HOMELESS YOUTH ASSISTANCE PROGRAM (HYAP)

SERVICE DELIVERY FRAMEWORK

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1. PURPOSE

This Service Delivery Framework (the Framework) sets out the logic, principles, components and approaches that guide the design, development and implementation of services funded through the Homeless Youth Assistance Program (HYAP).

The Framework supports innovation and flexibility in service design and delivery and recognises that all unaccompanied children and young people 12 to 15 years of age have a unique set of experiences, strengths and needs that require tailored, holistic and outcomes-focused service responses.

The Framework outlines key service components underpinned by core principles that provide parameters for establishing evidence-based services for unaccompanied children and young people aged 12 to 15 years who are homeless or at risk of becoming homeless.

2. OVERVIEW

The HYAP funds non-government service providers to deliver support and accommodation models for unaccompanied children and young people aged 12 to 15 years who are homeless or at risk of homelessness.

The HYAP aims 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.

Key objectives of the HYAP include:

- rebuilding family, kin and cultural connections and working towards family reconnection, where appropriate
- engaging the child/young person with education or training
- providing access to mainstream health, mental health and wellbeing services
- engaging the child/young person with the broader community to build knowledge, a sense of belonging and which will support their development of age appropriate living skills
- facilitating transitions to longer-term supported accommodation, when family reconnection is not achievable.

The HYAP builds on the reforms of the Specialist Homelessness Services (SHS) system. The program aligns with the principles, objectives and intended outcomes of the broader SHS Program but with a specific focus on supporting unaccompanied children and young people who are homeless or at risk of homelessness.

Service responses for HYAP clients will share some of the characteristics of wider homelessness responses but will be targeted specifically to the needs of the client group.

While this Framework directly applies to HYAP-funded services, where SHS-funded providers are supporting unaccompanied children and young people, they should ensure their services are delivered in accordance with the key principles, objectives and outcomes of this Framework.

The HYAP complements the range of non-statutory responses funded or delivered by the Department of Family and Community Services (FACS) to support vulnerable children and young people.

In particular, this service will deliver the following general requirements:

- **Ensure the safety and wellbeing of children and young people** by delivering service responses that meet duty of care and minimise and manage risks to children and young people. HYAP services' duty of care will be underpinned by the values of respect, responsibility, collaboration, client focus and professional integrity. This may include delivering or facilitating access to accommodation-

based service responses, which will be fully supervised (e.g. 24 hours per day, 7 days per week) by appropriately qualified staff and/or carers.

- **Deliver client-centred services** that place people at the centre of service delivery and are responsive to individual differences, cultural diversity and client preferences. Client-centred responses are guided by dialogue and an understanding of client needs and strengths in order to promote and facilitate greater client responsibility and build empowerment and self-esteem. Client-centred services individually tailor the intensity, type and duration of support and the accommodation setting in which support will be delivered.
- **Deliver strengths-based case management approaches** that respect the individual and promote and facilitate collaborative approaches that work towards meeting the client's needs and building and sustaining their capacity. Interventions are based on client self-determination and aim to assist individuals to identify and achieve their own goals. Effective strengths-based case management approaches pay attention to individual resilience, abilities, knowledge, interests and capacity. The development of a structured case plan that addresses the individual's immediate needs while building capacity and identifying goals and objectives is a central tool in breaking the cycle of homelessness.
- **Deliver trauma-informed services** that support traumatised children and young people to recovery. This service will recognise homelessness as both a consequence of trauma and as a form of trauma in itself. Trauma-informed services recognise that clients that have experienced homelessness often have histories characterised by loss of family, community, identity, social networks, stability and safety. A trauma-informed approach influences every aspect of an organisation, including: how staff and clients interact, how clients are supported to interact with one another, the physical environment, daily routines and the relationship between the service and the wider community.
- **Deliver wraparound services** that identify and target the social, emotional, educational, cultural and physical needs of children and young people. Wraparound services are characterised by coordinated community-based service delivery that addresses the individual needs of a child as identified through an assessment and case planning process. The provision of wraparound services are based upon a comprehensive assessment of a client's strengths, needs and experiences and seek to engage the right specialist support services at the right time in a child's development.
- **Deliver services that recognise the importance of continuity of care.** By placing an emphasis on continuity of care, HYAP services recognise that a young person's need for assistance, support and commitment from a service provider may be required beyond any formal exit, transition or graduation from the service. Ensuring children and young people have a 'place they can return to' with familiar people they can talk to is essential in building and maintaining confidence, self-esteem and trust in others.

The Framework aligns closely with the SHS Practice Guidelines and SHS Service Delivery Framework, albeit with a targeted focus on unaccompanied children and young people who are homeless or at risk of homelessness.

Where SHS funded providers include children under 16 years as a target client group, these services should be delivered in ways consistent with the Framework and the *Unaccompanied Children and Young People 12–15 Years Accessing Specialist Homelessness Services (SHS) Policy*.

3. LEGISLATIVE FRAMEWORK

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.

This section provides a summary of the legislative framework that supports child protection and child wellbeing in NSW.

