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By email: [youth@dhhs.vic.gov.au](mailto:youth@dhhs.vic.gov.au)

Dear Ms Pitcher

## Re: What's Important to YOUth? Discussion Paper

Thank you for the opportunity to comment on the policy directions proposed in the *What's Important to YOUth? Discussion Paper*.

MacKillop Family Services (MacKillop) is a leading provider of services for children, young people and their families in Victoria, NSW and WA. MacKillop is one of the largest out-of-home care providers in Victoria. We currently provide residential care, therapeutic residential care and foster care to some of Victoria's most vulnerable children and young people.

MacKillop also works with children, young people and vulnerable and disadvantaged families by providing family referral, support and early intervention services, disability services, specialist education services and refugee services.

In this submission, we have responded to the following questions posed in the Discussion Paper:

1. What do you think should be done to improve educational opportunities for young people?
2. What do you think should be done to improve the mental health of young people?
3. What do you think should be done to tackle alcohol and drug issues for young people?
4. What do you think should be done to improve housing for young people?

The responses focus on the unique experiences of young people placed in out-of-home care and leaving care. We note in Victoria young people are required to leave care at the age of 18. This approach to transitioning young people to independent living is based on dated and erroneous assumptions about the availability of housing and employment, and the readiness of teenagers to support themselves. These assumptions are also contrary to contemporary community norms. These young people have been in the care of the state and deserve special attention and enhanced support and services. The poor outcomes experienced by many young people leaving care are seriously compounded by the failure to provide support into adulthood.

The Discussion Paper proposes that youth policy apply to young people aged 12 to 24. We therefore urge you to work with your government colleagues to ensure young care leavers received funded support up to the age of 24. Victoria's most vulnerable young people, those with a care experience as a result of abuse or neglect, must be thoroughly and adequately supported to achieve independence, up to the age of 24. This approach would be in line with the proposed policy.

Thank you for the opportunity to contribute to the development of youth policy in Victoria. If you have any queries related to this submission, please contact Dr Nick Halfpenny, Director, Policy and Quality, on 03 9257 2323.

Yours sincerely,



Gerard Jones  
Acting Chief Executive Officer  
MacKillop Family Services

**JUSTICE**  
**HOPE**  
**COLLABORATION**  
**COMPASSION**  
**RESPECT**

**MacKillop Family Services**  
**Submission on**  
**What's Important to YOUTH? Discussion Paper**

## **Introduction**

There is a mismatch between the age to which the youth policy is proposed to apply and the age at which the government ceases to provide specialised in-care support for Victoria's most vulnerable young people, those placed in out-of-home care.

This must be addressed to ensure the lived experience of young people in Victoria is matched with the policy vision, which proposes to maximise opportunities and remove barriers for 12 to 24 year olds to realise their potential. The experience of young people in our programs is that a number of barriers are in place that prevent them reaching their potential, including that they receive little support from the state (their guardian) upon reaching 18 years of age.

## **Q. What do you think should be done to improve educational opportunities for young people?**

MacKillop provides education programs for children and young people who are disengaged or at risk of disengaging from education at the MacKillop School in Geelong and through educational programs based in Maidstone. Vulnerable children and young people require a range of flexible learning options and support to overcome systemic barriers to be able to maximise their educational outcomes. This was highlighted in research released by MacKillop, Good Shepherd Youth & Family Service and Jesuit Social Services in 2012.

The report, *I Just Want to Go to School: Voice of Young People Experiencing Educational Disadvantage*<sup>1</sup> used a ground-breaking methodology to capture the views and experiences of education from 13 young people. The young people told us what made school hard for them, and what could be done to improve educational opportunities. The recommendations from that research, which are drawn directly from the voices of the young people involved are included below, following from Madison's story. The recommendations continue to be relevant and we urge you to consider them when determining how educational opportunities can be improved for young people.

### *Madison's story*<sup>2</sup>

I'm not going to school anymore because of bullies. Teachers aren't doing much. Every time I get bullied I'd go see a teacher and they say to ignore it and it doesn't help and instead of getting angry and punching someone or something I just don't go. Or I'll let it die down until it's forgotten about. I know it's not the right way to do it and we've tried to sort it out but it just makes it worse.

Teachers should ... not suspend people, that's not cool, but, I don't know.

