



# WHO CARES?

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Supported accommodation for  
unaccompanied children

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## **Introduction**

This review builds on recent research about the experiences and needs of highly vulnerable teens (aged 10-17) in Tasmania undertaken by the Social Action and Research Centre, Anglicare Tasmania (Robinson 2017). *Too hard? Highly vulnerable teens in Tasmania* documents the policy and service provision gaps faced by older children in Tasmania who are not on child protection orders but nonetheless experience complex adversity, including unaccompanied homelessness. Whilst this is a cohort often requiring multiple specialist responses in areas of health, housing, mental health, education, justice and child protection, the purpose of this review is to inform thinking on how best to respond to the gaps in the provision of non-statutory age-appropriate *care*, in particular within residential settings.

Unaccompanied children are understood in this review to include those aged under 16 who are alone, without a parent or guardian present. The review examines how the non-statutory supported accommodation needs of this cohort have been articulated and addressed in a number of jurisdictions in Australia. Using data gathered from key informants and from policy, program and service literature, the review highlights responses outside of Tasmania and what we can learn from them. It is not intended to be comprehensive but provides an important starting point for thinking about meaningful alternatives to homelessness for highly vulnerable teens in Tasmania.

### **Background: *Too hard? Highly vulnerable teens in Tasmania***

In 2016/2017 SARC undertook research about the experiences and needs of highly vulnerable teens. The cohort focused on in the research were those aged 10-17 years old who are known to child protection (but who have not been placed on orders), known to police and/or youth justice, and who have experienced homelessness. The research sought to understand what drives the high vulnerability of this group.

The research found that:

- *Highly vulnerable teens experience personal harm and adversity.* There was a strong correlation across the perspectives of older children and those service providers who work with them that the key issues driving high vulnerability are complex trauma and neglect beginning in early childhood and persevering into adolescence.
- *Highly vulnerable teens experience systemic harm and adversity.* The research also identified how current system responses contribute to high vulnerability. This includes a culture of referring older children with complex needs between services with limited capacity and resourcing, an absence of fundamental medium/long-term therapeutic care, an incomplete suite of specialist services, and a lack of capacity for intensive engagement within specialist services.

As such, the report recommended that highly vulnerable teens in Tasmania need a completed circle of care. This includes wrap-around therapeutic, relationship-based care delivered in both outreach and residential settings *and* a full complement of surrounding specialist services with capacity to engage with and respond to adolescents with multiple and complex needs. Ideally, as depicted below, relational care is key to holding teens safe as well as to connecting them into, and weaving together, a broader system of care provided through relevant specialist and agency-specific responses.



**Figure one**

**What highly vulnerable teens need in Tasmania: A complete circle of care**

In its discussion of current care provision for highly vulnerable teens in Tasmania, *Too hard?* focused on the valuable work of the Targeted Youth Support Service (TYSS), which is understood by government and non-government services providers alike to be the only service in Tasmania able to provide needed intensive, therapeutic, relationship-based care to highly vulnerable teens. This wrap-around, long-term care has a vital role in increasing the visibility of adolescents to surrounding specialist services. However, it was clear that without increased capacity, the active

engagement of these specialist services with the complex needs of older children would remain limited or even non-existent.

The research also identified important limits to TYSS. As TYSS is an outreach-only model, staff are often providing support to older children who are living in unsafe accommodation or even rough sleeping. Whilst outreach is an important part of the responsiveness of the service, the inability to keep clients safe and provide a fuller, stable experience of care was seen as extremely detrimental, and was ultimately an unsatisfactory response.

This similar provision of only one dimension of wrap-around relationship-based care also applies to the very recently tendered Adolescent Intensive Care Coordination (AICC) service, funded through the Department of Health and Human Services. Whilst it provides substantially more brokerage funding for a small number of clients aged 10-14 who are being diverted from the child protection system, AICC does not address the lack of appropriate supported accommodation through which intensive care coordination might become more meaningful.

Specialist Homelessness Service Collection data shows that in 2015-16 in Tasmania there were 342 unaccompanied children aged 10-17 who presented to SHS. Two-thirds of these presentations were made by girls (223) and one-third by boys (119)<sup>1</sup>. It is crucial to remember that the SHSC data only represents those unaccompanied children who present to services and not *all* those who experience unaccompanied homelessness. Those who cannot be accommodated, who remain couch surfing, who feel compelled to stay in unsafe homes or who are unaware of existing services will not be represented in data on unaccompanied child homelessness.

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<sup>1</sup> This data was received by special request to AIHW on 13.10.2017.

Despite the obvious need for safe crisis and medium- to long-term accommodation, *Too hard?* very clearly identified barriers within the existing SHS system for highly vulnerable teens. A particular focus is the reported mismatch between the level of need stemming from children's extended trajectories of trauma and adversity, and the one-worker model used to staff supported accommodation services. Tasmanian SHS lacked capacity to provide care appropriate to age and complexity of need, with the ratio of staff to clients noted as a specific, persevering issue.

SHS service providers also identified their need to assess the risks of accommodating children with complex needs alongside others with low-needs, and of accommodating children together with young adults (commonly up to 20 years old). These were practical day-to-day considerations that usually made services keen to find any possible alternatives for those considered highly vulnerable because they were young and for those considered to present too high a risk to staff and other clients because of their complex needs or behaviours.

