



# Under 16 Homelessness

Children and young people under 16 who are alone and at risk of or experiencing homelessness

*Practice Guidelines for Specialist Homelessness Services*



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# Introduction

*The wellbeing of children and young people under the age of 16 who are alone and facing homelessness is our shared responsibility.*

***This document supports and should be read in conjunction*** with the Tasmanian Government's *Under 16 Homelessness: Children and young people under 16 who are alone and at risk of or experiencing homelessness – A Policy Framework for Tasmania.*

## Our Vision

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*We seek a community where it is rare for an unaccompanied child under the age of 16 to experience homelessness, and where they do, the right supports are available at the right time to foster wellbeing and ensure the period of homelessness is brief, safe and non-recurring.*

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## Purpose

These Practice Guidelines describe the key roles and responsibilities of Specialist Homelessness Services (SHS) to assist in their response to unaccompanied young people under the age of 16 who present or are referred to services.

It also includes functions relating to the *Strong Families*, *Safe Kids Advice* and Referral Line (ARL) where those functions are shared across SHS and the ARL.



## Scope

Where an unaccompanied child or young person under the age of 16 presents, is referred to, or resides in youth Specialist Homelessness Services (SHS) the SHS will respond in:

- accordance with any relevant contractual obligations including Funding Agreement/s in place between the organisation and the Tasmanian Government
- a manner that complies with relevant legislation; and
- accordance with relevant organisational policies and procedures.

Children who present, are referred to or reside in SHS accompanied by an adult, where there is no cause or reasonable belief for concern of wellbeing, are out of scope for these Practice Guidelines.

## Legislative context

*Children, Young Persons and Their Families Act 1997*

*Homes Act 1935*

*Residential Tenancy Act 1997*

*Youth Justice Act 1997*

*Mental Health Act 2013*

*Current* Tasmanian Government public health orders, emergency directions and COVID-safe plans.

## Critical principles

- The safety and wellbeing of the child is always the primary consideration.
- Alternative options for safe, appropriate accommodation and care for the child should be fully investigated before accommodation in SHS.
- If safe and possible, the child should return to the care of parents and/or family as soon as possible; where this is not achievable, they will be helped to transition to a safe and stable place to live.



- No child under the age of 12 should stay overnight in SHS if unaccompanied by an adult.

# Overview of SHS and Housing Connect

Specialist Homelessness Services (SHS), also referred to as crisis and transitional accommodation services, provide short to medium term accommodation and support for people at risk of or experiencing homelessness including young people (for a list of all youth SHS see Attachment 1).

There are three types of youth SHS that cater for children and young people under the age of 16. It is important to acknowledge that outside of these SHS options for children and young people, their options for appropriate, stable accommodation are limited.

Three types of youth SHS are listed below:

- Youth at Risk Centres which provide temporary accommodation and care tailored to the specific needs of unaccompanied children aged between 12 and 15 years
- Youth Shelters which provide short to medium term support and accommodation for young people aged between 13 and 20 with a focus on addressing immediate needs, stabilising crisis and exiting into safe, secure accommodation; and
- Transitional Youth Housing which provides longer term support for young people aged between 13 and 20 with a focus on building resilience and working towards independent living options.

SHS are part of the broader Housing Connect service system.

Housing Connect is a state-wide model managed by Housing Tasmania. The model provides assistance for Tasmanians in housing stress, including those who are at risk of or experiencing homelessness.

## Housing Connect Reform Project

A review of Housing Connect services in 2019 identified opportunities for improvements to governance and service model design and practice, to better support Tasmanians to build their capabilities to find and keep a home and live a good life.

The Housing Connect Reform Project committed under Tasmania's Affordable Housing Action Plan 2 (2019 – 2023) is currently underway and will deliver on these opportunities.

These Practice Guidelines will be informed by the ongoing service system redesign and implementation, particularly those recommendations relevant to under 16's.

# Strong Families, Safe Kids Advice and Referral Line

The *Strong Families, Safe Kids Advice and Referral Line* (ARL) within Children Youth and Families (CYF) is the first contact point for information, advice and support relating to child wellbeing in Tasmania.

