

Report under Section 13 of  
the *Community Services  
(Complaints Reviews and  
Monitoring) Act 1993*

Group review of young  
people with disabilities  
leaving statutory care

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## 1 INTRODUCTION

The NSW Ombudsman, under s13 of the *Community Services (Complaints, Reviews and Monitoring) Act 1993*, can review the circumstances of children and young people in care and advise on changes to promote their welfare and interests.

This report is about the leaving care arrangements for a group of young people with disabilities who have left or will leave statutory care on turning 18 in 2004. It has been informed by reviewing the circumstances and/or leaving care plans of 27 young people.<sup>1</sup> Sections two to six provide a summary of the review background, method, circumstances of the young people, key observations and findings and recommendations. Sections seven to nine provide more detailed information.

## 2 BACKGROUND

In February 2004, the Ombudsman initiated reviews of a number of young people in statutory out-of-home care, identified by DoCS as having a disability. The focus of the reviews was the planning in place to assist these young people on leaving care to:

- transition to independent living, or
- return to live with their family; or
- transition from their out-of-home care placement to an appropriate alternative supported placement.

The reviews were initiated with the purpose of examining:

- the leaving care planning process for young people with disabilities
- arrangements for those young people leaving statutory care identified as requiring an ongoing supported placement, and
- the capacity of the service system to meet the needs of young people with high support needs associated with disability.

## 3 METHODOLOGY

In February 2004, DoCS provided data on the number of young persons in care at 30 September 2003, aged between 15 and 17, as well as those identified by the department as having a disability.<sup>2</sup> The data included the legal status of each young person.<sup>3</sup> We used this data to select the group for review.

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<sup>1</sup> The circumstances of 22 of the young people were reviewed and leaving care plans and case conference notes were examined in relation to five young people.

<sup>2</sup> Disability categories used by the department are: developmental delay (recorded when the child was 0-5 years old); intellectual delay (including Down's Syndrome); specific learning/Attention Deficit Disorder; autism (includes Asperger's Syndrome and pervasive developmental disorder); physical; acquired brain injury; sensory (hearing); sensory (speech); psychiatric; neurological (includes epilepsy and Alzheimer's).

<sup>3</sup> 'Legal status' used by the department: parental responsibility to the Minister; protected person; temporary/voluntary care; adopted; custody agency; court adjournment; parental responsibility to relative; parental responsibility to other person.

Departmental data indicated 198 young people (15 per cent) of the total group of 1,299 in care, had a disability.<sup>4</sup> Of the 198, 62 would turn 18 in 2004. We determined to look at the circumstances of those young people who were identified by the department as having autism or a developmental or intellectual disability, who were under the parental responsibility of the Minister for Community Services, and who would turn 18 in 2004.

This group consisted of 27 young people.<sup>5</sup>

Five of the 27 young people turned 18 prior to March 2004. We examined these young people's leaving care plans and the minutes of their most recent case conferences prior to turning 18. Reviews of the leaving care arrangements for the other 22 were informed by: interviews with caseworkers, other service providers and, where relevant and appropriate, other people in the young people's lives; review of young people's departmental files and documents; and finally, where possible, an interview with the young person.

To inform the focus of our reviews, we consulted with DoCS, after care services, and a number of designated agencies including Centacare, Barnardos and Burnside.

A draft of the report was provided to the Department of Community Services for comment on the report and proposed recommendations.

The department commented as follows:

*'The report identifies a number of significant issues for the NSW Department of Community Services for this client group. It is recognised that the review report reflects benchmarks for best practice in working with young people with disabilities who are leaving statutory care. The implementation of recommendations will need to be considered against the competing priorities of program reform.'*

The criteria or benchmarks used by the Ombudsman in conducting the reviews were the legislative requirements in relation to leaving care, and the department's own practice guidelines. The Ombudsman will monitor the department's response to, and implementation of, the report recommendations.

#### **4 THE YOUNG PEOPLE REVIEWED – A SNAPSHOT**

- The level of intellectual functioning of the group ranged from average (two young people with autism) to profound (one young person). The largest group (12) were identified as having a mild intellectual disability, with five functioning at the borderline level, six at the moderate level and two at the severe level. Fifteen of the 27 had more than one identified disability, including five diagnosed with a mental illness.

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<sup>4</sup> Of the 198, 106 were identified as autistic or as having an intellectual or developmental disability (eight per cent of the total group).

<sup>5</sup> 26 of the 27 young people whose circumstances we examined were under the parental responsibility of the Minister. One young person was in temporary care.

