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NSW Ombudsman
Level 24, 580 George Street
Sydney NSW 2000

8th September 2020

Re: Yfoundations' Submission – Specialist Homelessness Services' Intake Policies and Practice Regarding Clients with High and/or Complex Needs

Dear Henriette Zeitoun and Gareth Robinson,

Thank you for inviting Yfoundations to contribute to the NSW Ombudsman's discussion paper: *Specialist Homelessness Services' Intake Policies and Practice Regarding Clients with High and/or Complex Needs.*

For over 40 years, Yfoundations has been the NSW peak body representing young people at risk of and experiencing homelessness, as well as the services that provide direct support to this vulnerable group.

Our approach focuses on five foundations: Safety & Stability, Home & Place, Health & Wellness, Connection & Participation, and Education & Employment. We believe in order for young people to live flourishing and meaningful lives all five foundations need to be present.

We ask that you please consider the recommendations set forward in our submission. The needs of young people at risk and experiencing homelessness, as well as the services that provide direct support, must be considered to improve the system as a whole.

I thank you and your team in advance for your time and consideration into this very important issue.

Sincerely,

Pam Barker
Chief Executive Office

Recommendations

Recommendation 1: Increase SHS funding agreements to ensure they are consistent with the estimated costs of providing best practice according to the SHS Practice Guidelines.

Recommendation 2: Provide more long-term SHS funding agreements, with consideration to Equal Renumeration Order and indexation increases, to enable SHS to recruit and retain qualified permanent staff.

Recommendation 3: Provide ongoing training in the application of the SHS Practice Guidelines to new and existing SHS staff, to strengthen relationships with the Department of Communities and Justice (DCJ) and build knowledge of best practice across the youth homelessness sector.

Recommendation 4: Increase funding for youth psychological services and alcohol and other drug (AOD) services, particularly in non-metropolitan areas, to enable SHS to provide timely, interagency responses to young people with complex needs.

Recommendation 5: Increase funding for culturally appropriate services for Aboriginal young people with complex needs and provide clear policies and guidelines about what this means in terms of service provision.

Recommendation 6: Raise the OOHC leaving age to 21, while at the same time improving transition planning and after-care support, to reduce exists into homelessness.

Recommendation 7: Provide all SHS staff with training in trauma-informed care and managing aggressive and violent behaviour to help reduce the number of clients exited from homelessness accommodation due to behavioural issues and breaches in rules.

Recommendation 8: Consider providing CIMS access to DCJ caseworkers and other funded service providers working with homeless young people, and provide joint, district-level training to increase knowledge and collaborative use of the CIMS system.

Recommendation 9: SHS providers should introduce more 'youth friendly' complaints and appeals processes, which are clearly advertised through pamphlets and posters during the assessment phase.

Recommendation 10: The SHS Practice Guidelines should be amended to ensure complaints are dealt with as a matter of urgency.

Recommendation 11: In response to the COVID-19 pandemic, DCJ should revise 'Guidelines: Homelessness Accommodation and COVID-19' to describe Alternative Accommodation (AA) for young people 12-15 who are diagnosed with COVID-19, and clearly detail the processes and procedure for supporting a client as they self-isolate.

Introduction

The NSW Ombudsman's Discussion Paper, *Specialist Homelessness Services' Intake Policies and Practice Regarding Clients with High and/or Complex Needs*, highlights some of the difficulties that homeless young people with complex needs face when accessing accommodation and services in NSW.

This submission aims to assist the NSW Ombudsman's inquiry into the systematic barriers that prevent young people receiving the necessary support. It is informed by Yfoundations' consultations with Specialist Homelessness Services (SHS), including a survey completed by 18 SHS providers from across NSW (see Appendix 1) and four in-depth telephone interviews. The submission is also informed by interviews with 167 youth justice (YJ) stakeholders (including SHS providers, Youth Justice NSW and Children's Magistrates) conducted in 2018 to 2019, as part of an ongoing Yfoundations project exploring the needs of homeless young people involved with the criminal YJ system.

Drawing on this sector consultation, Yfoundations aims to answer some of the key questions posed in the NSW Ombudsman's Discussion Paper to SHS providers including: their knowledge and application of the SHS Practice Guidelines, their collaboration with other service providers, their policies on 'bans' and appeals processes, their use of the Client Information Management System (CIMS), and the impact of COVID-19 on their service delivery.

