



Family &  
Community  
Services

# Unaccompanied Children and Young People 12–15 Years Accessing Specialist Homelessness Services Policy



This policy provides guidance and outlines the responsibilities of Specialist Homelessness Services (SHS), the Homeless Youth Assistance Program and the Department of Family and Community Services (FACS) in responding to unaccompanied children and young people aged 12 to 15 years who are homeless or at risk of homelessness.

The policy has been endorsed and approved by:

SIGNATURE \_\_\_\_\_

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Approved: October 2015

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# 1 Purpose of policy

The purpose of this policy is to provide parameters and guidance to Specialist Homelessness Services (SHS), Homeless Youth Assistance Program (HYAP) services and FACS in responding to unaccompanied children and young people aged 12 to 15 years who are homeless or at risk of homelessness.

This policy outlines roles and responsibilities based on the age and legal status of the child or young person.

The overriding objective of this policy is to ensure the safety and wellbeing of unaccompanied children and young people who are homeless or at risk of homelessness. It provides a framework within which SHS, HYAP, FACS and wider child, youth and family services can work collaboratively in order to improve outcomes and service quality for this client group.

This policy will be operationalised locally through the implementation of FACS district protocols. Protocols will clarify case management responsibilities, duty of care responsibilities, response timeframes, relevant business processes and key contact information at the district level.

## 2 Definitions

The table below is a list of terms, keywords and/or abbreviations used throughout this document.

Term	Definition
Unaccompanied children and young people	'Unaccompanied children' refers to all children and young people aged 12 to 15 years who request assistance from SHS or HYAP services on their own. The definition is not to be confused with 'Unaccompanied Humanitarian Minors' (UHM), which refers to young people under 18 years who have arrived in Australia without a parent and are being resettled under Australia's Humanitarian Program. However, unaccompanied humanitarian minors under 16 years of age who present at SHS are included in the target group of this policy. The policy excludes children and young people aged 12 to 15 years who accompany adults seeking SHS services, e.g. a women's refuge.
SHS	Specialist Homelessness Services
HYAP	Homeless Youth Assistance Program
FACS	Department of Family and Community Services
ROSH	Risk of Significant Harm

Term	Definition
OOHC	Out-of-home care – that can be provided by either government or non government service providers.
Parental Responsibility	Under the <i>Children and Young Persons (Care and Protection) Act 1998</i> , parental responsibility refers to the broad range of decision-making and planning duties that a parent normally exercises for a child.

## 3 Objectives

This policy is based on the following objectives:

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

## 4 Strategic and program context

### **Children and Young Persons (Care and Protection) Act 1998**

The *Children and Young Persons (Care and Protection) Act 1998* (the Act) establishes the legislative framework governing child wellbeing and providing child protection and out-of-home care services in NSW.

### **Premier's Priorities**

On 14 September 2015, the Premier, Mike Baird, announced *NSW: Making it Happen*, which outlines 30 key reforms for NSW, including 12 priorities. One of these priorities is a commitment to reduce youth homelessness.

The NSW Government will work with the non-government and not-for-profit sectors to support the most vulnerable young people to maintain stable accommodation and break the cycle of chronic homelessness.

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

The NSW Government is committed to the National Framework for Protecting Australia's Children 2009–2020 endorsed by the Australian Government and all states and territories. This policy aligns with the six outcomes of the framework, namely:

- children live in safe and supportive families and communities
- children and families access adequate support to promote safety and intervene early
- risk factors for child abuse and neglect are addressed

- children who have been abused or neglected receive the support and care they need for their safety and wellbeing
- Indigenous children are supported and safe in their families and communities
- child sexual abuse and exploitation is prevented and survivors receive adequate support.

### **Specialist Homelessness Services (SHS) Program**

The recent reform of the SHS Program aims to make SHS easier to access and deliver a better balance between intervening early to prevent homelessness while improving crisis responses and post-crisis support. The reform ensures that resources are allocated based on need and strengthens the focus on the quality of services delivered. The program now also has a strong emphasis on industry development.

The table below identifies the objectives of the reform strategies in responding to the needs of unaccompanied children aged 12 to 15 years.