A range of service provider participants in *Too hard?* suggested that due to the low number of youth-specific SHS and lack of exit points in Tasmania, particularly for those with high and complex needs, there is a routine shortage of SHS beds. Teen participants also made it clear that their trajectories into homelessness began between 10-13 years old, and therefore *before* supported accommodation services became accessible (at 13 years old in Tasmania). Service providers also argued that regardless of its complex realities, couch-surfing appears to present a home-like option that children feel is more familiar and more accessible than institution-like services. Further, as SHS only accept unaccompanied children aged 13 years and older, it is likely that couch surfing becomes normalised early on for some and supported accommodation services are not sought. In a context in which crisis accommodation services offer care for approximately 6 weeks, it is clear that older children who do not expect to return home in the near future find short-term care pointless. Indeed, couch-surfing, rather than SHS use, characterised trajectories of homelessness for those participants in *Too hard?*.

As Anita Pryor (2014, p. 8) argues, the lack of medium- and long-term accommodation options in Tasmania leaves older children 'filling in time' until they are aged 18, when it is hoped further options, including in the private rental market, become available. The mid-term review of TYSS undertaken in 2012 likewise identified the acute lack of accommodation options for 12-16 year olds that could appropriately respond in a trauma-informed manner to the high needs of the TYSS cohort. The report concluded that 'TYSS does not have the power to remove young people from unsafe environments' (CYS 2012, p. 61), even though 'stable accommodation is an absolutely critical factor for young people in the TYSS program' (CYS 2012, p. 59).

Thus while the flexible and intensive outreach support provided through TYSS was a positive for both older children and service providers, *accommodation* framed by similar principles of long-term, relationship-based care was identified in the *TYSS Mid-Term Review* and *Too hard?* as the key service gap. A central recommendation of *Too hard?* is the need to create new care services in Tasmania specifically targeted to highly vulnerable teens, including medium-term and long-term accommodation options, with further research needed to establish innovative models. In the *TYSS Mid-Term Review*, the beginnings of a model was very briefly mentioned – a cross between a foyer model and therapeutic residential care – with trauma-informed care as a central practice framework (CYS 2012, p. 60). Beyond this, however, it appears that little further thinking has been undertaken on how best to meet the supported accommodation needs of highly vulnerable teens experiencing homelessness in Tasmania.

### **A review of non-statutory residential care**

In Australia non-statutory residential care for unaccompanied children is most commonly delivered through the SHS system. SHS service provision to this group in many states is informed by the development of specific policy work undertaken by state government, Commissioners for Children and Young People, and the community sector. In response to the gaps identified in

Tasmania in *Too hard?*, this review examines examples of both SHS policy and service models which focus on the needs of children under 16 years, in particular those with highly complex needs, and which provide a medium to long-term response.

This brief review tackles a long-held, national concern with the changing role of SHS in the provision of care for those under 16 years. The development of policy and practice targeted to this cohort remains extremely limited, but is actively emerging. As such, interviews with peak bodies and service providers were particularly important in drawing together an up-to-date picture of policy and practice developments.

Overall, this information-gathering exercise was conducted using the following methods:

- A review of national research, policy and program literature addressing the issue of homelessness for unaccompanied under 16s in Australia
- A review of examples of promising policy and practice
- Telephone or face-to-face interviews with experts within government departments, peak organisations and those involved in implementing supported accommodation services for unaccompanied under 16s
- Requests to AIHW for incidence data relating to unaccompanied older children in SHS in Tasmania.

### **Unaccompanied under 16s: National research and policy literature**

Of particular relevance to the care needs and experiences of highly vulnerable teens are Articles 3, 19, 20, 27, 31, 33, 34 and 39 of the *Convention on the Rights of the Child*, ratified by the Australian Government in 1990 (see Australian Human Rights Commission 2017). These Articles spell out the right to special State protection and assistance for children deprived of a family environment, the right to an adequate standard of living, and the right for protection from abuse

and neglect, sexual exploitation and abuse, and illicit drug use. Article 3 makes clear the expectation that the wellbeing of children will be protected by the State and that any needed provision of care will be undertaken within appropriate standards, including those applying to the 'number and suitability' of staff. Importantly for this cohort which experiences high vulnerability, Article 39 makes clear the expectation that victims of neglect, exploitation or abuse will be afforded all appropriate pathways to physical and psychological recovery and social integration, and that specifically, 'such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child'.

As has been observed for some time, however, it is clear that unaccompanied older children requiring special care, reintegration and recovery receive a limited response in Australia. As noted by Trudi Cooper (2017, p. 19), 'for young people aged 12-15 years who are without or estranged from family support current policies provide few practical options, relying rather on either intervention from the child protection system or family reunification strategies'.

For unaccompanied older children with complex family reunification issues and multiple other needs, or for those who will never be able to return home, the reliance on the child protection system or reunification services such as Reconnect is problematic. Whilst many insist that politically and practically unaccompanied older children should be the responsibility of state child protection services, there is clearly a mismatch between this expectation and the very specific risk-management service that child protection provides (see Robinson 2017 for a further discussion; see also Child Safety Commissioner 2012a, p. 6). Further, as an early intervention case management only service, in practice Reconnect is not commonly understood as a service that can meet the intensive care and accommodation needs of this particular cohort.