- The majority of the young people entered out-of-home care in their mid to late teens (17 of the 27). Sixteen of the 27 had been in their current placement or living arrangement for less than one year and 17 had experienced multiple placements during their time in care.
- During this time, 13 of the 27 young people had contact with either the police or the Department of Juvenile Justice and 10 had an identified issue with drug and/or alcohol usage.
- With the exception of two young people, all had either an allocated departmental caseworker and/or the department contracted this role to a funded designated agency. At the time of review the department was unaware of the whereabouts of two young people, neither of whom had an allocated caseworker. In one instance the department allocated a caseworker to a young person six weeks prior to the young person's discharge from care.
- DoCS' practice guidelines suggest leaving care planning should commence 12 months prior to a child or young person being discharged from care. For 19 of the young people, leaving care planning commenced six months or less prior to discharge.
- The leaving care case plan for 14 of the 27 young people was transition to independent living. For seven it was transition to alternative supported accommodation provided or funded by the Department of Ageing, Disability and Home Care (DADHC), for two it was to remain indefinitely with their foster carers, and for another two it was restoration to their birth families. The two young people missing at the time of review were living independently – one sharing rented accommodation and the other in transient arrangements.

## **5 KEY OBSERVATIONS AND CONCLUSIONS**

The majority of the young people we reviewed presented with complex support needs associated with their disabilities. To be effective, planning for these young people to transition to services funded or provided by DADHC, or to live independently, had to commence well in advance of the young person's eighteenth birthday, and had to be supported by quality case management and strong advocacy to ensure the case plan was implemented. Leaving care plans needed to be documented, particularly where the young person was to be referred to an after care or other support service. This occurred for many, but not all, of the young people we reviewed.

### *Young people eligible for DADHC services*

The reviews highlighted that eligibility for DADHC services is no guarantee of seamless transfer from statutory care arrangements to supported accommodation funded or provided by DADHC. We found that this is particularly so for young people with disabilities in contact with the criminal justice system.

In November 2003 DoCS and DADHC agreed on service arrangements between the departments for children and young people with a disability. Under the agreed

arrangements, DoCS is to notify DADHC at least two years prior to the expiration of a Children's Court order where a young person with a disability is likely to have significant support needs upon leaving out-of-home care.

Our reviews confirm the need for such an arrangement.

*Young people not eligible for DADHC services*

The reviews highlighted the particular challenges presented to caseworkers by young people leaving statutory care who have a disability, but who are not eligible for DADHC funded or provided accommodation and/or casework services. Some of these young people have moved or will move to independent living arrangements in spite of concerns held by their caseworkers that they lack the capacity to live independently.

Many of these young people will require ongoing assistance to access and use the services offered at the time they leave care. We found that in some instances caseworkers addressed this situation by linking the young person to a disability support service or adolescent service at the time of discharge. We also found examples of departmental caseworkers engaging a range of support services for the young person prior to their discharge from care. These arrangements, including drop-in support and mentoring, should provide for a gradual transition to independence and some form of safety net for the young people. Our reviews identified that for many of these young people, DoCS' support did not cease when the young people turned 18.

For some, however, the only support arrangement was referral by their DoCS caseworker to a service funded to provide after care support. DoCS has advised that after care agencies are not funded to provide longer term or intensive casework. Therefore, these services are not well placed to meet the needs of this group.

*Key elements of effective planning for young people leaving care*

The quality of leaving care planning, and the documentation of these plans, varied greatly for the 27 young people. We found many examples of flexible, innovative leaving care plans that were effectively implemented by the department and other service providers.

The planning process for these young people had in common:

- engagement of the young person in the planning process
- an inter-agency approach to the planning;
- timely engagement of specialist support and/or adolescent services prior to discharge from care
- a focus on assessment to determine the young person's skills
- leaving care plans that address skills/knowledge deficits identified through assessment
- documentation of the leaving care plan with clear reference to goals and strategies, roles and responsibilities and
- review dates

Where these elements were not in place, opportunities were lost to ensure best possible outcomes for the young people.

## **6 RECOMMENDATIONS**

1. The Department of Community Services should take proactive steps to ensure that leaving care planning occurs in accordance with the department's practice guidelines. These require planning to commence 12 months prior to leaving care.
2. The Department of Community Services should provide clearer guidance to its caseworkers about the department's expectations concerning the documentation of leaving care plans.
3. The Department of Community Services should consider the scope for, and potential benefit of, funded after care services providing intensive case management to young people with disabilities who require assistance to develop skills to live independently, or to be linked to appropriate support services.

