

FACS Responses to Questions on Notice and Supplementary Questions

1. The joint protocol to reduce the contact of young people in residential out-of-home care with the criminal justice system was signed and endorsed in August 2016. What strategies does the protocol adopt to reduce the contact with the criminal justice system?

The Joint Protocol aims to reduce contact between young people living in residential out-of-home care with the criminal justice system by implementing the following strategies:

- Reducing the frequency of police involvement in responding to behaviour by young people living in residential services, which would be better managed solely within the service.
- Promoting the principle that criminal charges will not be pursued against a young person if there is an alternative and appropriate means of dealing with the matter.
- Promoting the safety, welfare and wellbeing of young people living in residential services, by improving relationships, communication and information sharing both at a corporate level and between local police and residential services.
- Facilitating a shared commitment by police and residential services to a collaborative early intervention approach.
- Enhancing police efforts to divert young people from the criminal justice system by improving the information residential services provide police about the circumstances of the young person to inform the exercise of their discretion.
- Ensuring that appropriate responses are provided to young people living in residential services who are victims.

The Protocol (and procedures) emphasise the importance of flexibility and proportionality in determining the most appropriate response to a young person's behaviour on a case by case basis. The procedures for residential staff emphasise that contact with police should only be made when the circumstances warrant it.

Building a 'trauma informed' workforce – Residential care providers and NSW Police Force

A key feature of the Residential Care Service Model is that residential service staff need to have an understanding that the behaviour of young people often has its basis in past traumatic experiences and that this should be taken into account when responding to any behaviour to avoid inadvertently adding further trauma. It also suggests that when responding to crisis situations, residential care agencies should have clear guidelines around the involvement of the police with an understanding that attempts should be made to minimise police involvement where possible.

The Joint Protocol Steering Committee has developed procedures for residential service providers which include:

- A Joint Protocol Complex Trauma training module. This module will be available online in June 2018 for all residential care providers and staff to undertake in NSW.

- Strategies for residential care staff including appointing senior residential staff as a police liaison officer, guidelines for behaviour management, de-escalation processes and signage within the residence, delegated authorisation to call the police and improved record keeping.

The Joint Protocol has developed guidance with the NSW Police Force (NSWPF) to outline how local police work with residential service providers responding to incidents occurring within residential services. This includes:

- The development of Joint Protocol training module for local area commands, known as, six minute intensive training (SMIT). Training has commenced within the NSWPF and remains underway.
- Appropriate and informed use of police distraction. Police to adopt a consultative approach with services in reaching a decision. This includes a stepped approach to deciding how best to respond. Police retain the ultimate authority to make a decision.

2. How is the review (of the joint protocol) progressing?

- The Joint Protocol to reduce the contact of young people in residential out-of-home care (OOHC) with the criminal justice system is currently in place across all residential OOHC providers in NSW.
- In November 2016, training on the protocol was delivered to management of all residential service providers, which included establishment of the Protocol, trauma training, and participative safety planning.
- An additional on-line training component for all residential care staff has been completed and will be made available through the Association of Children's Welfare Agencies (ACWA) website within the coming weeks. This was delayed due to legal issues relating to ownership of training content, but has now been resolved. The release of the on-line training is the final implementation component allowing for the evaluation to proceed.
- A contract has been signed to complete the evaluation of the Protocol by the Centre for Evidence and Implementation, and this will be managed by the NSW Ombudsman going forward.

3. The Mental Health Commission stated that despite a case manager working with young offenders to plan for their integration back into the community, about 10.5% of those released from custody are unable to find accommodation within six months. What is the age range of those experiencing difficulty finding accommodation? Can you elaborate on that? Where is the FACS shortage in terms of accommodation and for what age bracket?

The Committee should direct this question to the Department of Justice which is the data owner of data on clients released from custody. FACS is able to provide the following related information in relation to access to specialist homelessness services.

Available AIHW data provides information about the children and young people who have accessed Specialist Homelessness Services (SHS), rather than all young people exiting custody.