SHS Practice Guidelines

Are the Practice Guidelines aligned and appropriate to the reality of service provision, or is there any lack of congruency between the Practice Guidelines and the reality of service provision?

The SHS Practice Guidelines (the Guidelines) are outlined in a 192-page report, which provides extensive guide to best practice across five modules:

- Service delivery responses (including early intervention, rapid re-housing, client-centred, culturally appropriate and trauma-informed approaches and specialisations for a diverse array of target groups)
- Streamlined access (including the No Wrong Door approach, common assessments, CIMS and Link2home)
- Quality assurance system (including the SHS compliance requirements and self-assessments)
- Brokerage funding guidelines (including procedures for care coordination reference groups brokerage repayment plans)
- Policy for unaccompanied children under 16 years accessing SHS (including duty of care and district level protocols).

All but two of the SHS providers surveyed for this submission reported that their service delivery was aligned to the Guidelines. However, when asked to elaborate on how their service provision aligns with the Guidelines, their responses focused on a few key themes,

namely: client-focussed, trauma-informed care, interagency collaboration and outreach support and case management. One provider surveyed reported that their current practice aligns with the Guidelines as far as their resources allow but claimed that this guide overstates what SHS can deliver.

These responses suggest that many SHS providers do not have the capacity to fully digest and implement these best practice guidelines. Our consultations suggest that this incongruence between the Guidelines and the reality of service provision reflect both SHS workforce issues and the gaps in the interagency support network in which they operate (discussed in the following section).

SHS staff numbers and turnover: The Guidelines specify that crisis and transitional properties are required to undertake risk assessments to ensure the right level of supervision is provided to high risk and complex clients, including having active staffing 24/7, on-call support after hours, and outreach support.[1] This is a challenge for underfunded services – such as medium-term accommodation – which struggle to comply with these best practice Guidelines. The total cost of best practice in medium-term supported accommodation with staffing 24/7 is on average $800,000 per annum (based on good practice nationally and internationally and comparisons with similar services such as OOHC residential services).[2] Unfortunately, $800,000 is more than double what some existing services receive annually.[3]

Research also suggests that the majority of SHS also have difficulty recruiting or retaining qualified staff.[4] Staff churn places a burden on SHS management to provide ongoing training in the Guidelines. This burden explains why one caseworker consulted by Yfoundations had never heard of the Guidelines. High staff turnover also has a direct impact on young people, who struggle to form bonds with a rotating door of support workers. Many SHS linked these staff challenges to funding insecurity, which means a significant proportion of staff are on fixed term contracts.[5]

Recommendation 1: Increase SHS funding agreements to ensure they are consistent with the estimated costs of providing best practice according to the SHS Practice Guidelines.

Recommendation 2: Provide more long-term SHS funding agreements, with consideration to Equal Renumeration Order and indexation increases, to enable SHS to recruit and retain qualified permanent staff.

Recommendation 3: Provide ongoing training in the application of the SHS Practice Guidelines to new and existing SHS staff, to strengthen relationships with the Department of Communities and Justice (DCJ) and build knowledge of best practice across the youth homelessness sector.

Interagency Responses to Homeless Young People

Do you have any comment on the nature or extent of collaboration between SHS providers and other relevant support services?

The Guidelines stipulate that SHS practitioners should consider, for a young person with complex issues, "an interagency approach between local services that can meet the range of needs across all domains, e.g. accommodation; education; health; including mental health and wellbeing; and financial."[6]

The majority of SHS providers surveyed for this submission reported that they work collaboratively with local services, including mental health supports, alcohol and other drug (AOD) services, family intervention services, and community housing providers. However, they also identified gaps in the service provision network, particularly in areas of mental health and AOD services in non-metropolitan areas. These gaps mean that interagency responses are often delayed and do not address the needs of a child in crisis.

Mental health and AOD services: Research suggests that, compared to other young people, those who have experienced homelessness are significantly more likely to suffer from issues related to their mental health[7] and use of AOD.[8] The Guidelines sate that these young people with complex needs should receive "intensive multidisciplinary support". SHS who have the interagency support required to provide such responses affirm the benefit of this approach.

> *"We have a partnership with [local mental health agency] to provide onsite counselling. We also work closely with the community mental team at [local hospital] to provide assessments and support our clients and staff as needed. We have a partnership with our local doctor where all girls are assessed for physical health needs and work closely with organisations to provide family and mediation support".*

However, while other SHS providers strive to provide an interagency response to these interrelated issues, they often face long wait times for services and a lack of appropriate options in their area, especially in non-metropolitan parts of NSW. As a result, many of these young people are 'risk assessed out' of homelessness services, as SHS management cannot be assured that they are able to effectively mitigate risks for the young person, other clients residing at the service and their staff.

