

CORRECTED PROOF

REPORT OF PROCEEDINGS BEFORE

STANDING COMMITTEE ON SOCIAL ISSUES

INQUIRY INTO CHILD PROTECTION SERVICES

At Fairfield City Youth Refuge on Friday, 19 July 2002

The Committee met at 10.30 a.m.

PRESENT

The Hon. Jan Burnswoods (Chair)
The Hon. Dr A. Chesterfield-Evans
The Hon. Amanda Fazio
The Hon. I. W. West

CORRECTED PROOF

MICHAEL COFFEY, Executive Officer, Youth Accommodation Association of New South Wales;

NARELLE CLAY, Chief Executive Officer, Southern Youth and Family Services, Wollongong, and

DENIS BONER, Youth Worker, Fairfield Youth Refuge, affirmed and examined:

CHAIR: Michael, you have a summons signed by me?

Mr COFFEY: Yes.

CHAIR: We have your submission and obviously you want your submission included as part of your sworn evidence?

Mr COFFEY: Yes.

CHAIR: Narelle, you have a summons and we have your submission, et cetera?

Ms CLAY: Yes, thank you.

CHAIR: We do not have a formal submission from the refuge, do we?

Mr BONER: No.

CHAIR: We have prepared some questions in advance. Do any of you want to make a statement before we go through those? Our first question basically asks who you are and what you do.

Mr COFFEY: I will talk about the Youth Accommodation Association and some of our interests in this inquiry. Denis and Narelle will speak to this inquiry both as member services of the YAA and also from their own perspective in the organisations they work for, which are Fairfield Youth Refuge and Southern Youth and Family Services. As part of our evidence we intend to provide some detail and context of YAA and the interest that we have in this inquiry. We hope to capture the perspective of SAAP and young people for the purposes of this inquiry.

The Youth Accommodation Association was founded in 1979 and it is a peak body for the 170 youth accommodation services in New South Wales. Most of the YAA member services are funded by the Supported Accommodation Assistance Program, which we call SAAP, which is jointly funded by the Commonwealth and New South Wales State Government to provide services for the homeless. SAAP ostensibly is supposed to be a program for 16 to 18 year-olds, but there is some blurriness at the bottom end about school leaving age to 18 year-olds.

As well as being a peak organisation, YAA has a few specialist projects which direct services to young people. We have an emergency accommodation line, which is a telephone service. It is like a vacancy register; we ring around every morning and find out where vacancies are in youth accommodation services and then we have a phone system and have people on board to take referrals and direct people to where the vacancies are, so there is contact with young people happening there. We have a directory of accommodation services so we keep up to date information.

We have an HIV/AIDS and Hepatitis C education project for homeless young people; we also have a peer education project running with homeless young people in the realm of HIV/AIDS and sexual health and we have a new project on board which is called Links, which is working on the linkage between the mental health system and the SAAP system, and that is across all SAAP services, not specifically youth SAAP services.

Our emergency accommodation line takes about 170 calls per week requesting information for young people and there are always more requests than beds that we know are available.

CORRECTED PROOF

CHAIR: Roughly how many beds would there be in the 170 services you are talking about?

Ms CHAMPION: Per day around the metropolitan area there would probably be, on average, about five or six beds available.

Mr COFFEY: Our emergency accommodation line is used by young people who are ringing up to find where the vacancies are and also other youth accommodation workers and other services, and increasingly by DOCS workers. We take a bit of data on the calls that we get. The service is pretty under-resourced, so we do not have a great capacity to be able to do great data analysis at this stage.

CHAIR: It is used increasingly by DOCS workers?

Mr COFFEY: Yes, we were talking about that this morning.

CHAIR: You might expand on that later.

Mr COFFEY: Yes. DOCS workers ring up and tell us when the vacancy line has not been updated, so that sort of tells us that they are using it.

We take calls by answering the phone and speaking directly to people, but we also have an answering machine service, so we clock up a lot of calls that we cannot get any data on. During these last two years we have also been temporarily auspicing to Southern Accommodation Services, that is young people's refuge in Wruwallin House.

I would just like to emphasise that, while we are presenting a critique of child protection services in New South Wales, we do appreciate and respect the good work that has been done by DOCS. We work in a field that is complex and difficult. The issues around child protection have a high public profile that is under constant media pressure. We do not intend our evidence to be aimed at individual DOCS personnel and we do not want to undervalue the good work that is being done. Our key purpose here is to give evidence to seek improvement to the system so that children and young people are better serviced. That is our intention, so we are not going to be bagging and discriminating.

We hope that the inquiry will be a catalyst to obtain some extra funding and resources as well. We are aware that our evidence here has been preceded by a lot of work that has been done by other organisations, so we are not going to revisit data collection, the tele-centre and the help line, except where it specifically relates to a SAAP perspective.

We held a joint forum with ACWA, the Association of Children's Welfare Agencies, and NCOSS about a month ago and there is a paper which neatly articulates the big picture concerns which are included in our written submission.

