Response to the Under 16 Homelessness: A Policy Framework for Tasmania

7 July 2021

# About Anglicare Tasmania

Anglicare Tasmania is a large community service organisation in Tasmania with offices in Hobart, Glenorchy, Launceston, St Helens, Devonport, Burnie, Sorell and Zeehan and a range of programs in rural areas. Anglicare Tasmania’s services include: crisis, short-term and long-term accommodation support; NDIS disability and mental health support services; support services following a motor vehicle accident; aged and home care services; alcohol and other drug services; financial and gambling counselling; and family support. In addition, Anglicare Tasmania’s Social Action and Research Centre conducts research, policy and advocacy work with a focus on issues affecting Tasmanians on low incomes.

Anglicare Tasmania is committed to achieving social justice for all Tasmanians. It is our mission to speak out against poverty and injustice and offer decision-makers alternative solutions to help build a more just society. We provide opportunities for people in need to reach their full potential through our services, research and advocacy.

Anglicare Tasmania’s work is guided by a set of values which includes these beliefs:

* that each person is valuable and deserves to be treated with respect and dignity;
* that each person has the capacity to make and to bear the responsibility for choices and decisions about their life;
* that support should be available to all who need it; and
* that every person can live life abundantly.

For further information about this submission please contact:

Rev. Dr Chris Jones  
CEO Anglicare Tasmania  
GPO Box 1620   
HOBART TAS 7001

Phone: (03) 6213 3562  
Email: [c.jones@anglicare-tas.org.au](mailto:c.jones@anglicare-tas.org.au)

Website: [www.anglicare-tas.org.au](http://www.anglicare-tas.org.au)

# Our recommendations

The Under 16s Homelessness Policy Framework for Tasmania represents an important step forward in improving the wellbeing of one of the state’s most vulnerable cohorts of children. Anglicare has committed significant time, expertise and resources to support the development of the Policy Framework and also acknowledges the high value of subsequent cross-sector collaboration in reaching this milestone.

As noted in the Policy Framework itself, policy and practice maturity on unaccompanied child homelessness in Tasmania is still evolving. Anglicare’s response to the Policy Framework is underpinned by the strong view that, if we are to move beyond a good description of the issues unaccompanied homeless children face, greater specification of key agency and service roles and responsibilities in implementing the Policy Framework is required.

Anglicare’s response to the Policy Framework draft offers recommendations for clarifying the strategic activity needed by relevant agencies to prevent the drift of unaccompanied children into homelessness. It is also clear, however, that the broader authorising environment for the Policy Framework should be strengthened through revision of the *Children, Young Person’s and Their Families Act* and *Education Act* to include, in both, the explicit statutory duty to assist children who are homeless or at risk of homelessness, regardless of their guardianship status.

# Consistent use of definitions and terminology

A significant contribution to the interagency visibility of unaccompanied homeless children and their developmentally specific needs is to use consistent definitions and terminology. Correctly and consistently identifying *children* as the cohort of concern will assist relevant government agencies in recognising their responsibilities to respond.

* In the face of Tasmanian legislation which defines a child as under 18, capping the focus of this Policy Framework to those under 16 risks ballooning homelessness for those under 18 who remain developmentally, socially and financially vulnerable and highly unlikely to be in a position to access independent accommodation at 16.
* In the context in which the Tasmanian Government guarantees care until 18 for those subject to Care and Protection Orders and further, has committed to extend support to transition to independence until aged 21, there is also a risk that the Policy Framework may entrench a double standard of care. Despite sharing similar life trajectories and developmental needs, there remains a troubling underpinning assumption that children outside the statutory system may survive independently at 16.
* The extreme spike in numbers of unaccompanied homeless children aged 15-17 presenting to SHS suggests early independence during childhood is an inappropriate and unrealistic option.[[1]](#footnote-2)

# Responding to the dual issues of a lack of effective guardianship and homelessness

The Policy Framework and associated SHS Practice Guidelines should be more strongly oriented to responding to the two significant issues this cohort presents – being unaccompanied *and* homeless. There is currently a notable focus on responding to unaccompanied children’s homelessness at the cost of a clarified account of anticipated responses to children’s lack of effective guardianship.