The objects and the principles of the Act

The objects and the principles of the Act provide direction and guidance in the administration of the Act. The over-riding principle of the Act is that the safety, welfare and wellbeing of children or young people must be paramount in all decisions. All agencies must work together to achieve this. Principles relevant to the delivery of HYAP services include:

- account should be taken of the culture, disability, language, religion, and sexuality of the child or young person
- any intervention should be the least intrusive in the life of the child or young person and his or her family that is consistent with the paramount concern to protect the child or young person from harm or promote their development
- special protection and assistance from the state should be given to a child or young person temporarily or permanently deprived of their family environment
- as far as possible, the name, identity, language, cultural and religious ties of a young person deprived of their family environment should be preserved
- a safe, nurturing and stable environment should be provided for a child or young person in out-of-home care
- retention of relationships with significant people is important unless it is contrary to the best interests of the child or young person, and taking into account the wishes of the child or young person
- where possible, a child or young person who is able to form his or her own views concerning his or her safety, must be given an opportunity to express those views
- the child or young person should be given information and assistance to participate in decisions
- the child or young person should be given information about the outcome of decisions concerning them.

Keep Them Safe Principles

The collaborative approach of *Keep Them Safe* is underpinned by eight principles set down by Justice Wood in the final report of the Special Commission of Inquiry into Child Protection Services in NSW:

1. Child protection is the collective responsibility of the whole of government and the community.

2. Primary responsibility for rearing and supporting children should rest with families and communities, with government providing support where it is needed, either directly or through the funded non-government sector.

3. The child protection system should be child focused, with the safety, welfare and wellbeing of the child or young person being of paramount concern, while recognising that supporting parents is usually in the best interests of the child or young person.

4. Positive outcomes for children and families are achieved through development of a relationship with the family that recognises their strengths and their needs.

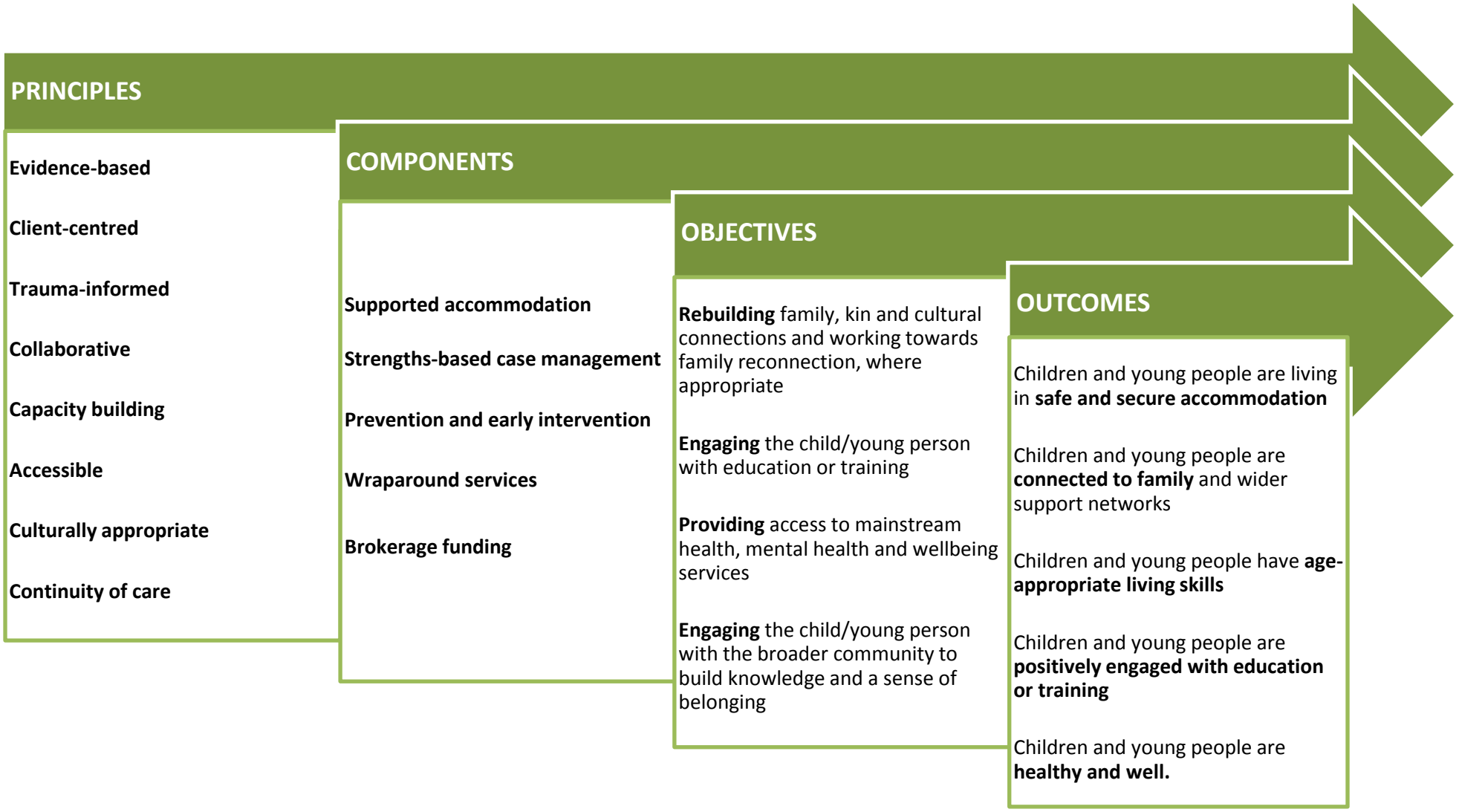
5. Child safety, attachment, wellbeing and permanency should guide child protection practice.