In 2016-17, SHS providers assisted 469 children and young people who were exiting custodial arrangements, including 273 who had a need identified for crisis or emergency accommodation. Age group breakdowns for these clients are provided below.

Table 1. Clients exiting custodial arrangements, including clients who needed crisis or emergency accommodation, by age group

Age Group	Needed crisis or emergency accommodation	Total exiting custodial arrangements
Aged 10–14	21	38
Aged 15–17	167	267
Aged 18–19	86	164
Total	274¹	469

Of the 273 children and young people who had a need identified for crisis or emergency accommodation, 155 (57 per cent) had this accommodation provided by SHS, 35 (13 per cent) were referred by SHS to receive this accommodation from other service providers, and 83 (30 per cent) had an unmet need for this accommodation, that is, the accommodation was not provided or referred by SHS.

Table 2. Clients who needed crisis or emergency accommodation, by whether this accommodation was provided or referred by SHS, by age group

Age Group	Provided by SHS	Referred by SHS	Unmet need	Total with need
Aged 10–14	9	3	8	21
Aged 15–17	109	15	43	167
Aged 18–19	37	16	32	86
Total	155	34	83	274

¹ The data provided in the tables may not sum to the totals due to the weighting of client records by the Australian Institute of Health and Welfare.

4. Are you aware of circumstances where a person was released from custody and FACS was unable to provide them with suitable accommodation and that person was housed in a motel?

The Committee should direct this question to the Department of Justice which is the data owner of data on clients released from custody. FACS is able to provide the following related information in relation to access to specialist homelessness services.

Available AIHW data provides information about the children and young people who have accessed Specialist Homelessness Services (SHS), rather than all young people exiting custody.

In 2016-17, SHS providers assisted 469 children and young people who were exiting custodial arrangements, including 273 who had a need identified for crisis or emergency accommodation. Age group breakdowns for these clients are provided below. **Nine of these clients were staying in a hotel or motel when they first presented to SHS**

Age Group	Needed crisis or emergency accommodation	Total exiting custodial arrangements
Aged 10–14	21	38
Aged 15–17	167	267
Aged 18–19	86	164
Total	274	469

5. According to the FACS data available, there are 51,453 approved applications on the public housing waiting list. Of that, 4,496 are priority approved applications that still have not been allocated public housing. How many children and young people are part of those applications? If you have demographic breakdowns, they would also be appreciated.

As at 30 June 2017, there are 55,949 approved households on the NSW Housing Register.

Of these households, 4,496 were approved for priority housing.

Within the 4,496 households approved for priority housing, there were 3,276 children and young people.

Data Source: HOMES/EDW as at 30 June 2017

Demographic breakdown

By family type	#	% Indigenous	% CALD
Single parent with dependent children	661	25.4%	23.1%
Other family with dependent children	455	15.4%	47.7%
SUBTOTAL Families with children	1116	21.3%	33.2%
TOTAL	4496	13.1%	28.4%

6. Please provide examples [of joint service delivery where FACS facilitates building capabilities of other agencies working with vulnerable young people who have experienced trauma and require a particular response].

NSW government agencies recognise the need to respond appropriately to people who are dealing with trauma and its effects in order to ensure best outcomes for individuals and families. Trauma informed approaches are increasingly being embedded into services and systems.

Interagency collaboration in relation to shared clients between FACS and other agencies, such as Justice and the NSW Police, enhances the understanding of each agency's operating environment and client groups, including the impacts of exposure to traumatic life events such as child abuse, neglect and domestic violence.

Examples of local interagency work include:

- in Sydney, South East Sydney and Northern Sydney District, the Commissioning and Planning Team facilitate a multi-agency interagency group which meets monthly. The Integrated Complex Case Coordination Project (ICCCP) has representation from; Commissioning and Planning, Housing, Police, Health, Education and a variety of NGOs that receive funding from FACS for either Specialist Homeless Services or Targeted Earlier Intervention.
- RedLink is a FACS led initiative in partnership with NSW Health's Sydney Local Health District. RedLink provides place based collaborative service delivery from premises located within the Redfern public housing estate. Currently RedLink provides collaborative services to address health, justice and social isolation with a total of 21 government and community based agencies. RedLink partners with WEAVE (which provides youth focussed services) to address the needs of youth residing within the Redfern public housing estate.
- FACS Housing has effective working relationships with Community Corrections and Juvenile Justice in Murrumbidgee which operate on a case by case basis. Options are Temporary Accommodation, Rent Choice Products and Youth Refuge.
- the Family Investment Model (FIM) works with the most complex and entrenched disadvantaged families to reduce both immediate family risks and address the underlying causes of crime. The Family Investment Model (FIM) provides tailored services to individuals within these families to address the complex and longstanding circumstances that have led to multiple contacts with multiple government agencies, and often the criminal justice system.

- the FIM team is made up of representatives from the Departments of Justice (Corrective Services, Police, Juvenile Justice), Family and Community Services, , Education and Health.

Elver Program

- FACS is planning a four year pilot of a Trauma Treatment Service (TTS) called the Elver Program. The Elver Program will provide evidence informed therapeutic services to children and young people in out-of-home care in NSW. It will be delivered by FACS Statewide Services in partnership with NSW Health.
- The objectives of the Elver Program are to:
 - Deliver a specialist, multi-disciplinary TTS that delivers trauma-informed assessment, clinical formulation, and delivers and/or negotiates targeted, time limited interventions for children and young people in statutory OOHC in NSW, with histories of trauma, disrupted attachments and other adverse consequences as a result of abuse and neglect.
 - To provide consultation and building capacity across the sector including developing stronger partnerships between Government and non-Government services to better respond to the needs of complex children in OOHC, particularly in rural and remote areas of NSW.
 - To contribute to the evidence base for services that effectively treat trauma in children and young people living in an OOHC setting.

See also response to question 1 (building a ‘trauma informed’ workforce).

Supplementary question 1

Youth Off The Streets has emphasised the importance of early intervention and recommends that professionals currently recognised as mandatory reporters should also be trained as early identifiers to respond to early warning signs that parents need help, before progression to abuse or neglect (submission 11, Youth Off The Streets, pp3&6).

- **Do you have any comment on this?**

In NSW, the safety and wellbeing of children and young people is the shared responsibility of parents and families, supported by the community, government and non-governmental organisations.

Mandatory reporters including teachers, health professionals, child care workers and police generally have the capacity to identify the risk factors associated with increased risk of harm to children and young people. The Mandatory Reporter Guide (MRG) is a Structured Decision Making (SDM) tool intended to complement mandatory reporters' professional judgement and critical thinking. The MRG supports mandatory reporters in NSW to:

- determine whether a report to the Child Protection Helpline is needed for concerns about possible abuse or neglect of a child or young person; and
- identify alternative supports for vulnerable children, young people and their families.

The MRG works by posing specific questions that help reporters work systematically through the issues relating to the concerns they have about a child or young person. At the end of the process, a decision report guides the reporter as to what action to take.

If the concern doesn't reach the threshold for contacting the Helpline, mandatory reporters can consult their manager or professional network. They can also seek assistance from their local Family Referral Service. Mandatory reporters from NSW Health, NSW Police and the Department of Education can also contact their Child Wellbeing Unit (CWU) for advice.

A CWU can assist with:

- identifying whether a concern about a child/young person may meet the risk of significant harm (ROSH) threshold, and if so, to ensure that these concerns are reported to the Child Protection Helpline;
- identifying and advising possible services and interventions for children, young people and their families about whom there is a safety, welfare or wellbeing concern, particularly where statutory intervention is not warranted; and
- supporting better alignment and coordination of services so that children, young people and families get the help they may need as early as possible.

CWU assessment officers can provide assistance in developing a plan of action, including:

- identifying what resources and services could be offered to the family;
- identifying who is best placed to further discuss the concerns with the family and offering them referrals and support;
- planning how any known risks to children and young people may be minimised and monitored; and
- providing advice on exchanging information about the safety, welfare and wellbeing of children and young people with others in order to coordinate services and supports.