There's one girl, she was going to leave the volleyball team 'cos of me. All she does is spread rumours about me and it annoys me. She doesn't want me there so I'm just going to leave. She's starting rumours but I haven't spoken to the teachers because there's no point. They say to ignore it and walk away but it's hard to ignore and pretend it doesn't matter when you've got 300 students talking about it because it's gone around the whole school.

Sometimes they get us to sit down for a meeting and say "Just don't! Be friends!" but as soon as the meeting is over they just start it all over again. If they got suspended they'd just make it worse because then they'd start spreading rumours about how I got them suspended and shit.

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<sup>1</sup> Campbell, L., McGuire, M., and Stockley, C., *I Just Want to Go to School: Voices of Young People Experiencing Educational Disadvantage* Good Shepherd Youth & Family Service, Jesuit Social Services and MacKillop Family Services, 2012.

<sup>2</sup> Names and some identifying details used in the case studies included in this submission have been changed to protect privacy.

I go to school to get away from being bullied at home but it doesn't work. And I get bullied because my family is poor. I hate going to school without food, I just hate it. I think if I had food every day I'd be more likely to go to school. I try walking away from the bullies but when there's people coming at you from all angles it's hard.

If my little sister was being bullied I'd tell her to go talk to the principal. And maybe I'd tell her to get our mum to talk to the bully's mum. People fight because of rumours, that's why punch ons start.

I think people need to be more educated on what bullying can lead to. People have killed themselves over being bullied. It would help if schools talked to people more about bullying and what can happen.

Teachers already know I'm an angry kid so they like to believe it's all my fault anyway.

Teachers should believe kids and not just say it doesn't matter and that it's baby stuff.

My art teacher bullied me. She knows my brother is a naughty and so she straight away thinks that I'm going to be like that too.

Teachers need to take in what kids say. They need to take an interest in it. If teachers were being bullied they wouldn't like it, and if we put in a complaint about them nothing happens. If someone commits suicide it's the teachers' fault because the teachers obviously aren't listening and that's just not cool.

#### *Recommendations from I Just Want to Go to School:*

##### *Better Strategies to Tackle Bullying and Violence*

###### *Recommendation 1*

Schools should be supported to provide strong prevention, early intervention and holistic responses to student wellbeing issues, including bullying and mental health issues.

##### *Promoting Equal Access to Learning Experiences*

###### *Recommendation 2*

The State and Commonwealth governments should provide financial support to families to facilitate full participation in, and equitable access to, all school activities and excursions. This includes providing financial support to low income families at a level commensurate with actual education costs.

###### *Recommendation 3*

The State and Commonwealth governments should provide schools with funding for learning and teaching requirements in full, including the materials and processes that are part of structured learning activities including access to information technology, camps and excursions.

###### *Recommendation 4*

Schools should conduct "equity audits" as part of their development and management of high quality education delivery. These equity audits should be based on the Standpoint audit tool (based on research conducted by the Department of Education and Early Childhood Development, Victoria University and Good Shepherd Youth & Family Service).

##### *Providing Additional Learning Assistance Within and Outside School*

###### *Recommendation 5*

Schools should provide additional forms of assistance to facilitate learning and participation for all students, with proactive measures to engage students from disadvantaged backgrounds. This includes the provision of additional classroom helpers, English as a Second Language supports and homework clubs.

### *Greater Consultation about Young People's Educational Needs*

#### Recommendation 6

Schools should utilise effective engagement strategies to ensure that young people and their parents and carers are engaged with their school and community and have a meaningful voice in school decision-making and policy direction and development.

#### Recommendation 7

Schools should be resourced to allow students greater democratic and cultural expression within their schools and to ensure genuine consultation with their students.

### *Recognising Young People's Individual Needs and Circumstances*

#### Recommendation 8

Schools and government should develop, implement and evaluate strategies to support a range of learning styles. This should include vocational and practice based learning, including practical approaches to theoretical learning and a commitment to ongoing support for the Victorian Certificate of Applied Learning.

#### Recommendation 9

Schools should recognise the diversity of needs, background and strengths that young people bring to their learning and the school.

#### Recommendation 10

Schools should implement individualised learning approaches for vulnerable and disadvantaged students, in line with their responsibility to engage with all students. As described in the 'Effective Schools Are Engaging Schools' guidelines, Individual Learning Plans are critical to ensuring young people achieve. However, they need to be implemented, monitored, reviewed and revised if they are to be effective for young people.