<b>Strategy</b>	<b>Objective (all SHS clients)</b>	<b>Objective (unaccompanied 12–15 year olds)</b>
Service delivery design	Ensure the right service design for clients	SHS/HYAP targeting young people have the facilities and staff to provide a safe environment for unaccompanied children and young people 12 to 15 years and assist their transition from SHS/HYAP
Streamlined access for clients	Help clients access the services they need	Unaccompanied children and young people 12 to 15 years receive an appropriate assessment (including for risk of significant harm) and have their cultural heritage taken into consideration, to either receive a service from SHS/HYAP or be referred to appropriate support services
Better planning and resource allocation	Locate services where they are needed the most	FACS districts provide flexible, local responses on the basis of local needs
Industry and workforce development	Enable organisations and staff to deliver the reforms	Staff receive appropriate training and have access to relevant service protocols and procedures as well as community protocols and procedures
Quality, contracting and continuous improvement	Ensure ongoing improvement in quality and outcomes	Youth SHS/HYAP provide quality services for clients to end and prevent homelessness, are compliant with relevant legislation and responsive to feedback and evaluation outcomes

### **Homeless Youth Assistance Program (HYAP)**

Through the HYAP, FACS is funding service providers to deliver targeted service responses that are tailored to the specific needs of children and young people aged 12 to 15 years who are homeless or at risk of homelessness.

Additionally, the broader SHS system also has a role to play in providing assistance to this client group under certain circumstances, as outlined in this policy.

HYAP services are an extension of the SHS system and work closely with SHS providers to deliver integrated service responses that improve outcomes for unaccompanied children and young people aged 12 to 15 years.

## 5 Child safety

The safety and wellbeing of a child seeking assistance from SHS/HYAP should be the paramount consideration. No unaccompanied child under 12 years should remain overnight in an SHS/HYAP. Where a parent cannot be contacted or it is unsafe for the child to return home, the local protocols should set out how FACS will lead responsibility for the child once a report of Risk of Significant Harm<sup>1</sup> has been made.

For all children and young people 12 to 15 years of age who present alone at an SHS/HYAP, the Mandatory Reporter Guide (MRG) must be followed and the child/young person reported to the Child Protection Helpline as soon as possible.<sup>2</sup> SHS/HYAP should keep a copy of their MRG record and document their actions and decisions regarding the child. Where appropriate, the reporter should advise the child/young person about the making of a child protection report and explain the process to them in age appropriate language. This will ensure they are included in decision-making about their care.

It is important that any information about a child/ young person's vulnerable status is conveyed in the course of making a report to the Child Protection Helpline, including their age, disability, prior child protection history or care status, known missing person status,<sup>3</sup> or residency.

Not all reports made to the Child Protection Helpline get allocated for a response by FACS. Also, competing priorities, such as case complexity and vulnerability, may mean that a report will not be allocated for a period of time, or be closed. It is therefore critical that the report provide comprehensive information on the child/young person's vulnerabilities to obtain the best possible chance of being allocated.

Where it appears the SHS/HYAP will be required to accommodate the child/or young person either overnight or in the short term, the SHS/HYAP must be confident that it has the facilities and staff to provide a safe shelter. This includes consideration of risk of harm from other persons as well as possible self-harm. A child/young person should not remain in an unsafe environment and, if safety cannot be achieved, the SHS/HYAP must make this information known to the Child Protection Helpline in its report.

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<sup>1</sup> Under Section 24 of the *Children and Young Persons (Care and Protection) Act 1998*

<sup>2</sup> Under the *Children and Young Persons (Care and Protection) Act 1998*, an SHS providing assistance to unaccompanied children has a duty to report to FACS any child under 16 years of age who they consider to be at risk of significant harm (ROSH). Under section 122 of the Act, SHS also have a duty to report to FACS any child who they reasonably suspect:

- (a) is a child (i.e. under 16 years of age), and
- (b) is living away from home without parental permission.

<sup>3</sup> The purpose of section 122 of the *Children and Young Persons (Care and Protection) Act 1998* is, among other things, to enable FACS to alert police as to a child's safety where they have been reported missing. The provision does not require the child's whereabouts to be revealed.

Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* allows agencies who work with at-risk children to exchange information related to their safety, welfare or wellbeing to facilitate better coordination of service provision.<sup>4</sup> SHS/HYAP should utilise these provisions to exchange information with agencies that may be able to offer services.

## 6 Duty of care

Duty of care is the legal and ethical obligation of a person to take reasonable steps against risk of harm to another who it can be reasonably foreseen may be injured by that person's act or omission.

