

**INQUIRY INTO SERVICE COORDINATION IN
COMMUNITIES WITH HIGH SOCIAL NEEDS**

Organisation: The Shopfront Youth Legal Centre

Date received: 18/08/2015

The Shopfront

YOUTH LEGAL CENTRE

The Director
Standing Committee on Social Issues
Parliament House
Macquarie Street
Sydney NSW 2000

18 August 2015

Dear Sir/Madam

Inquiry into service coordination in communities with high social needs

Thank you for the opportunity to provide a submission to this Inquiry.

Time does not permit us to prepare a more comprehensive written submission, but we would welcome the opportunity to expand upon our submission by giving oral evidence to the Inquiry.

1 About the Shopfront Youth Legal Centre

The Shopfront Youth Legal Centre is a free legal service for homeless and disadvantaged young people aged 25 and under. The Shopfront has been operating since 1993 and is a joint project of the law firm Herbert Smith Freehills, Mission Australia and the Salvation Army.

The Shopfront represents and advises young people on a range of legal issues, with a particular emphasis on criminal law. Most of the young people we assist as criminal defendants are also victims of abuse with unresolved trauma. We support clients in their capacity as victims of crime, including helping them to pursue victims' compensation claims.

We also provide legal advice and referrals on family, administrative and civil law issues. We work in partnership with Legal Aid NSW to help deliver the Children's Civil Law Service (referred to in Legal Aid NSW's submission to this Inquiry).

In addition to the legal service, the Shopfront has two case workers to assist young people address their non-legal needs which are often inextricably linked with their legal problems. Our case workers provide support and referrals in areas such as housing, health, counselling, income support, education and employment.

The Shopfront's clients come from a range of cultural backgrounds, including a sizeable number of indigenous young people. Common to most of our clients is the experience of homelessness: most have been forced to leave home due to abuse, neglect, domestic violence or extreme family dysfunction.

Most of our clients have limited formal education and therefore lack adequate literacy, numeracy and vocational skills. A substantial proportion also have a serious mental health problem or an intellectual disability, often co-existing with a substance abuse problem. These factors, together with poverty, make it difficult for our clients to access services and to find a way out of homelessness.



2 The community we represent

Our submission focuses on how to meet the needs of a growing number of young people who are homeless and who face multiple disadvantages.

The “community” we represent is not a geographical one, as the nature of homelessness dictates that transience is the norm. However, it is worth noting that most of our clients grew up in socio-economically disadvantaged areas. Many of their families lacked access to services such as affordable housing, health care, education and early childhood support.

Better service provision - and coordination - in the communities where our clients grew up would have assisted these children to make the transition through adolescence to adulthood without becoming entrenched in homelessness and the criminal justice system. It is well-established that, for children who are socially disadvantaged or otherwise “at risk”, early intervention is key. The economic *and* social costs of inadequate early intervention are significant.

3 The importance of service coordination

The young people who comprise our client group have difficulty successfully navigating the different bureaucracies related to housing, health care and income support, in addition to managing their legal issues.

By definition, The Shopfront’s client cohort all need multiple services beyond the legal. They need their core psycho-social issues tackled by a wraparound of services. This is particularly important with young people who are involved in the criminal justice system, as these issues are usually at the root of why they are in the system. If these problems are not comprehensively addressed, the client has little hope of getting out – and staying out – of the criminal justice system.

For The Shopfront’s community of young people with high social needs, one of the biggest barriers is simply the many practices that have been designed to suit the service (or its funding body) and not the client. Specifically, many services are not designed to link, follow or otherwise support the client into the next agency. This is particularly the case when a service’s area of responsibility is geographically-bound.

Each individual service may adequately identify the singular needs of our clients but our client group also need overarching service coordination, and in most cases this need is not being adequately met.

These issues are not unique to the Shopfront’s clients, however. There are many people in disadvantaged communities all over NSW who need multiple and well-coordinated services.

4 The extent to which government and non-government service providers are identifying the needs of clients and providing a coordinated response which ensures access to services both within and outside of their particular area of responsibility

The Shopfront Youth Legal Centre has been working with homeless and disadvantaged young people for 22 years. As we aim to provide a holistic service, developing strong working relationships with Government and non-government agencies is a priority for us. We therefore believe we are in a strong position to comment on the extent to which services are providing a coordinated and client-centred response.