## **7 LEGISLATION AND PROCEDURES FOR YOUNG PEOPLE LEAVING CARE**

The arrangements for children and young people on leaving out-of-home care are provided for under Part 6 of the *Children and Young Persons (Care and Protection) Act 1998*. Part 6 was proclaimed in March 2004.

Prior to March 2004, arrangements were not legislated, but stipulated in internal DoCS policy.<sup>6</sup>

Under Part 6, the designated agency supervising the young person is required to develop and implement a plan to prepare the young person to leave care. This must be done in consultation with the young person, and where relevant, significant others in the young person's life. The Act provides for the Minister to arrange or provide assistance for young people leaving care, between the ages of 15 and 25, as the Minister considers necessary. Provision is made in respect of young people's entitlement to certain documents and access to personal information on leaving care, and the retention of records. Provision is also made specifically in relation to record keeping and leaving care planning for young people of Aboriginal and Torres Strait Islander background.

DoCS' Business Help outlines the key tasks of departmental staff when assisting a young person to leave care. These vary depending on whether the case plan for leaving care is restoration, independent living or adoption:

- Case plans for leaving care must address accommodation, income support, knowledge and understanding of personal history, contact with family members, access to education and training, health issues and living skills needed to live independently.
- The case plan, and tasks to be performed to enable a smooth transition to independent living, are to be documented.
- Case planning to address leaving care should commence at least 12 months prior to the child or young person leaving care.

For young people with a disability with ongoing support needs, a Memorandum of Understanding between DoCS and DADHC (November 2003) provides for:

- the joint development of transition plans
- planning timeframes (to commence two years prior to discharge from statutory care), and
- case management responsibility (DoCS to maintain case management until the order expires, when DADHC assumes responsibility for the welfare and well-being of the young person).

### **7.1 After care services**

DoCS first funded after care services in 1996. After care services are funded primarily to assist young people to develop the skills to live independently. Funding for after care services allows for two hours case management per month per young person. The

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<sup>6</sup> DoCS' *Keeping Kids Safe* practice guidelines specified leaving care planning should commence 12 months before the young person is scheduled to leave care, a leaving care plan must be prepared and implemented and that the plan be prepared in consultation with the young person.



services are not funded to provide intensive case management for young people with high/complex needs.

## 7.2 Research

There is no research that specifically looks at the experience of young people with disabilities leaving statutory or other forms of care. However, Australian research findings are relevant to many of the group we reviewed.<sup>7</sup> Factors that positively influence young people's transition from care to independence are:

- a stable, positive experience of care
- resilience and belief in self
- the availability of mentors or advocates
- extended support provided by previous carers and workers and/or after-care support workers, and
- family contact while in care and at the time of transition from care, or re-establishment after leaving care.

Factors that inhibit young people's transition from care to independence are:

- unresolved anger towards family members, workers or the system
- unsuitable and unstable placements and multiple changes of carers and workers
- living in unstable accommodation at the time of discharge, which was frequently preceded by instability experienced in care
- lack of long term goals which commonly appear to be related to a history of homelessness before the young person was subject to a care order
- lack of sufficient income
- contact with the juvenile justice system and imprisonment and
- lack of preparation for leaving care and lack of contact with the care system.

## 8 CHARACTERISTICS AND CIRCUMSTANCES OF YOUNG PEOPLE AT THE TIME OF REVIEW

The following is an overview of the characteristics and circumstances of the 27 young people we reviewed.

### 8.1 Age at time of final care order

The majority of the 27 young people (63 per cent) entered care as adolescents. By comparison, the majority of the overall population in care, enter care between the ages of nought to 11 years.<sup>8</sup>

<i>Age at time of final care order</i>	<i>Number</i>
0-3 yrs	3
4-8 yrs	5
9-12 yrs	2
13-17 yrs	17 <sup>9</sup>
<b>Total</b>	<b>27</b>

<sup>7</sup> Maunders, D Liddel, M & Green, S 1999, *Young People Leaving Care and Protection: A Report to the National Youth Affairs Research Scheme* Australian Clearinghouse of Youth Studies

<sup>8</sup> See Department of Community Services Out-of-Home Care Quarterly Data

<sup>9</sup> This figure includes one young person for whom court action did not proceed but for whom the department provided out-of-home care over an extended period

## 8.2 Reason for entry into care

<i>Reason for entry into care</i>	<i>Number</i>
Voluntary	2
Neglect	4
Physical abuse	8
Multiple	6
Abandonment	2
Adoption breakdown	3
Not known	2
<b>Total</b>	<b>27</b>

The three young people, who entered statutory care because of adoption breakdown were all ‘overseas adoptions’.