### *Better Understanding of the Range of Issues Young People Face*

#### Recommendation 11

The State and Commonwealth Governments should provide resources to ensure that schools are forging positive and ongoing partnerships with community agencies, to contribute to the wellbeing of their students. In relation to students living in out-of-home-care, this includes the strengthening of the regional Partnering Agreement Contacts, to open dialogue and support cross-sector understanding.

In line with the 'Partnership Agreement between the Department of Education and Early Childhood Development and the Victorian Community Sector 2010–2014', community liaison should occur with agencies including out-of-home care, family/parenting, adolescent mental health, financial support and emergency relief services and providers.

#### Recommendation 12

Education policy should recognise that schools need to be a 'safe space' offering security, stability and a holistic learning environment.

This is particularly critical for vulnerable children and young people.

### *Supporting Alternative Education Settings*

#### Recommendation 13

Alternative education settings should be supported to ensure they remain integrated, robust alternatives to mainstream education settings. Although they should provide a range of means for engagement (for example, physical activity, art and performance), they should also provide a full curriculum taught in ways to engage students within that setting.

Based on the stories young people themselves told us about what could make a difference for them, these recommendations contain key elements for ensuring lasting engagement for young people in education. MacKillop would welcome the opportunity to discuss the practical implementation of these recommendations for the improvement of educational outcomes for young Victorians.

#### **Q. What do you think should be done to improve the mental health of young people?**

MacKillop supports and promotes approaches that take into account the mental health needs of young people, and is inclusive of them in decision making about them.

#### *Faye and Alice's family story*

Faye is a single parent, with three children, and she is receiving support through MacKillop's Integrated Family Services (IFS) in Melton. Faye was referred to the IFS team because of concerns about her parenting capacity. Faye has an intellectual disability and is experiencing mental health issues. Her eldest daughter is Alice, who is 13 years old, and is also experiencing mental illness. When referred to IFS there were sixteen services involved with the family.

At times, Alice presented as being very mature and capable of making some decisions about her future. The MacKillop case manager suggested that it might be empowering for Alice to be involved in a "wraparound" planning meeting so she could put her views on the family's wellbeing alongside Faye. Allowing young people to participate in decision-making about themselves includes reviewing their ability to understand the actions being proposed and their maturity, levels of autonomy and their age.

Fifteen services were invited to attend the wraparound meeting. Before the planning meeting the MacKillop case manager telephoned Faye and Alice individually to explain to them how the meeting would run, the context and the intention of the meeting. To ensure they were both able to participate fully, they were given the opportunity to think about that information and to ask questions.

On the day of the meeting Alice presented as anxious and agitated. She relaxed after the round table introductions and when she realised that her views were going to be taken seriously by the group but that decisions would be made in her best interests – even if she didn't agree with the decisions made. Both Faye and Alice reported they felt they had a sense of control over what would happen next for their family. They also understood the roles of all the professionals involved and who they could call on for what support.

Both Faye and Alice made significant contributions to the discussion. They listened to the concerns of some of the professionals and Alice expressed disagreement at points during the discussion regarding the assessment of her family's needs. Both Faye and Alice were able to positively contribute to the discussion and helped create an effective plan involving key services and supports to meet their needs.

MacKillop's practice supports inclusive approaches like that adopted with Faye and Alice's family. MacKillop recently submitted to the development of *Victoria's next 10-year mental health strategy*. In relation to the mental health and wellbeing of young people aged 12 to 25, we focused on:

1. Sanctuary: a trauma-informed, therapeutic model of care
2. The Ripple Project
3. "Wraparound": a multi-disciplinary approach to supporting young people and their families.

We have included key details from that submission for your information, and trust that you will be working closely with Department of Health and Human Services (DHHS) colleagues who are developing Victoria's mental health plan to develop a mental health strategy for Victorian young people.

#### *The Sanctuary model*

MacKillop notes the increased acknowledgement of trauma as a significant contributor to mental illness in the community. For example, in the "Trauma and mental health" technical paper released by DHHS,<sup>3</sup> for the purposes of the informing the development of the 10-year mental health strategy. MacKillop is implementing the Sanctuary model of care, a therapeutic, trauma-informed framework for organisational change. The Sanctuary model identifies the experience of trauma along a wide continuum that includes both discrete events and ongoing, cumulative and experiences of such as discrimination and poverty.

Organisations that support young people must become aware of the impacts of trauma and how the experience of trauma can influence and effect both clients and staff. MacKillop is aware that some mental health providers adopt a punitive approach to individuals who, for example, do not attend agreed appointments by refusing future service. A trauma-informed approach (and also referred to in the research below in relation to Wraparound) is to look beyond a missed appointment to the range of other issues a young person might be experiencing. The Sanctuary approach to working with individuals and families is to reframe the question "what's wrong with you?", and instead ask "what happened to you?".

