
Transition to Independence Forum (TIF)

Barriers to accessing financial assistance from leaving care plans: an issues paper

Acknowledgements

The Transition to Independence Forum (TIF) wishes to acknowledge its members who so readily and freely shared their experiences and viewpoints with us on issues that are highly important to their leaving care practice.

We wish to particularly thank members of the working group, the Association of Children's Welfare Agencies, CREATE Foundation NSW, Legal Aid NSW, Uniting, Samaritans, Relationships Australia and Wesley Dalmar, who gave their time to identify key issues and solutions.

Executive summary

Young people leaving out-of-home care (OOHC), or 'care leavers', deserve high quality and easily accessible support to help ensure their ongoing safety, welfare and wellbeing. For the potentially 15,000¹ or more eligible care leavers in NSW, this right is enshrined in the *Children and Young Persons (Care and Protection) Act 1998* (NSW) (the Act)². It also features in the NSW Child Safe Standards³ and numerous other publications. It is supported through oversight by the NSW Office of the Children's Guardian (OCG) and the NSW Department of Communities and Justice (DCJ) and services provided by non-government organisations (NGO) OOHC designated agencies⁴, as well as through policies, procedures, casework support and training, a Helpline and mandated leaving care plans (LCPs).

This extensive interagency support system aims to improve positive outcomes and lived experiences of care leavers as they transition to independence. Despite this, too many care leavers are falling through the gaps. The state-wide aftercare practitioner group, the Transition to Independence Forum (TIF), established a small independent working group, mainly comprised of those working in specialist aftercare services, as well as practitioners and policy makers from the wider OOHC sector, to consolidate some common issues for care leavers. These include the need for consistent policies governing the implementation of LCPs, accessibility support including culturally safe and inclusive services, streamlined processes for care leavers to obtain financial support as well as simple review and appeals processes and clarity regarding roles and responsibilities.

This paper includes a broad range of case studies⁵ that demonstrate care leavers' experiences in raw and compelling detail and provide a powerful impetus for action. The release of this paper follows the recent publication of the Report on the leaving care monitoring program 2020–21 by the NSW Office of the Children's Guardian (OCG Report), which identifies 'a need for a sector wide discussion about supports young people should expect to receive after they have left care'⁶. Also given that NSW has not yet embraced the proposal to extend foster care after 18, the TIF Issues Paper provides some foundational discussion points, recommendations and reinforces the value of including the frontline practitioners and care leavers to achieve positive and sustainable outcomes.

1. Introduction

1.1 About the Transition into Independence Forum (TIF)

The TIF was established and convened by the Association of Children's Welfare Agencies (ACWA), the NSW peak body representing the voice of non-government community organisations (NGOs) delivering services to vulnerable children, young people, and their families. Since its inception in the mid-1990s, the TIF has advocated for young people (15 to 25 years) transitioning from care through the collaborative development of effective policy as well as the implementation of best practice.

The TIF's membership comprises practitioners from various agencies, including specialist aftercare services, and NGOs who provide OOHC services (OOHC agencies) currently contracted under the Permanency Support Program (PSP)⁷, including residential care services⁸. It is currently co-chaired by the peak for children and young people in care and care leavers, the CREATE Foundation NSW.

1 This is a conservative estimate based on an average of 2,000 young people between 15-17 years old being discharged from care over the last 10 years: Australian Institute of Health and Welfare 2021 (AIHW), [Child protection Australia 2019–20](#).

2 *Children and Young Persons (Care and Protection) Act 1998* (NSW) (The Act), section 165.

3 Office of the Children's Guardian 2015, [The Child Safe Standards for Permanent Care](#).

4 A [designated agency](#) is one that has been accredited to provide OOHC services: Office of the Children's Guardian, Designated agencies.

5 The case studies in this paper come from young care leavers but have been de-identified to protect their privacy.

6 NSW Office of the Children's Guardian 2021, [Report on the leaving care monitoring program 2020-21](#) (OCG Report), p14.

7 The Permanency Support Program (PSP) was introduced in 2017 in NSW as a new approach for the delivery of services in the NSW child protection and OOHC system by both DCJ and NGOs. To align with common terminology, NGO recipients of PSP funding are referred to in this paper as OOHC agencies: NSW Department of Communities and Justice, [Permanency Support Program](#).

