



Family &
Community
Services

Better lives for vulnerable teens

FACS review

Volume 2: Analysis



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5 Understanding vulnerability

Adolescence is a complex phase of development for young people, their families and often the community (Victorian Department of Human Services, 2008). Young people's experience of adolescence differs, and none experience it passively.

Vulnerability can be a function of age or developmental stage as young people move through a range of significant transition points between the ages of 9 and 24 years, such as moving from primary to secondary school, maturing physically and psychologically, entering the world of work, leaving home, or entering new social groups. Social and environmental factors, such as the onset of mental illness, parental conflict or bullying, can further contribute to vulnerability.

Vulnerabilities co-exist rather than operating distinctly, and very vulnerable young people share a large number of risk factors. Of the seven young people profiled by the NSW Ombudsman in a July 2012 discussion paper, all shared a history of abuse and/or neglect, were disconnected from school, and were misusing drugs and alcohol. Most were in out-of-home care with a history of absconding and/or homelessness, displayed offending behaviour and were self harming. All of the females had been victims of sexual perpetrators in the context of their risk-taking behaviour.

Young people disengaged from family and school (for example due to juvenile justice involvement or experiences of homelessness or unstable out-of-home care) risk missing out on the life skills learned by their peers from family and community in adolescence. This can entrench social exclusion. For example, young people in these circumstances have less of the knowledge and role modelling that can help them avoid unplanned parenthood or get their first job.

Risk factors

Risk factors are circumstances which may contribute to a young person experiencing negative outcomes such as disconnection from education, being unemployed or being convicted of a crime. Risk factors create barriers to young people living full lives and participating socially and economically in their communities. In this context, a risk factor can place the young person in danger and or lead to the young person behaving dangerously. At-risk young people can be both agents and victims, vulnerable to their own choices as well as those of others, and influenced by biological, psychological, and social factors (Turnball & Spence, 2011).

Risk and vulnerability in relation to young people occur on a spectrum, ranging from low to high. Many policies and programs across Australia and internationally are based on single issues associated with young people 'at risk',

particularly in relation to those seen at high or extreme risk of adverse outcomes.

Figure 1 outlines the main indicators identified in various research and policy frameworks, relating to layers or levels of risk and vulnerability associated with young people.

Overall, research on highly vulnerable young people highlights the challenges involved in supporting young people across the varied, complex and interrelated issues they experience.

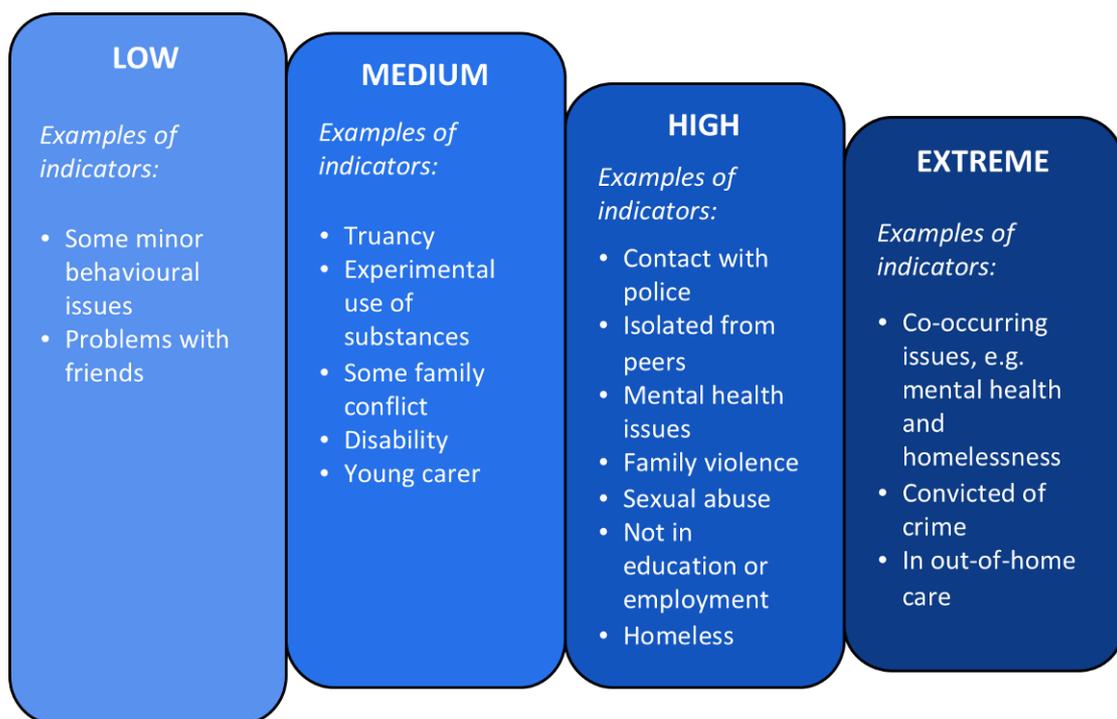


Figure 1: Levels of risk associated with young people

Service system interventions and supports attempt to identify young people within risk categories to try to prevent or decrease individual risk and vulnerability. This understanding of young people based on risk and 'risk factor analyses', however, has limited usefulness as it is based on a number of assumptions:

- the focus is on the individual, rather than on broader structural elements or influences (France et al., 2010)
- risk factors are seen as norms, and limited reference can be given to contextual factors such as location (urban, regional or rural), or structural barriers (such as housing, education, employment)
- identifying and assessing risks is an objective process, rather than a matter for interpretation, judgment and application of values (France et al., 2010)

- simple (rather than causal) correlations and links are made between risks and outcomes, and therefore linking risk factors to predictable trajectories is limited (Kemshall, 2008).

Kemshall (2008), for example, explains that the relationship between risk factors, trajectory and final outcomes for young people are more complex than 'risk factor analyses' generally allow. It is evident that programs and service systems need to recognise this complexity and the interconnected domains in which issues occur and impact on young people, rather than simply addressing risk.

Figure 2 highlights a range of indicators and factors associated with risk, and attempts to locate issues within broader contexts and domains that influence young people's lives. Selected factors are outlined in the following sections.

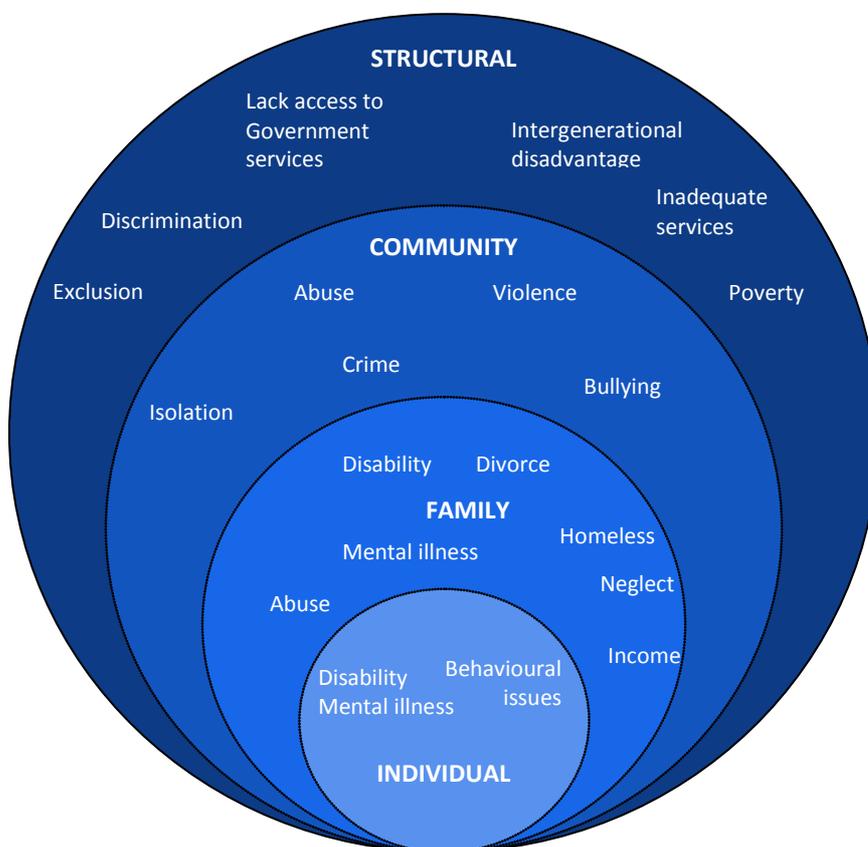


Figure 2: Some indicators and issues associated with young people at risk

Structural and community factors

Young people in regional and remote communities

Young people growing up in NSW have very different experiences of 'place'. Our state is geographically diverse. A large proportion of our land is regional and remote. However, most of the population is concentrated in large cities on the eastern coastline.

In 2006, three-quarters of children and young people in this state resided in Sydney, Newcastle, and Wollongong (NSW Commission for Children and Young People, 2011). The remaining one-quarter of children and young people growing up in regional and remote NSW have different experiences from their urban peers in a range of key areas such as education, health and mental health, and social inclusion.

Disadvantages faced by regional and remote young people such as parental unemployment, poverty or health issues can be compounded by geographical isolation and lack of services. This heightened vulnerability places children, young people and families in regional and remote areas at increased risk of social exclusion.

Tony Vinson's national study of locational disadvantage found that just over half of Australia's disadvantaged communities were rural (2007, p. xiv). This study drew from a broad range of social distress, health, community safety and economic factors to measure disadvantage and social exclusion.

Vinson also referred to research by the National Centre for Social and Economic Modelling that found rural areas were much more prone to child social exclusion (Harding et al., 2006 in Vinson 2007, pp. 8–9).

The NSW Commission for Children and Young People found in their online databook *A Picture of NSW Children* (2011) that:

- parents in rural areas were more likely to report difficulty getting health care for their children when they needed it, particularly for young people 9 to 15 years, for whom over one-third of rural parents reported difficulty
- parents in rural areas were more likely to report low household income and food insecurity
- children in remote western NSW were 37 per cent more likely to be assessed as developmentally vulnerable during their first year of school than children in Sydney.

Adolescence and the teenage years are experienced differently in regional and remote areas. Young people who are geographically isolated have fewer employment opportunities, fewer services such as health services, and fewer recreational opportunities. This reduced social and economic network is more difficult for young people to navigate because of long distances and a lack of public transport. Young people also face service provision barriers such as lack

of confidentiality in small rural communities and heightened community surveillance (Youth Action and Policy Association & Nepean Access Project Reference Group 2005, pp. 79–87).

Indigenous young people

Indigenous young people are over-represented in the majority of indicators and issues associated with risk discussed in this Review, such as homelessness, juvenile justice, child protection and poverty. Indigenous young people are more likely to be in detention, have a mental illness, be hospitalised and commit suicide (ARACY, 2008:19). They are significantly more likely to live in low-income families (ARACY, 2008:19–20), and are over-represented in all aspects of the child protection system¹.

From *Young Australians: Their health and wellbeing 2011* (AIHW, 2011):

Compared with their non-Indigenous counterparts, Indigenous young people are:

- twice as likely to die from all causes, six times as likely to die from assault and four times as likely to die from suicide
- ten times as likely to have notifications for sexually transmissible infections and six times as likely for hepatitis
- six times as likely to be teenage mothers
- six to seven times as likely to be in the child protection system (more than eight times as likely in NSW – AIFS, 2012)
- 15 times as likely to be under juvenile justice supervision or in prison
- twice as likely to be unemployed or on income support
- three times as likely to live in overcrowded housing
- two to three times as likely to be daily smokers.

It is acknowledged that past government legislation and practices such as assimilation have contributed to Aboriginal people being one of the most disadvantaged socio-economic groups in Australia. These policies have had lasting intergenerational impacts which need to be addressed. Various government policies have contributed to family fragmentation, alcohol and substance abuse and over-representation in the juvenile and criminal justice system (NSW DoCS, 2009).

The current Queensland Child Protection Commission of Inquiry (2012) has noted a concern that 'part of the reason Indigenous children continue to be substantially over-represented in the child protection system is that current government investments ... are not correctly configured to address the disadvantage faced by many ... families'. In the absence of a solid family

¹ Child Protection Clearinghouse, p. 2

support system for very disadvantaged communities, they receive only mandatory interventions.

Disadvantage

Features of families in Australia who are disadvantaged include low family income, unemployment (including long-term unemployment), limited computer and internet access, early school leaving (for adult or for young person), lack of formal qualifications, and receipt of income support payments (ARACY, 2008:19–20).

Young people who live in low and very low-income families experience considerable barriers to accessing education and employment. Not only are low-income households more likely to struggle to pay for educational items (Boese and Scutella, 2006:26), but they often live in isolated areas with limited access to education and employment resources (ARACY, 2008:15). Young people living in low and very low-income households are also more likely to experience stressors such as housing and food insecurity.

Dropping off the Edge (Vinson, 2007) demonstrated the strong correlation between socio-economic disadvantage and low school attainment, high unemployment, poor health, high imprisonment rates and child abuse. The report found that 1.7 per cent of postcodes and communities across Australia account for more than seven times their share of top rank positions on the major factors that cause intergenerational poverty. There is a particularly strong link between intergenerational poverty and low educational attainment. Early disadvantages also tend to accumulate over the life course.

Social disadvantage may manifest through individual factors (poor health, low school attainment, poor relationships), family factors (financial stress, insecure housing, domestic violence, parental mental ill-health and substance use) and community factors (crime, bullying, lack of recreational opportunities and facilities, absence of effective services, and employment). While there is clearly a need to support young people and families at an individual and family level, there is also evidence that supporting social cohesion at a community level can dampen the effects of harmful communal conditions.

Dropping off the Edge recommends developing policy to target communities suffering the greatest disadvantage, including:

- integrated planning between government departments and levels of government
- flexible funding pools to support innovative local projects
- shaping broader policy measures, especially in education, to meet the needs of communities with marked concentration of social disadvantage.
- support for projects which combine personal support, attention to educational deficits and skills development for disengaged young people.

Education

Education is crucial in determining the life outcomes of vulnerable young people. For some students, schooling presents social as well as academic challenges.

There are well-documented links between academic failure, exclusionary disciplinary practices and student disengagement on one hand and adverse economic and social outcomes, including careers of crime and homelessness, on the other.

At present in NSW, while young people are required to 'learn or earn' there is limited onus on schools to re-engage students who start to disengage because of complex needs and attendant challenging behaviour. Such re-engagement requires a person-centred approach to address the needs and risk factors that contribute to vulnerability. However, 'practitioners report ... a growing tendency for schools to use suspension not only as a way of managing violent or aggressive behaviour, but other less severe behaviours'.

Between 2006 and 2011, public school suspensions increased by 36 per cent; and in 2011, 6 per cent of students in Years 7 to 10 received a 'long suspension'. Repeated suspensions intensify academic difficulties and disengagement from learning, while students who miss substantial periods of school are usually exposed to other significant risks.

Raising the school-leaving age to 17 years has increased the number of vulnerable students in the school system. Access to alternative education and vocational education and training (VET) is crucial for engaging these students and improving long-term outcomes for them and their communities (Centre for Policy Development, 2012).

The 66,200 students undertaking school-based VET in NSW in 2011 represented a 6.2 per cent increase on 2010. As VET (and TAFE in particular) delivers significantly more services to disadvantaged areas and populations, any reduction in access is likely to disproportionately affect vulnerable young people.

Scarcity of structural resources and community infrastructure also adds to the burden on schools in disadvantaged areas, highlighting 'a need for services to join up more effectively around schools' (Uniting Care; NSW Ombudsman, 2012). Approaches that can mitigate against disengagement include delivering early support for behavioural problems, engaging parents in schooling, setting high but achievable expectations and providing positive and safe learning environments, including flexible teaching and alternative education settings.

Fragmented and siloed service delivery

The focus on separate issues and risks for children, young people, and families has led to the existence of multiple agencies and services, each with its own

professional culture, eligibility criteria and risk assessments (France et al., 2010:13).

As young people who are at risk often experience multiple concurrent issues and challenges, they are often involved with more than one service agency. In these circumstances young people may not receive effective support because services are not aligned in their goals or strategies and are not communicating. Fragmented services often fail to acknowledge the interconnected nature of people's needs and the influence of community and structural factors, and fail to work with the needs of the whole family in mind where children and young people are involved (Hamilton, 2010; Rankin & Regan, 2004).

The existence of siloed systems and agencies that specialise in specific issues, such as housing, mental health, education or juvenile justice, often leads to young people 'falling through the cracks'. Even where this does not happen, interacting with several service systems is stressful for young people and their families, often adding to their challenges. Research shows that when services are experienced in a fragmented and piecemeal way, powerlessness and dependence are reinforced (France et al., 2010:13).

Governments and community sectors across NSW, Australia, and internationally have recognised the issues associated with targeted and siloed services and programs, and the concept of integrated services and holistic approaches to service delivery has gained influence in social policy contexts. There is also increased emphasis on prevention and early intervention in response to the development of the risk spectrum and protective factor perspective.

A consequence of specialisation and a fragmented view of clients is that people with multiple and complex needs find that the services they expect to help them are shaped to assist with only part of their needs and send them elsewhere for complementary services. What is stark in the literature and stakeholder input is the disconnect between the ordinariness of people with complex needs in service systems and the extraordinariness of any one service being able to work holistically and competently with them.

It is often the client who is punished for a service's lack of competence in core skills such as dealing with challenging behaviour or factoring in the effects of trauma (Legal Aid NSW 2012; Baldry, 2012).

Family factors

Family dysfunction

Families that are protective and nurturing make a difference in outcomes for young people who are vulnerable for other reasons such as poverty or mental illness. Conversely, neglectful, violent, or unsafe families place children and young people at enormous risk. This risk factor is explored elsewhere in the Review, particularly in relation to children's experiences of abuse and neglect.

Children and young people in families where parents have been incarcerated also experience multiple difficulties, including traumatic separation, loneliness, stigma, unstable childcare arrangements, strained parenting, reduced income, and home and school moves (Murray, Farrington and Sekol, 2012). Children of incarcerated parents often have multiple, stressful life events before parental incarceration.

Young carers

In 2006, 11.6 per cent of young Australians were caring for someone who had a disability or was aged. Research shows that young carers are more likely to experience social exclusion and isolation due to the responsibilities and stress associated with caring, and the stigma associated with disability and mental illness (Australian Research Alliance for Children & Youth, 2008:19). Australian Institute of Health and Welfare (AIHW) data from the 2011 report on Health and Wellbeing of Young Australians suggested that around 25 per cent of young people 15 to 24 years were living with a parent with disability, while around 19 per cent of parents had a mental health problem.

Case study: Blair

At the time of his death, Blair was 15 years of age. Blair's probable cause of death was acute mixed drug toxicity. When he died, he was homeless as a result of self-exiting a temporary out-of-home care arrangement, and had been in and out of hospital primarily as a result of drug overdoses. Blair had a substantial history of involvement with Community Services and Juvenile Justice, and had been known to a number of other agencies including Ageing, Disability and Home Care; Health; Education; and Police.

Blair was diagnosed at birth with foetal alcohol syndrome and placed in foster care at three months of age. Final orders made in 1996 placed him in parental responsibility of the Minister. When Blair was two years old, he was adopted, and the original care order was rescinded.

Following the death of his adoptive mother when he was about nine years old, Blair's family came to the attention of Community Services due to parental substance abuse and alleged physical assault. Blair's behaviour began to deteriorate at home and at school. Blair began running away from home, and engaging in offending behaviour and substance use at 12 years of age. Psychological assessments at 13 years of age showed moderate intellectual disability with severe cognitive, behavioural and social difficulties.

Blair was the subject of approximately 80 child protection reports. Police records list 102 events and 20 charges against him. He was detained in juvenile justice facilities on numerous occasions. He experienced school suspensions and expulsions due to violence and substance use and stopped attending school at 14 years of age. Blair also had multiple hospital stays for drug overdoses and several periods of homelessness during his adolescence. He disclosed incidents of sexual assault during his periods of homelessness. Blair was the subject of six Community Services temporary care agreements, of varying periods of time, during his adolescence.

Individual factors

Young people and mental health

Mental health issues are a significant problem for many young Australians. Over a quarter of young people (approximately 26 per cent or 617,000) had a mental illness in 2006 ([ABS, 2007](#)).

Adolescence and young adulthood are the peak periods for the onset of mental illnesses, including depression, anxiety disorders, and psychotic disorders such as schizophrenia (Boese & Scutella, 2006:9). More than 75 per cent of serious mental health conditions commence before the age of 25, with the age group

between 18 and 24 experiencing the highest levels of psychological distress (ABS, 2007).

Young people experiencing mental illness face barriers to education and employment, and are more likely to have problems with substance use. Children and young people with conduct disorder or personality disorders are often not prioritised for mental health services but are over-represented in justice populations. While the prevalence of mental health issues among young people is significant, there is a very low rate of service use among this age group in comparison with other age groups. For example, in 2007 the ABS reported that just under a quarter (23 per cent) of young people with a mental illness accessed mental health services, compared to around 41 per cent of people 45 to 54 years of age.

The suicide rate among young Australians remains high. In 2007, suicide accounted for 22 per cent of all deaths of people 16 to 24 years of age. Of the young people who died from suicide, 79 per cent were males (ABS, 2007). In NSW, an average of 16 young people 12 to 17 years of age are suspected to have suicided each year from 1998 to 2010.

Suicide rates are high among young people from low socio-economic areas and rural communities, and Indigenous young people (Boese and Scutella, 2006:9). While more males complete suicide, the level of self harm leading to hospitalisation is six times higher among females. The number of 12–14 year old children hospitalised due to self harm rose 66 per cent between 1996 and 2006; the number of females 15 to 17 years of age hospitalised for self harm rose 90 per cent (Parkinson, 2011).

Abuse and neglect are likely to be significant factors contributing to suicide. Of the 68 suicides by young people 12 to 17 years of age between 2006 and 2010, 32 of the young people were known to Community Services (CCYP, 2011; Child Deaths Annual Reports 2010 and 2011).

Child death reports note that suicidal behaviour is linked to heightened vulnerability factors such as mental illness, previous suicidal behaviour, substance misuse, personal crises, family circumstances, history of abuse/neglect, social exclusion/isolation, parental substance abuse and domestic violence.

Young people with cognitive impairment

The ABS (2004) Survey of Disability, Ageing and Carers reported that 8.9 per cent of 12–24 year olds had a disability, defined as a condition lasting for at least six months and causing restrictions to everyday life. The most common disabilities mentioned were intellectual and other mental disorder (20 per cent), psychiatric (18 per cent) and musculoskeletal (14 per cent) (ABS, 2004).

The concept of disability is multi-dimensional and involves the interaction of an individual's health, the environment in which they live and work, and personal

factors. While not necessarily a risk factor in itself, disability can impact on a young person's capacity to carry out day-to-day tasks and to participate in education and leisure activities.

The ABS' 'intellectual and other mental disorders' category is more commonly described as cognitive impairment. Cognitive impairment is associated with many disabilities and disorders that can be present at birth or acquired later in life, and occurs in a range of severity, from mild to profound. Cognitive impairment can be associated with a number of conditions, including: intellectual disability (less than 70 Full Scale IQ – about 4 per cent of the population), borderline intellectual functioning (70–79 FSIQ), acquired brain injuries, dementia, and other developmental disorders such as cerebral palsy, autism, attention deficit hyperactivity disorder and Asperger's Syndrome.

For young people with cognitive impairment, limited access to services (whether due to scarcity of programs or challenging behaviour that leads to exclusion) can contribute to their becoming higher risk and higher cost within other services.

Critically, cognitive impairment is likely to be associated with difficulties in language and communication, learning, literacy and adaptive functioning. Young people with cognitive impairment and any associated conditions are likely to be relatively lacking in skills of comprehension, negotiation, judgement and reasoning, and to have poor literacy, low socio-behavioural capacity, poor mental health and anti-social behaviour.