MacKillop advocates for the adoption of a trauma-informed approach in mental health care and other sectors working with young Victorians, acknowledging that trauma is a pervasive human experience and the cause of a range of vulnerabilities.

#### *The Ripple project*

A high proportion of child protection clients have experienced significant trauma and have experiences of mental ill health. MacKillop has been proactive in developing and participating in models designed to address the mental health needs of children and young people in out-of-home care based on shared experiences providing care and support for these young people.

MacKillop is currently involved in the Ripple project, which is a partnership between youth mental health specialist Orygen Youth Health Clinical Program (OYHCP), the University of Melbourne, the Royal Children's Hospital and a number of out-of-home care providers. The project is designed to improve access to mental health services, expertise and supports for young people in out-of-home care and enhanced capacity for staff in both settings.

The project includes developing a shared language and commitment, building rapport and trust among the disciplines and delivery of consistent training packages across the organisations involved. Strategies to achieve these goals include embedding mental health practitioners within the out-of-home care program and thereby ensuring regular interactions to encourage reflective practice, skills training and case discussion. Key training materials have also been adapted to suit the needs of professionals in the out-of-home care practice environment.

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<sup>3</sup> Department of Health and Human Services, "Trauma and mental health: 10-year mental health plan technical paper" <http://www.mentalhealthplan.vic.gov.au/discussion-paper> accessed 10 November 2015.

*“Wraparound”: a multidisciplinary approach to supporting young people and their families*

MacKillop has closely researched and developed a number of models based on the Wraparound Milwaukee model. The Wraparound approach provides a total system of care to address the entrenched vulnerability of children, young people and families with complex emotional, behavioural and mental health needs. Wraparound provides a comprehensive and coordinated array of community-based services and supports by working in partnership with families with complex needs, including in cases in which a young person or a parent is experiencing mental illness. We are of the view that this approach reflects the need for a whole-of-system response, as outlined in the technical paper developed to assist in consideration of the 10-year mental health strategy, titled “Mental health and wellbeing of young people aged 12 to 25”.<sup>4</sup>

One of the key strengths of the Wraparound approach is the Care Coordinator role that acts as the resource coordinator for the child, young person and family by bringing together the agencies, family and community supports needed to develop and implement a plan of care.

The barriers for families receiving seamless service response can be overcome through Wraparound. At present, families are expected to know and navigate a complex system to obtain services. Families can experience the service system as fragmented and inaccessible. As noted by Miller, “...the interface of the system can mirror and equal the complexity of the child’s presentation, and be equally as challenging to navigate as any challenging behaviour exhibited by the child.”<sup>5</sup>

The United States National Wraparound Initiative argues that wraparound approaches aim to achieve positive outcomes by

“...providing structured, creative and individualized team planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family. Additionally, wraparound plans are more holistic than traditional care plans in that they are designed to meet the identified needs of caregivers and siblings and to address a range of life areas. Through the team-based planning and implementation process, wraparound also aims to develop the problem-solving skills, coping skills, and self-efficacy of the young people and family members. Finally, there is an emphasis on integrating the youth into the community and building the family’s social support network.”<sup>6</sup>

Wyles suggests key practices to promote good practice in care teams as:

- a team approach to support
- flexible funding and creative service delivery
- a “no reject, no eject” policy
- early identification and timeliness of response.<sup>7</sup>

As noted in the case study above, and the section on the Sanctuary model, flexible approaches are essential to engaging with young people to achieve the best outcomes.

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<sup>4</sup> Department of Health and Human Services, “Mental health and wellbeing of young people aged 12 to 25” <http://www.mentalhealthplan.vic.gov.au/discussion-paper> accessed 10 November 2015.

<sup>5</sup> Christine Miller “The care team approach to helping troubled children”, In Psych June 2012.

<sup>6</sup> National Wraparound Initiative “Wraparound Basics” <http://nwi.pdx.edu/wraparoundbasics.shtml> accessed 23 June 2014.

<sup>7</sup> Paul Wyles “Success with wraparound: A collaborative, individualised, integrated & strength-based model”, Youth Studies Australia Volume 26, Number 4 p 47.