8 The provision of residential OOHC under the PSP has been split into a variety of programs including Intensive Therapeutic Care (ITC), Intensive Therapeutic Transitional Care (ITTC), ITC-SD (Significant Disability).

Other TIF members include Premier's Youth Initiative (PYI) providers⁹, peak bodies such as Youth Action as well as Legal Aid NSW and related services that interact with young people transitioning from care in NSW. DCJ and other government agency representatives also attend specific sections of TIF meetings.

1.2 Purpose of this paper

The purpose of this paper is to contribute to improving the outcomes for young people transitioning to independence following their time in OOHC and to encourage consistent best practice across the sector for these, often extremely vulnerable, young adults. ACWA has supported the development of this practitioner-led paper to enable its integration into systemic improvements across the sector.

A finalised LCP consists of two components: an aftercare case plan; and a financial plan that is approved by a DCJ Director before the young person turns 18. The focus of this paper will be on financial plans and will provide relevant case studies highlighting the various issues and barriers encountered by care leavers trying to access financial support. This paper will not discuss developing effective LCPs, although it should be noted that improvements in developing LCPs across the sector would assist to scaffold good practice and implementation across all aspects of leaving care planning.

2. Polices, procedures and practice

There is an extensive array of standards, guidelines, charters and other written material regarding leaving care service provision in NSW which are underpinned by the *Children and Young Persons (Care and Protection) Act 1998* (NSW). A comprehensive list is available on the DCJ website and links to these resources are also contained in the recent OCG Report¹⁰. These guidelines and resources outline many worthy aspirations including some quite specific expectations of practitioners. For a significant cohort, these objectives do not appear to align with implementation and this needs to be addressed.

2.1 Inconsistency in polices, procedures and practice

It is worth noting that aspects of the OCG Report closely align with some of the case studies in this paper. In particular, the OCG noted inconsistencies in practice around leaving care financial plans:

the review found that there is not a consistent process across the sector for non-government agencies to submit young people's leaving care financial plans, for DCJ approval. Leaving care plans prepared by non-government agencies are not always recorded on ChildStory¹¹ before they have left care and it was not always possible, based on a review of ChildStory records alone, to ascertain whether the leaving care financial plans for young people placed with non-government agencies were approved by DCJ prior to the young person leaving care.¹²

The issue of consistency resonates deeply with those working in aftercare and not just in terms of their lodgement on the ChildStory database but across policy, procedures, and practice. Those working to develop LCPs as well as those working in specialist aftercare services report that financial approvals differ between Community Service Centres (CSCs), Child and Family District Units (CFDUs) and districts and regions across NSW. The following scenarios took place within a period of 12 months between an aftercare caseworker based in Western Sydney and one local CSC.

9 The Premier's Youth Initiative (PYI) is a pilot program that provides services to young care leavers, who are identified as being vulnerable to experiencing homelessness or at risk of homelessness when exiting OOHC.

10 OCG Report (see 6).

11 ChildStory is the DCJ information technology system that records information from child's network to support informed decision-making: NSW Department of Communities and Justice, [What is ChildStory?](#)

12 OCG Report (see 6), p7.

Inconsistencies within one CSC

Case study 1

Micah gets household establishment costs and reading glasses on the same day

Micah's aftercare caseworker submitted a request for household establishment costs including a TV and a pair of reading glasses and received approval for both on the same day.

Case study 2

Paul gets his driving lessons in two days

Paul was referred to an aftercare program and they assisted him to access funds for driving lessons. Two days later, the local CSC provided the aftercare program with a purchase voucher and driving lessons for Paul were booked.

Case study 3

Danny has to wait more than six months for driving lessons

Danny's aftercare caseworker submitted a request for driving lessons to the value of \$4200, as Danny had no-one who could supervise his driving hours. Two weeks later, the local CSC emailed written approval. Danny's caseworker purchased a 10-lesson package with a local driving school and sent the invoice for reimbursement to the CSC. The CSC then informed the caseworker that the request had been cancelled and the purchase should not have been made as it was booked with the wrong driving school. After corresponding with the CSC for more than four months the matter was escalated to the Director. After several emails and calls, the caseworker was asked to resubmit the request for the reduced amount of \$1200. Two months later, approval was provided.

