



Communities  
& Justice

# Unaccompanied Children 12–15 Years Accessing Specialist Homelessness Services Policy



This policy provides guidance and outlines the responsibilities of Specialist Homelessness Services (SHS), the Homeless Youth Assistance Program and the Department of Communities and Justice (DCJ) in responding to unaccompanied children aged 12 to 15 years who are homeless or at risk of homelessness.

The policy has been endorsed and approved by:



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Approved: 23 July 2021

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# 1 Purpose of policy

The purpose of this policy is to provide parameters and guidance to Specialist Homelessness Services (SHS), Homeless Youth Assistance Program (HYAP) services and DCJ in responding to unaccompanied children aged 12 to 15 years who are homeless or at risk of homelessness.

This policy outlines roles and responsibilities based on the age and legal status of the child.

The overriding objective of this policy is to ensure the safety and wellbeing of unaccompanied children who are homeless or at risk of homelessness. It provides a framework within which SHS, HYAP, DCJ and wider child, youth and family services can work collaboratively in order to improve outcomes and service quality for this client group.

The policy has sought to reinforce the fact that regardless of whether a young person is screened in as being at risk of significant harm (ROSH) upon entry into a homelessness service, DCJ still has a role to play in supporting the service in connecting with the family or referring onto alternative supports

Implementation will be regularly monitored to ensure that outcomes align with this policy's purpose and objectives. The Monitoring Framework, including key indicators of policy progress and outcomes, is at Appendix 3.

The policy will be reviewed following a reconfiguration of the HYAP program.

The policy interacts with other DCJ policies and guidance, including those applied at the Child Protection Helpline for the screening of reports, and the Triage policy applied in Community Service Centres.

## 2 Definitions

The table below is a list of terms, keywords and/or abbreviations used throughout this document.

Term	Definition
Unaccompanied children	<p>'Unaccompanied children' refers to all children<sup>1</sup> aged 12 to 15 years who request assistance from SHS or HYAP services on their own. The definition is not to be confused with 'Unaccompanied Humanitarian Minors' (UHM), which refers to young people under 18 years who have arrived in Australia without a parent and are being resettled under Australia's Humanitarian Program. However, unaccompanied humanitarian minors under 16 years of age who present at SHS are included in the target group of this policy. The policy excludes children aged 12 to 15 years who accompany adults seeking SHS services, e.g. a women's refuge.</p> <p>Section 10 further defines the roles and responsibilities in relation to client's individual circumstances.</p>
SHS	<p>Specialist Homelessness Services.</p> <p>The SHS Program is a national program administered in NSW by DCJ. 'Youth SHS' are designed specifically to meet the needs of young people (16-25 years) who are homeless or at risk of homelessness. As children 12-15 years are outside the SHS service model and target client group, SHS have limited capacity to meet children's supervision, support and case management needs.</p>
HYAP	<p>Homeless Youth Assistance Program</p> <p>Under the HYAP, 19 service packages have been established across NSW. These services provide integrated support and accommodation with the aim of reunifying children aged 12-15 with their families and broader support networks, where appropriate, or enabling them to transition to appropriate longer-term supported accommodation.</p> <p>Each HYAP differs in the range of accommodation and support services it is funded to provide. Note that most HYAP services do not provide accommodation.</p>
DCJ	Department of Communities and Justice
DCJ Nominated District Contact	DCJ representative nominated within each District as a central point of contact in that District for HYAP services, to assist with SHS/HYAP follow-up of Helpline reports, CSC allocations, and actions/decisions being made for children residing in SHS/HYAP under DCJ case management.
MRG	Mandatory Reporter Guide. The MRG is a Structured Decision Making (@SDM) tool used by mandatory reporters to help decide whether a child is suspected to be

<sup>1</sup> Section 4 of the *Children and Young Persons (Care and Protection) Act 1998* defines a 'child' as a person who is under the age of 16.

	at ROSH. It is intended to complement mandatory reporters' professional judgement and critical thinking.
ROSH	Risk of Significant Harm
OOHC	Out-of-home care – that can be provided by either government or non-government service providers.
Parental Responsibility	Under the <i>Children and Young Persons (Care and Protection) Act 1998</i> , parental responsibility refers to the broad range of decision-making and planning duties that a parent normally exercises for a child.
FCS	Family Connect and Support is a voluntary, whole of family, early intervention and prevention, referral and case coordination service for families experiencing vulnerability who could benefit from support to prevent the escalation of current concerns. Family Group Conferencing is one of a number of service responses that may be offered.

## 3 Objectives

This policy is based on the following objectives:

1. that a child who is homeless or at risk of homelessness is safe.
2. that where possible and safe, the child should be returned home as soon as possible, and that no child will 'drift' in the homelessness system without a realistic exit plan.
3. that where a return home is not possible in the short term, a coordinated case plan be developed as early as possible in the support period with the aim of achieving a sustainable transition for the child out of SHS/HYAP. A coordinated case plan may involve the SHS/HYAP providing either direct support or referrals to other youth services to ensure the child's needs are met.

## 4 Strategic and program context

### **Children and Young Persons (Care and Protection) Act 1998**

The Children and Young Persons (Care and Protection) Act 1998 (the Care Act) establishes the legislative framework governing child wellbeing and providing child protection and out-of-home care services in NSW.

The Care Act outlines the principles that inform our work with children and families. The overriding principle of the Care Act is that the safety, welfare and wellbeing of children must be paramount in all decisions concerning them.

Supporting children who are homeless or at risk of homelessness is important work, because children deserve to be safe and feel supported. Each circumstance is different, but in some cases all other options have been exhausted and the best decision for a child on their own and homeless, is to enter statutory care. Simply put, age shouldn't play a role in decision making about entry to care, when that is in the best interests of the child.

### **National Framework for Protecting Australia's Children<sup>2</sup>**

The NSW Government is committed to the National Framework for Protecting Australia's Children 2009–2020 endorsed by the Australian Government and all states and territories. NSW is currently working with the Commonwealth and other jurisdictions to finalise a successor plan by mid-2021. This policy aligns with the six outcomes of the framework, namely:

- children live in safe and supportive families and communities
- children and families access adequate support to promote safety and intervene early
- risk factors for child abuse and neglect are addressed
- children who have been abused or neglected receive the support and care they need for their safety and wellbeing
- Indigenous children are supported and safe in their families and communities

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<sup>2</sup> <https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business>

- child sexual abuse and exploitation is prevented and survivors receive adequate support.

### **Housing 2041 NSW Housing Strategy<sup>3</sup>**

Housing 2041 sets a long-term vision and objectives for better housing outcomes across NSW. It embodies the Government's goals and ambitions to deliver better housing outcomes by 2041 - housing in the right locations, housing that suits diverse needs and housing that feels like home.

The Strategy will benefit people across the housing spectrum, from those temporarily without a home to those seeking housing that better suits their needs. Housing 2041 approaches housing solutions holistically, looking at population patterns, economic and environmental effects, and other trends that affect the way we live. The Strategy also acknowledges that people and households move back and forth along the spectrum depending on life events, aspirations and capacity.

More information on the strategy can be found on the Department of Planning, Industry and Environment.<sup>4</sup>

### **NSW Homelessness Strategy 2018-2023<sup>5</sup>**

The Strategy recognises that homelessness is not just a housing problem. A person's pathway into homelessness is driven by the intersection of structural drivers (such as housing affordability, labour market forces), risk factors (such as financial stress, family breakdown) and protective factors (such as employment, involvement in community). For people leaving statutory care, custody or government health facilities these drivers and factors are intensified and there is no 'one size fits all' transition plan to prevent homelessness. The Strategy recognises that these transition points present a critical opportunity to maximise a person's protective factors and resources, mitigate risks through more joined-up planning, and leverage available resources in the service system.

### **Specialist Homelessness Services (SHS) Program**

The Specialist Homelessness Services (SHS) program is the primary NSW government response to homelessness and supports people who are experiencing, or are at risk of, homelessness. The program funds and supports non-government organisations to deliver a range of services, programs and initiatives to support people who are homeless, or at risk of becoming homeless, across NSW. This includes young people, families, single men and women, with or without children, escaping domestic and family violence.

From mid-2021, the Department will implement a commissioning for outcomes approach and quality assurance under Australian Service Excellence Standards (ASES) for SHS. Outcomes based commissioning will shift the emphasis from the services a provider offers to the outcomes they achieve for their clients, driven by data and evidence about what works for whom, where and why.

### **Homeless Youth Assistance Program (HYAP)**

HYAP builds on the reform of the Specialist Homelessness Services system which occurred across 2014-15. It aligns with the principles, objectives and intended outcomes of the broader SHS program but with a specific focus on supporting unaccompanied children who are homeless or at risk of homelessness.

<sup>3</sup> <https://www.planning.nsw.gov.au/Policy-and-Legislation/Housing/A-Housing-Strategy-for-NSW>

<sup>4</sup> Housing 2041 – NSW Housing Strategy file:///H:/A.%20YH/U16s%20Policy%20review/Workshop/%234%20-%2029%20April%202021/Resources%20-%20NSW-Housing-Strategy-Report-2021-Mayv2.pdf

<sup>5</sup> No Exits from Government Services into Homelessness: Framework 2020, P.4



The HYAP also complements the range of non-statutory responses funded or delivered by DCJ to support vulnerable children and young people who are homeless or at-risk of homelessness. Each HYAP differs in the range of accommodation and support services it is funded to provide. Most HYAP services do not provide accommodation, and most HYAP services do not operate outside business hours.