Our experience suggests that good service coordination exists in a number of areas, but it is still the exception rather than the rule. In the next two sections of this submission we will discuss some of the barriers to coordinated service delivery, as well as highlighting some of the best practice models we have encountered.

We have seen many good examples of coordinated service delivery, and have observed that non-government organisations (in the youth sector at least) generally seem to do this better than government agencies. This may be because NGOs are generally smaller, less

bureaucratic and less constrained by government policy or political considerations – although it must be said that many NGOs have constraints placed on them by their funding agreements.

We have seen some notable examples of government agencies collaborating with NGOs in a flexible and holistic way – Juvenile Justice officers have done this well, as have health professionals and social workers at some (but not all) public hospitals and community health centres. We have also seen government agencies successfully collaborating with each other and with the non-government sector in the context of structured programs such as the Drug Court.

The following case study illustrates what can be achieved with well-coordinated service provision – and, by contrast, the poor outcomes that ensue when service coordination falls away.

Case Study – Harrison*

*(*pseudonyms are used in all case studies to protect clients' anonymity)*

Harrison, now in his late 20s, became involved with the juvenile justice system in his mid-teens. When he was 18 he was referred to an aftercare service, that is, a non-government service which is funded to support young adults who were involved with the care and protection or juvenile justice system as children. This service helped him obtain supported housing and also referred him to the Shopfront Youth Legal Centre for assistance with some adult criminal matters.

At around this time Harrison started exhibiting bizarre behaviour, including stabbing a stranger with a fork, an incident which led him to be charged with malicious wounding. He was refused bail and, while on remand in prison, he was psychiatrically assessed. He was diagnosed with a psychotic illness which was later confirmed to be schizophrenia.

Harrison received a prison sentence for the malicious wounding charge and served a twelve-month non-parole period. When Harrison became eligible for parole, the Probation and Parole Service initially sought to have his parole refused because he did not have adequate housing. Fortunately, the aftercare service intervened and helped Harrison to obtain supported housing with outreach case work support.

Because of his background and his serious mental illness, Harrison required a great deal of support to prevent him becoming unwell and reoffending. Fortunately he was able to access that support, thanks to the aftercare service which played a coordinating role. They advocated for Harrison to get access to the services he needed, including community housing, mental health and legal assistance.

Quite remarkably, Harrison was housed almost continuously, and did not receive another custodial sentence, for about 8 years.

During this period Harrison was housed in 3 or 4 different public and community housing properties. From time to time he suffered from psychotic episodes, resulting in involuntary hospital admissions. He has also re-offended on occasions, but the offences were not particularly serious and (apart from short periods on remand) he did not go back to prison. The continuity of representation provided by the Shopfront Youth Legal Centre, combined with the coordinated case management from non-government organisations and his local community mental health team, meant that the court could be presented with a solid case plan, and could have confidence in diverting Harrison from the criminal justice system under the Mental Health (Forensic Provisions) Act or imposing a non-custodial sentence.

In our opinion, stable housing combined with case management support made an enormous difference to Harrison's life. Without this, he would almost certainly have spent significant time in prison, at great cost to the community.

As Harrison approached 25 he was no longer eligible for the aftercare service. The Shopfront Youth Legal Centre, with the support of the Inner City Youth at Risk Project (see the final section of this submission) took over his case management with a view to helping him access adult services.

Because we are a youth-focused service, the Shopfront was unable to continue indefinitely with his legal representation or case management. By the time Harrison was about 27, we had to draw a line and try to refer him to more mainstream adult services. These services, even for people with serious mental health problems, seem to lack the degree of coordination that is often found among youth services.

Although we have done our best to support the referrals, by providing the other agencies with information and ensuring they are aware of Harrison's vulnerability, this is not an adequate substitute for ongoing, intensive and well-coordinated service provision.