Two young people entered statutory care at the request of their parent/s.

## 8.3 Disability Type

Based on departmental data, 18 of the group had an intellectual disability, three were autistic, and six had a developmental delay.<sup>10</sup>

Caseworkers for seven of the young people identified as either having an intellectual or developmental delay, questioned this classification and/or level of intellectual functioning. Factors contributing to this difference in assessment may include the initial classification of intellectual functioning not being based on psychological assessment, and/or no review of the initial assessment over time, and departmental data not being updated. Other factors may include the inability of intellectual functioning tests to adequately account for factors such as: childhood deprivation and/or trauma; the child/young person coming from a culturally and linguistically diverse background; and/or lack of educational opportunities at an early age.

## 8.4 Intellectual function

Classification of intellectual function is based on IQ assessment. While the classification is a poor indicator of support needs or adaptive behaviour, we report it here as DADHC considers intellectual function when determining eligibility for access to disability services provided by the department.<sup>11</sup>

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<sup>10</sup> This is a global classification and could include cerebral palsy, autism, intellectual disability, or be used where clear diagnosis is not possible

<sup>11</sup> A person over the age of six is considered eligible for DADHC services if: a) they are a permanent resident of Australia and reside in New South Wales; **and** b) they have an intellectual disability or multiple disabilities where an intellectual disability is also present.

A person is considered to have an intellectual disability when: Intellectual functioning is measured at two or more standard deviations below the mean for the Full-Scale score on a recognised test of intelligence, **and** the person has significant deficits in adaptive functioning in two or more areas (Significant is defined as two or more standard deviations below the mean or equivalent, **and** these deficits in cognitive and adaptive functioning are manifest prior to 18 years of age; **or** there is a specific diagnosis of a syndrome strongly associated with significant intellectual disability made in a written report by a health professional or Diagnostic and Assessment Service.

<i>Classification of intellectual function</i>	<i>Number</i> <sup>12</sup>
Average	2
Borderline	5
Mild	12
Moderate	6
Severe	1
Profound	1
Total	27

### 8.5 Secondary disability

Fifteen of the 27 young people were identified as having a secondary disability or condition or illness.<sup>13</sup>

<i>Secondary disability/condition/illness</i>	<i>Number</i>
Psychiatric	5
Neurological (epilepsy)	4
ADHD/ADD	5
Physical	1
Total	15

### 8.6 Placement type prior to discharge from statutory care

<i>Placement type</i>	<i>Number</i>
Foster care	6
Intensive foster care <sup>14</sup>	4
Residential	2
Rostered care	1
Motel	1
Group home	1
Semi-independent	3
Exit housing/refuge/boarding house	2
Independent	4
Parents	1
Whereabouts unknown by department	2
Total	27

At the time of review one young person was residing in a motel with supervision. This arrangement reflected the assessed level of support the young person required and an absence of appropriate supported accommodation.

The department funded one young person to attend boarding school. At weekends and during school holidays this young person resided with foster carers supervised by a funded designated agency.

<sup>12</sup> These classifications were based on caseworker advice, and where possible were confirmed by document review

<sup>13</sup> Based on caseworker advice, and confirmed by document review

<sup>14</sup> These foster care arrangements are characterised by carers that are specifically assessed, recruited, and trained to foster children and young people with high or complex needs and receive a remuneration that is higher than the general foster care allowance.

The placements for four of the 10 young people in foster care, including the young person attending boarding school, were funded through Individual Client Agreements.<sup>15</sup>

Two young people were in residential care. This included one young person in a DADHC funded disability residential service and one in a DoCS funded accommodation service for female adolescents.

One young person was in house on her own, supported by rostered staff on a 24-hour basis.

Ten of the 27 placements were funded on the basis of Individual Client Agreements.

### **8.7 Length of time in placement at time of review**

17 of the 27 young people had a history of multiple placements<sup>16</sup> during their time in the care system. At the time of review 16 of the 27 young people had been in their current placement for a year or less.

<i>Length of time in current placement</i>	<i>Number</i>
0-1 yrs	16
2-3 yrs	5
5-7 yrs	1
8-10 yrs	1
11-15 yrs	1
Not known	3
Total	27

### **8.8 Ethnic Background**

Sixteen of the young people were Anglo Australian, five were Aboriginal and five were from culturally and linguistically diverse backgrounds.

### **8.9 Contact with birth family**

Twenty of the young people had contact with their birth families whilst six had no contact. We were unable to establish whether there was contact for one young person.