Our goal is to work with everyone in the community to make sure we respond earlier to keep children safe and help families be strong again. With a coordinated network of government, non-government and community support, the ARL delivers early intervention and better outcomes for at-risk children and their families.

The ARL is the central point of contact for unaccompanied children and young people under the age of 16 who present, are referred to or currently reside in SHS.

A Child Safety and Wellbeing Liaison Officer (youth specialist) position is being trialled in the ARL to build expertise in responding to U16 homelessness.

## The Care Team approach

A 'Care Team' approach is being trialled as part of the response.

Care Teams are established to promote cooperation, collaboration and sharing of roles and responsibilities between the people involved in the care, wellbeing and protection of a child or young person. Unless the child or young person is subject to a Care and Protection Order, guardianship remains with the parent/caregiver/legal guardian.

The Care Team approach brings together a group of key people identified by a child or young person as being important in their life. This should include the child or young person, their family members, parent/caregiver(s), legal guardian, relevant professionals and others. Given that children and young people are mostly involved with the Department of Education (DoE), the Care Team should include a member of DoE known to the child. If the child or young person identifies as Aboriginal or Torres Strait Islander, it is important that a representative from their culture and community is included in the Care Team.

For further roles and responsibilities surrounding the Care Team approach, see Attachment 2. As Care Team practice evolves throughout this trial, it will be necessary to develop Care Team Practice Advice specific to this cohort.

## Roles and responsibilities

A summary table of roles and responsibilities can be found at Attachment 2.



## Presentation and intake

- When an unaccompanied child or young person under the age of 16 presents, or is referred to a youth SHS, the SHS will undertake advice, assessment, referral and intake in accordance with existing organisational policies, processes and procedures. This will include consent to share information with the ARL<sup>1</sup> and other appropriate services.
  - Where consent is sought from the child or young person to share information with the ARL or any other service, the child or young person should be as actively involved in this process (including phone calls and meetings) as much as possible, as appropriate.
- As a mandatory reporter<sup>2</sup> the SHS will contact the ARL on 1800 000 123 to advise of the child's presentation/stay and share relevant information.
- If presentation occurs outside business hours, the SHS will contact the ARL on the next available working day unless:
  - the child is under the age of 12
  - SHS accommodation is not available
  - there are acute concerns for the safety and wellbeing of the child that require action outside of business hours.
- The ARL will provide information, advice and support to the SHS based on the age, developmental maturity, circumstances and legal status of the child (i.e., subject to any statutory orders including a Care and Protection Order and/or Youth Justice order).
- As part of these discussions and in partnership, the ARL and SHS will explore alternative options for safe, appropriate accommodation and care for the young person as appropriate.
- Where the child or young person is to be accommodated in SHS, a Youth at Risk Centre is the preferred response, wherever possible (i.e., Colville Place in the South or the new centre in the North). Where this is not possible, other youth SHS can accommodate.
- The SHS will complete its usual intake and assessment processes (if not already undertaken) and provide SHS services to the child or young person.

## The Care Team

- Where a child or young person presents to SHS and has a Care Team in place, the Care Team will meet as soon as practicable.
- The SHS will allocate an appropriate member of staff to participate in Care Team meetings and undertake any actions as appropriate.

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<sup>1</sup> *Part 5A of the Children Young Persons and their Families Act 1997 outlines the legislative provisions that enable information sharing between CYF and SHS.*

<sup>2</sup> *Part 3 of the Children Young Persons and their Families Act 1997 outlines the legislative provisions for informing of concern about abuse or neglect.*