In recent times Harrison has had to rely on Legal Aid for legal representation. Although Legal Aid provides very high-quality legal representation, they do not have the resources to provide holistic case management in the way the Shopfront does, including taking steps to ensure that the client attends court and is well supported for that court appearance. Harrison had a HASI (Housing an Accommodation Support Initiative) worker for a few hours a week, helping him with day-to-day tasks such as shopping and taking him to appointments, but this worker's role apparently did not extend to assisting Harrison to attend court.

Harrison failed to appear at court and a warrant was issued. After being arrested on the warrant, he was refused bail and subsequently was sentenced to a term of imprisonment. He has now been in prison for longer than 3 months and, as a result, has had to relinquish his public housing tenancy. Unless he is properly supported he faces a bleak future of being homeless upon his release and, almost inevitably, returning to prison.

The Shopfront unfortunately has numerous examples of clients who have been let down by a lack of coordination, particularly when transitioning from custody into the community.

Lack of coordination between custodial and community-based services means that many people remain in custody for much longer than is warranted. The difficulty in lining up services such as accommodation, health care and drug rehabilitation before being released from custody often results in the refusal of bail or parole, or the imposition of a custodial sentence by default because no other options are available.

Regrettably we are often frustrated by a lack of coordination between government services. We would suggest that a "whole of government approach" appears to be lacking, and at times it appears that different government agencies are pursuing conflicting policy agendas. One of the most glaring examples is the lack of coordination between Corrective Services and other government agencies, particularly Housing NSW, for prisoners who are released or seeking to be released from custody.

Research has shown that the rate of recidivism among former prisoners in NSW is very high. Contributing factors include homelessness and lack of support following release. The "revolving door" between custody and homelessness (sometimes interspersed by periods in psychiatric hospitals) is well known, and we find it disturbing that government services are not better coordinated to address this problem.

The case study of Harrison above demonstrates the problems that can arise when public housing tenants spend more than 3 months in custody and are forced to relinquish their tenancies. The case study of Nathan below illustrates the difficulties faced by prisoners who are seeking accommodation upon release.

Case study - Nathan

Nathan, like Harrison, is a young man with a serious mental illness who has been involved in the criminal justice system. Unlike Harrison, he has not had the benefit of stable housing or coordinated service delivery.

Nathan grew up in a violent and dysfunctional household and spent much of his childhood in the care of his grandparents. They are now too elderly to accommodate him, particularly as he has very high support needs associated with his mental illness.

For the last few years, Nathan has stayed temporarily with various family members (including his mother, who also has a serious mental illness and cannot provide a stable home environment), with friends, in boarding houses and on the streets.

In his late teens and early 20s it appeared that Nathan was developing a serious psychotic illness, and yet he went "under the radar" and was not picked up by any mental health or social support services. On one occasion he was charged with an offence and appeared at court, where his Legal Aid lawyer and the Mental Health Court Liaison nurse recognised that he had psychotic symptoms and drew this to the attention of the Magistrate.

The Magistrate sent him to hospital for an assessment under s33 of the Mental Health (Forensic Provisions) Act, but his stay in hospital was short-lived and was not followed up with a referral to the local community mental health service. Nathan bounced back to court and, in the absence of a proper case plan, the court did not consider it appropriate to dismiss his charges under s32 of the Mental Health (Forensic Provisions) Act. Instead he was placed on a good behaviour bond, but without any of the supports in place to assist him to comply with it.

We would observe that the mental health team in Nathan's local area seems to be particularly unresponsive and ill-equipped to deal with clients like Nathan who have complex needs. This comes from our experience with Nathan and other clients, and stands in stark contrast to some other community mental health centres which have excellent early intervention programs and which generally respond well to clients who are homeless and/or have substance abuse problems.

With his psychotic illness untreated, Nathan soon became acutely unwell and developed a delusional belief that members of his ex-girlfriend's family had harmed his own family in some way. One day he visited his ex-girlfriend's house and broke in through a window. He then used a knife to carve abusive messages on a door, and also damaged some other items. His ex-girlfriend, who happened to be home at the time, was understandably terrified.

Nathan left the scene before the police arrived and therefore was not arrested straight away. A couple of days later one of his sisters, who was gravely concerned about his deteriorating mental health, persuaded him to accompany her to hospital. He was admitted to a psychiatric unit in the Eastern Suburbs, where he spent several weeks as an involuntary patient and was diagnosed with schizophrenia.