As we speak, services in New South Wales are under increasing pressure. Their viability is threatened. This has implications for services provided for children and young people. At the top of that viability thing is obviously that there is a new award which has been passed and funding is the crisis and the result of a new award. This is particularly relevant to SAAP services and other Commonwealth funded services. There is a possibility that services will be closed or services reduced because the New South Wales Government is paying its part of the award but the Commonwealth is not, so that is a contextual thing with all these services at the moment. Basically all of these services did not receive adequate funding in the first place, so there is a lot of tension and stress on these services.

We are going to talk about the problems with substitute care and how that relates to SAAP later but, in a nutshell, I guess the main thing is that we are concerned about how the SAAP system was often used as a de facto sort of place for substitute care people, under 16 years of age people sometimes being dumped in services inappropriately. That is what we are going to talk about, those sorts of things, and how we might get around those problems.

The Hon. AMANDA FAZIO: It was said earlier that there are about five spare beds available

CORRECTED PROOF

on any given night. What is the total bed capacity of the refuges that belong to your association?

Mr COFFEY: For the crisis and short-term accommodation services, taking young people for up to three months, you could probably multiply the figure. There are about 55 crisis services, I think, so you would multiply it by about five or six beds per service.

CHAIR: 270-280, something like that?

Mr COFFEY: Yes, at any given time.

CHAIR: That is New South Wales wide?

Mr COFFEY: Yes.

CHAIR: I notice that your submission mentioned that, although the SAAP has become the de facto substitute care system for 14 to 16 year-olds, you are actually getting children as young as 10?

Mr COFFEY: There are stories of that, yes. I have not got any written evidence of that, but we hear stories, and I have done some visits outside of Sydney and there is a lot of talk about 14 or 15 year-olds being referred to services and I have myself heard other stories of up to 10 years of age too, so it is coming from a number of sources, but a lot of time outside of Sydney.

I guess another context about how all these services are operating is that it is a real high complex needs scenario. That is the environment that all these accommodation services are working in. High complex needs mean things like issues with domestic violence, alcohol and other drugs and mental health issues. There is a really complex interface which provides a context to the services and the things that we have to deal with here as well.

Overall I would say that generally another contextual thing is, we consider, a lack of housing stock and we would like to see more housing stock available particularly for substitute care services. That is the overarching context.

CHAIR: Narelle or Denis, did you want to add anything as part of the general picture before we asked questions?

Mr BONER: First I would like to thank the Committee for coming out. It speaks highly of the Committee that they have ventured this far out from the city. I am a youth worker at Fairfield City Youth Refuge. I have been here for 19 years. I am executive member of Youth Accommodation Association, a position I have held for 12 years. Whilst the examples I am about to give to the Committee are in their nature negative, I would like to be clear that the workers at the refuge and with the Department of Community Services, are hard working, dedicated, professional workers. The lack of resources is problematic for them and I am often amazed at the good work they do without those resources. However the problem that exists for youth workers now is the lack of availability of beds for young people. What this has meant for us as workers - I am going away from this statement - because of the lack of beds that are available for the department it has now led to a situation where the availability of the bed is the important factor when dealing with young people which often means that case work is not adequately done because the availability of the bed is the issue. That often means that young people are put in services that are not appropriate for them or vice versa - young people that are not appropriate for those services are being put into them.

Fairfield City Youth Refuge has been in operation since 1979. The refuge accommodates young people between 12 and 17 years of age, male and female, dealing specifically with young people coming away from home for the first time. This was done in response to the perceived need for a service that intervened early in the process of young people leaving home. In that sense Fairfield is one of the only refuges in the SAAP program that deals specifically with young people coming away from home. You would have thought, given the early intervention nature of the service, we would get quite good responses from the department; unfortunately often that is not the case. I think that is due to the lack of resources in the department.

CORRECTED PROOF

I would like to give you a couple of examples of issues facing most of the refugees. One involves a male resident who came into the service on the basis of a week of time-out for mum. After 16 weeks in the service the young person was then moved to another service. To my knowledge, 18 months later that young person is still within the SAAP program. It is not uncommon for young people to be locked into the SAAP service in some cases for several years. That is certainly something that needs to be looked at. Another case involves a young girl who came to the refuge referred by the Helpline overnight. Contact was made with the department the next day and this young person was sent to her uncle against the advice and concerns of the workers at this refuge. That young person turned up at the refuge a month later saying she had been abused by the uncle. Unfortunately the young person left the refuge of her own accord and we could not pursue that. These cases are not uncommon.

CHAIR: When you say contact was made and she was placed with her uncle against the advice of the refuge, are you saying the refuge made the contact?

Mr BONER: No we spoke to the Department of Community Services and we made the initial contact with the uncle. The department spoke to the uncle, I was the worker involved. I expressed my concerns to the department that this child was being placed there without anyone going out to formally interview the uncle. Again that has to do with the lack of resources. It is not uncommon. It is often a request made of refuges to do that sort of work.