Children and young people with cognitive impairment are less likely to receive a targeted service that is appropriate to their developmental stage. Cognitive impairment is exacerbated in environments that cannot offer an appropriate level of support to young people and their carers – for example, where there is poverty or geographic isolation. For Indigenous young people, widespread physical health issues such as otitis media lead to hearing loss which also contributes significantly to learning and communication delays.

Children and young people with undiagnosed intellectual disability, borderline intellectual functioning or below average IQ are over-represented in criminal justice systems. These young people are also over-represented in the homeless population, as their disability may contribute to poverty and their lesser capacity to access services.

Early interventions, such as effective assessment and speech therapy in the early years, would help to establish and maintain engagement with education and help young people develop the skills to better manage themselves. While children and young people with cognitive impairment are eligible for support from both government and non-government disability services, they are often 'prioritised out' due to lack of resources or capacity. Borderline intellectual functioning is highlighted in this Review because:

- the apparent independence and behaviour of young people with borderline intellectual functioning is often more of an issue for carers, peers and service providers than that of those with diagnosed intellectual disability
- it is less well understood by schools and service providers than mental health or diagnosed intellectual disability
- there are fewer services for this group of young people, leaving frontline teachers and police with limited options
- children and young people with cognitive impairment (including borderline intellectual functioning) are overwhelmingly over-represented in justice populations, an indication that current service systems are not working effectively with them.

Young parents

Teenage parenthood is associated with long-term risks to the young parents and their child or children. Parenthood during teenage years often means interrupted schooling, high risk of lone parenthood, greater dependence on government assistance, increased problems in engaging with the labour market, and poverty. Young parents with a history of abuse and neglect leading to statutory child protection intervention and out-of-home care are more likely to be reported to statutory child protection services for risks to their own children.

FACS has an interest in breaking this cycle of intergenerational involvement in child protection and out-of-home care, though stakeholder feedback has highlighted the fact that preventative responses with FACS clients who become young parents – even where the risks to the baby are well understood – are often inconsistent and unsatisfactory.

Protective factors

In order to understand why some young people are at risk and how the service system in NSW can work with them to achieve positive outcomes, it is necessary to understand the factors which have been shown to protect young people from experiencing adverse outcomes. For example, research highlights that young people who feel connected to their family, peers and community, have opportunities to participate in activities, are included in decision-making and feel safe and secure, have better physical and mental health outcomes (ARACY, 2008:7).

Research and service delivery have increasingly moved from deficits-based to strengths-based approaches, which has led to a rise in research on resilience. Resilience is not easily defined and involves a range of complex processes that must be understood in individual and social contexts. In broad terms, resilience relates to strengths and resources that enable adaptive functioning and positive outcomes despite exposure to high levels of risk or adversity.

Resilience is not a fixed trait but may change over time, because protective factors, like risk factors 'operate at the individual, family and community level and may vary depending on ... age or developmental stage, as well as the type of adversity being faced' (Hunter, 2012). Hence, key concepts such as risk or adversity and adaptive or competent functioning must be contextualised to each individual's situation. It is possible to be traumatised and resilient at the same time – for instance, functioning competently in an academic setting while suffering anxiety or depression. This dynamic range of factors requires a sophisticated client-centred response, which may be delivered through quality casework support.

There is some crossover between discussion of resilience and other perspectives such as attachment theory with its focus on secure relationships as a protective factor, trauma theory which has something to say about exposure to high levels of adversity, and strengths-based practice (Hunter, 2012).

Programs that focus on resilience may be 'universal', such as MindMatters and the Resilience Doughnut. They may target those exposed to one-off traumatic events. Or they may target those who are vulnerable or facing adversity. The latter group is most relevant to this Review. Gilligan (2009) and others have outlined practices for workers and carers to support or protect a range of protective factors for vulnerable children and young people.

As previously discussed in association with risk factors, protective factors exist within the wider structures and domains impacting on young people, and not as individual characteristics. Figure 3 outlines some protective factors that are claimed to help young people achieve positive physical, mental, educational and employment outcomes despite facing one or several risk factors.

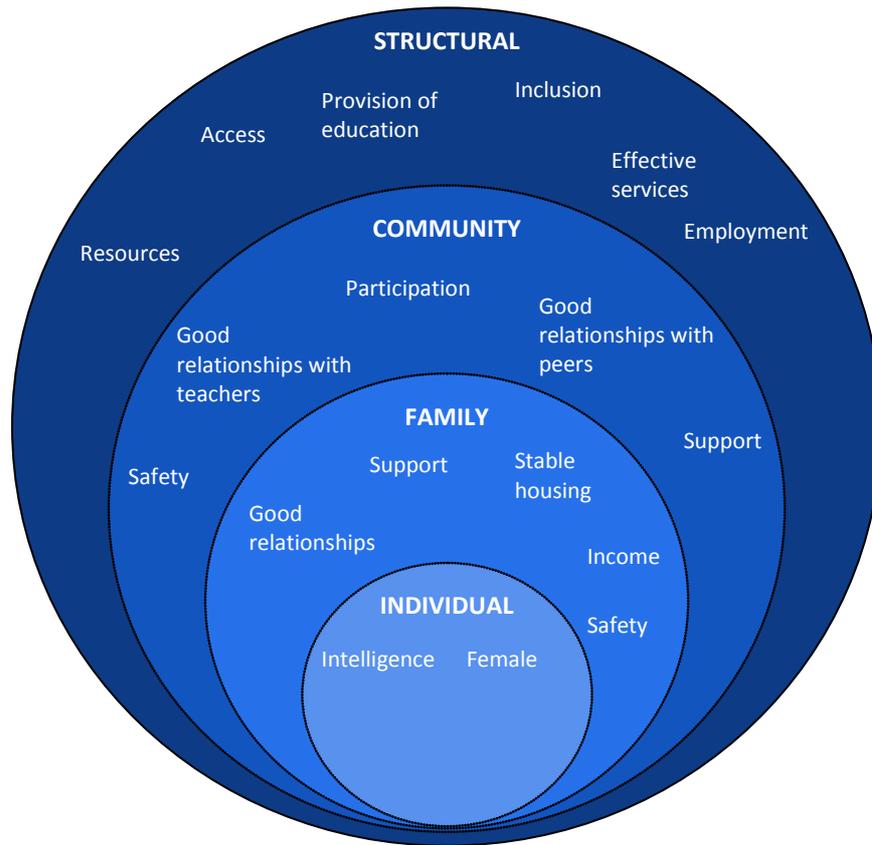


Figure 3: Some protective factors for young people

High vulnerability trajectories

There is substantial research available on strategies for preventing adverse outcomes for young people in general (e. g., Barker et al., 2012, Victorian DHS, 2010) or for clients of specific parts of the service system such as Juvenile Justice or out-of-home care.

This Review examines the way key vulnerabilities come together to affect the life course of some young people, separating them from any form of family and resulting in trajectories towards sustained homelessness or criminal justice involvement.

The Review considers the main cohorts of young people in NSW who experience these adverse end outcomes in order to ensure that the resultant proposals will work for those most at risk of adverse outcomes. In this approach certain cohorts are highlighted who, although sometimes seen as outliers even within the vulnerable population, ought to lie in the centre of policy and strategy for vulnerable young people.

Young people affected by combinations of family dysfunction, abuse, neglect, trauma, mental health issues (such as conduct or personality disorders), cognitive impairment, behavioural issues and/or poor experiences of care,

emerge as of central concern. Their prevalence in justice and homeless populations is an indicator that current service systems do not work well for them.

The Review focuses on these factors because the current service response to factors such as family conflict (through Reconnect and other services) or to physical disability (through Ageing Disability and Home Care - ADHC) means that some stressors on families are less likely to lead to adverse outcomes and/or more likely to get an effective response.

This Review therefore has a particular focus on:

- the factors which lead to adverse outcomes
- situations where current responses are proving inadequate for significant cohorts of young people.

Given the human and community costs involved it would be strategic for NSW to better design and deliver mainstream education, family and health services to work effectively with the cohorts of children and young people highlighted by this Review, especially with Aboriginal children and young people, and especially early in life and/or early in the emergence of issues.

Improving how mainstream services work with these cohorts of children and young people will strengthen the diversion and early intervention effectiveness of those mainstream systems for all disadvantaged and vulnerable children and young people.

Key to improving the lives of children and young people who are already vulnerable is addressing the risk factors in their lives. A person-centred response to young people who are highly vulnerable to adverse outcomes provides young people with the resources, relationships and resilience to negotiate adversity and eventually transition to independence.

Service system responses that do not reduce young people's risks may exacerbate young people's vulnerability and contribute to trajectories towards school disengagement, homelessness, juvenile justice involvement or serious mental health issues.

Adverse outcomes affecting NSW young people

Adverse outcome	Numbers of children / young people (cyp) involved	Compounded adverse outcome	Numbers of children / young people involved	Comment / source
CYP convicted in Children's Court or admitted offence through Conferencing	8981 cyp in 2010	Re-offending	64% within 2 years = 5748 cyp	BOCSAR, 2012
CYP DAGJ anticipate as identifiable as at high risk of offending	1600 cyp annually	CYP sentenced to custody	644 in 2011/12	Internal DAGJ document. DAGJ Annual Report 2011/12
Self harm resulting in hospital admission	817 cyp aged 12 – 17 in 2010/11	Suicide of yp aged 12 – 17.	Average of 16 yp per year from 1998 to 2010. [47% known to CS 2006-2010]	CCYP Picture of NSW Young People, 2011. Child Deaths Annual Report 2011.
Homeless yp. on a given night in 2011.	2642 yp aged 12 to 18. 4277 yp aged 19 to 24.	CYP at risk of significant harm with 'inadequate shelter or homelessness' or 'abandoned'	3490 cyp aged 12-17 years during 2010/11	ABS 2012. CS annual statistical report 2010/11.
YP aged 12 to 17 reported at Risk of Significant Harm during 2011/12	17 969 cyp	YP aged 12 to 17 reported at Risk of Significant Harm during 2011/12 whose reported experiences of abuse or neglect also go back to before they turned 9 years old.	10 425 = 58% of total. [For 7072 or 39% of the total, abuse / neglect was first reported before they turned 4 years old.]	Data extracted from KiDS
YP aged 13 to 17 in OOHC	4704 yp Nov 2012	YP aged 13 to 17 in OOHC with 3 or more placements and less than 2 years in current placement	871 yp at Nov 2012	871 yp at Nov 2012

Case study: Natalie – Summary of agency contacts over lifecourse

(Edited case study from Baldry et al., 2012)

Natalie is a young woman born in the mid 1980s with borderline intellectual disability (total IQ 73), a history of substance abuse and various mental health diagnoses including personality disorders and a psychotic disorder due to the harmful use of cannabinoids. She also suffers from asthma and has experienced high-risk pregnancies with her three children, born when she was 18, 20 and 22 years old. She attended a special class but left school at 14 without any qualifications. Natalie receives a disability support pension.

At 14 and 15 years of age Natalie had contact with police on 36 occasions within twelve months, the first after being assaulted with a garden hose by her father. At the time she told police that she was regularly assaulted by her older brother. This episode led to a Community Services notification and Natalie was placed in Community Services care for six months. Throughout that year she came to police attention for verbal abuse of staff at her school (from which she was banned), of staff at the hospital where her father was admitted after a suicide attempt, and of her ex-boyfriend's family, and for various minor assaults and malicious damage. During these events, police recorded that Natalie did not have stable housing and observed: 'not enough was being done especially when reviewing Community Services notes and feel no attention to the ADHD and intellectual disability matter was or has ever been made.' Despite repeated attempts at finding her accommodation Police recorded that Natalie's history of aggressive behaviour resulted in her being refused admission or thrown out of many youth refuges/temporary accommodation so she was often homeless.

At age 16, Natalie had contact with police on 28 separate occasions, most relating to verbal and physical altercations with family or fellow residents or staff of temporary accommodation where she was residing, and subsequent breach of AVO or bail conditions. Natalie had seven episodes in DJJ custody over four months. While in custody she threatened self-harm and suicide. Natalie's first recorded hospital admission was during the same period for 'intentional self harm' with paracetamol poisoning. At that time, orders were made by the Guardianship Tribunal that Natalie be taken to and returned to ADHC premises, with police assistance as required.

The following year, police were called to the home of a friend of Natalie's mother where Natalie was damaging property. Natalie told police that she was doing it 'because police had not refused her bail for a stealing offence which had occurred earlier in the afternoon. [Natalie] also states that she was bored and had no place to go as there are family issues.' She was cautioned and taken to the local police station, where she told police that she would continue to commit offences until bail was refused. Natalie was subsequently held on remand for 14 days for malicious damage.

A month later DJJ was unable to obtain ADHC support for Natalie as she did not meet the criteria for intellectual disability but that they were going to organise another assessment. At this same time the DJJ caseworker noted that a crisis accommodation provider stated that they are unable to accommodate her because they admitted an 11 year old the night before, and having Natalie stay there would not be suitable due to Natalie's 'behavioural issues'. Another housing provider stated that Natalie required one-on-one supervision which they could not provide. In October, Natalie's DJJ case notes stated that some of her friends 'bleed [Natalie] on payday; two days later \$450 is gone and she starts doing the rounds and gets into trouble again'. A month later Natalie was again in custody and ADHC again advised the DJJ caseworker that no funding was available for Natalie.

Natalie's regular contact with police from the age of 14 was initially because of a number of offences but also as a young person at risk. This is the age at which her engagement with the special school she attended broke down; she was picked up by police for truancy, and was later cautioned by police for verbal abuse of a staff member after having been banned from the school. Natalie's contact with police as a young person related predominantly to theft, assault or harassment of others and associated AVOs, and breaching of bail conditions. When confronted, she freely admitted to her offending behaviour. The lack of adequate support for Natalie as a young person with an intellectual disability was exacerbated by mental health and other problems in her family. Despite the involvement of Community Services, ADHC, the Guardianship Tribunal and DJJ in case management with Natalie, there was no adequate or effective response to her complex needs and a continuing level of high police contact. Police struggled to find accommodation and support for Natalie, and often returned her to her home despite their acknowledgement that the situation there was precipitating much of her contact with them.

She had some admissions to hospital under the Mental Health Act and was assessed a number of times, but was never hospitalised for any length of time nor recorded as being on medication. She received minor assistance from ADHC as an adult in the form of therapy and counselling, but appears not to have received the level of intervention she clearly needed. None of Natalie's children stayed in her care for more than a few months. The provision of mostly emergency health care to Natalie was costly, and vastly inadequate given her pervasive mental and physical health problems.

Costs

Costs seen in the context of the narrative of an individual's life given the breadth and depth of social disadvantage, multiple support service needs and frequent and ongoing criminal justice contacts observable chronologically and in relation to each other. Costs associated not only with individual agency interactions, but also with the effects of the cumulative disadvantageous life experiences and events.

Example of agency costs:

- Community Services – investigation, removal of child, out-of-home care
- NSW Police – police incident by incident type and outcome, transport, custody, offence
- Juvenile Justice – court assistance, conferencing, community orders, custody, reports
- NSW Housing – assessment for eligibility, RentStart, housing tenancy costs

Estimated lifecourse institutional costs

Natalie	10–15 yrs	16–18 yrs	19–21 yrs	22–25 yrs	Total Cost
Police	\$20,320.17	\$154,745.91	\$146,930.46	\$153,182.82	\$475,179.36
Community Services		\$46,290.63			\$46,290.63
Corrective Services			\$ 70,067.60	\$ 20,721.16	\$90,788.76
JJ		\$103,151.72			\$103,151.72
Housing			\$7,645.21	\$6,192.62	\$13 837.82
Health		\$4,164.95	\$33,319.62	\$26,530.37	\$64,014.94
Courts		\$11,426.06	\$4,839.06	\$923.25	\$17,188.38
Legal Aid	\$541.80	\$8,650.53	\$12,499.51	\$7,102.37	\$28,794.21
Centrelink			\$63,786.93	\$49,943.64	\$113,730.57
Justice Health		\$ 4,510.84	\$9,537.20	\$4,381.96	\$18,430.00
ADHC				\$4,700.00	\$4,700.00
Total	\$20,861.97	\$332,940.64	\$348,625.59	\$268,978.18	\$976,106.38

Total Justice costs: \$733K

Total human service costs: \$129K

Benefits: \$114K

Intergenerational costs regarding Natalie's children – not costed.

Young people's experiences of out-of-home care

Young people in care are one of the most disadvantaged groups in the community, and young people leaving care are at high risk of adverse outcomes (Osborn & Bromfield, 2007:1).

In their study of care-leavers in 1996, Cashmore and Paxman found that almost half of young care leavers were unemployed, and on average, young care leavers move three times during the first 12 months after leaving (Osborn & Bromfield, 2007:2). This study also found that one in three young women leaving care become pregnant soon after, compared to only 2 per cent of the general population of under 19 year olds at that time.

A study in 1999 across all states and territories, found that almost half of young people who leave care experience a period of homelessness, and almost half commit a criminal offence (Osborn & Bromfield, 2007:2).

The long-term cost to state services of young people leaving care is significant. Raman, Inder and Forbes (2005) estimate that the unemployment, crime, health, housing and child protection costs for the intergenerational cycle of care are \$738,741 per young person over a 42-year timeframe.

In recent years the number of children and young people in out-of-home care has increased in Australia and overseas. Any child or young person placed in out-of-home care is already vulnerable due to the factors that have led to their placement.

Children and young people in care have experienced trauma, including abuse, neglect, the death of a parent or parents and/or parental incapacity (due, for example, to mental illness or drug and alcohol misuse). Separation from parents, siblings, peers and broader family and kinship groups is a traumatic experience regardless of reasons for removal.

Within this vulnerable group, some are more likely to experience adverse outcomes. These are children and young people who:

- enter out-of-home care at an older age because of abuse or neglect which starts in, or persists into, adolescence
- experience multiple out-of-home-care placements
- are in residential out-of-home care
- have problematic behaviour, often linked to trauma, cognitive impairment, and/or behavioural or personality disorders.

Abuse/neglect and entry to care during adolescence

Approximately 29 per cent of children and young people admitted to a care and protection order in NSW in 2010–11 were aged between 10 and 17 years (AIHW, 2012). Young people who enter out-of-home care during adolescence were considered by practitioners consulted by the Review to be at particularly high risk of adverse outcomes.

This group have generally experienced prolonged exposure to abuse and neglect that may or may not be recorded in a history of reports to the Child Protection Helpline, police involvement, and school suspensions and expulsions. They may have experienced a number of temporary out-of-home-care placements before being placed in out-of-home care in adolescence.

Research indicates that adolescents are more likely than younger children to have been exposed to a high number of adverse events during their life, and have more significant behavioural and emotional problems. Entering care as an adolescent has also been associated with poorer mental health outcomes and placement instability (NSW Ombudsman, 2009:1).

Cashmore and Paxman (2007) found that older children or young people who enter care following a period of temporary placements and restoration attempts are most at risk of adverse outcomes in early adulthood.

Tarren-Sweeney (2008) found a strong relationship between the mental health of young people in out-of-home care and the age at which they entered care, with an older entry age associated with mental health issues. These mental health issues were seen as likely to be present when adolescents enter care, and are understood to result from sustained and cumulative trauma, often with limited intervention and treatment prior to care entry.

Instability during out-of-home care

It is well recognised that placement instability puts the wellbeing of children and young people in out-of-home care at risk. Placement breakdowns and placement changes disrupt children's and young people's relationships with carers, friends, teachers and other significant adults, particularly if they require a change of schools. Young people who experience placement breakdowns are more likely to experience homelessness.

Placement breakdowns often increase during adolescence because of young people's changing needs, behaviours and developing identity at this stage (Wulczyn et al., 2003). In adolescence, young people may initiate placement changes, as their stronger sense of identity and tendency towards independence result in an increased sense, right or wrong, that they are not well matched with their carer (Hyde & Kammerer, 2009).

Placement breakdowns often result from the child or young person's problematic behaviour. Other predictors are: gender (boys are four times more likely to experience placement disruption than girls); placement in country areas; and a history of more than six previous placement changes (Delfabbro et al., 2000). However, the child or young person's individual characteristics that contribute to placement instability are only part of the picture. Prolonged experiences of placement instability and insecurity can become a form of 'systems abuse', where this results from unplanned long-term placements or insufficient effort in placement matching.

Evidence suggests that children and young people who experience instability in out-of-home care are protected from adverse long-term outcomes if they report that they 'felt' secure while in care. For example, young people who experienced a high number of placement changes but had at least one placement that was stable for a period are more likely to report that they have felt 'loved' and 'secure' and had a sense of belonging. Young people who report these positive experiences were found by Cashmore and Paxman (2006) to be more likely to make successful transitions to independent living, particularly when they received continuity and support during that transition:

... in fact, young people's sense of security was a 'more significant' predictor of their outcomes after leaving care than stability per se. (Cashmore & Paxman, 2006)

Similarly, the mental health of young people in care was found to be more affected by the young people's perception that their carer 'anticipated restoration' than by the number of placement breakdowns they experienced (Tarren-Sweeney 2008). This reinforces that while placement stability is important, it is also critical to build meaningful relationships with adolescents and young people to whom we are delivering care and protection.

Lack of placement options was identified as an additional vulnerability for this group. Limited foster and residential care placements are available for adolescents and young people, particularly where they have high and complex needs. There is some evidence that kinship carers are less likely to take on the care of an older child or young person (Dubowitz et al., 1993; Mason et al., 2002). This is part of a broader shortage of out-of-home-care placements in NSW and other jurisdictions. Fewer foster carers are willing and able to take on the care of a young person with complex needs. Residential care is often considered for young people at this age when foster care is no longer an option.

Young people who enter care at a later age are more likely to have an established identity as part of their family of origin or kinship group and so are more likely to attempt to self-restore to birth families.

Problematic behaviour

The needs of the growing out-of-home-care population in Australian jurisdictions and overseas are becoming more complex and their behaviours more challenging (McLung 2007; Smyth and Eardley 2008:49). Osborn and Delfabbro (2006) reported that up to 20 per cent of children and young people in out-of-home care in Australia had significant emotional and behavioural problems that affected their experiences of placement stability in general foster care.

The causes of these emotional and behavioural problems are now better understood with improved evidence of the impact of childhood trauma. Experiences of serious, prolonged or multiple forms of abuse and neglect alter brain development in infancy and early childhood, affecting fear responses,

mood regulation and emotional and cognitive responses (Anda et al., 2006). Australian research has linked mental health problems of children and young people in out-of-home care to prior experiences of physical, emotional and sexual abuse, independent of other influences (Tarren-Sweeney, 2008).

In NSW in 2007–08 an estimated 7.6 per cent of children 4 to 15 years of age were at substantial risk of developing a clinically significant behavioural problem (Centre for Epidemiology and Research, 2010). Early interventions with conduct disorders, including in the middle years, have been shown to demonstrate a considerable return on investment (Knapp, et al., 2011).

Problematic behaviour is a barrier to service provision. It is an obstacle to young people's establishing stable relationships with significant adults, and this, in out-of-home care, can make their placement in general foster care challenging. Young people with high and complex needs, such as behavioural issues, are often seen by practitioners as survivors who lack some of the basic skills required to navigate the independence they demand. They can appear adult and their decisions, for example to abscond from placements or remain disengaged from school, are seen as theirs to make. However, practitioners recognise that this group makes decisions using cognitive processes that have been disrupted by trauma, mental illness or disorders that may be undiagnosed:

The nature of adolescence itself, often characterized by a degree of risk taking, together with the more challenging needs of young people who are distressed or traumatized, present difficulties for practitioners who do not have appropriate skills or knowledge. Knowing when to intervene in decision-making and exercise control versus when to allow the young person to make their own decisions and experience the consequences creates challenges (Schmied and Walsh, 2010).

Stable positive relationships are seen as key to working effectively with adolescents (Schmied and Walsh, 2010), improving outcomes for young people in care (Cashmore and Paxman, 2006) and providing the basis of a therapeutic approach to out-of-home care (McLean et al., 2011; McLung, 2007).