To provide services to an unaccompanied child/young person aged 12 to 15 years, the SHS/HYAP must determine if it has facilities that are safe and appropriate. This requires consideration of safety, security and the availability of skilled and competent staff with access to relevant service protocols and procedures.

All relevant SHS/HYAP providers in a district should work together to provide the safest and most appropriate response to a child/young person aged 12 to 15 years seeking assistance, in line with the SHS system's *no wrong door policy* and within the broader spectrum of services, as agreed in district protocols.

Where a child is referred by another agency, including FACS, and the SHS/HYAP does not have capacity to meet the child's needs (as outlined above and elsewhere in this policy), the referring organisation is responsible for co-ordinating an alternative placement for the child.

The SHS/HYAP will also need to consider how it can meet the child's/young person's other needs, including reconnecting with family, relatives or friends; addressing immediate health or therapeutic concerns; providing other supports and services; and assisting the child to meet obligations, such as being enrolled and attending school.

In order to meet their duty of care responsibilities, the SHS/HYAP will also need to:

- respect and be sensitive to the cultural preferences and customs of children from Aboriginal and Torres Strait Islander backgrounds
- respect and be sensitive to the gender and sexual preferences of children seeking accommodation and support
- respect and be sensitive to ensuring sibling relationships are maintained
- respect and be sensitive to the cultural preferences and customs of children from culturally and linguistically diverse backgrounds and access interpreter or other support services as appropriate
- be sensitive to refugee backgrounds of violence and trauma, and those escaping forced marriage
- access relevant support services for children with a disability.

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<sup>4</sup> Commonwealth agencies are not included in these provisions and sections 245A-245I of the *Children and Young Persons (Care and Protection) Act 1998* should be referred to for further detail of these provisions.

## 7 Child safe organisation

The SHS/HYAP must strive towards being a child safe organisation and have a strong interest in developing an environment that can ensure children's safety. The Office of the Children's Guardian is an independent statutory authority that has responsibility for encouraging and assisting organisations to develop their capacity to become child safe.<sup>5</sup>

For an organisation to be 'child safe', it must value, respect and welcome children and protect them from the risk of harm. Child safe policies and practice should be developed that reduce potential risks, including risk of loss of identity for Aboriginal and Torres Strait Islander children, include preventative measures, and create a safe and positive environment for children.

Child safe policies demonstrate the serious approach that an SHS/HYAP takes toward their duty of care for children and provide the foundation for how interactions and dealings with children should take place.

Becoming a child safe organisation takes commitment from those at the top and requires a whole-of-organisation approach. Necessary record checks<sup>6</sup> are just one aspect of an organisation becoming 'child safe'. Education and supervision must be provided to both paid and volunteer staff about appropriate and acceptable behaviours.

## 8 Child welfare and wellbeing

The rights and wishes of both the child/young person and the parent/guardian must be considered in order to meet a child's/young person's best interests. This must be done on a case-by-case basis and consider safety, risk, age of the child/young person, their cognitive and emotional development, and the degree to which they understand the choices and implications of the decisions being made. All processes, presented options, opportunities and outcomes must be clearly documented.

A parent retains legal responsibility for a child/young person aged 12 to 15 years who has sought assistance from an SHS/HYAP unless a court order has been made allocating Parental Responsibility to the Minister for Family and Community Services or another person.

When an SHS/HYAP is making decisions about a child's welfare and wellbeing, the child/young person should be provided with an opportunity to express their views and have these considered. Decisions should be explained in a way that is sensitive to the child's age, maturity and development, mental health, and physical or intellectual capability.

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<sup>5</sup> Further information that relates to becoming a child safe organisation can be found on the Office of the Children's Guardian website [www.kidsguardian.nsw.gov.au/working-with-children/working-with-children-check](http://www.kidsguardian.nsw.gov.au/working-with-children/working-with-children-check)

<sup>6</sup> A Working With Children Check (WWCC) is a prerequisite for anyone in child-related work. It involves a national criminal history check and review of [findings of workplace misconduct](#). The Children's Guardian website provides relevant information on the application process.

The child's/young person's views about disclosure of information to their parents, other persons or agencies (whether through a ROSH report or an exchange of information under Chapter 16 of the *Children and Young Persons (Care and Protection) Act 1998*) cannot override the obligation to consider their safety, welfare and wellbeing. Where allegations of abuse by parents or guardians are made by the child or young person, this information would be protected pending appropriate investigation of the allegations.