The other problem with have is with the Helpline. As a worker who has been around for a long time I am confused as to the role of the Helpline. I will give two examples of referrals. At 2.30 a.m. I received a referral for a 16 year old Somali boy who was in a police station in Surry Hills. The referral was: Could we take him? I did have a bed at that stage. I asked for more information on the young person. I was told by the Helpline there was no information available. The young person was not willing to speak to anyone at the police station. One policeman thought the boy was developmentally delayed but was not sure. I asked the Helpline were they prepared to send out someone to interview the boy or at least get one of the mental health teams to interview the boy and make some assessment. I was told at that stage that they were not prepared to do that and I had to decline the referral on the basis of my duty of care of young people I had in the service at that time. We need some basic information before we can take young people into services.

One of my major concerns is that it is not uncommon for youth workers to spend up to two hours waiting to get through to the Helpline. We have been told we can fax the Helpline and in one case we actually faxed the Helpline at 9.00 p.m. and the worker was woken at 1.30 a.m. in response to that fax. It is clear to me the Helpline workers in general need a lot more training and a lot more understanding of what it means to be making referrals to the SAAP accommodation set-up. As a youth worker I have become more and more alarmed with the lack of ability of the Department of Community Services to deal with young people. It is not uncommon to be told, as a youth worker, that the department does not deal with these young people as a priority. Often referrals are made to refuges by the department and we are simply told: We will not be taking the case on, we do not have the resources.

CHAIR: Is that because they are focusing more on younger children?

Mr BONER: Often that is the reason given. I do not think anyone can disagree with the need to focus on young people, on babies in particular; but one of my concerns, as a youth worker, is that the suicide rate in this country in most adolescents still remains one of the highest rates in the industrialised world. I do not think it is sufficient to have a department that is primarily responsible for them making statements that they are not priority for them. There needs to be a review of that situation. It has got markedly worse over the years to such a stage at the moment that the alternative care or the out-of-home care for the department has no beds available.

This issue of bed availability needs to be looked at seriously; they are not there. They are attempting to pressurise refuges into taking young people whether that referral is appropriate or not. I will end on that.

CORRECTED PROOF

CHAIR: Did you wish to add something Narelle?

Ms CLAY: I am increasingly agitated about how I am going to say all these things in the short time so obviously I will not be able to.

CHAIR: You will be able to submit further written material.

Ms CLAY: Like Denis and Michael, none of my comments are meant to criticise the department. I think it is almost understandable how we have got to a stage where the department has not been coping with adolescents given the lack of resources, and a range of environmental and other things that Michael and Denis spoke about. To support Denis and Michael, I do not think the department is coping particularly well with the needs of adolescents in the out-of-home care service or in child protection nor has it been for a very long time. I think we have seen it gradually getting worse; then we got to a point where it was publicly stated there was a priority for under-ones. I understand that but adolescents also need and are entitled to that support.

To touch on some things Denis said, I do not think the Helpline is a reasonable system. I do not think it is working - certainly not for our types of services. If you can picture a crisis refuge with seven or eight children and a new referral arrives and you have to sit on the telephone for two hours while the other telephone is ringing, the door bell is ringing and seven children need support and supervision, it is not practical and does not work. That is just a basic example. In a case where a critical or serious incident is happening you do not have time for someone to be sitting on the telephone asking for help when you have to be dealing with the incident. There are numerous examples of when we have had to ring the Helpline and not follow through because we could not wait.

In the submission we gave the Committee we articulated some of the case studies around ringing the Helpline, not necessarily for a child protection matter but for a matter in a SAAP service, dealing with a departmental client, where we need some extra support and they are unable to meet those emergency needs because they take the line it is a child protection service. If you are one worker in a SAAP service, which was not set up or resourced to take young people from the out of home target group, you need to be able to get some commitment from the department to respond to those emergencies. If we do not workers get hurt, but worse clients get hurt and the outcomes of those clients are poor.

One of the examples in our submission is the case of a young woman we believed was having a psychotic episode or was under the influence of some of the newer drugs, where we cannot predict exactly what is to happen - very violent, very aggressive, hurting herself, barricaded in a room, possible risk of fire. The police came, she was a ward, the police wanted the department to come and we wanted her taken to hospital rather than the police station, because we thought there needed to be an assessment. The end result of several hours of arguing with the Helpline was she was placed in a taxi and sent to a refuge an hour away. That was a completely inadequate response. I do not blame the Helpline staff, I believe they have instructions to not call out local response teams as much as possible. I believe that is a cost saving exercise. I believe that is one of the things that drives what people do. They are given instructions to do that, to avoid calling out staff because of cost and also to minimise responses to straight child protection matters, and you cannot blame them for that response, but the situations for services like ours are incredibly difficult.

I think the continual playing off of DOCS against the police in emergency situations is also unacceptable. They are both busy departments and both have not got enough staff to handle everything, and therefore there has to be some protocol around how to manage that better. It should not be the community based single worker dealing with the incident fighting with two major government departments about a response to an adolescent.