6. Support services should be available to ensure that all Aboriginal and Torres Strait Islander children and young persons are safe and connected to family, community and culture.

7. Aboriginal and Torres Strait Islander people should participate in decision making concerning the care and protection of their children and young persons with as much self-determination as is possible, and steps should be taken to empower local communities to that end.

8. Assessments and interventions should be evidence-based, monitored and evaluated.

HYAP Service Delivery Framework Overview



4. TARGET GROUP

The phrase '*unaccompanied children and young people*' acts as an umbrella term for a wide range of minors and young people who are outside of a family or institutional setting and who are unaccompanied by a parent or legal guardian (Julianelle, 2007; Rotheram-Borus, Mahler, Koopman and Langabeer, 1996).

HYAP services will target unaccompanied children and young people aged 12 to 15 years who are homeless or at risk of becoming homeless.

Unaccompanied children and young people are a highly vulnerable client group at risk of becoming or already disconnected from their families and wider support networks. The target group includes 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.

These children and young people often experience a range of interrelated and compounding risk factors, including disengagement from education, interactions with the criminal justice system, the onset of mental illness and mental health issues, drug and alcohol misuse and the experience of trauma.

In accordance with the *Children and Young Persons (Care and Protection) Act 1998*, a parent retains legal responsibility for a child under 16 years of age unless a court order has allocated parental responsibility to the Minister for FACS or another person.

HYAP services will be required to work closely with the child, their parents or legal guardian and FACS in order to meet the immediate needs and ensure the safety and wellbeing of the child.

While not the target group for HYAP services, children in out-of-home-care (OOHC) do at times require assistance from SHS providers unaccompanied by a parent or legal guardian. HYAP services need to be aware of the service response required for this group under the *Unaccompanied Children and Young People 12–15 Years Accessing SHS* Policy and under relevant District Protocols.

Roles and responsibilities based on the age and legal status of the child or young person are outlined below:

- 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 Risk of Significant Harm (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.

5. CHILD SAFETY AND WELLBEING

The safety and wellbeing of unaccompanied children and young people receiving assistance from HYAP providers is the paramount consideration.

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. The HYAP 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.

Keep Them Safe: A Shared Approach to Child Wellbeing is the NSW Government's response to the Report of the Special Commission of Inquiry into Child Protection Services in NSW. Keep Them Safe recognises the importance of the wellbeing of all children and young people, with the aim of providing appropriate support to families earlier and to prevent children and young people from requiring statutory child protection intervention.

To achieve this, Keep Them Safe encourages families, communities, government agencies, and non-government organisations to work together to support children, young people and families.

In line with the *Unaccompanied Children and Young People 12–15 Years Accessing Specialist Homelessness Services (SHS) Policy* and recent changes to the sixth edition of the Mandatory Reporter Guide (MRG), all unaccompanied children under 16 years are to be reported to the Child Protection Helpline as a child at risk of significant harm (ROSH), in line with the reform of the specialist homelessness services system.

The policy provides parameters for SHS, FACS and wider child and family providers to work together in the best interests of unaccompanied children who are homeless or at risk of homelessness.

The policy sets out roles and responsibilities for relevant agencies based on the age and legal status of the child and is based on the following key 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 the SHS. A coordinated case plan may involve either the SHS providing direct support or referrals to other youth services to ensure the child's needs are met.

HYAP services must strive towards being a *child safe organisation*. For an organisation to be child safe it must value, respect and welcome children and provide safe, nurturing environments to protect them from harm. Child safe policies and practice should be developed to reduce potential risks, including the risk of loss of identity for Aboriginal and Torres Strait Islander children.

Child safe policies demonstrate the importance that organisations place on providing duty of care for children and provide a foundation for how interactions and dealings with children should take place.

6. SERVICE COMPONENTS

6.1 Client-centred services

Placing people at the centre of service delivery is a core FACS value. In the context of the HYAP, a client-centred approach means relevant services are wrapped around the children and young people to effectively meet their immediate needs, while also responding to the underlying causes of their homelessness and supporting them towards being reconnected with family, carers or support networks.

Where this is not achievable, HYAP services will work proactively to facilitate pathways to longer-term supported accommodation.

A client-centred response will also mean that support and assistance is provided to clients before they become homeless and following a period of crisis. It recognises that to avoid clients becoming homeless or to prevent repeat episodes of homelessness, it is necessary to wrap services around clients through collaboration of a range of stakeholders.

Client-centred services recognise critical timeframes within childhood and adolescence and take into account the developmental needs of children and young people in all interventions. Client-centred services also promote collaborative approaches to ensure the care and protection of children and young people.