Trajectories to adverse outcomes

When young people experience multiple risk factors that relate to one another, such as parental neglect and disengagement from school, policy makers and practitioners can start to predict their pathways or 'trajectories' to adverse outcomes.

FACS, in partnership with families, communities and other government agencies, has an opportunity to prevent young people following trajectories to adverse outcomes, particularly into **homelessness** and involvement in the **juvenile justice** system.

By examining these two interrelated trajectories into adverse outcomes we can better understand the way diverse factors combine and contribute to these outcomes.

Impact of homelessness and juvenile justice involvement on young people

Homelessness and juvenile justice involvement are unacceptable experiences for children and young people. The *NSW 2021 State Plan* commits to reduce the number of children and young people who experience homelessness and who are placed in custody for criminal offences, particularly repeated offending.

Young people who are homeless are exposed to a range of conditions that put them at high risk of developing a host of negative health, social, and economic outcomes (National Youth Commission, 2008). Homeless young people have increased susceptibility to substance abuse and dependence (Baer et al., 2003), mental health issues (Slesnick and Prestopnik, 2005), medical problems (Hudson et al., 2010; Kelly and Caputo, 2007), and violence and victimisation (Baron, 2003, 2009).

Homeless young people are consistently disengaged from traditional social institutions and forms of support, such as family, education, training and employment and other pro-social forms of social capital, such as community and peer groups (Heinze et al., 2010).

The burden of harm linked to youth homelessness can cause significant cost to individuals, families and the community. Homelessness removes stability and connection from young people's lives. Young people who move away from their home and local community often leave behind important supportive relationships and networks which makes it more difficult to participate in education or training and retain contact with family and friends. Children and young people are particularly vulnerable to the traumatic effects of homelessness, as it not only disrupts schooling, but also deprives them of other important opportunities to build resilience that come, for example, from participation in sporting and cultural activities.

The link between mental illness and homelessness is well established. Children and young people who are homeless are significantly more likely to experience anxiety and depression than those who are stably housed. Children who have been homeless are more likely to experience emotional and behavioural problems such as distress, depression, anger, and aggression. Recent estimates suggest that 50 to 75 per cent of homeless youth in Australia have some experience of mental illness (Duff et al., 2011).

Broadly speaking, the scarcity of suitable accommodation and attendant support for vulnerable young people undermines the ability of other interventions to improve outcomes for young people who are homeless.

While a proportion of young people will commit an offence at some time, only a small proportion will repeatedly offend. Most young people who offend will stop

without intervention and without ever coming into contact with the criminal justice system (Weatherburn and Baker, 2011). However, the small group who do continue to offend have been found to be responsible for a disproportionate amount of crime. Young people who come into contact with the criminal justice system at a very young age are the most likely to continue offending for longer (Chen, Matruglio, Weatherburn and Hua, 2005). Persistent offenders are often from disadvantaged backgrounds characterised by poor education, disrupted families, and engagement in risk-taking behaviour such as substance abuse and acts of aggression (NSW Department of Juvenile Justice, 2003).

Young people in contact with juvenile justice and police commonly experience mental health issues compounded by cognitive impairment and disadvantage. The 2009 *Young People in Custody Health Survey* (NSW Department of Juvenile Justice) found that:

- 87 per cent of respondents had a psychological disorder and 73 per cent had at least two psychological disorders
- 70 per cent had some type of diagnosable behavioural disorder
- 77 per cent scored low average or worse in cognitive impairment tests
- more than 1 in 10 respondents had attempted suicide at least once in their lives.

Common trajectories into youth homelessness

According to the ABS (2011), approximately 6,919 young people 12 to 24 years of age were classified as homeless in NSW. Young people represent 24 per cent of NSW's total homeless population.

Research indicates that youth homelessness is related to a range of harm and risk factors that interact in complex ways. Though the risks and pathways into homelessness are varied and multifaceted, research consistently highlights several causal, often overlapping factors: family breakdown and trauma (including neglect, conflict and abuse); mental health issues; unemployment; poverty; alcohol and other drug issues; and crime (Barker, 2010; Chamberlain and Johnson, 2011; Homelessness Taskforce, 2008). The evidence on intergenerational homelessness, both in Australia and overseas, remains limited (Flatau et al., 2009).

Young people who have been in state care and protection or who have had repeated contact with the juvenile justice system, and young people of Aboriginal and Torres Strait Islander descent are over-represented in the youth homeless population and are at increased risk of homelessness (National Youth Commission, 2008).



Family breakdown

While there is no single trajectory into youth homelessness, the literature suggests that the breakdown of family support is a central contributing factor (Costello, 2011; Forsyth, 2007; Johnson et al., 2008; Homelessness Taskforce, 2008:8; and National Youth Commission, 2008:85–102). Family breakdown and domestic and family violence are two of the primary reasons young people seek support from specialist homelessness services. For some young people, parental separation and/or the arrival of a step-parent can also cause conflict. For young people experiencing physical, sexual and emotional abuse, reconciliation with their families is not possible without change to those dynamics. The significance of abuse and trauma as a contributor to homelessness is in part demonstrated by rough-sleeping homeless populations, where it appears that almost all have experienced trauma and violence, frequently before the age of 18 (*Counting the Homeless NSW: 2006*).

The instability and chaotic nature of homelessness can have profound effects on a child's physical health, psychological development and academic achievement (Moore, 2003; Kelly et al., 2000). It also results in disconnection from community and peers. In addition, many children who come to specialist homelessness services have experienced family violence, physical or emotional neglect or abuse, and/or breakdown of the family unit. Children and young people who are subjected to or witness family violence are at increased risk for emotional and behavioural problems, including, for example, low self esteem,

anxiety, depression, and aggressive behaviour (Rogers, 2003; Stone, 2003). These effects compound the consequences of homelessness, and can have a pronounced impact on children's adjustment in school, including their ability to learn and their concentration levels.

Many difficulties arise in maintaining consistent schooling for children when they are part of a homeless family, including problems getting to and from school if living at a distance from their original schools, frequent changes in school and inadequate facilities in their temporary accommodation (Keogh et al., 2006). According to Evans (2003), many of the children who come to women's refuges have been to ten or more schools within a few years. These children often dislike school because they are not doing well, and may even develop a 'school phobia'.

Aboriginal and Torres Strait Islander young people

The ABS (2012) found that 7.8 per cent of all homeless persons in NSW identified as being of Aboriginal and Torres Strait Islander descent. People identifying as Aboriginal or Torres Strait Islanders comprised 2.5 per cent of the total NSW population in 2011.

Unemployment and poverty

Structural factors that contribute to youth homelessness include poverty (including intergenerational poverty), social inequality and youth unemployment. Young people reliant on income support payments may often find themselves unable to meet the cost of living, including rent. This is especially so of the Youth Allowance, which is significantly lower than the Newstart Allowance and the Aged Pension. Young people with no rental history or an unstable housing history are often disadvantaged in tight rental markets characterised by low vacancy rates, strong demand and high median rents.

Young people leaving care

In this report the term 'young care leavers' refers to young people 15 years of age and over exiting Community Services out-of-home care, or preparing to leave care, for independent living.

Research highlights the clear links between child abuse or neglect, homelessness and criminal activity (AIHW, 2008; Costello et al., 2011; National Youth Commission, 2008; Twedde, 2007).

In a study of 1,642 homeless adults and young adults, Johnson and Chamberlain (2008) found that 42 per cent of their sample had been in the state care and protection system. Young people who have experienced abuse and neglect and been in state care are at greater risk of becoming homeless than most young people, and they are at much greater risk of making the transition to adult homelessness. Young people who have been in state care and protection are also over-represented in the homeless student population. In 2006, NSW

schools reported that 13 per cent of homeless students were known to have been in state care and protection (MacKenzie and Chamberlain, 2008).

According to data from Victoria and Tasmania, 18 per cent of young people 15 years of age or older at their most recent child protection notification, experienced homelessness within two years of that notification (AIHW, 2012). The CREATE Foundation (2010) found that as many as 40 per cent of young people who are discharged from out-of-home care will experience homelessness within twelve months. These young people's risk of homelessness is greatest when they exit care with tenuous or no accommodation plans in place, and with inadequate resources to access and maintain housing and meet other costs of living.

In a longitudinal study of wards leaving care in NSW, Cashmore and Paxman (2007:23–4) found that all nine study participants who experienced homelessness after leaving care had also experienced homelessness while in care. Cashmore and Paxman (2007:23-4) also found that half of their 41 respondents had stayed in transitional or temporary accommodation such as caravans, refuges or supported housing during the five years following their exit from care.

In 2011–12, Specialist Homelessness Services in NSW were accessed by 337 young people transitioning from foster care and child safety residential placements (AIHW, 2012). While this group of clients is small compared to the overall Specialist Homelessness Services population, they are highly vulnerable to homelessness, and often are of high cost to the service system.

Homelessness and crime

A significant number of homeless young people are involved in the juvenile justice system. A study by National Crime Prevention (1999) found that 72 per cent of young homeless people were on a corrective order and 44 per cent had been in a penal facility or institution at some time. Martijn and Sharpe (2006) found that for 35 homeless young people 14 to 25 years of age in Sydney, crime preceded homelessness for only one person, but that involvement in criminal activity increased following homelessness. The longer a person remains homeless the more likely they are to develop detrimental coping mechanisms, such as substance abuse and crime (Johnson and Chamberlain, 2012). *Counting the Homeless 2006: NSW* (AIHW, 2006) noted that around 20 per cent of all children and young people entering juvenile justice in 2006 had experienced homelessness in the previous six months. On leaving custody these young people are at risk of continuing a homelessness–crime–custody cycle.

Early homelessness leads to later homelessness

The younger someone is when they first become homeless, the more likely they are to remain homeless for longer. A large proportion of people who go on to become chronically homeless have their initial experience of homelessness

before the age of 18, and homeless young people who are not given assistance early tend to remain homeless for longer (Chamberlain & Johnson, 2011, 2012).

Common trajectories into juvenile justice

Abuse, neglect and out-of-home care

A longitudinal study of a New Zealand birth cohort of 926 children (Boden et al., 2010) found that high levels of Conduct Disorder and Oppositional/Defiant Disorder at ages 14 to 16 years were clearly associated with interrelated factors of socioeconomic adversity, changes of parents, parental maladaptive behaviour, childhood abuse and exposure to parental violence, maternal smoking during pregnancy, lower cognitive ability, and deviant peer affiliations. Boys had significantly higher levels of Conduct Disorder.

Child abuse includes neglect, physical abuse, sexual abuse and emotional or psychological abuse. Young people who have been abused or neglected emotionally or physically often have poor social, behavioural and health outcomes immediately and later in life.

Victims of abuse and neglect may experience low social competence, poor school performance and impaired language ability, a higher likelihood of criminal offending, and mental health issues such as eating disorders, substance abuse and depression (Chartier et al., 2007; Gardner, 2008; Zolotor et al., 1999).

A number of Australian studies indicate that up to half of all care leavers commit a criminal offence and/or have some form of involvement with the criminal justice system in the years following leaving care, and about 10 per cent experienced incarceration (Mendes et al., 2012).

In NSW, there are substantiated reports of abuse and neglect of Aboriginal children and young people at over eight times the rate of non-Aboriginal children and young people (46.5 per 1000 compared with 5.2 per 1000) (Australian Institute of Family Studies, 2012).

Historical factors, including legislation and policy contributing to adverse outcomes such as family fragmentation and mistrust between Aboriginal communities and welfare agencies are important context for current child protection issues in Aboriginal families and communities (NSW DoCS, 2009).

The Drug Use Careers of Offenders study conducted by the Australian Institute of Criminology in 2001 collected information on the lifetime offending and substance use patterns of 371 young people incarcerated in Australian detention centres. The young people were asked about their lifetime experiences of neglect and abuse. Violent abuse was most frequently reported (36 per cent), followed by emotional abuse (27 per cent) and neglect (18 per cent). When combined, almost half of the young people (46 per cent) reported experiencing at least one of these types of abuse in their lifetime.

Further analysis revealed that when neglect or abuse did occur, it was most often by a parent or guardian, followed by a sibling. Moreover, the experiences of neglect and abuse also appeared to be linked to both drug use and crime. Young people convicted of regular violent or property offences were more likely to report a history of neglect and abuse, as were young people reporting high frequency substance use in the six months prior to detention (Crime Facts No 2006).

A recent survey of young people in juvenile justice in NSW (Indig et al., 2011) found that 81 per cent of young women and 57 per cent of young men had been abused or neglected, and for 49 per cent of the women and 19 per cent of the men the abuse or neglect was severe. The survey also found that the overwhelming majority (92 per cent of women and 86 per cent of men) had a diagnosed psychological disorder, including attention deficit and hyperactivity disorder, a substance abuse disorder, an anxiety or other mood disorder, or a psychotic disorder.

Surveys of young people on community service orders have revealed that 21 per cent of males and 36 per cent of females had a history of being in care (Kent et al., 2006, cited in Wood, 2008; Kenny and Nelson, 2008).

Various Victorian and NSW studies have indicated that between 21 per cent and 86 per cent of young people who received custodial sentences had a history of out-of-home care, with most studies indicating between 30 per cent and 50 per cent (Mendes et al., 2012).

FACS does not currently link data with Juvenile Justice in order to ascertain the numbers of children and young people in out-of-home care who become involved with the justice system. Juvenile Justice's 2009 Young People in Custody Health Survey, which covered 80 per cent of all young people in custody, found that 27 per cent of young people in custody reported a history of out-of-home care (Indig et al., 2009:31). This indicates a distinct overlap between these populations. Legal Aid NSW (2012) also notes that many of the Children's Legal Service 'high service users' have a history of out-of-home care, a large proportion of them in residential facilities.

Mendes, Snow and Baidawi (2012) and Cashmore (2011) point to evidence that young people who experience maltreatment during adolescence and those who enter out-of-home care at a later age are more likely to develop offending behaviour than those whose experiences of maltreatment is limited to childhood. Placement instability is also strongly associated with juvenile justice involvement.

Research from Victoria suggests that young people placed in residential care are nine times more likely than those in foster or kinship care to become involved with police (Wise and Egger, 2008, in Cashmore, 2011). This is related, not only to the complexity of behaviours and trauma-related issues present in young people who require residential care placement, but to a

concerning practice in some residential care programs to include police in disciplinary methods (Legal Aid NSW, 2012; Mendes, Snow and Baidawi 2012; McFarlane, 2010; Cashmore, 2011).

Young people in out-of-home care who become involved with juvenile justice are reportedly at risk of being refused bail and being placed on remand in detention centres as a result of failures, where they are under the parental responsibility of the Minister, to provide them with appropriate accommodation options (Cashmore, 2011; Wong et al., 2010; UnitingCare Burnside, 2009).

Disengagement from school

Disengagement and exclusion have been found to be determining factors in juvenile offending. (Hutchinson, Dickson & Chappell, 2011). Three of the most immediate predictors of offending patterns among male adolescents leaving foster care are early arrests, school disengagement and placement instability (Ryan et al., 2007). Juvenile Justice's 2009 Young People in Custody Health Survey, which surveyed 80 per cent of all young people in custody, found that only 38 per cent of respondents were attending school prior to custody. Aboriginal young people were more often attending school than non-Aboriginal young people (42 per cent, compared to 34 per cent).

Case studies by the NSW Ombudsman (2012) illustrate that habitual non-school attendance is very often associated with, and contributes to, other risk factors. Children and young people with risk factors such as mental health problems, cognitive impairment, physical and/or sexual harm, serious neglect, homelessness and offending behaviour, present challenges for the education system's attempts to engage them and meet their needs. Failure often leads to chronic suspensions or expulsion, which in turn result in young people becoming more vulnerable and isolated. The NSW Survey of Young Offenders on Community Orders (2006) reported that 15 per cent of young offenders had an intellectual disability (FSIQ below 70), and an additional 27 per cent were at borderline level. For these young people, school disengagement was high.

In 2010–11 Community Services received 2,202 reports of 1,846 children or young people at risk of significant harm in which educational neglect was reported. Young people 14 years of age were the highest cohort (328 reports), followed by 15 years (308 reports) and 13 years (270 reports). Young people 12 to 17 years comprised 53.8 per cent (1184) of all reports received involving educational neglect. Of the 2,202 reports received, 216 or 9.8 per cent received a comprehensive assessment by Community Services, most being characterised as expecting a response from the school.

Whilst educational neglect is a known risk factor in itself, it is also recognised as an indicator of other child protection risk factors. In responding to educational neglect, it is critical to identify the appropriate level of response from a range of government and non-government agencies.

Young people who leave school early are two and a half times more likely to be unemployed, earn lower wages, have poorer health or be involved in criminal activities (Audit Office of NSW, 2012). The longer a young person remains at school the better their prospects.

Completion of Year 12 is an important milestone as it improves employment chances and aids transition from education to employment. Educational achievement leads to economic and social prosperity, community inclusion and participation, and health and wellbeing. Vocational education and training in schools or TAFE is a crucial option for students who may otherwise become disengaged from mainstream education.

Disconnection from high school is a central factor that can further the disengagement of homeless young people from mainstream society (Hyman et al., 2011). Schools provide a potential site for early intervention and engagement with young people at risk of homelessness. Furthermore, engagement with school or TAFE can be a protective factor.

Preventing and responding to school disengagement especially where it exists in combination with other factors needs to be central to any strategy for improving outcomes for vulnerable young people.

Conclusion

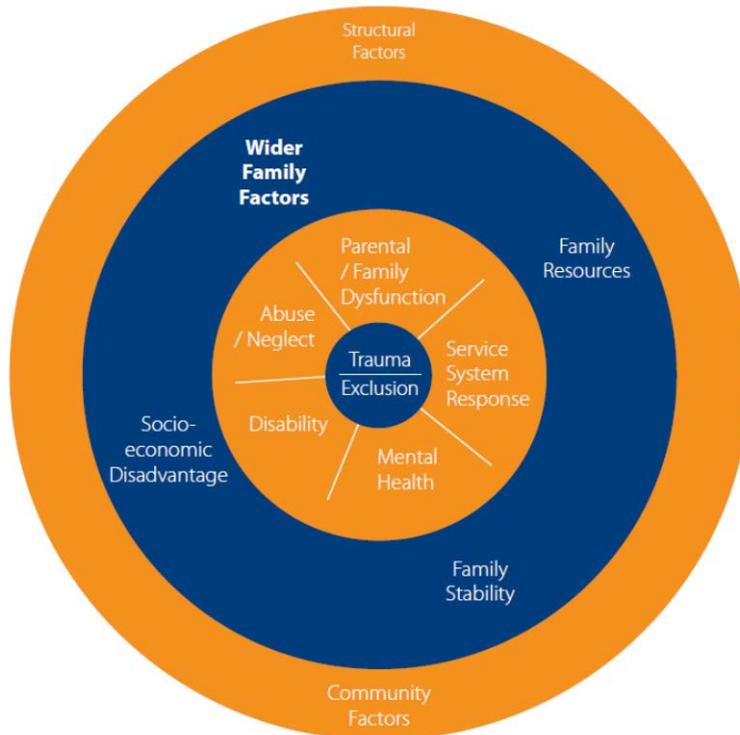
For young people growing up in NSW, the strengths of family and community provide important relationships and resources which help them navigate towards independence. Structural factors, such as a well-functioning economy, safety and security, access to effective education and health services, and genuine opportunities to participate in social and economic life, underpin individual, family and community wellbeing. These structural factors also contribute to the relationships and resources which support a young person's resilience.

Where structural, community and/or family factors are weak, such as where there is socio-economic stress and family dysfunction, vulnerabilities are likely to start to accumulate around a child or young person. Where there are also individual mental health issues, disabilities or cognitive impairment – either pre-existing or brought on by other factors – a young person is vulnerable to adverse outcomes. In the context of a fragmented service system not geared to their needs, their 'complexity' and/or behaviour tends to exclude them from the mainstream routes towards an independent and full life. Aboriginal young people facing any of these vulnerabilities are more than doubly disadvantaged.

Cognitive impairment, mental health issues, family dysfunction and childhood and adolescent experiences of abuse and neglect are key risk factors for many young people who progress to adverse outcomes. If not addressed successfully, the resultant trauma and exclusion experienced by these young

people is often manifest in homelessness, disengagement from education and involvement with the criminal justice system.

Very vulnerable children and young people



Interviews with young people (CREATE Foundation, 2012; YAPA, 2012) affirm that poor experiences of NGOs, schools, health services, disability services, child protection, out-of-home care and accommodation services can compound existing vulnerability, even when the young person has some resilience and a will to turn things around. The points of interaction between vulnerable young people and the broader support sector are significant crossroads that determine whether outcomes for those young people will be positive or adverse, depending on the effectiveness of the systemic response.

Abuse, neglect and the resultant trauma and/or injuries are prime contributors to vulnerability and contributors to young people becoming homeless or engaged with the justice system. Research recognises out-of-home-care placement as an indicator of the severity of abuse, so it is not surprising that many young people who experience out-of-home care go onto adverse life outcomes. Remarkably, it is clear that good experiences of out-of-home care divert some young people from those trajectories – some felt security or effective after-care can make a huge difference in the midst of adversity. It is also apparent that, given the challenges the young people face before they enter out-of-home care, insufficient support during an out-of-home-care experience fails to avert poor outcomes and in certain circumstances may contribute to them. Good out-of-

home care makes a difference and is worth the investment because of the high likelihood of poor and costly outcomes if care is not delivered well.

Cashmore (2011) highlights the nexus between abuse and neglect, adolescent offending and the lack of a coordinated response by both the child protection and juvenile justice systems. Cashmore notes further that children and young people who have progressed deeper into the juvenile justice system are more likely to have experienced abuse and neglect, have mental health problems and be developmentally delayed.

FACS is concerned about the interrelated ways experiences of disadvantage, family dysfunction, abuse and neglect, trauma, cognitive impairment and mental health issues interact with each other and with large, fragmented, program-centred service systems. Services, like families and the wider community, often lack the knowledge and skills needed to deal effectively with the complex issues that lie behind the challenging behaviour or withdrawal they observe in the young people before them.

6 Systemic issues and opportunities

Bringing research, consultation and analysis together

To ensure that fewer young people become so vulnerable that they need intensive services, reform needs to address structural issues.

Structural reform not only addresses issues currently faced by vulnerable young people, but aims to prevent the escalation of social disadvantage and risk factors by addressing elements such as the provision of education, access to health and mental health services, community support, homelessness services and responses to unemployment (Chamberlain & MacKenzie, 2004; Fitzpatrick, 2006).

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 (Gilbert, et.al. 2012; C4EO, 2011; Scott, et.al. 2012).

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).

This Review argues that for young people who are already vulnerable, an effective service system response often makes the difference between a successful transition to independence and a trajectory to adverse outcomes.

To be effective for vulnerable young people, a service system must be designed around people – able to work with the whole person towards long-term goals, not just those parts of a person’s vulnerabilities addressed by a particular program, profession or sector. In such a system, support for an individual or family by different agencies is coordinated, easy to access and simple to navigate. Services need to be redesigned to equip them to address the myriad complex issues young people face, from low to extreme risk, within individual, family, and community contexts.

In a system that gives full effect to a person-centred approach, coordinated support for an individual or family is tailored to their needs and goals. While elements of the current system work well and deliver vital services to vulnerable young people, there is significant room for improvement.

This chapter outlines:

- issues faced by vulnerable young people dealing with elements of the current system

- strategies for improving the service system's settings including: person-centred and placed-based approaches; service integration; and identification, early intervention and prevention; and the importance of sound governance
- issues and opportunities for early intervention
- ways to improve the service system's responses to vulnerable young people
- ways to support vulnerable young people's transition to independence.

Issues with the current system

FACS delivers a range of services to populations that include vulnerable young people, though only a few of these are targeted specifically at young people 12 to 18 years of age. See *Appendix 4 – Current Programs* for further details.

