



THEIR FUTURES MATTER

Moving the system from crisis to early help: connecting children, young people and families to the right support at the right time

Yfoundations' Submission written by Natalia Gale & Gemma Luckett | March 2019



ABOUT YFOUNDATIONS

For over 30 years Yfoundations has been the NSW peak body on youth homelessness, representing young people at risk of, and experiencing, homelessness, as well as the services that provide direct support to children and young people.

Our vision: Creating a future without youth homelessness. We believe that all children have the right to safety and stability, home and place, health and wellness, connectedness and participation, and education and employment (together these are the foundations of our organisation). We know these are the foundations for the prevention of, and pathways out of, homelessness.

We know that homelessness is an interrelated issue. It requires a whole of government and service response. We need to be innovative, collaborative and determined if we are going to end homelessness.

ACCESS SYSTEM REDESIGN

Yfoundations welcomes the opportunity to provide insight and expertise into the redesign of the Access System to ensure that homeless young people can access the services and supports they need when they need them. From our experiences working with Member organisations and young people, it will be important to ensure the following when redesigning the Access System:

1) LISTENING TO CHILDREN AND YOUNG PEOPLE

The first guiding principle presented in the discussion paper is children, young people, families and communities at the centre. Although Yfoundations essentially supports this, we would reframe it with: children and young people at the centre, surrounded by safe, nurturing and loving family environments, and strong and supportive communities. This would position family and community as critical within the socio-ecological system while being clear that when interests and opinions do not align, the safety and wellbeing of a child or young person remains the priority.

In the youth homelessness context, relationship breakdown is the leading cause of young people leaving home and it is important that, in these instances, decisions are first made in their best interests, and not those of their family or community. For example, community-based early intervention services, such as Reconnect, that work with young people and their whole families have proven effective in the youth homelessness sector. However, family reconciliation is only an objective when practical and safe.

Yfoundations commends TFM for acknowledging the importance of an Access System that instils the human rights of children and young people, and includes children and young people in decision making at all levels of the system.

Young people are the experts in their own lives and can offer us the most valuable insights on what they need. However, despite the shift towards a growing understanding of the importance of the views and experiences of young people to improving service delivery, there remains a lack of consistent and cohesive approaches to ensure that this happens as a matter of course.¹ Recently, only 67% of young people in OOHC nationally reported that they usually get to have a say in what happens to them, and that people usually listen to what they have to say, and 74% reported that people usually explained the decisions made about them.²

To empower children and young people to have a voice in decisions, engagement needs to be appropriate to their developmental stage, individual experience and culture. For

¹ Megan Mitchell, Pathways to Inclusion: The Voice of the Child in Decision Making (17 August 2016) Australian Human Rights Commission <<https://www.humanrights.gov.au/news/speeches/pathways-inclusion-voice-child-decision-making#Endnote%204>>

² Australian Institute of Health and Welfare, 'The views of children and young people in out-of-home care: Overview of indicator results from a pilot national survey' (Bulletin 132, Australian Government, March 2016).

example, children and adolescents may require age-appropriate support to ensure that they are informed, and are both able and comfortable to express their needs and views.³

Mechanisms also need to be in place to ensure that young people are not just listened to, but their voices hold weight in the decisions that impact them.

2) ACCESSIBILITY

The Access System needs to consider accessibility from the perspective of the diverse children, young people and families who interact with the service system.

The co-design, testing and evaluation of the system needs to include people who: are Aboriginal and Torres Strait Islander; have Culturally and Linguistically Diverse backgrounds; have a disability; experience mental health issues; live in rural, regional and remote (RRR) parts of NSW; and have lived-experience.

For example, in the youth homelessness context, there is a strong correlation between experiencing youth homelessness and having a serious mental health concern.⁴ Despite this, people living outside of metropolitan areas experience inequity both in terms of their health and in getting access to appropriate services. According to the Australian Mental Health Commission, while the prevalence of illness in RRR Australia is similar to that in major cities, poorer mental health outcomes are evident.⁵ This lack of available mental health services outside of metro areas will undermine an Access System that is built around ensuring accessibility across the state.

3) PREVENTION AND EARLY INTERVENTION

Yfoundations supports an Access System that resources and encourages prevention and early intervention (PEI).

The discussion paper rightly notes the importance of working with families at the earliest opportunity in the trajectory of risk and that early childhood is a critical developmental period and has lifelong impacts on health, cognitive, educational and employment outcomes. Yfoundations supports this but we would suggest that by focussing solely on the early childhood years, we risk allowing young people at later developmental stages or in need of crisis support to slip through the cracks.