HYAP services are an extension of the SHS system and work closely with SHS providers to deliver integrated service responses that improve outcomes for unaccompanied children aged 12 to 15 years.

A current inventory of SHS and HYAP services is available on the Yfoundations website.

## 5 Child safety

The safety and wellbeing of a child seeking assistance from SHS/HYAP should be the paramount consideration. No unaccompanied child under 12 years should remain overnight in an SHS/HYAP. Where a parent cannot be contacted or it is unsafe for the child to return home, DCJ will lead responsibility for the child once a report<sup>6</sup> has been made and the Child Protection Helpline has assessed that the report meets the threshold for Risk of Significant Harm (ROSH).

For all children aged 12 to 15 years who present alone at an SHS/HYAP, the Mandatory Reporter Guide (MRG) must be followed and the child reported via an e-report or if urgent to the Child Protection Helpline as soon as possible.<sup>7</sup> SHS/HYAP must keep a copy of their MRG record and document their actions and decisions regarding the child. Where appropriate, the reporter must advise the child about the making of a child protection report and explain the process to them in age appropriate language. This will ensure they are included in decision-making about their care.

When making a report to the Child Protection Helpline, the SHS/HYAP reporter commences by saying to the Helpline operator:

“I am a staff member at a SHS/HYAP service making a report about an unaccompanied child.”

Staff must follow up that statement with:

“Can you confirm you have recorded that I am calling about an unaccompanied child receiving SHS/HYAP services?”

Following this script will enable Helpline operators to select the appropriate checkbox. This will enable DCJ to collect and monitor data about unaccompanied children receiving SHS/HYAP services at the point of a Helpline report (an equivalent checkbox is available for eReports), including any child in OOHC that may present to SHS/HYAP services. SHS/HYAP staff should also request a Helpline record number to record with

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<sup>6</sup> Under Section 24 of the *Children and Young Persons (Care and Protection) Act 1998*.

<sup>7</sup> Under the *Children and Young Persons (Care and Protection) Act 1998*, an SHS providing assistance to unaccompanied children has a duty to report to DCJ any child under 16 years of age who they consider to be at risk of significant harm (ROSH). Under section 122 of the *Care Act*, SHS also have a duty to report to DCJ any child who they reasonably suspect:

(a) is a child (i.e. under 16 years of age), and  
(b) is living away from home without parental permission.

their MRG record.

If the SHS/HYAP provider is aware that there is an open and allocated case with DCJ, they can contact the CSC in the first instance to discuss the issues with the allocated caseworker.

Where the SHS/HYAP provider is not aware of an open and allocated case, they should expect to make additional reports to the Helpline about the child as needed, particularly if the child's parent/carer/guardian does not engage with the SHS/HYAP provider during the course of delivering services to the child and there is no reasonable expectation that the child will be restored safely to family/kin within a four-week period<sup>8</sup>. The lack of engagement by a parent should be reported as neglect.,

Information exchange requests<sup>9</sup> to other agencies may assist SHS/HYAP to understand and report risks to the child's safety, welfare and wellbeing when reporting or re-reporting to the Child Protection Helpline. It is important that any information about a child's vulnerable status is conveyed in the course of making a report to the Child Protection Helpline.

To help ensure the best informed assessment at the Child Protection Helpline or when making an e-report, the SHS/HYAP reporter must list comprehensive information on the child's vulnerabilities wherever possible. This includes any:

- Parental neglect – which in the context of unaccompanied child homelessness may include not engaging with services (including HYAP); refusal to provide consent, eg. for decisions related to education and health; and/or not working towards the child's restoration to the family home.
- Parents relinquishing parental responsibility
- Concerns about family home (e.g. parental behaviours such as domestic and family violence, alcohol and other drug use, parental mental health issues, homelessness)
- Concerns about the safety of accommodation able to be provided by the HYAP/SHS provider, due to the known risk factors of the child, the service's current client mix, level of supervision required/available, absence of parental consents or other factors
- Concerns and details about siblings and family members
- Details of all known friends, family or places the child has as support resources
- Child refusal to engage in restoration because of their own concerns about the family home
- Any past child protection concerns or care status known to the reporter
- Diagnosed medical or mental illness
- Diminished intellectual capacity
- Developmental and/or learning disability
- Diminished physical capacity
- Significant behavioural and/or emotional/psychological problems
- Limited visibility in community and/or access to other adults

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<sup>8</sup> This timeframe relates to re-reports only. Reports can be made more often as risk factors change. Consider: number of previous reports; risk factors; and length of stay in accommodation for trigger for SHS/HYAP mandatory case review.

<sup>9</sup> Under Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998*

- Known missing person status<sup>10</sup>
- Use of alcohol and other drugs by the child
- Self-harming behaviours or suicidal ideation
- Non-attendance at school
- Any sexual behaviours by the child (including a child with sexually harmful behaviours or presenting as being victims/survivors of sexual abuse)
- Australian residency status.

If new information about any history or existing issues becomes available after a first report then the SHS/HYAP provider should consider contacting the CSC where there is an open and allocated case or re-reporting, using the MRG for guidance, and quoting the original reference number where available.

Reports made by SHS/HYAP staff may be followed up via the Nominated District Contact for the HYAP Program in each District, who may follow up and/or provide information on:

- The Child Protection Helpline assessment outcome
- Any further action being taken by DCJ
- Historical Helpline reports or other parts of the child's history with DCJ that may assist the reporter's understanding of their current and cumulative safety, health, welfare and wellbeing.

The families of children who do not meet the statutory threshold for ROSH can be supported to access the Family Connect and Support (FCS), an early intervention case coordination service. The Family Connect and Support provider may be able to offer family group conferencing where family resources are available within the broader family or kinship network and that with assistance these can be strengthened to address and resolve family need including supporting the child's return to their family or relatives as soon as possible. It should be noted that the FCS service do not offer case management but may be able to offer short term case coordination.

Where the ROSH threshold is met for a child reported to the Helpline, the child will receive a child protection response that considers their unique needs and supports them to achieve restoration. In line with DCJ Permanency Support Program goals, OOHC is a pathway pursued for children when all other permanency options have been exhausted. In the best interests of the child, the importance of ensuring OOHC is their only viable option is balanced against the need to prevent drift in the homelessness system and/or temporary placements.

If restoration to family or placement with other relatives is not possible, the child is assumed into OOHC.

This approach is supported in new policy positions in the Triage Policy and its related Practice Mandates to ensure a greater proportion of unaccompanied children receive a diversionary and child protection response including assumption into OOHC where required.

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<sup>10</sup> The purpose of section 122 of the Children and Young Persons (Care and Protection) Act 1998 is, among other things, to enable DCJ to alert police as to a child's safety where they have been reported missing. The provision does not require the child's whereabouts to be revealed.

The 2021 recommissioned Family Preservation program will remove criteria making unaccompanied children ineligible for family preservation programs, including age criteria. This program will also identify unaccompanied children and young people as a priority target group.

The Escalation Pathway at Appendix 4 may assist SHS/HYAP to secure the most appropriate response pathway for children.

Where it appears the SHS/HYAP will be required to accommodate the child either overnight or in the short term, the SHS/HYAP must be confident that it has the facilities and staff to provide a safe shelter. This includes consideration of risk of harm from other persons as well as possible self-harm. A child should not remain in an unsafe environment and, if safety cannot be achieved, the SHS/HYAP must make this information known to the Child Protection Helpline in its initial or follow up reports.

If the SHS/HYAP cannot engage parents in restoration case planning and/or consent to deliver services to meet the unaccompanied child's immediate needs, a report should be made to the Helpline using the Mandatory Reporter Guide (MRG). If the SHS/HYAP is concerned that parents' non-engagement is neglectful this information should be included in the report.

Chapter 16A of the Care Act allows agencies who work with at-risk children to exchange information related to their safety, welfare or wellbeing to facilitate better coordination of service provision.<sup>11</sup> SHS/HYAP should utilise these provisions to exchange information with agencies that may be able to offer services, in line with the following [principles](#)<sup>12</sup>:

1. Organisations that have responsibilities for children or young persons should be able to provide and receive information that promotes the safety, welfare or wellbeing of children or young persons
2. Organisations should work collaboratively and respect each other's functions and expertise
3. Organisations should be able to communicate with each other to facilitate the provision of services to children and young persons and their families
4. The needs and interests of children and young persons, and of their families, in receiving services relating to the care and protection of children takes precedence over the protection of confidentiality or of an individual's privacy.

Service response flowcharts are at Appendix 5 and Appendix 6 for children assessed as 'non-ROSH', and for those assessed as 'ROSH' respectively. Permanent care arrangements which may be used to transition children at ROSH out of a homelessness service are outlined in the explanatory notes to Appendix 6.

### **Child Protection Helpline assessment of non-ROSH**

An unaccompanied child is less likely to be assessed as being at Risk of Significant Harm where:

- there is a realistic goal of restoration and the child actively engages in casework

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<sup>11</sup> Commonwealth agencies are not included in these provisions and sections 245A-245I of the *Children and Young Persons (Care and Protection) Act 1998* should be referred to for further detail of these provisions.