The Review has found that family dysfunction, abuse, neglect, trauma, mental health issues and cognitive impairment have been central experiences for many of the young people who progress to the adverse outcomes of sustained homelessness and repeated juvenile justice custody. The service system can either ameliorate or exacerbate vulnerability. Input to the Review has highlighted the following key service system issues:

- a. early-years responses to key vulnerabilities remain vital, but important opportunities for intervention regarding vulnerabilities which affect learning, communication and behaviour are being missed
- b. siloed information, decision-making, expertise and resources prevent a person-centred approach vulnerable young people and lead to missed opportunities to avoid adverse outcomes and to make earlier, lower-cost interventions
- c. current responses to school disengagement and educational neglect are not sufficient to avoid further decline and long-term social exclusion for the very vulnerable
- d. a focus on crisis support, safety and stabilisation reduces capacity in some FACS programs to work holistically with young people and their families to achieve long-term outcomes through building capacity for independent living
- e. limited suitable supported accommodation for vulnerable young people undermines the ability of other interventions to improve outcomes for homeless young people.
- f. limited access to necessary specialist services for mental health, disability, and drugs and alcohol contributes to clients' high risk and high cost in other services
- g. limited service access for young people with cognitive impairment and mental health issues can contribute to borderline populations becoming vulnerable to poor school achievement, and becoming high risk and high cost in other services

- h. the low percentage of risk-of-significant-harm reports which receive a face-to-face response indicates missed opportunities for earlier, lower-cost interventions
- i. variable levels of support provided to those in out-of-home care, including in relation to leaving-care planning and aftercare, contribute to high representation of out-of-home-care clients among the homeless and juvenile justice populations
- j. poor results when working with highly vulnerable young people who are unwilling or erratic in their engagement with services, and whose behaviour services often find challenging, lead to these young people bouncing around the service system with deteriorating outcomes and high (current and lifetime) costs
- k. gaps in the spectrum of services available for young people, with some funded service models not well targeted in terms of vulnerabilities or distribution across the state, mean that current investment could be better allocated
- l. the service system has insufficient capacity to work with vulnerable 9 to 12 year olds and their families, despite this being a time of critical school transition and a stage when antisocial and/or offending behaviour often becomes evident.

Improving the service system's settings

The NSW case studies, research, consultations and interviews strongly demonstrate that for a service system to meet the needs of very vulnerable young people, it needs to be designed around people rather than around programs and professions. To fit this description, the current service system in NSW will require substantial and fundamental reform.

To prevent young people experiencing such adversity that they need intensive services, and to work effectively with the whole young person when they do need intensive services, service planning, resourcing and delivery need to be integrated at the local level, able to recognise and address issues across individual, family, community and structural contexts, and equipped to cover the continuum of risk, using early identification to ensure access to services for vulnerable children and young people.

Person-centred approaches to supporting vulnerable young people

Overwhelmingly, research indicates that the most effective programs and interventions respond to the needs of the individual, which often includes working with the family. Key features of effective person-centred and strength-based approaches to supporting young people 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 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). When decisions regarding children and young people in out-of-home care are made in line with their views, they are likely to be more cooperative, have more successful placements, and gain enhanced self-esteem (Osborn and Bromfield, 2007).

Place-based approaches to supporting 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). The limited research on place-based initiatives in Australia and internationally, gives some evidence of improved outcomes for target populations.

Key features of 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, cited in CCCH, July 2011:45–46).

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

- convenient and familiar locations for accessing integrated services (Brechman-Tousaint and Kogler, 2010:20)
- soft entry points into the service system, which may enable greater engagement with young people who are vulnerable
- 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).

Research suggests school connectedness is an important protective factor for behavioural, emotional, and school-related problems and that multi-component interventions that specifically target school connectedness improve children’s

academic, behavioural and psychological outcomes (Tully, 2007). However, school-focused place-based initiatives may exclude young people already disengaged from education or dealing with difficulties such as bullying at school (Bond, 2010:5). This issue may be addressed through effective partnerships between schools and youth services working in and outside the school.

Overall, the main advantages of incorporating place-based approaches 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 a platform for effective service integration.

Integrated service systems

Vulnerable young people often require complex support solutions that cross systems and agency boundaries. This can lead to systemic inefficiencies and poor responsiveness to the young people's needs. Integration and coordination can simplify navigating the service system, deliver more timely services, and prevent families 'falling through the cracks' (ARACY, 2010).

Integrated services have 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 intake, eligibility assessment, diagnosis
- better access to 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 the needs of people and communities and the array of services available
- service workers' knowledge of the entire array of available services.

In practice, integration exists along a continuum from cooperation to collaboration to full integration. Integration is not a cure for inadequate services, but it does enable more efficient use of limited resources (WHO, 2008) and avoids disjointed, ineffective services.

There are challenges in the way of developing and implementing integrated health, education, and social welfare structures that have the capacity to provide seamless service delivery (ARACY, 2010). Systemic problems include communication difficulties, role demarcation and responsibility, and staff 'compliance', or the take-up and use of systems and structures such as new committees, referral pathways, guidelines and training. Ultimately, however, this holistic approach can create synergies, leading to innovation and streamlining of service delivery, through information and skill sharing (Fine et al., 2000). Effective governance is required to bring this into effect.

An integrated approach in NSW

FACS is working to streamline existing interagency initiatives regarding complex clients within an integrated framework, including Supporting Children, Supporting Families and Family Case Management. This framework provides an infrastructure for multi-agency collaboration and should be used to support:

- data-driven strategic planning among key partners at a local level
- coordination and information-sharing around key cohorts of young people and individuals
- flexible decision-making grounded in engagement with all of the young person's strengths and needs
- continual improvements to service systems.

Strategic rather than programmatic decision-making means that case management:

- is shaped to help the young person achieve long-term goals and move towards independence and a full life – rather than just stabilise crisis
- makes the most of opportunities provided by the young person's networks and FACS' service partners to achieve those goals
- is resourced taking into account the likely alternative lifetime costs and the responsibilities of all agencies
- is responsive to the risks of adverse outcomes.

Recent place-based and practice-focused initiatives such as One Place One Plan (OPOP) and Keep Them Safe have 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 local areas. By creating better integration and coordination, these initiatives show promise as models for the broader sector.

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. Any broad governance framework must build on the established local youth service

networks across NSW, which are a primary site for facilitating local links and collaboration.

An integrated youth services system

The integration of services to address multiple issues and needs of one young person means that vulnerable families are not left trying to manage the uncoordinated input of numerous services with different priorities and approaches. Instead, they are given good face-to-face casework by a few, backed up by the specialist expertise and resources of all the relevant partners.

A key challenge is to ensure practitioners have the capabilities to work effectively with vulnerable children, young people and families who have complex needs. Staff need to be supported by agency policies and professional development to deal with multiple issues and work in partnership with other services (Dawe et al., 2008). Research indicates that this is most effective when there is true integration – with pooled resources and overarching accountability (Scott, 2009).

Integration is obstructed by:

- limited and siloed resources and budgets (Scott, 2009) – focused on fragmented delivery of single services rather than on outcomes for the person
- professional cultures
- perceived and real privacy constraints on information sharing across agencies and organisations
- families' fear of being drawn into a child protection system which they do not expect to work with them.

Youth service systems should 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, early intervention youth services are provided by a range of isolated organisations with small budgets. The current service system tends to be characterised by a lack of systematic coordination and little data-sharing to inform comprehensive service delivery. For many vulnerable young people, and often for service providers, it is a difficult system to navigate.

Locally-coordinated services can periodically review local data about young people to shape collaborative strategy. From the research, the following are some priority cohorts for data-based planning to prevent adverse outcomes:

- students at risk of homelessness or offending
- young people experiencing early educational exclusion or disengagement
- young people experiencing abuse or neglect – especially commencing or persisting into adolescence

- young people experiencing three or more placements in out-of-home care
- young people experiencing multiple placements and current instability in out-of-home care and at risk of exiting into homelessness
- children with repeated police contacts at ages 9 to 12 – especially in regional or remote communities
- young people who have repeatedly presented for mental health issues, especially self harm and co-morbidity.

There is a significant body of literature on effective programs and interventions once young people have been engaged in the system. Likewise, there is increasing research into community development and place-based approaches to strengthening communities as a preventative strategy. This evidence is outlined in Appendix 5.

Top-down and bottom-up integrated service delivery

Top-down service integration tends to be driven by government policies and funding models, whereas bottom-up service integration occurs at the local and regional level via interagency service agreements and local protocols. Arguably, sustained service delivery integration requires both top-down and bottom-up activities, including changes at policy, planning and practice levels (Valentine et al., 2007).

Top-down integration requires compliance from relevant agencies, and often there can be local resistance and a struggle for 'lead agency status'. However, if well planned by government, with appropriate governance and management strategies, and structural facilitators such as a single data-management system and common assessment processes that have been operationalised at a local level, integrated service delivery can be more easily achieved (ARACY 2010).

Bottom-up integration is often initiated by local service agencies and thus can deliver flexible local responses. Challenges include engaging government agencies and adhering to (and evaluating) a consistent model. It can also be time consuming, labour intensive, and rely on trust and goodwill between agencies.

Localised service system model – Total Place

There are challenges to service integration if it is to progress beyond surface level cooperation among services and agencies. Some place-based approaches in Australia and overseas provide useful case studies in how to meet these challenges.

One such approach is Total Place in England. This program is operating in 13 pilot sites, based on a pilot where public sector partners worked together to determine how their resources could be spent more effectively (PricewaterhouseCoopers, 2010:3). In striving for a holistic response to 'young

people exhibiting antisocial behaviour', Total Place has arrived at some conclusions that are relevant to the NSW context.

Proposed solutions to the complexities and issues resulting from centralised and siloed service divisions, according to Total Place, need to include:

- 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.

Visualising service systems through a place-based lens rather than from a service stream perspective may provide a model to improve the effectiveness and efficiency of current service provision in NSW.

Local governance

In Coastal Sydney, government and non-government agencies are using existing Families NSW networks and regional governance structures to implement collaborative prevention and early intervention practice across the child and family sector. These governance groups undertake service mapping and planning and have delegated responsibility for setting regional budgets and service procurement.

Using KTS resources, they have developed local Working Together Agreements under which they deliver professional development through local interagencies to enhance collaborative practice, and utilise place-based projects such as One Place One Plan to promote local contacts and partnerships.

While these groups (Collaborative Practice Management Groups) focus on families with children from birth to 12 years who are not at risk of significant harm, they could be extended to incorporate child protection, middle years and youth issues. Alternatively they provide a structure model to reproduce.

It should be noted that key to the success of the Collaborative Practice Management Groups is the role of local interagency facilitators, who provide a critical link between government agencies and non-government organisations. There may be scope to earmark specific resources in the youth sector (such as Community Builders sector development projects) for this purpose, with augmentation from KTS resources while they remain available. This could be done on a trial basis in appropriate regions, in collaboration with local services.

Issues and opportunities for early intervention

The importance of early intervention and prevention as a key approach

Early intervention can mean intervening early in life, or early in the developmental pathway of disengagement or disadvantage (Little, 1999; DOCS, 2007). Early intervention and prevention addresses the social welfare needs of individuals early on, thereby preventing the need for future support services, and subsequent costs to the taxpayer.

Youth Health Coordinators and DEC Student Support Officers have the potential to play an important role in planning and coordinating integrated service delivery at a local level.

Early interventions delivered during the transition to adolescence are essential to reaching:

1. those at risk who did not receive an intervention during early childhood
2. those who received intervention in early childhood but who continue to experience problems
3. those at risk of emerging problems (for instance adolescent onset of mental health issues) (DOCS, 2007).

The literature highlights that the effectiveness of prevention and early intervention strategies is increased when they occur in multiple settings; reducing one risk or causal factor or enhancing a protective factor is likely to have a 'snowball effect' on other factors.

Early identification

Key to intervening early in a trajectory to adverse outcomes is identifying a problem promptly or predicting its likely occurrence. To do this, identification systems need to be implemented and met with an adequate response at the local level (Victorian Government, 2010). 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 (detailed below) is an example of schools being used to screen the entire student population in order to identify those needing support. Initial assessments found about 4% of students in a disadvantaged area were at high or very high risk of homelessness, and a third of those were poorly engaged with school. The Geelong Project model should inform pilot projects 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 a broad-based screening process or because of specific incidents, the ability and willingness of agencies to share information is crucial. Data-driven and information-based collaboration can promote a more accurate view of vulnerabilities and so enable a more prompt, more appropriate targeted response.

Schoolzin is a collaborative, intelligence-based action research project in 39 Community Services Centres in NSW that responds to risk of significant harm reports where educational neglect is reported. FACS will gather additional information at the Child Protection Helpline, undertake safety and risk assessments on the highest priority reports, and initiate interagency case planning 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. The project will drive a new cross-agency approach to responding to educational neglect, focusing on tailored individual responses.

Services for children and young people 12 to 18 years

Youth and family support services

These services target young people 12 to under 18 years of age and their families where presenting problems, if left unattended, would likely escalate to the point where either a more intensive service would be required or there would be risk of significant harm.²

The 2010–11 Community Services Grants Program realignment saw a renegotiation of contracted service delivery and reorientation of services to deliver on outcomes aligned to agency priorities. Historically, there has been inconsistency in the establishment and funding of generalist youth services and specialist homelessness services (SHS) across NSW. While more recent funding programs have used transparent resource allocation modelling, many older services were established on the basis of socio-economic indicators of disadvantage and place-based interventions in areas that have since undergone significant demographic change. Limited strategic planning has been brought to bear on the distribution of youth services; and no clearly developed outcomes framework in which to establish a continuum of service models that can respond along the trajectories to adverse outcomes that are outlined above. The timeframe for the Community Services Grants Program realignment precluded the development of a robust strategic framework for youth and family support services in consultation with the sector.

While youth and family support services (approx. \$24m pa) is currently classified as a targeted intervention, the program's eligibility criteria and measurable outcomes for clients are inconsistent (NSW FACS, 2012). Research suggests that the changes made during the 2010–2011 Community Services Grants Program realignment have resulted in new service gaps in some areas, particularly where program eligibility criteria was prioritised over flexibility of service provision (YAPA and FaMS, 2012). Stakeholders stated the need to provide soft entry points (such as drop-in centres) and outreach services to enable access for disengaged young people. Other elements of

flexibility that youth and family support services require include: community development to engage with young people, particularly when working with Aboriginal and culturally and linguistically diverse communities; extending youth and family support services criteria to enable work with young people over 18; and developing a costing model for more complex support than is currently possible.

An issue with some youth and family support services is their inability to deliver case management because of lack of workforce skills or confusion over the definition of case management, resulting in inadequate and ineffective referral responses. This clearly conflicts with moves towards flexible, person-centred service delivery and suggests a need to develop the skills and capacity of the workforce to deliver the services required for their target group.

It was noted that the newly established Community Services Child Protection Adolescent Response staff in regions have as one of their priorities “to make good connections with existing local youth services”, and there appears to be scope for improved local coordination and for learning exchange across agencies or regions. There is also an opportunity to incorporate youth and family support services case management services into Key Information and Directory System (KiDS) data collection, thereby improving capacity to track outcomes, avoid duplication of services and share intelligence with FACS and Child Wellbeing Units.

In this context, there is scope for further realignment of existing youth and family support services to establish a more consistent service continuum and ensure that more resources can be directed to young people with high needs. Targeting high needs with more flexible service delivery would be consistent with the views expressed by some stakeholders. This should include a geographic redistribution of available resources on a needs basis using a resource allocation model.

Any significant realignment of youth services will need to engage the sector and identify clear strategic outcomes to ensure that a partnership approach can be achieved. Historically, there has been little systemic evaluation of the youth sector in NSW and the current FACS review of prevention and early intervention programs provides an opportunity for government to work with the sector to outline a more strategic framework in which to site FACS-funded youth services.

Alcohol and Other Drugs Program

This comparatively small program aims to reduce drug and alcohol misuse and the impact on the community of drug-related crime and antisocial behaviour by providing treatment and counselling services to children and young people 9 to 25 years of age.

Getting it Together (GIT) services work with young people 12 to 25 years of age (priority under 18) using an early intervention case management approach. The

target group typically also require assistance with income support, mental health, homelessness, justice, education, employment, and relationships.

Dual diagnosis, typically the co-existence of mental health or cognitive impairment with alcohol and other drug issues, is frequently highlighted as an obstacle to accessing services, as specialist services often refuse to work with concurrent issues. For instance, an alcohol and other drug service will not work with mental health or disability issues and vice versa.

Given the nature of its services and target group, it may be possible to incorporate GIT into youth and family support services as part of a broader realignment of youth and family support services projects. This would allow for a more thorough application of an outcomes-based framework in monitoring and evaluating GIT services, and would align with delivering a continuum of youth and family support services that can support higher needs clients. There is also a Brighter Futures service focused on young parents, funded at \$1.5 million, which could be incorporated into youth and family support services.

Intensive Family Support and Intensive Family Preservation

Feedback to this Review from stakeholders has been supportive of the Intensive Family Support (IFS) and Intensive Family Preservation (IFP) models, although a limited number of 12 to 15 year olds have been engaged by service providers and it is too early to obtain useful evaluative data. It is noted, however, that once children reach teenage years IFS/IFP services are less likely to be provided unless there are also younger children in the household. Feedback to the Review suggests that IFS/IFP should be extended to incorporate 16 to 17 year olds.

Services for children and young people in the middle years (9 to 14 years)

As noted earlier, there are significant gaps in policy and services for middle childhood in NSW, yet significant changes and transitions occur for children and young people during these years. It is the period in which problematic pathways and trajectories for children become apparent and issues such as depression, eating disorders and antisocial behaviour first arise (AIFS, 2008).

The middle years thus provide fertile ground for cost-effective early intervention and prevention (Access Economics, 2008). This is particularly true of addressing behaviour issues stemming from conduct disorders. Research into recidivism rates found that children who first appear in court between 10 and 14 years old are likely to have significantly more court appearances during adolescence than someone who first appears in court after the age of 14 (CCYP 2008:4).

Research also shows that families, schools and communities are particularly important in enabling wellbeing and positive outcomes during middle childhood (Access Economics, 2008:4). Policies to support children's wellbeing during the middle years should consider:

- services that provide family support, recognising that supported families are more likely to protect their children against vulnerability, support children in dealing with difficulties and developing good health habits, and provide for children's basic needs
- resources for schools to provide quality facilities, teaching and school counsellors, which are particularly important in facilitating children's wellbeing during the middle years.

Child and Family Support Services

Child and Family Support services, which serve children from birth to 13 years and their families, contain some of the few resources allocated to the 9 to 12 age range. Under the Community Services Grants Program realignment, a number of youth services negotiated contracts to deliver services for 9 to 12 year olds, utilising up to 15 per cent of their project funding. These services usually work in partnership with local child and family support services to offer a local suite of support across the middle years, which might include offering adolescent counselling to older siblings in a family support context, working with out-of-school-hours services to provide activities to older children or supporting transition to high school activities. Stakeholders have identified an opportunity, indeed a need, to formalise these kinds of arrangements with the 9 to 12 years age group and to establish them more broadly.

Along with services funded under the Commonwealth's Communities for Children program, the child and family support services could provide a basis for a service system for vulnerable children in the middle years. While there are opportunities to address service gaps and find efficiencies with such collaborative approaches, services are already stretched thinly as there has been little increase in resources for the middle years or youth sector in NSW for many years.

Promising practice

Under the Better Futures Strategy in South East Sydney, the Supporting Young People's Connection to Activities Project worked with a number of youth services, councils and out-of-school-hours care services to improve access to services for 9 to 13 year olds. Regional planning had identified a gap in services for this age group, while out-of-school-hours services identified that their attendance dropped off markedly for children over eight years, due largely to lack of age-appropriate activities and suitable equipment.

A council bus transported children to weekly activities, co-delivered by out-of-school-hours services and youth services staff, at local youth services in Waverley, Randwick, and City of Sydney Local Government Areas. While a key element of the project's success was children's involvement in designing the programs, significant factors were the range of partnerships established between agencies and the pooling of resources to achieve person-centred

outcomes. The project was funded for a part-time coordinator for several years, but its focus on building sector capacity through partnerships and better practice continues to sustain the outcomes several years after funding ended.

Intervening early in the trajectory to homelessness

The early stages of homelessness for young people are often marked by intermittent and lengthening absences from home.

The earlier the intervention in the homeless career of a young person, the more likely it is to reduce their homelessness and the social, emotional, and health problems linked to it. Many of the harms associated with homelessness can be prevented or reduced by intervening early, and by using evidence-based practices.

Effective early intervention, which addresses risk factors such as family conflict, mental health issues, unemployment, poverty, alcohol and other drug issues and crime, and builds protective factors such as community connections and healthy family relationships, often leads to long-term benefits for young people, families and communities (Sanson et al., 2002).

In the context of homelessness, early intervention is based on the notion of a process whereby the length of exposure to homelessness increases young people's susceptibility to a range of associated negative outcomes (Johnson and Chamberlain, 2008; Mayock et al., 2011).

Responding early and appropriately to homeless young people's needs is likely to prevent a worsening of their situation, reduce the length of homelessness, and reduce their likelihood of developing adverse social connections and behaviours such as substance abuse and crime, that make it harder for them to escape homelessness (Costello et al., 2011:14; Johnson and Chamberlain, 2012; Pawson et al., 2007). Hence, early intervention programs targeted at vulnerable young people who are most likely to make the transition to long-term homelessness, will reduce the number of chronically homeless and avert the high costs associated with responses to chronic homelessness.

There is compelling evidence that early intervention works for homeless young people. The most recent evaluation of the Australian Government Reconnect program found that the program had achieved positive outcomes for young people and their families. The number of homeless young people 12 to 18 years fell nationally from 22,600 in 2001 to 17,891 in 2006, a decrease of 20.8 per cent. This decrease has been largely attributed to early intervention programs (Chamberlain and MacKenzie, 2004:41–43).

This Review supports the Going Home Staying Home reform direction of achieving a better balance between early intervention, crisis and post-crisis support across the specialist homelessness service system.

It is necessary to identify the factors, processes, and experiences that enable successful early intervention if services are to respond effectively. One of the

key challenges is to determine when and how to intervene effectively. Based on the available evidence, understanding the important role of families in supporting young people is a key to intervening early (Toro et al., 2007).

Building and fostering connections and support between the young person and their family is an important way to maintain stability and other forms of support, community engagement and participation. Even where family disruption, abuse, and conflict have led to homelessness, the connection to family is still often an important factor in the lives of homeless young people (Barker, 2012; Mayock et al., 2011).

Research indicates that contact with family members and a competent formal support service are two factors that facilitate progress out of homelessness (Lindsey et al., 2000; Mallett et al., 2009; Milburn et al., 2009). It is nearly always positive for young people to remain connected to their families. Research suggests that young people who return to live with their parents have more positive outcomes than those who do not (Thompson et al., 2000), and that contact with parents increases the likelihood that newly homeless young people will return home and remain home (Milburn et al., 2009).

Reconnect

Reconnect was 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 Family, Housing, Community Services and Indigenous Affairs (FaHCSIA) currently funds 32 Reconnect projects across NSW. In 2010–11, 1,600 clients exited Reconnect projects in NSW (28 per cent Aboriginal, 23 per cent CALD). Only 4 per cent (66) of NSW clients were newly arrived youth.

The experience of Reconnect services confirms both the need for, and the value of, an approach that seeks to ameliorate problems before they become compounded or entrenched. The services readily acknowledge, however, that there is an overarching tension in the practical application of such an early intervention approach. The theoretically distinct modes of service delivery – prevention, early intervention, crisis work and long-term support – are often notoriously difficult to distinguish in practice. It is not uncommon for work with a particular individual or family to include elements of all these approaches, either simultaneously or at different times.

Youth Connections

The Youth Connections program helps young people who have left school, or who are thinking of leaving school, to continue with their education and

ultimately gain a Year 12 (or equivalent) level education. The Australian Government Department of Education, Employment and Workplace Relations (DEEWR) currently funds 30 Youth Connections projects throughout NSW. The projects had 9,219 young people (9 to 24 years of age, though predominantly 11 to 19) enrolled in NSW from January to October 2012.

