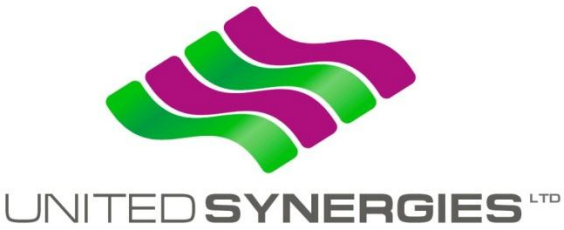

A sense of *place*

Submission to Queensland Child Protection Commission of Inquiry

January 2013

Author:
Kristina Farrell
Manager Supported Accommodation Services
United Synergies Ltd.
P.O. Box 365, 12-14 Ernest Street,
Tewantin, 4564

ABOUT UNITED SYNERGIES

United Synergies is a not for profit organisation that provides direct services and support to individuals, families and communities (and in particular young people) to assist them in achieving their full potential.

United Synergies began as the Noosa Youth Service in 1989, through the dedication and determination of a local community committed to providing better support to young people who were homeless. We now support more than 2500 people in need every year through a range of accommodation, employment, education, training, mentoring, suicide prevention and bereavement support, volunteer management and counselling and referral services.

Our programs and services are available to people on the Sunshine Coast and surrounding areas, as well as other communities around Australia. The organisation has provided Residential Care Services for seven years and a Supported Independent Living service for three years. Providing accommodation solutions for young people has been the cornerstone of our organisation for the past 25 years.

Kristina Farrell, the program manager and author of this submission, has more than 20 years' experience in Residential Care and 12 years in Supported Independent Living services.

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INTRODUCTION

United Synergies welcomes the Government's Inquiry into Queensland's' Child Protection System and broadly agrees with the findings of PeakCare Queensland Inc's preliminary submission and Create Foundation's submissions to the Commission of the Child Protection Inquiry (2012 Oct PeakCare) (2012 Sep Create Foundation).

This submission will focus on the challenges and benefits of effective transitioning from care for young people based on the experiences of our organisation. We believe effective transitioning from care solutions have the ability to make a significant impact on the long-term wellbeing of young people in care, their families and community. We will explore and share our perspectives on what is working well and how we believe the administration of these initiatives can be enhanced to provide better outcomes for all young people in care in Queensland.

TRANSITION FROM CARE

What are the benefits of successful Transition from Care?

Studies[1] have shown that a long term outcome perspective towards transition from care greatly benefits the individual young person and the community.

Without adequate and timely planning in place to support young peoples' transition to independence, the cost to individuals and to society is significant. Young people transitioning from care without this planning potentially pay a personal price on their long-term wellbeing – their ability to form and maintain relationships, have a stable family, maintain positive mental and physical health, be financially self-reliant and a productive community member are challenged. These costs, of course, translate into an increased cost to the community in tertiary physical and mental health services, income support, crime and imprisonment and child safety services.

In 2006, Morgan Disney and Associates undertook a cost benefit analysis in a study for the Community and Disability Services Ministers' Conference (CDSMC)[2]. The study clearly showed significant economic cost to the community from poor transition planning and support for young people in care.

[1] McDowell (2012); Joseph J, Maunders D, Liddell M, Greens S (1999); Mallon G (1998).
[2] Morgan Disney (2006).

It therefore is reasonable to conclude that better development and implementation of effective transition planning would have a significant increase in both personal outcomes for young peoples' future wellbeing, as well as a decrease in the long term economic cost to the community.

Current experiences in Transition from Care processes

Acknowledging our observations are drawn from our experience in providing Residential Care and Supported Independent Living services, as well as Transitioning from Care processes, we have outlined below the areas where we believe there is significant opportunity for improvement in the overall care process.

Our primary observations are:

- There are young people currently leaving care without any or an inadequate 'Transition from Care plan
- Processes can be inconsistent, often delaying or impinging long term planning needed for young peoples' safe and effective transition
- Transition from Care planning is made without sufficient consideration for the individuals' long-term transition needs
- Support and placement ceases too early for many young people
- Affordable and appropriate housing is not accessible to many young people leaving care
- The process of assessment for eligibility for Disability Services occurs too late

The impact of these 'Transition from Care' shortfalls is explained in more context below.

