

2.4.4 Making the transition to adult life can be a challenge and, while some young people leaving care have good family based supports and connection to community networks, others face struggles and need additional services.

Commissioner Nyland recommended undertaking a pilot of an intensive service for the most vulnerable young people leaving care. Who should we initially target and what services should be included?

Key themes emerging from input:

- Children who are offending.
- Children with high needs requirements.
- Children with limited support networks.
- Children excluded from school.
- Children who are in residential and commercial care.
- Aboriginal children.
- Children who are leaving their placement.

All input received:

FOCUS GROUP	FEEDBACK RECEIVED
<p>Focus Group 1 - Mount Gambier</p>	<ul style="list-style-type: none"> • Transitioning them into independence and socialise them. • Family connections. • Employment services. • Recreational opportunities/links. • Support for further education. • Over 18 year Case Management Model – key worker approach. • Psychology/counselling services. • Independent living programs. • Linking with peers. • Kids going straight to independent living. • Health (physical and emotional). • Linking kids to community services. Public Trustee etc. • SEALS, SATS – designate resources for independent living skills – programs for kids in foster and kinship care – 6 week programs. • People who are offending, high needs etc. • Kids with limited support networks. • Kids excluded to attend school – mental health concerns. • Every child learning care should be afforded an assessment of their needs on learning care. • Children who are in Commercial Care, Resi Care etc. • Support to become less vulnerable to negative birth family, anybody in communicating, interaction. Keep self healthy and financially independent. • Person to be dedicated support for children who have left care (problem-solving) even filling in forms – local level transition 18-25. • Kids who have high service needs requirements. • Priority/rapid health response beyond 18. • Ensure adequate resourcing for guardianship children to have an allocated

	<p>DCP Social Worker to prepare better for leaving care.</p> <ul style="list-style-type: none"> • Consider an injection of funds to NGO sector such as Headspace to provide a holistic and multi-disciplinary approach to support and prioritise children learning care. • Mobile teams to monitor young people leaving care until 25 years old. • Why stop payments for family based care when young people turn 18 – keep placement going as many young people are low functioning. • Ensure greater access to stable long term housing and tenancy support. • Gradual fading out of care between 18-21 years of age. • Group programs? • GOM 18 children. • Trauma – multiple issues. • Mentoring, life skills, budgeting services, educational training and employment services. • Young offenders who are in care. • Muggies Youth 180 models in Mt Gambier. • Youth housing services. • Services : <ul style="list-style-type: none"> – Financial counselling and education. – Training and education. – Someone promoting safe relationships. – Case Managers. – Mentors. • Target those young people who are looking like just going back to parents at 18 if this is going to happen, how do we do it safely? • Those who are not engaging with Independent living programs (due to strict requirements).
<p>Focus Group 2 - Adelaide</p>	<ul style="list-style-type: none"> • Supportive Housing Models – 24/7 care. • The connection to family is important through life not just until 18 years of age. • Provide accommodation of identified children (of the same service they are residing) to enhance independent living skills with a known person. • Start working with them and creating relationships from 14 years of age – make the connection earlier. • Orders to be extended until 25 years of age. • Continuation of the residential care team post expiry of their order. • Post care servicing to be expanded. • D & A Housing SA. SA Health – mental health education. Family to all walk alongside. • Other agencies can also focus on life skills: resiliency, learning/reflection, decision making. • Residential care for young people – no connection – reliant on system and workers. • Community mentoring services and this could help with life skills. • Consider Target Groups – i.e. target at risk groups. • Aboriginal young people due to over representation – reintegrating back to community. • Start early – introducing life skills at age 14. • Multi-Disciplinary teams to support staff in OOHC re: implementing trauma