The discussion paper does not take into account the importance of the teenage years,

³ Pauline Harris and Harry Manatakis, 'Children's Voices: A Principled Framework for Children and Young People's Participation as Valued Citizens and Learners' (Report, Government of South Australia, October 2013) 14.

⁴ Mission Australia, 'Youth Mental Health and Homelessness Report' (2016) 5.

⁵ Mental Health Commission of NSW, 'The Accessibility and Quality of Mental Health Services in Rural and Remote Australia' (23 May 2018) NSW Mental Health Commission <<https://nswmentalhealthcommission.com.au/resources/accessibility-and-quality-of-mental-health-services-in-rural-and-remote-australia>>

another critical developmental period that can have large, cascading and potentially long-term effects on a young person's future outcomes. The transition from childhood to adulthood is one of the most dynamic, broad and influential periods of human development. The changes that occur during this period span biological, physical, psychological and behavioural changes.

For example, significant brain development continues well into the twenties, with the prefrontal cortex, responsible for planning, assessing consequences and impulse control, being one of the last areas to mature. As a result, people under 25 are more likely to misread social cues, act on impulse and engage in risk taking behaviours.⁶

The breadth of these changes makes the period somewhat risky, given that problems in one area may spill over and influence functioning in other areas. At the same time though, the transition may also represent an ideal time for interventions, largely for the same reason.⁷

Many pathways into youth homelessness happen much later than early childhood. As an example, the onset of mental illness is typically around mid-to-late adolescence and Australian young people aged 18 to 24 have the highest prevalence of mental illness than any other age group.⁸ Over half of people with mental illness do not access any treatment⁹ and the leading cause of death among young people aged 15 to 24 is suicide.¹⁰ Young people whom present with mental health concerns during the teenage years require a targeted response much later than can be foreseen during the early childhood years.

Along the same line, 'vulnerability' cannot always be predicted during the early years. Children can be born into families that present with certain vulnerabilities (e.g. neglect, low income, disability, alcohol and other drugs, etc.), but young people can also become vulnerable because of a critical incident later on in their development. These require targeted responses as and when they arise to prevent negative outcomes from snowballing. For example, we know that young people can end up experiencing homelessness because of changed family dynamics, such as when a single parent introduces a new partner into the home or because of the death of an immediate relative.

It is essential that the Access System has the funding and capacity to both provide young people with PEI support at every stage of their development, and to provide an immediate response to those in crisis.

The Communities of Schools and Services (COSS) is one such early intervention program, strengthening ties between services and schools to prevent at-risk young people becoming homeless. The project aims to support young people and their families by providing

⁶ Gemma Lockett and Jessie Halligan, 'Can Housing First put Youth First?' (2018) 31(10) Parity 18.

⁷ Jodi Quas, Adolescence: A Unique Period of Challenge and Opportunity for Positive Development (December 2014) American Psychological Association <<https://www.apa.org/pi/families/resources/newsletter/2014/12/adolescence-development>>

⁸ Black Dog Institute, 'Facts and Figures About Mental Health' (Fact Sheet, undated) 1.

⁹ Australian Institute of Health and Welfare, 'Australia's Health' (Report, 2014).

¹⁰ Australian Institute of Health and Welfare, Deaths in Australia (18 July 2018) AIHW <<https://www.aihw.gov.au/reports/life-expectancy-death/deaths-in-australia/contents/leading-causes-of-death>>

dedicated caseworkers that work with young people at risk, integrating support from schools and agencies. There are a couple of pilots taking place in Sydney now, including one in Albury.

It is key, however, that in our shift towards increased PEI, we do not neglect our responsibilities under the UN Convention on the Rights of the Child and provide crisis responses to young people in need of crisis support. We have a moral obligation to continue to support children, young people and families that are in crisis. Although we expect the Access System will result in fewer people needing crisis services, we still need crisis support now for those already in crisis (on Census night in 2016, 9,408 young people were recorded as homeless) and we will still need to provide crisis support to those who need it in the future.

4) RISK OF SIGNIFICANT HARM REPORTS

In 2017, only 32% of young people reported to be at risk of significant harm (ROSH) received a face-to-face response from Family and Community Services (FACS).¹¹ While not all ROSH reports require an immediate crisis response, many might highlight the need for a PEI response that is not being addressed. If we are serious about increasing our PEI responses, there will be a need to ensure all ROSH reports that do not require a crisis response are quickly referred on to an appropriate service for PEI.