An SHS/HYAP is not an appropriate place for a child/young person to remain long term. Their safety, welfare and wellbeing are generally best served by reconciling or re-establishing contact with their parent/guardian, siblings, extended family, and/or other relevant people with whom the child/young person feels safe.<sup>7</sup> Where this is not safe or possible in the short term, other age-appropriate community connections and supports should be established to assist the child/young person to transition out of SHS/HYAP.

Sibling groups should remain together where it is assessed as safe and appropriate. Where siblings are unable to remain together, efforts to maintain contact between them should be made in the context of case planning.

## 9 Case management and transition planning

Case management is a process of assessment, planning, implementation, monitoring and reviewing services to meet the needs of vulnerable families and individuals. Case management aims to strengthen outcomes for families, children and young people through integrated and coordinated service delivery.

Outcomes for unaccompanied children are improved when there are clear processes in place to ensure support and specialist services are provided in a coordinated and collaborative manner.

Case management responsibilities will be as follows:

- FACS or the relevant OOHC provider will have the lead case management responsibility for unaccompanied children aged 12 to 15 who are in the Parental Responsibility of the Minister.
- Where a child screens in at Risk of Significant Harm (ROSH) and an assessment of the child's circumstances identifies safety concerns in relation to the child's return home, FACS will have lead case management responsibility.
- Where a child does not screen in at ROSH and where no safety concerns are identified concerning the child's return home, SHS and HYAP providers will work with the child with the objective of reconnecting them with family or kin.
- Where a child screens in at ROSH and an assessment of the child's circumstances identifies **no** safety concerns in relation to the child's return home, FACS will still have lead case management responsibility. However, if a provider is better placed to take the lead, there will be flexibility to negotiate this locally.

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<sup>7</sup> Where the child is in the parental responsibility of the Minister, this may include a foster or relative carer supported by an authorised OOHC provider.

For children/young people aged 12 to 15 **not** case managed by FACS or a non-government service provider, it will be important for the SHS/HYAP to consider, in the context of its local protocol, which agency is best placed to lead case management so that the child remains safe and is reconnected with the mainstream child and youth service system in a sustainable way.

It is generally in a child's/young person's best interest to transition out of SHS/HYAP as soon as possible and re-establish contact with family and/or link with appropriate mainstream youth services. An SHS/HYAP should commence case planning as early as possible in the support period to assist the child/young person to return home, to be linked to other family members, or transition to other sustainable accommodation and support options.

To be effective, transition planning should:

- engage with the child/young person
- engage with their family (where appropriate) or extended family
- integrate mainstream family, child and youth services to address factors contributing to homelessness and meet the child's/young person's needs
- be sensitive to gender, Aboriginal or Torres Strait Islander or culturally or linguistically diverse backgrounds, religious preference, sexual preference and disability.

Transition plans and pathways should be flexible and child/youth-centred, reflecting the age, development, independence, maturity and decision-making capacity of the child. For example, a young person on the cusp of turning 16 years who displays a level of independence and maturity should be considered for referral into suitable programs and initiatives targeted to young people aged 16 years and above.<sup>8</sup>

### **Approach to meeting the needs of children/young people**

Not all unaccompanied children/young people seeking assistance from SHS/HYAP have complex needs. Sometimes an incident of child/parental conflict and/or risk-taking behaviours may lead to incidental homelessness or risk of homelessness. However, in all cases, the vulnerability of children/young people aged 12 to 15 years must be responded to by SHS/HYAP providers in a timely, flexible and integrated manner.

Principles of respect and least intrusive intervention, consistent with the paramount concern to protect the child/young person from harm, should guide interactions with the child. A child/young person who is homeless or at risk of homelessness may be transient between services and may require assertive case management skills to ensure they remain engaged with the service. Strong skills in conducting needs assessments and knowledge of and a good working relationship with the local service system are essential to calibrating an effective response to the needs of vulnerable children and young people.

Where it is safe for a child/young person to return home, a referral to a specialist youth service that works to achieve restoration may be appropriate to facilitate their return. Family reconciliation may take time and the child/young person will need other services and support to re-engage with or regularly attend school, maintain their

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<sup>8</sup> For example, once a child is 16 years, they will be eligible to sign a lease agreement and should be assisted to access the Youth Allowance to provide them with an Income.

cultural identity, attend to their health care or address issues such as alcohol or substance abuse.

