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C O R P O R A T E A D V I S O R Y

REPORT TO

Menzies Inc.

Disadvantaged Children and Young People in Frankston and
the Mornington Peninsula – Areas of Need and Gaps in Services

SUBMITTED BY

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1.0 EXECUTIVE SUMMARY

Introduction

- 1.1 Menzies Inc. is a not for profit organisation which provided programs and services aimed at young people who could no longer live with their natural families. These programs and services were designed to equip young people with the life skills required to lead independent, fulfilled lives.
- 1.2 In February 2014 Menzies announced that it would “evolve in 2014 from a residential care organisation to a grant making organisation in Frankston and the Mornington Peninsula.”
- 1.3 On 30 June 2014 Menzies transitioned the operations of its four residential care homes to four residential care organisations.
- 1.4 Dench McClean Carlson (“DMC”) was appointed in October 2014 by the Menzies Committee of Management (“CoM”) to conduct an environmental scan and propose possible funding options to the CoM for the purpose of aiding disadvantaged youth. In keeping with Menzies purpose and vision, the intent is to fund programs that will assist children in out of home care (“OOHC”), children at risk of going into OOHC and young people leaving OOHC.

Methodology

- 1.5 DMC consulted with about 30 stakeholders predominately in face to face discussion but also by telephone, email and survey. The stakeholders were in the main professionals employed by government or not-for-profit agencies, and all had extensive experience with disadvantaged young people in OOHC including residential care (“resicare”), foster care and kinship care.

Key findings

- 1.6 From the stakeholder consultations we identified the areas of need and we also considered carefully the gaps in services where we believed Menzies could make a difference.
- 1.7 There are a range of services on offer for disadvantaged children and young people in Frankston, although service provision is limited in the smaller localities on the Mornington Peninsula.
- 1.8 One of the challenges discussed with us by a number of stakeholders is that young people often do not know where to go to get help. This especially true for those in foster care or kinship care, but even for many of those in resicare the planning process for leaving care does not achieve positive outcomes.
- 1.9 We spoke with Phillip Mendes from the Faculty of Medicine at Monash University who has completed significant research in this area. He has given us permission to quote the words of the young people interviewed for the research paper cited below.

Young people’s comments reproduced from:

Snow, P.C., Mendes, P. & O’Donohue, D. (2014) Young People with a Disability Leaving State Care – Phase Two Report. Melbourne: Monash University

- 1.10 We found the voices of the young people compelling and their comments were congruent with the opinions of the stakeholders we consulted.
- 1.11 Two key needs on leaving care were accommodation and access to healthcare. For those leaving resicare they can no longer go back to the homes or the staff to find life coaches or mentors. It is a very sudden break.
- 1.12 Most young people leaving care at 18 or younger have very little idea how to fend for themselves. Adding to the difficulty most have been exposed to neglect or abuse as children and do not necessarily have good social skills or self-confidence.
- 1.13 A lack of social connectedness was identified by most stakeholders as a serious challenge for disadvantaged young people. Programs that encourage young people to develop friendships and healthy adult connections were well regarded. One stakeholder spoke of a study that identified that if young people had 44 connections they would utilise eleven of those connections as mentors to help them with life issues. Where there are no other connections stakeholders tell us that young people leaving care often drift back towards families that are abusive because they do not have other options.
- 1.14 Despite the best efforts of the resicare system in planning for departure many young people finish up in boarding houses and then homeless. Foster parents often do not have the skills to guide young people in searching for accommodation, training or jobs although there is sometimes opportunity for young people to stay on as boarders. Kinship carers, particularly grandparents, often have little idea how to guide young people in further training or job hunting. We were told there are few resources for foster carers or kinship carers to access.
- 1.15 Access to healthcare is a problem for young people leaving care and for children at risk of going into OOHC. In particular accessing psychologists for counselling is very difficult unless the child has been diagnosed with a specific serious problem. Often their lives are impacted by mental health issues, violence, drugs and alcohol abuse.

Service gaps and Menzies

- 1.16 We considered the service gaps that Menzies may be able to address. We were conscious that there are a lot of resources committed to resicare and given that this service is funded and controlled by the Government, Menzies may not be able to have substantial impact.
- 1.17 We focused on gaps where Menzies could have an impact, by providing funding to partners with a very good understanding of the key issues and a plan of action to improve the circumstances of disadvantaged young people.
- 1.18 We also identified potential programs that could make a difference but where more planning is needed (perhaps in future years) to develop the program in discussions with partners qualified for the work.

