



1 June 2017

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Ms Megan Mitchell

National Children's Commissioner

Australian Human Rights Commission

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Sydney NSW 2001

Dear Ms Mitchell.

Request from the National Children's Commissioner for you to participate in a roundtable and a call for you to make a written submission

Thank you for the opportunity to present a written submission which is enclosed addressing issues focussed on young parents and their children and the types of early interventions likely to decrease the risk profile and trajectory of such young people, improve their capacity for safe and effective parenting, and increase their likelihood of becoming economically secure.

We look forward to the opportunity of participating in one of your roundtables to be conducted in June 2017.


Yours sincerely,

Ms Janice Hoad

HYPAs General Manager

SYC Limited



The background of the central section is a photograph of a person holding a child, overlaid with a semi-transparent blue and green gradient. The person's hands are visible, supporting the child from behind. The text is overlaid on this image.

Submission: Early interventions that impact positively on young parents and their children

Provided to the National Children's Commissioner, Australian
Human Rights Commission.

2nd June 2017

INTRODUCTION

This submission has been provided in response to an invitation by the National Children's Commissioner, Australian Human Rights Commission, to offer insights into the types of early interventions that may address the following issues:

- Decreasing the risk profile and trajectory of young parents, young parents to be and their children
- Improving their capacity for safe and effective parenting
- Increasing their likelihood of becoming economically secure

SYC, through its youth services division HYP A (Helping Young People Achieve), is pleased to have been invited to provide the submission, and in doing so draws from almost six decades of experience of working with young people in a variety of situations that affect their life trajectories, whether that be homelessness, family conflict and abuse, disengagement from school or offending behaviours within the youth justice system.

Across all areas of our services we meet young people who are either the result of teenage pregnancies or are teenage parents themselves, so we see first hand the impact this can have on their lives and the lives of their children.

As part of this submission, we include three Appendices that provide summaries of three of our programs that are of particular relevance to the issues experienced by teenage/young parents and their children. These programs are HYP A Housing, the Youth Gateway (for young people experiencing homelessness) and HYP A Homes. Each of these summaries provides insights to the challenges experienced by young people facing parenthood or being the child of teenage parents, and the interventions we use and the support provided to these young people. We provide this information to demonstrate our ability to see the trajectories in young peoples' lives that lead them towards teenage parenthood – or other social and health challenges that result from teenage pregnancies. We draw on these experiences to answer your questions on recommended early interventions to influence said trajectories in a positive way.

ABOUT SYC

SYC was established in 1958 with a clear mandate to support disadvantaged young people in Adelaide. SYC has helped three generations of people to find a safe place to sleep, develop new skills, gain and sustain employment, finish school and reconnect with their families. The aspiration to extend and deepen SYC's services always existed and remains today, which has resulted in significant growth for SYC in its 50+ year history.

Today SYC is a not-for-profit organisation centred on employment, training, and youth services. With a core purpose to positively affect the lives of people in need, last year SYC helped more than 61,000 people in the areas of Home, Wellbeing, Learning and Working.

SYC has three operating divisions; one of which is HYPAs, our youth services division, the other two are our Registered Training Organisation, Training Prospects, and our employment services division, Job Prospects.

About HYPAs

HYPAs provides a wide range of support to young people to find and harness their talent for a positive future. In the last year HYPAs supported and assisted over 5,300 young people across its services in the focus areas of our work – Home, Learning, Working and Wellbeing.

HYPAs is renowned for its sophisticated and compassionate approach to helping young people. Its philosophy is not one based on providing welfare, which in itself can become a trap. It's about transitioning young people from welfare dependence to independent living – and that is about much more than finding a place to live. Young people cannot successfully live their own lives if they lack self-belief or confidence, or if they lack fundamental life skills that most of us take for granted. Most of us had our parents to guide and teach us, but most of the young people who seek help from HYPAs have not had the same opportunities to gain these skills.

OUR SUBMISSION

We have chosen to use the story of a young person who is cared for within our HYPAs Homes program as a way to bring to life the very real consequences and domino effects of teenage pregnancies if the right kind of support is not given. This also provides rationale for our recommendations in terms of early interventions we put forward.

Introduction to MC

In the year 2002 MC was born to 2 teenage parents both 18 years old (one of aboriginal heritage). Both of these parents were under the guardianship of the minister until age 18 and each had an extensive trauma history. The parents had significant drug and alcohol abuse issues, were living in unstable housing, had a low socio-economic status, and there was an environment of domestic violence. Up until the age of six weeks old numerous notifications were made regarding MC and suspected neglect and abuse towards MC from her parents. By eight weeks of age she had been removed from their care. MC was placed on long-term guardianship orders until age 18 and spent time in various foster care and emergency care settings before being referred to HYPAs Homes in 2015. She has been living in the same HYPAs Home placement for more than two years and is thriving.