The response after hours for SAAP services is absolutely inadequate. SAAP was never established to deal with the out-of-home care client group. They often do have high needs; they can be younger. Sometimes it is important that the guardian or the person responsible for their case management is involved, so somehow we have to build in an improved after hours response. I have

CORRECTED PROOF

been in this sector for 17 years and every year that gets worse. I think that is sad. In fact I would like it to return to the bad old days when we whinged about what they did when they came out. At least they came out.

I do not want to lay blame, and it sounds like we are harping on that, but I think it is very hard for DOCS to continue to do the work that they are doing. There is some good work happening, I think we should not deny that. The media focus on DOCS and they only pick up the bad things. We rarely get an opportunity to talk about the good things and I think there are lots of good things that we should build on. The constant demand for change and the constant demand to be seen to be changing to fix problems is not okay and I hope, if anything comes from the inquiry, there is a plea that we build on the good bits and we change the bad bits, but we change it in a developmental way and we understand that most of these kids need our long-term commitment and they cannot cop the change and neither can we. It is too demanding on everybody. I will not go on, but I think there is a lot of evidence to show the reducing role of DOCS with adolescents. I think there is too much emphasis on assessment. I think that assessment is hugely important, but it is also ongoing and I think what is more important than assessment is the ability and the time for people to actually contact the kids, relate to the kids, work with the families and put the hard yards in with them. It is not just about a formal assessment.

I think we need to focus forward. We could harp on about all the problems, but that is not useful in the long term. We accept that there are problems and it would be good to be able to work out how to fix them. I guess I am worried about people thinking that a structural look at DOCS will fix it. I think it is more than that. I think some structures need to be fixed and changed, but I also think it is about ensuring that we pull back a little bit from the constant demands of data collection, case management, documentation, reporting, compliance and all of those things and remember that one of the things that will help the adolescents we work with is people having a relationship with them, having some adult role models for them and some points of reference for their whole life. I think that all those other things are important and they have increased over time, but the resources and the time allowed to do it has not, so we spend more time on all these other things and less time really doing the work. There has to be some pulling back from that in some way or a heap more resources to allow us to do both.

My passion, and I think it is probably obvious from the written submission, is about residential care and I think, from my reading of the extra questions that you have given us, that is what you want to explore as well. There are huge gaps. The out-of-home care system in terms of its ability to provide placements I believe collapsed a long time ago. I believe, at the point where there was a decision made that the larger institutions were not good - and I would support that - there was no turning back because they closed them down before they tested and trialled and developed things in the community to replace them. I have been around for so long, I have been to Anglewood, I have been to Minali, I have been to Ormond, I have been to Renwick and, while some of them were dreadful, some of them were still better than some of the things we are providing today. I think that is terribly sad. I have kids that I worked with when I first came into the sector who were at Renwick and they still tell me that that was not a bad time of their life, it actually was a good time for them. We have not replaced some of that in the community and it is why SAAP has continued to have to pick up the adolescents in particular, because there was a closure of the residential part of substitute care with the closure of those bigger places, there was no replacement for them.

There were a small number of what I think used to be called Model 3 services developed across the State. Some of those worked and some of them did not and the reason they did not was not because residential care is not a good model; there are a lot of other reasons. The funding was never quite adequate, so if you do not have enough money to attract and maintain the good staff and the experienced staff, if you do not have enough money to have a proper building that is already built and safe and meets standards, if you do not have enough money to maintain it and if you do not have enough money to provide enough time to spend with the kids, of course it will fail, and I believe that they were almost set up to fail and that that in fact met some people's desire to prove that residential care is not good. I think that there are examples of residential care working. I see it in this country, I see it in New South Wales; I certainly saw it when I travelled overseas to a number of countries, but there has to be a number of components put into it to make it work.

There are a number of kids in the audience, and they will probably be mortified thinking that someone is going to ask them a question now, but on our way here we chatted. Some of them have been in foster care; some have been in residential care. What they all said was that there was good and bad in all models, and I think that is true, and one of the things they did say was that it is not true that young people want to live on their own. In fact young people often want to live with other young people. What we have to remember is that there must be choice allowed in that. We need enough models and enough systems that they can choose to live on their own and be supported, to live in a residential care service and be supported or to be in foster care and to be supported, and that does mean more money. I know that people are probably sick of hearing that there needs to be more money, and certainly Government will be sick of hearing that, but there is no way around it. If there are not enough beds and there are not enough services to allow choice, you must put more money in to make that happen. They do not and they will not just appear and they cannot just come out of the community's goodwill because the community is stretched as far as it can go.

I am not sure if I should leave it at that and let you ask questions about residential care.

CHAIR: Probably, we always find that time is a problem, but all of you have probably already dealt with part of our questions anyway.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: How many kids have to sleep out and for what proportion of their time in the system? When there are no more than five beds and you spend some time and say "I can't find one", what happens?