- 1.19 A key need is for accommodation for young people leaving care but all stakeholders acknowledged that finding accommodation for young people is very difficult. Previously Menzies had the Seaford Flats but this type of housing, that put troubled young people together without guidance, is not well regarded by local communities.
- 1.20 We do believe that the model developed by the Collingwood Foundation and the Salvos called the “Magpie Nest” is having very good success. Frankston City Council is proposing to run a trial with three houses this year (2015). The trial is restricted to older men for the first year but we believe it has the potential to provide accommodation for homeless young people. We suggest Menzies keep a watching brief on developments.
- 1.21 Two appendices to the report identify the programs that we believe have potential for Menzies investment. The first appendix describes programs that have a qualified partner and would be ready to fund now. The second describes potential programs that would need further development and discussions with partners before they could be progressed. The information in the appendices is confidential.

2.0 BACKGROUND AND METHODOLOGY

Background to the environmental scan

- 2.1 DMC was engaged by Menzies to conduct an environmental scan in order to develop grant options for Menzies to consider. These options should perpetuate the Menzies heritage and focus on improving the life outcomes for children and young people in Frankston and Mornington Peninsula in OOHC, at risk of being in OOHC or are transitioning from OOHC.
- 2.2 DMC was requested to make recommendations for grant options to the CoM which fit with the Menzies brand and will aid Menzies in continuing its legacy within the Frankston and Mornington Peninsula community.
- 2.3 This environmental scan details the results of the consultative process, considerations of options for funding and development of a preliminary financial model.

Geographic location

- 2.4 Frankston and the Mornington Peninsula areas are both located southeast of Melbourne. They are both bordered by the Casey shire, and Frankston also shares its borders with the Kingston and Greater Dandenong Local Government areas.
- 2.5 The Frankston region covers an area of 129.6 square kilometres and has a total population of 130,350 whilst the Mornington Peninsula region covers 724.1 square kilometres and a total population of 149,271.
- 2.6 The larger geographic area of the Mornington Peninsula and therefore wider spread of its relatively similar population to Frankston has led to issues surrounding availability of services and the lack of public transport; this is particularly prevalent for Rosebud and other coastal townships.

Population

- 2.7 ABS Data informs us that at the 2011 census there were 44,638 young people between the ages of 0 – 24 living in the Frankston and Mornington Peninsula areas. The following table shows the number of young people separated by age groups and local government region who currently reside in the Frankston and Mornington Peninsula areas

	Mornington	Frankston	Total
age groups (years)	Number	Number	
0 – 4 years	4418	4447	8865
5 – 9 years	4751	4069	8820
10 – 14 years	4700	4066	8766
15 – 19 years	4901	4423	9324
20 – 24 years	4239	4624	8863
Totals	23009	21629	44638

- 2.8 Source: Australian Bureau of Statistics, Census of Population and Housing 2011. (Data by Local government area).
- 2.9 The ABS Socio-economic Indexes for Areas (SEIFA) index of Socio-economic Relative Disadvantage (IRSD) summarises variables that indicate relative disadvantage. A low score and rank indicates a high proportion of relatively disadvantaged people in the area.
- 2.10 According to the ABS SEIFA IRSD index, Frankston has a score of 997 and Mornington Peninsula has a score of 1023 placing them at 44 and 59 of 80 in the state of Victoria for Local Government areas, however when considering the impact of these scores the affluent areas of Frankston South, Mt Eliza and Portsea must take into account.
- 2.11 To put the above figures into perspective, areas of disadvantage that have been highlighted to DMC throughout the course of this study are highlighted in the table below (the lower the score and rank the higher the disadvantage):

2011 State Suburb Name (SSC)	IRSD Score	Vic Rank
Crib Point	979	363
Frankston	956	245
Frankston North	812	16
Hastings (Vic.)	911	101
Mornington (Vic.)	1013	654
Rosebud	941	178
Rosebud West	899	84
Tootgarook	949	206

We compare these to five of the more affluent Victorian areas below:

2011 State Suburb Name (SSC)	IRSD Score	Vic Rank
South Wharf	1150	1515
Portsea	1126	1510
Ivanhoe East	1116	1498
Toorak	1110	1485
Malvern (Vic.)	1103	1471

As we can see from the above figures the discrepancy is quite significant. It is clear that the higher levels of disadvantage will translate to a higher number of disadvantaged children in the FMP region than in other parts of Victoria.

Methodology

- 2.12 We consulted with about 30 stakeholders to understand their views and gather information on the issues affecting young people in the Frankston Mornington Peninsula area.
- 2.13 We distributed twelve surveys in addition to those taken by interested parties at the Menzies 2014 AGM; three responses were received.
- 2.14 Our consultations included discussion with representatives of the following organisations:
- Create Foundation

- Family Life
 - Frankston City Council
 - Frankston Homeless Support Services
 - Headspace
 - Kids Under Cover
 - Kokoda Youth Organisation
 - L2P
 - Mahogany Rise Primary School
 - Mental Health Services
 - Menzies Homes Associations
 - Menzies Operations Manager
 - Monash University
 - Monterey Secondary College
 - Mornington Peninsula Shire
 - Ozchild
 - PenDAP -Peninsula Drug and Alcohol Program now called Frankston and Mornington Drug and Alcohol service
 - Peninsula Health / Frankston Community Health
 - Peninsula Training and Employment Program
 - Victoria Police
 - Salvation Army - Peninsula Youth & Family Services
 - Toorak College
 - Youth Connect
- 2.15 We have considered the responses from the interviews and surveys and have pulled together the main themes from the interviews in order to help create a set of options for the CoM to consider.
- 2.16 We have prepared a set of options based on our research into potential funding opportunities for Menzies in the Frankston Mornington Peninsula area.
- 2.17 We convened a workshop with the CoM to consider the potential of the program options for funding.
- 2.18 We have prepared a preliminary financial model to consider the potential income available for funding, and to capture the potential costs of establishment and operation of the selected programs.

