

# A Submission to the Ministerial Advisory Committee

## Victorian Homelessness Strategy

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## Forewords

### Tracey

*"It's very scary [the thought of leaving care] and I don't feel I can rely on the workers and I don't think anyone cares about it. I think workers should be pushing people to go into the rest of the community not into little separate communities (like joining student housing or transitional or commission housing). I strongly feel this is very bad because we are not joining the rest of the community and some of us have been in the system most of our lives and the system, including the workers, is generally different to the wider community. I think the workers' aim should be to integrate us more into the community so at the end of our time in care we are more capable of standing on our own two feet. If we don't achieve that at the end it is very bad."*

### Ray and Margaret

*"We've been homeless a few times. We've stayed in a refuge, been in and out of Ministry. A lot of it stems I suppose on the children as well, trying to find them a safe and secure environment. It's difficult for anyone to get into ministry housing. With the circumstances we've got it should be a little bit easier, but we're not in it for anything easier. We'd just like a fair go.... We've been in emergency housing for two years, and it's taken us a hell of a fight to get a place, what we haven't got at the moment.... It's a hell of a battle. That's what sends you grey."*

## Introduction and summary

MacKillop Family Services welcomes the development of the Victorian Homelessness Strategy and the manner in which the Ministerial Advisory Committee has been structured and resourced. We applaud the efforts being made to provide an integrated response to the needs of homeless people and to the prevention of people becoming homeless.

As the Consultation Paper makes evident, the range of needs is broad and complex, as are the range and nature of responses. We are aware, from MacKillop's participation in regional and peak body consultations on homelessness and housing needs, that the Ministerial Advisory Committee will be receiving much good advice on these issues.

This submission is concerned with the pressing circumstances of two groups of people : **young people leaving care** and **homeless families needing immediate access to housing**. In taking up these two concerns we are responding to your consultation questions:

- *Are there key groups for whom specific preventative strategies should be developed?*
- *What key issues need to be pursued across government to tackle homelessness and/or to address the needs of each of these groups?*

Our response cuts across many of the pro forma headings.

**This submission therefore has two separate parts:** the first is concerned with helping young people who are leaving care to become home makers; the second is concerned with helping homeless families find suitable housing. Policy responses to both concerns will clearly involve not only the Office of Housing, but also other divisions of DHS and federal departments.

Our key concerns for young people leaving care are

- they form a significant portion of homeless youth
- they have little preparation and few resources for making a home for themselves
- there is little support available to them after they leave care
- without this support, homelessness is inevitable for many.

Our key concerns for homeless families in immediate need are

- they are the fastest growing group of homeless people,
- there is rarely any suitable housing available to them,
- the needs of children in such families are not being well-met,
- the waiting list protocols have been inconsistent, demanding and impractical.

The observations and proposals made in this submission arise out of MacKillop's day-to-day experience first in providing care for young people within the statutory system in Victoria and, secondly, from its provision of a cluster of family support services.

Each of the two parts of this submission follows a similar pattern:

(i) MacKillop's services

(ii) Notes on research data

(iii) Narratives of the experiences and observations of MacKillop's workers and clients,

(iv) Recommendations.

## **Part 1**

### **Young People Leaving Care**

#### ***1.1 MacKillop Family Services and young people in care***

MacKillop Family Services began on 1 July 1997 as a refounding of the work of seven Catholic child welfare organisations whose origins in Victoria can be traced back to the 1850s. The refounded organisation is committed to both direct service provision and broader social change through advocacy and social policy. MacKillop is one of the largest providers of child and family services in Victoria.

MacKillop aims to build community, to reconnect families as much as possible, and to empower them to take control of their decision-making. It provides innovative responses to the most difficult demands of children, young people and families, with

a focus on alternative care, education, and family support programs that link families to communities.

MacKillop provides more than a hundred services in Melbourne and the Barwon Region. The agencies out of which MacKillop has evolved have had a long history in the care of children and young people. In more recent years these agencies have established new models of group homes, early intervention and family support services.

Our current services in residential care include:

- MacKillop Youth Services, Barwon: two high risk, high need, medium to long term residential units, two family group homes, two lead tenant houses, a short term emergency transitional residential unit for high risk, high need adolescents, supported independent living units, and eight adolescent home based care placements.
- St Joseph's Babies and Family Services, Flemington: six family group homes, one contingency unit, three units for high-risk adolescents, and three lead tenant units.
- Rice Education and Youth Services, South Melbourne: three residential units for high-risk children and young people.
- McAuley Child and Family Services, Black Rock: four family group homes, two lead tenant services, one temporary Emergency Care Unit.