<sup>12</sup> These principles are in the [NSW Interagency Guidelines](#) for agencies delivering child protection and child wellbeing services in NSW.

towards that goal, and

- caregivers are actively engaged in casework with a goal of restoration, including cooperation with services (such as health or social services) being accessed by the child and participation in family support or preservation services to which they have been referred, and
- caregivers are willing to provide the consents necessary for SHS/HYAP services to meet their needs, and
- there are minimal or no risk factors in their immediate environment that may impact their safety, welfare or wellbeing prior to restoration.

If the child is not found to be at ROSH then the SHS/HYAP provider should contact the Family Connect and Support Service and DCJ Nominated District Contact to discuss options for collaboration. Engagement and collaboration must take place at a local level to explore services and supports most suitable for each child on a case-by-case basis. Local collaboration and support may include:

- CSC Triage participation in case reviews, and any agreed actions arising from those reviews
- Information exchange under Ch16A of the Care Act
- Family Connect and Support assistance for HYAP/SHS referrals of clients to appropriate services.

The objective of the collaboration will be to help ensure the child does not stay in crisis accommodation for longer than necessary due to the increasing risk of poor outcomes as each day passes. After 30 days, where SHS/HYAP assess that there is no realistic prospect of a child exiting to a safe and sustainable family environment within the coming 4 weeks use the MRG to determine if a re-report should be made to the Helpline providing this advice as well as the details of any other services currently engaged with the child.

See also Chapter 9, “Case management and transition planning”, and Appendix 5.

As more is known about the child and their family further reports to the Child Protection Helpline should be considered using the MRG to determine if a report should be made.

Where there are systemic issues, they should be escalated through the Escalation Pathway (see Appendix 4) to ensure effective supports are in place to restore unaccompanied children back to their families, where possible.

### **Child Protection Helpline assessment of Risk of Significant Harm (ROSH)**

Where the child has been found to be at ROSH the case must be allocated a DCJ case worker. As part of the response the caseworker will work with the child and other members of their family to arrange programs and support to achieve restoration or suitable alternative long term living arrangements. In order to avoid drift during the crucial first few days this work will commence immediately during the Safety and Risk Assessment (SARA) phase via a joint Initial Plan. As a result of safety and risk assessment outcomes, a case plan may be developed and delivered jointly with the HYAP/SHS for as long as the child remains in the homelessness service.

Where work with the family has not been successful and all other options, including temporary care arrangements or supporting the child to live with another relative, have been exhausted, the best decision for a child on their own and homeless, is to enter

care. Simply put, age should not play a role in decision making about entry to care, when that is in the best interests of children. The unique circumstances of all children will be considered.

See also Chapter 9, “Case management and transition planning”, and Appendix 6.

## 6 Duty of care

Duty of care is the legal and ethical obligation of a person to take reasonable steps against risk of harm to another who it can be reasonably foreseen may be injured by that person’s act or omission.

To provide services to an unaccompanied child aged 12 to 15 years, the SHS/HYAP must determine if it has facilities that are safe and appropriate. This requires consideration of safety, security and the availability of skilled and competent staff with access to relevant service protocols and procedures.

All relevant SHS/HYAP providers, DCJ teams and funded services along the continuum of child and family services in each district should work together to provide the safest and most appropriate response to a child aged 12 to 15 years seeking assistance, in line with the SHS system’s *no wrong door policy* and within the broader spectrum of government and non-government services.

Where a child is referred by another agency with case management capacity for that child, including DCJ, and the SHS/HYAP does not have capacity to meet the child’s needs (as outlined above and elsewhere in this policy), the referring organisation is responsible for co-ordinating an alternative placement for the child.

The SHS/HYAP will also need to consider whether and how the child’s other needs can be met, including reconnecting with family, relatives or friends; addressing immediate health or therapeutic concerns; providing other supports and services; and assisting the child to meet obligations, such as being enrolled and attending school. Joint work with local services and other agencies working with the child, including DCJ, is a key part of providing this wrap-around support.

If the SHS/HYAP cannot engage parents in restoration case planning and/or consent to deliver services to meet the unaccompanied child’s immediate needs, the Mandatory Reporter Guide (MRG) should be used to determine if a report should be made to the Helpline or contact made with the referring caseworker, if the child was referred by DCJ. If the SHS/HYAP is concerned that parents’ non-engagement is neglectful this information should be included in the report.

SHS/HYAP services and DCJ and its funded services will collaborate to deliver this policy in line with the following principles of local collaboration:

1. The child’s best interests are paramount.
2. Timely intervention is key to preventing long-term homelessness.
3. Parties will actively collaborate to meet the needs of the child.
4. In all circumstances, including where a party lacks capacity to provide timely assistance, parties will maintain open lines of communication including:
  - a. Prompt responses to requests for information

- b. Timely and honest updates on capacity and progress
- c. Joint case planning where necessary
- d. Joint (DCJ and SHS/HYAP) work with other government agencies where necessary.

If the SHS/HYAP does not have capacity to meet the child's need they should apply the MRG and contact the Child Protection Helpline and their DCJ Nominated District Contact immediately and not accept the referral.

In order to meet their duty of care responsibilities, the agency working with the child will also need to:

- respect and be sensitive to the cultural preferences and customs of children from Aboriginal and Torres Strait Islander backgrounds
- respect and be sensitive to the gender and sexual preferences of children seeking accommodation and support
- respect and be sensitive to ensuring sibling relationships are maintained
- respect and be sensitive to the cultural preferences and customs of children from culturally and linguistically diverse backgrounds and access interpreter or other support services as appropriate
- be sensitive to refugee backgrounds of violence and trauma, and those escaping underage marriage
- access relevant support services for children with a disability.

## 7 Child safe organisation

The Office of the Children's Guardian leads implementation of NSW's Child Safe Scheme which adopts the Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission) Child Safe Standards (the Standards). The Standards provide a framework for organisations to create and maintain child safe cultures, operations and environments while offering the flexibility to apply them in ways that suit their size, resources and the nature of their involvement with children.

These Standards are helping to deliver the National Principles for Child Safe Organisations that were released by the Australian Human Rights Commission in 2019, and endorsed by all Commonwealth, state and territory governments.

The 10 Standards are:

1. Child safety and wellbeing is embedded in organisational leadership, governance and culture.
2. Children participate in decisions affecting them and are taken seriously.
3. Families and communities are informed and involved.
4. Equity is upheld and diverse needs are taken into account.
5. People working with children are suitable and supported.
6. Processes to respond to complaints of child abuse are child focused.

7. Staff are equipped with the knowledge, skills and awareness to keep children and young people safe through continual education and training.
8. Physical and online environments minimise the opportunity for abuse to occur.
9. Implementation of the Child Safe Standards is continuously reviewed and improved.
10. Policies and procedures document how the organisation is child safe.

The Standards have been designed to:

- help drive cultural change in organisations
- be principle-based and outcome-focused
- be flexible enough that they can be adapted by organisations of varying sizes and characteristics
- avoid placing undue burden on organisations
- help organisations address multiple risks
- balance caution and caring
- be a benchmark against which organisations can assess their child safe capability and set performance targets, and
- be of equal importance and interrelated.

The OCG has developed a Guide to the Child Safe Standards that provides assistance for organisations to create cultures, adopt strategies and act to put the interests of children first to keep them safe from harm. Other resources to support organisations implementing the Standards are available on the OCGs website.

NSW's Child Safe Scheme is expected to commence once NSW Parliament passes the Children's Guardian Amendment (Child Safe Scheme) Bill 2021.

## 8 Child welfare and wellbeing

The rights and wishes of both the child and the parent/guardian must be considered in order to meet a child's best interests. This must be done on a case-by-case basis and consider safety, risk, age of the child, their cognitive and emotional development, and the degree to which they understand the choices and implications of the decisions being made. All processes, presented options, opportunities and outcomes must be clearly documented.

A parent retains legal responsibility for a child aged 12 to 15 years who has sought assistance from an SHS/HYAP unless a court order has been made allocating Parental Responsibility to the Minister for Family and Community Services or another person. A parent or caregiver's consistent refusal to exercise their parental responsibility – either in restoration casework or in meeting the child's immediate needs – may be reported to the Child Protection Helpline as neglect.

When an SHS/HYAP is making decisions about a child's welfare and wellbeing, the child must be provided with an opportunity to express their views and have these considered. Decisions should be explained in a way that is sensitive to the child's age,



maturity and development, mental health, and physical or intellectual capability.

The child's views about disclosure of information to their parents, other persons or agencies (whether through a ROSH report or an exchange of information under Chapter 16 of the *Children and Young Persons (Care and Protection) Act 1998*) cannot override the obligation to consider their safety, welfare and wellbeing. Where allegations of abuse by parents or guardians are made by the child, this information would be protected pending appropriate investigation of the allegations.

An SHS/HYAP is not an appropriate place for a child to remain long term. Their safety, welfare and wellbeing are generally best served by reconciling or re-establishing contact with their parent/guardian, siblings, extended family, and/or other relevant people with whom the child feels safe.<sup>13</sup> Where this is not safe or possible in the short term, other age-appropriate community connections and supports should be established to assist the child to transition out of SHS/HYAP. It is important to note that there are very few services within NSW who are able to offer medium term accommodation to children under 16 years of age.