- Care Team meetings should involve the young person and their family/caregiver(s), for active participation in the progress of care and wellbeing needs and goals, as necessary and appropriate. Recording of Care Team meetings should use the [Care Team Record](#) tool.
- Where a child or young person presents to SHS and doesn't already have a Care Team in place:
  - The membership of the Care Team should be identified within 5 days, in collaboration with the ARL, the young person and their family/caregiver(s)
  - The Care Team will build rapport and establish a relationship with the young person and their family prior to the first Care Team meeting, which should occur at approximately 3 weeks (timeframes for Care Team establishment and meetings will be on a case-by-case basis and dependent upon the relationship built with the young person and their family).
- Depending on the child's circumstances, the lead coordination and case management role may vary. With the establishment of the regional Youth Wellbeing Team (within the Targeted Youth Support Service), the relevant Youth Wellbeing Officer may be the most appropriate lead coordinator of Care Teams for this cohort.
- SHS staff, the ARL and Youth Wellbeing Officer will work collaboratively to support the Care Team approach throughout the duration of the SHS stay.

## The Care Plan

- The Care Team will develop a [Care Plan](#), using the [Child and Family Wellbeing Assessment Tool](#) in consultation with the child or young person and their family, where appropriate and safe.
- The Care Plan will record the model of care and goals for the child or young person against the six domains of the [Tasmanian Child and Youth Wellbeing Framework](#), which includes access to adequate, stable housing.
- Responding to the specific needs of the child, Care Plans will:
  - agree shared goals and outcomes, make decisions and carry out actions in the best interests of the child
  - agree on decision making authority based on the legal status and developmental maturity of the child; to include issues such as:
    - managing requests to spend night/s away from the SHS
    - what to do if a young person fails to return to an SHS by curfew (and either is or is not subject to a Care and Protection Order, Youth Justice Order and/or bail conditions)
    - who to contact in the event of ill health/sickness (both emergency and day to day)
    - managing permission/consent for school excursions or similar



- document outcomes and progress
  - agree on escalation strategies, should issues arise (including breach of SHS rules, Youth Justice Order or bail conditions, possible exclusion, when to call emergency services etc)
  - include strategies and arrange, where necessary, safe stable accommodation on exit as appropriate
  - If necessary, interim arrangements can be made to assist SHS staff managing any immediate risks/issues arising between intake and the first Care Team Meeting. This may include for example, who to contact in an emergency, what to do if the young person fails to return to the Shelter etc)
- The Care Plan will be reviewed regularly and progress monitored by the Care Team.

## Exiting from SHS

- The Care Team is collectively responsible for agreeing and developing strategies to support a safe and appropriate exit from the Shelter. This could include:
  - returning to the care of parents or other family where safe and possible to do so
  - if approaching the age of 16, exit into:
    - independent living (social housing or private rental) with the necessary supports in place or Youth 2 Independence (Y2I).
- Sudden exit from the SHS, due to behaviour/incidents, should be a last resort and be discussed with the ARL and the child's family/caregiver(s) as soon as possible, as part of the Care Team approach.
- Where sudden exit is unavoidable (voluntary or non-voluntary), it should be planned as much as possible and should not exit the child into homelessness. Alternative accommodation should be in place before the child exits the service.<sup>3</sup>
- Where possible and if known, the Care Team should be notified of the address/location the child or young person exits to.

## Review of the Practice Guidelines

These Practice Guidelines will be reviewed 12 months after release, in collaboration with the *Strong Families Safe Kids* Advice and Referral Line's Child Safety and Wellbeing Liaison Officer.

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<sup>3</sup> *Children, Youth and Families* recognises that sudden exit, voluntary or non-voluntary, is difficult to plan, often occurs outside of business hours and children and young people often decide to not return to SHS without notifying anyone or providing information of their whereabouts.