MacKillop Family Services also operates a Heritage and Information Service which allows former residents of founding agencies and current services to access their records and reclaim their history. An estimated 170,000 persons are listed in these archives. Many former residents are now seeking support through this Heritage and Information Service. The transition from care to independent living in the community is very difficult.

## **1.2 Young People Leaving Care in Victoria**

The needs and concerns of young people leaving care in Victoria have been well-documented, most recently by Sue Green and Amanda Jones in *Improving Outcomes for Young People Leaving Care* and in the comprehensive La Trobe study commissioned by DHS, *Pathways to Interdependence and Independence*. Similar findings are reported in the substantial NSW longitudinal study, *Wards Leaving Care*.

The concerns are not new. Previous reports, recommendations and policies have failed to prevent young people from leaving care becoming homeless. The 1982 Senate Standing Committee on Social Welfare reported that it

was particularly concerned that seemingly significant numbers of the young people at refuges have at some stage spent time under institutional care. The Committee was told that a large number of the chronically homeless come from this type of background. It was also told that a major factor contributing to homelessness in these cases is that being institutionalised from their family and place of origin alienates them from society. These youth generally suffer from inadequate education and social skills.

Seven years later the Burdekin Inquiry connected youth homelessness with failures in the exercise of their responsibilities for wardship by State welfare departments. In

1992 a study commissioned by the Commonwealth Department of Social Security reflected on the Burdekin Inquiry, "Whatever the policies concerning the use of guardianship, it is clear that at least some young people need support through the process of leaving care." Janet Taylor's 1990 study also points to the long-standing concerns in this area.

The Green and Jones report shows that between 1995 and 1998 nearly 1000 young people left care in Victoria (p. 26). These young people leave care as 14-18 year olds (p.13). They face "loneliness, social isolation, lack of support, lack of housing, homelessness..." (p.14). The lack of employment and income is also a critical issue (p.53). "There are few specific programs available to prepare young people for leaving care..." (p. 45). After three months of leaving care young people had on average moved three times, with the primary type of accommodation being temporary -- for example, staying over at somebody else's place (p. 68). By comparison, their peers who live in their own families stay at home much longer. Half the 20-24 year olds in Victoria still living at home, and often taking several attempts at leaving home before successfully making a home for themselves (p.12).

Narrative evidence supports the Green-Jones study, particularly with respect to young people's lack of preparation for independent living and their lack of resources, their isolation and their inability to cope after leaving care. The La Trobe research and the subsequent DHS consultation paper on leaving care takes up the same points.

In the face of such overwhelming evidence, practical policies for resourcing young people must be put in place and properly resourced. MacKillop Family Services supports the recommendations made by the La Trobe study and canvassed in the DHS consultation paper. In particular, any quality service aiming to prevent homelessness among young children leaving care must:

- provide children and young people with appropriate placement (for example, not mixing high risk children with non high risk children)
- provide resources to ensure stability of placements and relationships
- connect children with their families where possible
- develop life skills and home making skills
- link children and young people into the community, especially through activities, education and employment.

The implementation of these recommendations may be more the provenance of the Division of Community Care than the Office of Housing, as well as the Department of Education, but they nonetheless remain integral to a strategy to prevent homelessness.

In the transition from care it must be ensured that, added to the above, there is

- Secure housing available
- Secure income
- Access to education and employment
- Some continuity with previous networks
- Mentoring

These recommendations, once again, will rest on appropriate liaison between the Office of Housing, the Division of Community Care, and the Departments of Education, Employment and Training. The Community Care Division has resolved to

develop new strategies to improve services for young people leaving the care system.

The call for integration and early intervention is not new. MacKenzie and Chamberlain, in *Youth Homelessness: Early Intervention and Prevention*, advocate early intervention in schools and community support systems as the best way of reducing homelessness among young people. Pilot early intervention programmes have shown very positive outcomes, but also the need for broader integration of various departments and stakeholders. MacKillop has expressed its support for intervention in education elsewhere, advocating a more inclusive system that is resourced to meet the needs of children with challenging behaviours:

The best way to prevent children being separated from their education is to assist families in providing for their children's various needs. Partnerships between teachers and skilled family workers are essential here, and teachers cannot carry these tasks alone. Strong overall education case-management is required. This also calls for a "joined up" or "whole of government" approach.