3.0 KEY FINDINGS – CONSULTATIONS

Key findings from consultations

- 3.1 The interviews were structured around the following discussion points:
- Can you identify what you see as the areas of greatest need for disadvantaged children and young people?
 - Are there gaps in existing services?
 - Are there areas of risk that a funded program could address to prevent children going into out-of-home care?
 - Are there transition issues for children leaving care?
 - What additional support is needed for children already in out-of-home care?
 - What additional support is needed in education?
 - What additional support is needed in health including drug use and abuse and mental health?
 - Are there homeless children in the Mornington Peninsula? What support do they need?
 - Are there inequalities in access/eligibility criteria/geography?
 - Are there areas of poor/no access to services?
 - Do you know of a program or project where Menzies could make a significant difference to the wellbeing of at risk young people perhaps in partnership with another organisation?
 - Are there other matters we should consider eg the relationship between young people and the legal system?
- 3.2 We consulted with about 30 stakeholders through face-to-face interviews, by telephone and email and survey. Below are the main themes that came out of the stakeholder consultations.

Areas of need

Lack of resources

- 3.3 During discussions stakeholders often noted the lack of resources available to young people, particularly those of a leaving care age.
- 3.4 In particular demand in the FMP region is for affordable safe housing. Not all housing that is available to young people is safe and that some of the housing options after care involve exposure to drug issues.
- 3.5 According to research by Create foundation 30% of young people report that they were homeless the first year of leaving care (Report Card, Transitioning from Care, 2009: Tracking Progress).

"I moved out of resi care on my 18th birthday. I had a place but unfortunately the resi unit screwed it up two days after I moved in. They brought other clients to my new address and they came back later and

threatened my housemate, so I got kicked out. I ended up living on the streets for a few weeks. A couple of nights I stayed in motels, I spent one night in a mental health facility. I spent a few nights on the street and yeah, eventually I found a boarding house. I tried going to the police and they were no help, they offered me a tent and that was it. I tried ringing refuges and they said that they wouldn't take me because I had a borderline personality disorder. I've lived in heaps of boarding houses. Eventually I got into transitional housing.

"I wish I was still in care. Yep. Go to school, you've got food cooked for you, everything. It's like a holiday. Now you've got to face the real big world and it's scary. I've been a Ward of the State since I was two years old, I'm used to it. I wish I was still in the residential unit, because now you don't have help, if you can't pay the bills, there's no one to help you. There should be an ongoing support for life because when you leave care when you're 18, they promise you will never be homeless, you will never be on drugs, well where am I? They didn't even put an application in for housing when I left care.

"A lot of kids, just because you tell them to do something doesn't mean they can do it and really, leaving care needs to be planned a lot earlier. Leaving care on its own is a form of trauma. You have gone from having all this support shoved at you whether you wanted it or not, workers around you every day to nothing.

"If I didn't have them (independent living skills program), I wouldn't be able to survive now, because they teach you how to be independent. Still, 18's not long enough when you get babied in care. Everything's done for you. I reckon 21 or even 25. All support should still be there until you're 25, because some people don't even have family. Me I've got no family, no support.

"They didn't tell me my entitlements at all. You're supposed to start working on a leaving care plan at age 16 and they are supposed to let you know then what you can access and start to get you ready to live independently. But that didn't happen until the last two months before I turned 18. I would have liked to do some courses that would have helped me get a job. Things would be so much easier if I'd been helped to do some certificate courses.

3.6 There is a lack of services for young people leaving care and where the services exist many young people do not know they are available to them.

3.7 Lack of respite care has also been highlighted as an important issue. When carers (kinship/foster) don't get access to respite this can lead to them relinquishing the young person. This in turn can force the young people into resicare or another form of OOHC leading to a breakdown of their existing networks.

Mental Health and Drug Use

3.8 Caring for children and young people with disabilities has been identified as another area of need for young people in the OOHC system.

3.9 Often there is a reluctance to diagnose young people in the OOHC system with mental illness.

3.10 Many times mental illness issues are often considered as behavioural issues and the young person does not get the help that they require.

- 3.11 Stakeholders also identified drug use as a major issue for young people in care and leaving care. Ice and glue have been identified as problems in OOHC, particularly residential care. While these problems may be present in the general community, young people leaving resicare have no family support to help them deal with these problems when they turn 18.