A feature of both Youth Connections and Reconnect is their effective partnership with schools.

Youth Allowance

Youth Allowance is an Australian Government financial payment to assist young people who are studying full time, training, undertaking a full-time apprenticeship, looking for work or sick. Sector consultations for this report highlighted the difficulties vulnerable young people experience in accessing Youth Allowance, particularly because of the complexity of application requirements and the criteria for payments, specifically where a risk assessment was required to determine eligibility, as opposed to meeting the threshold for risk of significant harm. The Review was told that in some instances when vulnerable young people did not qualify for payments, this exacerbated their homelessness and led to disengagement from education at a younger age. Engagement with the Australian Government on this issue is recommended.

Strengthening school engagement

Studies here and overseas have found that teenagers who leave school early are two and a half times more likely to be unemployed, earn lower wages, have poorer health or be involved in criminal activities (Audit Office of NSW, 2012).

The longer a young person remains at school the better their prospects are. The completion of Year 12 is an important milestone as it improves a young person's employment chances and helps the transition from education to employment. Educational achievement also leads to economic and social prosperity, community inclusion and participation, and health and wellbeing. For students who are or may become disengaged from mainstream education, crucial opportunities to remain engaged are provided by vocational education and training, in schools and via pathways to training and TAFE.

The retention rate in NSW for Years 7–8 to Year 12 was 74.6 per cent in 2011, with females having a higher retention rate (79.7 per cent) than males (69.7 per cent). The retention rate for Indigenous students was 42.9 per cent, substantially lower than the general retention rate (Drabsch, 2012). The Year 12 completion rate in NSW in 2010 was slightly above the Australian average (67 per cent compared to 66 per cent).

The transition from education to employment is an important but sometimes difficult one. In 2012, 27.4 per cent of the 2011 cohort of school leavers in NSW for 15 to 19 year olds were not in full-time education or work; 13.1 per cent were

in part-time jobs, 4.6 per cent were seeking work and 9.7 per cent were non-participants in the labour force (Foundation for Young Australians, 2012).

School-based interventions to prevent adverse outcomes

Research indicates that:

- schools and TAFE are key sites for identifying vulnerable young people and supporting them towards adulthood, but too narrow a focus on supporting the transition to work can undermine that more fundamental goal (Skattebol, et al., 2012; Ryan, 2003; Chamberlain and MacKenzie, 2008; Stone, 2012)
- specific variables within schools can exacerbate or counteract known risks for juvenile offending (Christle, et al., 2005; Tulman, 2003)
- the infrastructure for student welfare in schools is critical to good prevention outcomes but variable across jurisdictions and could benefit from national standards (Chamberlain and MacKenzie, 2004)
- school-based interventions that target conduct disorders or increase educational attainment of young people with early onset conduct problems reduce long-term risks of antisocial behaviour (Jakobsen, et al., 2012, Fergusson and Boden, 2010; Knapp, et al., 2011)
- social policy goals in relation to school engagement are backed by compelling economic imperatives for productivity, efficiency and productive capacity (Australian Industry Group and Dusseldorp, 2007; PwC, 2012).

According to the ABS (2011), of the 6,919 homeless young people 12 to 24 years of age in NSW in 2011:

- 1,518 were enrolled in secondary education
- 2,110 were enrolled in full-time tertiary education
- 798 were enrolled in part-time tertiary education.

Most young people are still engaged with education when they have their first experience of homelessness (Chamberlain and MacKenzie, 2004).³

School contexts have long been recognised as potential sites for early intervention and engagement with young people at risk of homelessness (Chamberlain and MacKenzie, 2008). Disconnection from high school is a central factor that can reinforce the disengagement of homeless young people from mainstream society, and school engagement can be a protective factor (Hyman et al., 2011). While school-based programs that target vulnerable

³ Of the 4426 secondary and tertiary students who were homeless in 2011, 55% were living in severely crowded dwellings, 18% were staying in supported accommodation for the homeless, 14% were living in boarding houses, 12% were temporarily staying with other households, 1% were sleeping rough (on the street, in squats, cars or tents).

The national census of homeless school students aged 12–18 years in 2006 (Chamberlain & MacKenzie, 2008) found that of students who were homeless in NSW, 38% were male and 62% female; 25% were 14 years of age or younger; 42% were 15–16 years of age; 29% were 17–18 years of age.

young people at risk of homelessness have yet to be evaluated (Toro et al., 2007), school-based initiatives have been shown to be effective in reducing the risk of youth delinquency and substance abuse (Crank & Christensen, 2003), and can provide an avenue for pro-social influences outside the family home.

Supportive school cultures and programs in schools aimed at supporting students who are at risk of early school leaving can encourage school engagement (Lamb, 2011). Evidence suggests that school-based interventions can benefit children who are homeless with their parents (Toro et al., 2007).

Feedback to the Review suggests that school behaviour support staff do not always engage with ADHC and other support services to work effectively with students with challenging behaviours. Further, while families are now obliged to maintain the child's attendance at school or equivalent until 17 years old, there is no onus on schools to engage with vulnerable students. While many schools do commit significant resources to these students, many students with challenging behaviours as a result of disability, cognitive impairment, trauma or mental health issues, are suspended or expelled. Such punishments are not effective disincentives for these young people; indeed they may be perceived as rewards, and there is little incentive for a school to re-engage the student.

Every Student Every School

In 2012, there are more than 740,000 students enrolled in more than 2,200 primary, secondary, central and special schools in NSW. Around 90,000 students (12 per cent) have a disability and/or additional needs related to learning or behaviour. Of these, around 35,000 have a confirmed disability according to the department's criteria for its targeted specialist services: intellectual, physical, hearing, vision, mental health or autism. A further 55,000 (7.3 per cent of all students) have additional needs related to disability or difficulties in learning or behaviour, including dyslexia, reading and/or communication delay and attention deficit hyperactivity disorder (ADHD). These students do not meet the criteria for targeted disability services. When specialist services are provided, they are not always well integrated, and there is a lack of access to services in remote and rural areas (DEC, 2012).

Given that learning and behavioural issues are known to be correlated to child protection, juvenile justice and out-of-home-care, it follows that a large cohort of students will require an interagency support response at some point in childhood or adolescence to prevent these adverse outcomes.

Every Student Every School is part of a national partnership agreement formed in response to the Commonwealth Disability Standards (2005). In the context of a person-centred approach to service delivery, the NSW Department of Education and Communities (DEC) is moving away from a 'criteria and categories' approach, and is building on its existing special schools, specialist staff and targeted programs by having a learning-support specialist in every school and delivering professional development in learning support for all staff.

Every Student Every School includes a Memorandum of Understanding between DEC, NSW Health, and FACS, and contracts non-government organisations to work with schools.

ADHC is collaborating with the education sector to improve transition planning for secondary students with disability in mainstream education settings. Through the Transition Support Project, ADHC is investing \$4.6 million over five years to deliver 700 places across NSW. Secondary school students with disability will be supported to develop a plan at an earlier stage to remain engaged in education, complete Year 12 and make a successful transition to adult life.

Student Support Officers

Fifty school-based positions have been established in NSW Government secondary schools in suburbs with proportionally high levels of child protection notifications. Student Support Officers help to establish links between schools and community organisations and other agencies such as Police, NSW Health and non-government organisations. Student Support Officers can connect students and families with services, activities and support. They can work with individuals and small groups to develop skills and positive relationships at school and at home. They can liaise with primary schools to support effective transition of students to secondary school.

Student Support Officers have the potential to play a key liaison role in the integration of service delivery at the local level. They could be linked with Community Services Regional Child Protection Adolescent Response to build mutual understanding of agency contexts and provide a more sophisticated response to students who may face school exclusion due to behavioural or other issues.

Feedback to this Review suggested that the relationship between Education and the youth sector is so important that it should be mandatory. There are many examples of youth services working well with schools, usually at a local level. Victoria has recognised the central role of Education by making it the lead agency for Youth Partnerships, a three-year whole-of-government initiative with 22 projects across seven sites, while 41 school-focused youth services (SFYS) have been established across the state. These services demonstrate similar outcomes to the Australian Government Department of Education, Employment and Workplace Relations *Youth Connections* (see below)⁴.

⁴ SFYS delivered a service to 45 147 children and young people in 2010–11. An evaluation of the SFYS in 2007 found that the service had positive impacts on young people, including positive changes in behaviours, improved attendance and engagement with school, better peer relationships and communication skills, and more positive attitudes to self, peers, teachers and school. The program was also found to improve knowledge about issues and services in the community and school, and to contribute to the development of partnerships, planning and programs between education and community sectors at the local community level.

Connected Communities

Connected Communities is a community strengthening approach in identified high schools in NSW that builds on the Schools as Community Centres (SaCC) and Aboriginal Child and Family Centres (ACFC) models⁵, with a key objective of 'improving community access to services'. *Connected Communities* borrows from the extended service schools model to position schools as community hubs, broadening the influence of the community and school leadership to play a role in delivering key services and supporting children and young people from birth through school into further training, study and employment. The strategy has been informed by advice from the NSW Aboriginal Education Consultative Group, broad consultation, and research on extended service schools, community development and place-based approaches to service delivery.

Like the SaCC and ACFC models, *Connected Communities* provides an opportunity for FACS and other agencies to work closely with the 15 rural schools under its umbrella to improve support for vulnerable children and young people, and offers the opportunity to develop models of collaboration which can work more widely.

Examples of promising practice

Youth Support Coordinator Initiative – Queensland

The Youth Support Coordinator Initiative targets at-risk young people 14 to 17 years of age (ie age of compulsory participation in education or training). The Youth Support Coordinator Initiative aims to increase engagement and/or transition into education, training and/or employment, and to provide the skills needed for active participation in the community and economy. The program has flexibility to work with young people outside the target age group, and to work with a family while maintaining the young person as the primary client. Youth Support Coordinators are based in community youth services, where they are well positioned to fill a coordination and school–community linking role, working in partnership with government and non-government schools and TAFE Institutes⁶.

Geelong Project – Victoria

The Geelong Project builds on community and cross-sector collaboration to identify and provide early intervention to young people at risk of homelessness. It is led by Time for Youth, in partnership with Barwon Youth and Swinburne University, and in collaboration with Geelong schools and community services.

⁵ SaCC is a successful model using primary schools in disadvantaged areas as a site for early intervention with young children and families. Across NSW, 46 SaCCs work with local communities in partnership with government and non-government agencies. Similarly, nine ACFCs deliver an integrated suite of services to families with young children.

⁶ **Youth Support Coordinator Initiative** Program Guidelines (2011), Queensland Dept of Communities

The project supports young people and their families through a co-located, place-based interdisciplinary early-intervention team, integrating support from schools and community service agencies and working with young people where and when needed. The interdisciplinary early-intervention team comprises youth, family, education and employment, disability, mental health, and drug and alcohol professionals. Brokerage funding enables the team to provide a wide range of service responses for young people. The project will target 210 young people at high and very high risk at six schools.

The work of the early-intervention team is underpinned by research and development that builds new partnerships and pathways between schools and community agencies, and develops common tools and approaches to assist school and community sector workers.⁷ This community-wide early intervention model is a strong example of innovation on many levels. It features:

- a whole-of-community approach
- rigorous identification of risk and monitoring
- clarity about early intervention
- needs-based community support that, in practice, has youth homelessness agencies and other services working closely with mainstream schools.

Bendigo Deemed Enrolment Program – Victoria

St Luke's Child, Youth and Family Services in Bendigo established the Deemed Enrolment Program in response to concerns that young people in care were disengaged from education, while mainstream schools were not able to meet their educational needs. The Deemed Enrolment Program supports young people in care to re-engage with school or other education and training.

Students remain enrolled at their school, though they do not attend on a daily basis. Crucially, school funding generated from the enrolment is made available to St Luke's to deliver educational programs that meet the young people's needs. An education plan is developed with each young person and an education team formed to support them, including the young person, their family, St Luke's caseworker, a school representative and a teacher from St Luke's Specialist Teaching Unit. St Luke's also provides a range of programs including music, art, youth enterprise, drama, carpentry and bike mechanics, which complement the work of the Specialist Teaching Unit.

⁷ This integrated service delivery includes: Student Needs Surveys, to provide a community picture of young people at risk of homelessness; E-Wellbeing Toolbox, to record young people's journeys through the service system with common web-based tools; outcomes and evaluation measures; access and pathways enhancement to provide clearly defined access points and pathways for schools and providers; formalisation of partnerships and protocols to sustain integrated service provision; workforce development and inter-professional training to ensure common purpose and practice for service delivery.

The Deemed Enrolment Program has been highly successful, with many young people returning to mainstream education. However, with young people who have been out of the school system for an extended period it takes at least two years of intensive work for them to build the confidence and skills to re-engage with mainstream school.

The program has no funding for young people not returning to mainstream secondary schools or who have reached post-secondary-school age. Experience shows that these young people require ongoing educational support into their early adult years.

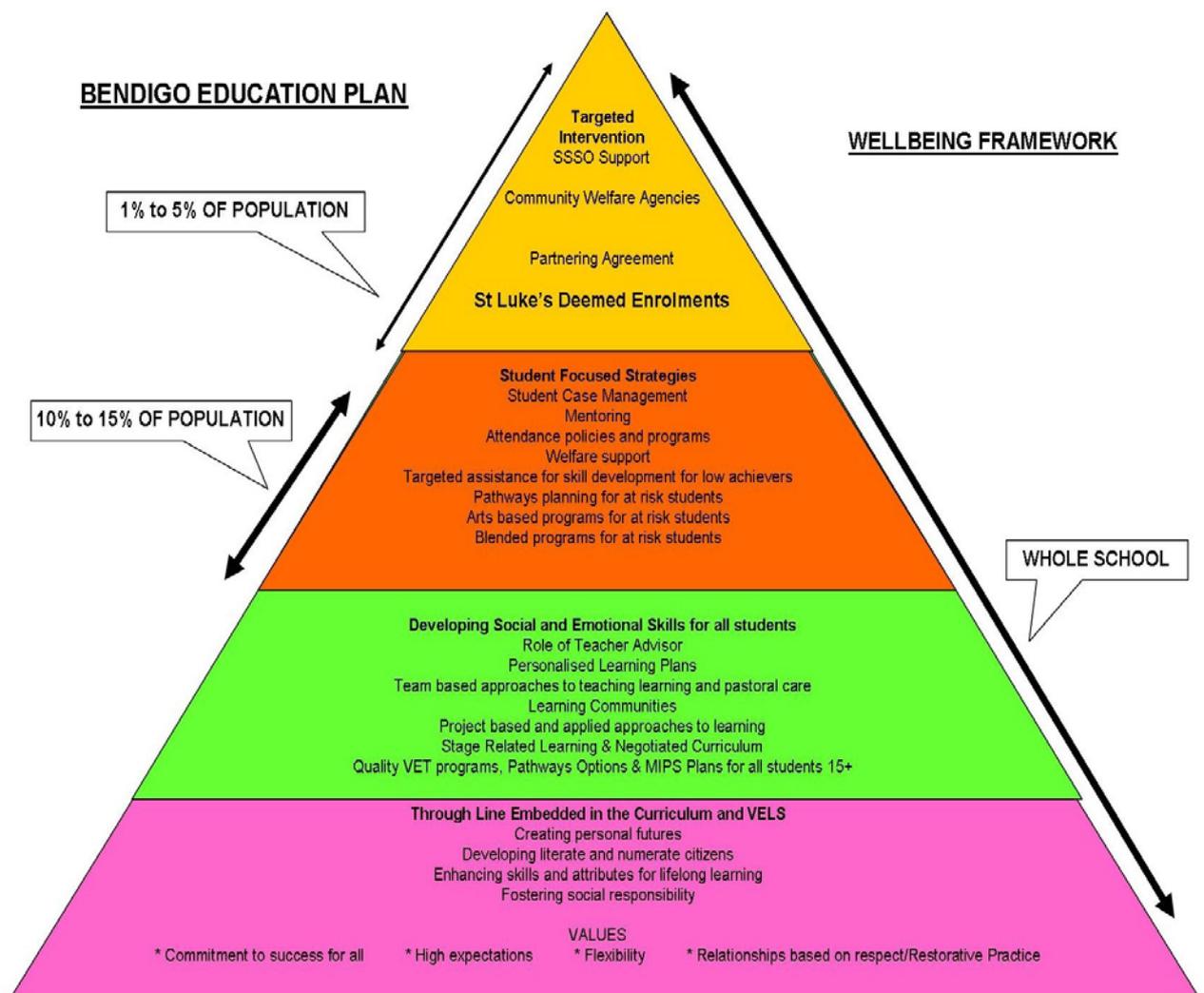


Figure 1 The Bendigo model outlines a continuum of support with education at its centre

Strategic opportunities to strengthen school engagement and prevent homelessness

This Review recommends enhancing linkages between schools and funded services, and building opportunities for FACS to work in a more integrated way

with schools to support vulnerable young people. Young people at risk of disengaging from school and those who are homeless are key cohorts who could benefit from this approach. Child youth and family support services funded by FACS should be better connected with schools to enable integrated responses to these young people. One option would be to develop and implement innovative place-based models of service delivery, based on the Geelong Project and/or the Bendigo Deemed Enrolment Program (as above).

Connected Communities and Student Support Officers both provide opportunities to use existing resources to better integrate and coordinate services for vulnerable young people, whether in a place-based framework or systemically.

Improving responses to vulnerable young people

Young people and families seeking help

Family referral services were initiated in 2010 under Keep Them Safe to link vulnerable children, young people and families with appropriate support services in their local areas. Family referral services were envisaged as a primary referral source for services such as early intervention and placement prevention youth and family support.

As family referral services are now established in five areas across NSW and additional services are planned for 2013, they will cover most of NSW. The augmented family referral services model offers capacity to 'hold' families for several weeks while appropriate assisted referrals are arranged, an approach which engages vulnerable clients more effectively than simply providing phone-based information and referral.

Human Services Network (HSNet) is an under-utilised resource for sharing information and coordinating case responses. It is used to varying degrees in different areas and by different agencies. Common complaints about HSNet relate to its non-intuitive interface.

Agencies consulted in this Review have noted that 'soft access' points for young people such as drop-in services have been refocused over recent years, with a shift towards clinical services and service models based on skills development (youth health centres and early intervention and placement prevention youth and family support services, respectively). Some stakeholders argue that this leaves vulnerable young people without a point of non-threatening engagement with services.

Responses to abuse and neglect

Community Services delivers intensive and statutory intervention services to protect children at risk of significant harm. These services include the assessment and

We don't share those we don't get to
– Community Services region

investigation of reports of child abuse and neglect, as well as intervention when children and young people are in need of care and protection.

A common criticism of FACS in stakeholder feedback to this Review is the low percentage of such reports that receive a face-to-face response, resulting in missed opportunities to avoid adverse outcomes and for earlier, lower cost interventions. The limited capacity of current FACS programs and practice to sustainably lower risk levels in homes where there are child protection concerns leads to the use of other options, including out-of-home care, which may not provide the best outcomes, and are more costly for the community and government. Limited access to necessary specialist services regarding mental health, disabilities, drugs and alcohol can contribute to clients becoming high risk and high cost in other services.

In 2011–12, fewer than 25 per cent of reports assessed by the Child Protection Helpline as at risk of significant harm were allocated for a face-to-face child protection assessment, while others received a response without this assessment. A large proportion of children and young people reported at risk of significant harm would benefit from non-statutory services to strengthen family functioning and increase safety. A current \$10 million per annum tender for services with 9 to 15 year olds at risk of significant harm aims to strengthen the role of non-government organisations in providing such services. At a system level, in order to prevent young people needing intensive crisis services, such an increase in the number and diversity of responses to early signs of abuse and neglect is needed. Through this tender, the Child Protection Adolescent Response (see over page) and a review of case allocation processes, FACS is seeking to increase its direct provision of services to young people where needed and to find ways to connect young people with other services where this is more appropriate.

The implementation of Practice First, a model for child protection services with elements of Trauma Informed Care, Motivational Interviewing, and Positive Behaviour Support, is expected to improve FACS' ability to keep vulnerable children and young people safe at home with their families where possible. FACS is extending the initial trial to cover 16 Community Services Centres and to include a Regional Child Protection Adolescent Team in 2012–13.

Child Protection Adolescent Response

Child protection reports involving 12 to 17 year olds have increased at a greater rate than for all other age groups, and this age cohorts tends to receive a lower degree of focus and priority than others throughout the child protection system.

⁸

⁸ Between February 2010 and January 2011, 27% of risk-of-significant-harm reports received by Community Services related to adolescents aged 12–17 years. Of these, approximately 4% received a secondary assessment stage 2, compared to 15% for children aged 0–11 years. In 2010–11, as in other years, 14 and 15 year olds were among the top four ages reported as at risk of significant harm.

The NSW Ombudsman has recommended that FACS 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 (NSW Ombudsman, August 2011).

As noted above, FACS has established the regional Child Protection Adolescent Response, which aims:

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

By responding to more children and young people at risk of significant harm through the 9 to 15s trial and the Child Protection Adolescent Response, and by responding with better practice through Practice First, FACS works with children, young people and their families with the aim of having fewer of them enter out-of-home care.

Children and young people unable to remain safely at home

The NSW Government is transferring the provision of statutory out-of-home care services to the non-government sector over the next 5 to 10 years. At 30 June 2011, there were 6,141 children and young people 12 to 17 years of age in out-of-home care in NSW. Of the 3,696 children and young people entering out-of-home care in 2010–11, 168 were 16 to 17 years of age and 775 were 12 to 15 years (570 of whom were entering out-of-home care for the first time).

Outcomes for children and young people in out-of-home care tend to be much worse where restoration or permanence cannot be established quickly, where there are multiple placements and no real attachment or felt security within those placements (Cashmore and Paxman, 2006), and where leaving care is not well planned or supported.

Aboriginal and Torres Strait Islander children and young people are over-represented in out-of-home care both nationally and in NSW. In NSW, Aboriginal children and young people are 11.5 times more likely to be in out-of-home care than non-Aboriginal children and young people (AIFS, 2012). The Aboriginal Child Placement Principle is legislated in NSW. Placement of Aboriginal children and young people with Aboriginal out-of-home care providers ensures culturally sensitive case management. Importantly, this includes providing a strong advocacy voice for Aboriginal young people who are vulnerable to discrimination in a range of settings.

Older children and young people 12 to 15 years of age are often the most time-intensive for case management, but least likely to be allocated. Having a consistent caseworker who has time to work with a young person results in improved permanency planning, placement matching, and leaving-care planning. A consistent caseworker, especially where placement instability is evident, may also be a young person's only stable relationship.

The CREATE Foundation's consultation with children and young people as part of this Review noted a consistent theme of the need for more access to caseworkers, particularly during crises such as placement breakdown or homelessness. Caseworker reliability and accessibility was the dominant issue discussed by respondents, both when receiving assistance from FACS and when needing assistance but not receiving it.

Common issues were caseworkers not returning phone calls, and young people not knowing when their caseworker was unavailable or who the alternative contact was. Many young people reported a heavy reliance on their caseworker. CREATE suggested that children and young people be supported to build relationships with extended family and the community so as to reduce reliance on caseworkers for ongoing support.

Residential out-of-home care

A small proportion of young people are in residential out-of-home care in NSW⁹. There is some evidence that more young people require a residential-care placement than actually access one.

While residential care is not a preferred out-of-home care option, it is recognised as the most appropriate option available for young people who are not suitable for current service models of foster care, due to such factors as extremely anti-social or highly sexualised behaviour or attachment issues. These young people need appropriate therapeutic care, and where this is not available there can be negative impacts such as increased risk of offending – particularly if carers use police as a primary response to young peoples' challenging behaviour (Wong et al., 2010).

Poorly structured and resourced residential care can exacerbate a young people's social exclusion by reducing opportunities to form relationships with positive adult role models in a family and community context. In this context, young people's behavioural issues, often symptomatic of prior experiences of trauma, cognitive impairment or mental health issues, are less likely to be addressed.