Many of these vulnerable young people don't receive the support they need until they enter the criminal YJ system. When speaking to the Advocate for Children and Young People (ACYP), most young people who spent time in custody reported that complex mental health problems and AOD addiction played a significant part in their offending behaviour.[9] However the lack of available services in the community meant that they did not receive any professional assistance until coming into custody. After being released, many reported they were unable to continue the progress they had made whilst in custody.

Recommendation 4: Increase funding for youth psychological services and alcohol and other drug (AOD) services, particularly in non-metropolitan areas, to enable SHS to provide timely, interagency responses to young people with complex needs.

Culturally appropriate services: The Guidelines further state that SHS should, in developing an appropriate case plan for Aboriginal clients, "develop relationships and effective linkages with local Aboriginal organisations to facilitate greater awareness and engagement with Aboriginal issues to inform and strengthen the service response."[10] When speaking with the ACYP, Aboriginal young people suggested that the availability of culturally "safe spaces" played an important role in determining whether or not they engaged with a service.[11]

Ongoing research by Yfoundations highlights the lack of appropriate culturally competent services and workers for Aboriginal young people leaving detention, though our findings are relevant to all Aboriginal young people seeking support from SHS and associated services, such as mental health or AOD supports. There is currently just one youth refuge in NSW that is exclusively run by Aboriginal workers for Aboriginal young people.

A number of participants also shared their concern at the lack of consistency when it comes to both government and non-governmental organisations (NGO) stipulating to be a culturally competent service. One participant, for example, told us that an NGO had reported to be culturally competent. After looking into the claim, they found that the service simply had a contract worker who identified as Aboriginal.

Recommendation 5: Increase funding for culturally appropriate services for Aboriginal young people with complex needs and provide clear policies and guidelines about what this means in terms of service provision.

Review of SHS Policy and Practice Documents

Is it accepted practice to exclude people seeking assistance because they may pose a risk to self or others?

The Guidelines state that services should have an "appropriate level of supervision based on the client's needs, complexity, and risk to themselves and others". As noted, SHS often cannot always provide this level of supervision, meaning that young people with complex needs may be 'risk assessed out' of homelessness services. When Yfoundations consulted with SHS providers about the needs of homeless young people leaving detention, the majority reported that young people's complex needs – such as mental health concerns, AOD abuse, and/or their history of difficult and violent behaviour – could preclude them from service delivery.

These exclusions largely reflect the workforce issues and service provision gaps described earlier in this submission.

> *"We have had referrals from a mental health facility, which we had to decline due to the level of support the young person required, e.g. significant self-harm and suicide attempts, and where the referral has no mental health plan or support in place".*

SHS providers also spoke about the need to consider the whole of service 'dynamic' and the needs of existing clients. For example, services may be unwilling to accept a daily drug user if other residents have had a history of drug use and are vulnerable to relapse.

If exclusion based on risk is accepted, what risk analysis is undertaken by SHS providers before determining whether to exclude?

Respondents shared that, historically, there has not been a uniform approach to risk assess clients seeking assistance from SHS. Some services mentioned that they still do not have clear guidance for assessing whether to exclude a client on safety grounds.

If people are excluded under service policy, are there obligations on the service to assist them in other ways?

SHS indicated they operate with good intentions and will support new referrals where possible. All services acknowledged operating as part of a 'No Wrong Door' approach. While all referrals will receive information and advice, looking for alternative solutions is often easier for services in metropolitan areas. As noted earlier, services in rural and remote communities have more limited service options - and may be forced to seek an alternative solution out of area, often hundreds of km away. This is particularly difficult for Aboriginal clients, who may need to leave their community and Country to find homelessness support.

> *"Clients are never banned or excluded. Occasionally a referral is declined due to capacity, or dynamics, or significant risk factors, but it is our duty to find alternative solutions and information for the referrer".*

Are there other grounds (other than risk to self or others) on which an SHS provider can or may exclude people seeking assistance?

SHS contacted for this submission spoke about practical barriers excluding a young person from meeting intake criteria. For instance, one SHS spoke about having only upstairs bedrooms. Consequently, they are unable to accept any client with mobility issues (e.g. wheelchair users) due to practical limitations. However, they noted that if they received adequate funding, they could remodel the property, install equipment, or hire specialised staff to ensure the client can reside safely at the property.