The following is a comparison of the current trajectory of her life and the trajectory of her life if she had not been removed from her parents care.

In regards to the risk profile and trajectory, in the care of HYPAs Homes these are significantly changed for MC due to being removed from her parents care and ultimately from other placements that further traumatised her. MC was at risk and unsafe from birth, the traumatic effects of this have been, and will be long lasting for MC even though she was removed from her parents at such a young age. Although, once removed MC was eventually placed with long term foster carers, in this placement MC was a victim of substantiated physical abuse and potential sexual abuse. These events also changed her risk trajectory, as MC contracted genital herpes at the age of 12, along with another young person under guardianship whom she lived with. This young person made allegations of sexual abuse while in the foster home. MC was removed not long after and placed in emergency care before she was brought into our HYPAs Homes Specialised Residential Care program. MC was confirmed to have started her period at age 11, so if there was sexual abuse happening, which is very apparent, would have left her very vulnerable to a teenage pregnancy.

In bringing MC into our therapeutic residential care program we were able to reduce her risks of becoming a teenage parent by providing her with stable housing, socio-economic advantage, access to good education, good health care, good sexual education, safety against potential sexual abuse, and also provide her with a reparative experience in which many of these risk factors (of her trajectory and ending up a teenage parent herself) were significantly diminished.

MC is provided with a daily experience of being parented positively, which has led to MC being able to form healthy attachments with people, have a positive social circle, make positive decisions for herself, get a job, excel at school, and have interests in extracurricular activities. MC's health and wellbeing has been significantly impacted in a positive way while in our program, in comparison to what the expected shift would have been if she were to not have been removed from her parents' care or, indeed, ultimately been placed into our care. Arguably, had she been placed in such quality care since being a baby, her trajectory would have been further changed and avoided the abuse and neglect she suffered in those earlier placements, and the resulting challenges, traumas and issues she faced.

MC, from the time of birth until she came into our care, would have met all the criteria for being in the highest category for potential teenage pregnancy herself. These criteria being - unstable housing, socio-economic disadvantage, experiences of sexual abuse in childhood, being of aboriginal descent, and being the child of teenage parents. MC was an aboriginal child, living in unstable housing, born to two young parents who were under the Guardianship of the Minister from an early age, were solvent abusers and participated in domestic violence in the home. MC had hepatitis C at birth, for which her parents did not take her to any medical appointments. When removed, her parents did not have any food in the home, no bath, there were bags of paint throughout the house and the parents were very severely intoxicated. The parents had been reported to put materials soaked with solvents near MC's face to get her to sleep and MC was reported to have delayed speech and motor skills from birth.

If MC was not removed from her parents care, MC would have continued to be subjected to drug and alcohol abuse, leaving her at risk of misusing drugs and/or alcohol herself, assuming she even survived. MC would have been consistently transient, without stable housing for the whole of her childhood, impacting on her mental health and wellbeing. Her health would have deteriorated due to her having health issues and her parents not attending medical check-ups, leaving her open to a lot of other medical conditions in her future. Her parents' lifestyle would have had significant effects on MC's life, including her schooling and education, which would potentially have been little to non-existent. MC would have become a vulnerable target for grooming by sexual predators given she would not have likely been supervised a lot of the time. MC would have suffered significant neglect and abuse at the hands of her parents had she not been removed and this would have only likely have gotten worse over the course of her lifetime.

MC's life would have taken a different trajectory if she were not removed from her parents' care – this is reinforced with the fact that her parents are still currently and frequently misusing drugs and alcohol, live a transient lifestyle, have been in and out of prison numerous times, and continue to remain at a significant socio-economic disadvantage.

However, unfortunately for MC, the abuse and neglect was not averted by her removal from her parents. In fact it did not stop until she came into HYPAs care. So in MC's case the 'system' had a number of opportunities to change her life trajectory and only got it right after several mistakes which resulted in some life long impacts (genital herpes as a physical example).

What can we learn from MC's story? What interventions would have (and did have) impacted positively on her life (and others with similar trajectories and experiences)?

Q1: What types of early interventions are likely to decrease the risk profile and trajectory of young parents, young parents to be and their children?