Sibling groups should remain together where it is assessed as safe and appropriate. Where siblings are unable to remain together, efforts to maintain contact between them should be made in the context of case planning.

## 9 Case management and transition planning

Case management is a process of assessment, planning, implementation, monitoring and reviewing services to meet the needs of vulnerable families and individuals. Case management aims to strengthen outcomes for families and children through integrated and coordinated service delivery.

As children 12-15 years are outside the SHS service model and target client group, SHS have limited capacity to meet children's case management needs.

Outcomes for unaccompanied children are improved when there are clear processes in place to ensure support and specialist services are provided in a coordinated and collaborative manner.

Case management responsibilities will be as follows:

- DCJ or the relevant OOHC provider will have the lead case management responsibility for unaccompanied children aged 12 to 15 who are in the Parental Responsibility of the Minister.
- Where a child screens in at Risk of Significant Harm (ROSH) and an assessment of the child's circumstances identifies safety concerns in relation to the child's return home, DCJ will have lead case management responsibility.
- For the period in which DCJ implements their Safety and Risk Assessment (SARA) of a child assessed at the Helpline as being at ROSH, the SHS/HYAP will initiate an immediate joint Initial Plan with the local CSC, directly or via the

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<sup>13</sup> Where the child is in the parental responsibility of the Minister, this may include a foster or relative carer supported by an authorised OOHC provider.

Nominated District Contact. The Initial Plan will be agreed within five days of the ROSH report being transferred to the CSC.

- Where a child does not screen in at ROSH and where no safety concerns are identified concerning the child's return home, SHS and HYAP providers will work with the child with the objective of restoring them to family or kin.
- Where a child screens in at ROSH and an assessment of the child's circumstances identifies **no** safety concerns in relation to the child's return home, DCJ will still have lead case management responsibility. However, if a provider is better placed to take the lead, there will be flexibility to negotiate this locally.

Families of children who do not meet the statutory threshold for ROSH can be supported to access the Family Connect and Support (FCS) an early intervention and prevention, case coordination and referral service. The FCS provider may be able to offer Family Group Conferencing to help support the child's return to their family or relatives.

It is generally in a child's best interest to transition out of SHS/HYAP as soon as possible and re-establish contact with family and/or link with appropriate mainstream youth services. An SHS/HYAP should commence case planning as early as possible in the support period to assist the child to return home, to be linked to other family members, or transition to other sustainable support options.

To be effective, transition planning should:

- engage with the child
- engage with their family (where appropriate) or extended family
- integrate mainstream family, child and youth services to address factors contributing to homelessness and meet the child's needs
- be sensitive to gender, Aboriginal or Torres Strait Islander or culturally or linguistically diverse backgrounds, religious preference, sexual preference and disability.

Transition plans and pathways should be flexible and child/youth-centred, reflecting the age, development, independence, maturity and decision-making capacity of the child.<sup>14</sup>

### **Approach to meeting the needs of children**

Not all unaccompanied children seeking assistance from SHS/HYAP have complex needs. Sometimes an incident of child/parental conflict and/or risk-taking behaviours may lead to incidental homelessness or risk of homelessness. However, in all cases, the vulnerability of children aged 12 to 15 years must be responded to by the agency with case management responsibility in a timely, flexible and integrated manner.

Principles of respect and least intrusive intervention, consistent with the paramount concern to protect the child from harm, should guide interactions with the child. A child who is homeless or at risk of homelessness may be transient between services and may require assertive case management skills to ensure they remain engaged with the service. Strong skills in conducting needs assessments and knowledge of and a good

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<sup>14</sup> For example, once a child is 16 years, they will be eligible to sign a lease agreement and should be assisted to access the Youth Allowance to provide them with an Income.

working relationship with the local service system are essential to calibrating an effective response to the needs of vulnerable children.

Where it is safe for a child to return home, a referral to a specialist youth service that works to achieve restoration may be appropriate to facilitate their return. Family reconciliation may take time and the child will need other services and support to re-engage with or regularly attend school, maintain their cultural identity, attend to their health care or address issues such as alcohol or substance abuse.

For others, including those with significant trauma, drug and alcohol abuse or anti-social behaviours, a greater intensity of service may be required, such as intensive case management or wraparound services. Each district will have a different service mix and a spectrum of services to integrate with SHS/HYAP service responses.

### **Involving parents in case planning**

Unless removed by a Court, a parent retains legal responsibility for a homeless child and should continue to have access to information and involvement in key decision-making about their child. An SHS/HYAP should consider and discuss with the child how to involve their parent/s in planning next steps. Supporting a child to reconcile and strengthen their relationships with family will be an important step in their safe return home.

However, a child's concerns about parental involvement should be explored before any contact is made. There may be occasions where concerns about safety rule out any immediate contact, including the provision of information about the child's whereabouts. Contact may only be able to be established over time and through the provision of services to the child and/or their family.

SHS/HYAP services are encouraged to develop good practice policies on contact with parents.

Where the SHS/HYAP provider has determined that parents cannot be engaged or will not engage in case planning the following steps may be taken:

- The MRG should be used to re-report the child to the Helpline (parents' refusal to engage with restoration and the child's immediate needs is assessable as neglect)
- collaborate with DCJ and/or local family support or preservation services (as appropriate for the child and family's level of risk/need) for assistance with family engagement
- initiate a Joint Case Review with DCJ on the basis that restoration has been assessed as infeasible (see below).

### **Case reviews**

To help prevent the child's drift in homelessness services, SHS/HYAP providers will initiate a case review for a child:

- In the event of delays or inaction following the child's Risk Assessment (after the joint Initial Plan has expired)
- Within a three-day period before or after the 30<sup>th</sup> day of continuous service delivery, OR
- At any time on assessment that no progress has been made on the child's plan for exiting SHS/HYAP accommodation and there is no realistic prospect of

progress, OR

- Within one day of a significant event or change in circumstances that impacts the case plan goals and actions (alongside re-reports to the Helpline as necessary).

The case review will include all relevant stakeholders. Where the child is case managed by DCJ or an OOHC provider, the case review may be initiated by either party and will be attended by all parties.

## 10 Roles and responsibilities

Roles and responsibilities of SHS/HYAP, DCJ and the broader service system in preventing or resolving homelessness for unaccompanied children aged 12 to 15 years are dependent on the age and legal status of the child, their level of need and the available services.

### **Unaccompanied children under 12 years of age**

Where an unaccompanied child under 12 years of age presents at an SHS/HYAP, the SHS/HYAP provider must report this to the Child Protection Helpline. DCJ will take the lead in addressing the child's homelessness and other issues, which may include their safe return home or locating an alternative emergency placement.

On the basis that no unaccompanied child under 12 years should remain overnight in an SHS/HYAP (see Chapter 5, Child Safety), SHS/HYAP should initiate the Escalation Pathway at Appendix 4 if the child remains in the SHS for longer than 24 hours, or immediately where there is little or no active DCJ case management.

### **Unaccompanied child aged 12 to 15 years in the Parental Responsibility of the Minister**

DCJ has the responsibility for children who are under the Parental Responsibility of the Minister for Family and Community Services.

In the case of unaccompanied children who are in OOHC:

- Who self-refer to the SHS/HYAP service, the service must make a report to the Helpline. DCJ will notify the relevant DCJ/NGO OOHC agency who will have 48 hours to resolve the child's placement or establish an Interim Care or Alternative Care Arrangement.
- Who are temporarily placed in an SHS/HYAP service by a DCJ or NGO OOHC agency, placements must last for no longer than 48 hours while Interim Care or Alternative Care Arrangements are established.

If the 48 hour period seems likely to be exceeded the SHS service provider should contact the Service Provider with case management responsibility and the DCJ [Child and Family District Unit](#) immediately (or Helpline if after hours) escalating the matter.

The provision of statutory OOHC<sup>15</sup> or supported OOHC<sup>16</sup> by a person other than a duly

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<sup>15</sup> Section 135A defines 'Statutory out-of-home care' as out-of-home care that is provided in respect of a child or young person for a period of more than 14 days:

- (a) pursuant to a care order of the Children's Court, or
- (b) by virtue of the child or young person being a protected person.

<sup>16</sup> Section 135B defines 'Supported out-of-home care' as out-of-home care in respect of a child or young person that is, as a result of the Secretary forming the opinion that the child or young person is in need of care and protection, arranged, provided or otherwise supported

authorised person is an offence under the *Children and Young Persons (Care and Protection) Act 1998*.

### **Unaccompanied child aged 12 to 15 years with an open and allocated DCJ plan**

When a child between 12 to 15 years of age presents at an SHS/HYAP, the SHS/HYAP provider must report this to the Child Protection Helpline. Where the Helpline indicates that DCJ has case management responsibility through an open and allocated child protection plan<sup>17</sup>, the SHS/HYAP provider should inform them of the child's whereabouts.