6.2 Prevention and early intervention

A prevention and early intervention approach embraces a range of activities that can be undertaken during the lifecycle of a problem, from taking action to prevent a problem emerging through to taking action early in the life of a problem to stop it from getting worse or to limit its impact[1].

Broadly, the term early intervention is used to describe the activities, programs and initiatives designed to alter the behaviour or development of individuals who show signs of an identified problem, or who exhibit risk factors or vulnerabilities for an identified problem.

Early intervention includes intervening early in life, early in the developmental pathway, and/or early in the life of the problem. For the purpose of this service model, early intervention refers to services and programs to support children, young people and their families, designed to prevent homelessness occurring or breaking the cycle of homelessness. It also seeks to prevent entry or escalation into statutory child protection services.

In the context of HYAP, prevention and early intervention approaches will involve working collaboratively with a range of agencies, such as schools, youth services, neighbourhood centre after school programs, culturally-specific services (e.g. Aboriginal Medical Services) and Police to identify and respond to children and young people at risk of becoming homeless.

6.3 Strengths-based case management

Case management is a collaborative, person-focused approach aimed at empowering clients to meet their individual needs and to achieve goals and objectives.

Effective case management practices respect the individual and promote and facilitate collaborative approaches that work towards meeting the client's needs and building their capacity. This is achieved through the development of flexible and coordinated strategies, with clearly defined milestones, goals and objectives.

A strengths-based case management approach recognises the resilience of individuals and focuses on the potential strengths, abilities, knowledge, interests and capacity rather than their limits (Scerra, 2011). Interventions are based on client self-determination and aim to assist individuals to identify and achieve their own goals rather than just minimising risk factors and addressing immediate needs, as in the traditional deficit model.

Emerging data suggests that strengths-based approaches to working with children and young people are highly effective and result in greater active participation in programs. These approaches shift away from

[1] NSW Government Prevention and Early Intervention Framework (http://arp.nsw.gov.au/m2011-02-prevention-and-early-intervention-framework)

the ‘at-risk paradigm’ associated with this group. Instead, young people are seen to be facing challenging issues but are able to achieve positive outcomes given the right support.

Key aspects of case management and casework include:

- assessment of individual needs and strengths
- identification of specialist services and supports to meet needs
- engagement and monitoring of specialist services
- establishment of effective communication channels with key stakeholders (e.g. case review panels)
- ensuring services are being delivered effectively and contributing to client goals and objectives.

The development of a structured case plan that seeks to address the individual’s immediate needs, build capacity and strengths, and identify goals and objectives is a central tool in breaking the cycle of homelessness or preventing homelessness from occurring for unaccompanied children and young people.

Effective case planning is a collaborative process that involves the child or young person and, where relevant, parents and guardians. Key objectives of the case plan should include establishing goals in relation to:

- working towards family reconnection, where appropriate
- building capacity through age-appropriate life skills and knowledge
- engaging or reengaging with education or training
- improving health and mental health outcomes
- engaging with the wider community to increase social capital.

In summary, effective case management:

- responds individually to the client’s specific needs and issues
- looks at the client in a holistic way, not just at their issues
- occurs with the client so they can participate
- builds a client’s knowledge and skills to enhance self-care, self-determination and independence
- provides continuity of care
- gives access to a wide range of support services
- coordinates existing resources and introduces new resources
- builds on the client’s support network and links them to the wider community and its resources
- recognises social and personal contributions to a problem
- assists clients to navigate complex service systems
- helps to prevent homelessness (SHS Case Management Toolkit, 2012).

Figure 1: An overview of the case management process

6.4 Trauma-informed care

As well as being a consequence of traumatic experiences, homelessness can be seen as a form of trauma in itself. It can involve the loss of family, community, identity, social networks, stability and safety (Guarino, Soares, Konnath, Clervil and Bassuk, 2009).

There is an increasing understanding that children and young people who are homeless or at risk of homelessness have often had histories characterised by abuse, neglect and complex trauma. These young people have often experienced multiple living arrangements, including with family, carer and kin networks, as well as in residential care (Osborn and Delfabbro, 2006).

Research demonstrates that multiple placement breakdowns can become a form of trauma in themselves, as each breakdown can act to perpetuate feelings of mistrust, isolation, loneliness and low self-esteem within children and young people. These factors can act to hinder their ability to build trusting, lasting and respectful relationships with others (McLean, Price-Robertson and Robinson, 2011).

Complex trauma can be defined as 'repetitive, prolonged or cumulative; most often interpersonal, involving direct harm, exploitation, and maltreatment including neglect/abandonment/antipathy by primary caregivers or other ostensibly responsible adults,' often occurring 'at developmentally vulnerable times in the victim's life, especially in early childhood or adolescence' (Courtois, 2009).

Ongoing exposure to trauma and traumatic stress can impact a person's biological, cognitive and emotional functioning, social interactions and relationships, and identity formation (Guarino et al, 2009).

Trauma-Informed Care (TIC) provides organisations with a systems approach that supports traumatised children and young people to recovery. A trauma-informed approach influences every aspect of an organisation, including: how staff and clients interact, how clients are supported to interact with one another, the physical environment, daily routines, and the service's relationship with the wider community.