- Family counselling interventions, support around healthy relationships and family functioning
- If children removed from the parents after having experienced abuse, provide therapeutic care in an environment that is as close to a safe family home as possible with professional carers trained in trauma-based therapy/care. This enables the addressing of systemic and individual trauma that the young person carries, provides them with the tools they need to process this trauma and helps guide them onto a positive life trajectory.
- Access to secure housing, including that which allows young couples to remain together if that is their wish and comes with ongoing support to assist their growth as individuals and parents and keep them on a positive trajectory

- Focus on teaching of basic life skills as early as possible/relevant, ie cooking, budgeting, cleaning, making appointments, catching public transport and driving, even being a good employee and how to handle an interview etc. In other words, the skills that young people from functional families are taught by their parents and by example.
- Ensure children have access to proper schooling/adequate education so they are educated around social issues such as teenage pregnancy and parenting, info regarding contraception
- Counselling around past abuse and trauma - break down current barriers to this: cost, waitlists, transport, accessibility.
- Coaching/mentoring of young people rather than traditional limited case management.
- Programs that provide care/support until the age of 25 rather than cutting off at 18. Many young people who have experienced trauma or disadvantage are delayed in their learning and are subsequently ill equipped to meet and deal with life challenges at 18.

Q2: What types of early interventions improve their capacity for safe and effective parenting.

- A positive parenting model of care that places safety as a high priority. The young people need to know what good parenting looks like and the best way of doing that is to show by example in the way in which they're cared for (if under the GoM).
- Parenting classes, access to information regarding bonding, secure attachment and healthy development of babies/young children, support around mental health issues including post-partum depression, extra supports available such as nannies or support workers to help with parenting and living skills, CAFHs nurses visits to keep an eye on the progress of new mothers.
- Attachment assessments and psych education and support around their ability to foster healthy attachments with their own children.
- Assistance with antenatal and postnatal appointments and support
- Family counselling interventions, support around healthy relationships and family functioning
- Access to secure housing, including that which allows young couples to remain together if that is their wish and comes with ongoing support to assist their growth as individuals and parents and keep them on a positive trajectory
- Focus on teaching of basic life skills as early as possible/relevant, ie cooking, budgeting, cleaning, making appointments, catching public transport and driving, even being a good employee and how to handle an interview etc. In other words, the skills that young people from functional families are taught by their parents and by example.
- Engagement with and linkage/collaboration with appropriate services such as Strong Start to ensure specialist guidance and support provided to educate and mentor young people on parenting.
- Case management for young parents, counselling and trauma-based therapy

Q3: What types of early interventions increase their likelihood of becoming economically secure.

If homelessness is a precursor to unemployment, then both are precursors to poverty and welfare dependence. Education is also critical to this process, whether at school or post-school.

- Assist parents to find secure housing, advocate for them to ensure they receive all benefits they are entitled to including furniture funding and rent assistance,
- Provide access to flexible learning options / schooling so teenage mothers are not disadvantaged in entering the workforce.
- Job skills training and support around writing resumes, interview skills, presentation and information on what makes a good employee
- Work experience – assistance in obtaining a job and support while in work to help a young person stay in work, grow confidence and mature as an employee.
- Support with setting up welfare and Centrelink benefits
- Support mothers to access training sessions/appointments by providing transport or access to transport
- Assist teenage mothers to apply for community housing/supported accommodation.

APPENDIX A - HYPA HOUSING

HYPA Housing was developed in response to the lack of affordable housing for young people. It acknowledges the barriers that lock young people out of the private rental market such as low rental rate, lack of rental experience, inadequate references, landlords discriminating against young people, and being under 18 years of age and thus not able to sign a lease. As the private rental market is often unattainable for young people, it increases their risk of continuing to couch surf, live in overcrowded conditions and ultimately find their way into the homeless sector.

HYPA Housing is not crisis accommodation but is a stepping stone for young people aged between 17 and 25 years from homelessness to independence by providing them with a safe, nurturing environment that supports the development of their renting skills such as how to maintain a tenancy. The young person's HYPA Housing unit is combined with specialised development management support to help them achieve their goals and to maintain their education, training or employment. This specialised support consists of experienced and knowledgeable team members who understand developmental milestones, the impact of trauma and instability; the building blocks required to sustain an independent life; and the risks that may lead into homelessness.

HYPA Housing is a model of housing with supports that:

- Understand the cause and effect of youth homelessness.
- Enable a young person to understand and nurture who they are and what they want to achieve in life.
- Offer a differentiated and targeted approach that addresses the reasons a young person is experiencing homelessness or is at risk of becoming so.
- Create independence and interdependence – helping young people achieve their aspirations within a community of support.
- Integrate support with infrastructure – providing case management alongside specialist therapeutic, educational and vocational support and pathways.