DCJ will take the lead in addressing the child's homelessness such as undertaking an assessment on if it is safe for the child to return home. DCJ is responsible for the development and coordination of the child's case plan. As SHS/HYAP service models are not designed to provide the level of care needed for children with active child protection concerns, SHS/HYAP will provide interim accommodation for up to 72 hours (if accommodation is provided a vacancy is available). The Escalation Pathway at Appendix 4 may be initiated if the child remains in the SHS for longer than 72 hours, or longer than 48 hours with little or no active DCJ case management.

While the child continues to receive a service from SHS/HYAP (support services and/or accommodation), DCJ will initiate a joint case plan with the SHS/HYAP service, seeking to include the young person, their family and extended family. This will allow: agreement on immediate and medium-term goals and actions; information exchange and joint work towards the child's safety and wellbeing; joint monitoring of child protection concerns and improved opportunity to incorporate the child's point of view in case planning.

The Permanency Support Program includes a range of short-term care arrangements which DCJ may use to transition children out of homelessness services, including where there is a goal of restoration to family. These care arrangements may be the most appropriate pathway for children whose restoration to family is a medium or long term goal and who have no alternative permanency options, or whose restoration is not feasible. See also the ROSH Flowchart at Appendix 6.

### **Unaccompanied children aged 12 to 15 years who present to SHS/HYAP and have no DCJ involvement**

For children assessed by the Helpline as being at ROSH, the SHS/HYAP provider should contact the Triage Manager at the allocated CSC to initiate an immediate joint Initial Plan for the period of face-to-face assessment. The Initial Plan, which ends on DCJ's completion of the Risk Assessment, ensures that DCJ in its role as a statutory body may (as appropriate):

- Help establish family engagement and cooperation towards restoration or other suitable long term living arrangements
- Gain parental consents while the child is housed in a service
- Assist with referrals to mental health, disability and other essential services
- Facilitate access to Family Finding or other family support and preservation services.

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by the Secretary.

<sup>17</sup> Children who are in the care of relatives, with or without an order of the Children's Court or the Family Court, will have an open plan with DCJ for supported care payment purposes, but are unlikely to be receiving ongoing casework services. Following a report from an SHS, the Helpline will refer the case to a Community Services Centre for review. The most appropriate response will be determined on the individual circumstances of the child.

Where the Helpline assesses the child is not at ROSH and indicates that the child is not connected with a non-government service provider and does not have an open and allocated child protection plan, the SHS/HYAP provider should establish the child's immediate needs, whether it is safe for them to return home or to another place of safety (such as the home of a friend or relative), and how they can best be supported for the time they remain a client of the SHS/HYAP service. The SHS/HYAP service may seek information from DCJ through the Nominated District Contact under Chapter 16A of the Care Act.

Through the delivery of HYAP services DCJ is funding appropriate service responses that are tailored specifically to client need.

These services are skilled in assessing safety and risks to children and working closely to reconnect them with family, relatives or carers. Wraparound case management will be provided which may include the provision of safe, supported accommodation and other support services. If restoration to family or other relatives is not possible, the child is assumed into OOHC.

The following table summarises relevant timeframes for action regarding different cohorts of children, as outlined throughout the policy.

Children assessed as at Risk of Significant Harm (ROSH)	Children assessed as not at Risk of Significant Harm (non-ROSH)	Children under the Parental Responsibility of the Minister	Children with an existing open and allocated DCJ case plan who present to SHS/HYAP
Where allocation to a DCJ caseworker is deemed the most appropriate a <b>Safety Assessment</b> should be completed within <b>three days</b> of allocation to a case worker	To prevent drift within SHS/ HYAP, <b>Case Reviews</b> are completed <b>within 3 days: of each 30 days</b> of continuous service delivery; <b>OR</b> when no progress towards exit from HYAP; <b>OR</b> at a significant change in circumstances.	Where children in OOHC self-place into a SHS/HYAP service DCJ/OOHC agency have <b>48 hours to resolve the child's placement</b>	SHS/HYAP will provide <b>interim accommodation for up to 72 hours</b> - if accommodation is provided and available
<b>Joint Initial Plan</b> completed between DCJ and the SHS within <b>five days</b> of a ROSH report, covering the period up to completion of the Risk Assessment	DCJ will participate in each Review after <b>30 days</b> if there is no realistic prospect of exit within the coming 4 weeks.	Where children are <b>temporarily placed in an SHS/HYAP</b> service by DCJ or an OOHC agency, placements should last for <b>no longer than 48 hours unless an extension is negotiated between DCJ and the provider.</b>	SHS/HYAP to <b>escalate the matter</b> with DCJ if the child remains in SHS/HYAP for <b>longer than 72 hours</b> , or if DCJ case management is not active <b>within 48 hours</b>
<b>Risk Assessment</b> completed within <b>28 days</b> of the safety assessment	<b>Re-report using the MRG</b> when there is no parental engagement towards restoration and no reasonable		
<b>Joint Case Reviews</b> completed: within <b>30</b>			<b>Child under 12 years of age</b>

<p><b>days</b> of safety assessment and every 30 days thereafter ; <b>OR</b> when no progress towards exit from HYAP; <b>OR</b> at a significant change in circumstances</p>	<p>expectation of exit from HYAP/SHS <b>within a 4 week period</b> (<i>re-report at other times as well as reasons arise, using the MRG</i>)</p>		<p>SHS/HYAP to <b>escalate the matter</b> with DCJ if the child remains in SHS/HYAP for longer than <b>24 hours</b>.</p>
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### Parental responsibility and decision making

When a child aged 12 to 15 years presents unaccompanied to a homelessness service and requires accommodation the SHS/HYAP service will seek to work collaboratively with the child and their family towards a safe and sustainable long term outcome for the child. Parental permissions for education, health care, sport or other activities may be required. Where family, relatives and carers are not able to be engaged, additional reports must be made to the Helpline or, if the SHS/HYAP is aware that DCJ has an open and allocated case, they can contact the CSC in the first instance. The lack of engagement by a parent should be reported as neglect.

DCJ has an ongoing role assisting SHS/HYAP case management of children aged 12-15 experiencing unaccompanied homelessness, regardless of their ROSH status. To help prevent the child's drift in the homelessness sector and potential escalation of risk of significant harm, DCJ will as appropriate:

- Support the SHS/HYAP to engage both the child's family and essential services for the child, in its role as a statutory body.
- Participate in case reviews
- Invite SHS/HYAP working with a child assessed as ROSH to Weekly Allocation Meetings
- Allocate a child assessed as ROSH to a DCJ Child Protection Adolescent caseworker (where available) who may either assist the child to return home, stay with extended family or, commence permanency support proceedings

If, during the course of supporting an unaccompanied child, a service provider requires DCJ assistance, this should be done initially through the Nominated District Contact where a direct DCJ contact related to the child is unknown. The Nominated District Contact will link the service with appropriate DCJ staff and information.

Where parental consent cannot be obtained in certain circumstances a child's own consent may be relied on, as outlined below. See also the Consent Decision Making flowchart at Appendix 7.

Where a provider has been unable to engage a parent or guardian to acquire consent they may also re-report to the child protection helpline and escalate the issue to DCJ. See Escalation Process Appendix 4.

### Medical Treatment and Consent

The SHS should assist the child to access medical services as required. Where possible, the parent should be engaged to assist in making decisions about treatment, as they have information about the child's medical history. Where parental consent cannot be obtained the child may have capacity to consent for their own treatment. The competency of children to make decisions regarding their medical treatment is judged by the law on a case-by-case basis. As at June 2021 NSW Health provided the

following guidance to people working with children and young people:

Under section 49 of the *Minors (Property and Contracts) Act 1970*, minors aged 14 and above may have the capacity to consent to medical treatment depending on their level of maturity; their understanding of the proposed treatment and its consequences; and the severity of treatment. A health practitioner must make a case-by-case assessment of whether the young person has sufficient understanding and intelligence to enable them to fully understand what is proposed.

Current information should be checked on the NSW Health website: [www.health.nsw.gov.au/kidsfamilies/youth/Pages/youth-health-resource-kit.aspx](http://www.health.nsw.gov.au/kidsfamilies/youth/Pages/youth-health-resource-kit.aspx)

Medical practitioners can refuse treatment in the absence of parental consent except in emergencies, where they are able to act without consent. Where medical treatment is refused, the SHS should discuss the needs of the child with the Nominated DCJ District Contact in order to agree a plan for resolving those needs.

### **Educational consents**

Where parents are not working with the service to provide consents for schooling the child may be able to either nominate an alternative responsible adult for the school to communicate with, or manage their own consents.

As at June 2021 the NSW Department of Education provided the following guidance to schools regarding children who are living independently of their parents, including in homelessness services:

Confirmation the student is no longer living at home should be obtained from parents or another responsible adult wherever practicable. Once confirmed, the student should be asked for details of an adult who can be a point of contact for issues such as excursion permission notes, emergencies etc. If the student is not able to nominate a suitable adult, a note of this should be made and any further dealings regarding school activities can be undertaken directly with the student.

The SHS/HYAP should determine with the child whether the service will be nominated as the responsible adult, whether the child has an alternative adult to nominate, or whether the child will negotiate their own permissions with the school.

Current information should be checked via the NSW Education website: <https://education.nsw.gov.au/about-us/rights-and-accountability/legal-issues-bulletins/students-under-18-living-independently>



# 11 Service system integration and innovation

This policy seeks to provide an overarching framework for guiding DCJ teams and SHS/HYAP providers in responding to vulnerable unaccompanied children aged 12 to 15 years in a consistent and child-centred way, while enabling solutions to be developed at the local level that can leverage local partnerships and service system integration.