Ms CLAY: There is a huge turn-away rate from SAAP services in the target group that we are supposed to deal with, which is homeless young people. We turn a lot of those people away. It is suggested that you turn away double the amount you take in. Just in my services, as an example, we house about 200 young people a year. We turned away about 800 who requested accommodation. In the substitute care system, so the kids that are the direct responsibility of the department, who are State wards or in the care of the director general or under any other care order, some of those are turned away as well. Some of those kids do sleep on the street; some of them do sleep in their friends' places temporarily. One young woman I travelled with this morning said she spent two weeks and had hardly anything to eat for two weeks. Now the child who said that was and is a State ward. That is not acceptable. Lots of things happen to them. Some of them go to very inappropriate places with older people who take advantage of them; some of them use drugs and then sell drugs and get money for that. There is a whole range of really terrible outcomes for kids who cannot get a placement and I believe really strongly that the best case plan in the world will not work and means nothing if that kid does not have a warm bed and a place to stay while you are trying to implement those support mechanisms.

CHAIR: And that produces the pressure that Denis talked about before, I guess, where the bed becomes the thing that must happen that in turn means that other services are not necessarily being focused on as they should.

Michael, you can probably tell us whether the three of you have already said enough about the interface between DOCS and the services you have talked about or whether there is something else that you have prepared, because we itemised a lot of issues.

Mr COFFEY: I think people have covered the key aspects of that and there will be some more written material to come to you.

CHAIR: We have talked about most of it in terms of the systems and the availability of placement. The fourth point we noted was about outcomes for children and young people who are in substitute care, and you have not said a huge amount about that.

Ms CLAY: I do not think we have really answered (3) either, which was specifically asking questions about what is residential care.

CORRECTED PROOF

CHAIR: Sorry, I meant the fourth point in (2). The next one is residential care, but the outcomes for the kids that are actually in your services - what are they like eventually if you look back or the people themselves look back?

Mr BONER: There is an issue for crisis refuges in general in finding long to medium term accommodation for the next stage often for young people. The lack of beds goes right through the system. Foster care is not an area that we deal with specifically but my understanding is their issues are just as bad as the system we have in terms of availability of beds. Processing for us as a refuge, and that is a case for most now, is to look at whether it is possible to get the young people back home. If that is possible then we work with them. Most refuges probably work on about 20 per cent of young people going back home; 80 per cent probably do not. There is still that problem of finding suitable accommodation. That is a problem for everyone.

CHAIR: We are doing four inquiries as a committee, one is into community housing. We have talked to services like you in the St George area and amongst the mix of community housing they provide housing specifically for young people. They were saying there is not enough to go around. Are those services working reasonably well? Do they provide access?

Mr BONER: In general the medium term services do work very well. In a service like ours if we were given extra hours and extra workers we could fill the gap. Part of the problem with some young people going into medium terms accommodation is they are not ready for that. They need more support and often services are at houses with no workers able to support those young people. That is an issue. Given workers, lots of services could actually help young people with minimum support.

CHAIR: This comes into your area of residential placement?

Ms CLAY: There is a range of issues; outcomes will vary. Sometimes we do not see the outcome until we go back and talk to the young person when they are 25 years old. Fortunately I have been around a long time and I have some young people I worked with 17 years ago coming back still. So you can see in many cases we cannot always measure and assess those outcomes easily. There are a lot of complicating factors as to why outcomes are not good and the lack of placements is one of them. There is also mental health, people who are diagnosed or not diagnosed but who are prescribed medication who are non-compliant with that medication. Outcomes will always then be hampered by the fact we have difficulty stabilising those people. The issues around drug and alcohol use, where you can have outcomes but if someone is continuing to choose to use drugs and alcohol, particularly some of the new drugs where there are serious behavioural changes around violence and aggression, outcomes will always be hampered.

An outcome for me is providing a bed, feeding and clothing that child and keeping them alive until we are at a point where they might make a decision they do not want to take drugs any more. Sometimes we take too high a level on an outcome and it looks like we are failing when we are not, we have succeeded.

CHAIR: In terms of providing the young people with life skills, budgeting, information on nutrition and all the basic things they need when they start to live independently or share accommodation with friends to enable them to survive, is that a role of the providers of medium to long term accommodation?

Ms CLAY: It is a role for all of us in adolescent care to assist them to develop those skills. Medium and long-term services, which are not dealing with the crisis intake all the time, once the young person has stabilised sometimes have a bit more time to assist, teach and model. However we should remember what we were like as adolescents, even though we had the skills we might not have done or enacted some of the things people see as appropriate behaviour. I could cook but I did not, I knew I had to take the garbage out but I thought that was something my father did and I did not know people paid rent until I had to go and do it myself. We forget and want them to be far too grown up and we make them want to have to do thing and we then say they have not been taught living skills. That is not true. They probably have but they are adolescents and sometimes developmentally they are not ready for that.

CORRECTED PROOF

CHAIR: There are better things to do.

Ms CLAY: That is right.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Can we talk to some of the young people?

CHAIR: We will do that in the next session.