	<p>based strategies with children and young people.</p> <ul style="list-style-type: none"> • Mentoring programs to support to 25 years of age. • Department to target young people that do not have significant relationships or support. • Risk of reoffending if they have already been in JJ – target those already in JJ system. • Clinical expertise for OOHC staff who are directly working with young people (15-25 years).
<p>Focus Group 3 – Northern Adelaide</p>	<ul style="list-style-type: none"> • What about those kids that are eligible for service but have left care? • Positive role models and mentors! – Transition to adulthood? • Services – employment – purposeful activity – education and learning – involvement in community. • We need Marni Wodli type facilities – modules for Aboriginal young people to transition to Out of Home Care. • Children who have had a high number of placements. • Better life skills matched to their capacity. • Support independence from life of and in the system. • Housing and Financial – employment – mental health and health. • Connection to engaging community support services - e. g. wood working. • Opt in for further supports and services. • Mentoring about choices. • Options – door still open – fall back options. • Flexible care system. • Expectation about education. • Know about services – e.g. Headspace. • Therapeutic focus in Residential Care – attachment based therapies. • Life skills development in their space – budgeting education. • Drug and Alcohol services – Justice System before Corrections. • Need Elders involvement with these kids to learn and respect. Kids love spending time with Elders because of the love they receive! • Values based discussion about risk taking drugs and alcohol, sex and relationships. • Support families – financially, emotionally to have kids back home or transition. • Kids from Residential and Commercial Care. • Grandparent figure to provide support. • Service that needs to be tailored to individual needs. • Financial counselling services – access to benefits – tension for home based children. • Contact person for case management response for post care. • Transitional Team – starting service at 16 years of age. • Service to family members – children are returning to. • Do we triage for risk/need? • Do we target 17-25 year olds? • Mentor programs. • Flexible – child base. • Target those not engaging couch surfing. • Extend support to 25 year olds. • Skills – budgeting, cooking etc.

	<ul style="list-style-type: none"> • Case by case approach. • Kids in residential care. • Those kids who have gone back to family. • Skilled workforce. • Most vulnerable – not those in stable families. • DCP having support program after 16/18 year olds to 25ish etc., instead of them having to try and to cope with negative issues. • Ongoing support as need – no matter the AGE. • RACISM needs to stop! • Continuation of support for foster and kinship families to sustain longer connections. • Children who have not been in family based placement. • Children with limited supports and relationships. • Transition – provide life skills before leaving care. • Prioritise children who have been abused in care. • Support families financially and emotionally to have kids back home or transitioning. • Have a secure relationship base. • Homeless gap reliant of CW in the CP system. Mobile outreach service that follows them to 25 years – Step Down/Step Up model.
<p>Focus Group 4 – Adelaide</p>	<ul style="list-style-type: none"> • Case worker. • Skills in how to develop relationships in the community. • Hand holding to assist young people with skills in basics of independent living – shopping, financial counselling etc. • Target 15 – 25 year olds. • Target young people with no connection to any family. • Identify/evaluate current services and their outcomes. Evidence –don't fund services without outcomes. • Youth Support Team: <ul style="list-style-type: none"> – Look on intranet. – Old model worked well in the service provided. – Be clear about outcomes.
<p>Focus Group 5 – Port Augusta</p>	<ul style="list-style-type: none"> • Targeted DCP team to work with 15yrs – 18yrs – leaving Care Team. • Network of services: <ul style="list-style-type: none"> – Housing system. – NDIS. – NGO to provide life skills. – Education – TAFE, Universities and DCP. – Carer employment agency. • Children in Resi Care: Commercial Care; self-placed; lacking in life skills; Aboriginal children. • Need to provide services in the country not metro-based like Post Care Services. • Services needed Education (TAFE); Employment and Living Skills. • Let the NGO who has the contract for Resi Care also be contracted the transition into semi and independent living – far more seamless. • Aboriginal children should be a priority (generally have many placements). • Services: budgeting; social skills; mentors. • ID who lead agency is – sole deliverer of pilot.