Local level collaboration between SHS/HYAP providers, government and non-government service providers should be seen as the cornerstone of good professional practice and central to achieving sustainable outcomes for unaccompanied children who are experiencing or who are at risk of homelessness. Awareness of local demand for services and the diversity of culturally relevant supports available, as well as the capability and capacity of the service system in responding to this demand, is critical in building sustainable solutions for vulnerable children.

Effective service delivery requires integrated service delivery between SHS/HYAP and local:

- DCJ teams and divisions including Youth Justice NSW
- relevant government agencies such as Health, Education and Police
- non-government providers of services across the spectrum of prevention, early intervention, family support, specialist intervention and OOHC services.

## 12 Appendix 1 – Evidence and research

The pathways into homelessness are complex and varied, and homelessness is rarely, if ever, an isolated need. The younger someone is when they first experience homelessness, the more likely they are to experience homelessness in later life. A large proportion of people who become chronically homeless had their first experience of homelessness before the age of 18 years.<sup>12</sup> It is critical that the broader contributing factors to a child's homelessness or risk of homelessness are recognised and addressed alongside their accommodation needs.

In NSW, there is a cohort of vulnerable children at risk of becoming disconnected, or who are already disconnected, from their families and wider support networks. Children who are homeless or at risk of homelessness are more likely than their peers to have experienced trauma, family breakdown and physical and/or mental health issues. They are more likely to have interacted with the justice system, be disengaged from education and/or misuse drugs and alcohol.

Research indicates that disconnection from family support networks is a key factor in leading to youth homelessness. Some 40 per cent of adults who are homeless have been shown, through studies, to have been involved with child protection authorities as youth and experienced time in OOHC.<sup>13</sup> Children in care transitioning to independence have an increased risk of becoming homeless compared with their peers and, therefore, a greater risk of transitioning from youth to adult homelessness.

Facilitating reconnections to family or working alongside families are both important strategies for increasing stability and structure to a child's life, while also providing emotional and social support. Research indicates that positive contact with family members and a competent formal support service can help to facilitate pathways out of homelessness.<sup>14</sup>

Experience of homelessness and the risk of homelessness both impact negatively upon a child's participation in education, which in turn has future impacts upon their ability to continue in higher education, training and employment. Studies have shown children who are homeless to have a high rate of disengaging from education.<sup>15</sup> Low participation rates can also impact negatively on the formation of friendships and identity development, and increase the likelihood of the emergence of mental health issues.

Aboriginal children are more likely to experience homelessness or risk of homelessness than the general population. While Aboriginal youth will often leave home for similar reasons to other children, they are more likely to have

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<sup>12</sup> Chamberlain, C. and Johnson, G. (2011) Pathways into adult homelessness, *Journal of Sociology*, March 2013 49:60–77, first published on November 7, 2011.

<sup>13</sup> Johnson, G. and Chamberlain, C. (2012) *Evaluation of the Melbourne Street to Home program: Baseline Report* and Johnson, G. and Chamberlain, C. (2008) From Youth to Adult Homelessness, *Australian Journal of Social Issues* Vol.43 No.4

<sup>14</sup> Lindsey, E.W., et al (2000) How runaway and homeless youth navigate troubled waters: Personal Strengths and Resources, *Child and Adolescent Social Work Journal*, 17(2), pp. 115–141.

<sup>15</sup> Rossiter, B., Mallett, S., Myers, P. and Rosenthal, D. (2003) *Living Well? Homeless young people in Melbourne*, Melbourne: Australian Research Centre in Sex, Health and Society.

experienced a greater level of disadvantage, combined with the experiences of grief, loss and trauma.

Extended family and kin often have a significant role to play in an Aboriginal context and should be a key consideration in work relating to homeless Aboriginal children. However, research has also shown that family relationships can often be complex and contain chronic and intergenerational issues affecting youth<sup>18</sup>. This should be taken into consideration when working with Aboriginal children. Services that have capacity to provide long-term support should be referred to and part of a case plan.

LGBTQI+ children are also more likely to experience homelessness than their peers as a result of increased discrimination, violence, and family rejection. Studies have shown up to twice as likely to experience homelessness. They face discrimination, stigma and greater challenges in finding their community of belonging.

They may experience abuse and neglect within their family that stems directly from discrimination and, similarly, may experience delays or difficulties finding loving foster carers who are inclusive and supportive of their identity. As a result of the discrimination and stigma they face, LGBTQI+ children and young people are at an increased risk of mental illness, poor health, and the use of substances to resist the pain and oppression they face<sup>19</sup>

Research demonstrates that people who have experienced homelessness are more likely to have experienced trauma and that homelessness itself can be considered a traumatic experience. Using a model of trauma-informed care allows service providers to develop a service model that seeks to recognise and address the traumatic stress that clients have experienced or are currently facing.<sup>20</sup> A service model based on trauma-informed care is a strengths-based model and, when used with children, has been shown to increase positive self-identity, develop an ability to build healthy relationships and improve safety.<sup>21</sup>

Children can present at homelessness services exhibiting complex mental health needs that are intertwined with experiences of complex trauma. It is essential that a response to these children includes thorough intake and assessment processes and the use of a trauma-informed lens to plan for care and case management.<sup>22</sup>

Traumatic experiences of abuse and neglect, instability in OOHC placements and volatile relationships with family all contribute to the onset of mental health problems. Depression, anxiety, self-harm and suicidal ideation are all found to be major health issues for children who are homeless, and research indicates that these will have harmful consequences on their long-term health and wellbeing.<sup>23</sup>

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<sup>16</sup> Department of Human Services (2001) *Moving Yarns, Aboriginal Youth Homelessness in Metropolitan Adelaide*

<sup>17</sup> Oakley, S. and Bletsas, A., [Understanding the circumstances and experiences of young LGBTIQ people who are homeless in Australia: a scoping study](#). 2013 (Australia), The University of Adelaide  
McNair, R., Andrews, C., [Mental health in Lesbian, Gay, Bisexual, Trans and Queer Communities: Building resilience](#), Feb. 28, 2017, LGBT homelessness and mental health; [De Montfort University](#), Leicester  
True Colours Fund & National LGBTQ Taskforce (2016). 'At the Intersections: A Collaborative Resource on LGBTQ Youth Homelessness'. <http://attheintersections.org>

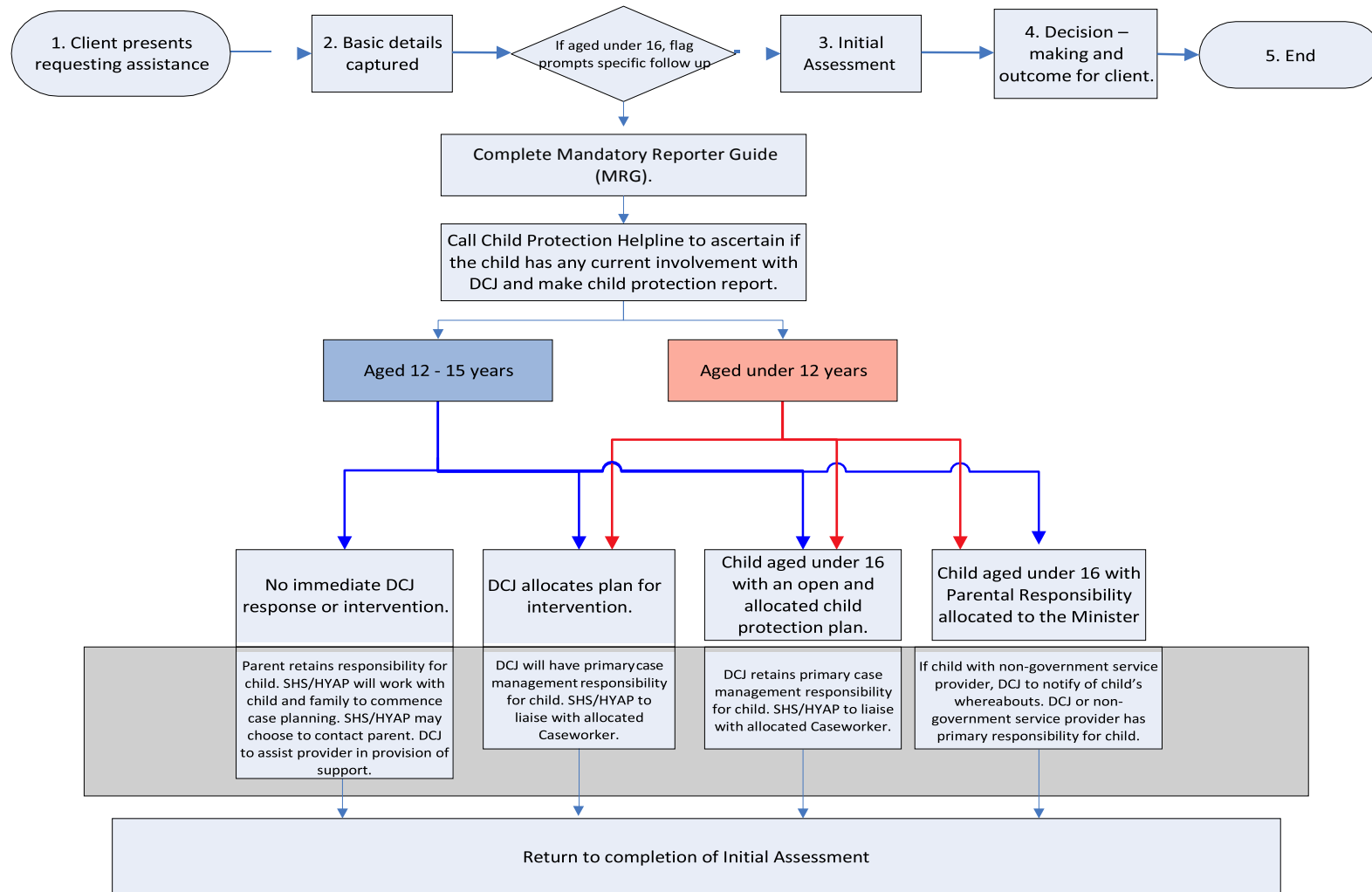
<sup>18</sup> Hopper, E., Bassuk, E. and Olivet, J. (2010) Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings, *The Open Health Services and Policy Journal*, 3, 80–100.