* Currently, neither the Policy Framework nor Practice Guidelines explicitly positions Care and Protection Orders and Out-of-Home Care as part of the suite of responses expected to facilitate children’s exit from unaccompanied homelessness.
* The Policy Framework needs to offer clarification that where a child is assessed as currently unable to access effective guardianship, Child Safety has lead responsibility for provision of care and case management.
* The Policy Framework needs to describe the mechanism through which rapid, temporary guardianship will be activated where necessary. Rapid assessment and establishment of guardianship provision, even temporarily, is particularly crucial for children without effective guardianship who need access to mental health care.
* The Policy Framework needs to clearly state what community-based services providing care to unaccompanied children (both with and without Care and Protection Orders) can expect from Child Safety in relation to assessment and response timeframes and case management, including advice on an escalation process, to avoid children’s drift into homelessness.
* The Policy Framework should commit to the provision of a minimum of three regionally-specific Child Safety and Wellbeing Liaison positions to develop local service, agency and community knowledge, to monitor Care Team progress and action Child Safety re-assessment/escalation, and to promote internal capacity building.
* The Policy Framework encouragingly notes the central role of families and family support in prevention, early intervention and responses to unaccompanied child homelessness. It could explicitly emphasise that as a result, the evolution of a quality workforce skilled in evidence-based functional family therapy and adolescent reunification and restoration approaches will be needed to deliver service innovation for this cohort.

# Strengthen the Policy Framework to accelerate delivery of an accountable multi-agency, cross-sector system of care for unaccompanied homeless children

The fact that unaccompanied children have by default historically ended up becoming most visible in the homelessness system does not mean that future responses should revolve around service provision from this same system.

* In Tasmania, the Housing Connect system aims to provide support and accommodation to transition young people, adults and families into housing independence.
* The provision of care for children without effective guardianship arguably requires an alternate system response.
* There is scope for Children, Youth and Families to champion this cohort, strengthen the coordination of currently disparate elements of the child and adolescent service system in Tasmania, and lead provision of a program of care which would link to both Child Safety and Youth Justice diversion and facilitate entry to Child Safety where required.
* A public health program approach will require additional early, targeted and intensive care options (in particular in the areas of family functioning/restoration/reunification and non-statutory long-term care) as well as the realisation of specific commitments from existing identified government services.
* This program of care should be coordinated by Children, Young People and Families and developed and delivered with collective input from children and their families and professionals representing the broader child and adolescent specialist service system including Department of Education, State Youth Health Services, Statewide Mental Health and AOD services, Youth Justice and Housing Connect.
* To compel leadership and investment in the context of competing demands, the Policy Framework should indicate how, and through which government agencies and services, the Tasmanian Government will work to achieve the outcomes for children it currently describes as needed.
* As is already being reported, Care Teams led by community-based service providers have little purchase to compel the engagement and action of government services and agencies. The Policy Framework should clarify that the Advice and Referral Line as the central point of contact will lead responsibility for multi-agency/multi-service coordination. This should occur in liaison with the community-based case worker providing the relational link and practical support for children’s engagement in the support options coordinated by the ARL.
* In order to prevent the entrenchment of homelessness, including crisis ‘service churn’ by this cohort, commitment to a mandated review of the Care Team plan for a child’s exit from homelessness is needed in the Policy Framework. This review should be triggered for those unaccompanied children whose homelessness is unresolved within three months.
* The Policy Framework should provide guidance on lead care responsibility where children access or are referred to a service assessed or self-assessed as unable to provide a ‘Child safe’ environment.
* It is unclear what roles Departments of Education and Justice will play in the identification of and response to the wellbeing needs of unaccompanied homeless children. These roles require specification in the Policy Framework.
* Likewise, it is also unclear what role Department of Health, in particular Statewide Mental Health Services, will play in the identification and response to the wellbeing needs of unaccompanied homeless children. Given the current reform agenda in both Child and Adolescent Mental Health Services and Alcohol and Other Drug Services, it is an opportune time to clarify the role and responsibilities these services have in the Policy Framework.

# Consider the development of a joint action plan prior to the development of Practice Guidelines

A more detailed Policy Framework providing broad specification of the roles and responsibilities of agencies and services is most likely to promote commitment to collective implementation.

* In order to implement the Policy Framework, relevant agencies should be required to collaboratively develop and share action plans for their specific and collective work to prevent and end homelessness for this cohort.
* An example of an agency/service action plan is the *Strong Families, Safe Kids Next Steps Action Plan 2021-2023* which includes some high-level commitments to service-specific and collaborative actions to respond to unaccompanied homeless children.
* **Ideally, however, key agencies will work together to produce a joint action plan for the delivery of a program of care for unaccompanied homeless children.**
* Practice Guidelines will be most useful as agency/service specific operational advice.
* Should Practice Guidelines stand in place of a more detailed, developed Policy Framework and joint action plan, the system change required to prevent and end unaccompanied child homelessness is unlikely to occur and fractured service delivery will continue.

1. In 2019-20, AIHW Specialist Homelessness Services Collection data reports that 34 10-14 year olds and **334** 15-17 year olds presented to Specialist Homelessness Services in Tasmania (see Australian Institute of Health and Welfare 2020, <https://www.aihw.gov.au/reports/homelessness-services/shsc-data-cubes/contents/specialist-homelessness-services-collection-shsc-data-cubes>. [↑](#footnote-ref-2)