Case 4

Diana gets her new furniture

Diana's aftercare caseworker submitted a request for funds allocated in Diana's LCP for establishment costs (e.g. furniture, whitegoods etc). Within two weeks, approval was given for the purchase of all items requested, without the need for any follow-up with the CSC.

Case study 5

Liz has no furniture for her new home

Liz, with the assistance of her aftercare caseworker, secured lease of an apartment. Her aftercare caseworker then requested funds from her LCP to purchase furniture. In the interim, the aftercare program and her previous OOHC agency helped purchase furniture so Liz could move into her new home. Two months after this, the CSC gave approval for the purchase of furniture. It took five more months to arrange reimbursement of funds spent by the aftercare program and the OOHC agency.

The Ministerial Guidelines¹³ provides a list of suggested items that can be requested by and for care leavers but the decision-making processes behind the approval of these items is not clear to practitioners or the young people with whom they work they work with. While there could be many reasons for the determinations made in the case studies above, the inability to understand the processes behind why one request is approved and another isn't, can be experienced as unfair due to lack of context. It is important to recognise that care leavers have the right to participate in decisions that affect them.

13 NSW Department of Communities and Justice 2020, [Guidelines for the provision of assistance after leaving out-of-home care](#) (Ministerial Guidelines).

DCJ representatives have noted that allowing CSCs to determine and implement their own policies regarding accessing funds from LCPs enables flexibility to cater for the individual needs of care leavers, but this flexibility also at times seems to obscure and constrain clear and consistent practice.

2.2 Streamlining financial systems

Inconsistency relating to the evidence required to obtain financial support for care leavers is a common issue. There does not appear to be a consistent approach regarding the evidence a young person needs to provide when requesting financial support identified in an endorsed LCP, let alone if it is not already included in the LCP, the LCP has not been endorsed or there is no LCP. There are no formal guidelines or processes regarding the evidence care leavers need to provide when requesting financial support and this leads to inconsistencies between different CSCs.

Case study 6

No access to leaving care funds while in custody

Issue: Kaiko entered adult custody soon after turning 18. He was already engaged with an aftercare program that submitted a request for money to be deposited into his inmate account ('buy-up account') to the CSC who was responsible for his case management before exiting OOHC. The buy-up money was to allow Kaiko access to phone calls, toiletries and other basic needs while in adult custody. His aftercare program sent correspondence to the CSC on a regular basis for over a year, with no success. Kaiko's aftercare program provided him with funds for buy-up on the understanding that DCJ would reimburse these expenses with funds from Kaiko's LCP but the aftercare program was only able to maintain this for a few months. On re-entering custody, Kaiko did not get any assistance.

Outcome: To date, the aftercare program has only received a purchase voucher for Kaiko's dental treatment, which has been delayed due to COVID. Reimbursement has not been provided.

Most CSCs require an invoice so they can generate a purchase voucher, or a receipt of purchase before providing reimbursement. In practice, it is not simple to obtain invoices from the type of service providers and/or stores that care leavers are likely to use. For example, stores such as Kmart or Target, do not provide invoices for possible future purchases. Asking for a receipt is also fraught as it is unusual for care leavers to have the available funds to buy items or services without assistance. Inconsistency also exists between CSCs in terms of how much detail is needed on an invoice or receipt. For example, some CSCs require an itemised list, while others are willing to commence the purchase process by verbal request, and others have accounts set up with specific service providers and stores.

It is accepted that different geographical regions will have access to different service providers and stores, and therefore there is a need to have flexible purchasing arrangements, but inconsistencies exist between regions and differing CSCs and even between different contacts within the same CSC.

A care leaver with a support worker, such as a specialist aftercare program caseworker, can often be financially assisted by the aftercare program to expedite the delivery of services and overcome issues relating to DCJ payment system delays. This is done on the agreement that DCJ will reimburse the program through the local CSC or CFDU after receiving the appropriate documentation, but this can take a long time to process and needs constant follow up.

TIF members report that there is currently no consistent approach to financial delegation within CSCs and delays in payments frequently occur.

Case study 7

No access to leaving care plan or financial support post release from custody

Issue: Trevor was introduced to his aftercare program after being released from juvenile detention, two months before his 18th birthday. No accommodation was arranged for Trevor upon release.