Putting aside the question of whether or not *any* child's need for care, regardless of the basis of that need, should be defined as a statutory responsibility, it is clear that in the current context

there remains a cohort of children unable to live at home who do not receive care through child protection and instead present unaccompanied to SHS. It is also widely observed that this cohort of mostly older children is least likely to be responded to through the child protection system and that even those *with* care and protection orders can also end up being placed or presenting as unaccompanied children in SHS services. Indeed, the National Youth Coalition for Housing's report over a decade ago drew attention to the fact that 'State and Territory authorities are discharging children and young people too early or are not fulfilling their obligations to older adolescents in need of care and protection' and that 'Commonwealth income support and the SAAP program' were in effect being used as a de facto child protection system, particularly for those with high and complex needs (NYCH 2005, p. 24).

However, as observed above, SHS are not considered an appropriate response to the care needs of older children under 16 and historically, under the repealed but not replaced *Supported Accommodation Assistance Act 1994*, have been specifically charged with the provision of supported accommodation for those 'independent young people above the school-leaving age for the State concerned' (p. 11). As such, the Act emphasises a focus on supports to transition young people towards 'self-reliance and independence' (p. 5).

These are clearly inappropriate goals for highly vulnerable older children under 16 whose ongoing needs for age-appropriate care are mirrored in the very strong socio-economic case for the provision of OOHC for other vulnerable children until 21 years (Deloitte Access Economics 2016). It is unsurprising then that research has shown that unaccompanied children in SAAP are most likely to be exited into other services or couch surfing rather than independent housing (Norris et al. 2005, p. xiv). For those with high and complex needs, as Glenn Jessop (2016, p. 37) points out, the mainstream youth service system is likely to be even more acutely difficult to negotiate, resulting in a pattern of short-term responses including exclusion from services and being inappropriately served by systems designed for adults. Similarly, in the *TYSS Mid-Term Review*, it

was clearly argued that accommodation options for older children 'are often unsuccessful due to a lack of understanding of trauma and instability of the accommodation provider to meet the high needs of the young person' (CYS 2012, p. 60).

Unaccompanied older children under 16 remain caught in a gap between the limits of both the child protection systems and the specialist homeless systems (see Robinson 2017 for a further discussion). Older children are anecdotally considered 'too old' for the child protection system – for example, it has been argued that in Tasmania age rather than level of risk determines the threshold for a child protection response (CYS 2012, p. 59) – and 'too young' for the SHS system which has been designed for adults transitioning to independence.

In practice, and with variance from state to state, the SHS system, through pressure experienced in the child protection system, has by default nonetheless evolved into a care service for older children, with and without Care and Protection Orders.<sup>2</sup> This occurs, however, without adequate funding or explicit legal clarity, in part due to ongoing theoretical, moral and political arguments about the need to continue to demand a child protection response instead. This gives rise to a number of issues for SHS, including:

- Ongoing debate between SHS and child protection services about who is responsible for assisting unaccompanied older children
- Ongoing lack of clarity for SHS workers about legal issues involved in providing support to unaccompanied older children and the capacity of this cohort to provide independent informed consent, in particular for medical treatment

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<sup>2</sup> Interestingly, this situation can be contrasted with that in Sweden where the OOHC system *targets* homeless teens as a key cohort requiring a child protection response. As a result, and as opposed to Australia, Sweden has a much higher number of teens being cared for within the OOHC system and a very low youth homelessness rate (see Healy, Lundström & Sallnäs 2011).

- Inadequate resourcing of SHS for the provision of an age-appropriate level of care to unaccompanied children under 16, especially those who have experienced complex and long-term trajectories of adversity.

As George Mudford (2010) points out, the specific developmental, educational and social needs of older children, as well as the trauma of being unable to live at home, provide a very strong rationale for a specific service response to this cohort. Exactly as for those in OOHC, intensive, holistic, medium- to long-term care is needed for unaccompanied children. Mudford (p. 27) argues, '...it can be assumed that unaccompanied children under 16 in the homelessness service system who are not involved with OOHC are also in need of the same level of support and care to ensure that they make a stable and successful transition to adulthood and do not become entrenched in the homelessness cycle'. As Mudford also points out, regardless of whether this cohort's needs are met within homelessness or child protection systems, the key issue is the quality and effectiveness of the response they receive.

What follows in this review is a picture of emerging policy and practice which aims to explicitly address the need for supported accommodation services within the homelessness system which target unaccompanied older children under 16. Firstly, policy responses in Tasmania, New South Wales and Victoria are discussed. Secondly, the only identifiable supported accommodation program for unaccompanied children – the Homeless Youth Assistance Program in NSW – is discussed. Thirdly, a number of good practice frameworks for accommodating unaccompanied under 16s which have been developed in New South Wales, South Australia and Queensland are examined. Finally, examples of accommodation services specifically targeting unaccompanied under 16s are discussed.