	<ul style="list-style-type: none"> • 18yrs should not be cut off age for ‘guardianships’. • Integrated seamless, contract services i.e. same agency provide residential and then transitional care. • Employment services. • Housing – being put on a waiting list. • Set them up in ongoing accommodation (not Muggy’s houses they need to leave). • Social media/financial education/awareness. • Anti-Poverty Team. • Intervention/support should commence in early teens (13-14yrs). • GPs • Muggy’s. • Post care services. • Employment services to get them work ready. • Carers supported to care past 18 – keep wrap around service there. • Financial Counselling Services – housing and employment. • Extend age of support. • Children in commercial and residential care (then all children). • Supported accommodation for intellectually disabled clients or with a physical disability. • If NGO provides service to be funded realistically – long term investments is worth it for the children/young person. • More support for carers so kids can stay home longer. • Intensive supported accommodation service when they get own property – in home – more than twice a week (all children). • Start targeting 15 year olds, not 17 year olds as not enough time to do all that needs to be done. • Transition options available to create stability (housing – not kicked out at 18 years). • Specific training to carers regarding what they need to train children and how. • Flexibility in transition model to meet individual needs of child. • The children with the most challenging behaviour who continually are moved – no stability. • Support with establishing community networks for young people leaving care.
<p>Focus Group 6 – Mount Barker</p>	<ul style="list-style-type: none"> • Planned process – early start. • Grieves carers that they are alone at 18 when have had services and support. • CYP worry early in process – 15+. • Developmentally delayed and 18 is young. • Intensive service – young people have connections already – same social worker not a new worker connecting at that point. • Continuity. • Keep CYP focussed. • Add resources to social workers. • Shouldn’t select – all on offer for everyone. • Support/residences for care leavers who are mothers. There may not be Child Protection concerns, but we have a duty of care to support these young women (and men) to be good parents, given we learn to parent those who parent us. • Young people with a disability who have an NDIS package will face

	<p>homelessness as there will be NO carer payment/reimbursement to enable those carers to continue to provide care. These young people currently receive 24/7. There are no provisions in place to ensure that they will receive any level of support.</p> <ul style="list-style-type: none"> • Allowing 18+ to identify they need additional supports to live independently. • Wesley Mission (as an example) – Living Skills and Financial Literacy. Programs to be provided to all vulnerable young people from 15 years of age to set them up for crying out. • Those at risk of homelessness. • Target young people with a disability. • Please review the program (Leaving Care) set up after Layton Review for strengths and weaknesses (Sandra Loprete). • Target young people who have been sexually abused and who are acting out sexually and placing themselves at risk. • Give YP an option to stay in care until age 25. • Target Young People with mental health and/or substance abuse issues.
<p>Focus Group 7 – Murray Bridge</p>	<ul style="list-style-type: none"> • More money in DCP offices – we need more money to help post GOM budgets – need to be adjusted to have this. • Ongoing support/financial support for carers who keep the children post GOM. • Extend age (25) to ensure extended support for those with trauma. • Two aspects of the service: pragmatic life skills training AND intensive psychotherapy to make meaning of a life of trauma. • Fund youth to go to university – scholarships. • Traineeships in different agencies. • Independent living team (non-government). • Extend timeframe to age 25. • Financial counsellors outside DCP – non-government and specific. • Target kids in care aged 13-18. • Target the kids who have been abused by the system – the kids we have failed. • Value and support carers who keep the post guardianship children. • Independent living units in partnership with Housing SA. • Provide drug and alcohol services for youth – lots of services focused on adults. • Target young people at risk of homelessness. • What is safety? How do we transition into adulthood? • Gap in mental health services CAMS only do till 16 now, not 18 – creates issues when leaving care. • Mental health. Employment options. Independent living. Provide opportunity to build capacity and capability to develop into resilient adult. • Better links with housing. • Family Scoping Unit: needs to be ongoing, not just initially. • Service that provides after 18/GOM young people the support/case manager to basic living skills, financial, cooking, employment etc.
<p>Focus Group 8 – Southern Adelaide</p>	<ul style="list-style-type: none"> • Services: SHINE; Sexual health relationship education; education options with TAFE; VCC. • Negotiating day to day life tasks to support and learn. • Focus on education/learning life skills.