He coach-surfed before moving into an inadequate 'halfway house' managed by a family member. The aftercare program asked DCJ to arrange an LCP meeting, and informed DCJ that they could support Trevor with accessing housing and other items once an LCP was in place. An LCP was not created for a further nine months. DCJ informed the aftercare program that delays in finalising Trevor's plan were due to lack of contact with Trevor and delayed approval by DCJ management. During this nine-month period, Trevor was placed in adult custody on two occasions. No significant post-release planning was possible due to the lack of an LCP, resulting in no financial support. The aftercare program provided Trevor with basic items such as photo ID, a mobile phone to contact services, and basic clothing; all items that should have been available to him through his LCP.

Outcome: Trevor's LCP was finalised while he remained in custody. However, DCJ did not provide him with a copy. The aftercare program provided Trevor with a copy of his plan and general advice on how to access funds from his plan.

Skattebol et al (2019) note young people consistently report that 'bureaucratic processes seem to place unnecessary obstacles in their path, impede access to resources, consume large amounts of time and frustrate their attempts to "get on with it".'¹⁴ Rigid policies can hinder access to support but inconsistency is also a barrier, as is complexity. It is worth considering who should be afforded flexibility in aftercare practice, in what circumstances it should apply, and equitable implementation.

2.3 Clear timeframes needed

There appears to be no formal guidance on reasonable timeframes for processing care leaver requests. As this paper demonstrates, the lack, or inadequacy, of an LCP can cause lengthy delays or refusals to consider requests rather than prompt a red flag to develop an LCP. If an approved LCP does exist and all the necessary evidence is submitted by a care leaver wanting to access funds from their LCP, there do not seem to be any timeframes in place for processing such requests. TIF members report that no rationale has been provided on varying timeframes, even for similar or the same items previously requested. It also appears there are no guidelines on the reasonable timeframe for DCJ to make payment once a request is approved. It seems there is no specific policy or information regarding the process of escalation if an approval is not provided within a reasonable timeframe.

Case study 8

Dental costs covered immediately due to strong relationships

Michael needed dental work, including braces and the removal of wisdom teeth. Cost for dental care was included in his LCP. His aftercare worker submitted a request to access funds for the dental work and this was approved quickly, and payment made directly to the dentist. The success of this case was largely due to an established relationship between the aftercare program and the local CFDU, which allowed for discussion of Michael's circumstances prior to requests being made.

Clearly articulated timeframes relating to leaving care financial approval processes would have multiple benefits for care leavers. Clear timeframes would assist planning and help them, and their support workers, to manage expectations and to seek additional support if required.

¹⁴ Skattebol, J., Hamilton, M., Thomson, C., Blaxland, M., valentine, k. (2019). [Stories of aftercare services and support needs after leaving care: A snapshot from the Stories of Resourcing and Resourcefulness project](#), Sydney: Social Policy Research Centre.

3. Accountability

TIF members report that care leavers mostly make reasonable requests for financial assistance, often for basic needs to enhance their capacity to establish an independent life and no more.¹⁵ Some requests are not approved by DCJ but there does not appear to be a process to question such decisions and to have them overturned if warranted. Organisations that follow best practice principles have grievance and appeals procedures and these usually include mechanisms to resolve issues before they escalate. TIF members, and the care leavers they work with, are not aware of any specific mechanisms to follow if they are not satisfied with decisions made about LCPs, especially financial plans. Case study 8 offers some insights into one of the few grievance procedures available.

Case study 9

Ombudsman complaint assists care leaver, but previous delays prevent resolution

Issue: Mandy made a request to her OOHC caseworker for a review of her LCP in early 2017, as her existing plan was very basic and not reflective of her goals or the support she required at the time. The plan provided no support around future education, despite Mandy having identified university studies as a goal she wanted to pursue. Instead, Mandy relied on her victim compensation payment for the first 12 months after leaving care and on ABSTUDY to cover her university costs. In June 2018, following many requests for a review, her OOHC agency offered to support her with a review.

In September 2018, after many cancelled appointments, Mandy's caseworker told her that the review had been approved. Mandy was frustrated she was not included in the review process and contacted the Manager Client Services (MSC) at the local CSC, who offered to assist Mandy. They met in late November 2018 and completed a review request, but the MCS soon relocated to a new role and the review was left in limbo. Mandy was able to locate the same MSC in early March 2019, who referred her to another local CSC. Mandy did not receive any response from the local CSC and reported this back to the MSC. DCJ then appointed another caseworker who made initial contact with Mandy, but then did not contact Mandy for months. Mandy was later informed that her reviewed plan had not been accepted but the local CSC had not communicated this to her.