While he was in hospital, the social worker put together a discharge plan which included accommodation in the local area and a referral to the Early Psychosis Program at the local community mental health centre. However, immediately upon discharge Nathan was arrested for the offence he had committed just before his admission to hospital. Unfortunately, although his mental health had stabilised and he had a good support plan, the police and the court refused him bail.

It was at this point that the hospital social worker referred Nathan to the Shopfront Youth Legal Centre. We ultimately made a successful Supreme Court bail application, and Nathan was released into support accommodation where he was able to access the Early Psychosis Program. He also had the assistance of a case worker from the Shopfront.

During this period Nathan was able to maintain reasonably good mental health. He eventually pleaded guilty to the offence, and in recognition of his psychotic state at the time of the offence and the good progress he had made since then, the Judge placed him on a 3-year good behaviour bond.

Unfortunately Nathan's accommodation in the eastern suburbs was not long-term, and he soon returned to the local area where he grew up. Nathan had submitted an application for priority housing but the waiting list is notoriously long and had to rely on friends, relatives and boarding houses in the meantime.

The eastern suburbs mental health service remained involved with him for a while but, when it became clear he was unlikely to move back into their area, they had to refer him back to his local mental health centre – the one that had been so unresponsive to him in

the past. After a while, instead of continuing to dispense his medication and providing him with case management, they decided that Nathan could be adequately assisted by a local GP.

Although Nathan still had a case worker, firstly from the Shopfront and then from another community organisation, they came up against "brick walls" when it came to finding adequate housing and mental health services. This illustrates the obvious point that, in order to have co-ordinated service delivery, there have to be adequate services to begin with. Nathan's case workers were further hampered by his homelessness and the fact that maintaining contact with him was difficult (as he was not always able to purchase mobile phone credit or keep his phone charged).

Having his medication prescribed by a GP meant that Nathan had to go to a pharmacy and pay to have his prescriptions filled. He relied on Centrelink benefits and found it very difficult to manage his money, which meant that he could not always afford his medication. On a couple of occasions he ran out of medication and quickly became unwell. This led to him being charged with further offences.

Some of these offences were (appropriately in our view) dealt with under section 32 of the Mental Health (Forensic Provisions) Act and some were dismissed outright.

However, his most recent offences were more serious, and he was refused bail, which meant that section 32 was no longer a realistic option. We believe it would have been possible to have him released on bail if he had stable accommodation and a referral to a community mental health centre. Unfortunately none of these things could be arranged while he was in custody on remand. Most homelessness services and supported accommodation providers will not perform an assessment or guarantee someone a bed while the person is still in custody, particularly if their release date is uncertain.

There are limited post-release accommodation places for prisoners, but these generally depend on the prisoner having a definite release date and a referral from a parole officer or Corrective Services welfare worker – therefore these are only an option for people who have been sentenced, not for people seeking to be released on bail.

Nathan has now been sentenced and is due to be released on parole soon. At least this means that a parole officer will be available to try to refer him to a halfway house or other suitable post-release accommodation. There is also the need to ensure that he is referred to a community mental health centre, as it is clear that he needs free access to medication and other support which cannot be provided by a private GP.

Whatever accommodation Nathan is released to, it is unlikely to be long-term. Due to Housing NSW's Policy of "deactivating" clients' housing applications while they are in custody, he will not progress any further up the priority housing waiting list until he is released. We find this policy to be unhelpful in the extreme, and another factor which contributes to the "revolving door" of homelessness and incarceration. In our view, few people are more in need of priority housing than those about to exit from custody.

Similar problems exist with access to residential drug rehabilitation facilities, most of which are operated by non-government organisations with government funding. A prisoner who seeks to be released to a residential rehabilitation have a limited range of programs as few will perform assessments on people in custody. To arrange an assessment, a prisoner generally needs the assistance of an alcohol and other drug worker from the prison, and this in turn generally requires an order from a Court.

By way of contrast, participants in the Drug Court Program have streamlined access to rehabilitation programs, and are holistically case managed by the Drug Court Team. Given the enormous costs of keeping people in custody, and the long-term costs of failing to rehabilitate drug-dependent offenders, we suggest that priority should be given to expanding the Drug Court and to implementing other programs that provide a coordinated approach to substance abuse, mental illness and offending.

