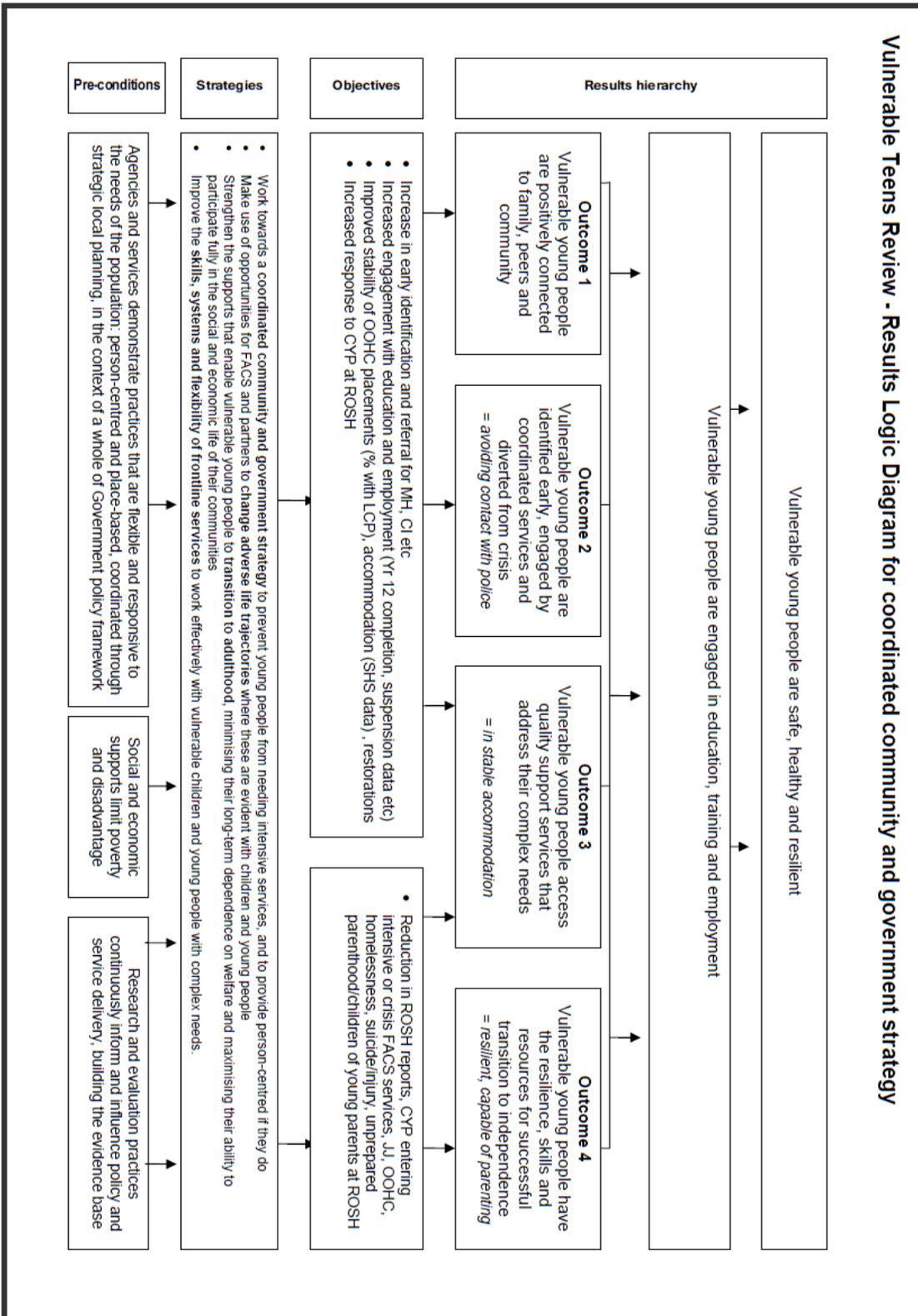
## 12. Organisations consulted by the Review

Aboriginal Child, Family & Community Care State Secretariat (AbSec)  
Association of Child Welfare Agencies (ACWA) &a forum of member agencies delivering OOHC  
Burnside  
Catholic Care  
CREATE Foundation  
NSW Family Services (FAMS)  
Homelessness NSW  
Hume Community Housing  
Liverpool Youth Accommodation  
Mission Australia  
National Disability Services (children and youth sub-committee of member services)  
Network of alcohol & other drugs agencies  
Youth Action & Policy Association of NSW  
YFoundations  
NSW Department Education and Communities  
Aboriginal Affairs  
Commission for Children and Young People  
Office of Children's Guardian  
School Education  
Child Wellbeing Unit  
NSW Department Attorney General and Justice  
Juvenile Justice  
NSW Health  
Mental Health Kids  
Mental Health Commission  
Justice Health  
NSW Ombudsman  
Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA)

*Consultations with young people were conducted by CREATE and YAPA.*

*Further organizations were consulted through the Expert Advisory Panel and FACS Divisional workshop processes – as listed in sections 9 – 11 above. The 'Keep Them Safe' Senior Officer Group and Community Services' Early Intervention Council were also advised of the Review's progress.*

### 13. Draft Results logic diagram





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December 2012