Further, SHS spoke of the need to improve support for young people in out-of-home-care (OOHC). SHS felt they were "used" by DCJ or the funded OOHC provider as an alternate placement for young people under the care of the Minister. The lack of available supports sees a number of young people move straight from the OOHC system directly to homelessness support. In 2009, CREATE foundation conducted research and found that 35% of care leavers experienced homelessness within their first 12 months of leaving care.[12]

SHS stated it is not appropriate for them to provide accommodation support for young people who are under the care of the Minister. Several SHS shared that they would either exclude young people who are under the care of the Minister, or would only provide support if the client is self-referring. The sentiment amongst SHS is that more needs to be done to improve exit planning for young people in OOHC, with the option to extend care to young people who need ongoing support.

Recommendation 6: Raise the OOHC leaving age to 21, while at the same time improving transition planning and after-care support, to reduce exists into homelessness.

Bans Affecting Homeless People

Is there a commonly understood definition of the term 'ban', including in relation to duration of bans?

Consultations with homelessness services indicated that "ban" was not a term the sector uses when discussing young clients who are excluded or exited from a service. More commonly a client will be "exited" or "timed out" from a service for a period of time and can return or re-refer in a few weeks or months (depending on the seriousness of the incident or situation). Many services spoke of having an open-door policy that enable clients to return if they are willing to re-engage with the program or change their behaviour.

"If the client is not prepared to engage with casework, or if they continue perpetrating violence, we would have to consider exiting them. We are in the business of supporting young people to make changes in their lives, so we need some indication the young person wants to address their behaviour".

What are the criteria for applying a ban, and who is responsible for making a decision to impose a ban?

Not all services have a formal procedure for "exiting" or "timing out" clients. Many services will do this as part of a case management meeting where they discuss with the client the incident or issue. They will review the service rules (which the client would have signed at intake), they will discuss the seriousness of the breach, and consider steps to resolve the issue, which may include the client exiting the service.

In some Districts informal arrangements are in place between two or three services to accept referrals for a temporary "time out", on the condition there is capacity and the client agrees to follow the rules of the other service. Considerations will be made for the client's day-to-day needs, including their education or employment, as well as their family and community connections. Some clients may choose to return to live with family or kin. In this situation, SHS indicated they make referrals to family support services to assist the family to ensure that reunification is as successful as possible.

Recommendation 7: Provide all SHS staff with training in trauma-informed care and managing aggressive and violent behaviour to help reduce the number of clients exited from homelessness accommodation due to behavioural issues and breaches in rules.

Use of the Client Information Management System

Do you have any comment on the operation or effectiveness of CIMS as a means of sharing access to client records and facilitating referrals and service access?

In 2014, CIMS was introduced for SHS providers to enable good practice through consistent processes and improved access for clients. CIMS enables services to easily share client information, send and receive referrals, access up-to-date information, manage vacancies, and store client information.[13]

From Yfoundations' consultations with SHS, 34% of respondent found CIMS good/helpful, 28% found it satisfactory, 34% found CIMS unhelpful, and one of the respondents indicated they do not use CIMS as their client management tool. Qualitative responses reflected a diversity of views about the CIMS system and its utility in the SHS sector.

"We love CIMS. It's a one stop shop, all the records you need are there. Scan all documents and upload. All our case plans are done on CIMS now. Outcomes Tab is useful to show how far the client has come and what they have achieved. It is a great tool."

"A lot of kids leave and call when in crisis, staff are able to look up the previous notes through the database online, it is really easy to access – case plans, outcomes etc."

"We have not received a request to share client records since 2019. We have not requested information via CIMS either, our intake and referrals officer does all the background checks".

These responses suggest that CIMS can be a helpful tool for tracking client case management and intake processes, but it is not being used consistently across SHS. SHS

providers also noted that they faced challenges coordinating cases with service providers who do not have access to CIMS.

> *"We like CIMS. It's a good tool to keep things in place, good to review client progress, a helpful reminder. We hardly use paper files anymore. However, many of our clients are co-case managed clients with [service], but they don't use CIMS they have their own management systems, which is a barrier".*

This issue also extends to DCJ caseworkers, as DCJ do not utilise CIMS themselves - therefore they are unable to see the vacancies in SHS, to make referrals via CIMS, or share case files with SHS providers.