### **8.10 Involvement with NSW Police and/or the Department of Juvenile Justice**

Thirteen of the 27 young people had contact with the police and/or the Department of Juvenile Justice. Involvement ranged from minor stealing offences, cautions and contact with police in relation to alcohol and drug issues, to more significant stealing offences, sex offences and arson.

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<sup>15</sup> Individual Client Agreements are used by DoCS to purchase placement and/or support services for a particular child or young person.

<sup>16</sup> Four or more placements

### 8.11 Drug/alcohol use an identified concern

Ten of the 27 young people had engaged in drug/alcohol use to a level where this was identified as a concern by caseworkers and/or other services.

### 8.12 Pregnancy

Thirteen of the 27 young people were female. Three of these had experienced pregnancy prior to discharge from care.

## 9 WHAT THE REVIEWS FOUND

### 9.1 Case plan for leaving care at commencement of review

The purpose of leaving care planning is to prepare a young person in statutory care: for adoption or to return to live with their family; to live independently; or to assist the young person transition to DADHC funded or provided supported accommodation.

<i>Initial case plan for leaving care</i>	<i>Number</i>
Transition to independent living	14
Transition to an appropriate alternative placement	7
Restoration	2
Remain with foster carers indefinitely	2
Missing at time of review	2
Total	27

A number of these case plans changed during the course of the reviews:

- The department identified two young people as missing at the time of our reviews.<sup>17</sup> We located one of these young people by telephoning the young person's last known contact number in their departmental file. The department undertook to, and subsequently located, the other young person. The department has since entered into discussion with both young people about possible supports available to them.
- Two young people self-placed with their birth families. The department had assisted one of these young people to move from supported accommodation to independent living with drop in support. Departmental leaving care planning for the other young person had commenced but was not followed through – leaving the young person at the time of discharge without a clear case plan.
- Based on the department's assessment that one young person did not have the skills or capacity to live independently, and in the absence of supported accommodation options, the initial case plan for the young person was restoration.

<sup>17</sup> According to these young people's departmental files, the department held concerns for the safety of both young people. Regardless, the department did not issue *Child Protection Alert* or complete *Critical Incident Notification* forms, as required by the department's practice guidelines

However, as the young person's mother was homeless, the case plan for this young person changed to transition to independence.<sup>18</sup>

- One young person who is to transition to independence has been assessed by DoCS as requiring ongoing supported accommodation. DADHC has assessed the young person as ineligible for a DADHC funded service. Leaving care arrangements for this young person, as for four others who require supported accommodation but who are not eligible for DADHC services, remain unresolved at the time of writing of this report.

## 9.2 Commencement of leaving care planning

The department's practice guidelines specify that leaving care planning should commence at least 12 months prior to a young person leaving care. For young people with a disability requiring supported accommodation upon leaving statutory care, the requirement is for planning to commence two years prior to discharge from statutory care.<sup>19</sup>

<i>Commencement of leaving care planning</i>	<i>Number</i>
<2 mths prior to discharge	2
2-4 mths prior to discharge	5
5-6 mths prior to discharge	12
>6 mths prior to discharge	5
Whereabouts not known by DoCS	2
YP refused to engage	1
<b>Total</b>	<b>27</b>

For those young people assessed as eligible for DADHC services, transition planning did not commence in accordance with the two-year timeframe now agreed to between DADHC and DoCS. For three of these young people transition planning commenced 12 months prior to discharge, for another three it commenced between five to six months, and for one it commenced four months prior to discharge. The long-term accommodation arrangements for three of these young people remain unresolved.

On occasion unexpected circumstances impacted on the timing of, and arrangements for, leaving care planning. An abuse in care allegation made six months prior to one young person's eighteenth birthday, resulted in a new plan having to be developed and implemented. Remaining indefinitely with the foster carer, as had originally been planned, was no longer an option. In this instance the department made a referral to DADHC. Although DADHC's initial response was that a suitable placement in the area was not available, DADHC has since accommodated the young person in a departmental group home.

One young person refused to engage in leaving care planning with the department. The department had assisted this young person – then aged 16 – to move to independent accommodation with support following the death of his long-term foster carer. Once established in an independent living arrangement, this young person

<sup>18</sup> Due to a communication failure between two Community Service Centres, the young person's supervising office only became aware that one young person was under the parental responsibility of the Minister four months prior to the young person's discharge from statutory care.

<sup>19</sup> These arrangements came into force in November 2003.

refused to accept services from the department or other service providers. However, the department did have arrangements in place to monitor the young person's situation.