Mandy lodged a complaint with the NSW Ombudsman in May 2019 and was then assigned a new DCJ caseworker to create a new plan. She was told by DCJ that they would not financially support her to connect with her Aboriginal family or return to country. Mandy's new plan was endorsed in July 2019 but she was unable to access the funds and had to cover her university costs independently.

Outcome: In 2020, Mandy turned 25 and continued to have issues accessing funds from her plan. She is aware that the funds in her plan may no longer be available to her and is frustrated by the effort she has invested, only to end up with further obstacles and no financial assistance.

The following case study provides an example of a more satisfying outcome that was achieved through making a complaint to the NSW Ombudsman

Case study 10

Ombudsman complaint produces excellent results

Issue: Kristy was a 17-year-old with complex needs and disabilities and removed from her residential placement at 16. No subsequent placement was secured, and she became homeless. While at a refuge, Kristy was referred to a specialist aftercare program, who

¹⁵ Skattebol, J et al (see 14).

found a transfer of her case management to a local CSC was proposed in her case plan to assist with aftercare planning. This was not implemented, and Kristy turned 18 without an endorsed LCP. In addition, her OOHC files were secured but her local and previous CSC would not assist to access her secured files.¹⁶

Outcome: Kristy's aftercare caseworker spent 12 months requesting a copy of her LCP with no response or outcome. Kristy was then assisted to make a complaint to the NSW Ombudsman, who allocated an investigator. DCJ then allocated an experienced case worker to consult with Kristy and the aftercare program. Within weeks, Kristy had a comprehensive LCP endorsed, and her legal file audit commenced. Kristy is now well supported and understands how to access her funding.

3.1 Clear review and appeals processes

The Ministerial Guidelines state that 'reviews and amendments are to be expected as the young person's circumstances change, or new issues arise'.¹⁷ The Leaving and Aftercare financial assistance fact sheet advises care leavers that when things change all they need to do is 'ask for assistance'.¹⁸

Those providing aftercare assistance are required to lodge a "submission for contingency payment" form when applying for resources not already in the young person's plan. It is not clear whether a care leaver would always be required to have this form submitted, and if this requires assistance. Currently, there are no other formal review or appeal processes available.

4. Access

Section 166 (3) of the Act requires the designated agency to implement the plan they prepared when the young person leaves out-of-home care. To comply with this requirement and ensure the plan is successfully implemented, the agency responsible for supervising a young person's last placement is to offer follow up to the care leaver at regular intervals after their exit from care.¹⁹ This is a difficult requirement to implement or monitor. Care leavers are often transient or highly mobile²⁰ so the ability of agencies to stay in touch, whether they are DCJ or OOHC agencies, can be fraught. In addition, young people may disengage with their agency or worker for a variety of reasons and there are limited resources available to follow them up if they lose touch. Care leavers might have also moved away from their previous caseworker and in some instances, they are no longer near their OOHC agency if it is not state-wide, or the agency no longer delivers OOHC services.

Case study 11

Leaving care plan extended for 26-year-old

Issue: Sarah was 26 years old when she first contacted her former OOHC agency for aftercare assistance, after being released from custody. Sarah had entered adult custody at 18 and never accessed her LCP. The OOHC agency worker accompanied Sarah to the local CSC, where a very basic LCP was found on file; prepared by a worker at a refuge she was living at when she turned 18.

Outcome: The worker at the local CSC was welcoming and engaged Sarah well. The CSC worker assisted Sarah in amending the LCP on file, to ensure that it met Sarah's present needs. The plan was endorsed within a month and Sarah was able to access the funds in her plan with ease. This agency has since tried to achieve the same result for other care leavers but has not been able to progress similar requests with the CSC.

¹⁶ *Secured file* refers to the files of a child or young person held by the Department of Communities and Justice in their data management system (currently ChildStory), that have limited or restricted access to Department staff in order to minimise access to legal or other sensitive material.

¹⁷ Ministerial Guidelines (see 13).