### ***Policy responses to unaccompanied homeless under 16s***

Tasmania's *Affordable Housing Strategy 2015-2025* (DHHS 2015a) and *Affordable Housing Action Plan 2015-2019* (DHHS 2015b) explicitly acknowledge the high youth homelessness in Tasmania (2015a, p. 15), the specific issues faced by those under 16 years (DHHS 2015a, p. 29), and the existence of highly vulnerable older children known to child protection and youth justice systems who require support within the homelessness system (DHHS 2015b, p. 9). Importantly, it is made clear that older children are 'most vulnerable to the risk of homelessness' and that 'independent living is neither considered a practical nor appropriate housing response' (DHHS 2015a, p. 29).

The Tasmanian *Youth at Risk Strategy* commits to providing trauma-informed, multi-disciplinary support within the Youth at Risk Response Centre announced in the *Affordable Housing Action Plan*. The Youth at Risk Response Centre is conceptualised as '*short-term* supported therapeutic accommodation' (DHHSb 2015, p. 9, emphasis added) which the *Youth at Risk Strategy* clarifies will be targeted at under 16s. The *Youth at Risk Strategy* emphasises commitments made under the *Affordable Housing Action Plan* for under 16s, and makes particular note of this cohort's 'higher support needs due to their lower levels of independence and developmental maturity' as compelling grounds for the provision of supported *medium-term* accommodation options (DHHS 2017, p. 25).

In acknowledging the need for a multi-skilled, therapeutic approach as well as the specific need for medium-term supported accommodation for older children, the Tasmanian Department of Health and Human Services has made nationally significant steps in reflecting the lived realities and needs of highly vulnerable teens in policy. These acknowledgements are not underpinned by a broader public analysis of the intersection of the child protection and youth homelessness systems, however, and nor do they more broadly tackle the ethical, legal and practical issues faced by the Tasmanian homelessness system when unaccompanied older children present for service. In short, whilst the particular age- and trauma-related care needs of older children are

indeed recognised, a vision of how these should be responded to across *current* youth SHS is not discussed and nor are related policy gaps.

Like the Tasmanian *Affordable Housing* and *Youth at Risk* strategies, the Victorian Homelessness 2020 Strategy, *A Better Place* (Department of Human Services 2010, p. 20), makes a significant acknowledgement of older children's homelessness, and the specific 'unaccompanied' status of these children:

There is a small group of young people experiencing homelessness who are under 16 years of age and are neither with their parents nor in state care. The Victorian Government is committed to addressing the needs of this vulnerable group. With the Office of the Child Safety Commissioner, a policy framework and pilot service model will be developed to more effectively respond to unaccompanied young people under the age of 16 who are experiencing homelessness.

Further work undertaken by the Office of the Child Safety Commissioner in Victoria outlines how the government's responsibility to provide protection to children and young people should be undertaken through its existing services, including Child Protection and Specialist Homelessness Services. It also makes explicit the unresolved issue that for older children under 16 who become homeless but do not meet the threshold for a child protection response 'their only accommodation option is to stay with people within their extended network' (Child Safety Commissioner 2012a, p. 10). It argues that this acute lack of care options for older children is also experienced within the OOHC system, placing even more pressure on any existing non-statutory options for this cohort (Child Safety Commissioner 2012a, p. 10).

In NSW, reducing youth homelessness was announced as one of the 'Premier's Priorities' in 2015. The presence of unaccompanied older children in SHS has been tackled through the development of targeted policy and a program of new services, which is discussed further below. In 2015 the

Department of Family and Community Services released the *Unaccompanied Children and Young People 12-15 Years Accessing Specialist Homelessness Services Policy* to guide service delivery and practice within SHS, the Homeless Youth Assistance Program (HYAP) and FACS. This policy recognises the wide range of needs this cohort are likely to face:

Children/young people who are homeless or at risk of homelessness are more likely than their peers to have experienced trauma, family breakdown and physical and/or mental health issues. They are more likely to have interacted with the justice system, be disengaged from education and/or misuse drugs and alcohol (FACS 2015, p. 16).

The policy centrally articulates the cross-over of responsibility for this unaccompanied cohort between SHS and child protection. It sets out practical processes for identifying which agency should lead responses in which context and also sets out a broad framework within which FACS district-level protocols will map out the pathways for local collaborations. These protocols are currently under development but it is clear that there will be considerable reliance on them to make the broader policy implementation more concrete<sup>3</sup>.

In Victoria, similar work on how to better coordinate the responses of SHS and child protection has been undertaken. A policy and protocol, the *Linking Services Framework* (Office of the Child Safety Commissioner 2012b), was developed from a project commissioned to explore how SHS and Child Protection might better collaborate in providing a system response for those under 16, in particular for those unable to return home. The project comprehensively and powerfully explores responses to this cohort and, finding major gaps, recommends that the Department of Human Services investigate, review and trial alternative models of non-statutory care and also

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<sup>3</sup> A draft protocol template is available [http://www.housing.nsw.gov.au/\\_data/assets/file/0004/369517/Draft-HYAP-Protocol-Template.pdf](http://www.housing.nsw.gov.au/_data/assets/file/0004/369517/Draft-HYAP-Protocol-Template.pdf)

implement the developed policy framework to support the closer integration of service delivery to under 16s by SHS and Child Protection

In Western Australia, another project on unaccompanied under 16s is currently being undertaken in partnership between Commissioner for Children and Young People and Edith Cowan University. Trudi Cooper's (2017) literature review 'Homelessness in young people aged under 16s' is the first piece of work to appear through this project and further research is planned. Like all other work in this area, the literature review highlights the gap in effective policy and service responses for unaccompanied under 16s who experience homelessness.