For others, including those with significant trauma, drug and alcohol abuse or anti-social behaviours, a greater intensity of service may be required, such as intensive case management or wraparound services. Each district will have a different service mix and a spectrum of services that need to be reflected in the local protocols.

### **Involving parents in case planning**

Unless removed by a Court, a parent retains legal responsibility for a homeless child/young person and should continue to have access to information and involvement in key decision-making about their child. An SHS/HYAP should consider and discuss with the child/young person how to involve their parent/s in planning next steps. Supporting a child/young person to reconcile and strengthen their relationships with family will be an important step in their safe return home.

However, a child's/young person's concerns about parental involvement should be explored before any contact is made. There may be occasions where concerns about safety rule out any immediate contact, including the provision of information about the child's/young person's whereabouts. Contact may only be able to be established over time and through the provision of services to the child and/or their family.

SHS/HYAP services are encouraged to develop good practice policies on contact with parents.

## **10 Roles and responsibilities**

Roles and responsibilities of SHS/HYAP, FACS and the broader service system in preventing or resolving homelessness for unaccompanied children or young people aged 12 to 15 years are dependent on the age and legal status of the child, their level of need and the available services. In recognition of the limits of both government and non-government services, it is important that district protocols are developed that clarify the local service system response.

### **Unaccompanied children under 12 years of age**

Where an unaccompanied child under 12 years of age presents at an SHS/HYAP, the SHS/HYAP provider must report this to the Child Protection Helpline. FACS will take the lead in addressing the child's homelessness and other issues, which may include their safe return home or locating an alternative emergency placement.

### **Unaccompanied child/young person aged 12 to 15 years in the Parental Responsibility of the Minister**

FACS has the responsibility for children who are under the Parental Responsibility of the Minister for Family and Community Services.

When a child/young person between 12 to 15 years of age presents at an SHS/HYAP, the SHS/HYAP provider must report this to the Child Protection Helpline. Where the Helpline indicates that the child is in the parental responsibility of the Minister and the placement is being managed by a non-government service provider, the Helpline or Child and Family District Units (CFDUs) can provide relevant contact details. Either FACS or the non-government service provider is responsible for ensuring the child's return to their placement or alternatively finding another

placement. Local protocols should provide guidance on the timeframes within which a service provider of OOHC is expected to respond.

The provision of statutory OOHC<sup>9</sup> or supported OOHC<sup>10</sup> by a person other than a duly authorised person is an offence under the *Children and Young Persons (Care and Protection) Act 1998*.

### **Unaccompanied child/young person aged 12 to 15 years with an open and allocated FACS plan**

When a child between 12 to 15 years of age presents at an SHS/HYAP, the SHS/HYAP provider must report this to the Child Protection Helpline. Where the Helpline indicates that FACS has case management responsibility through an open and allocated child protection plan<sup>11</sup>, the SHS/HYAP provider should inform them of the child's whereabouts.

FACS will take the lead in addressing the child's homelessness such as undertaking an assessment on if it is safe for the child/young person to return home. FACS is responsible for the development and coordination of the child's/young person's case plan. If the SHS/HYAP is required to provide interim accommodation, local protocols should provide guidance on the timeframes within which FACS is expected to act.

While the child continues to receive a service from SHS/HYAP (support services and/or accommodation), FACS must have regular communication with the SHS/HYAP and keep them involved in case planning discussions.

### **Unaccompanied children aged 12 to 15 years who present to SHS/HYAP and have no FACS involvement**

When a child between 12 to 15 years of age presents at an SHS/HYAP, the SHS/HYAP provider must report this to the Child Protection Helpline. Where the Helpline indicates that the child is not connected with a non-government service provider and does or will not have an open and allocated child protection plan, the SHS/HYAP provider should establish the child's immediate needs, whether it is safe for them to return home or another place of safety (such as the home of a friend or relative), and how they can best be supported for the time they remain a client of the SHS/HYAP service.

FACS recognises it has a role to play in ensuring appropriate service responses for this client group. Through the delivery of HYAP services, and those SHS services that target children and young people aged 12 to 15 years, FACS is funding appropriate service responses that are tailored specifically to client need.

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<sup>9</sup> Section 135A defines '**Statutory out-of-home care**' as out-of-home care that is provided in respect of a child or young person for a period of more than 14 days:

- (a) pursuant to a care order of the Children's Court, or
- (b) by virtue of the child or young person being a protected person.