Ms CLAY: The children are here and not going anywhere because they came with us. It is important to us for you to understand residential care. You asked: What is residential care? People need to forget about the old models. People get stuck thinking of Renwick Residential Care and they do not like it. SAAP provides a model for what residential care can be. There are all sorts of different components. The substitute care system suffers by not having a capital arm; you must provide the properties, and government must develop a capital funding system to support the out-of-home care system, much like the program from the Commonwealth that supports the SAAP system. The good SAAP properties are way ahead of any substitute care property that has ever been provided. There are people from the department in the audience who know I have been battling to get a property from the department for substitute care forever and we think we have finally got there - and I am sure some of them are smiling.

You have to have a crisis component, you have to have a medium term component, you have to have a long term component, and you have to have a substitute care system able to move kids through. Substitute care has been negligent, when they have provided a placement doing that and at the end they move out and they come to SAAP. We get kids who have been in substitute care for years coming into the SAAP services, which is ridiculous. You asked: What are the components that you need to have for good substitute care services? You need to have the ability to pay, attract and maintain experienced, qualified workers who love and want to be residential care workers and who like and want to be with those kids.

Comments made in the car coming here only verified that, the kids were articulating they had been in services where they knew the worker was not experienced and that led to their being evicted; and there are a whole range of issues around that. You have to make it safe for workers, you have to have the ability to have flexible staff arrangements where you may not need two on duty all the time; but you need a funding system that allows you to call people in when you do need them. It is important that the service provides privacy for those kids, their own room, may be their own bathroom, may be even a kitchenette but also gives them communal access. Those sorts of properties have to be purpose built. The kids in the car coming up said: We do not want to be in the outer suburbs anywhere; we need transport; we are young people, we are going to be attracted to the cities, that is where we want to be, that is where we are going to go anyway so if you do not put services there we are going to be on the streets anyway because that is where we are going to be. We have to attend to some of those things.

CHAIR: We will talk to the young people later, but are you talking about people mostly in Wollongong in what you are saying at the moment or are you talking about people from a range of areas?

Ms CLAY: I am talking of people from my own service perspective, but also I am the Chairperson of the Australian Federation of Homelessness Organisation, so nationally.

CHAIR: When you say in the car coming here, to whom were you referring?

Ms CLAY: They were certainly kids from our service, yes. Services, particularly out-of-home care but also some SAAP services, given the high and complex needs of some young people, we need to be able to have specialist services attached to our service. You can have a great protocol with the Department of Health, DOCS and the Department of Education and Training, but those services are not being delivered in a way that meets needs. They are not delivered after hours. They are not delivered other than by appointment and a long waiting list and referral system.

CORRECTED PROOF

Some of those services will say, yes, we will come but we do not really work with adolescents. We have to have those specialist services. Back in the old days of Renwick and Anglewood, they had clinic staff and education staff on site. There were some good things about that. The services I visited in America while again not perfect and there were lots of problems one of the things they did a lot better than us was engage the educational component into residential care, so those kids had access to education. There are a whole lot of things that need to be attached to residential care. There are downsides as well, some kids do not want to share, we have to attend to that and make sure there are options for them.

CHAIR: Do you think there is a maximum number of kids that should be together or know what other people think are a maximum number?

Ms CLAY: There is no magic number it is a fallacy that you can pick a magic number. I do not support large scale, big institutions obviously; too small means the scale of economy is not there and that is when departments of government go, "It is unaffordable". I believe cost is a driver for the down-scaling of residential care. You have to look cleverly at what is manageable. It isn't about how many staff are going to be on duty, we have services that have six, up to seven. In our out-of-home care services we do not think we could go beyond five; it depends, but they cannot all be high needs young people. One of the failures of understanding of people inside the department and people who are not residential workers is residential care for all the high needs kids. If you want it to fail, go ahead and put all the high needs kids together again. You need some medium needs, lower needs and higher needs kids and it can work if the staff are paid, skilled and trained.

You have to have a passion for residential care. We are not supporting residential services properly. We made them like the poorer cousins, they often get less money than other workers and they are doing the hard work 24 hours a day with those kids. I think it is easier to be an Outreach worker where you go and visit the kid when the kid wants you, you support them when they are able to be supported and when they want you and you go away if there are problems. When they are living with you, you see them, you develop a better relationship with them and you have to deal with some more difficult situations. That is more helpful to that young person. We have to do that. We have to go back to understanding the importance of having all of that in the system.

CHAIR: I am conscious of the time. We will come back to some of these in our round-table discussion. Michael Coffey we wish to ask you more about your comment on the SAAP services becoming the residential component of the home care system.

Mr COFFEY: Both Denis and Narelle alluded to how that has come about with the closure of those services and young people being placed in SAAP services. They have talked about the problems. Our problem then is a recent event, the out-of-home care provisions of the Child Care and Protection Act. A couple of months ago we were trying to devise a story to revise services in how to negotiate and make some sense of that. We sent our story to the Office of the Children's Guardian. We received the advice, "We cannot comment because we think you should not be taking children under 16 years of age." We tried to get clarification on that and got nothing. We sent the information to a Queen's Counsel but he could not give us any clarification.