- Consider Development Stage more than Chronological age – support to 25 years developmentally.
- Social & physical. Intellectual. Communication. Emotional.
- Access to DCP key workers after 18 for when ‘stumbles’ happen.
- Baptist Care SASH program is more of this.
- Increase and tighten up transitional care.
- Including voice of young person re: their dreams/plans/thought for future – to identify needs.
- Collaboration of youth and transitioning of care service.
- Higher age leaving care, longer funding, consistent workers/intervention.
- Young parents need more services/resources for prevention.
- Decision making. Mentoring. Links to community.
- Kids in training centres (Cavan etc.).
- Young people at the centre of the Care System.
- 18 – too young to drop off. Introduce Leave Care support at 14 years and work to 21 or 24.
- Information/support relationships, sexual health and contraception – linking with mentors.
- Youth cut off ages for services be 25 years.
- Services – employment services; parenting skills and life skills.
- CFARN for children leaving care.
- Specialised leaving care workers/team.
- Support for young adults e.g. SHINE, safe sex – expand on that provision.
- Room to stumble post 18.
- Recognition of up to 25 years.
- More funding for programs.
- 2 years support for transition.
- Start the support early – don’t wait till 17 to start.
- More supported accommodation – intensive support.
- Kids in Resi-Care.
- Working readiness; accommodation; developing interests.
- Peer support in share houses.
- More options for leaving care. Shared living.
- Not tokenistic.
- Home Stretch Campaign – leaving care age up to 21.
- Consistent funding – consistent workers – agencies.
- Kids who are leaving their placement.
- Start at age 15 (foundation).
- Reinstating transition teams support young people up until age of 25.
- Support young people in commercial care as priority.
- Have a worker support young person from age 16 to adult – independent living.
- All youth homelessness services.
- Having an approach that links across all services. SHINE, cooking classes, financial support etc.
- Trauma informed – not labelling young people if they get into difficulties.
- Focus on guardianship children who are pregnant age 14-15 – how can we support them.
- Program for young mums.

	<ul style="list-style-type: none"> • Services to build resilience and connection to community – open door policy is needed. • Volunteer program to support other young mums. • Vulnerability Assessment tool: AYTC; Aboriginal and Drug/alcohol. • 18 is too young. Care teams dissolve generally post GOM age – extend to 25 years. • Variety of psychological factors – food and housing. • Having consistency of services to walk them during the journey. • Young people coming out of residential facilities. • More independent living – but still supported until a little later – on your own but not really on your own. • Affordable housing and support to transition.
<p>Focus Group 9 – Western Adelaide</p>	<ul style="list-style-type: none"> • Connection to family and country and culture. • Stable care teams. • Key worker (Aboriginal worker). • Culturally appropriate services target counselling etc. • Move away from a mainstream focus. • Physical environment to be appropriate and designed by children and community. Aboriginal staff. (A home) invite family into house for a meal. • Life skills. • Regular training that is consistent across agencies. Discussing what works well. • Contact with family including extended family. • Trauma informed practice – education through ACF. • Look at what is working well and invest time into that. • Standard practice guidelines for trauma informed responses. • Individualised care plans for all children. • Ensuring child’s passions continue (sport, education, favourite toys, bike.). • Tutoring to help with education deficits. • Being accessible to normal activities (sports, clubs) easily. • Ensure that services offer culturally appropriate services. • Ensuring the services fit the client’s needs. Don’t add services to tick boxes. • Counselling. • Ensuring children in care can have at least one positive and caring relationship with a carer, case work, etc. (long term consistent). • Better support for carers/workers in residential care. • Consultation with children. • Looking at non punitive consequences. • Culturally aware. • Trauma Informed training for staff. • Appropriate therapy for the child – consistency when entering care. • Schooling consistent. • Abolish residential care altogether. • Make it fun. • Consistent carers. Consistent social worker. • Need to know how and when they will be able to connect with important people to them (family). • Matching houses with residents – not pushing into empty beds.

	<ul style="list-style-type: none"> • Clear understanding of rules/expectations e.g. teaching independent living skills. As much as like a home/family as possible. • Holistic approach. • More support for foster carers. Need to be more trained for trauma. • Maintaining culture. • Stable worker – Aboriginal worker. • Connection to family and country with culture. • Aboriginal Advisory Group outside of the department. • Therapeutic Crisis Intervention training for DCP. • Trauma informed workers. • Following up extended family. • Less punitive responses to behaviour – more informed trauma, attachment and development. • Creating environments that are safe, kind and caring and therapeutic home environment. • Trauma informed carers and workers. • Continuity of care where possible. • Collaboration with DECD. Training of education workers to understand trauma. • Having a psychologist attached to the house so therapeutic intervention can occur on a daily basis. • Children need immediate support and services to heal and recover. • Therapeutic Care Model e.g. Junction Australia. • Need to be permitted to have friends to the house and go to friends' houses without 'approval' that never comes. • Good connection with DCP workers and residential workers. • Connection with family. • Building relationships with child. • Trauma counselling. Building attachment. Access to other therapy re-Speech/Occupational Therapy. • Close to home as possible – consistent workers. • Stability of workers to allow attachment or therapeutic relationship.
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