"I got into drugs in resi care, nothing too severe, chroming and marijuana and stuff like that. I got beaten.. I was trying to kill myself and took more extreme measures to do it too... I was more isolate, I had a lot of my stuff stolen which wasn't good and it really was a bad place

- 3.12 The drug problem is also known to exist in the type of accommodation young people can access when they leave care when they turn 18.
- 3.13 In addition to young people using drugs, stakeholders report that parents who are drug users can result in children being put into OOHC, or made homeless.
- 3.14 Stakeholders also note that this drug use was often linked to family violence another factor forcing children into OOHC.

Intergenerational Cycles/Poor Parenting

- 3.15 Many times children in care have parents who have also come through the care system. A recurring theme in the stakeholder interviews centred around educating parents of at risk young people in order to break the cycle.
- 3.16 Many stakeholders agreed that the most prominent risk factor in a young person going into OOHC are their parents; some are in jail whilst others have substance abuse issues and some are violent towards others in the home.
- 3.17 A lack of early intervention programs has been identified, although stakeholders who raised this point generally acknowledged that this is a hard field to get right and that it is hard to measure.

"If the government had offered Mum help and support when we were young and while we were still living with her, it would have been so much better. Disability isn't black and white.

- 3.18 Stakeholders comment that a lot of government funding has been pulled from the early intervention/prevention space. One of our interviewee's used the analogy that *"the ambulance no longer stops people from jumping off the cliff, it waits at the bottom to try and pick up the pieces"*.
- 3.19 Teenage parents were also identified as an area of need. In this particular bracket we essentially have two groups of the Menzies subset of areas of concern - the teenage parents and their infant children.
- 3.20 Many stakeholders were of the view that "babies having babies" was an issue in OOHC. A number of reasons were identified such as lack of sexual awareness and the very short term view of being able to claim additional social security benefits. Stakeholders commented that resicare workers do not feel comfortable educating young people about sexual health and contraception.

Gaps in existing services

Transitioning from care

- 3.21 One of the most prominent issues identified in nearly all of the stakeholder interviews was the lack of services for young people leaving care.
- 3.22 It was noted that there is a shortage of housing, medical assistance and life coaching for those leaving care.
- 3.23 Young people are not very well prepared for their exit from OOHC with transition programs which would include clear expectation and goal setting being virtually non-existent.
- 3.24 In addition it was widely noted that young people are not developing relevant life skills that would prepare them for the real world whilst in OOHC. Some notable skills young people lack after OOHC are:
- Not being able to drive
 - Relevant skills required to gain and keep employment
 - Skills required to be able to rent and keep a home.
- 3.25 One stake holder remarked *that it is unbelievable that young people are ejected from the OOHC system when they are 18 when in some instances they have the mental age of a pre-adolescent*. Particularly at risk are young people with developmental disabilities.
- 3.26 They also expressed frustration that these same young people are then expected to go out and try to navigate the complex welfare system and source accommodation at the same time.
- 3.27 These at risk young people generally do not get much support to pursue higher education such as TAFE or University. The support that is available is not very well publicised and many young people do not know it is available.

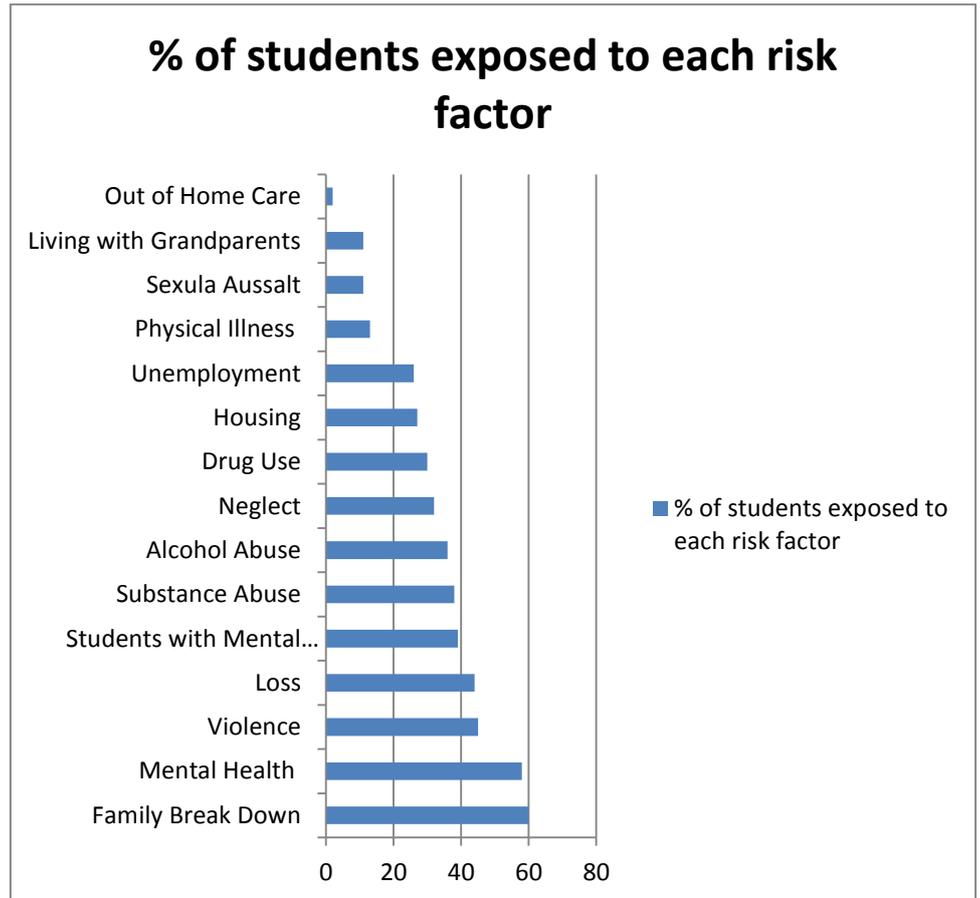
"I wasn't given any support workers, no funding, nothing. They screwed me over when it came to the end. I didn't know I was eligible for any funding for leaving care. No-one told me. I'm sick of the DHS policy of "you don't ask, we won't tell." I should have been appointed a worker to get me on my feet when I was 18. There's TILA funding but I didn't know I was eligible for it. I can't get it now".*