1. **There are young people currently leaving care without any or an inadequate 'Transition from Care' plan**

Joseph J McDowall's findings in research on transition planning (McDowell, 2012) shows many young people leaving care do not have, or are not aware that they have a transition plan.

Effectively this means these young people move from highly-supported and structured care environments to independent living arrangements, potentially without any links to professional guidance and, in many cases, limited access to trusted and reliable family, friends or personal networks that can provide such guidance.

2. **Processes can be inconsistent, often delaying or impinging long term planning needed for young peoples' safe and effective transition**

Tools are available to implement good practice Transition from Care planning where positive long term outcomes can be achieved. However in our experience, the process can become very complex for a young person to lead and/or participate in. The Transition Planning process involves the young person, Child Safety Services, the placement provider and other stakeholders such as mental health services, family members and education/training providers. We believe there is benefit in shifting the responsibility and accountability of developing and implementing Transition from Care Plans to the service provider responsible for the care of the young person. This would allow young people to have ongoing discussions and reviews with carers with whom they have a relationship. Potentially this connection can also continue as after care support. The Australian Government's Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), together with the National Framework Implementation Working Group's document 'Supporting young people transitioning from out-of-home care to independence in Australia: good practice in 2011/12'[3] is one example of an industry agreed good practice tool for transition planning.

It is our understanding that this has been agreed on by State and Territory ministers. Implementation of this agreed framework remains a high priority.

3. **Transition from Care planning is made without sufficient consideration for the individuals' long-term transition needs**

Our experience is that current Transition from Care planning is primarily focused on implementation of immediate or short term goals, and falls short of planning for long term goals addressing how the young person will function and participate, socially and economically in the community.

[3] FAHCSIA website http://www.fahcsia.gov.au

Young people in care are often already challenged by the absence of adequate and long-term role models and supports, and transitioning without this long-term consideration often leads to early re-entry to other government and non-government services, often in crisis[4]. There is limited research data to understand how people who have left care subsequently access services. However, United Synergies provides homelessness services, emergency relief, education and training programs and other programs that are accessed by young people up to the age of 25 who have experienced being placed in out of home care.

Some examples from our personal experience and observations which highlight lack of long term planning include:

- TAFE courses being paid for the first year with no further plans to assist in the completion of training costs or guide financial independence
- young people self-placing with family without supports to maintain relationships
- young people not having adequate living skills or time to adapt to transition to independent living, as a result of delayed areas of development due to trauma experiences
- young people living in short term or unstable housing when leaving care
- loss of connection with community when transition housing is allocated in a different community
- Child and Youth Mental Health services that cease at 18 and are not replaced or tapered to transition to adult mental health supports; identified health and dental needs plans not followed through or non-existent
- inadequate safety plans for young women leaving care and self-placing in actual or potential domestic violence situations

4. Support and placement ceases too early for many young people

There is often a lack of transition to services (or lack of services) and support that can be utilised after a young person leaves care. In our experience, this is particularly prevalent with young people in care who have a lived experience of mental health, difficult behaviours, low level disability or significant effects from past trauma experiences and often require additional support and time to transition.

[4] Morgan Disney (2006)

In Queensland there has been an improvement in this area and young people can, in some circumstances, have their support and even placement extended for 12 months. This has had a positive effect, however should be further developed as part of the planning process and incorporate long term after care services.

5. **Affordable and appropriate housing is not accessible to many young people leaving care**

Many young people struggle to access housing that is affordable, stable and appropriate for their individual needs. On the Sunshine Coast, where United Synergies is based, it is particularly difficult for those on low fixed incomes due to high rental cost.

The reality experienced by most Out of Home Care providers is that housing is one of the greatest barriers for effective transition from care. Social housing is limited and housing single young people is an additional struggle due to low availability of one bedroom housing. Two bedroom housing can usually only be made available to couples, or if there is an accompanying dependent.