What constitutes the commencement of leaving care planning, varied widely across the group. In one instance it was a telephone referral to an after care service 12 months prior to the young person's discharge (not accepted), with no further action until three months prior to discharge. For a number, planning commenced with a meeting between the young person and the caseworker with the subsequent involvement of others.

However, for one young person planning commenced with the allocation of her file in the weeks preceding her discharge from care and a case conference held four days prior to her eighteenth birthday. Planning for this young person – assessed as having a mild to moderate intellectual disability and being of Aboriginal descent – was inadequate as reflected in the meeting minutes of the leaving care case conference. Had leaving care planning commenced in accordance with departmental guidelines, it is possible that the outcome for the young person would have been significantly better.

*The (casework manager) stated that the purpose of the meeting was to develop a leaving care plan for (the young person)...(Casework manager) then asked (young person) to provide an update and she stated that she wished to finish school [IM class] and stay with (foster carers) during this time. (Casework manager) then asked if this had already been discussed and both parties said that it had. (Casework manager) asked if there was anything else and (young person) stated that she had not...(Casework manager) asked (young person) when she finished school and (young person) said Term 3 (September). (Casework manager) stated to (young person) that we, (DoCS) can still help her after she leaves care, citing such things as education, contact and accommodation as areas where we could help her. (Young person) did not respond with suggestions about where she may need assistance.*

*(Casework manager) then asked young person about her strengths and living skills. (Young person) stated that she couldn't cook, but (foster mother) stated that (young person) could cook. It was agreed that it was important for the young person to take an increased role around the foster carers' home in an effort to more thoroughly develop her independent living skills.*

In our review of this young person we requested information on the financial and future accommodation arrangements for the young person. We also suggested the caseworker refer the young person to an organisation such as Murungbai After Care Service for Aboriginal and Torres Strait Islander young people. In response the department advised that the young person had left her placement and was now living with a friend. It further advised 'A caseworker is allocated to work with the young person and to develop and manage strategies to address her accommodation needs, determine a suitable level of subsidy and to link her with After Care services. However, as the (young person) is now eighteen years of age the implementation of the strategies are largely reliant upon her engagement, cooperation and involvement.' The department further advised 'The caseworker attempted to obtain information from Centrelink to clarify (the young person's) current benefit, however Centrelink declined to provide the information as (the young person) has left care.'

### 9.3 Accommodation options for young people on leaving care

Departmental guidelines state case plans for leaving care must address accommodation. As noted (8.6, 8.7) the majority of the group experienced placement instability whilst in care and ten of the young people required placements funded on an individual client agreement basis. Put simply, this means the level of support they required exceeded that normally provided to children and young people in out-of-home care. Most of these young people will require a similar level of support upon turning 18.

YP	Intellectual Function	Accommodation at time of review <sup>20</sup>	Proposed accommodation on leaving care
1.	Mild	Accommodation service for females aged 14 to 17.	None. Young person self restored to family
2.	Mild	Moving between family members	Department of Housing (DOH)
3.	Moderate	Departmental foster care	Remain with foster carers indefinitely
4.	Moderate	DADHC funded residential care	Group home (when residential service devolves)
5.	Moderate	Motel with sleep-over supervision*	Group home (placement yet to be found)
6.	Profound	Departmental foster care	Group home
7.	Mild	DoCS funded 1:1 rostered care*	DADHC funded 1:1 rostered care
8.	Mild/moderate	DADHC funded group home*	DADHC funded or provided group home (decision on placement yet to be finalised)
9.	Severe	Professional foster care*	DADHC funded or provided group home (placement yet to be found)
10.	Moderate	Professional foster care*	DADHC funded group home
11.	Moderate	Homeless and living with friends	Private rental with DOH assistance with bond and initial rent
12.	Mild	Self placed with friends and paying rent to leaseholder	Remain with friends
13.	Mild	Living with partner in private rental	Remain with partner in private rental
14.	Average	Community housing (unit) with drop-in support	Can remain in accommodation indefinitely on proviso that rent is paid
15.	Borderline	Professional foster care/boarding school*	Yet to be resolved (options include DOH or medium to long term semi-supported SAAP placement)
16.	Moderate	Living with partner in private rental	Remain living with partner in private rental
17.	Mild	Professional foster care*	Yet to be resolved (assessed as requiring semi supported placement but none available)
18.	Mild	Professional foster care*	Yet to be resolved (assessed as requiring semi supported placement but none available)
19.	Borderline	Self placed with friends	Yet to be resolved
20.	Mild	Departmental foster carers	Self placed with family of friend
21.	Mild	Professional foster care*	Yet to be resolved (assessed as requiring semi-supported placement)
22.	Borderline	Professional foster care*	Private rental
23.	Borderline	Departmental foster carers	Remain with foster carers indefinitely
24.	Mild	DOH	DOH
25.	Average	Residential *	Semi-supported placement (yet to be resolved)
26.	Mild	Community housing (share unit with another young person in oohc)	Self restored to parents
27.	Borderline	Private rental bed-sit	Remain in bed-sit

<sup>20</sup> Asterisk denotes placement funded on the basis of an individual client agreement.