Supplementary question 2

The Committee has heard that the level of support available to young people during and in transition from state care is important to reduce the risk of offending (submission 12, Mission Australia, p12).

- **What trauma-informed services do you have for children who are in state care?**

Intensive Therapeutic Care

FACS is replacing residential care with a new Intensive Therapeutic Care (ITC) service system where providers must focus on the child's recovery from trauma and abuse and support them to transition to a safe, permanent and caring environment.

The broader Permanency Support Program has been specifically designed to provide a therapeutic and trauma informed response in relation to children aged under 12.

ITC is designed for children and young people, aged above 12 years, with high and complex needs who are unable to be immediately supported in a family based or foster care placement.

ITC will more effectively and holistically address the individual needs of children and young people through the provision of a consistent approach to therapeutic care and individualised packages of support.

The ITC service system will better meet the high and complex needs of its cohort through;

- the provision of consistent therapeutic care and recovery from trauma according to the NSW Therapeutic Care Framework (TCF);
- the introduction of Ten Essential Elements of therapeutic care to operationalise therapeutic care principles and achieve consistency in service delivery;
- an emphasis on achieving permanency and least intensive placement types wherever possible (including the introduction of home based therapeutic care for individuals and sibling groups);
- better assessment and planning through the introduction of the Intensive Therapeutic Transitional Care service;
- minimum staff qualifications and mandatory therapeutic care training
- the role of Therapeutic Specialists and Multidisciplinary Specialist Teams;
- the introduction of data collection and reporting to support planning and outcomes;
- centralised oversight and governance through the new FACS Central Access Unit (CAU); and
- the establishment of an ITC intermediary Organisation to ensure continual practice improvement across the sector.

See also information on Elver Program in response to Question 6.

- **What transitional support is available to young people when they exit state care?**

Leaving care planning commences at 15 years of age to support a planned transition into adulthood and independence. Plans initially focus on developing independent living skills such as obtaining a driver's licence and knowledge of how to access support. As the young person nears 18, plans must include concrete actions and solutions relating to identified goals such as securing accommodation and employment, health, education and

training, income and any legal matters. Where possible, individuals or agencies that will provide support or services after leaving care are identified and service access is confirmed.

Supports commonly relate to mainstream products and services such as Centrelink benefits (Youth Allowance), social housing and other income, education, employment, health and legal services. These include services that prioritise or are specific to care leavers such as the Transition to Independent Living Allowance (TILA), some housing products, scholarships and educational programs.

The Permanency Support Program reforms reflected in new contracts with non-government providers that became operational on 1 October 2017 introduced a specific Leaving Care Package. This annual Package funded at \$1,277 per annum payable from 15 years provides extra casework hours to develop and undertake strategies to support a young person to exit from care arrangements with increased capacity to achieve independence and be linked to services that will support their future goals. Elements in the Leaving Care Package include:

- caseworker time for development of Leaving Care Plan;
- ancillary and supervisory staff to support the leaving care planning; and
- brokerage services for leaving care planning.

In accordance with the *NSW Children and Young Persons (Care and Protection) Act 1998*, FACS provides care leavers with planning prior to leaving care and arranges or provides aftercare support until the young person reaches 25 years of age in line with the *Ministerial Guidelines on the provision of aftercare assistance 2008*.

Post care assistance is generally arranged rather than provided by FACS. That is, young people are linked into or helped to access universal services some of which may be specific to and/or prioritise care leavers. FACS may provide direct financial assistance if it is determined that universal services will not sufficiently meet a young person's needs or are not available in a timely manner.

Eligibility for assistance is dependent on having been in statutory care (parental responsibility of the Minister) for at least 12 months and leaving that care for independence aged 15 or older.

Additional post-care assistance is provided by specialist Aftercare services that are currently funded at \$3 million dollars per annum to support people who have left care. Specialist Aftercare services provide case coordination and link young people into universal services.

The NSW Government has allocated \$1 million under Their Futures Matter to improve leaving care planning and expand specialist services for young people transitioning from OOHC to independent living. This work will include review of existing policy and service delivery models for this group for consideration of Government in late 2018.