In summary, it is clear that a number of states are attempting to grapple directly with the central issue of who has responsibility for responding to unaccompanied children. Beyond this, given *neither* child protection nor SHS are set up to adequately respond to the care needs of *all* unaccompanied homeless children, current discussion is focused on three areas:

1. Which agencies may be avoiding responsibility for this cohort, and how this can be challenged and changed
2. How collaboration or integration might occur between CPS and SHS
3. What elements of the service system are missing and what these could look like.

### ***Supported accommodation programs for unaccompanied older children***

NSW has extended its SHS offerings with the provision of a relatively recent program targeted to unaccompanied 12-15 year olds, the Homeless Youth Assistance Program (HYAP). This seems to be the only program nationwide that targets this cohort. HYAP has been designed to meet the long-identified need for improved age-appropriate responses for unaccompanied under 16s who

continue to present in significant numbers in NSW<sup>4</sup>. Responses are guided by the policy discussed above and include the design of new, innovative medium-term accommodation options. The program recognises that the age-appropriate care needs of this cohort reach far beyond the provision of accommodation.

Consultation undertaken for FACS to inform the second stage of program design clearly articulated the bleak support service environment faced by the 12-15 cohort and described the environment of significant risk and innovation that services will therefore be working within:

Apart from safe and sustainable restoration to family, there are few medium-term options for homeless children. Accommodating high needs children aged 12 to 15 years with groups of older young people in refuges, especially for long periods of time, can contribute to poor outcomes. Co-accommodating several high needs children aged 12 to 15 years has similar risks. While placements with extended family or friends offer a 'family-like environment', these too have risks that need to be managed. Entry to OOHC at this age also frequently demonstrates poor outcomes (Ross Beaton Consulting 2015, p. 4).

Given existing services across health, youth and family sectors are predominantly targeted to either younger children or older young people, an overwhelming system gap exists for those 12-15 who are targeted in HYAP. Specifically it was made clear that 'this is a different client group that needs a new response', with existing services expected to need redesign and scope to innovate and learn in order work differently and effectively (Ross Beaton Consulting 2015, p. 2).

Younger clients in particular were expected to need 'rapid child-centred work with families' and in general skill development in family work for HYAP staff was seen as essential (Ross Beaton

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<sup>4</sup> For example, in 2013-14 AIHW data indicates around 1200 unaccompanied children and young people aged 12-15 received assistance from SHS in NSW (Yfoundations 2017, p. 6).

Consulting 2015, p. 8). Further, the HYAP client group was expected to be affected by trauma, mental health issues, disability and behavioural issues, presenting very significant challenges for the children and for those working with them. Consistency and constancy of care was seen as central in the face of these complex needs and experiences, as was developing new and effective partnerships with specialist services (Ross Beaton Consulting 2015, p. 8).

The key aim of the subsequently revised *Service Delivery Framework* (FACS 2016, p. 3) for HYAP is 'to reconnect unaccompanied children and young people 12 to 15 years of age with their families or wider support networks, or facilitate transitions to more appropriate long-term supported accommodation'. The target group is unaccompanied children and young people aged 12-15 who are homeless or at risk of becoming homeless, including those children and young people 'who are living in unstable home environments, sleeping rough, in homelessness shelters and those who couch surf at the homes of friends, relatives or acquaintances' (FACS 2016, p. 8).

The service principles guiding the development of HYAP services are:

- Evidence-based
- Client-centred
- Trauma-informed
- Collaborative
- Capacity building
- Accessible
- Culturally appropriate
- Continuity of care (FACS 2016, p. 7).

The types of service approaches HYAP includes are:

- Supported accommodation
- Strengths-based case management
- Prevention and early intervention

- Wraparound services
- Brokerage funding (FACS 2016, p. 7).

Importantly, the revised *Service Delivery Framework* clearly acknowledges that long-term care may be needed for some children unable to return home. The *Framework* (2016, p. 17) states that 'while the primary objective of the HYAP is to reconnect unaccompanied children and young people with family, relatives and wider support networks, it is recognised that this is not always possible in the short, medium or long-term'. In practice HYAP services are evolving at district level in response to local demand and local service infrastructure and gaps. As such, HYAP is delivered very differently across metro, regional and rural areas in NSW. An evaluation has been undertaken but is not yet available. Two examples of HYAP services are discussed below, but as noted, all HYAP services are unique to the context and need of their locales.

### ***Good practice frameworks for unaccompanied older children under 16 in SHS***

In the absence of policies, programs and indeed of supported accommodation services targeting unaccompanied under 16s in most states, some states have developed good practice guidelines to support existing SHS that under 16s continue to access. Three examples are discussed below from New South Wales, Queensland and South Australia. Guidelines from New South Wales and Queensland specifically focus on supporting older children under 16 in SHS. Guidelines from South Australia have a general focus on 'young people'. Anecdotally this may be because SHS in South Australia have not evolved to serve under 16s in the way they have in Queensland and in particular New South Wales. Interestingly, despite the fact that Tasmanian SHS *do explicitly* include children from age 13, there are no good practice guidelines to support the specific service delivery needs of this young age cohort in Tasmania.