⁹ At 30 June 2011, 2.7% of all children and young people in out-of-home care were in residential facilities. As this placement type is more suitable for older children and young people, it is more meaningful to consider that 464 children and young people aged 9–17 years, or just less than 5% of this age bracket who are in out-of-home care, are in residential care.

Young people who transition to independence from residential care tend to be at an increased risk of adverse outcomes such as homelessness, criminal justice involvement, and other types of social exclusion. This is often due to the high and complex needs that brought them into residential care, which usually continue beyond the term for which support is available.

Residential care can, however, lead to positive changes if delivered as a planned therapeutic model, rather than as 'crisis' housing for young people needing supervised care until they age out of the parental responsibility of the Minister. Stakeholders to this Review also highlighted the benefits of therapeutic foster care for this cohort of young people.

This Review has found that the quality of care currently provided in NSW residential out-of-home care frequently does not equate to evidence-based therapeutic care. It is recommended that out-of-home care agencies better articulate their model of residential care and specify how it is delivered, working with the Children's Guardian to ensure appropriate accreditation and monitoring.

Therapeutic approaches to out-of-home care service provision have been adopted in a piecemeal fashion in Australia. No jurisdiction has systematically implemented any one model of therapeutic foster or residential care, though some, such as NSW, do identify the need for therapeutic interventions and support in relevant service descriptions (McLean et al., 2011).

In 2009, a National Therapeutic Residential Care Workshop was established which agreed on a national definition of therapeutic residential care:

"Therapeutic Residential Care is intensive and time-limited care for a child or young person in statutory care that responds to the complex impacts of abuse, neglect and separation from family. This is achieved through the creation of positive, safe, healing relationships and experiences informed by a sound understanding of trauma, damaged attachment, and developmental needs."

Therapeutic models require staff or carers fully trained in trauma-informed care, regular access to health, psychiatric and other professionals, and ongoing investment in staff and carer training and support. This makes therapeutic models of foster and residential care more expensive than general foster and residential care.

A 2009–2011 evaluation of a therapeutic residential care pilot conducted by the Victorian Department of Human Services found that the gains far outweighed the \$65,000 annual investment per person above the general residential care amount¹⁰ (Verso Consulting 2011:4–8, 171–180).

¹⁰ For the \$65 000 annual investment per person above the general residential care amount, the evaluation found the following gains: short-term costs avoided of \$44 243 pa per person, with projected medium and long-term costs avoided as a result of improved outcomes in key areas such as health and

In NSW, intensive residential care services are funded at an annual unit cost that is \$112,000 above the unit cost for general residential care. While intensive residential care services are required to provide a stand-alone service for children and young people who 'require more intensive therapeutic support', a model of therapeutic residential care is not described or required.

It has been estimated that 10 adolescents who have been subjects of the Adolescents with Complex Needs State-wide Panel have received out-of-home care services at a total cost of \$3.78 million to \$4.97 million over a twelve-month period.

Community Services is currently examining service delivery expectations for intensive foster care and intensive residential care in NSW. There is scope for identifying a model of therapeutic foster and residential care.

Secure residential care

In certain circumstances, the NSW Supreme Court orders young people who are a serious risk to their own safety or the safety of others to be placed in secure residential care. Currently these young people may reside at Sherwood House, the sole provider of secure residential care, for a period of 12 to 18 months. Sherwood House delivers trauma-informed care that tailors support to the young person's individual needs. Sherwood Cottage is a step-down placement option for young people exiting Sherwood House.

Secure residential care, while part of the out-of-home care continuum, is required for a small proportion of young people in out-of-home care - Sherwood House has a caseload of about six young people. However, feedback to the Review indicates a need for additional secure services to assist young people who continually abscond from placements and engage them with the health, mental health, education, and other services necessary to reduce their immediate safety risks and improve outcomes.

To examine options for improving access to secure residential care services for the very small proportion of young people who are a serious risk to their own safety or the safety of others, FACS needs a clear secure-care model that articulates appropriate legislative requirements for admittance, appropriate length of stay and expected service outcomes. A new model has been developed for consideration within FACS. It is recommended that this be progressed.

education; significant improvements in placement stability; significant improvements to the quality of relationships and contact with family; increased community connection; significant improvements in sense of self; increased healthy lifestyles and reduced risk-taking; enhanced physical, mental and emotional health; improvements in relationships with school.

Disability reforms

The approach to support people with a disability in NSW is in reform and will have implications on the current system and approach to the delivery of services.

The NSW Government is committed to Stronger Together 2, with a key goal of providing people with disability/families/carers with greater choice and control over their lives by introducing self directed supports and individualised budgets.

Ability Links NSW will provide information, assistance, and support people with disability and their families and carers to access mainstream and community based supports and services.

The National Disability Insurance Scheme (NDIS) across NSW from July 2018 will ensure lifetime coverage for the cost of reasonable and necessary care and support.

National Disability Strategy NSW Implementation Plan launched December 2012 and seeks to remove barriers that prevent people with disability from accessing mainstream options.

Permanency planning

In 2011, the NSW Ombudsman conducted the *Review of children on statutory care orders with a view to restoration*. This review highlighted inconsistencies in the level and quality of casework support provided to children on short-term orders where family restoration is considered a realistic possibility. The review highlighted concerns including restoration of some children and young people to their parents without adequate assessment, delays in returning some cases to the Children's Court when restoration was no longer an option, and inadequacy of support to some families before and after restoration.

FACS has recently reviewed permanency-planning options across jurisdictions for adolescents in out-of-home care. A number of initiatives reviewed achieved permanency for young people in care through intensive efforts to engage extended family or other significant adults as permanent carers.

Rather than considering young people too old for adoption or too late for restoration, there have been a number of initiatives in the United States of America that achieve permanency for young people.

Foster care is defined in the United States Federal *Adoption and Safe Families Act 1997* as a temporary arrangement which requires permanency hearings to be held within 12 months of entering foster care and every 12 months thereafter. Of the 408,425 children in foster care in the United States in 2010, a little more than half had a goal of restoration and a quarter had a goal of adoption. Of the 254,114 exiting care in 2010, a little more than half were reunited with birth parents and 21 per cent were adopted (US Department of Health and Human Services, 2011).

Other United States initiatives, the Californian Family Finding Program, and the Connecticut Permanency Teaming Approach, invest in intensive search efforts to locate extended family members or other significant adults as possible permanent carers of young people in out-of-home care. The programs then use different strategies to support young people, prospective carers, and birth parents where appropriate to establish a permanent care arrangement. Where a permanent carer is not found, young people still benefit from increased family support networks.

The You Gotta Believe project in New York City targets young people in residential out-of-home care, many with 'multiple and severe special needs including emotional, behavioural, learning, psychiatric, developmental, and medical/physical needs'. Like the Family Finding Program and the Permanency Teaming Approach, the You Gotta Believe project finds permanent carers from the child's own network. The project evaluation found that almost half of young people referred to the program achieved a permanent placement (Avery, 2010).

Integrating service provision

FACS has a Memorandum of Understanding in place with NSW Health regarding access to health services for children and young people in statutory out-of-home care. Non-government organisation out-of-home care providers are party to the Memorandum, which is described in more detail in Appendix 4.

The Out-of-Home Care Health Screening and Assessment Pathway, an initiative of Keep Them Safe, is in place across all FACS regions and Local Health Districts, for children and young people entering statutory out-of-home care. Recognising the need to improve health outcomes for children and young people in out-of-home care, the Pathway aims to improve the early identification of health needs, and ensure access to timely health interventions.

It provides a framework for comprehensive multi-disciplinary health screening and assessment for children and young people entering statutory out-of-home care, with the development of a health management plan outlining required health interventions. The Pathway is, at present, only available to children and young people entering care. NSW Health and FACS have commenced discussions to include, over time, all children and young people currently in care.

FACS also has a Memorandum of Understanding in place with DEC regarding access to educational services for children and young people in statutory out-of-home care. Non-government organisation out-of-home care providers are also party to this Memorandum. The FACS Education Planning Pathway provides the framework for access to education planning for children and young people in statutory out-of-home care.

Young people with challenging behaviours

ADHC provides support for young people with challenging behaviours in a three-tier continuum:

- Community Support Teams (CST), where referrals may have relatively simple needs
- Regional Behaviour Intervention Team (RBIT), where referrals are likely to be more complex
- State-wide Behaviour Intervention Service (SBIS), for referrals not resolved at regional level.

In 2010–11, RBIT supported 497 clients and SBIS supported 101 clients 9 to 21 years of age.

The NSW Justice and Human Services Chief Executive Officers Forum recently agreed to establish a Senior Officers' Forum on People with Cognitive Impairment and Complex Needs in Contact with the Criminal Justice System. The Forum aims to identify specific responses by NSW Government agencies that will minimise the involvement of this population, both adults and young people with cognitive disabilities and complex needs who are in contact with or at risk of contact with the criminal justice system. The Forum is listed as a priority in the NSW National Disability Strategy Implementation Plan. It will seek to:

- decrease the number of people with cognitive impairment and complex needs in contact with the criminal justice system
- promote existing, and increase the number of, diversionary options available for use by: the NSW Police Force at the point of police contact; and the NSW Courts prior to and post-sentencing
- increase the number of people with cognitive impairment and complex needs being offered and taking up diversionary options where applicable
- promote provision of appropriate services for this cohort within the criminal justice system.

Children and young people relinquished into care

Young people with challenging behaviours or high support needs who are relinquished into care because of family stress were highlighted as a vulnerable cohort during consultations for this Review.

*Young people don't want a disability label – they don't want support from a 'specialist disability agency'
– NDS member*

ADHC data indicate that 38 children and young people under 17 were relinquished in 2010–11. While some of these young people will remain in ADHC care due to the severity of their disability, relinquishment can also be a result of poor access to (or gaps in) multi-agency services that could support

families and prevent unplanned relinquishment. Earlier FACS cooperation and coordinated multiagency responses can support some of these families to ensure that young people are able to remain in the family home or achieve a level of independence.

Stakeholders noted that a young person's disability may result in delayed development so that their chronological age is a poor indicator of risk of harm, placing them at risk of 'under-assessment' when referrals are made without comprehensive information. Other issues identified during the Review consultations included a lack of support from mainstream services for young people with disabilities, due to lack of commitment or a lack of skills or resources. Given the success of mentoring as a component of the Transition to Work program, there is scope for mainstream youth mentoring programs to improve their capacity to work with young people with disabilities.

In the context of Stronger Together 2, a key goal is providing people with disability as well as families and carers with greater choice and control over their lives, by introducing self directed supports and individual packaging. This will be delivered within a person-centred and lifespan approach, enabling consumers to determine how they use their funding package to obtain support and provides long-term pathways through the service system. Coupled with building the capacity of the sector to deliver quality services, individual funding could in the long term be harnessed to broker valuable resources as part of a coordinated approach to working with vulnerable children and young people, provided that the requisite support services are available when required. Take-up of individualised funding tends to be slow and need significant support to enable informed decision-making and effective administration. This is particularly important for vulnerable young people who by definition do not have resourceful supports and whose developmental stage (impaired or not) can result in risky decision-making. There is scope for building the capacity of youth services to respond more appropriately to children and young people with disabilities in this context.

The change in philosophy from 'disability expertise' to a person-centred approach is a significant shift for ADHC and the disability sector. For young people who have experienced trauma, abuse and neglect, these issues (rather than disability) may be the primary factors requiring a support response. That is, they may need access to appropriate counselling and behavioural support rather than placement in specialist disability services. The voluntary nature of programs also raises the challenge of vulnerable young people who don't willingly engage with supports, or as stakeholders to the Review have framed it, the challenge of *services that are unable to engage vulnerable young people*. No agency has a mandated responsibility to engage and support this group prior to a statutory response, yet the lifetime costs of failure to do so are exponential.

These issues suggest an opportunity for improving workforce expertise and skills in engaging young people (e.g. using social media) and working with cognitive impairment. This would be of benefit across the sector, ideally as cross-agency learning and development with FACS caseworkers, non-government-organisation youth workers and school education welfare or behaviour support staff.

Young people and housing needs

Housing is a challenge for young people, in both social housing and private rental sectors. The combination of low income, lack of experience in the rental market, discrimination against young people, and lack of affordable and appropriate housing can make it very difficult for young people, especially those with complex needs, to find housing.

FACS delivers housing and other housing assistance products for people in need through social housing, including public housing, community housing (through non-government organisations), Aboriginal Housing and private rental initiatives.

FACS is also the lead agency responsible for facilitating a whole-of-government approach to reduce and prevent homelessness. The *NSW Homelessness Action Plan 2009–14* focuses on reforming the homelessness service system to achieve a better balance between crisis and prevention and early intervention, and to improve service integration.

The Aboriginal Housing Office works in partnership with FACS to improve access for Aboriginal young people to housing assistance through Housing NSW strategies, programs and initiatives. A key focus for the Aboriginal Housing Office is to build the strength of the Aboriginal non-government housing sector to enable them to improve Aboriginal young people's access to housing assistance, and to support individuals and Aboriginal communities. It does this through the National Partnership Agreement on Indigenous Housing and the Build and Grow Aboriginal Community Housing Strategy.

Public housing

Most young people residing in public housing live with families. In May 2012, 17,395 (15 per cent) of public housing households included young people 12 to 17 years of age. Aboriginal Housing Office households were more than twice as likely to include young people of this age (33 per cent of households). Of the young people aged 12 to 17 years who reside in public housing:

- 33.7 per cent live in households identified as disability households
- 49 per cent live in single-parent households, with young people in Aboriginal Housing Office households more likely to live in single-parent households (60 per cent).

In May 2012, 1.9 per cent of all lease holders in public housing and 6.3 per cent of all lease holders in community housing were 16 to 24 years of age. FACS does not have a mandate to house unaccompanied young people under the age of 16 years. Young people who are 16 or 17 years old may be eligible for social housing if they meet certain conditions, specifically, they are required to understand the tenancy agreement, which must be explained by a solicitor or the NSW Trustee and Guardian. This understanding is evidenced by a signed certificate of understanding, including a Rent Valuation Statement, from a solicitor or the NSW Trustee and Guardian.

Temporary accommodation

Temporary accommodation provides immediate short-term accommodation to individuals and families experiencing imminent homelessness. These arrangements provide FACS with an opportunity to work with these clients to secure more stable and ongoing accommodation.

In 2011–12, 9,502 young people 16 to 24 years of age received temporary accommodation assistance. Young people in this age group accounted for 23 per cent of all clients receiving temporary accommodation assistance, and 33 per cent of all Aboriginal and Torres Strait Islander clients receiving temporary accommodation assistance.

Specialist Homelessness Services

Recently, Housing NSW has become responsible for managing the provision of Specialist Homelessness Services, delivered through non-government organisations. These non-government organisations provide a wide range of accommodation and support services to people who are homeless or at risk of homelessness, including young people. The Specialist Homelessness Services integrated approach focuses on case management, specialist support, counselling, financial and employment support, accommodation, and links with mainstream and other specialist services.

In 2010–11, there were 138 youth-focused Specialist Homelessness Services organisations across NSW. These services received \$48.1 million in funding in 2010–11, accounting for 36 per cent of the program's total costs. In 2010–11, Specialist Homelessness Services organisations across NSW supported an estimated 10,000 people 15 to 19 years of age and 6,100 people 20 to 24 years of age. The highest rate of use of services was by 15 to 19 year-olds, equivalent to 1 in 48 people in NSW 15 to 19 years of age.

The majority of support periods delivered in NSW in 2010–11 were non-accommodation related (68 per cent). The proportion of support periods in NSW that included a period of specialist homelessness accommodation (32 per cent) was relatively low in comparison with most other jurisdictions.

The NSW Government has recently re-established the Premier's Council on Homelessness to provide high-level policy advice on homelessness issues.

Access to Specialist Homelessness Services

Young people experiencing homelessness often face difficulties in accessing relevant services. In 2011–12, 18,486 young people 10 to 24 years of age sought assistance from Specialist Homelessness Services providers in NSW, representing more than one-third (34 per cent) of all clients assisted by Specialist Homelessness Services providers. Although these young people received assistance for 25,127 support periods, Specialist Homelessness Services providers were unable to assist young people on 17,271 occasions, representing 47 per cent of all unmet requests in NSW.

The capacity of Specialist Homelessness Services providers to intervene effectively with complex young people, and exit them out of homelessness, is often diminished by lack of access to specialist mental health, drug and alcohol, and trauma support services. Regional, rural and remote services experience this shortage even more acutely. Flexible health services such as Headspace and the Australian Government-funded Innovative Health Services for Homeless Young People have been demonstrably successful in engaging this often difficult client group.

The Going Home Staying Home reforms aim to realign the existing service system to achieve a better balance between early intervention, crisis and post-crisis support, and make services easier for clients to access. These reforms will also need to identify crisis and transitional accommodation and support responses to move homeless young people into stable accommodation as quickly as possible.

Unaccompanied children under 16 years in Specialist Homelessness Services

Some children who escape abuse or neglect or leave their out-of-home care placement early seek accommodation from Specialist Homelessness Services.

A current draft FACS policy seeks to clarify the type of assistance FACS will provide to children and young people who are disconnected from family and in need of accommodation and support. The draft policy does not propose child protection intervention with all children who are in Specialist Homelessness Services accommodation.

In the context of the Going Home Staying Home reforms and the broader reform agenda of the Homelessness Action Plan, further consideration and work on the issue will be required to finalise this FACS policy. The policy will need to consider the role and responsibilities of both FACS and non-government organisations in situations where an unaccompanied child under 16 years presents at a Specialist Homelessness Services provider.

Preventing young people entering a career of crime

Juvenile Justice currently provides programs and interventions in the community and in custodial environments including counselling, group work

programs which focus on alcohol and other drug issues, programs for violent offenders, and programs for Aboriginal young people. A range of partnerships to assist young offenders includes education in juvenile justice centres, post-release support and employment skilling programs, disability support, health and mental health support, and legal services.

Juvenile Justice officers supervise and support young people sentenced to community-based or custodial orders, including young people on bail or remand. They also prepare court reports, administer the Youth Justice Conferencing Program and supervise Youth Conduct Orders. In 2010–11, 4,458 community-based orders were commenced, and 5,175 were completed (these figures involve 2,609 individual young offenders). In the same period there were 1,359 bail supervisions and 5,483 remand interventions.

The interface between FACS and Juvenile Justice has been highlighted as problematic through research and consultations for this Review. A Memorandum of Understanding between Community Services and Juvenile Justice has been in place for a number of years, but poor collaboration, lack of clarity regarding roles and responsibilities and inconsistent operational and theoretical frameworks have consistently been identified as systemic problems. In addition, without specific exemptions, privacy legislation prevents matching of data and information systems to enable identification of joint clients.

The 'Bail trap' – enabling bail instead of remand

In NSW for 2010–11, the total number of children and young people 10 to 17 years of age in detention was 2,537 (AIHW, 2012). On an average day, the number in detention was 400.¹¹

In NSW for 2010–11, a total of 2,313 children and young people in detention were unsentenced. Of these, 911 were Indigenous and 1,321 were non-Indigenous. On an average day, 51 per cent of young people on detention were unsentenced. These figures include all young people in detention who had not been sentenced, that is, young people who have been placed in detention following a police referral and those in detention following a court referral (known as remand).

Nationally, most young people in unsentenced detention on an average day (89 per cent) were 14 to 17 years of age, 7 per cent were 10 to 13 years and 4 per cent were 18 years of age and over. The proportion in unsentenced detention who were 14 to 17 years of age was similar in all states and territories.

Nationally, there were 29 children and young people 10 to 13 years of age in unsentenced detention on an average day. Twelve of these were in NSW.

¹¹ The proportion of these young people who were in out-of-home care or subjects of a risk-of-significant-harm report is not known, as neither Community Services nor Juvenile Justice collect this information.

Nationally, 62 per cent of remand periods that ended in 2010–11 ended with the young person being released on bail, and 30 per cent ended with the remand period being completed. Indigenous young people were less likely to be released on bail than non-Indigenous young people in all states and territories except Victoria, where the proportions were roughly equal.

Over recent years, the number of young people in detention in NSW has been increasing (AIHW, 2012). This has been attributed partly to changes in the bail legislation and increased bail conditions placed on young people, which reflect 'welfare' concerns that young people are unable to meet. The lack of appropriate accommodation options for young people is central to this issue. In instances where a court order includes 'reside as directed', pressure is put on both Juvenile Justice and FACS to respond. Currently, the response of both agencies is unclear, with no agreed understanding or agreement on respective roles and responsibilities.

The Bail Assistance Line was noted by some service providers to be a useful model, though other feedback suggests that it is not widely used by police, possibly due to limited capacity.

When a young person is in out-of-home care, the responsibilities of FACS are clear, although their response may not always be adequate. When a young person is subject to a risk of significant harm report based solely on homelessness or not known to FACS, agency roles are less clear.

In order to address this issue it is recommended that FACS and Juvenile Justice continue to develop and finalise a revised Memorandum of Understanding on joint clients, and develop and implement Joint Practice Guidelines to clarify the roles and responsibilities of both agencies and out-of-home non-government organisations with case management responsibility. This will lead to better-integrated services and support the provision of coordinated and collaborative assessment, planning, and interventions for these young people. The Memorandum and Guidelines should be supported by joint training and a communication strategy to reinforce the understanding, and embed the concept, of shared responsibility and joint practice.

Strategic opportunities – Juvenile Justice reforms

NSW 2021 includes two targets for Juvenile Justice: to reduce re-offending rates and increase completion rates for key treatment and intervention programs. The response to these targets is based broadly on two reviews that looked at community-based and holistic strategies to address juvenile offending (Murphy et al., 2010; Richards et al., 2011).

As one aspect of these reforms, the NSW Department of Attorney General and Justice has developed Youth on Track, a proposed early-intervention model targeting young people involved in criminal behaviour or with criminogenic risk factors, who have not yet been charged at the Court level. A comprehensive risk-assessment tool (Youth Level of Service/Case Management Inventory –

Australian Adaptation) will identify factors placing young people at risk of further involvement in the juvenile justice system. Case management will be offered by contracted non-government organisations. Such intervention at present is only available to young people after they are convicted of a crime.

As a proportion of young people in the criminal justice system are in out-of-home care, have cognitive impairment and/or limited accommodation options, they are very likely to be clients of FACS and other agencies. The Youth on Track proposal acknowledges the importance of Juvenile Justice (and non-government organisation partners) liaising closely with FACS and other agencies to ensure that case management is well coordinated. As an example of cost-effective and client-centred service delivery with an identified case-management lead agency, this approach shows great promise.

Youth on Track provides an opportunity for Juvenile Justice to target preventative services to children and young people at risk of offending, including referrals from schools, and for FACS to target young people who are not yet (and may never be) at a high risk of offending but who are at risk of abuse and neglect, school disengagement and homelessness.

Supporting the transition to independence

Teenage Education Payment

Fewer than 36 per cent of young people in out-of-home care will complete their Higher School Certificate, compared with 80 per cent of young people who live at home with their families (Cashmore et al., 2007). The Teenage Education Payment, which commenced in July 2012, is a payment of up to \$6,000 per annum paid quarterly to eligible carers to support 16 and 17 year olds in their care to remain in education or training. This Review recommends that further work be undertaken by FACS to track educational outcomes for young people in care.

Social benefit bonds

The NSW Government is currently developing a social benefit bond project with two proponents aiming to prevent children and young people entering and remaining in out-of-home care. It is expected that social benefit bonds will bring a new, sustainable source of private funding to social programs. The outcomes of this pilot could be examined for opportunities to undertake further similar trials, possibly in relation to transitional accommodation for vulnerable young people.