Accommodation plans for many of the young people were not resolved at the time of our reviews. A number of these young people are completing the school year and will remain in their current placements as an after care service funded by DoCS. Five of the young people in placements funded on the basis of individual client agreements are not eligible for DADHC services. Four of these five have been assessed by their caseworkers as requiring supported accommodation. At the time of review, leaving care planning had identified this need for all four, but suitable accommodation options had not been identified.

Two young people have returned to live with their families. Both were assessed as not having the skills to live independently.

The reviews found that the two young people living with their partners in private rental arrangements (nos. 13 and 16) were in exploitative relationships with significantly older males. The reviews identified that both young people were dependent on the relationship for financial and emotional support. Both had been assessed by their caseworkers as lacking the capacity to live independently. While both young people were advised that the department would assist them financially should they move from their current living arrangements, without significant support neither is likely to move and take up this offer.

One young person in regional NSW, assessed as not having the skills to live independently, has been assisted by the department to move to a Department of Housing unit in the absence of any alternative. Although this young person does not meet DADHC's criteria for service eligibility, DADHC is providing a casework service.

#### **9.4 Assessment of capacity to live independently**

At the time of our reviews, the leaving care case plan for 14 of the 27 young people was transition to independent living.

The independent living skills of six of the 14 young people were assessed and the assessments were used to inform the nature of leaving care and after care services required to support the young people move to independence. All six were in support arrangements funded through Individual Client Agreements. Leaving care planning for these six people was characterised by:

- leaving care planning commencing between 6 and 12 months prior to discharge from statutory care
- assessment used to identify skills/knowledge deficits
- case plans formulated to reflect the assessed needs
- monitoring and review of progress against time framed strategies
- involvement of the young person in the assessment and planning processes
- timely engagement of specialist support/adolescent services, including disability support services.

Leaving care planning for the other eight young people transitioning to independence was compromised by: failure to effectively engage the young person in the planning process; the planning occurring close to the time of discharge and not being informed

by a considered assessment of the young person's capacity to live independently; the planning not clearly specifying roles and responsibilities for actioning the plan, and no review mechanism in place.

### **9.5 Transition to supported accommodation**

Eight of the young people were assessed by DoCS as requiring supported accommodation provided or funded by DADHC. DADHC assessed seven of the eight as meeting DADHC's eligibility criteria. Four of the seven young people have had significant contact with the criminal justice system and this has to be factored into future support arrangements.

DoCS is yet to resolve accommodation arrangements for the young person not deemed eligible to access a DADHC accommodation service.

Leaving care planning for three of the seven young people occurred 12 months or more prior to discharge. For another three it commenced between five to six months prior to discharge and for one, four months prior to discharge.

At the time of writing appropriate accommodation options have yet to be found for three of the seven. These three have had significant contact with the criminal justice system.

### **9.6 Adequacy of leaving care planning to meet the special need of the group**

#### *Application to the Guardianship Tribunal*

DoCS made applications to the Guardianship Tribunal for five of the 27 young people prior to their discharge from statutory care. These applications reflected an assessment that the young person's disability impacted on their capacity to make significant life decisions or manage their own financial affairs.

DADHC will assume case management for four of these young people on their discharge from statutory care and one young person will transition to independence.

In two instances there was some dispute at the caseworker level as to who had responsibility to lodge the application – DoCS or DADHC.

Since assuming case management responsibility, DADHC has made application to the tribunal for one of the other young people in the group.

#### *Contact with the criminal justice system*

At the time of review, five young people had current or recent involvement with the criminal justice system that warranted addressing in the context of leaving care planning. Four of these young people have transitioned or will transition to DADHC case management. DADHC is yet to resolve future accommodation and support arrangements for three of the four young people.

Leaving care planning for the young person transitioning to independence involved the young person's juvenile justice worker and addressed strategies to avoid future offending behaviour.