Recommendation 8: Consider providing CIMS access to DCJ caseworkers and other funded service providers working with homeless young people, and provide joint, district-level training to increase knowledge and collaborative use of the CIMS system.

Client Knowledge About Appeal and Complaint Rights and Ability to Exercise Rights

How common are appeals by clients about decisions to provide or withhold services?

The Guidelines stipulate that all clients need to be informed of their rights at the earliest possible stage of their involvement with a service, including their right to make a complaint or appeal a decision.[14] This would suggest that young people should be informed of any complaints and appeals process during the assessment stage of the referral process.

The majority of SHS providers that Yfoundations consulted reported that they do have a complaints and appeals process, though this process was only outlined to young people at intake. This suggests that, in situations where a referral is not accepted, young people may not be aware of their right to appeal or complain.

Just one respondent reported that they share their complaints and appeals process with young people when their application has been unsuccessful. Two respondents shared that clients are advised of the complaints and appeals process only when they indicate they have a complaint, and one was unsure whether or not there was an appeals or complaints process in place at the service.

Our consultations suggest that a typical complaints process across SHS providers involves writing to the manager or, where relevant, the leading agency. Thereafter, if a young person is unsatisfied with the response, they have the option to escalate the matter to the NSW Ombudsman.

> *"Yes, clients can appeal any decision. They can write or email a letter of complaint to the manager or to the lead agency. If they feel they're not heard they can also complain to the Ombudsman. Young people are given the complaints procedure at intake, the*

procedure is in the client orientation folder displayed in every bedroom and also displayed on the office door".

Vulnerable young people may be intimidated by this bureaucratic complaints process, concerned about the power imbalance between themselves and the SHS provider, and worried about not being taken seriously. In many cases, they will change their behaviour or circumstances rather than make a complaint.[15] The current Guidelines, which stipulate that 14 days is a reasonable amount of time to investigate and report back to the young person, may also mean that young people in crisis are not receiving the immediate response that they require.[16]

Any complaints should be prioritised and dealt with as a matter of urgency.

It's important that any complaints process is youth friendly. Young people should have the option to raise a complaint in an array of formats and using a variety of technologies, e.g. via SMS, in person, e-mail, online or via phone.

Recommendation 9: SHS providers should introduce more 'youth friendly' complaints and appeals processes, which are clearly advertised through pamphlets and posters during the assessment phase.

Recommendation 10: The SHS Practice Guidelines should be amended to ensure complaints are dealt with as a matter of urgency.

Service Provision and COVID-19

What impact has COVID-19 had on service provision to homeless people with high and/or complex needs?

The difficulties SHS have supporting young people with complex needs have been compounded by the COVID-19 crisis.

In order to stay as safe as possible, SHS have implemented a number of risk-mitigation strategies to reduce transmission - many of which have had an impact on their capacity to support young people. Several months ago, a number of SHS reported a moratorium on all new intakes, as well as reduced beds to decrease density and comply with distancing guidelines. This reduced capacity is compounded by staff shortages: as SHS staff are required to quarantine or are limited working exclusions from one refuge (where an SHS provider may have a number of properties).

In July 2020, DCJ revised 'Guidelines: Homelessness Accommodation and COVID-19'.[17] It states: "Where possible, the NSW Government is working to deconcentrate large congregate care facilities and provide self-isolation options for clients". The Guidelines recommend that any client seeking housing that is identified as COVID-19 positive, is to be

referred to NSW Health for Temporary Accommodation (TA).[18] However, due to age restrictions children and young people aged under 16 are unable to access TA.

The Guidelines for COVID-19 reference 'Alternative Accommodation' (AA) as accommodation support in the context of COVID-19 for young people aged 12-15 to 'self-isolate' if necessary. However, during consultations with SHS providers, workers remained unclear as to how and when AA will be made available and what the process and procedure is for supporting a child under the age of 16 while they self-isolate. SHS providers have been advised to create Business Continuity Plans to support clients, with little direction or oversight from DCJ.

A number of respondents also raised concerns for supporting children and young people who were non-compliant with COVID-19 restrictions and health advice. Many feared supporting clients who may intentionally or unintentionally expose staff and other clients to COVID-19 due to refusal to follow SHS rules and hygiene practices.

With continued uncertainty around the pandemic and the likelihood of ongoing outbreaks, it is important to acknowledge that SHS are in a precarious position as they work to support children and young people experiencing homelessness, while also protecting the health and safety of staff.