<sup>19</sup> Hopper, E., Bassuk, E. and Olivet, J. (2010) Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings.

<sup>20</sup> Gonzalez, R. and McLoughlin, P. (2014) Youth Homelessness, Mental Health and Complex Trauma: Implications for Policy and Practice, *Parity*, Vol. 27, No. 1, pp. 56–57.

<sup>21</sup> Rossiter, B., Mallett, S., Myers, P. and Rosenthal, D. (2003) *Living Well? Homeless young people in Melbourne*, Melbourne: Australian Research Centre in Sex, Health and Society.

# 13 Appendix 2 – Responsibilities map



# 14 Appendix 3 – DRAFT Monitoring Framework

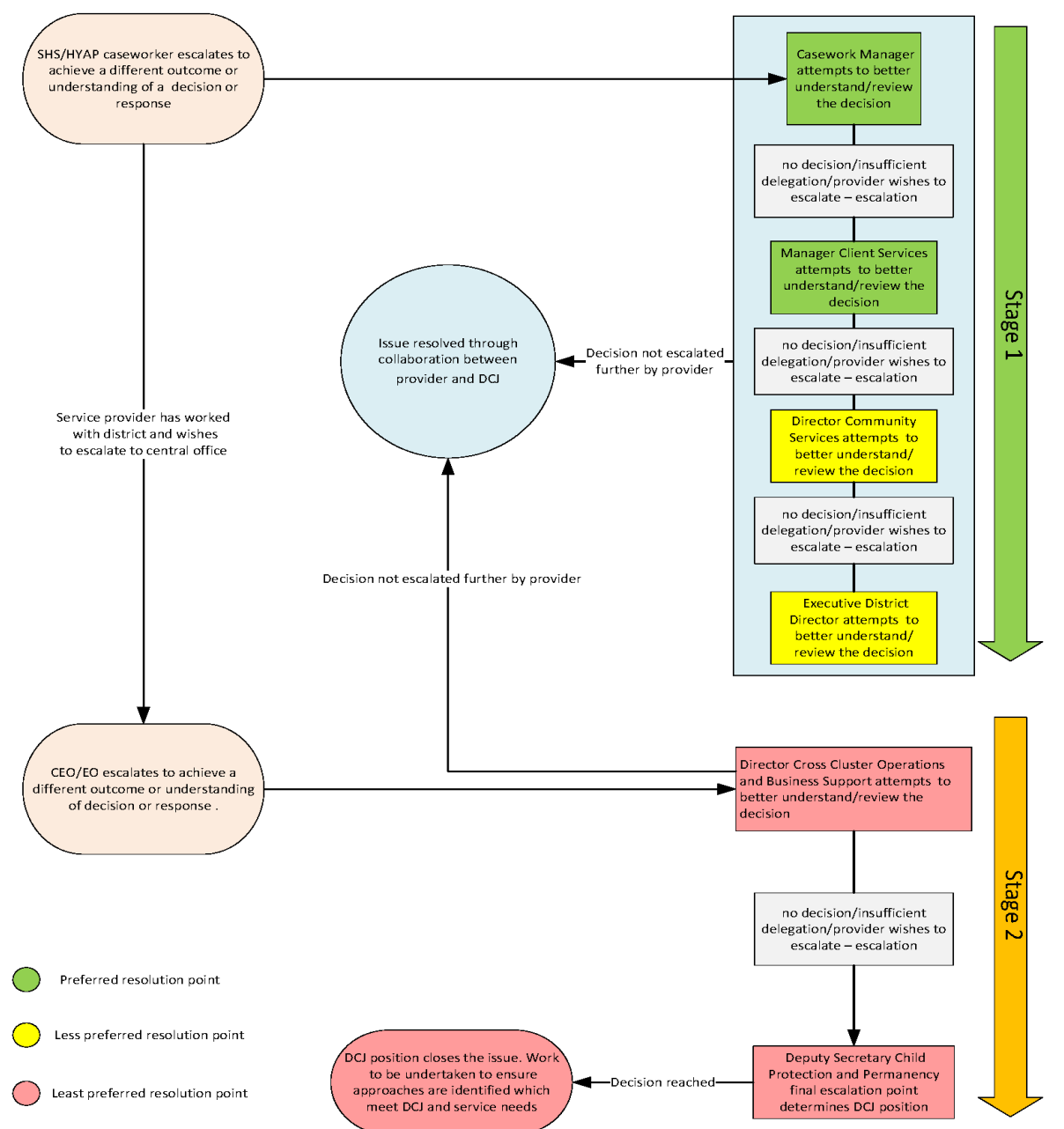
## Monitoring Framework

Quarterly service delivery indicators				
For children 12-15 in an SHS/HYAP unaccompanied by an adult:	Total	HYAP	Youth SHS	Other SHS
Number of visits				
<ul style="list-style-type: none"> <li>Average length of stay</li> </ul>				
<ul style="list-style-type: none"> <li>Restored to family home</li> </ul>				
<ul style="list-style-type: none"> <li>Restored to kin/community</li> </ul>				
<ul style="list-style-type: none"> <li>Restored to OOHC (was in OOHC directly before SHS/HYAP)</li> </ul>				
<ul style="list-style-type: none"> <li>Exited to OOHC</li> </ul>				
<ul style="list-style-type: none"> <li>Exited to medium/ long-term accommodation</li> </ul>				
<ul style="list-style-type: none"> <li>Exited other</li> </ul>				
Number of children who:				
<ul style="list-style-type: none"> <li>Have previously visited an SHS/HYAP unaccompanied by an adult</li> </ul>				
<ul style="list-style-type: none"> <li>Are under the PR of the Minister</li> </ul>				
<ul style="list-style-type: none"> <li>Have previously been in a PSP OOHC placement</li> </ul>				
<ul style="list-style-type: none"> <li>Have an open DCJ child protection case file</li> </ul>				
Number of Helpline reports				
<ul style="list-style-type: none"> <li>Assessed as at ROSH by Helpline</li> </ul>				
<ul style="list-style-type: none"> <li>Assessed face-to-face</li> </ul>				
<ul style="list-style-type: none"> <li>Allocated to a case manager at CSC</li> </ul>				
Number who receive any HYAP service				

# 15 Appendix 4 – Escalation Process

On a day to day basis, Specialist homelessness services (SHS), Homeless Youth Assistance Program (HYAP) providers and The Department of Communities and Justice (DCJ) work together in the context of the *Unaccompanied children aged 12 to 15 years presenting to specialist homelessness services policy*, to determine the best response for an unaccompanied child presenting to homelessness services.