The following narratives are introduced to highlight the need for stable placements, appropriate relationships, and proper preparation for leaving care. A list of recommendations follows in section 1.4.

### **1.3. Narratives concerning young people in care**

#### **1.3.1**

"Ben" is eighteen and leaving care. We're planning a party to celebrate his achievement in attaining adulthood and his growing sense of independence.

By the time he was twelve he had lost both his parents. His family basically fragmented at this point. Before he came to us he had been in 10 placements in six years. Ben at seventeen was smoking marijuana, hanging around with his friends all day and living in a household which was supposed to be helping him with his transition to independence. He was not exactly what you'd call "house proud" and the placement was not exactly what you'd call a success, but he was learning some important lessons in life.

"Ben" was angry and bitter about his mother's death and his life in care. He was described as difficult to engage, but we now see him as extremely shy and introverted. He refused to access the services he needed to address his grief and loss and also his substance abuse. He had also developed a dependency on the "system" and would only work with a specific worker, expecting them to do everything for him. He showed no motivation to work or study. He had few family supports and engaged in some offending. When we looked at the risk factors for his future and potential for youth suicide, Ben seemed to have most of them. He had few of the protective cushions to safeguard him past his eighteenth birthday.

He was finally asked to leave his placement but his Case Manager continued to support him in finding a place to live, looking for work and addressing his other personal needs. She negotiated for the Department to allow us to provide post-placement support on a voluntary basis for three months past his

eighteenth birthday. She designed and obtained a funding package from the Department to assist him in setting himself up for independence. Through this difficult period, "Ben" experienced the harsh reality of being homeless and having no income. However he had the safety net of continuity in the case management and relationship with his worker. He often came to the office and made phone calls, ate ham rolls with the staff and agreed to do an Anger Management course. He started to take responsibility for his drug use and actively seek work. His personal manner seemed to transform to make him a charming and polite young man. He secured a more permanent living arrangement for himself using his own networks and seemed to be finally working through the issues of loss in his life. He is hoping to get a job and has a more optimistic outlook. He has a long way to go but he has been able to achieve a significant cognitive change. This may be partly due to his lifestage and his own self-motivation but also partly because he was allowed to hit rock bottom and experience failure while the supports were still in place. A significant relationship with his skilled Case Manager framed this support.

His Case Manager has expressed her frustration with the system that has so much emphasis on protection in a young person's life in care which builds up dependency and then leaves them with nothing when the order expires or the young person turns eighteen. From "cotton-wool" dependency to nothing.

We hope "Ben" will continue to visit for lunch and let us know how he's going, even though we have ceased our official role with him.

### **1.3.2**

Most of my life in social services has been about significant long-term relationships. I think this, in combination with the old catch cry 'integration of services', is the key to successful, long term support to young people and families. It creates an environment able to cope with change in the long term. But what does "relationships" mean? How do you bring someone into a family or into the life of a young person in care over the long term and encourage a relationship? If you are a professional, this is virtually impossible and only really happens in the movies or in the odd book! The system has to be aware of its limitations.

If the primary cause of homelessness is a growing sense of isolation and rejection, first from family, then local community, then the broader community, then to combat this we are required to produce an environment that is about inclusion and acceptance. I believe this can really only be achieved through the development of a long-term, trusting relationship based on all the things relationships are based on! That is, not the clinical, giving, charity-type model. Not the distant professional who knows boundaries and remains safe from "contamination" by attachment. Not the happy, positive worker who breezes in and everyone thinks is wonderful and then breezes out at the same rate. If we are to achieve inclusion and acceptance within an "at risk" family, we are required to provide a long-term trusting relationship and the co-ordination of services within the context of the relationship. It will not be friendship, it will be a professional relationship that can at the same time, be clear, punitive, forgiving, professional, trusting, inclusive, non-judgemental and lots of other things! Most of all it needs to be respectful and long-term.

### 1.3.3

I had a meeting recently with DHS child protection about a particular young person. During the course of a discussion in which it became evident they were clearly dissatisfied with my response to this young person, I asked them what was expected of us. The reply came: "more than what you have done to date". The issue for them was placement. The issue for us was worker safety, achievement of goals, providing a safe environment for the young person, stabilising their behaviour and so on. After this was pointed out the child protection officer stated that this was not their concern, their job was to find placement and ours was clearly the right place...because it was the only place. As long as there are workers who are only concerned about their brief and not the broader picture, kids in care will continue to be taught to be unattached, isolated and rejected, because no adult will ever have attached to them or their family.