Note: *TILA is the Commonwealth Transition to Independent Living Allowance which is a one-off payment of up to \$1500 available to young people aged 15-25 year leaving out-of-home care.

Education

- 3.28 There are a number of areas of concern in the education of disadvantaged young people identified in stakeholder consultations.
- 3.29 A lot of children who are in OOHC or are at risk of going into OOHC are from disadvantaged backgrounds and often do not have the resources required to provide them with books and school uniforms needed.
- 3.30 In many instances these children are not getting the suitable nutrition level required for a school aged child; many are going without or eating inadequate breakfasts and lunches.

- 3.31 In some more extreme cases families are living in cars making it almost impossible for the children to be equipped with the necessary tools for success in a school environment.
- 3.32 Schools are also under resourced particularly in disadvantaged areas like the Pines. More resources are needed in areas such as speech therapy, occupational therapy and GP services.
- 3.33 One primary school principal that we spoke to has outlined the risk factors faced by his student body and provided statistics on what percentage of the student population has been exposed to each risk factor.



- 3.34 Stakeholders involved in education also emphasised the importance of respite care especially for single parents or grandparents (or other relatives) to help prevent children from going into resicare.
- 3.35 For the children that are in OOHHC particularly resicare several participants also stressed how important it is for them to stay connected to their communities, and that services to ensure this were lacking.
- 3.36 Opportunities to give young people a reason for aspirational behaviour were well regarded. Stakeholders believe experiences such as overseas or interstate travel or experiences such as the Kokoda Trail have a substantial and lasting effect on young people, and help to improve focus and behaviour at school.

Prevention/Early intervention

- 3.37 Stakeholders highlighted that prevention and early intervention is an important area of need, but one which is underfunded with the government pulling funding.
- 3.38 Many stakeholders believed that not enough is done in the early intervention space and that if more was invested prior to young people being put into OOHC then the number entering the system would be reduced.
- 3.39 One of the common themes that came from our stakeholder interviews is that the emphasis in the early intervention phase should be directed towards the parents and increasing their parenting skills
- 3.40 Several of the people we interviewed remarked that a *lot of kids in care don't necessarily need to be there*. Many observed that with some extra funding in the early stages the children would be able to stay with their families (which most of them want) and many resources (it costs about \$150K pa to keep a child in resicare) would be saved.

Mental Health Care

- 3.41 Stakeholders commented that mental health care is an important aspect of OOHC and it seems one that is shrinking in terms of the amount of resources put into it. State government funding has been pulled and the federal government contracts are up for renewal/review this year.
- 3.42 Our consultations identified a significant lack of services in the early detection and, where possible, prevention of mental illnesses. Disorders such as Post Traumatic Stress Disorder and severe anxiety have been identified as major issues for children in OOHC.
- 3.43 Another important gap in service that has been identified in the mental health area is the reluctance to diagnose young people with mental health issues. Without official diagnoses a lot of young people specifically those in OOHC miss out on receiving resources that could be beneficial to them.
- 3.44 Stakeholders also identified a lack of alternative therapeutic treatments such as animal assisted, art, martial arts and music therapies. Many of these options were offered previously however due to many environmental factors have been discontinued. Many interviewees raised these therapies as extremely helpful and commented that it was unfortunate that they were no longer offered.
- 3.45 The need for group therapy for young people was also highlighted. It is not readily available but is seen as being able to offer a great benefit to young people in and at risk of going into the OOHC system.