5 Barriers to the effective coordination of services , including lack of client awareness of services and any legislative provisions such as privacy law

In our experience, barriers to the effective coordination of services include:

Agencies operating in silos

Agencies operating in "silos", never straying beyond what they regard as their "core business", can cause entire systems to fall apart.

The case study below provides one example. A silo mentality, in this case by the police and refuge that night, can quickly cause a cascade effect and unnecessarily catapult a person back into homelessness or the criminal justice system.

Case study – Jamie

Jamie is a 16-year-old Indigenous woman from western NSW. Jamie was released from six months' custody in a Sydney juvenile detention centre with a goal to build a new life in Sydney away from family violence and the drug use that is rampant amongst her peers in Western NSW. Jamie was released on probation into the care of a program that provided intensive case management to address her need for housing, income, education and drug counselling.

Jamie was housed in an age-appropriate refuge with a coordinated case management plan that assisted her to build relationships with each service that would allow her to start a fresh life in Sydney. After a record of continual offending, she was working hard to stay out of the legal system.

This hard work was undone in one night a couple of months post-release, when Jamie came back to the refuge under the influence of alcohol. She was refused entry, even though she had nowhere else to go and all her possessions were inside. The refuge staff made a couple of calls to try to find somewhere for Jamie to go, but these efforts were fruitless. Jamie asked if she could at least change her clothes and join the others at dinner, but the staff asked her to leave and, when she didn't, the police were called.

The police attended directed Jamie to move on, and in fact to leave the entire suburb for 24 hours, which she refused to do as she had nowhere to go. Again police directed her to move on, and notably did not choose to help her find a place to go despite her age, the time of night, her homelessness, and the fact that police have a child protection as well as a law enforcement role.

After again failing to leave the footpath outside the refuge, the police arrested Jamie for trespassing and failure to comply with a move-on direction. While being arrested she physically resisted and this led to further charges.

Neither the refuge nor the police coordinated to find Jamie another place to stay, although the NSW Police Force has some responsibility for child protection under the Children and Young Persons (Care and Protection) Act and has a Child Wellbeing Unit to assist with this.

Ironically, Jamie was found a bed at another refuge after she was brought to the police station – but the damage was done by then and she was back in the juvenile justice system.

After the arrest she contacted her case manager and was introduced to The Shopfront Youth Legal Centre for legal representation. On legal advice she pleaded not guilty to most of the offences and the matters went to a defended hearing. The magistrate was gravely concerned that this young vulnerable girl was asked to leave an entire suburb at night, having clearly stated she had nowhere to go. She agreed that the refuge and police should have coordinated to find her a place to stay, an action that was within their area of responsibility. If they had done so, Jamie would not have been moved on or arrested for failing to do so. Most of the charges against Jamie were dismissed.

If not for The Shopfront's work with her case manager to keep Jamie supported and engaged in her defence during the 6-month legal proceedings, Jamie would most likely be in custody again for breach of probation. She would be yet another Indigenous young person in the "system" with a significant human and financial cost to society. Instead she is living in transitional accommodation, abstaining from drugs, and finishing her probation having committed no further offences 9 months on from her release from custody.

Another example of a silo mentality is the approach sometimes taken by the Department of Family and Community Services (FaCS) to children in their care (or in need of care) who become involved with the Juvenile Justice system.

If a child who is homeless or is state care is charged with an offence, they will often be granted bail on the condition that they reside as directed by FaCS. In our experience, FaCS has often been slow to find accommodation for the young person. While this might be changing, there appears to be something of a cultural attitude within FaCS that these children are not a priority for them and, now that they are involved with the juvenile justice system, they are someone else's responsibility.

In contrast, Juvenile Justice is usually very diligent in attempting to secure accommodation for its homeless young clients, and will prioritise getting young people out of custody. Although some might take the view that this agency's "core business" is limited to administering juvenile detention centres and supervising young offenders on probation – and does not extend to finding accommodation – fortunately for its clients, Juvenile Justice does not take this view.