### 1.3.4

One issue is with many of the high risk adolescent clients, particularly those who entered the system in their adolescence. They are often not ready to be independent. We have one young woman, who is nearly 18, no family support, who is very bright, but also very naive. She has psych issues, and due to the suicide risk, needs to be taken everywhere, which limits the staff in allowing her to "test" independent living skills. This young woman came into care at 16, and up until then had never caught a bus, nor had she had any typical teenage experiences, such as going to the beach, so she has very few life skills, and with the restrictions on her due to her current psych issues, I cannot see how they can be dealt with before she turns 18.

I am concerned that DHS see that they only need to be involved until young people are 17. It seems that only in exceptional circumstances that orders are extended beyond 17. There also seems to be little planning around kids leaving care as well. Often it is assumed that the placement is the major issue, and the life skills are secondary.

Also we have had a number of experiences where young people, often women, leave care and return to their family home despite there still being some risks associated with this. Workers try to set up accommodation, but this can often fall through once they have no support.

Another issue that we have is with kids on protective orders being able to access either transitional housing or public housing. Often with transitional housing it is seen that many young people who are on protective orders should be managed within that system. This doesn't always work out well.

### 1.3.5

I have some old information regarding the Intensive Life Preparation program. The PHASE part of the program was developed in 1994 as the young people who left the ILPC (Intensive Life Preparation Centre) initially often got into difficulties when they left.

The PHASE part of the program consisted of having a bungalow or caravan at the back of a residential unit so that a young person could have some time

on their own, but with close support. We had a bungalow provided by Kids Under Cover. In the first two months of the program the young person had close support, in how to shop and cook for one, how to manage finances, and so on. In the second set of two months support was reduced, and in the last two months the young person was virtually on their own and prepared for transition to independent living.

After the PHASE part of the program was developed, every one of the five young people who accessed the program either returned to their families (even though initially there was no hope of them doing this) or moved on successfully to independent living. Two others, and in both cases these young men had intellectual disabilities, lived in a lead tenant arrangement as an extension to the skills learnt at the ILPC. All the others, who we still hear from occasionally, have been able to stay out of the Justice system and have managed to live independently of the welfare system, that is, not on any orders or supported by Agencies. (Some entered a Centrelink Job training project.)

The overall success of this program was undeniable. It was a program that we were all very proud of until DHS scrapped it during the redevelopment and the changing of our target age group. I believe the success of the program was due to the fact that the young people went through the program step by step, eliminating the fear of independent living and were supported by the program up to six months after leaving the unit. The young people returning to the unit for a meal or visit and resi workers and case managers visited them at their home. This is the normal procedure for any young person who decides to leave home harmoniously: parents ensure that they have the necessary skills to enable them to survive and support them initially so that they can make the transition.

### 1.3.6

"Tracey": It's very scary [the thought of leaving care] and I don't feel I can rely on the workers and I don't think anyone cares about it.

I think workers should be pushing people to go into the rest of the community not into little separate communities (like joining student housing or transitional or commission housing). I strongly feel this is very bad because we are not joining the rest of the community and some of us have been in the system most of our lives and the system, including the workers, is generally different to the wider community.

I think the workers' aim should be to integrate us more into the community so at the end of our time in care we are more capable of standing on our own two feet. If we don't achieve that at the end it is very bad.

I feel the workers have failed in what should be their aim. It appears the worker aim is to create this cocoon like atmosphere. On entering the system everything is different. [For example] I learnt at a young age to be very official. Official meaning I had workers asking questions that should have been asked to someone older. So I became very mature for my age. This could be good but it was bad for me. Because I was more developed and grew up too fast, I didn't fit in at school. If you don't fit in at a young age it can be very bad.

I have some things to say about one family group home that I observe in the agency. It appears that the children are being neglected emotionally, physically, educationally and spiritually, because the workers just don't seem to have enough time. You notice little things like the other day a worker called in one of the boys for dinner without acknowledging the piece of work he had just done. They do not seem to have enough time to encourage the children.

I think helping-paying attention to the children's spiritual development can really help them. The good workers I've had have been spiritual like one cleaner and one carer that I really liked.

[N.B: The word "workers" can also mean "carers" in this narrative.]

### **1.3.7**

Stability of placement is important, but if it doesn't happen before a kid goes into adolescence then it's often too late. Once the hormones kick in their lives are all over the place. It's better that they have a stable placement, of course, but it's still difficult. If a kid becomes attached to a worker it can have a negative impact when the worker takes leave and the child is left behind feeling terribly rejected.