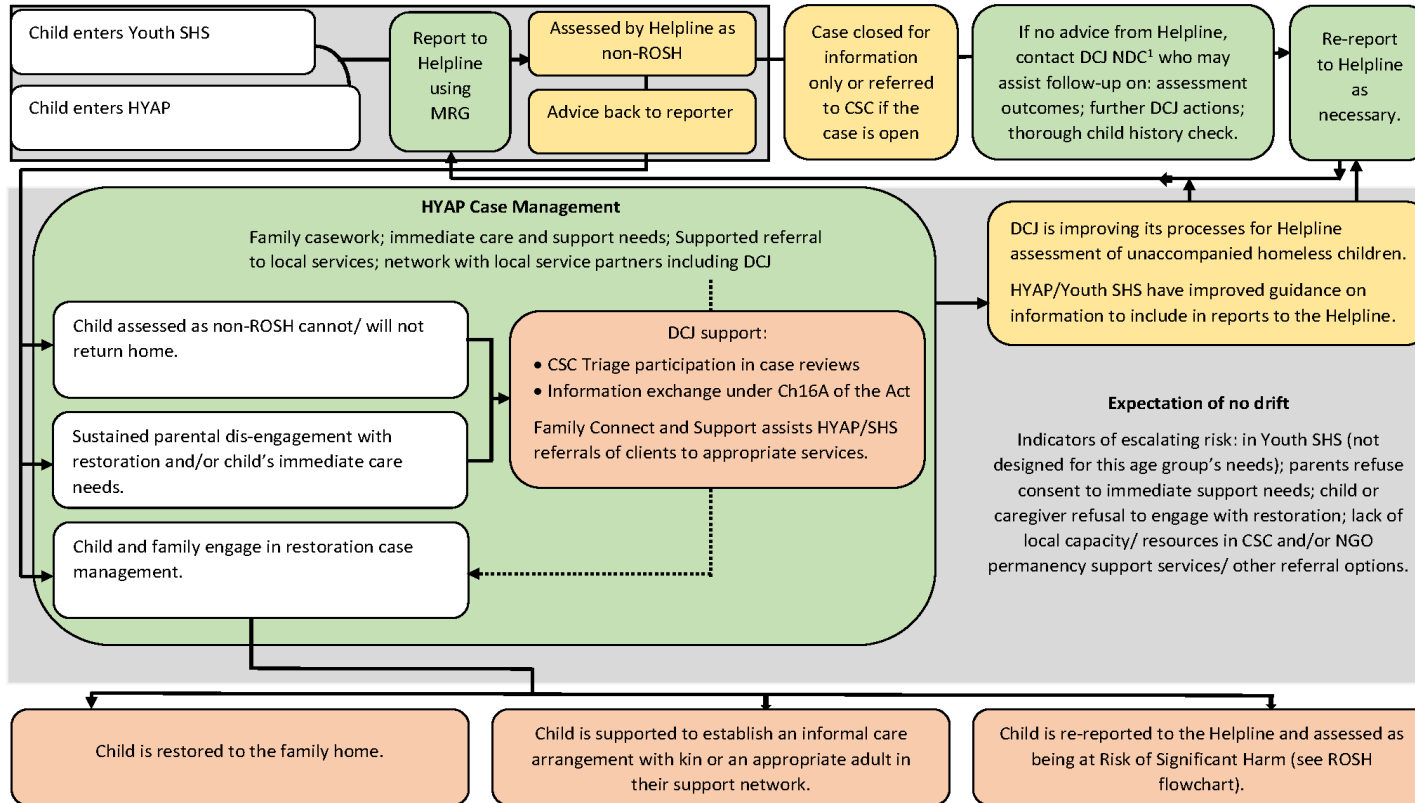
Case coordination meetings (both formal and informal) take place between all relevant agencies associated with the child including SHS, DCJ, schools, youth services, police as well as any relevant practitioners that may be involved with the child. Occasionally there may be a disagreement between the service and DCJ regarding a decision or response related to the child. The provider may feel a different outcome or a better understanding of the decision or response can be achieved through escalation of the issue.



# 16 Appendix 5 – Flowchart non-ROSH

## Flowchart (non-ROSH): Unaccompanied children 12-15 years in homelessness services

This flowchart shows key actions taken between HYAP/SHS and DCJ to progress unaccompanied homeless children 12-15 years towards safety and permanency. These key actions take place in the context of trauma-informed case management of children that includes their families and other services and agencies.



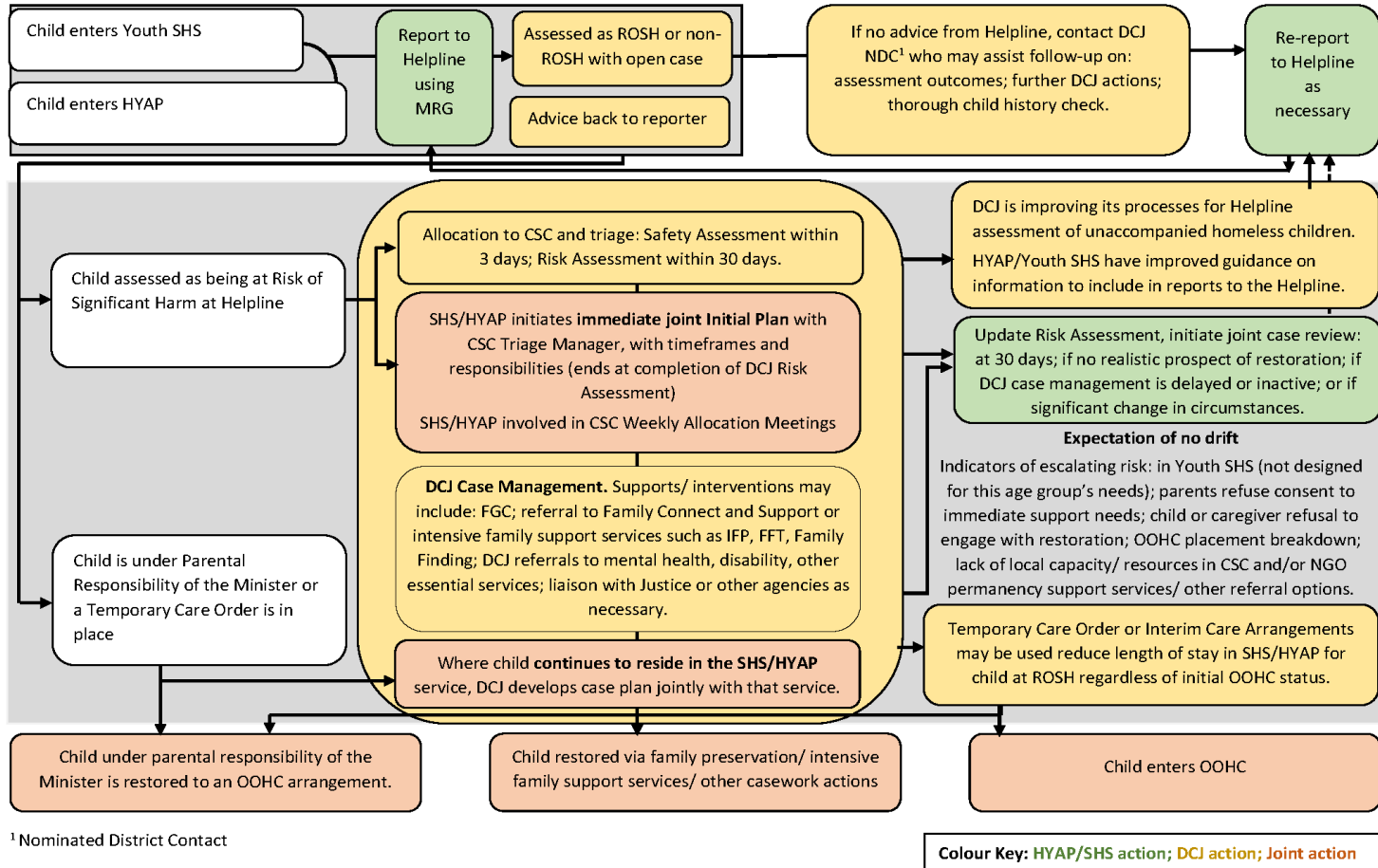
<sup>1</sup> Nominated District Contact

Colour Key: HYAP/SHS action; DCJ action; Joint action

# 17 Appendix 6 – Flowchart ROSH

## Flowchart (ROSH): Unaccompanied children 12-15 years in homelessness services

This flowchart shows key actions taken between HYAP/SHS and DCJ to progress unaccompanied homeless children 12-15 years towards safety and permanency. These key actions take place in the context of trauma-informed case management of children that includes their families and other services and agencies.



Nominated District Contact

Colour Key: HYAP/SHS action; DCJ action;



## Flowchart (ROSH): Unaccompanied children 12-15 years in homelessness services

Permanent care arrangements that may be used to transition children at ROSH out of a homelessness service are:

- **Temporary Care Arrangements (TCAs)**, for children assessed as unsafe and in need of care and protection for whom there is a goal of restoration to family. TCAs are made with the consent and cooperation of the parents, who retain parental responsibility. They are generally for up to three months, but may be extended to up to six months. While TCAs are provided by funded service providers, DCJ retains case management of these placements.
- **Interim Care placements**, for children aged 9-14 years with low and medium support needs who are at imminent risk of entering an Alternative Care Arrangement. Funded service providers deliver intensive casework to transition to permanency arrangements, for periods of up to three months, in home-like settings for groups of up to four children in any one home.
- **Alternative Care Arrangements (ACAs)** are provided by DCJ as a last resort as emergency and temporary accommodation for a child in or entering OOHC. All other care options must be exhausted before DCJ will use ACAs to house a child or young person. Case planning with a goal of exiting the child or young person from the ACA into a permanent placement will be enacted by DCJ on commencement of an ACA. Commencement and continuation of each ACA is highly regulated. The Office of the Children's Guardian (OCG) monitors ACAs closely.
- **Emergency OOHC placements and 'Self-placements'** in homelessness service of children under the parental responsibility of the Minister whose placement has broken down, will be supported by DCJ for up to 48 hours. These placements require approval from the DCJ Deputy Secretary for Child Protection, Permanency, District and Youth Justice Services.

The *Permanency Support Program Service Requirements* are the primary resource for information on DCJ permanency support arrangements.

The Child Assessment Tool (CAT) determines which OOHC service model/s a child or young person may be placed in. SHS/HYAP services who disagree with a child's CAT score may contest the score, via the Nominated District Contact in the first instance, or via the Escalation Pathway where necessary.

# 18 Appendix 7 - The Consent Decision Making Flowchart