Strict geographic boundaries

This prevents a seamless approach to stay with a client as they physically relocate, and effectively encouraging disengagement at multiple points over time.

A problem illustrated by the case study of Nathan, and common to many of our clients, is that community mental health services are generally only available to people who live in their catchment area. Many of our clients, who are homeless or have frequent changes of accommodation, are therefore unable to establish a relationship with any mental health service - or they do establish a good relationship with a doctor or caseworker, only to be forced to sever the connection when they move to a different area. People like Nathan may be met with inconsistent approaches from different area health services - some being very supportive and others being unwilling or unable to assist them.

Most of our clients have little or no choice as to where they live. In some of these cases, a move to a different area results in a total cessation of contact with any mental health services.

Rigid funding agreements

This can prevent service providers from extending their services to match a recognised client need; this in turn can jeopardise the client's entire support system.

For example, if the funding agreement does not allow a caseworker the time or resources to physically pick up an anxious and traumatised client for a court appearance, then all the effort put into their housing, education, income and counselling may be for naught if the client is taken into custody for failing to appear.

The lack of an outreach component to social and legal services

The provision of outreach reduces or even eliminates one major barrier to effective coordination of services by providing the guiding experience of a caseworker, for example, to navigate the complex and ever-changing landscape of government and non-government agencies and programs.

Outreach in all of its forms is a key component that enables a service to reach beyond one area of responsibility and into another – both through time and space ie, geographical boundaries. There are a number of services in our experience that are insular in their approach – primarily the services that do not have an effective outreach component to actively and with perseverance connect the client with the next service.

Equally there are services with outreach components that follow a client through a time period and through a warm-referral path that keeps a client engaged and on-track. This ultimately prevents repeat service usage as they did not "fall through the cracks" back to the beginning of the path (or worse).

Lack of awareness of services

With regards to client awareness of services, some of The Shopfront's community of young people are not experienced or entrenched in the social services system and therefore their awareness of services beyond Centrelink can be very low.

An effective lead case manager who is flexibly funded to cross geographical boundaries can make the client aware of services and enrich their own working knowledge at the same time to be an effective "hub" within a spoke wheel of clients.

Privacy laws are not generally a barrier to service coordination

As far as privacy law impacts on service coordination, in our experience it has very little impact.

We have rarely encountered a client in need of a service who has declined to provide the necessary and relevant information due to privacy concerns. We also find that service-to-service information flow is not unduly restricted by privacy laws. A simple consent form is all that is required, and in some cases verbal consent is all that is necessary to allow for timely service coordination. In our experience, such consent is usually forthcoming from the client if it is explained to them why it is necessary.

We concede that clients may not always consent to information-sharing, especially where service delivery involves a coercive element (eg child protection or probation services). There are already exceptions to privacy laws to allow agencies to share information for the purposes of child protection or responding to domestic violence.

Extreme caution should be exercised before proposing any further exceptions to privacy laws. Confidentiality is a fundamental element of building rapport and trust between clients and service providers. Clients who believe their confidentiality is at risk may be discouraged from seeking out and engaging with services.

6 *Consideration of (initiatives such as the Dubbo Minister's Action Group and) best practice models for the coordination of services.*

We are not familiar with The Dubbo Minister's Action Group but we are aware of other examples of best practice models.

Legal services delivered in partnership with other services

The Shopfront strongly endorses Legal Aid NSW's submission to this Inquiry, in recognition of the research evidence that timely, tailored legal assistance that is coordinated with other services will reduce the burden of legal matters on the vulnerable person and on the community.

As with Legal Aid, The Shopfront's services are most effective when collaborating with wrap-around services, particularly in the areas of mental health and housing. We agree with Legal Aid's submission that with legal and social services working together, a person can be treated appropriately in recognition of the fact that their legal problems are often the result of their complex and unresolved psycho-social situations.

We have had first-hand - and positive - experience with some of the models referred to in the Legal Aid submission, particularly the Children's Civil Law Service and the High Service Users' Project and the Work and Development Order Scheme.

Multi-disciplinary Models – The Shopfront Youth Legal Centre, Work and Development Order Scheme

Another best practice model for service coordination is exemplified by the Shopfront Youth Legal Centre's dual-professional model. The Shopfront has two social workers

embedded in the practice whose job is to case manage a client's coordination of services through time and space.