¹⁸ NSW Department of Communities and Justice 2019, [Leaving and Aftercare financial assistance: Information for care leavers aged up to 25 years](#).

¹⁹ Ministerial Guidelines (see 13), p3.

²⁰ Skattebol, J et al (see 14), p6.

Many care leavers that TIF members work with need to make the first approach to access support. This can be intimidating for marginalised young people who might be homeless, recently exited from custody, or experiencing mental health issues such as social anxiety or have a disability. This can be compounded if care leavers don't know the right words to say or who they should speak to. There should be no 'wrong door' for care leavers with all potential first contact staff in DCJ and OOHC agencies able to respond, support and provide referrals in a warm and timely manner. Some care leavers require specialised intensive support and as DCJ and OOHC agencies do not receive additional funding to provide intensive support, they then need to refer care leavers to specialist aftercare services.

Case study 12

Stable housing without leaving care plan financial assistance

Issue: Candice referred herself to a specialised aftercare program. She had no recollection whether an LCP had been prepared for her. Her accommodation was insecure due to a relationship breakdown, and she wanted to know what options were available to her. The aftercare program was initially going to refer her to a social housing program but on assessment, it was found that Candice earned over the eligibility threshold for social housing. Candice looked at affordable private rentals in her local area, while the aftercare program followed up with the local CSC to obtain her LCP. The local CSC was not able to locate an LCP and reported that a note had been entered in Candice's file stating that an LCP was not completed due to a "lack of capacity due to competing priorities". The local CSC informed the aftercare program that the last CSC who held case management for Candice was responsible for drafting her plan, and directed enquiries to that CSC, despite the fact the Candice no longer lived anywhere near that CSC. Meanwhile Candice found a suitable property. A support letter was written to Housing by the aftercare program for support with rental bond.

Outcome: Candice organised a removalist herself and moved out of her ex-boyfriend's family home and into her own unit. Candice did not wish to pursue an LCP, as the process seemed overwhelming. The aftercare program advised her that she has a right to support until she is 25.

4.1 Access to support from DCJ

Care leavers who are case managed by DCJ while in care, should be provided with assistance by DCJ to access funds from their LCPs or other aftercare support. If they are not regularly contacted by their DCJ caseworker, they are advised to contact their local CSC. It is not always clear who the first point of contact should be and TIF members report that each CSC has a different process, depending on the region, district, or suburb. It may also depend on the knowledge of individual staff members and given these staff members might be unknown to the young person this can create an additional barrier.

Case study 13

Inadequate support for further education resources due to difficult processes

Issue: Mandy had a very basic LCP that was produced by her OOHC agency before leaving care. She spent two years advocating for an LCP that reflected her needs and goals. Included in this final plan were funds for a laptop to assist with further studies and so Mandy purchased a laptop. She provided the local CSC with a receipt for reimbursement. Three months later she was informed via email of procedural changes that required all requests for aftercare funds to be reviewed and then approved or declined based on priority of need at the time the funds were requested.

Outcome: Mandy was only approved for \$500 for a laptop that cost her \$1600. The CSC's response was that "their directive was to be mindful of focusing support on fundamental needs and young people on limited incomes". Mandy's request was in line with the goals she had identified in her LCP as well as the funds allocated in the financial plan. Mandy asked DCJ to provide her with policy documents outlining the changes in approval procedures, but these were not provided.

4.2 Access to support from OOHC agencies

Care leavers are told they need to contact their previous case worker for ongoing aftercare support, but like DCJ this is not always possible in OOHC agencies with high staff turnover and restructures. As with DCJ, care leavers approaching an OOHC agency may need to speak with reception or other staff who do not know them or their situation and are not knowledgeable about aftercare services. The young person is therefore required to repeat their story to several people before getting the support they need. Some OOHC agencies have dedicated aftercare workers and they are often the best points of contact and enable continued relationships and specialised support.

Case study 13 touches on early intervention opportunities for young care leavers who become parents, especially as their status changes from 'at risk' to being 'a risk'²¹.