5) MULTI-AGENCY RESPONSE AND COMMUNITY HUBS

Many homeless young people who present to specialist homelessness services, present with a multitude of issues. It is vital for services to work together to provide a coordinated, wraparound response. Implementing a multi-agency response has the potential to change the experience of young people who are facing challenges at home and in the community: "Rather than just contacting an agency or organisation, a young person is engaging a system in which their needs are assessed, underlying issues are identified and plans are put in place to support them and their families. All of this is done with a client-centred focus, so that they are in charge of determining their needs and where they need to go."¹²

A successful Access System, however, should facilitate rather than dictate multi-agency responses. According to Australian Privacy Principles (APPs), individuals have a right to anonymity and a right to decide how their personal data is used and disclosed.¹³

¹¹ Ombudsman of NSW, 'More Than Shelter – Addressing Legal and Policy Gaps in Supporting Homeless Children' (Report, June 2018).

¹² Stephanie Gaetz et al, 'The Roadmap for the Prevention of Youth Homelessness' (Report, The Canadian Observatory on Homelessness, 2018) 67.

¹³ Office of the Australian Information Commissioner, APP Quick Reference Tool (undated) Australian Government <<https://www.oaic.gov.au/agencies-and-organisations/guides/app-quick-reference-tool>>

An Access System designed to allow the free-flow of personal data without the prior consent of an individual would be in breach of the rights afforded by the APPs.

Any multi-agency system will naturally require a comprehensive data-management system that allows agencies to track client flow, support service connection, enable follow-up after referral, and measure the impact of prevention interventions. However, there will be a need to put in place rigorous procedures for obtaining informed consent and data sharing. For example, young people might fear for their personal safety or have privacy concerns because of their involvement in illegal activity and so may be uncomfortable having their names on a shared database. Service providers and case managers should be responsive to these concerns and help protect young people's privacy in cases where they may be put at greater risk of harm if their information is disclosed with systems, such as Juvenile Justice NSW. Well designed data management systems should thoughtfully and adequately take into account privacy and security concerns, and consent and choice.¹⁴

A major barrier for young people in accessing support, as we have already seen, is that they may be required to leave their hometown to get the help they need. In the Canadian Roadmap for the Prevention of Youth Homelessness, it is recommended that ideally, there should be multiple points of entry in a multi-agency system, including face-to-face contact at different agencies, call or text, and web-based applications. Where possible, an outreach should be employed where young people can meet a support worker at a place of their choosing.¹⁵ We support similar initiatives in NSW but, for this to be successful, thought will need to be given to ensuring that the right infrastructure in RRR parts of the state is in place, for example, to ensure caseworker access to online case files in RRR areas.

Children, young people and families have the right to choose what services to access and when. This is especially relevant in contexts where the scarcity of services may become a barrier to service. Smaller communities in RRR parts of the state can be tight-knit, increasing the likelihood of services staffed by individuals known to those seeking access. If the young person does not want a worker to be aware that they are in need of support, perhaps because they are a family member or family friend, it precludes them from being helped and infringes their right to privacy and their right to choose who can access their data.

6) OUTCOMES FRAMEWORKS THAT SUPPORT CONTINUOUS IMPROVEMENT

Yfoundations sees improving outcomes for children, young people and families as the key purpose of the Access System redesign. We are supportive of an approach that looks beyond inputs and outcomes, to outcomes and impact.

¹⁴ Gaetz et al, as above n 10, 71.

¹⁵ Gaetz et al, as above n 10, 68.

Outcome frameworks should be designed with the flexibility to incorporate specific program outcomes. The Human Services Outcome Framework sets key outcome domains for the service system. However, the ways in which each service sector, program, and service contribute to these outcome domains are necessarily diverse. System-level outcome measurement generally requires consistency and continuity in measures and indicators. As a result, system-level outcome measures often relate to high-level long-term impacts, which are rarely realised by one program or service alone. As TFM has recognised, children, young people and families access multiple services to meet their needs. Specific programs work with children, young people and families to reach outcomes that build towards longer-term impacts. The different outcomes that programs achieve reflect the different nature of the needs they address, evidence-based approaches that apply, characteristics of the people they support, and socio-ecological contexts in which they work in.

Outcomes measurement and evaluation needs to be legal and ethical:

- Government has a duty to ensure that any framework they implement complies with the Privacy Act 1988 and privacy policies across government departments
- Government should also establish transparent ethical review processes before introducing new outcome measurement tools into reporting requirements
- Standards, in terms of expertise and ethical conduct, need to be established for independent evaluators commissioned by government.