This lack of appropriate housing stock results in young people instead accessing housing alternatives such as shared housing (not always appropriate), caravan parks, tents, and homelessness programs. None of these are long term solutions and are often unsafe or unaffordable.

This highlights perhaps one of the greatest needs required to ensure longer term stability for young people transitioning from care - affordable and appropriate one and two bedroom properties.

6. **The process of assessment for eligibility for Disability Services occurs too late**

In our experience with young people with intellectual and learning disabilities and mental health related diagnoses, the first barrier to transition planning is that young people in care are not assessed for eligibility for disability services by Qld Disability Services until they are 17.5 years of age. Since transition planning commences at the age of 15, the transition from care planning cannot take into account the young person's potential eligibility for support from Qld Disability Services upon turning 18.

The uncertainty of how the young person's future support needs are going to be met creates many additional barriers for transition planning, including addressing mental health concerns such as anxiety and distress around this uncertainty for the young person and their family.

The young person, carers and Child Safety staff do not have the information required to incorporate all aspects of their life in the transition plan. Individuals' future wellbeing and outcomes are highly dependent on their future support and the assessments for eligibility need to occur by the time the young person is 16 years of age to allow for a comprehensive assessment and transition plan to be developed. Done in a timely manner, the opportunity then exists to plan and negotiate, allocate and coordinate for long term appropriate needs in housing, education, daily living support, cultural and community connections and family relationships.

RECOMMENDATIONS

Based on our experience, we believe the following recommendations should be considered.

1. **Ensure that Transition from Care planning is relevant and effective for the young people transitioning from care**

To achieve transition planning that is meaningful and effective for the young person, participation and sense of ownership of the plan is essential. The current complexity of planning processes often prevents this from occurring. If the responsibility of the planning is with the Out of Home Care service provider, the access and opportunities for the young person to discuss, review and develop the plan improves during the duration of the placement. In a Residential Care setting or Supported Independent Living program there may be a carer who has this specific responsibility or somebody selected by the young person based on their positive relationship.

The planning needs to be inclusive of future access to review the plan if needed and assistance to meet the goals after the young person leaves the care system, if required.

This is an area of great importance for the young person's future wellbeing, economic viability and participation in the community.

2. Plan Transition from Care to ensure positive outcomes beyond 18 years of age

The establishment of After Care Services is essential to ensure long term outcomes can be achieved by the young people who have transitioned from care (Mendes, Johanson & Moslehuddin 2011). This can be achieved by making After Care a responsibility of Out of Home Care service providers, specialist services or ensuring that generalist services have the expertise and experience in working with people who have experienced significant trauma and separation.

Specifically we recommend a focus on:

- Family reunification work and identification of relatives who are potentially interested in supporting the young person during and after the transition period. Often the family contact is established early in the child's care journey and limited to direct family in a close geographical vicinity. While there is little research into young people and how they reconnect with family after care. Our experience is that many young people seek to live with, or build relationships with family in other ways. Family reunification needs to be an ongoing part of case management and needs constant active planning, engagement and review, to prevent further isolation from or negative experiences with relatives or family.
- Relationships and parenting skills need to be a focus. Many young people have had poor and confusing parenting and family relationship role models, and as a result they may not identify this as a support need when leaving care. However this places them at higher risk of experiencing relationship difficulties later in life. Provision of After Care Services that specialise in providing support to people who have left care would assist long term outcomes when forming family relationships and having their own children.
- Resources must be allocated to allow for continued support to achieve successful outcomes in all areas of the young person's plan, including when transitioning with a relationship or as a new young parent.

3. Transfer the Responsibility for Case Management to Care Provider Services

It is our view that the most effective way to offer quality case management is to transfer this responsibility (and associated resources required to undertake this responsibility) from Child Safety Services to the licensed service provider.

Young people in care need to work closely with support workers to plan and achieve goals including accommodation, family, cultural and community connections, career paths, social and recreational connections.