**Q. What do you think should be done to tackle alcohol and drug issues for young people?**

The response to this question is grounded in MacKillop's experience as a provider of residential care for young people placed in out-of-home care. Like so many other issues, including the approaches described above in relation to mental health, the approach to working with young people experiencing drug and alcohol issues should be inclusive of the views of the young person, holistic and integrated.

*Residential care home case study*

Drug and alcohol experimentation amongst young people is not uncommon. This is equally true for young people living in residential care.

Two young people in one of MacKillop's four bed residential houses were engaged in significant levels of methamphetamine use. The interactions between the four young people placed in the residential house at the time was having an adverse effect on their level of use.

Over a short period of time, for unrelated reasons, the two young people who were not involved in drug use both left the home. MacKillop worked with DHHS for the two remaining young people be accommodated alone, so staff could work with them to overcome their methamphetamine use. The young people were able to address their own substance use with additional staff support. Over a relatively short period there was a pronounced reduction in the level of use.

Critical success factors in this case were the opportunity for staff to provide focussed support and nurturing in a residential care environment, absent of other young people, and strong partnering and additional support from a specialised drug and alcohol service.

MacKillop's residential care staff report issues that can exacerbate the use of drugs, particularly methamphetamines. The trauma history of most young people in care is a key factor for them in seeking to escape and/or "self-medicate" to alleviate pain.

The proximity of residential homes to each other and close connections between the young people can result in drug use can spread rapidly among young people in residential care. Young people using methamphetamines can be aggressive when substance effected and also for 1-3 days while they "come down". This raises safety concerns for other young people in the home and for staff.

The stigma associated with methamphetamine use, thanks in large part to negative media reporting, means young people are less likely to be open about drug use and therefore less likely to seek help.

MacKillop's staff suggest that the best approach to managing alcohol and other drug use is through harm minimisation. In residential care, it is suggested that collaboration with substance abuse specialists is an effective approach, including having alcohol and other drug workers on site or as part of a young person's care team. Residential care staff report that alcohol and other drug workers are effectively able to provide support and secondary consultation to staff.

Detox programs are not generally accessible to young people placed in residential care. Staff reported that when a young person identifies that they wish to enter detox, it takes too long for a place to become available. Additionally, when detox is available, the length of stay (generally seven days) is inadequate. There is often no follow up rehabilitation. This can increase the risk of overdose if young people leave detox without adequate support and rehabilitation.

A greater commitment needs to be made to working collaboratively to resolve young peoples' drug and alcohol issues and greater resources provided for specialised detox and rehabilitation services for young people.



## Q. What do you think should be done to improve housing for young people?

The state must provide housing for young people leaving care. The relationship of guardian and ward created when a child enters out-of-home care means the state assumes responsibility to provide for the basic needs of the child, including as they prepare to leave care and after they leave.

Young people leaving care are some of Victoria's most disadvantaged community members, especially in relation to chronic homelessness. A number of studies have examined the circumstances of young people after leaving care, including at their housing. Figures vary as to the rates of homelessness for care leavers, with some putting the figure at 25% nationally,<sup>8</sup> and others at 35%.<sup>9</sup> In 1999 it was suggested that as many as 50% of young care leavers experience homelessness in the first year after leaving care.<sup>10</sup>

In addition to homelessness, the data suggests that care leavers experience a high level of housing instability. A 2006 study found that of a cohort of 60 young Victorian care leavers, 36% moved more than five times in previous twelve months and 45% were at that time in temporary or transitional housing.<sup>11</sup> This is further supported by data from the CREATE Foundation.<sup>12</sup> Their survey of 678 young people in care or who had recently left care indicated that:

Of the [surveyed] group that had left care, 50% had to leave their placement on turning 18 years; 40% of those didn't know where they were going to live on leaving. Overall, 34.7% had experienced periods of homelessness in their first year of independence for an average of 31 days.

Secure and affordable housing continues to represent a key problem for young people leaving care. Additional support must be provided to this group, up to the age of 25, in the form of housing, greater rent assistance and subsidies, intensive case management and priority access. Mendes argues some care leavers are not "developmentally ready" to live independently, having yet to develop fundamental skills required such as budgeting and social skills; issues sometimes compounded by continued risk-taking behaviour. For Mendes the evidence indicates, "the importance of providing ongoing and holistic support to care leavers who lack the assistance most young people typically received from their natural family and informal social networks".<sup>13</sup>

Pressures for residential care places, or throughput, mean that young people must leave on or around their eighteenth birthday, regardless of how prepared they are for independent living. Young care leavers continue to have difficulties accessing appropriate and stable housing. Research<sup>14</sup> has identified issues such as waiting lists, bureaucratic processes and the discrimination faced by care leavers as significant barriers to achieving housing stability.