We received a letter from the previous Minister stating that we are not legally responsible for care and control; "we" being Youth Accommodation Services, SAAP services; that presents a whole lot of problems saying that we should not take under 16 years of age people but still could continue doing it unofficially. The deal is sweet at the moment but it is not legal. We are in a quandary, there is an uncertainty there.

CHAIR: We talked to the Children's Guardian yesterday about the unproclaimed sections of the Act and the fact her role and powers are still in limbo as long as those sections are not proclaimed and that affects some of what you say as well.

Mr COFFEY: Yes, some services have substitute care as part of their funding, they are sweet, they will be accredited, designated agencies, but it is the others like here, services taking under

CORRECTED PROOF

16 year olds will not be able to do that any more. What happens to those people?

The Hon. AMANDA FAZIO: SAAP is a joint Commonwealth/State funded program. Has the Commonwealth given advice on what they regard as the lower age?

Ms CLAY: The legal age is out of school age, so in New South Wales it is 14 years and nine months. The Commonwealth are very clear that SAAP is not for young people under 14 years and nine months primarily, so they know that they probably get in occasionally, they will accept they are in there for a short time and go but their position is very strong. They believe in New South Wales but also in some other States and territories there has been cost shifting by the State from the out-of-home care into SAAP for some of those very young people.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: It is like running a movie where you say proof of age, otherwise you go out the door. I mean that is theoretically what you would have to do if the other services are not available.

Ms CLAY: You would be faced with turning away a lot of young people that are in fact in SAAP. Some services, back when I started in the refuge movement, were set up for 12 to 17 year-old people because of a whole range of things, including legal implications of that. People have moved that age and people are a bit more careful about not taking people under the age of 14. Some of the medium and long-term services cannot take people under 16 because they simply do not have the staff supervision ability.

CHAIR: Do any of you have a view about whether it is better to have the broader age range? Let's say that the legal difficulties and funding difficulties were solved for a moment. Is it better to have 12 to 17 year-olds or is it better to have over 16 year-olds separate, or is it an individual judgment?

Ms CLAY: In the main we have to be clear that there are homeless young people who should have entitlement to those SAAP accommodation services and in the main, unless you do something about changing the Commonwealth legislation or the resourcing levels or both, SAAP really is not equipped to take a lot of those young ones. I think it would be better that SAAP stay true to its age group and target group and that the out-of-home care system be properly developed. I think you can have 12 year-olds in some services, but you have to be able to manage that and have that as your role and know how to function in that. What is unclear is when it is vague and you are just supposed to do things and you are not getting the support to do them.

CHAIR: I think Denis wanted to comment.

Mr BONER: Yes. I was one of the workers back in the 1980s that opposed State wards coming into the SAAP program. There was a polemic that went on at that stage where State wards were permitted to come into the SAAP program. I believe now, with hindsight, that that disadvantaged the State wards in New South Wales. It led to State wards being put in the SAAP program, not dealt with, in my opinion, by the State Government that was responsible for them. However, there is a reality that faces us all, an emotional reality, as workers, that there is no doubt that SAAP deals better, in my opinion, with younger children than what is available for them at the moment. It is highly unlikely that you will get youth workers turning down young people coming to the refuge because of age. It is something that needs to be looked at. I think that the non-government sector does deal better with its young people. I think the ability of SAAP to have different models and to be able to respond differently is its very strength. However, if we are going to do that then we do need to look at the question of resourcing. For Fairfield, as first-timers, the majority of our young people are under the age of 15. If we understand the legislation, if that is brought in and young people are not going to be able to access this service, I would be interested to know where they are going to go.

The Hon. AMANDA FAZIO: That is a point I was going to ask you to comment on. It would seem to me that, the younger a homeless person is, the more vulnerable and the more at risk they would be, so if SAAP services are not able to cope with them adequately where can they go or where should they go?

CORRECTED PROOF

Ms CLAY: We think there needs to be the development and the resourcing of other services. We think there is not enough.

The other thing that I think we have not mentioned is the inadequacy of foster care in regard to adolescents and, while we support foster care greatly, it is a fabulous model and for those that it works well for we would absolutely support it, a lot of adolescents do not want a foster family and, even if they did, they are not there. There are not a lot of foster families in the community holding up their hand to take adolescents, and certainly not to take adolescents with complex needs.

Our agency was funded by DOCS over the last 12 months to trial, research and implement a community placement model for adolescents and we worked really hard and tested a whole range of advertising mechanisms, a whole range of recruitment and training strategies; we worked really hard on that and we have, out of that, one carer willing to take adolescents, but not with sexual acting-out behaviours, because she has her own children, and that is fair enough. If SAAP cannot take even the ones that it has now, and given that foster care is not available often for adolescents, you are left with no choice but to develop improved out-of-home care responses in a whole range of systems, so residential, outreach support, medium term, long term.

I think we also have to provide better use of money - and it would have to probably be new money - to support families who may be able to keep their child at home safely with additional supports to that home. That is quite hard to organise. Even though we think it is there, we think family support is available, the sort of intensive family support we are talking about to keep adolescents with difficult behaviours at home is also going to cost a lot of money, but it needs to be there.