The current case management system often results in delays in decision making and approvals, lack of coordination and follow-through. Transition should evolve through the care planning and be driven by the young person's goals and needs, as it is for any young person growing up. We would like to stress that the current weaknesses in the system are not due to the competency of Child Safety Services' or other stakeholders, rather the complexity of the current planning system.

Licensing and performance monitoring of Out of Home Care services need to be inclusive of long term outcomes for the young people who are transitioning from care. The transfer of case management responsibilities has occurred in different models in other states and overseas. The Queensland Government needs to consider those experiences to develop a more effective, workable model for Queensland.

4. Assess the Leaving Care Age against the needs and development of the young person

Placements and Child Safety Services support can, at present, be extended by three months for up to 12 months (Child Safety Practice Manual – Open a support service case), if circumstances are assessed as appropriate at the time. Young people in care with delayed development, intellectual or mental health disabilities, drug and alcohol dependency or lack of connections and appropriate supports, benefit from access to after care services and transition that is phased as they reach different stages in their ability to function independently in the community (Stein 2004, 2008; Maunders, D., Liddell, M., Liddell, M., & Green, S 1999). This continued support would benefit both young people and the community significantly.

Transitioning young people from care without addressing their specific needs exposes a high risk that the young person will fail to develop into an independent, participating and productive community member.

5. Ensure Access to Long-term, Affordable and Stable Housing Options

- Adequate provision of social housing dwellings for single people
- The housing stock needs to reflect and meet the needs of young people in a timely manner.
- Expand the Same House Different-Landlord Program

This social housing program provides longer-term, stable housing for young people. In this program, housing is provided to a service provider who subleases to the client. The tenancy is then managed by the service provider who provides case management support and tenancy education to the young person. The successful element of this arrangement is that after an appropriate time (approximately six months, with some flexibility needed), the tenant and property, are transferred to public housing while the support is continued from the service provider[5]. New housing is then provided for the next young person. Housing providers in turn are assured that young people have the support and personal skills to successfully maintain their tenancy. In our experience, this program is ideal for young people transitioning from care as it provides long term housing and the opportunity for longer transition times.

- Supported Independent Living Services (SILS)

Develop innovative models within SILS to meet the needs of young people in transition from care. This could include lead tenant and mentoring programs – where share housing with mature lead tenants can provide positive role models to assist with daily living skills and company. A volunteer mentor can provide long term relationship support for young people with limited social and family network. Our experience is that the tendency to use SILS placements for young people who experience difficult behaviours or otherwise are difficult to place in foster or residential care, is often not successful. SILS resources then become stretched due to the very high levels of support required. The capacity of SILS funding to extend support/placement beyond 18 if the young person's needs require should be considered.

[5] Alternatively this could be an NGO social housing provider or private housing provider, however affordability is often a sustainability barrier.

6. Review policies and procedures to enable Child Safety Services and Disability Services to provide collaborative and timely support for Transition from Care to Disability Services

Change to timeframes for Disability Support assessment will provide significantly better outcomes for young people transitioning from care. In the cases where the young person has been assessed as ineligible, there are no assumptions made about likely future support and Child Safety, carers and the young person can plan realistically to identify other sources of support, including family, mentors and volunteers.

The process that is reflected in Figure 1, would improve the Transition from Care to Disability Service.