Service providers supporting children and young people to recovery must have an integrated trauma-informed system of care that is embedded throughout the organisation, and includes the following key elements:

- Appropriate and consistent theoretical framework
- Understanding trauma and its impact
- Organisational culture of non-violence
- Promotion of safety
- Ensuring cultural competence
- Supporting consumer control, choice and autonomy
- Sharing power and governance
- Culture of thoughtfulness and communication
- Consistent language
- Integrated relationships between different professionals, such as care workers and therapists
- Clear tasks and boundaries between different professionals that work with clients
- An understanding that healing occurs through relationships
- Those who need care are cared for
- A belief that recovery is possible
- Positive experience of the community
- Outcomes-based philosophy and approach
- The organisational structure ensures therapeutic care runs throughout the organisation (Gonzalez, Tomlinson and Klendo, 2012).

6.5 Wraparound services

Wraparound services are characterised by comprehensive and coordinated community-based service delivery programs that address the individual needs of a child or young person, as identified through an assessment and case planning process.

Wraparound services target the social, emotional, educational, cultural and physical needs of children and young people. The provision of these services is based upon a comprehensive assessment of an individual's needs and strengths, which focus upon particular points in a child's development.

Within wraparound approaches, the provision of specialist supports may be reconsidered at significant milestones or transition points in the individual's life. These include entry into a service, entering or exiting education or training, the onset of puberty, commencing employment. Other events such as parental divorce, parental incarceration and exclusion from school may also lead to reconsideration as to what supports should be in place.

Identifying and engaging the right specialist support services is reliant upon an accurate, comprehensive and timely assessment of client strengths and needs. Assessment of client needs and strengths should be seen as an ongoing process of interpreting and analysing key information to identify the types and intensity of supports required, linked to a structured case management plan.

In the context of HYAP service delivery, the assessment process will determine the type and intensity of specialist supports an individual may require. These may include:

- family restoration services
- psychological and counselling services
- specialist medical and allied health services
- educational support services.

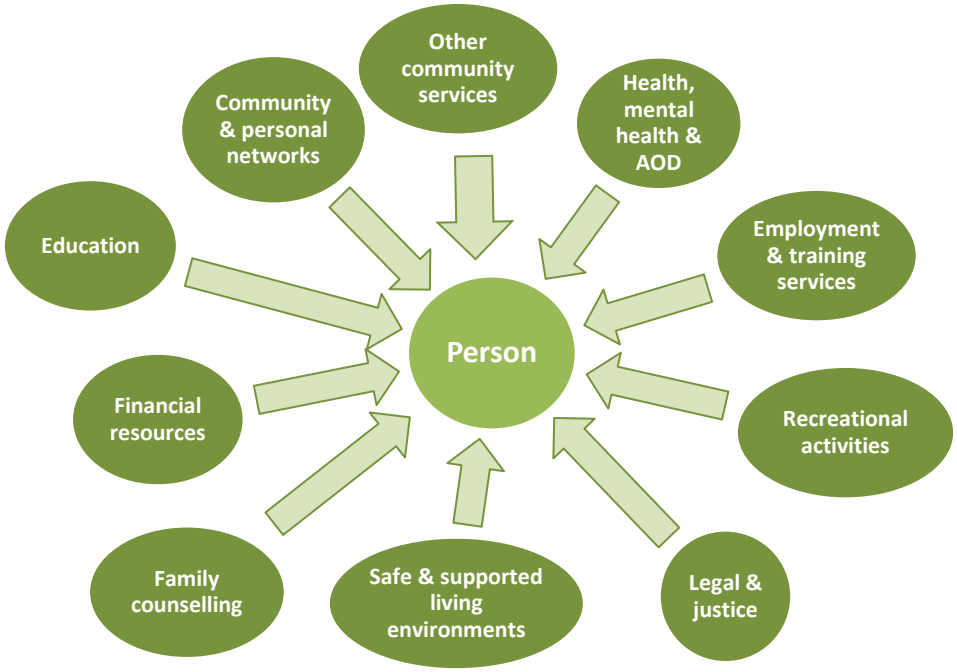


Figure 2: Wraparound services

6.6 Continuity of care

Multiple placement breakdowns can perpetuate the effects of trauma and impact on the ability of a child or young person to establish trusting, respectful and positive relationships with support workers.

By placing an emphasis on continuity of care, the HYAP recognises that a young person's need for assistance, support and commitment from a service provider may be required beyond any formal exit or transition from the service.

Ensuring the young person has a place they can return to and familiar people they can talk to is essential in building and maintaining confidence, self-esteem and trust in others.

As well as ensuring services funded under the HYAP have a commitment to continuity of care, it is also necessary to locate these services in the broader context of FACS-funded and delivered services to ensure a whole of life approach is fostered. This means the consideration of targeted services as exit pathways from the HYAP, when clients reach a suitable age. Research demonstrates that vulnerable young people will often require support and assistance into their early twenties, particularly as clients may lack social resources and experience delayed development. Mental health disorders can often peak from the ages of 15 to 24 years. As such, service system design should consider the broad continuum of service responses for vulnerable children and young people.