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<sup>8</sup> Johnson, G., Natalier, K., Mendes, P., Liddiard, M., Thoresen, S., Hollows, A. and Bailey, N., Pathways from out-of-home care: AHURI Final Report No. 147, Australian Housing and Urban Research Institute, Melbourne, 2010.

<sup>9</sup> McDowall, J. CREATE Report card 2009: Transitioning from care: Tracking Progress, CREATE Foundation, Sydney, 2009.

<sup>10</sup> Maunders, Liddell, Liddell and Green (1999), cited in Osborn, A. and Bromfield, L., Young People Leaving Care: Research Brief No. 7, Australian Institute of Family Studies, Melbourne, 2007.

<sup>11</sup> Forbes, C., Inder, B. and Raman, S. (2006) Measuring the cost of leaving care in Victoria, Monash University Department of Econometrics and Business Statistics, Melbourne [www.buseco.monash.edu.au/ebs/pubs/wpapers/2006/wp18-06.pdf](http://www.buseco.monash.edu.au/ebs/pubs/wpapers/2006/wp18-06.pdf), accessed 11 November 2015.

<sup>12</sup> CREATE Foundation (2010) What's the Answer: Young people's solutions for improving transitioning to independence from out of home care, Sydney.

<sup>13</sup> Mendes, P., (2011) "Addressing the Housing Needs of Young People Transitioning from State Out of Home Care in Rural Victoria", Parity Volume 23, Issue 5, July 2010, p. 17-18.

<sup>14</sup> Johnson, G., Natalier, K., Mendes, P., Liddiard, M., Thoresen, S., Hollows, A. and Bailey, N., Pathways from out-of-home care: AHURI Final Report No. 147, Australian Housing and Urban Research Institute, Melbourne, 2010.

Improved access to public housing may be an option for care leavers. However, the public housing waiting list in Victoria currently includes around 34,000 households, with around 10,000 of those being on the “early housing” list.<sup>15</sup>

Some argue that an appropriate model for young care leavers should feature components including a variety of housing stock, a range of options to cater for different levels of independence, consideration of the compatibility of young people who are housed together, the capacity for young people to try living independently but with supports, flexible time limits, so young people are not pressured to move on and assistance to develop independent living skills.<sup>16</sup>

Alternative models of housing should also be considered for this group. MacKillop is currently operating two Cluster Model housing pilots in Barwon and the Southern metropolitan regions. The Cluster Model allows young care leavers to transition from care in a staged way with on-site support.

MacKillop’s experience suggests that young care leavers view the Cluster setting as a stepping stone. As a model of care it is less intensive than residential care and facilitates the development of a range of independent living skills. The on-site support is a key component to support the skill development of young people. As the aim of care workers and volunteer lead tenants is to build independence with the young person, the support is intended to be empowering rather than creating dependencies. Support is driven by the needs of the young person as they transition to leaving care.

The physical block of housing, purchased by the Department of Health and Human Services for the purpose of the pilot, is only one element of a suite of supports available to the young people living in care. MacKillop’s supports include a range of services designed to equip young people with a broad range of independent living skills which they might otherwise miss out on. In addition we are able to provide specialised services and supports aimed to address substance misuse.

## Conclusion

It is essential that youth policy in Victoria address the inequities between the support provided to young people in care up to the age of 18 compared with the support given after they turn 18. Young care leavers are our most vulnerable citizens. Fully funded support for this groups must continue up to the age of 24/25. They are considered to be young people by most government policy yet support and care for them diminishes at the age of 18. Young people who are vulnerable and have experienced trauma require flexible and responsive supports to achieve in education. They need integrated and wraparound approaches to support their mental health or addiction issues. They also need staged approach in working towards independence in housing. We look forward to these issues being central in Victoria’s youth policy.

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<sup>15</sup>“Public Housing Waiting and Transfer List” <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/research-data-and-statistics/public-housing-waiting-and-transfer-list>, accessed 10 November 2015.

<sup>16</sup>Galvin, L., Atwood, T., Uren, C. and King-Smith, S., (2010) ‘Leaving Care: A Flexible and Innovative Approach to Housing’, *Parity*, 23 (5), July 2010 p. 36.