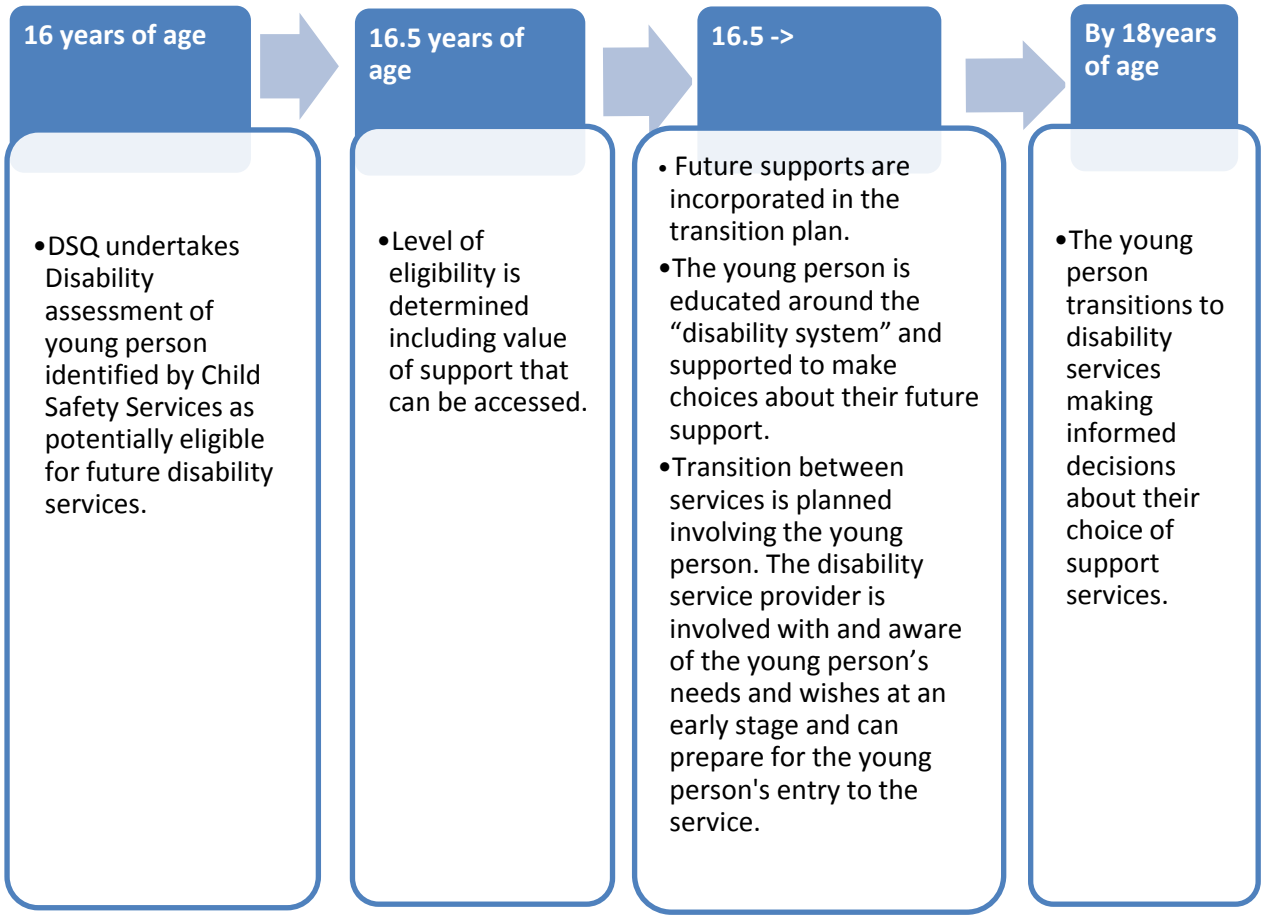

Figure 1 - Proposed effective timeline for transitioning

CONCLUSION

We have stated that transition planning for young people leaving care is inadequate, resulting in a high personal cost to individuals as well as a significant financial cost to community. The systems and models to successfully transition young people from care are readily available and we believe the Qld Government needs to consider adopting these proven models.

We also believe non-government organisations, government departments and the community have the scope to better respond to the responsibility of providing a transition from care process that establishes solid and accountable long term goals for young people, as well as the community.

In summary, we recommend the following:

- Assessment of a young person's ongoing needs, eligibility for disability and other appropriate services should be undertaken in a more timely and effective manner
- Resources for assessment, case management and support services to address these ongoing needs should be outsourced or allocated to Out of Home Care managers
- That additional appropriate and affordable housing, specifically for single dwellers, is made available.

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