Case study 14

Pregnant care leaver unable to get a leaving care plan or any financial support

Issue: Talia was referred by her OOHC agency caseworker to a specialist aftercare program before turning 18. In January, her aftercare program requested a copy of Talia's endorsed LCP to commence working on her transition to independence and parenthood. In February, the aftercare program was advised that Talia's plan had been sent for approval with changes to meet the needs of her baby, due later that year. In March, Talia turned 18 and in May the aftercare program again emailed the OOHC agency asking for a copy of Talia's endorsed LCP with no response. In July, another request was sent, and the OOHC agency noted Talia's LCP had not been endorsed by DCJ.

In October, an urgent request was sent by the aftercare program to the OOHC agency seeking assistance to purchase items for Talia's baby. The OOHC agency communicated that an amended LCP was still in the approval process, but did not include baby items, as financial plans are generic and do not allow for specific requests. The aftercare program then emailed the CFDU, advising them of Talia's pregnancy and the need for items in preparation for her baby's birth. They noted Talia did not yet have an endorsed LCP. In November, the aftercare program was told by the CDFU that baby items had been added to her financial plan and her LCP was being sent in for approval.

Outcome: Talia's baby was born but she still did not have an endorsed LCP or financial support.

Alternatively, case study 14 demonstrates swift support and approval provided by DCJ to a care leaver likely to become a parent.

Case study 15

DNA test added to leaving care plan

Kennedy requested the cost of a DNA test to confirm fatherhood of a child. His aftercare program sent a submission to DCJ, and the request was approved and paid within a month.

²¹ Megan Blaxland, Myra Hamilton and Jennifer Skattebol, 2019, '[From being 'at risk' to being 'a risk': journeys into parenthood for disadvantaged young mothers](#)', paper presented at Australian Social Policy Conference Sept 2019.

4.3 Access to support from specialised aftercare services

Although care leavers are often not introduced to specialist aftercare services, or their staff, until they have left care, the ability of these services to understand the issues, their links with appropriate services and their focus on care leavers' needs and issues assists care leavers to feel understood and supported. One of the main accessibility issues for specialist aftercare services is that are stretched to capacity.

Case study 16

Delayed eye surgery due to lack of leaving care plan

Issues: Jimmy was working as an apprentice chef at a busy hotel bistro, and studying at TAFE, when he was referred to an aftercare program. He had been living in long term foster care and was case managed by an OOHC agency. At age 18, no LCP had been submitted or approved by the CFDU. The OOHC agency requested the aftercare program support Jimmy to attend an ophthalmologist appointment for a pre-existing eye condition.

Jimmy was presented with an invoice for payment. The aftercare program gave the invoice to the OOHC agency, but they refused to pay, and asked that it be forwarded to the CFDU. The CFDU informed the aftercare program that the invoice could not be paid due to the lack of an endorsed LCP. The ophthalmologist also confirmed major eye surgery, which was discussed while Jimmy was with the OOHC agency, but they would not pay for the surgery. The CFDU also declined to pay due to no endorsed LCP and his eye surgery was delayed.

Outcome: The aftercare program advocated for Jimmy's LCP to be submitted and signed off. Four months after Jimmy turned 18 his LCP was endorsed. The following month he had the eye surgery.

4.4 Cultural safety and inclusion

The OCG Report notes the need to 'strengthen approaches to cultural planning to help young people maintain connection with culture, particularly for Aboriginal young people.'²² According to the Australian Institute of Health and Welfare there were 1090 Aboriginal young people aged between 15–17 who were 'discharged from care' in 2019–20.²³ While some may have left care for other reasons, it is reasonable to assume that many exited as care leavers. If so, a conservative estimate of Aboriginal care leavers between 15–25 in NSW, at any one time would be more 5,000. This cohort require culturally safe and informed responses to meet their needs.

Case study 17

Cultural connections not added to the leaving care plan

Issue: Daniel is a young Aboriginal man who was case managed by an OOHC agency for much of his childhood. At 16, due to multiple placement breakdowns, responsibility for his case management was reassigned to a local CSC.

When Daniel left OOHC he was provided with basic assistance, including a clothing allowance and a mobile phone for contact. However, only minimal work had been undertaken to address a suspected diagnosis of FASD, intellectual delay and attachment related disorder. After turning 18 Daniel was assisted by an aftercare program that helped him to access the NDIS. This was challenging due to Daniel's complex needs but was enabled by engaging Daniel with an Aboriginal male mentor through the NDIS. At 21, Daniel continues to be homeless and finds it difficult to engage with support programs, except those that promote cultural connections.