Recommendation 11: In response to the COVID-19 pandemic, DCJ should revise 'Guidelines: Homelessness Accommodation and COVID-19' to describe Alternative Accommodation (AA) for young people 12-15 who are diagnosed with COVID-19, and clearly detail the processes and procedure for supporting a client as they self-isolate.

Appendix 1: Survey Questions to SHS Providers

Q1. The SHS Practice Guidelines stipulate that service responses are to be built around the needs of individuals, and those with complex needs should receive intensive support. Is your organisation aware of the SHS Practice Guidelines?

- No
- Yes
- Not Sure

Q2. Is the delivery of service provided by your organisation in line with the SHS Practice Guidelines?

- No
- Yes (Please detail)

Q3. SHS providers are required to establish collaborative arrangements to ensure integrated and coordinated response to client needs, and are required to facilitate access to specialist mainstream support (e.g. mental health, drug and alcohol, family support, and mediation services). Does your organisation work collaboratively with other services to support young people with complex needs?

- No
- Yes (Please detail)

Q4. SHS providers use the Client Information Management System (CIMS) to manage client records and make referrals. How effective is CIMS at sharing clients records and service history amongst organisations?

- Good
- Average
- Bad

Q5. Is it common practice at your services to "ban" clients because they pose a risk to themselves or others (e.g. violence, threats, intimidation, drug and alcohol use)?

- No
- Yes (Please Detail)

Q6. Under what circumstances would a client be "banned" from your service? For how long would a client be "banned"? Please detail.

Q7. Are there any other reasons a young person may be exuded from the service (e.g. engagement with juvenile justice system, physical disability, intellectual disability, mental illness, poor attitude)? Please detail.

Q8. Can clients appeal a decision when banned or excluded from a service? Is the appeals process communicated clearly to the young person? Please detail.

Q9. Has COVID-19 changed the way your organisation manages/works with clients with complex needs?

- No
- Yes (Please detail)

[1] Family and Community Services, (2014). *Specialist Homelessness Services Practice Guidelines.* Sydney: NSW Government, module 1, p 27.
[2] Yfoundations (2020). *Pre-Budget Submission 2020/21*. Sydney: Yfoundations, p 6.
[3] Family and Community Services, (2019). *2018-19 Annual Report, Volume 3: Funds Granted to Non-Government Organisations*. Sydney: Australian Government, p 61.
[4] Cortis, N. and Blaxland, M. (2017). *Workforce Issues in Specialist Homelessness Services.* Sydney: University of New South Wales, p 2.
[5] Ibid, p 1.
[6] Family and Community Services, (2014). *Specialist Homelessness Services Practice Guidelines.* Sydney: NSW Government, module 1, p 41.
[7] Mission Australia, (2017). *Young People's Experiences of Homelessness: Findings from the Youth Survey*. Sydney: Mission Australia, p 7.
[8] Alcohol and Drug Foundation, (2018). *Alcohol and Other Drug Use and Homelessness.* [Online] Available at: https://adf.org.au/insights/alcohol-and-other-drug-use-and-homelessness/ [Accessed 9th September 2020].
[9] The Office of the NSW Advocate for Children and Young People, (2019). *What Children and Young People in Juvenile Justice Centres Have to Say*. Sydney: ACYP, p 29.
[10] Family and Community Services, (2014). *Specialist Homelessness Services Practice Guidelines.* Sydney: NSW Government, module 1, p 48.
[11] The Office of the NSW Advocate for Children and Young People, (2019). *What Children and Young People in Juvenile Justice Centres Have to Say*. Sydney: ACYP, p 6.
[12] McDowall, J. J. (2009). *CREATE Report Card 2009 - Transitioning from Care: Tracking Progress.* Sydney: CREATE Foundation.
[13] Family and Community Services, (2014). *Specialist Homelessness Services Practice Guidelines.* Sydney: NSW Government, module 2, p 11.
[14] Family and Community Services, (2014). *Specialist Homelessness Services Practice Guidelines.* Sydney: NSW Government, module 3, p 41.
[15] WA Commissioner for Children and Young People, (2013). *Are You Listening? Guidelines for Making Complaints Systems Accessible and Responsive to Children and Young People.* Perth: Western Australian Government, p 7.
[16] Family and Community Services, (2014). *Specialist Homelessness Services Practice Guidelines.* Sydney: NSW Government, module 3, p 43.
[17] Department of Communities and Justice, (2020). *Guidelines: Homelessness Accommodation and COVID-19 Version 4. Sydney: NSW Government.* .
[18] Ibid.