Geographical Issues

- 3.46 The majority of stakeholders agreed that a very large gap is present in the southern peninsula with places like Rosebud, Hastings and Tootgarook highlighted as having inadequate services and having poor public transport infrastructure.
- 3.47 Stakeholders remarked that “the further down the peninsula you go the worse the service gets”, in addition it was noted that for someone

to use public transport to get to Frankston where, the majority of services are, is an all day trip. Conversely some stakeholders believe that people in small communities prefer to go to a bigger centre like Frankston as it offers them some privacy.

- 3.48 It is apparent that there is no easy fix for the geographic issue due to the size of the Mornington Peninsula shire and the spread of the population.
- 3.49 One gap that was identified is that young people have no access to private health insurance and therefore cannot access services such as psychologists. This is particularly a problem in the small communities. If there were a scheme to provide this insurance young people could access private clinics for services.

Areas of risk

Parents

- 3.50 Many of the stakeholders we interviewed emphasized how important the parents were in the lives of at risk youth and many felt that more resources should be put into this area.
- 3.51 In many cases, even though children may have been mistreated by their parents they often gravitate back to them. In the eyes of many of the stakeholders we interviewed if more resources were directed towards educating and assisting parents to become better at parenting, many children would not end up in care.
- 3.52 Further to this, some stakeholders remarked that not all children in care need to be there and that with additional resources some of the children that are forced into OOHHC would be able to stay with their families, which is where most of them want to be.
- 3.53 DMC does note however that outcomes in this space are hard to measure and therefore investing in this area is difficult to justify.

Early intervention

- 3.54 In addition to the parental risk factors is the lack of (or need for more or more effective) early intervention programs. Again it can be hard to measure results and justify delivering these programs.
- 3.55 Stakeholders comment that the earlier a young person can be identified as being at risk the earlier they can be helped in an attempt to avoid OOHHC and more specifically residential care.
- 3.56 Additionally, if a young person is diagnosed with a mental health or associated issue they can also receive access to increased funding from DHS to ensure they receive the care they need. Often the reluctance to diagnose a mental health issue can lead to mental health related symptoms being passed over as behavioural issues.

Support Programs

- 3.57 Throughout our interviews a number of stakeholders highlighted the lack of support programs. These programs varied in type and intended audience. However it is felt that if some programs could be implemented that the impact would be great. It is also felt that some programs that would be perceived as absolutely essential are severely lacking.

- 3.58 The following support programs were suggested:
- Group therapy/groups (associations) for parents and adolescents where adolescents are violent towards parents
 - Parent training program (especially for parents leaving prison)
 - Support for victims of domestic violence
 - Support for young parents leaving resicare
- 3.59 Related to the above is the lack of respite care, particularly for parents and those in kinship and foster care. Stakeholders believe that with adequate respite care a number of children could avoid going into resicare.

Transition Issues for young people leaving care

- 3.60 Transitioning from OOHC was almost universally raised by all stakeholders as an area of great concern that needs much more attention and funding. The general consensus was that once young people left OOHC most funding and care essentially stopped.

Lack of Skills

- 3.61 Many believed that the young people in resicare are not afforded enough opportunities to develop the relevant skills for life after resicare. Even the simplest things that most of us take for granted like learning to drive, according to stakeholders, can be overlooked.
- 3.62 Stakeholders stressed that young people in resicare generally leave care without any employable skills and are severely lacking in independent living skills.
- 3.63 They also believed that opportunities for further education were out of reach of most resicare young people. When this is combined with the fact they have limited employable skills to begin with, the situation for many young people leaving resicare is quite dire.
- 3.64 The development of clear exit expectations and a structured exit program was also flagged as an area of concern. Numerous stakeholders remarked that transitioning from OOHC programs are essentially non-existent and that clear exit expectations and programs need to be developed to aid young people in leaving OOHC.
- 3.65 It was also noted by one mental health professional that the safety net of services in resicare should be partially removed approaching 18 in an attempt to help the young person adjust to life without services.

Residual Mental Health Issues

- 3.66 As stated previously, it is a widely held view that there is a real reluctance to diagnose mental illness, as a result of this many young people leave care with undiagnosed mental health issues. As a result adjusting to life after OOHC can be nearly impossible.
- 3.67 In addition, as most types of funding stop upon leaving OOHC many young people stop receiving treatment and therefore tend to go “off the rails” at least in the short term. One of the big issues around this point is that it seems there is some funding and assistance available but the care leavers often do not know it is available.

- 3.68 One stakeholder remarked that often many of the young people leaving care suffer from developmental disabilities. This essentially means that many of the young people leaving care are expected to fend for themselves and negotiate a complicated welfare system with the mental age of a pre-adolescent.