**New South Wales: Good Practice Guidelines for Working with Unaccompanied Children 12-15 Accessing Specialist Homelessness Services (SHS) (Yfoundations 2017)**

These Good Practice Guidelines were developed by Yfoundations with funding from NSW FACS to support the practice of the forty SHS in New South Wales currently providing support to unaccompanied children 12-15 years old. The core premise of the Guidelines is that unaccompanied children are highly vulnerable and have specific developmental needs, and that services should have family reunification as a priority for this cohort where appropriate. Trauma and attachment-informed care form the basis of practice, which is focused on providing therapeutic support to children and their families with the key desired outcome of building sustainable relationships.

**Queensland: *Supporting Young People Under 16 Years of Age: Guidelines for Good Practice for Specialist Homelessness Service Providers* (Department of Communities 2011)**

These Guidelines were developed by the Department of Communities in clear recognition of the difficulties and risks of accommodating under 16s in SHS designed for transitional support. The Guidelines also respond to a broader context in which 'providing accommodation and support to homeless young people under 16 years of age has generally been seen as the responsibility of State human services departments and State-funded alternative care services, as opposed to Commonwealth sponsored programs such as SHS' (Department of Communities 2011, p. 4).

Unfortunately, these Guidelines also explain the use of SHS by children by accusing them of being 'unwilling to accept support from State-funded alternative care services' (Department of Communities 2011, p. 4). This seems extraordinary given the wide range of evidence which suggests older children are less often afforded appropriate alternative care services that actually meet their needs and also the admission that SHS are actively used *as a placement option* by Queensland Child Safety (Department of Communities 2011, p. 4). A separate Memorandum of Understanding (included in the Guidelines) between the Department of Communities and the

Department of Child Safety guides the direct placement of children by Child Safety in SHS and the self-referral of children under orders to SHS.

In response to identified 'anxiety' and 'uncertainty' (Department of Communities 2011, p. 4), the Guidelines focus on the legal and ethical considerations facing SHS in providing supported accommodation to unaccompanied under 16s. The Guidelines outline SHS's primary responsibility to their clients and to upholding the best interests of their clients (Department of Communities 2011, p. 12). They also urge SHS to recognise that in making decisions about accommodating under 16s, they 'may be the only service available in an emergency situation' (Department of Communities 2011, p. 9).

**South Australia: Good Practice Guidelines for Supporting Young People who are Homeless (Office for Youth 2011)**

These Guidelines were developed by the South Australian Office for Youth in the Attorney General's Department. They focus on providing very detailed minimum practice standards and guidelines that describe the day-to-day provision of youth services. In failing to acknowledge the different age ranges and developmental needs of clients presenting to youth SHS, they miss the opportunity to acknowledge and address the core issue of how best to meet the needs of unaccompanied children under 16. The Guidelines do not offer specific information about good practice in responding to this cohort, including those on child protection orders.

***Supported accommodation services for unaccompanied older children under 16***

As argued in the Victorian report *Linking Services for Young People Under 16 and Alone*, the lack of age-appropriate care and accommodation options for children unable to return home limits referral pathways for both child protection and homelessness systems (Office of the Child Safety Commissioner 2012a, p. 11). Included in the report is a brief overview of what alternative models

of care could look like; these can be roughly grouped as non-statutory foster care and hybrid supported/foyer style accommodation.

Non-statutory foster-care is described as an option already implemented 'using SAAP funding, at the basic foster care reimbursement level' or relying on exceptional carers who may be able to access Family Tax Benefit for the young person. Other options targeted to 14-15 year olds focus on the provision of an intensively supported but stepped approach to transitional housing. An existing service currently supporting refugee minors in clustered, semi-independent units is briefly described and a 'hybrid model' discussion paper which includes estimated costings is also included as an appendix.

The hybrid model was developed as a direct result of the *Under 16 and Alone* Project and aims to address the service gap faced by unaccompanied children who do not meet the threshold for child protection involvement and are also ineligible for other forms of housing and income assistance because they are under 16. The model, similar to that suggested in the *TYSS Mid-Term Review*, aims to provide intensive Children, Youth and Families services support within a youth housing environment – for example, clustered units or foyer-style accommodation. The client group would include those with previous child protection involvement but also more broadly highly vulnerable 14-15 year olds who have experienced cumulative adversity and trauma. The hybrid model reflects the currently experienced need and the benefit of developing a service model co-funded by Children, Youth and Families and Housing. As noted in Mission Australia's (2017, p. 24) *Youth Mental Health and Homelessness Report*, foyer models which have education, training and employment as a focus (and often a condition of accommodation provision) are not suited for all:

Supported accommodation is also needed for the most marginalised young people, particularly those with alcohol and drug problems, mental health issues and contact with the justice system.