## **1.4. Recommendations to assist young people leaving care**

The La Trobe study, *Pathways to Interdependence and Independence*, recommends the following key elements in the development of a personal support plan for young people in care:

- Placement – the provision of a stable placement
- Maintenance – meeting the child's basic development needs
- Protection – risk assessment and management
- Compensation and affirmative action – including medical care, grief counselling, education, and developing a trusting relationship with a carer
- Preparation – learning home making and independent living skills.

The Child Protection and Juvenile Justice Branch consultation paper also explores a series of issues under the headings:

- Planning for leaving care
- Preparation for leaving care
- Transition from care
- After care resource service, and
- Management and service linkages

We support the directions suggested in these recommendations and issues. In particular, we recommend

- resourcing quality services which prepare young people for independent living
- resourcing flexible transition programs to support young people after they leave care
- maximising Lead Tenant and ACP placements for young people requiring supported accommodation past the age of 17

- support should be available to young people, be it case management, ACP or lead tenant, up to the age of 25
- arranging partnerships between Office of Housing and agencies to provide case managed accommodation for young people after leaving care

We also note the following particular concerns and cautions.

- Placement, maintenance and protection are compromised if a narrow range of models for care means that a young person is inappropriately placed. The model of a family group home is inappropriate for a high risk and high need adolescent. Lead tenants, and hence lead tenant facilities, are not equipped to handle the needs of some young people in transition from care.

*We recommend that a broad and flexible range of placements be established to cope with the varying needs of young people in care.*

- Stable professional relationships are of paramount importance in a young person's ability to move to independence.

*We recommend that services be resourced so that burn out, career change and other factors which create high turnover of staff in care are minimised. Quality resources*

*for resilience and emergency back up will assist in this area, as will a broader range of placements*

- A Whole of Government approach will entail the Office of Housing joining the Division of Community Care to ensure that housing and support are available for young people leaving care. It would be better that Community Care look after the concerns of the young people, rather than them entering directly into the SAAP system.

*We recommend that the Office of Housing work directly with the Division of Community Care to ensure that young persons leaving care have access to a range of appropriate housing and support.*

- A Whole of Government approach will also entail the integration of special services, in mental health, employment, education and training, with housing.

*We recommend in particular that every effort be made to assist a young person in care obtain appropriate training and full-time or casual employment.*

- More creative out of home care options are required, especially in home based care.

*For example, we recommend the payment/subsidization of carers at much higher levels of remuneration to care for young people and children in their own homes, or that staff be employed to care for children/young people in their own homes.*

- A system of care approach is needed that links young people to their family and extended family; to community clubs and recreational activities.

*We recommend mentoring programs be developed to enrich young people's social relationships and develop their resilience.*

- We support the intention to discover "what works" through practical evaluations of service effectiveness and subsequent modifications of service practice.
- We support the intention to build client participation into discussions of policy development, service planning and delivery.
- *We recommend greater follow up be given to young people after leaving care.*
- *We recommend public education programs to inform the wider community of young people's need for support, opportunities and shelter, so as to change current community perceptions of the "street kid" phenomenon.*

## **Part 2**

### **Homeless Families**

#### ***2.1 MacKillop Family Services and family support***

MacKillop's current services at St Anthony's Family Service Footscray include:

- Family Preservation Service,
- Substance Abuse Family Support,
- Pregnancy and Early Parenting Support,
- Family Strengthening Service,
- Group Work,
- Vietnamese Parenting Group,
- Placement Prevention Service

#### ***2.2. Homeless families seeking immediate housing***

Emergency housing in Victoria is usually accessed either through SAAP (Supported Accommodation Assistance Program) and its connections to THM (Transitional Housing Managers) and CSA (Crisis Supported Accommodation), or through the Office of Housing's segmented waiting list. Families in need find these points of access difficult to negotiate.

"On a national level, families are one of the fastest growing sub-groups within the homeless. They are also one of the least recognised." In Australia, "roughly a third of all people who are homeless are actually homeless families". In the west of Melbourne the figures are higher. Melbourne Citymission's shaped a special SAAP service in Footscray called A&FS [Adult & Family Services]:

In a seven-month period in 1999 the A&FS duty service provided services to 409 individuals (some of whom returned 3-4 times). Of those, 212 or 51% were families with 382 accompanying children.... In this same seven-month period 75 referrals were accepted for support via the duty service, and 61 of these were families.