Housing

- 3.69 Another recurring theme from the industry was a lack of suitable affordable housing for people leaving care. There are few options for housing available in the FMP region and it was widely thought that many of these options may have drug issues.
- 3.70 As stated earlier research has shown that up to 30% of young people leaving care become homeless within the first six months of leaving care. When this is combined with the issues stated above surrounding residual mental health issues a lot of these problems can spiral out of control and the young people can be led into lives permeated with criminal activity including prostitution, assault and theft.
- 3.71 It has also been shown that the young people who are leaving care often do not have the required skills to obtain and retain independent living accommodation such as a renting a property.

Re-unification with Family

- 3.72 Some stakeholders were also of the view that many times when young people left residential care many of them either attempted to re-unite with family or attempted to re-unite with family even after they have been mistreated.
- 3.73 This can often lead the young person into a life that is not conducive to being a productive member of society. Stakeholders note that many of the children in resicare came from families that were involved in criminal activities or in some cases their parents had been sent to jail.

Additional support for children already in OOHC

Skill Development

- 3.74 As we saw earlier, a lack of skills is quite prevalent for young people in OOHC particularly resicare. The deficit in skills that these young people face is quite broad. These skills range from learning to drive to cooking and cleaning through to further education and development of employable skills.
- 3.75 It is felt by many stakeholders that the beginning of an exit plan should start when the young person is two years away from leaving OOHC, this would allow them time to lessen their dependence on services and start to develop the necessary skills to become a productive member of society.
- 3.76 In addition stakeholders felt that education and employment opportunities were lacking and that potentially more programs needed to be implemented to assist in this field.
- 3.77 Mentoring is seen as a very important component of helping young people in residential care particularly to develop the general life skills required for them to move on from resicare. This issue is not seen as important in foster and kinship care as those types of OOHC are

more like a family environment and there is opportunity for skill development.

- 3.78 Another interesting point raised by stakeholders is that the resicare system was too lenient on young people and that there is no framework for discipline in the residential homes. Adherence to house frameworks is voluntary. Essentially the young people have no one to answer to and once they leave the home they have difficulty adjusting to the new expectations society puts on them. For those leaving resicare they have no mentors from resicare that they can approach for guidance or assistance.
- 3.79 Stakeholders identified that more support was required to enable young mothers to keep attending high school, such as giving them the ability to bring their babies to school. One of the secondary schools had run such a program previously but it had lapsed.

Community Connectedness

- 3.80 Community connectedness was highlighted as an issue for young people in OOHC, particularly resicare, due to the fact that many young people are removed from their local communities as the residential homes may not be in their original area.
- 3.81 It is seen as important to keep children involved in their local communities to minimise disruption and to ease any transition back into their homes and local communities.
- 3.82 Following on from this it is noted by stakeholders that there is a real lack of counselling services available for young people to help them cope with the disruption to their lives.
- 3.83 Stakeholders noted that truancy is an issue for young people and that some kind of truancy reduction program is needed.

What additional support is needed in education

- 3.84 It is generally felt that the education system is quite competent and supportive, however, it would benefit with more training opportunities and funding.
- 3.85 Stakeholder suggested programs are listed below:
- Outreach teachers (education support workers)
 - In-house programs with maths, reading etc...
 - Alternative education programs
 - Developed vocational training
 - Tutoring programs
- 3.86 Additionally it was felt by some stakeholders that education for teachers on the issues surrounding OOHC may be beneficial.

What additional support is needed in health (including drug use and mental health)

Counselling Services

- 3.87 A common thread that appeared throughout our consultations is the long wait lists for counselling services relating to mental health and drug and alcohol counselling, and the fact that young people need to

be exhibiting extreme behaviours before they can get access. There is no free access to psychologists if the young person is suffering from an undiagnosed illness such as post-traumatic- stress-syndrome but their behaviour is not extreme.

- 3.88 Counselling services where a shortfall has been identified:
- Group therapy for young people aged 12 - 18
 - Drug education
 - Depression and anxiety treatments
 - Animal therapy/music therapy
 - More access for parents to drug, alcohol and mental health services.
- 3.89 Another suggested program was to offer young people private health insurance so that they could access the necessary services.

Drug Use in Residential Care

- 3.90 Some stakeholders commented that drug use in resicare is not uncommon and of particular note is the use of glue. This seemed to be more of a problem in some homes than others.
- 3.91 Stakeholders believe that more drug education is required and that drug use is often a symptom of deeper mental health issues which were often passed over as behavioural problems.

"I got into drugs in resi care, nothing too severe, chroming and marijuana and stuff like that. I got beaten. I was trying to kill myself and took more extreme measures to do it too I was more isolate, I had a lot of my stuff stolen which wasn't good and it really was a bad place.

"I had about five different fostercare placements. Oh it was a bit different. I really wish I had a mum and a dad there to support me and teach me all the right things. I wish I had of had someone sit down with me and say, tell me how bad drugs were for you, because that's how I got like this, because I smoked ice after my mate passed away and I got admitted to the Psych Ward. Really paranoid, really anxious and when I got admitted they said they've never seen me this unwell.