CHAIR: The foster carers we spoke to yesterday afternoon mentioned quite briefly that both of them, as individuals, had moved into the respite area essentially where one of them was taking adolescents in a respite sort of way while the adolescents concerned still lived at home and everyone tried to deal with the problems that there were. Is that an effective sort of model, not necessarily as foster carers, but a moving in and out model?

Ms CLAY: It is one model. Again, it is about having a whole lot of different options in different areas. The area of the Illawarra may be different to the area of Fairfield about what they can sustain and support naturally because we cannot just go plopping services in if there is not the natural ability in that community to sustain them, so we need to make sure that every community can have flexible arrangements about what it can support and sustain. We have a child at the moment about whom the mental health services are saying, "Well, she is not really mentally ill, so we can't help her", and DOCS are saying, "We don't know what to do, we don't have any placements". She is very violent towards her mother but they do not want to involve her in the juvenile justice system. The crisis accommodation service did not have a bed, nor could they cope with the level of violence. The mother was saying, "I will keep this child if you help me". Now we have to be able to give her workers to help around the clock to manage that behaviour.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You said you took 200 kids and you turned away 800. Can you give us some number of the unmet need as a percentage of what you have already? Presumably some of those turned away went home. I mean if there were too many beds, more people would leave home. How can one get an idea of how many beds are needed or what type are needed?

Ms CLAY: It is really hard, as you can imagine, to actually get a figure on how many homeless kids are out there because they rotate around and those sorts of things. We can certainly provide you with some better data, as good as we can, around particular services, and perhaps the YAA data again, to have another look at it. It is really hard to determine that. DOCS areas have in fact gone through an exercise estimating how many kids they have, so there are those figures from DOCS that I believe you could get, if they will give them to you.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: It is a bit like pulling teeth.

CORRECTED PROOF

Ms CLAY: Yes. I know that exercise occurred because they were looking at high needs, which ones were the high needs clients, and they have to estimate in area planning. I went through an area planning substitute care exercise four or five years ago, so I know they did try and do some estimations of that and look at how many beds areas needed. We certainly need more beds. Just in the Illawarra we have two residential out-of-home care services, one provided by Christian Brothers and one provided by our organisation. I think that gives you about eight beds. I would at least look to be doubling that capacity just in our area alone as a first bid. That still will not meet the need.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Would that be a general statement of DOCS beds in New South Wales, that you would double them as the first step and then start thinking about it?

Ms CLAY: I reckon that is a good first bid off the top of my head, yes.

CHAIR: We need to move into the forum because one of the things we have to do before we go on to [our next location] is talk to the young people here, but that does not mean that if something comes up we cannot hear from you as well. Can I just raise one issue: Given that we are in an area like Fairfield, is there anything that you want to tell us about the issue of kids from different ethnic backgrounds and different cultural backgrounds and whether there are major differences in the needs or the range of services needed, or is it something we can take up in the forum with young people?

Mr BONER: From my own point of view, I think if there is a lack of resources in general, and there is, then there is certainly a lack of resources that are specifically ethnically focused. We get a percentage of young people from different backgrounds. There is some evidence that they do have problems unless the service is specifically aimed at them. I do not have the facts and figures but it does alarm me.

CHAIR: On the whole would you think most young people should be treated as young people and the workers and everyone else make sure they are aware of their different backgrounds or do they need to be culturally specific?

Mr BONER: There needs to be a mixture. Every refuge has a policy where it does not discriminate and does make an allowance for people's backgrounds. It is part of the philosophy; but again it is resources - we will always come back to that. One point that concerns me as a worker is young people coming out of a home where they are physically or sexually abused, where the perpetrator remains at home. I know this is an issue in terms of the law but there are a high percentage coming away from situations where later younger siblings will come away from the same situation. Early intervention needs to be the priority and investigation and, where possible, to take appropriate action against the adults involved. That is an issue with young people.

Ms CLAY: Going back to the cultural issue, Denis is right, there needs to be a mixture. Some young people from a particular cultural background want to be in a service just for young people because they may want to get away from their community we are talking about things like arranged marriages, different views on discipline and those sorts of things but there are groups of kids and communities who will want to continue to support them in appropriate ways. It is about that mixture.

In relation to residential care there needs to be treatment services as well. There is residential care but also treatment residential care for young people who have particularly high needs and may need to be kept safe from themselves and safe from other people, may be for a short time, may be for a longer time. New South Wales and Australia does not have enough of the residential treatment facilities which are much more able to be found in other countries.

Mr COFFEY: One size does not fit all, there needs to be a variety of responses and intelligence to work out what responses are needed.

CHAIR: Have you made plans as to how the Committee will speak to the young people?

Ms CLAY: The young people who came with us are very nervous although they want to talk;

CORRECTED PROOF

this is a bit intimidating to them. Perhaps if they could sit up the front and more privacy could be afforded to them if that would make them more comfortable.

(Short adjournment)