6.7 Individualised brokerage funding

Research demonstrates that unaccompanied children and young people often have multiple complex needs and interact with a range of different agencies at any one time. Client needs are often wide-ranging, meaning agencies are unable to meet these needs in isolation and, as a result, clients often cycle between agencies, leading to ineffective service delivery and sub-optimum client outcomes.

Individualised brokerage funding can be an effective tool to prevent this pattern and ensure client needs can be met in a timely and effective manner. Effective brokerage models enable responsive, streamlined and targeted responses that can contribute to the achievement of client-led goals and objectives as well as meeting immediate client needs.

Consultation with SHS providers and with children and young people with a lived experience of homelessness strongly articulated the need for easily accessible, flexible brokerage funding to enable the achievement of case plan goals and objectives and to enable timely responses to emergency situations.

Evidence demonstrates that brokerage funding, when used flexibly and holistically to support the achievement of personal goals and objectives, can lead to improved and sustainable client outcomes.

Under the HYAP, individualised brokerage funding **must** be specifically linked to a child's or young person's case plan and be underpinned by the following principles:

- ***Flexibility:*** Funds can be used flexibly to purchase goods and services required by the client to support the delivery of case plan objectives and to support the client in periods of crisis.
- ***Client-centred*****:** Funds are utilised in ways that are in the best interests of the client and as identified by the client in their case management plan.
- ***Strategic*****:** Expenditure of brokerage funds is linked to the achievement of personal goals/objectives, which in turn are linked to program level outcomes.
- ***Value for money:*** Goods or services purchased with brokerage funds should be paid for the market rate and care should be taken to ensure prices are not inflated.
- ***Non-duplicative*****:** Goods and services should only be purchased if they cannot be sourced through other means.
- ***Trauma-informed*****:** incorporates an appreciation for the high prevalence of traumatic experiences among homeless populations, based on understanding the particular vulnerabilities and/or triggers that trauma survivors experience, so that services address the underlying causes of a person's homelessness.
- ***Effective governance*****:** Models should be governed by decision-making panels that consist of a wide range of government and non-government partners with streamlined processes.

Individually tailored brokerage funds can support in meeting client needs by:

- helping to assist in identifying key goals and objectives
- involving clients in the planning and decision-making process, enabling them to make personal choice
- building personal capacity and self-esteem.

Brokerage funding can be utilised as one of a range of strategies identified in the case management plan to address the identified needs of the client and contribute to client-led goals. These individual goals must in turn align with the broader program-level outcomes.

Under the HYAP, brokerage funding may be used for supported accommodation, medical needs, travel assistance, financial assistance and food, as well the purchasing of specialist support services such as counsellors, family restoration services, psychiatrists, psychologists, drug and alcohol services, mental health services, speech therapists and educational support.

HYAP-funded brokerage models must be governed by a case coordination reference group, or a similar governance structure, comprising both government and non-government partner agencies. Such groups may be formed using existing partnerships and networks to ensure local governance structures remain streamlined and manageable.

Such groups are responsible for assessing brokerage applications in excess of specified amounts, providing input into case management plans for referred clients and identifying barriers for achieving client goals in the long term.

A wide range of non-government members on brokerage panels can act to foster a greater sense of transparency, improve buy-in from local service providers, as well as ensure responses to applications for brokerage funding are approved in a timely and responsive way.

Case coordination groups should be established with Terms of Reference that clearly articulate roles and responsibilities, membership and meeting frequency. Where emergency responses are required, processes should be established that allow for the timely release of brokerage funds to meet client needs (e.g. email correspondence approved by a specified number of members). When delivered effectively, brokerage models can be a highly cost-effective strategy for addressing the needs and building the capacity of children and young people. This is of particular relevance in areas of NSW where the demand for assistance among the HYAP cohort may not be significant or consistent and service delivery responds reflexively to demand for assistance as it emerges.

Brokerage funding models under the HYAP will be delivered in accordance with Module 4 of the SHS Practice Guidelines, but specifically targeted and tailored to unaccompanied children and young people.

6.8 Supported accommodation

Unaccompanied children and young people require an enhanced level of supervision and case management during periods of homelessness, when compared to other homelessness clients.

Effective supported accommodation responses for unaccompanied children and young people include the following core components:

- Provision of supported accommodation in a caring, safe and nurturing environment while the child or young person's homelessness is resolved.
- Provision of trauma-informed, client-centred case management to mitigate the impacts of the immediate crisis and ensure the safety and wellbeing of unaccompanied children and young people.
- Fully supervised service model (24/7) with appropriate supervision and staff-to-client ratios in order to meet duty of care requirements for unaccompanied children and young people.
- Establishment of strong local partnerships to facilitate wraparound service responses that meet the immediate needs of clients and address underlying causes of homelessness.
- Provision of support to enable the child or young person to access suitable support services to meet their individual needs and build capacity.
- Collaboration with the individual to facilitate family reconnection, where this is appropriate. This will include considering alternative living arrangements, such as with relatives, carers or wider support networks.
- Delivery of strengths-based interventions that act to build the capacity, self-esteem and skills of unaccompanied children and young people.
- Provision of continuity of care to ensure strong, trusting relationships can be established between clients and case workers.
- Provision of follow-up post-crisis support to individuals when their immediate support and accommodation needs have been met.