### *Adolescent pregnancy and sexual vulnerability*

Five of the young people we reviewed evidenced sexually promiscuous behaviour and a tendency to develop relationships with much older men. Four of these five entered statutory care, in part as a consequence of sexual abuse.<sup>21</sup> Three had experienced a pregnancy whilst in care and one will give birth in the months following her discharge from statutory care.

In general we found leaving care planning did not address issues such as protective behaviours counselling, family planning, or safe sex. Factors contributing to this situation included: the young person was already living independently with a partner; the young person's whereabouts were not known to the department; a prevailing view that once the young person turns 18, the department has no authority to intervene in these areas, and the time required to effectively link the young person to counselling services.

Leaving care planning for the young person who will give birth was inadequate. In the absence of a leaving care plan, this young person self placed with her family. According to her departmental caseworker she does not have the capacity to care for herself, let alone a baby. However, the leaving care and after care plan for this young person did not address this issue.

### *Family contact*

Departmental guidelines require family contact to be addressed in the leaving care planning process.

Leaving care plans dealt variably with the issue of contact. At one end of the spectrum a young person was advised at her leaving care conference that the department would facilitate contact, begging the question why it had not done so in the preceding 18 months. At the other, a detailed contact schedule, to be funded by the department, was the outcome of the leaving care arrangements for another young person.

Whilst 20 of the 27 had some form of contact with their families whilst in care, for many this had diminished over time. Where family were still involved with the young person, they were generally included in the leaving care planning process.

## **9.7 Leaving care conferences**

For seven of the 27 young people, leaving care conferences either did not take place at all, or took place in the weeks prior to or after the young person left care. The seven young people had the following characteristics: they were in stable departmental

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<sup>21</sup> 13 of the 27 young people were female. Of these 13, six had entered statutory care in part because of sexual abuse issues

foster care and their carers received the standard foster care allowance; they were self-placed; or the department did not know their whereabouts.

### **9.8 Documentation of leaving care plans**

Based on the results of our reviews, documentation of leaving care plans does not appear to be standardised across the department. As a consequence, the adequacy and usefulness of the documented leaving care plans varied greatly across the group. Some formats used allowed for clarification of goals, tasks, roles and responsibilities and timeframes. The 'joint transition plan' was used for some but not all of the young people transitioning to DADHC funded or provided services. Some leaving care plans consisted of nothing more than case conference minutes. This was problematic in some instances, as the leaving care plan got lost in the narrative.

### **9.9 Provision of after care services**

After care services provided by DoCS varied widely across the state. In relation to the group as a whole:

#### *Aftercare services*

The department referred 10 of the 27 young people to after care services.

In two instances these referrals were initially rejected because of lack of capacity within the after care service to take new clients, and in one instance assessment that the young person did not have the skills to live independently. Subsequently all referrals were accepted.

Two of the 10 referrals to after care services were in relation to young people transitioning to supported accommodated funded or provided by DADHC. Both were accepted by the after care services.

After care services indicate that they are limited in the amount of casework support they can provide. By way of example, one young person with a moderate intellectual disability had been referred to an after care service. The young person had relied heavily on her DoCS caseworker for a range of supports. The aftercare service will have weekly contact with the young person in the first week, fortnightly in the second month, and thereafter responsibility for contact will rest with the young person. The after care service report that this level of support is well beyond the level normally provided.

#### *After care support provided by DoCS*

Eight of the 27 young people's placements were extended and funded by the department to allow the young person to complete their schooling. This included four young people who turned 18 in the first half of 2004. Two young people had their placements extended to allow completion of employment training.

*Financial assistance*

For all young people transitioning to independent living, the leaving care process involved discussion of financial assistance. Assistance was provided for things such as dental work, computer equipment, and the purchase of furniture and white goods.

However, discussions about financial assistance were not always supported by effective strategies to ensure goals were realised for the young people. For example, young people were told that they were eligible for 'establishment costs' if, for example, they located a flat to rent, or a course to undertake. However, for some, no support was put in place to assist the young person, for example, to find the flat or vocational course.

There appears to be some confusion at the caseworker level about young people's eligibility for the Commonwealth Government's 'Transition to Independent Living Allowance' (TILA). Some caseworkers mistakenly reported young people in NSW are not eligible for TILA because they can receive 'establishment costs' from the state government. Access to TILA funds was identified as a strategy for only two of the 14 young people moving to independence.

*After care support provided by DoCS to young people transitioning to DADHC*

After care services provided by DoCS to young people transitioning to DADHC services included: funding for and facilitation of contact visits; payment of school fees; ongoing funding of placements for five of the seven young people pending alternative placements being located for them by DADHC; payment of therapy and contracted case management services until completion of the school year; and funds to purchase furniture.