<sup>10</sup> Section 135B defines '**Supported out-of-home care**' as out-of-home care in respect of a child or young person that is, as a result of the Secretary forming the opinion that the child or young person is in need of care and protection, arranged, provided or otherwise supported by the Secretary.

<sup>11</sup> Children who are in the care of relatives, with or without an order of the Children's Court or the Family Court, will have an open plan with FACS for supported care payment purposes, but are unlikely to be receiving ongoing casework services. Following a report from an SHS, the Helpline will refer the case to a Community Services Centre for review. The most appropriate response will be determined on the individual circumstances of the child; however, general guidance should be provided in the local protocols.

These services are skilled in assessing safety and risks to children and young people and working closely to reconnect them with family, relatives or carers. Where this is not achievable or desirable, wraparound case management will be provided which may include the provision of safe, supported accommodation and other support services.

Where warranted, a FACS Child Protection Adolescent caseworker may be available to work with the child, their family and other services. This will be determined through the District Protocol. Their work will either assist the child to return home, stay with extended family or, where it is not safe for the child/young person to return home, commence court action to determine appropriate arrangements to address safety and risk concerns.

If, during the course of supporting an unaccompanied child/young person, a service provider requires FACS assistance, this should be done through the agreed District Protocol.

### **Medical Treatment and Consent**

The area of medical treatment and consent is complex and should be treated on a case-by-case basis.

The SHS should assist the child to access medical services as required. Where possible, the parent should be engaged to assist in making decisions about treatment, as they have information about the child's medical history.

A child over the age of 14 years who is able to sufficiently understand the nature of the medical treatment being proposed can consent to their own medical treatment where the child's parents might not be able to consent.

The competency of children to make decisions regarding their medical treatment is judged by the law on a case-by-case basis and considers the child's ability to understand the issue, their maturity, age and the nature of the proposed treatment. However, medical practitioners can refuse treatment in the absence of parental consent except in emergencies, where they are able to act without consent. Where medical treatment is refused, the SHS should seek legal advice.

NSW Kids and Families have developed Youth Friendly Confidentiality Resources called *We keep it zipped*. These resources provide advice to children and young people aged 12 to 24 years and to service providers regarding confidentiality, children and young people's health rights and responsibilities, and how personal information is kept private. These resources can be found at:

[www.kidsfamilies.health.nsw.gov.au/publications/youth-friendly-confidentiality-resources/](http://www.kidsfamilies.health.nsw.gov.au/publications/youth-friendly-confidentiality-resources/)

## **11 Service system integration and innovation – district-level protocols**

This policy seeks to provide an overarching framework for guiding SHS/HYAP providers in responding to vulnerable unaccompanied children and young people aged 12 to 15 years in a consistent and child-centred way, while enabling solutions to

be developed at the local level that can leverage local partnerships and service system integration.

Local level collaboration between SHS/HYAP providers, government and non-government service providers should be seen as the cornerstone of good professional practice and central to achieving sustainable outcomes for unaccompanied children and young people who are experiencing or who are at risk of homelessness. Awareness of local demand for services and the diversity of culturally relevant supports available, as well as the capability and capacity of the service system in responding to this demand, is critical in building sustainable solutions for vulnerable children.

District-level protocols to support this policy will be developed to provide guidance on a range of service issues, including

- response timeframes and agreed processes for protocol partners, including after-hours arrangements, for the different cohorts of children and young people aged 12 to 15 years accessing SHS/HYAP services
- local service system capability and referral pathways
- avenues of financial support
- conflict resolution and escalation pathways.

## 12 Appendix 1 – Evidence and research

The pathways into homelessness are complex and varied, and homelessness is rarely, if ever, an isolated need. The younger someone is when they first experience homelessness, the more likely they are to experience homelessness in later life. A large proportion of people who become chronically homeless had their first experience of homelessness before the age of 18 years.<sup>12</sup> It is critical that the broader contributing factors to a child's/young person's homelessness or risk of homelessness are recognised and addressed alongside their accommodation needs.

In NSW, there is a cohort of vulnerable children and young people at risk of becoming disconnected, or who are already disconnected, from their families and wider support networks. 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.