Mental health is a big problem for lots of kids in care. It's a huge issue.
– young person consulted by CREATE Foundation

Young care leavers

In this report, the term 'young care leavers' refers to young people 15 years of age and over who are exiting from care, or preparing to leave care, for independent living. Young people who exit care through restoration or adoption are not considered in this section. Young people

who transition to independence from statutory out-of-home care at 15 years or older are eligible for aftercare support up to 25 years of age. In 2011–12, 600 young people 15 to 17 years of age exited statutory out-of-home care, which is roughly the group eligible for aftercare assistance.¹²

NSW requires young people's transitions from care to be planned from 15 years of age in preparation for their 18th birthday, although this requirement is often not met. Young people who experience placement breakdown, nil or poor transition planning, or age out of care while in juvenile justice are more likely to have the kind of unplanned or unsupported exit from care that increases their vulnerability in early adulthood. Many young people exit care before their 18th birthday. In 2010–11, 378 young people exited FACS statutory out-of-home care in NSW within a month of their 18th birthday.

Transitioning to independence from out-of-home care was identified by stakeholders as a time of great vulnerability for young people, not only those already at risk of poor outcomes, but young people in general foster care whose transition is not properly managed. Risk factors include:

- the requirement to become fully independent at 18 years, including managing housing, employment and further education requirements (young adults not in care often remain in the family home longer and make staged transitions)
- limited suitable housing and support options, including difficulty in gaining private rental housing immediately following their exit from care, often due to low income and limited independent-living skills
- normal difficulties, such as two weeks' sick leave from casual work, becoming a crisis due to poor leaving-care planning and insufficient aftercare support
- changed relationship with birth family at independence, often including a period of self-restoring to the family home at a time when family roles are adjusting to take account of the new adult, which can cause significant stress
- learning for the first time, through unplanned/unsupported case file access, some of the circumstances behind removal from the family home, which can lead to revisiting childhood trauma, renewed conflict with family and risk of depression and other mental health issues
- challenges to self-identity and relationship with family and community for young Aboriginal care leavers who meet or reside with kin for the first time after exiting care, especially in the absence of culturally-appropriate leaving-care planning and aftercare support.

In addition to these risk factors, young people transitioning from unstable out-of-home care, or transitioning with high and complex needs, face:

¹² Aftercare assistance is not available to young people who transition to independence from non-statutory out-of-home care – that is, out-of-home care that is not ordered by the NSW Children's Court but is supported by Community Services to prevent entry into statutory care.

- sudden change in support levels when transitioning from an intensive support placement to independent living
- lack of appropriate support services for young care leavers with sexualised or violent behaviour
- fewer accommodation options compared with other young care leavers.

Young people in out-of-home care and young care leavers consulted for this Review by the CREATE Foundation, were particularly concerned about the prevalence of mental health issues among young people in, and transitioning from, care. These young people who experienced mental illness reportedly had limited or no access to mental health services while they were in care and after leaving care. Access issues included affordability for carers and referrals not being made for young people, despite a range of other crisis interventions being in place.

CREATE highlighted the substantial research evidence that young people in care struggle with higher rates of mental illness, including Cashmore and Paxman's (2007) finding that 71 per cent of respondents in their study of young care leavers had contemplated, attempted, or committed suicide in the four to five years after leaving care.

Poor outcomes for young care leavers at risk include disengagement from employment and education, mental health issues, homelessness, criminal justice involvement, and early parenthood.

Courtney, Hook and Lee (2010) have drawn from the midwest longitudinal study of young people ageing out of foster care in the US to suggest that 17 per cent of their sample (102 of 584) remain 'troubled and troubling' at age 23 to 24. The authors' description of the poor outcomes shared by this mostly male cohort conveys a complex vulnerability familiar to this Review:

"These are the most likely group by far to be currently incarcerated, or otherwise institutionalized, homeless, and/or to have experienced high residential mobility. Two-fifths have not finished high school ... [and are] least likely to be currently employed. Although nearly half have children, none are living with their children ... [They are] most likely to report mental health and/or substance use problems."

In their longitudinal study of young care leavers in NSW, Cashmore and Paxman (2007) found that a similar proportion of young people (8 out of 41) met Stein's (2005) definition of 'struggling' in their early twenties. They describe similar poor outcomes, and emphasise that this group commonly experience a lack of social support in the form of friends, family and long-term relationships.

The poor outcomes experienced by these young people during early adulthood have strong links to their in-care and transition from care experiences.

Cashmore and Paxman (2007) and Courtney, Hook and Lee (2010) found that the young people who struggled most as adults were:

- least likely to have felt prepared to be on their own at exit from care
- unlikely to have experienced stable care
- unlikely to have experienced 'felt security' in care.

Stakeholders reported during a recent policy review of aftercare models that young people who experienced unplanned exits from care and were not in contact with a caseworker were least likely to receive aftercare support.

Young care leavers were consistently mentioned by stakeholders to this Review, not only because of their heightened vulnerability and changing support needs, but because of an observed difficulty in getting their support needs met. These difficulties often started while the young person was still in care, and both FACS staff and external stakeholders were frustrated by poor coordination between FACS agencies under either the ADHC Leaving Care Program or assistance under the FACS *Ministerial Guidelines for the provision of assistance after leaving out of home care*. For example, young care leavers often met with delays when they needed services related to homelessness or disability. To enable young people to exit into stable accommodation, the development of a FACS Out-of-Home Care Pathway is recommended.

Supported Independent Living Services are out-of-home care services that provide accommodation and casework support to young people who are in transition to independent living. Additional services were purchased from non-government organisation providers as part of the Community Services out-of-home care Expression of Interest in 2008. However, the unit cost of Supported Independent Living Services has not yet been standardised. FACS is planning to undertake a review of the Supported Independent Living model, to determine how it fits in the continuum of out-of-home care services.

Many children and young people leaving care reunite with their birth families either as planned or as self-initiated restoration. Relationships with birth family shift during adolescence. Stakeholders reported to the Review a concern that young people in out-of-home care who self-restore to birth family are less likely to be supported by FACS staff. This was seen as placing young people at increased risk of adverse outcomes, as unplanned, unsupported self-restorations are relatively unlikely to succeed.

Vulnerable young people with a disability transitioning to adulthood

The ADHC Leaving Care Program (LCP) provides a person-centred approach to planning and case management for young people with a disability leaving out-of-home care. Young people are referred to the program by the agency with case management function. Planning should begin at 15 years. Program components include: support to make lifestyle choices (including case

management and mentoring); accommodation choices; training for independent community living; financial independence; and community connections.

Feedback to this Review indicated that in some areas the Leaving Care Program assessment process for young people with a disability is complex and time consuming. Often assessments lead to no clear outcomes, and young people exit care without a clear idea of where they will be living and who their case manager will be.

Community Services and Ageing, Disability and Home Care have a different language and approach for young people's needs. ISS [Community Services Intensive Support Service] recommendations do not seem to be taken into account. For example, young people who have been living together for years in Community Services residential out-of-home-care are assessed by ADHC as being unable to reside together. [Consultation feedback]

Failed interagency collaboration was seen as avoidable and an insufficient reason to withhold or delay support to young people leaving care. Improvement of coordinated assistance between all sectors of FACS and out-of-home care non-government organisation during the young person's transition from care may be achieved by:

- developing and implementing a FACS Out-of-Home Care Pathway that prevents young people from exiting into homelessness
- improving young people's awareness of available assistance and fostering self-advocacy skills (for example, building on Northcott's Leaving Care Program Mentoring Service, which is funded through ADHC).
- monitoring and corporate reporting of delays for young people referred to the ADHC Leaving Care Program, including late referrals and delayed assessment or service delivery
- improved diagnosis of disability by FACS at entry to care, and ensuring that entries to the Leaving Care Program are reasonably proportionate to the number of young people in care with a disability.

*I didn't know how to make a doctor's appointment, or get a decent house or anything. I needed more basic living skills. I had to live in short-term refuges for two years and it was really hard to hold down a job.
Young person consulted by the CREATE Foundation*

Leaving-care planning

Evidence from research undertaken by the NSW Ombudsman and the CREATE Foundation in recent years is that a large proportion of young people in NSW are exiting care without a leaving-care plan. CREATE found in 2011 that less than a quarter of NSW care leavers surveyed had a leaving-care plan at 17 years of age. A large number of young people in statutory out-of-home care do not have an allocated caseworker, or have a caseworker with a high caseload.

Unplanned out-of-home care exits create long-term costs to the state. Raman (2005) suggests that a young person who is unsupported during transition from out-of-home care can cost the state up to \$738,000 in their lifetime. This is the accumulated cost of ongoing involvement with crisis services and is presented by Raman (2005) as 'potential cost savings if the life outcomes for a young person who has left care can be improved to equal those of the general population' (s.6.3).

Non-government out-of-home care providers are accredited by the Children's Guardian against the *NSW Standards for Statutory Out-of-Home Care*, which include a requirement that young people have meaningful leaving-care plans to assist them to transition from care.

The transfer of out-of-home care service provision to non-government organisations is likely to improve the number of young people who have leaving-care plans from 15 years of age. The recent introduction of a FACS case-planning and review template may also improve the number of young people in FACS out-of-home care with a leaving-care plan.

The *Review by the Ombudsman of the planning and support provided by Community Services to a group of young people leaving statutory care* (NSW Ombudsman, 2010) found that leaving-care planning for young people with high support needs was prioritised, and generally timely and comprehensive. Young people with significant needs were also more likely to be referred to a specialist aftercare service.

Gradual transitions to independence

Young people most at risk of experiencing an unsuccessful transition from care require a staged transition to independent living. This group includes young people with cognitive impairment, mental illness and other impacts of trauma, who face the substantial challenge of finding accommodation, employment and undertaking further education or training at the age of 18. Given the opportunity to reach these goals gradually with a pathway to independence more closely resembling that of their peers in the broader community, this group is more likely to transition successfully to independence.

Some overseas programs, such as *Staying Put* in the United Kingdom and *Foster Care to 21* in Washington State, USA, have continued support for out-of-home care placements to 21 years of age on a voluntary basis.¹³

¹³ The Staying Put: 18+ Family Placement Programme is targeted at young people who have established relationships with foster carers and offers them the opportunity to remain with their carers voluntarily until they reach the age of 21. The program has demonstrated positive outcomes for young people including increased likelihood of pursuing higher education and reduced exposure to 'complex transition pathways' such as homelessness during transitions to independence.

The evaluation of Staying Put (Munro et al., 2010) found that participants experienced benefits particularly in education and training engagement. Young people who remained in their placements

The option to remain in care or in the care placement voluntarily until 21 years of age allows young people who have built a supportive relationship with their carers to make use of this strong protective factor. It offers a transition to independence similar to those of their peers, who are tending to remain at home longer for a range of social and economic reasons.

Young people with borderline disabilities below the threshold for adult disability services were found to be a group who benefited from extended placements (Munro et al., 2010:30-31), in part because of their delayed development.

In the USA, continued out-of-home care is supported by federal legislation that provides matched funds to states for implementing extended care. The midwest longitudinal study of young care leavers found that, compared with young people whose placements ended at 18 years, young people in the state of Illinois whose foster care was extended to 21 years were more likely to attain a tertiary education qualification, less likely to be a parent by 21 years of age, less likely to have offended, and twice as likely to have attended college. This was regardless of risk factors that would otherwise have predicted poor outcomes in education or training (Courtney, 2010).

From the midwest study data, it has been estimated that extending foster care to 21 years costs approximately \$38,000 per young person (Peters et al., 2009). This is total expenditure on the program, offset by the savings on the supports and services the young person would likely have claimed between the ages of 18 and 21 years as a care leaver. Taking account of improved educational attainment only, long-term benefits of between \$43,000 and \$113,000 are estimated.

On the strength of such evidence, the benefits of extending care to 21 years were explored in the recent review of child protection and out-of-home care in Victoria. The report of the Protecting Victoria's Vulnerable Children Inquiry recommended extending foster and residential care beyond 18 years on a voluntary and needs basis.

In NSW, placements can be approved for continued financial support beyond 18 years where the young person is in full-time study to complete Year 12 or equivalent. Expansion of support to other young people who recognise that they would benefit from a more gradual transition to independence will improve long-term outcomes and have cost benefits for the state.

after 18 years of age were more than twice as likely to be in full-time education at 19 years of age than those who exited care at 18 years. The evaluation noted that all but one of the local authorities implementing the program required young people to be in education or training in order to take part in the pilot, and that this may have excluded some of the most disadvantaged care leavers from taking part in the program. Staying Put participants were also more empowered in the transition process, which meant that they were less likely to experience crises such as homelessness.

Aftercare assistance in NSW

The Australian Housing and Urban Research Institute 2010 study of pathways from out-of-home care found that by age 25 about half of the young people who had 'volatile' transitions from care had been able to improve their circumstances by dealing with their substance abuse, improving relationship with family, finding the supports they needed and entering employment. What happens in aftercare up to the age of 25 is critical to enable these young people to get back on track.

The *Ministerial Guidelines on the provision of assistance after leaving out-of-home care* enable young care leavers to receive assistance for twelve months from the out-of-home-care agency that managed their last placement. Leaving-care plans outline what assistance they can claim after leaving care. Financial assistance may be provided based on assessment of need. In addition, four specialist aftercare services are available to case-manage young care leavers.

However, care leavers in some parts of the state do not have access to aftercare services. Regional and rural care leavers are less likely to receive casework assistance from a specialist aftercare service. Most services report long waiting lists. The NSW Ombudsman (2010:29) found a low rate of referrals to specialist aftercare services in his review of planning and supports provided to young care leavers.¹⁴

Out-of-home care and aftercare caseworkers report that aftercare allowances and contingencies are increasingly inequitable in geographic terms, with wide disparity in numbers of young people supported across different FACS regions. It is also becoming cumbersome for individual requests for financial assistance to require FACS approval, as an increasing number of young people transition directly from the case management of non-government organisations to specialist aftercare services.

FACS is seeking to improve statutory care leavers' access to aftercare support. A review of aftercare models recommends that funding be allocated to each care leaver to replace aftercare allowances, contingencies and non-government organisation out-of-home care and specialist aftercare services brokerage. These funding packages would be managed by specialist aftercare services, with a service available in every region.

Other strategies to improve education and employment outcomes include scholarships and incentives from charities and philanthropic partners for continued education or training.

To work effectively with highly vulnerable clients, specialist aftercare services need links with adult services including mental health, early intervention services for vulnerable young parents and housing options.

¹⁴ Of the 51 cases reviewed, 76% had not been referred to a specialist aftercare service. Of the 39 young people not referred, 13 lived in regional areas without a local service.

Mentors

There is strong research evidence that mentoring services have a positive, protective impact on young people transitioning from care. The important component of this service is providing the young person with a stable adult relationship that can model positive relationships, assist in achieving employment and education, and build young people's networks with the broader community.

The FACS Clinical Practice Guideline for *Behaviour Disorders: Interventions* (last reviewed January 2011) refers to an increasing evidence base for the effectiveness of mentoring, particularly volunteer mentoring as volunteers are more likely to focus on building a relationship with the child or young person. Consistency is important in any mentoring program and gains are only really made by young people who have had a mentor for twelve months or more.

Young care leavers in England and Wales have legislative provision for a personal adviser who assists them to develop and action their Pathway Plan, or leaving-care plan, from 16 to 21 years of age, and up to 25 years in some circumstances. Personal advisers advocate on behalf of the young person to service providers, including the local authority that has responsibility for their Pathway Plan, to coordinate delivery of services and ensure the Plan is progressed. Advisers are also responsible for maintaining contact with the young person until 21 years of age and for keeping informed about their progress and wellbeing.

However, young people who are highly vulnerable as a result of previous abuse and neglect are less likely to engage with a mentor. The RAMP Mentoring Program for young people in residential out-of-home care in Victoria has developed a number of strategies to improve engagement of young people with complex needs with volunteer mentors.

'Lead mentors' are employed to facilitate engagement in each residential out-of-home care unit. Group activities are provided involving young people and mentors that do not require young people to build a relationship with an individual mentor until they are ready.

A 2007 evaluation of the RAMP Mentoring Program found that while these additional supports were costly, they were essential to building young people's engagement in the program. Young people in the program gained in self confidence, took more responsibility for the future and were better able to advocate for themselves (Nucleus Group, 2008:54).

Youth Opportunities is a program managed by the NSW Office of Communities within DEC that aims to increase the number of youth-led and youth-driven community activities in NSW; and to overcome barriers to participation in the community. Projects funded through this program use a range of strategies to support young people, and mentoring is considered a key component.

Leaving care – elements from other jurisdictions

Springboard intensive education and employment support (Victoria): The Victorian Government's recently announced Springboard initiative targets young people transitioning from residential out-of-home care or 'Lead Tenant' (supported independent living) out-of-home care. It provides intensive outreach assistance to help care leavers to gain secure, long-term employment by re-engaging with appropriate education, training or supported employment opportunities.

Tax free savings accounts (UK): Between 2004 and 2010, children and young people in the UK were guaranteed a tax-free savings account, accessible from 18 years of age, under the Child Trust Fund (CTF) scheme. Children and young people in care received annual contributions from the local authority with parental responsibility for them. From 2012, the UK Government offered a £200 individual savings account and a one-off bursary of £2,000 to care leavers going on to higher education.

Other initiatives

Although FACS is not a direct provider of housing support services, tenancy management staff can assist tenants and other clients by providing information about the services they may require to sustain their tenancy. FACS works closely in partnership with other agencies so that tenants can access appropriate support and other services they need to sustain their tenancy.

Private rental assistance

FACS provides a range of services and products to assist eligible people to access the private rental market. These include:

- Rentstart – financial assistance in the form of a loan for the bond and advance rent
- Private Rental Subsidy – provision of appropriate medium-term housing for eligible clients, including those with medical conditions and young people with complex needs
- Private Rental Brokerage Service – assistance for people with existing support service arrangements to rent in the private market
- Tenancy Facilitation – short-term assistance to help people to understand renting in the private rental market, searching and applying for properties
- Tenancy Guarantee – a financial surety offered to landlords to accept tenants they may not otherwise accept
- Start Safely – a fixed-term private rental subsidy for women (with or without children) who are escaping domestic or family violence to enter the private rental market.

In 2011–12, 4,020 young people 16 to 24 years of age received Rentstart. Of these, 33 per cent identified as Aboriginal or Torres Strait Islanders. Young

people in this age cohort received one-fifth (20 per cent) of Rentstart assistance provided to all households. In the same year, 151 young people 16 to 24 years of age received a Private Rental Subsidy. These young people accounted for 5% of households assisted through the subsidy.

Housing and Mental Health Agreement

The Housing and Mental Health Agreement is a partnership between the Ministry for Health and the FACS which was signed in August 2011. The Agreement aims 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.

The Agreement is implemented through Housing and Mental Health District Implementation and Coordinating Committees (DIACCs) which align with Local Health Districts. The committees aim to improve coordination among service providers in the housing, mental health and support systems (including Specialist Homelessness Services) in the local area, rather than focusing on individual people. The Agreement aims to ensure streamlined and integrated services are available to people with mental health issues, and to assist those people to access services.

Housing and Accommodation Support Initiative

The Housing and Accommodation Support Initiative is an innovative partnership between the Ministry of Health, FACS and non-government-organisation support providers. It was highlighted in consultations for this Review as a successful model which is suitable for young people with mental health issues 16 years of age and above, through the provision of housing linked to clinical and psychosocial rehabilitation services.

An evaluation completed in 2012 found that 90 per cent of clients of all ages were successfully maintaining their tenancies, reporting improved levels of mental health, spending less time in hospital, regularly using appropriate services, and demonstrating greater independence.

Housing NSW Youth Action Plan 2010–14

Through its Youth Action Plan 2010–14, FACS has undertaken a number of initiatives to respond to barriers encountered by young people in accessing and maintaining housing:

- development of short films in collaboration with Yfoundations and homeless young people, which provide youth-friendly information on how to access housing assistances
- development and circulation of Rent It Keep It, a resource to teach young people and others how to gain and sustain a rental property. Training has

Housing is the core of your life. It makes everything else work.
Francis, homeless, quoted in Johnson et al., AHURI,

been provided to out-of-home care, juvenile justice, and generalist youth services. An Aboriginal-specific version has also been developed

- scholarships to support young people living in social housing to complete their Higher School Certificate by assisting with their educational costs
- community development activities for young people.

Access to housing by vulnerable young people

According to the ABS (2012), there were 28,190 homeless persons in NSW on Census night in 2011. Of these:

- 13 per cent or 3,632 were children under 12 years of age
- 9 per cent or 2,642 were young people 12 to 18 years of age
- 15 per cent or 4,277 were 19 to 24 years of age.

The nature and availability of housing, linked with appropriate support, can have a significant impact on the life chances of vulnerable young people.

For young people who have experienced disadvantage or are homeless and who have limited support networks, securing appropriate accommodation and support can be a key element of a successful transition to independence and adulthood, and in the pursuit of significant life goals. For these young people, assistance and support at this transition point is critical to arresting trajectories to homelessness and lost opportunities.

Flexible housing and support options provide young people with opportunities to move between options on their journey towards independence, and to receive support if required.

Social housing

While social housing is available to young people 18 years of age and over, and to young people 16 to 17 years of age with conditions, access to social housing is limited on the basis of:

- a significant increase in demand for social housing as a result of escalating costs and limited availability of affordable housing options
- high competing demand for social housing from adults who are also experiencing significant complexities in their life, such as homelessness, mental health issues, and domestic violence
- the majority of social housing stock being configured for families in 3 to 4 bedroom houses, as this housing was predominantly built for families in the post-war period
- social housing is often located on large housing estates away from transport, education, employment, and other facilities needed by young people
- smaller social housing dwellings potentially being inappropriate for vulnerable young people in complexes or residential areas.

In 2011–12 there were 55,479 applicants on the Housing Pathways waiting list (excluding transfers). In that year, 9,597 new households were established in a tenancy in public, community or Aboriginal housing.

When the allocation of this scarce resource is being considered, vulnerable young people must compete with other high-needs groups. Any reluctance of front line staff to provide housing to 16 and 17 year olds may be due to the lack of available tenancy support and the significant risk that without support the young person may not be able to sustain their tenancy. The financial viability of youth accommodation models is a further barrier to young people's access to non-government community housing.

There are proportionately few young people on the Housing Pathways waiting list, indicating that young people are not aware of social housing or do not see it as appropriate for their needs. These statistics are not indicative of a lack of need for housing among young people, as the 2011 Census data indicates that 24 per cent of the homeless population in NSW is 12 to 24 years of age.

Private rental accommodation

While stable housing is fundamental to the process of vulnerable young people re-engaging with education, employment, and pro-social relationships, social housing may not be the best or most flexible option. Social housing may isolate young people from education or employment opportunities and may contribute to limited aspirations and long-term welfare dependence.

Assisting to young people to access the private rental market is more likely to assist them to achieve long-term independence, especially when this is combined with appropriate support services. Such assistance will increase the likelihood that young people will overcome barriers in the often competitive private rental market, such as affordability, the absence of a rental history or references, lack of experience in navigating the private rental market, and/or discrimination from real estate agents or landlords. These barriers are often exacerbated for Aboriginal young people and young people in small towns who are perceived to have particular issues.

As identified in the Housing NSW Youth Action Plan, young people are often not aware of their options for housing assistance, and some support services are not aware of how FACS can assist young people, especially those who are 16 or 17 years old. Further work could be undertaken by FACS to improve young people's access to the private rental products: Rentstart; the Private Rental Brokerage Service; Start Safely; and Tenancy Guarantee.

Another relevant issue is that private rental products currently offered by FACS are not available to people living in a shared household. Further work could be undertaken by FACS to explore the targeting of selected private rental products at vulnerable young people living in share accommodation.

Rent It Keep It, a resource that trains young people to secure and maintain a tenancy, could be expanded to target a wider range of support services. This review's consultations with the youth sector noted possible improvements to the resource:

- the Realistic Expectations module could include budget considerations that take into account Youth Allowance, Rentstart, Transition to Independent Living Allowance, and other allowances which many young people receive or may be entitled to
- link the resource to non-government youth-specific websites as well as being on the FACS website
- the resource could be updated with relevant legislative and policy changes as they occur, and could have a communication strategy to keep the youth service sector updated.