# Attachments

## 1. Table of State-wide Youth SHS:

Target group	South	North	North-West
Unaccompanied children aged 12-15	<b>Colville Place</b> – boys and girls aged 12-15	<b>Youth, Family Community Connections</b> – Youth at Risk Centre aged 12-15	
Youth aged 13-20	<b>Annie Kenney</b> – young women aged 13-20  <b>Mara House</b> – Transitional support for young women aged 13-20  <b>Pathways Launch</b> – Transitional support for young men aged 13-20  <b>Youthcare</b> – young men aged 13-20	<b>Youth Futures</b> – young men aged 13-20  <b>Karinya Young Women’s Service</b> – young women aged 13-20	<b>Youth, Family Community Connections Burnie</b> – young men and women aged 13-20  <b>Youth, Family Community Connections Devonport</b> – young men and women aged 13-20
Young women with or expecting a child	<b>Hobart City Mission</b> – Small Steps Program	<b>Karinya Young Mums N Bubs</b> – pregnant teenagers and young parents aged 15 – 19	<b>Youth, Family Community Connections</b> – young pregnant women and young parents aged 15-20



## 2. Summary table of roles and responsibilities:

	<b>SHS is responsible for:</b>	<b>ARL is responsible for:</b>	<b>The Care Team is responsible for:</b>
<b>Immediate Response</b>	<p>Undertaking usual advice, support, assessment, referral, and intake processes on presentation of an U16.</p> <p>Contacting the ARL to advise of U16's presentation and circumstances.</p> <p>Contacting the parent/caregiver/legal guardian.</p> <p>Contacting the Care Team (if one is already in place). Where a Care Team is not in place, allocating a staff member to participate.</p> <p>Ensuring the wellbeing and safety of the U16 is at the forefront of every decision</p> <p>In collaboration with ARL, exploring alternative options for safe appropriate accommodation and care where SHS accommodation is not available or appropriate.</p> <p>Providing funded SHS services where the U16 is to be accommodated.</p>	<p>Trialling a Child Safety and Wellbeing Liaison Officer (youth specialist) position to build expertise in U16 response.</p> <p>Providing a first point of contact for child wellbeing and safety.</p> <p>Gathering available information and providing advice to the SHS based on the individual circumstances and legal status of the child.</p> <p>Dealing with the matter in accordance with the CYF Practice Manual<sup>4</sup> and appropriate legislation to ensure the child's safety and wellbeing.</p> <p>Where the child is under 12, taking the necessary action to accommodate and care in accordance with the CYF Practice Manual and appropriate legislation to ensure the child's safety and wellbeing.</p> <p>In collaboration with SHS, and others involved with the U16 (such as family) exploring alternative options for safe appropriate accommodation and care for the U16 where SHS accommodation is not available or not appropriate.</p>	<p>Where a child or young person presents to SHS and has a Care Team in place, the Care Team will meet as soon as practicable.</p>
<b>Care Teams</b>	<p>Working in partnership with the ARL to support establishment of and nominate the lead coordination role of the Care Team.</p>	<p>Trialling a Care Team approach for U16's.</p> <p>Coordinating the first Care Team meeting as soon as practicable in partnership with TYSS/SYP and SHS (as outlined above), nominating the lead coordination role of the Care Team.</p>	<p>Agreeing on membership and confirming lead coordination and case management role.</p> <p>Arranging and recording subsequent Care Team meetings.</p> <p>Involving the parent/caregiver and the U16, where appropriate as much as possible, as part of the Care Team approach.</p>
<b>Ongoing Support</b>	<p>Ongoing participation in the Care Team as appropriate.</p>	<p>Ongoing participation in the Care Team as appropriate.</p> <p>Collection and reporting of data in relation to U16 homelessness.</p>	<p>Developing a Care Plan to respond to the specific needs of the child, in collaboration with the child and their parent/caregiver.</p> <p>Regularly reviewing and monitoring progress of the Care Plan</p>

<sup>4</sup> The CYF Practice Manual is the primary point of reference for CYF staff and provides a comprehensive set of policies, procedures and practice requirements to inform the delivery of services for children, young people, adults and families in Tasmania.

### 3. Table of Supports:

Strong Families, Safe Kids Advice & Referral Line	1800 000 123
Emergency Services	000
Sexual Assault Support Service	1800 697 877
Family Violence Counselling and Support Service	1800 608 122
Lifeline	13 11 14
Victims of Crime Service	1300 300 238
1800 Respect	1800 737 732
Relationships Australia, Tasmania	1300 364 277
Kids Helpline	1800 551 800

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