Suitable clients for supported accommodation models include children and young people who are:

- currently being supported in a SHS service and require a more age-appropriate accommodation option
- living at home but are at risk of homelessness due to family conflict and unsustainable living arrangements
- staying in and out of home – spending some nights with friends or relatives and other nights at home
- not currently living at home and not receiving a Centrelink income.

Supported accommodation responses for unaccompanied children and young people funded through the HYAP will be closely connected to the broader SHS system and the wider child protection system. These services will be required to establish strong local partnerships with other SHS, youth and family services, and NSW government agencies, including FACS. In particular, referral pathways to longer-term support and accommodation options will need to be agreed and established with relevant local support providers.

These services will form a component part of the broader service system and play a fundamental role in stabilising a child's or young person's situation to allow for their immediate needs to be addressed. They provide a safe, caring environment for the child or young person to stay while working towards the goal of family restoration.

The time it takes for a child to be restored to their family will differ and depend on the child and their family's circumstances. The child's case plan should clearly articulate a timeframe within which restoration is aimed for.

7. PROGRAM OUTCOMES

7.1 Reconnection to family or wider support networks

There is evidence that demonstrates the rate of emotional, social, behavioural and educational problems is higher for children and young people who are in out-of-home care (OOHC) or substitute care when compared with the general population.

While a child or young person who is homeless or at risk of homelessness may require support and assistance from targeted services to help stabilise their situation and address the underlying causes of their homelessness, it is in the individual's best interests to support them to be reconnected with those people in their life who can offer ongoing (appropriate) support. This may be immediate family, other relatives or other carers as well as community networks and friends. The child or young person should be asked to identify anyone that is important to them in this regard and be supported to make connections, wherever appropriate.

Where it has been assessed as being in the best interests of the child or young person, service responses should focus on strengthening protective factors as a strategy to maintain or re-establish child-parent relationships. Such protective factors include improving parental resilience, improving social connections, improving parenting skills and knowledge, and improving the social-emotional competence of children and young people. There should be a strong emphasis on respecting and empowering families with regard to their responsibility in ensuring the wellbeing of the child or young person.

What constitutes family reconnection and how it is achieved will differ client by client and family by family. For some children and young people, the extent to which reconnection is achievable and desirable may be limited to simply re-establishing verbal or physical contact with parents. For others, it may be realistic and achievable to consider the children or young person to live once again with their parents, if the underlying issues that led to the child's homelessness are addressed.

HYAP services should take a broad definition of family, and work with a child or young person's extended family and wider support networks to support attempts to form new connections or reconcile.

7.2 Facilitating pathways to longer-term supported accommodation

While the primary objective of the HYAP is to reconnect unaccompanied children and young people with family, relatives or wider support networks, it is recognised that this is not always possible in the short, medium or long-term.

Where reconnection attempts are unsuccessful, HYAP services will proactively facilitate pathways to more appropriate support and accommodation options. For clients on the cusp of turning 16, this could mean

referrals to supported transitional accommodation, while other clients may require a statutory response. HYAP services will work closely with FACS and other local service providers to identify the most appropriate option for this cohort of clients.

HYAP services will build the social skills and client capacity of all clients, including those for whom family reconnection is not achievable, to ensure the program contributes to improved client resilience and social capital.

7.3 Improved health outcomes

Children and young people who are homeless or at risk of homelessness are more likely than their peers to experience mental health issues and have poorer health outcomes. Addressing the physical and mental health needs of HYAP clients should be a key component of their case plan. As such, HYAP services will need to work in partnership with health, mental health and wellbeing services to ensure appropriate referrals, assessments and service responses can be provided to clients.

7.4 Improved educational outcomes

Homeless children and young people, and those at risk of becoming homeless, are more likely than their peers to be disengaged from education. This disengagement can be caused by a number of factors:

- anxiety, stress, loss of concentration resulting from trauma
- being in an unstable living situation
- learning being interrupted because of changes in living arrangements (e.g. at times living at home, at other times couch surfing at friends)
- if homeless – food and shelter is the priority not education
- if homeless – no opportunity to have the appropriate space to do basic homework
- changing schools, which is socially, emotionally and educationally disruptive

HYAP services will work closely with schools and educational services to engage, re-engage and sustain client involvement with education. Remaining meaningfully engaged with education can help alter negative trajectories and equip young people with the social and economic capital required to access employment opportunities and transition to independence. Education engagement and appropriate goal setting should be important components of HYAP case management plans.