Historically HYPA Housing has received referral applications for young expectant mothers and couples who were seeking housing prior to the birth of their child. Suitable unit accommodation is limited to one site and there are potentially 5 units that could be utilised for this accommodation purpose. A number of applicants were experiencing varying levels of homelessness due to the pregnancy. Reasons included family exclusion, inability to obtain private rental accommodation, financial and social disadvantage. During 2016 HYPA Housing developed a working relationship with SA Government Department for Education and Child Development Strong Start program to house and support a young expectant couple who met all eligibility criteria for HYPA Housing accommodation.

HYPA Housing is not able to provide intensive case management support directly related to infants and new mothers; however by working together with the Strong Start team case management approach has, to date, provided a successful tenancy and ante and post natal support for this young family. The Strong Start model is based on current evidence that early intensive intervention commencing in the antenatal period can support change in high risk families.

This collaborative approach directly addresses all three of the identified aspects of the risk profile being to decrease the risk profile and trajectory of young parents, young parents to be and their children, unstable housing arrangements and socioeconomic disadvantage. There is evidence** that supports that housing instability and/or homelessness is a factor in a person's ability to enter, engage in and maintain employment and can have significant negative health impacts as well as financial implications. The young family in this case study were, at the point of referral, in conflictual and unsustainable accommodation with little or no support for their relationship or pregnancy. They now have secure accommodation for up to two years, access to living skills programs and specialist pre and post natal supports for up to 2 years from referral. Both parents now have ongoing employment although the mother has taken some leave during this time.

There is a demonstrated need for suitable low cost accommodation for disadvantaged young mothers and families. This accommodation should also provide supported, appropriately specialised, pathways to decrease the risk profile and trajectory of such young people, improve their capacity for safe and effective parenting, and increase their likelihood of becoming economically secure. In the case study below the introduction of both secure and supported housing including life skills development and support with study and employment partnering specialised ante and post natal support, has increased the capacity and resilience for these young parents and a resultant long term positive outlook for the infant.

A young person/family who successfully transition from HYPA Housing will have gained a positive rental reference, completed or maintained their studies, obtained or maintained employment, achieved their goals, have greater links within their local community and leave with enhanced skills and tools to transition and be productive member of their community. When combined with an appropriate and specialised program that provides additional support for pregnant first time mothers who are experiencing a range of complex needs this collaborative approach does provide both early intervention and support to improve the capacity for safe and effective parenting and increase the likelihood of the family becoming economically secure.

A collaborative approach does provide both early intervention and longer term support to improve the capacity for safe and effective parenting and increase the likelihood of the family becoming economically secure through sustainable housing and increased employability.

** Homelessness and Unemployment: Understanding the Connection and Breaking the Cycle. Adam Steen, David Mackenzie and Darcy McCormack September 2012 – Swinburne Institute for Social Research Swinburne University.

**Opportunity for Change: Young Motherhood & Homelessness. A report from the Becoming a Mother project. Deborah Keys 2007 Key Centre for Women's Health in Society University of Melbourne

APPENDIX B - YOUTH GATEWAY FOR YOUNG PEOPLE EXPERIENCING HOMELESSNESS

In South Australia, NAHA funded Specialist Homelessness Services (SHS) are supported by three Gateways, two with specialisation operating in business hours namely the Youth Gateway for young people aged up to 25 years; secondly, the Domestic and Aboriginal Family Violence Gateway Service; the third is a 24-hour generalist Homelessness Gateway Services working across all target groups. Referred to as the Youth Gateway to crisis accommodation, Trace-A-Place (TAP) offers a combination of services, including referrals to emergency and longer term youth specific housing, provision of information on sourcing and accessing safe accommodation options, and general support and guidance on dealing with the experience of homelessness. This includes young parents with accompanying children.


If young parents present through the Youth Gateway and are over 18 years old, the emergency accommodation option is Youth 110 (St Johns Youth Service) - a youth accommodation service which accommodates young people in crisis aged 16-21 years old including singles, couples, single parents, young families, and siblings. Youth 110 provides 30 self contained apartments over four floors. A family room may be available to young parents with accompanying children on each of the four floors. There are four family rooms.

The difficulty with young families being referred into Youth 110 is that the majority of young single people being accommodated within this complex do not mirror the needs and responsibilities of parenting. In South Australia and as a Youth Gateway the only referral pathway for young parents who want to remain a family unit is into the above environment where the majority of young people are single and met with their own challenges – such as: social isolation, breakdown of their own family unit, having been under guardianship, having significant substance usage issues, being transient, having been bullied, having had contact with the juvenile justice system and/or having disengaged from education and/or employment options. These challenges are often also felt by the young parents being referred into these environments.