Victoria is also home to the **Lighthouse Foundation** which is almost completely privately funded to provide trauma- and attachment-informed, long-term care responses for young people at risk of or experiencing homelessness. Whilst usually serving young people aged 15-22, it is possible for those younger than this to also access the service. The Lighthouse Foundation operates ten homes across Melbourne, each accommodating up to four young people and provides an unlimited stay and weekly clinical, therapeutic support for clients using a specific approach, the 'Therapeutic Family Model of Care' (see Gonzalez, Cameron & Klendo 2012). A city-centre hub delivers programs for all clients and supports the development of a community amongst the residents, despite the geographic spread of the homes. The houses have live-in carers rather than shift-carers and predominantly support young people unlikely to return home. Two of the houses are equipped to support new, young parents.

In New South Wales, as discussed above, HYAP funded services specifically target those unaccompanied 12-15. **Taldumande** and **Lillian's** are two examples of current HYAP services. Taldumande is a multi-program youth service and Lillian's is a girls-only, medium- to long-term supported accommodation service in Sydney working in partnership with Youth Off the Streets (a multi-program youth accommodation and specialised support service<sup>5</sup>).

Lillian's is staffed 24/7 and provides intensive, trauma and attachment focused case management for up to seven residents in the house. Lillian's also operates two transitional housing properties for those girls ready to move towards independence. Due to constraints of funding Lillian's must collaborate with a range of local services in order to meet the needs of the girls. Whilst some contact with families is maintained when the girls would like this to occur, family restoration work is referred to other local providers. The girls have complex needs, in particular in the area of

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<sup>5</sup> For further description of these programs see [www.youthoffthestreets.com.au](http://www.youthoffthestreets.com.au).

mental health. In general, most girls are unable to return home and have been referred to Lillian's because of their long-term need for alternative care and their lack of capacity to live independently.

Taldumande links its self-funded Intensive Family Preservation service – where in-home family preservation work is undertaken by senior case workers – with a HYAP-funded accommodation service. Case workers work intensively with any family members and the young person using a 'Seven Stage Crisis Intervention Model'. When clients need time out from home, they are placed in a dedicated 5-bed HYAP residence for those age 12-15. This is staffed 24/7 and provides a supported respite opportunity for young people. This is intended to provide both young people and their family members with space to work on personal issues which may be contributing to family conflict and breakdown.

The HYAP residence also provides long-term, age-appropriate accommodation for those young people unable to return home, with one bed, funded by Youth Justice, dedicated for use by young people placed on bail and unable to return home. As Taldumande operates a suite of supported accommodation services, as HYAP clients become ready they are able to move into semi-independent and transitional housing services and are also supported in accessing private rental and community housing. For those young people 12- 21 years with long trajectories of couch surfing and early separation from home, Taldumande offers SHS-funded crisis accommodation.

This review also identified a unique SHS service in New South Wales, **St Laurence House**, a long-standing service which provides medium- and long-term supported accommodation for those aged 13-17. St Laurence House provides a home environment, staffed 24/7 for up to four clients who have commonly spent time in crisis refuges before referral to St Laurence House. The service strongly supports family restoration but acknowledges the long-term care need that results when

children are unable to return home. Reflecting the complex and cumulative issues which underpin a child's or young person's need for alternative medium-term care, the service operates through a model of trauma-informed care and also works to develop financial literacy and living skills for clients in order to prepare them for semi-independent living. Through the trauma-informed care model the service recognises and supports developmental rather than chronological age-related needs.

Strong relationships within the local district are essential to the operation of the service and to meeting the complex needs of clients. Connections to local crisis refuges and transitional housing services, mainstream schools and alternative education programs and the local adolescent mental health team and allied services are key, with an adolescent mental health staff member joining team meetings at St Laurence House every two weeks. The service also links to other support services, working closely with local counselling and family restoration services. A local gym provides clients with a weekly free fitness program.

In South Australia, the review identified **Ruby's**, another unique supported accommodation service providing earlier intervention than those described above. Ruby's considers diversion from 'standard' youth crisis SHS, through family reunification, its core business. Ruby's engages 12-17 year olds homeless or at risk of homelessness who have not yet been granted an independent income from Centrelink in a reunification program with their family members. Ruby's operates three houses in Adelaide and surrounding suburbs and one house in the regional centre of Mt Gambier.

The service consists of weekly counselling and part-time (for example, four nights per week) supported accommodation for the child or young person in a 24-hour, 4-6 bed house staffed by youth workers, a coordinator and a counsellor. Staff focus on engaging the whole of the family, recognising that 'the problem' is not the young person and that everyone needs to work together

to create change. The Ruby's house provides space away from high levels of conflict and tension, as well as a space for young people to experience themselves in a new environment. Continued 24-hour support is also available when the child or young person is at home.

Over 4-8 months it is expected that where reunification is the most appropriate option, the child or young person is able to spend more nights at home and fewer in supported accommodation, until they reside fulltime at home. Where reunification is not possible, assertive referrals are made to Child Protection for clients under 15 and to youth SHS for those over 15. Ruby's aims for similar outcomes to the Reconnect Program but, importantly, identifies its unique provision of supported accommodation as critical in retaining the engagement of all parties and in facilitating the intensive level of interaction required to assess whether it is appropriate for the family to remain living together. Ruby's is able to achieve reunification with an average of 75% of the clients who engage with the program through ensuring there is no 'one size fits all' approach to service delivery, but rather a tailored solution for every family unit.