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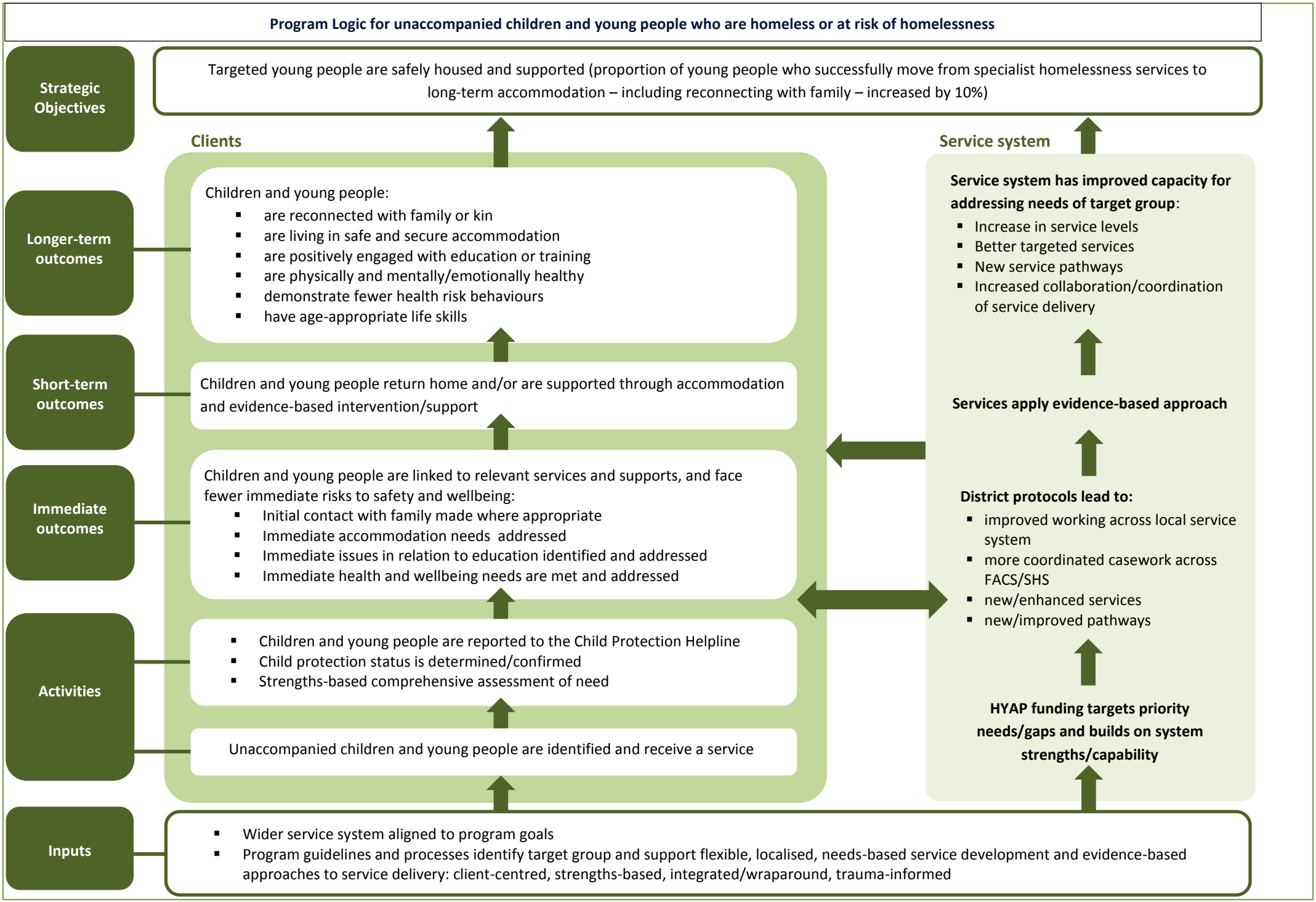
Program Logic for unaccompanied children and young people who are homeless or at risk of homelessness
Strategic Objectives
Targeted young people are safely housed and supported (proportion of young people who successfully move from specialist homelessness services to long-term accommodation – including reconnecting with family – increased by 10%)
Clients
Service system
Longer-term outcomes
Children and young people:
are reconnected with family or kin
are living in safe and secure accommodation
are positively engaged with education or training
are physically and mentally/emotionally healthy
demonstrate fewer health risk behaviours
have age-appropriate life skills
Service system has improved capacity for addressing needs of target group:
Increase in service levels
Better targeted services
New service pathways
Increased collaboration/coordination of service delivery
Short-term outcomes
Children and young people return home and/or are supported through accommodation and evidence-based intervention/support
Services apply evidence-based approach
Immediate outcomes
Children and young people are linked to relevant services and supports, and face fewer immediate risks to safety and wellbeing:
Initial contact with family made where appropriate
Immediate accommodation needs addressed
Immediate issues in relation to education identified and addressed
Immediate health and wellbeing needs are met and addressed
District protocols lead to:
improved working across local service system
more coordinated casework across FACS/SHS
new/enhanced services
new/improved pathways
Activities
Children and young people are reported to the Child Protection Helpline
Child protection status is determined/confirmed
Strengths-based comprehensive assessment of need
Unaccompanied children and young people are identified and receive a service
HYAP funding targets priority needs/gaps and builds on system strengths/capability
Inputs
Wider service system aligned to program goals
Program guidelines and processes identify target group and support flexible, localised, needs-based service development and evidence-based approaches to service delivery: client-centred, strengths-based, integrated/wraparound, trauma-informed