The cost outcome measurement on services needs to be built into contracts to be sustainable without deflecting resources from casework. Outcome measurement requires service time and resources to:

- Develop and implement new procedures and systems
- Train staff in outcome measurement, survey administration, reporting systems, and data interpretation
- Administer surveys and/or complete additional administrative recording
- Analyse, interpret and report findings
- Translate findings into practice.

Outcome measurement is more likely to be embraced by services if:

- Outcomes frameworks and digital infrastructure are designed in collaboration
- Systems and processes are streamlined and integrated while maintaining data privacy and security
- Outcome measurement is embedded into practice
- Services can easily access their own outcomes data through both dashboard reports and unit-record data files.

Outcome measurement is a tool to inform decisions. Outcome measurement alone does not provide all the information required to solve complex social issues. This also requires investment in:

- Research and analysis to better understand issues and trends

- The dissemination and sharing of research and data
- Program design and testing to develop innovative solutions and further the evidence-base.

In Canada, for example, the Making the Shift Youth Homelessness Social Innovation Lab (MtS) does just this and has revolutionised the way they approach youth homelessness through social innovation. It is a multi-year, collaborative initiative with stakeholders that span the national, provincial, Indigenous and local levels as well as the public, private, and not-for-profit spheres. A key objective of MtS is to establish an evidence base for PEI measures, which can then be used to inform effective practice, policy and investment.¹⁶

Finally, for outcome measurement and other research to contribute to continuous improvement, the system structure needs to enable and encourage findings to be translated into practice. Commissioning models and contracts need to provide local services the flexibility to introduce practice and program improvements based on outcome measurement and data about clients and their socio-ecological context. Governance structures need to empower local services and community members to work with government when outcomes data and research findings show that continuous improvement requires broader policy or systemic change.

7) BUILDING CAPACITY

The capacity of the service-system to meet the needs of children, young people and families largely depends on the people who work within the service-system. The service-system needs skilled and driven workers in metro and RRR locations.

The youth homelessness sector – like many other sectors across the state - has long faced challenges when it comes to attracting new talent and ensuring continued job security and continuity. Yet, a solid and consistent Access System will largely depend on the expertise and dedication of the staff it employs.

There are many factors at play. Firstly, universities and institutions that offer relevant higher education tend to be concentrated around major cities and towns in NSW. Secondly, the shift towards one-year fixed term contracts and low salaries has eroded job security and continuity, increasing staff burnout and turnover and decreasing the number of young people opting to enter the profession. Third, young people are attracted to the breadth of opportunities offered in larger cities compared with RRR locations.

This needs to change if the sector is to attract and retain top talent. It is well known that competitive salaries and good benefits are an important part of job satisfaction but, to truly

¹⁶ Canadian Observatory on Homelessness, Making the Shift Project (undated) Homeless Hub
<<https://www.homelesshub.ca/about-us/coh-publications/making-shift-youth-homelessness-social-innovation-lab>>

enjoy their jobs, employees must feel that their employers respect them and will provide them with what they need to be successful in both their professional and personal lives.¹⁷ Clear career growth opportunities are important, as employees tend to be attracted to organisations that present opportunities for them to learn and develop beyond the specifications of their initial job role. Permanent contracts are an important part of ensuring this and foster greater employee commitment and loyalty.

In RRR parts of NSW, if we are to attract young people into the profession, the offer on the table will need to be more attractive. The Australian Medical Association last year released its Position Statement - Rural Workforce Initiative, a comprehensive five-point plan to encourage more doctors to work in RRR locations and improve patient access to care. The plan proposes initiatives in education and training, rural generalist pathways, work environments, support for doctors and their families, and financial incentives. For example, at least one-third of all new medical students should be from rural backgrounds, and more medical students should be required to do at least one year of training in a rural area to encourage graduates to live and work in regional Australia.¹⁸

A similar initiative in the youth homelessness and child protection space would help increase the workforce in a sustained way. Initiatives to consider include providing a pathway for young people living in RRR to study and return home to work and providing a living costs subsidy to young people living in RRR parts of NSW to study away from home.

17 Alan Kohll, What Employees Really Want at Work (10 July 2018) Forbes
<<https://www.forbes.com/sites/alankohll/2018/07/10/what-employees-really-want-at-work/#1388d49c5ad3>>

18 Australian Medical Association, Five-Point Plan to Build Rural Medical Workforce (9 January 2018) AMA
<<https://ama.com.au/media/five-point-plan-build-rural-medical-workforce>>