Are there homeless children in the Mornington Peninsula? What support do they need?

- 3.92 It was largely acknowledged that there are homeless young people in the FMP region, however exact numbers on homelessness are hard to come by. As previously mentioned we do know that approximately 30% of young people become homeless after leaving resicare. Stakeholders commented that many younger children engaged in couch surfing for various reasons.
- 3.93 The overriding theme from the consultations on this topic was that young people needed alternative support accommodation and that the further down the Peninsula you went the worse the service. One mental health worker we spoke to specifically mentioned that there is a real lack of services in Hastings.

- 3.94 Many of the issues that result in young people being sent to resicare are the same reasons that can lead them into homelessness. Stakeholders note that there needs to be more support in skill development, and in availability of appropriate and safe housing. Stakeholders comment that some of the transitional housing is associated with the proximity of a drug culture.

Are there Inequalities in access/eligibility criteria/geography?/Are there areas of poor/no access to services

Location

- 3.95 The overwhelming majority of respondents cited the southern Peninsula as a major issue in terms of providing services to at risk youth. Stakeholder highlighted the following suburbs/townships as areas that are in greatest need:
- Rosebud (particularly Rosebud West)
 - Hastings
 - Tootgarook
 - Bittern
- 3.96 In addition to the isolation and lack of services to the more remote communities the need for improved public transport on the Peninsula came through in nearly all interviews.
- 3.97 Stakeholders noted that agencies do go down to the more isolated areas, but that engagement can be a problem. One stakeholder also noted that even though there was a crisis centre in Hastings many people from the region did not want to go there because people may “talk” if they are seen going for help, so often opted to go into Frankston.

Foster Care vs Residential Care

- 3.98 It was noted that the gulf in funding between resicare children and foster care children can be quite large. Some respondents believed that with additional funding for respite and other services many children in foster/kinship care would be able to stay there and avoid going into resicare.
- 3.99 Many respondents were of the view that funding of the residential system was very good but believed with just a fraction of that funding being directed into the foster/kinship care system many young people would avoid resicare altogether.

Are there other matters to be considered e.g. the relationship between young people and the legal system

- 3.100 Overall most of the stakeholders were happy with the youth justice system and believed that the police (particularly the Police Youth Resource Officers) and the courts did a great job. It was noted however that there is poor access to legal aid for young people.

4.0 PROGRAMS READY FOR INVESTMENT

- 4.1 The purpose of option development is to consider the possible range of funding options and to analyse the possible advantages and disadvantages of each.
- 4.2 From the stakeholder consultations and a consideration of service gaps, 26 potential programs were identified. We had further discussions with potential partners on a number of these.
- 4.3 Of these 26 programs, nine were identified as not meeting Menzies current criteria. The remaining 17 were broken into two groups - those that were ready for immediate investment (Appendix 1) and those that would require further work (Appendix 2).
- 4.4 The options recommended to move forward with are those that most closely align with Menzies criteria. The options (while discrete and targeted) address immediate gaps that exist in the FMP area. Identified partners are experienced and ready to implement the programs if chosen.

5.0 FINANCIAL MODEL – POTENTIAL GRANT ALLOCATIONS

Overall assumptions

- 5.1 The programs identified ready for immediate investment have been costed as either an annual cost over a number of years or a one off cost for the program.
- 5.2 The costs have been estimated based on assumptions listed with each program. No benefit/support from local business or Menzies CoM network have been included in the costings.
- 5.3 While we have estimated the costs, we have not allowed any costs for management overhead and it is likely there will need to be costs and resources allocated for the management of the chosen grants.
- 5.4 Appendix 3 lists the assumptions and the estimated costs for the immediate investment programs.
- 5.5 Appendix 4 provides alternative investment models to generate revenue for grants

6.0 CONCLUSIONS

- 6.1 The stakeholder consultations identified a number of areas of need and gaps in the existing services to address these needs.
- 6.2 Key areas of need identified included resources for young people leaving care, mental health and drug use, diagnosis, treatment and care, and breaking the intergenerational cycle through improving parenting skills.
- 6.3 The gaps in existing services existed for young people transitioning from care, remaining connected to the wider community, accessing resources for education, prevention and early intervention programs, access to diagnosis and treatment of mental health and limited access to services for those located in the southern peninsula.
- 6.4 Consultations identified 26 programs that could assist in addressing the gaps in the existing services and 17 of these were further reviewed as meeting Menzies key criteria. Of the 17, seven were identified as being ready for investment.
- 6.5 All seven ready for implementation programs are available for the Menzies CoM to determine preferred programs to go forward with. The programs recommended to move forward with are those that most closely align with Menzies criteria. The options while discrete and targeted address immediate gaps that exist in the FMP area. Identified partners are experienced and ready to implement the programs if chosen.