How are young parents expected to stay on the parenting track when they are faced with the above challenges together with focusing on the needs of their child? As a Youth Gateway we celebrate accommodation options for young people – we celebrate available vacancies. Difficulty arises however when these options raise a young family's risk profile. The above equation is not a judgement on the likes of Youth 110, but more so on the inappropriate and limited options available to young parents wishing to remain as a family unit. It was not so long ago that Youth 110 was not an option to young families, which meant that there were no emergency accommodation options in South Australia for young teenage parents to remain accommodated together.

Young parents who present through the Youth Gateway and are assessed as willing to separate have far more options. Through the NAHA funded Specialist Homelessness Services (SHS) referral points may be made to emergency accommodation options such as Coolock House, Malvern Place, and Louise Place. These services are equipped to providing suitable accommodation options and a range of support that respond to the needs of young mothers and their children. Whilst these options are imperative for a young mother who presents through the Gateway the question must be; where do the father's rights and responsibilities fit into the parenting equation? Why is it that the emergency accommodation system encourages the separation of the father from the family unit? Young mothers need support, they need respite, and financial security, and yet the system does not take into consideration the role of the father.

Young families who require emergency accommodation options are dependant on sector vacancies being available. If vacancies are not available and the family are over



18 years old, advocacy for funding is sought through Housing SA to provide an interim measure of motel accommodation. The Youth Gateway provides daily advocacy on behalf of families to remain in these motels however the disruption to any sense of rhythm that they may have with their baby or child is immense. Families are asked to vacate the motel on a daily basis (10am) until further funding is sought – on any one day the waiting period is generally 6 hours.

The significant disruption to everyday life that occurs when a young family is caught up in the cycle of emergency motel accommodation means that young people are often further exhausted, become more isolated from supports and pathways within the broader community, and can become stuck in survival mode where they are only able to focus on their immediate needs, such as accommodation for the following night. This environment means that it is difficult for young people to maintain any degree of normality and the uncertainty that accompanies this has detrimental impacts on wellbeing, mental health, and inevitably puts strain on the attachment relationship between parent and child.

HYPAs recognise that although this process is disruptive and non-conducive to healthy relationships and wellbeing, momentarily we can endeavour to bridge some of these gaps through offering a 'youth space' which is accessible to young families from 7am to 7pm each weekday. During this taxing motel process and whilst young families wait for longer term emergency accommodation options, young families generally attend Trace-a-Place daily, often for the entirety of the day. Trace-a-place provides access to; material assistance such as food, bus tickets, clothing, hot showers, computers, washing facilities, a family room, parenting resources, alongside staff who are trained to work with young people and their families.

HYPAs case managers recognise that relationship is the 'key' to decreasing the risk profile and trajectory of young families. The service response needs to be flexible and available to the work with young people ensuring that they are sustaining some degree of daily rhythm and wellbeing in an incredibly exhausting and taxing situation. Despite doing what we can to be responsive to an identified gap, HYPAs recognise that the processes and experiences that come out of a lack of appropriate emergency housing options for young families can have lifelong implications. HYPAs have seen first hand the increased risk young families are placed under and the impacts this has on attachment, the ability to meet the needs of infants and children, which can in turn increase likelihood of further trauma, isolation and child removal.

APPENDIX C - HYPA HOMES - SPECIALISED RESIDENTIAL CARE FOR YOUNG PEOPLE UNDER THE GUARDIANSHIP OF THE MINISTER

HYPA Homes is funded by the Department of Education and Child Development. The HYPA Homes program is a therapeutic specialised residential care (SRC) program for young people under the Guardianship of the Minister, aged between 12 and 18, who have experienced significant trauma, abuse, and neglect. The program has been designed to give young people the opportunity to experience an environment that provides all the hallmarks of a healthy, functional family experience – secure, consistent, and loving – with trained staff that have a clear understanding of the complex needs of traumatised young people.

The SRC Model has been developed by incorporating comprehensive theories on human development and empirically supported therapeutic practices from a range of disciplines. The family setting, a one-on-one relationship with the SRC Worker, and the involvement of other specialists, provide the young person with a safe, supportive, and understanding environment. Here they will be able to confront and deal with maladaptive and destructive patterns of relating, and learn how to form and sustain positive and reciprocal relationships with others.

The model creates a playful, loving, accepting, curious, empathetic (P.L.A.C.E) and therapeutic environment in SRC Homes, in which young people and SRC Workers can develop positive supportive relationships. Providing round the clock care every day of the year, SRC Homes are places where young people can take comfort and respite from their daily challenges and a place where they can heal from their traumatic experiences. The SRC homes provide a secure base that enables each young person to grow, try new things, learn new skills, develop healthy relationships and address their problems.