Research indicates that disconnection from family support networks is a key factor in leading to youth homelessness. Some 40 per cent of adults who are homeless have been shown, through studies, to have been involved with child protection authorities as youth and experienced time in OOHC.<sup>13</sup> Children/young people in care transitioning to independence have an increased risk of becoming homeless compared with their peers and, therefore, a greater risk of transitioning from youth to adult homelessness.

Facilitating reconnections to family or working alongside families are both important strategies for increasing stability and structure to a child's/young person's life, while also providing emotional and social support. Research indicates that positive contact with family members and a competent formal support service can help to facilitate pathways out of homelessness.<sup>14</sup>

Experience of homelessness and the risk of homelessness both impact negatively upon a child's/young person's participation in education, which in turn has future impacts upon their ability to continue in higher education, training and employment. Studies have shown children who are homeless to have a high rate of disengaging from education.<sup>15</sup> Low participation rates can also impact negatively on the formation of friendships and identity development, and increase the likelihood of the emergence of mental health issues.

Aboriginal children/young people are more likely to experience homelessness or risk of homelessness than the general population. While Aboriginal youth will often leave home for similar reasons to other children/young people, they are more likely to have

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<sup>12</sup> Chamberlain, C. and Johnson, G. (2011) Pathways into adult homelessness, *Journal of Sociology*, March 2013 49:60–77, first published on November 7, 2011.

<sup>13</sup> Johnson, G. and Chamberlain, C. (2012) *Evaluation of the Melbourne Street to Home program: Baseline Report* and Johnson, G. and Chamberlain, C. (2008) From Youth to Adult Homelessness, *Australian Journal of Social Issues* Vol.43 No.4

<sup>14</sup> Lindsey, E.W., et al (2000) How runaway and homeless youth navigate troubled waters: Personal Strengths and Resources, *Child and Adolescent Social Work Journal*, 17(2), pp. 115–141.

<sup>15</sup> Rossiter, B., Mallett, S., Myers, P. and Rosenthal, D. (2003) *Living Well? Homeless young people in Melbourne*, Melbourne: Australian Research Centre in Sex, Health and Society.

experienced a greater level of disadvantage, combined with the experiences of grief, loss and trauma.

Extended family and kin often have a significant role to play in an Aboriginal context and should be a key consideration in work relating to homeless Aboriginal children/young people. However, research has also shown that family relationships can often be complex and contain chronic and intergenerational issues affecting youth.<sup>16</sup> This should be taken into consideration when working with Aboriginal children/young people. Services that have capacity to provide long-term support should be referred to and part of a case plan.

Research demonstrates that people who have experienced homelessness are more likely to have experienced trauma and that homelessness itself can be considered a traumatic experience. Using a model of trauma-informed care allows service providers to develop a service model that seeks to recognise and address the traumatic stress that clients have experienced or are currently facing.<sup>17</sup> A service model based on trauma-informed care is a strengths-based model and, when used with children and young people, has been shown to increase positive self-identity, develop an ability to build healthy relationships and improve safety.<sup>18</sup>

Children/young people can present at homelessness services exhibiting complex mental health needs that are intertwined with experiences of complex trauma. It is essential that a response to these children/young people includes thorough intake and assessment processes and the use of a trauma-informed lens to plan for care and case management.<sup>19</sup>

Traumatic experiences of abuse and neglect, instability in OOHC placements and volatile relationships with family all contribute to the onset of mental health problems. Depression, anxiety, self-harm and suicidal ideation are all found to be major health issues for children/young people who are homeless, and research indicates that these will have harmful consequences on their long-term health and wellbeing.<sup>20</sup>

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<sup>16</sup> Department of Human Services (2001) *Moving Yarns, Aboriginal Youth Homelessness in Metropolitan Adelaide*.

<sup>17</sup> Hopper, E., Bassuk, E. and Olivet, J. (2010) Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings, *The Open Health Services and Policy Journal*, 3, 80–100.

<sup>18</sup> Hopper, E., Bassuk, E. and Olivet, J. (2010) Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings.

<sup>19</sup> Gonzalez, R. and McLoughlin, P. (2014) Youth Homelessness, Mental Health and Complex Trauma: Implications for Policy and Practice, *Parity*, Vol. 27, No. 1, pp. 56–57.

<sup>20</sup> Rossiter, B., Mallett, S., Myers, P. and Rosenthal, D. (2003) *Living Well? Homeless young people in Melbourne*, Melbourne: Australian Research Centre in Sex, Health and Society.

# 13 Appendix 2 – Responsibilities map