FACS acknowledges that there is an opportunity to undertake consult young people to identify areas in Rent It Keep It which could be better tailored to the needs of young people. An Aboriginal-specific version of the resource has been circulated and training sessions held. The Aboriginal Housing Office supports an Aboriginal specific Rent It Keep It program implemented in the Aboriginal non-government housing sector.

Pathway from out-of-home care to independent accommodation

There is strong local and international evidence that young people transitioning from care are at increased risk of experiencing homelessness. Specialist aftercare services and other stakeholders commented on the difficulty of assisting young people 18 years of age and less with housing because their low income makes them unattractive to private renters.

Often care leavers, especially those with limited or no social or family networks, commence independent living in a Specialist Homelessness Service. Some young people may be referred to a refuge by their out-of-home care provider on their exit from care. As Specialist Homelessness Services are crisis or transitional accommodation services for people who are homeless, exiting young people from care into these services can be seen as exiting them into homelessness.

The Australian Housing and Urban Research Institute's *Pathways from out-of-home care* (2010) found that young people's experience of transitioning from out-of-home care can be categorised as either smooth or volatile. Volatile transitions, experienced by 59 of the 77 young people studied, were typically the result of early exits from care that were either unplanned or unsupported. Young people on a volatile pathway were more likely to transition directly into a homelessness service from out-of-home care. They were also more likely to be involved in substance abuse and, over time, to have their independent housing arrangements break down. The authors recommended that access to housing be improved for young people using a mixture of supply-side and demand-side

strategies, including the introduction of a secure tenancy guarantee scheme. This review supports that recommendation.

There was a clearly articulated demand during the Review for increased access to housing for highly vulnerable young people, a demand which was often raised during discussions of young care leavers. There was strong recognition that accommodation needs to be accompanied by support services appropriate to the needs of these vulnerable young people.

Recently, the Chief Executives of NSW Justice and Human Services agencies endorsed a *Framework for Multi-Agency Client Transition Planning to Prevent Homelessness*. Under this framework, government agencies will implement discharge-planning strategies to prevent exits from care and custody leading to homelessness. This is consistent with the priorities identified in the NSW Homelessness Action Plan 2009–2014. The implementation of this Framework provides an opportunity for improved exit planning from care.

Despite the large number of young people, including young care leavers, who access Specialist Homelessness Services, there are no clear pathways between from crisis services to the private rental market and independent living. As previously mentioned, while FACS provides private rental subsidies and capacity building projects such as Rent It Keep It, young people and services may not be aware of them.

There is an opportunity for FACS to develop an Out-of-Home Care Pathway that considers the range of supports and services, including housing options, which a young person needs on their exit from care to prevent them from exiting into homelessness.

Access to tenancy support services

While access to housing for young people is an issue, sustaining housing is a further challenge for vulnerable young people. Support to maintain tenancies helps to prevent one of the main causes of homelessness, namely the failure of tenancies, by identifying people at risk and ensuring that they have access to the right support before they reach crisis point.

Successful tenancy support programs have been implemented for social housing tenants in some Australian jurisdictions (such as Supported Housing Assistance Program, Western Australia) to prevent evictions that lead to homelessness. The NSW Government has introduced a number of tenancy support projects under the National Partnership Agreement on Homelessness. These projects are currently being evaluated, but early feedback suggests that they are effective in maintaining tenancies and endorses the value of an integrated approach to support.

Fragmented or siloed service provision, with a lack of collaboration between services, is a barrier to addressing people's multiple tenancy and support

needs. Integrated service provision is a means to providing more effective interventions.

A more coordinated FACS approach to tenancy support for young people across all types of tenure, both private and social housing, will ensure that more tenancies are maintained, and so reduce the rate of youth homelessness. Opportunities exist across FACS child youth and family support services to improve responses in this area.

The service activity of preventing homelessness by sustaining tenancies could be a component of future programs where case management is delivered. Such programs could include clear referral pathways for housing providers to notify support services of clients' needs. Where opportunities exist, this tenancy support could also be linked to Housing NSW's private rental products, especially for young people exiting out-of-home care, juvenile justice, and/or experiencing homelessness.

Models of accommodation and support

The literature indicates that young people leaving care typically have high support needs and require integrated housing and support services (Johnson et al., 2009). This support would ideally include assistance in developing independent living skills, continuity of support workers and involvement of the young person in life planning. It would address financial support, housing, relationships, education, identity and emotional healing (Edwards 2009).

For vulnerable young people, the support linked to housing should recognise their limitations and stages of development (young people with cognitive impairment and/or trauma may mature later), and help them to manage any mental health issues and move towards independence.

In combination with housing, these young people need degrees of support as they transition into adulthood, as due to life circumstances and traumatic events which may have precipitated their homelessness, they may not yet have all the necessary skills and resources to live independently. Some housing options need to be directly linked to support services, while some can be geared to independent living with access to support as needed.

Providing the right type of support is essential. Support should be tailored to the needs of the young person and should address tenancy sustainability. This person-centred approach should be flexibly tailored to respond to young people's needs regardless of the complexity of their situation, and be provided for the length of time required. Support should be provided in a coordinated manner across the broad homelessness service system.

The challenge for FACS is to connect accommodation options with the range of support these young people may need, much of which will be outside FACS's delivery or funding. Recent work undertaken by FACS on the range of accommodation options for young people found that:

- young people need support as they often do not yet hold all the skills and/or resources they need for successful independent living
- support needs to be linked to stable housing, either as an add-on to housing arrangements or as part of an integrated package of support and accommodation. This is especially so for the intensive support needs of young people with complex needs
- a variety of housing options need to be available to support the diversity of young people and their needs, abilities and preferences – the private rental market offers much greater choice of location and style of housing
- flexibility is necessary to allow young people to grow and move, including between different housing and support options, and towards more independent living
- particular focus needs to be given to young people leaving out-of-home care or juvenile justice facilities and young people who are homeless, where an investment (early intervention) is likely to result in a cost saving over time
- any models that are developed need to take into account the cultural needs and preferences of Aboriginal young people and also need to respond to local demand, existing resources and gaps
- youth housing models worth exploring further include private rental subsidies for young people, integrated models such as Foyer and independent scattered site housing (see below) with intensive support for young people with complex needs, which are supported by the literature and were highlighted by various stakeholders consulted by this Review.

This Review recommends exploration of means to further develop and implement models of accommodation and support for young people, including through the use of social investment and philanthropy.

Foyer

The Foyer model, in the version developed in the UK in the 1990s, aimed to provide quality, hostel-type accommodation, with on-site services to assist young people with low support needs to access education, training and employment services (Quilgars et al., 2008).

Anderson and Quilgars (1995) define the Foyer model as an integrated approach to meeting the needs of young people during their transition from dependence to independence, by linking affordable accommodation to training and employment. Variations on the model have developed in Australia and internationally with structures and aims adapted to their differing contexts (Randolph & Wood, 2005). Foyer models are known to work well for low-needs young people who are not yet fully capable of living independently, but who do not have complex needs and/or who are motivated to engage in work or study (Costello et al., 2011).

Some practitioners in Australia and the UK (such as Foyer Federation UK) claim that Foyers can be adapted to suit higher-needs clients. Some research

suggests that Foyer type models can be adapted to suit young people leaving out-of-home care (Clay and Coffey, 2003; Beer et al., 2005; Smyth and Eardley, 2008 in Costello et al., 2011).

Research suggests that a Foyer could work in rural Australia, but that it would need to be near a transport hub, be able to attract qualified staff and focus on an appropriate group of young people (Costello et al., 2011), and outcomes could be constrained by the housing and job markets in rural settings.

NSW has two Foyers currently operating, Illawarra and Miller, and it is widely considered across the youth homelessness sector that there should be more. Purpose-built Foyers are currently under construction in Victoria (three Foyers with 40 beds each) and Western Australia (98 beds).

Independent scatter site housing with support

Models of independent scatter site housing with support provide housing that is scattered throughout the community where higher needs young people can live independently, either alone or with housemates. The young people are provided with support and case management as needed. Accommodation can be provided through social housing, by headleasing properties through the private rental market or through private rental subsidies. If headleased, there is the possibility of a transfer of the lease from the provider to the young person when the young person is ready, and the landlord is willing.

This approach provides a degree of independence that can be matched with an appropriate level of supervision and support. As young people are located and engaged with the community, they are encouraged to develop appropriate behaviours and responsibility. The success of this model is in the provision of the necessary intensity and coordination of support. The model has been used extensively internationally among chronically homeless people with mental illness and substances abuse issues (see discussion of Housing First below).

Scattered site housing with support is seen to be a beneficial approach for young people at risk of homelessness, those with complex needs and those leaving out-of-home care or juvenile justice facilities because it:

- avoids concentration of those with high needs
- gives young people a choice of location and allows them to stay near their support networks
- requires the young person to develop independent living skills in socially mixed settings
- provides an important step towards independent living and has a built-in transition opportunity if the lease can be transferred to the young person when they are ready.

Private Rental Subsidy for Young People in the Hunter

As a result of the recent work on youth housing models, FACS is trialling a Private Rental Subsidy for Young People over two years in the Hunter, as a

new way of delivering affordable housing linked to support to young people who are homeless or at risk of homelessness. The subsidy is available to young people 16 to 25 years of age in Newcastle and the Hunter who are:

- eligible for social housing, and
- leaving out-of-home care, or
- leaving juvenile justice facilities, or
- experiencing domestic/family violence or family breakdown and at risk of homelessness.

A young person receiving the subsidy will contribute 25 per cent of their income towards their rent and FACS will pay the balance directly to the landlord or real estate agent for up to two years.

To receive the subsidy, a young person must be committed to working with a support provider and engaging with education, training and/or employment. Critically, they will receive support from within the existing support service system as they transition towards independence.

Support is negotiated through the existing network of providers, and partnerships are established between the providers and FACS, who administers the subsidy. The project relies on the existing support network to identify appropriate clients.

By gaining access to affordable housing, combined with support and links with education, training and employment, young people can be assisted on their pathway to independence. The subsidy will also contribute to reducing homelessness for these vulnerable cohorts of young people. Forty young people are expected to be assisted in the first 12 months of the project.

The pilot will be evaluated to inform future initiatives, but such demand-side strategies for young people leaving out-of-home care are supported by the research (AHURI, 2010; CREATE Foundation).

Examples of promising practice

Inner City Youth at Risk

The Inner City Youth at Risk Project is a partnership project which draws together 21 government and non-government organisations to respond to young people who are homelessness or at risk of homelessness in Kings Cross and surrounding areas.

Partners, led by South Eastern Sydney Local Health District, include mainstream health services, other government agencies, local government, and a range of non-government youth and homelessness support services.

There are four key strategies implemented by the project: coordination by a project coordinator; brokerage funding for individual needs; long-term scatter site housing with support; and quarterly joint outreach sweeps. The Inner City

Youth at Risk Project is part of the National Partnership Against Homelessness and the NSW Homelessness Action Plan 2009–2014, and builds on the successful Kings Cross Youth at Risk Project.

Nepean Youth Homelessness Project

Nepean Youth Homelessness Project, a National Partnership Against Homelessness project led by FACS, is based on the Inner City Youth at Risk model. The project provides individualised support packages, through a coordinated range of support providers, to homeless young people who are accommodated in scatter site community housing. The project also provides an early-intervention response to other young people at risk of homelessness in the Nepean area.

Tenancy Support Projects (Mid North Coast and Richmond/Tweed)

These NSW National Partnership Against Homelessness projects focus on preventing homelessness and minimising the need for long-term supported accommodation by identifying high-risk tenancies early and providing time-limited case management and other supports.

Rural Interagency Homelessness Project (Albury/Wagga and New England)

These NSW National Partnership Against Homelessness projects adopt an interagency case-management approach to the provision of long-term accommodation and associated health, legal and financial supports.

Assisting Aboriginal Young People Leaving Care (Shoalhaven, Wollongong and Eurobodalla)

These NSW National Partnership Against Homelessness projects support Aboriginal young people leaving care to return to independent living.

Young People Leaving Care Support Service (North Coast)

This NSW National Partnership Against Homelessness project provides housing and support to young people who are exiting or have exited care. It includes generalist support, accommodation and access to health services. The project aims to increase local collaborative service delivery.

Housing and Accommodation Support Initiative

The Housing and Accommodation Support Initiative is an innovative partnership of the Ministry of Health, FACS, and non-government-organisation support providers. This initiative also includes Aboriginal Housing and Accommodation Support Initiative, which specifically targets Aboriginal people.

This initiative was highlighted in consultations for this Review as a successful model which is suitable for young people with mental health issues 16 years of age and above, through the provision of housing linked to clinical and psychosocial rehabilitation services. An evaluation completed in 2012 found that 90 per cent of clients of all ages were successfully maintaining their tenancies, reporting improved levels of mental health, spending less time in

hospital, regularly using appropriate services, and demonstrating greater independence.

The Housing and Accommodation Support Initiative evaluation notes that in 2009 only 4.6 per cent people in the initiative were less than 20 years old. The Young People's Outreach Program, (a partnership between the former Sydney West Area Health Service Mental Health Network and the former Richmond Fellowship of NSW), adapted the Housing and Accommodation Support Initiative model for younger clients, delivering short-term specialised support for up to 10 clients at any one time.

Women's Indigenous Supported Housing

Women's Indigenous Supported Housing is a partnership of Campbelltown Family Support Service, Aboriginal Sustained Home Visiting Service, FACS, Argyle Housing, and St Vincent de Paul. The Women's Indigenous Supported Housing supports Aboriginal young women (giving priority to those less than 20 years old) who are pregnant and/or have children under two years old, who are homeless or at risk of being homeless, or live in unsafe or unsuitable accommodation and who have limited to no parenting, living and social skills. Women are only referred to the program if they are not living with a partner. Intensive family support is provided.

Initiatives in other jurisdictions

Housing First

The Housing First approach is a relatively recent innovation in human service programs and social policy regarding people who are homeless, and is an alternative to a system of emergency shelter/transitional housing progressions. Rather than moving people who are homeless through different 'levels' of housing, known as the continuum of care, whereby each level moves them closer to independent housing (for example, from the streets to a public shelter, and from a public shelter to a transitional housing program, and from there to their own apartment in the community), Housing First moves the homeless person or household directly from the street or homeless shelter into their own apartments.

The Housing First approach is based on the concept that a homeless person or household's first and primary need is to obtain stable housing, and that other issues that may affect them can and should be addressed once housing is obtained. In contrast, many other programs operate from a model of 'housing readiness', that is, they assume that an individual or household must address other issues that may have led to homelessness, and only then enter housing. Pathways to Housing programs in the United States of America use a Housing First approach.

To unpack the following diagram it is useful to consider a brief example.

Joel is a 12-year-old boy who for some time has experienced abuse at home. He has poor self regulation due to the resulting trauma and a form of cognitive impairment. At this stage of his development he may well encounter significant conflict with his parents and seek to find ways to make himself safer. Joel's school and others have been making reports to FACS and referrals to other services because of their concerns for his safety. If at this point family support services, youth services, FACS or his school do not start to work effectively with the whole family, opportunities for early intervention are missed.

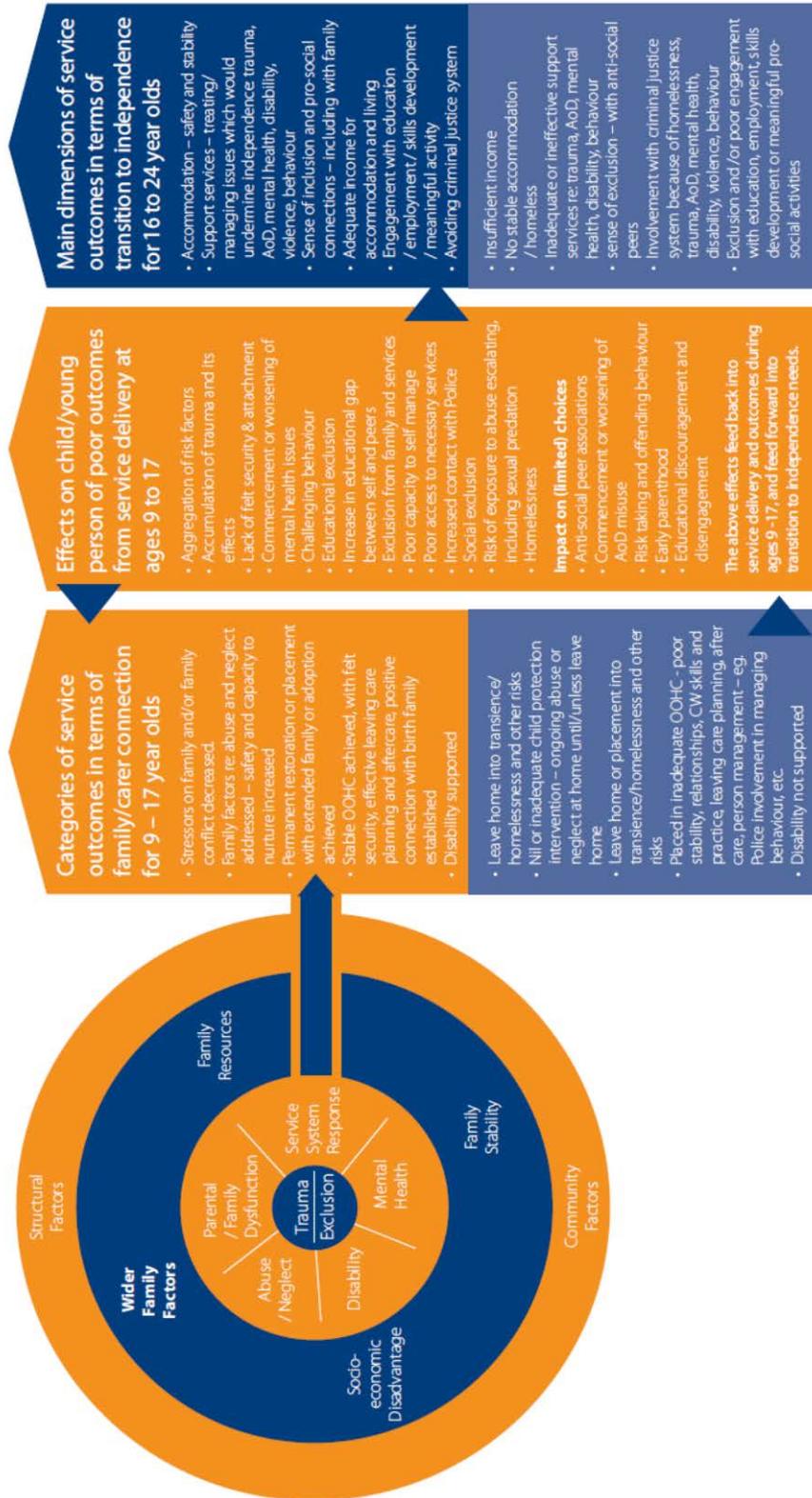
As Joel withdraws or is excluded from his family he may start to sleep away from home with friends or relatives, but as his high needs and behaviours cause conflict he is likely to be excluded from many of those options and experience further abuse. Without stable accommodation, routines or nurturing relationships it will be difficult to stay engaged with school. His poorly understood cognitive impairment means he does not attract the supports he needs, nor does he experience a sense of academic success at school. His recent transition from primary to high school will affect his sense of school attachment. If the school is not able to tailor supports to Joel's needs and engage with him to manage his behaviour effectively, or if his peer experiences deteriorate, he may drop out or suffer long-term suspensions and exclusion as a result of behavioural issues.

As Joel disengages from school and his housing becomes more unstable, his sense of exclusion, changed peer associations, emergent misuse of alcohol or drugs, and immediate needs for food, shelter and attention may contribute to offending behaviours and result in increasing contact with police. Joel's needs are complex, yet services are defined by professions and criteria rather than people, so Joel may find that referrals made on his behalf to the services he needs are not accepted. At this stage, reports to FACS result in Joel's entry to out-of-home care as his homelessness and behaviours are placing him at immediate risk of significant harm.

The fact that Joel's needs have not yet received an effective service response has allowed a number of factors to accumulate to make Joel more vulnerable and undermined his resilience – his capacity to navigate and negotiate for the resources he needs has not been strengthened (Unger, 2010). If his age, needs and behaviour mean that he encounters multiple out-of-home care placements, poor relationships with caseworkers and poor casework, by the age of 15 years he is likely to leave care early without the supports he needs to re-engage with education, secure appropriate accommodation and avoid further contacts with police. The absence of 'felt security' (Cashmore and Paxman, 2006) – a nurturing attachment to a foster carer or teacher or caseworker – leaves Joel with a compounded sense of worthlessness and failure. If he attempts self-restoration to his family, factors outside his control will determine whether this has a positive effect for him or compounds his vulnerability and ends with further trauma and homelessness.

Where these experiences leave Joel will determine his ability to manage his transition to independence. He will need to seek out not just accommodation but accompanying support services which, due to his delayed development, he is likely to need into his twenties. He will need to avoid peer associations that may involve him in offending behaviour or abuse. For the best outcomes, he will need to deal with his substance abuse issues, develop a workable relationship with his family (if possible) and gain employment (Johnson, et al., 2010).

Outcomes for vulnerable children and young people



Conclusion

Many of the service system issues which young people face, as identified by the Review, go beyond the responsibilities of FACS. However, FACS is well placed to understand how the dynamics of the service system affect outcomes for young people. Demand for FACS services, along with those of justice agencies, is directly affected by the effectiveness of mainstream health, community, early childhood and education sectors.

Recent focus on the early years has been strategic, but now is the time to revisit that investment to ensure it delivers well for those most vulnerable to poor outcomes. Some of these cohorts are identifiable through their learning and communication difficulties or challenging behaviour. Trauma-informed care and early interventions for cognitive impairment or conduct disorder which assist these children stay engaged with education through the early and middle years are critical.

The conflict between the needs of young people with complex issues and the structuring of services around programs and professions is a significant reform challenge for FACS and more widely. Delivering person-centred responses will avoid some of the churn people with complex needs go through as they bounce from service to service, crisis to crisis, without much progress.

Delivering person-centred services will in part require greater frontline workforce capacity across human service and justice agencies regarding the client needs often classified as 'complex' and seen as 'too hard' but which increasingly lie at the core of high cost and poor outcome client groups. Skilled generalists backed by well-integrated specialist expertise and resources are needed. Local integration, which requires a whole-of-government approach, is therefore necessary to person-centred delivery.

The middle years are a critical time when key vulnerabilities start to overtly affect school engagement and offending behaviour. A service system capable of preventing, diverting and responding to those vulnerabilities, school disengagement and behavioural issues would be strategic. Without it, police, teachers, speech pathologists and caseworkers have limited options for children they recognise as being at very high risk of poor outcomes.

During the teen years various early interventions are available for school disengagement or a career of homelessness and/or crime, and would be well sited in schools for reasons of access and integration. Connected Communities provides a useful test of this approach in NSW and models from other Australian jurisdictions are also worth exploring. The role of vocational education and training providers in supporting the transition to employment is also critical but needs to be tailored for vulnerable young people.

FACS and partner responses to abuse and neglect are critical to avoiding adverse outcomes for affected children and young people. Some cohorts within this very vulnerable group warrant particular attention. Current initiatives to

improve practice, assist families keep their children safe at home, determine restoration or permanency quickly, transfer out-of home care to quality non-government organisations, and to respond to more risk-of-serious-harm reports for the middle and teen years are all strategic and important to build on. Consideration of further strengthening of out-of home care and the transition to independence seems timely.

Supported accommodation is an essential element in the mix of services required for some young people's transition to independence. It is important that models of supported accommodation do not engender dependence but enable young people to deal with the issues making them vulnerable and position them for greater independence and employment or meaningful activity.

There is opportunity for FACS reforms to complement those regarding vulnerable young people under way in Department of Police and Justice and the Ministry for Health NSW, and through the Ministerial Taskforce on Aboriginal Affairs.

Ultimately, systemic reforms will be best articulated through a cohesive, statewide strategic framework incorporating all of government and the community sector, and best implemented through integrated and collaborative service planning and delivery at a local level.