This social work service is there to address the causes of client's entry into the justice system with the goal of diverting them from it, and the resulting consequences of custody, probation or the burden of fines they cannot afford to pay.

The multidisciplinary model also allows for effective coordination of services. In particular we would highlight the success of the Work Development Order (WDO) scheme. The WDO by its nature requires The Shopfront to co-case manage with another service or services for a client to fulfil their WDO over time. The best outcome of a WDO is twofold - a client addresses their psycho-social issues while reducing a crippling debt that is causing them significant financial hardship and stress.

Central Collaboration Model - Sydney Youth Homelessness Hub/Inner City Youth at Risk

A further best practice model to address barriers to service coordination is the Sydney Youth Homelessness Hub (SYHH, formerly Inner City Youth at Risk) model. The SYHH is funded by government and its member agencies come from the government and non-government sectors.

This Hub model to which The Shopfront belongs brings together services with the common purpose of serving the high-social needs community of disadvantaged and homeless youth. Meetings are regular and this networking model yields results for our clients across their multiple areas of need.

As well as facilitating effective communication and coordination between services, SYHH provides access to brokerage monies to be dispensed by application to any member service who presents a case of a client need. Sometimes it is the smallest amount of money that is required to "grease the wheels" of the referral path on which a significant outcome may hinge.

Case study - Jason

Just last week, "Jason", a 24-year-old homeless Shopfront client with dual diagnosis of schizophrenia and longstanding drug use finally came to a point where he was ready and willing to be admitted to a public detoxification unit – the first step to resolving his homelessness.

The Shopfront Social Worker was able to find him a bed after two weeks of daily phone calls (as recommended by the service), but just before admission we discovered he needed to arrive with his prescribed medications or he would be turned away. The client had the \$2.50 for bus fare but that was all, and his disability pension payday was a week away.

With the provision of brokerage monies from the SYHH set up to administer funds for such reasons, the Social Worker was able to transport Jason to his GP, pay for his medications, and transport him to the detoxification unit while the bed was still available.

Jason's case study is an example of both a best practice model and a barrier to best practice. The best practice is that the financial means were available to enable the timely coordination of services to progress. If not for the immediate provision of \$55, the window of opportunity for Jason may have closed, as his life is so chaotic the matching of service availability with his ability to accept it is not always replicable. However, as an example of a barrier, the time cost of applying to a central service for this \$55 (2 forms comprising 4 pages in total) takes directly from the social worker's time spent with clients. We would welcome a more streamlined process for applying for small amounts of brokerage funding, and we believe this could be achieved without sacrificing accountability.

Drug Court and other court-based diversionary programs

We have already mentioned the Drug Court earlier in our submission. We would endorse this as a good example of coordinated service delivery from a multi-disciplinary, multi-agency team. It achieves superior outcomes for its clients in terms of health, well-being and reducing recidivism.

The MERIT program, which operates in the Local Court, is also very effective. Although MERIT is not as intensive and does not have the same kind of multi-agency teams as the Drug Court, there is still a great deal of coordination involved. MERIT workers operate as case managers, ensuring their clients are referred to the services they need to address their substance abuse and other psycho-social problems.

We also note with interest the recent developments in the Children's Court, such as the Youth Diversion Process trial (which is referred to in Legal Aid NSW' submission) and the Koori Court pilot.

Justice Reinvestment model

We are also encouraged to learn about the recent establishment of the Maranguka and the Family Referral Service (FRS) at Bourke. This aims to link people to support services and community resources and facilitate better co-ordination of local services.

It is based on a Justice Reinvestment approach which ultimately aims to prevent Indigenous young people from becoming entrenched in the criminal justice system. We hope that the Inquiry will have the opportunity to hear from leaders of the local Justice Reinvestment project, and to learn about Justice Reinvestment models that have been successfully implemented elsewhere.

7 Conclusion

Thank you for considering the matters raised in this submission.

Again, we would welcome the opportunity to give oral evidence if requested.

Yours faithfully

Jane Sanders
Principal Solicitor

Patty McCabe
Social Worker