Issues repeatedly discussed by managers and CEOs of various services currently accommodating under 16s include the common sense observation that staffing is central to good outcomes. The specific trauma and conflict that leads to an older child under 16 experiencing unaccompanied homelessness requires a 24/7 therapeutic response lead by senior, skilled staff and regular clinical intervention and support. For those services focused on family restoration, added to this is the need for specialist skills in family restoration work, including intense in-home work.

Also important is the age-appropriate nature of residential settings, in particular a limited age range and adequate staff-to-client ratio. Encouraging children to be and remain children, to learn basic household chores and interact safely with other children, is seen as vital in supporting healing and development. Standard crisis accommodation facilities, because of the wider age range they serve and the limited staffing required by their funding models, were characterised as

inadvertently pushing children towards independence and setting them up to fail. CEOs and managers of services for under 16s described trying hard to ensure that more than one staff member is available during the day to better respond to children's needs. This staffing capacity could not always be afforded however, and was seen as difficult to sustain long-term even in those services utilising private funding to 'top up' the delivery of government funded contracts.

## **Conclusion**

This review brings together a picture of how the care needs of unaccompanied older children are being responded to through the SHS system. The review makes clear the long-standing policy, program and service gaps relating to the care needs of children who fall outside the threshold for a child protection response. In particular, the review focuses on the specific shortage of medium and long-term care for older children unable to return home. It also points to the active use of SHS for the provision of statutory care to older children, although this is not the primary focus of the review.<sup>6</sup>

The review clarifies the key issues facing the SHS system in their current provision of care for unaccompanied older children. These include:

1. SHS are historically aimed at transitioning clients to independent living and are not adequately designed, staffed or resourced to provide intensive, therapeutic care for children who will often present with high and complex needs
2. Youth SHS accommodate a wide age range, are minimally staffed, most commonly offer a service to those aged 16 and above, and do not usually have capacity for family reunification or restoration work

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<sup>6</sup> Also falling outside of the focus of this review are the multi-layered issues faced in accommodating young carers with children which were raised by service providers.

3. Those youth SHS accommodating unaccompanied children have few ways of exiting them aside from family reunification. Children have neither the developmental nor financial capacity to transition to semi-independent youth housing, normally available for those aged 16 and above only. When they are unable to return home, this results in children cycling through available crisis or couch surfing options, potentially for years.

In a context in which significant numbers of older unaccompanied children present to SHS per year in Tasmania and an unknown number remain couch surfing, it is clear that public recognition of the care gap faced by this vulnerable cohort is needed. In particular, clear acknowledgement that this is a cohort that will *not* likely receive care through child protection services is also needed. Further, given older children remain distinctly unattractive clients to many SHS due to their complex needs and their young age and the related 'bed block' their needed length of care may create, it certainly cannot be assumed that SHS are willing or have capacity to provide them with a care service either.

Drawing across developments in other jurisdictions discussed in this review, recognition that unaccompanied older children require *dedicated* care should take place in Tasmania through:

1. **Strong policy** which addresses the unique ethical, legal and practical issues of providing care to unaccompanied children in SHS
2. **Program innovation** which directly articulates and addresses the specific care needs of older children, including family restoration, intensive therapeutic, trauma-informed care, and medium- and long-term care
3. **Good practice guidelines for SHS accommodating under 16s** developed through sector collaboration and consultation with unaccompanied older children which respond to and support the local area context

4. **Service design or redesign** with a focus on the special developmental needs of older children, positive and flexible engagement with risk, and capacity- and relationship-building amongst a full range of adolescent services, including Child Safety, Department of Education, primary health and mental health.

It is the alignment between policy, program and practice that will ultimately determine how effectively this hidden cohort can be responded to not just in Tasmania but nationally. Without strong policy which addresses the political stand-off but practical overlap between child protection and youth homelessness services, services that meet the needs of unaccompanied older children will not flourish and very serious duty of care issues will remain both for child protection and homelessness services.

At minimum, renewed community discussion about how well the *Children, Young Persons and Their Families Act 1997* serves unaccompanied homeless children is required. There seem to be wide-ranging views on the extent to which the Child Safety Service has responsibility for the care and protection of unaccompanied children who experience risk independently outside the home or outside relationships with parents or carers.

This review offers examples of current policy and program work and service provision aimed at strengthening and delivering care responses for unaccompanied children under 16. The Tasmanian Government has taken important steps in acknowledging the need to consider the care needs of this cohort, in particular the need for medium-term accommodation options. Further response should not, however, take the form of adopting a new model of service provision alone. A conceptual and cultural shift is required if the unique care needs of unaccompanied children are to be met.

Children do not have accommodation needs, they have *care* needs. Where these needs are not met within child protection services, alternative care is required if we are to meet our obligations to Tasmanian children set out in the *Convention on the Rights of the Child*. Such care requires a new policy and program environment which articulates who cares for whom and with what authority, responsibility and capacity. Significant change within the SHS sector in Tasmania is required *if* this is where the care needs of unaccompanied children will be met. Further, given it is also clear that elements of such care are *already* being provided to unaccompanied under 16s in SHS, immediate policy and a best practice guide are required to support the continuing efforts of existing services.

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