²² OCG Report (see 6), p2.

²³ AIHW (see 1), [Table 25.2](#).

Professionals all agree that cultural connection is key to Daniel accessing housing, medical and other support. The NDIS can provide access to cultural experiences but cannot meet the individual costs of activities.

Outcome: The aftercare program advocated for Daniel to have some cultural connection funding included in his LCP. The local CSC did not support this request and stated that cultural planning was not within the guidelines for aftercare, and that DCJ could only approve specific activities rather than create a funding source in Daniel's plan. The local CSC advised the aftercare program that Daniel was to use "other resources in future". The aftercare program has continued to advocate for Daniel, providing DCJ with examples where cultural planning has been included in other young people's plans. DCJ have yet to support access to cultural connections in Daniel's LCP.

4.5 Access for young people in custody and post release²⁴

Accessing aftercare support while in custody or having recently exited custody has distinct challenges. Care leavers might have trust issues with those responsible for their care, as their time in custody could be due to criminal charges arising from incidents with carers or staff and unfortunately, Joint Protocol²⁵ principles and procedures are not always well implemented. When a care leaver enters juvenile detention, Youth Justice can be left to prepare them for post-release, including any aftercare needs, especially if a care leaver turns 18 while in custody. When a care leaver is in adult custody, caseworkers often lack the knowledge and skills to navigate the Corrective Services system.

Case study 18

Lack of an LCP results in a spiral into custody

Issue: While in care Jacob was moved by his OOH agency into a Supported Independent Living (SIL) placement²⁶ and referred to an aftercare program. At that time, he had a full-time job, was self-managing his SIL placement and had minimal contact with his OOH agency caseworker. Leading up to his 18th birthday, his aftercare program repeatedly attempted to engage the OOH agency in Jacob's leaving care planning but by 18 Jacob still did not have one.

He made a request to his local CSC for assistance with driving lesson costs. The CSC refused to provide him with assistance as he did not have a financial plan.

Jacob's mental health deteriorated, and he lost his SIL placement and his job. He wanted to access counselling, but due to the limited mental health services available, he was placed on a waiting list. He asked for assistance from his aftercare program as he wanted to improve his mental health. As he had no financial plan, counselling was paid for by the aftercare program's brokerage service. Jacob was placed in juvenile detention, and during this period the aftercare program continued to advocate for an LCP to be completed by the OOH agency. Upon release, Jacob was 19 and still did not have an LCP. Again, the OOH agency was approached. This time a new caseworker unaware of Jacob's history was assigned to him and submitted an LCP for approval. DCJ refused to endorse the LCP as it did not address Jacob's needs. DCJ also said he was doing well, working full-time and maintaining a tenancy. Jacob told his aftercare program that he did not take part in his LCP meeting.

²⁴ A young person in detention or custody refers to a young person in the care of the Minister who is in detention approaching their 18th birthday or who turns 18 while in detention; as well as a young person who enters adult custody after having exited care. The young person may be either in detention in a Youth Justice Detention Centre or in custody in an adult Correctional Centre.

²⁵ NSW Ombudsman 2016, [The Joint Protocol to reduce the contact of young people in residential out-of-home care with the criminal justice system](#).

²⁶ Supportive Independent Living (SIL) is a placement option and support for young people aged 16–17 years of age to develop living and social skills to enable them to live more independently.

Jacob re-established contact with his natural mother, who was living interstate and informed him that she was terminally ill. Jacob wanted to visit his mother but was unable to due to a lack of funds. The aftercare program requested financial assistance from DCJ, however, this was rejected as Jacob still did not have an LCP. Jacob's younger brother, who had funds allocated in his LCP for family contact, was able to visit their mother. Jacob could not understand why his brother was able to visit their mother and he wasn't. This situation had an extremely negative impact on Jacob's wellbeing and contributed to Jacob entering adult custody for the first time.

Outcome: While in custody, Jacob reached out to the aftercare program for financial assistance to have access to phone calls and to purchase personal care items; costs he did not have when in juvenile detention. To date no LCP has been completed.

Case study 18 further highlights the need to provide targeted and timely assistance to care leavers in custody so they can seek assistance post-release.

Case study 19

No leaving care plan developed as young person was in custody

Issue: Lindy was engaged with her aftercare program when she turned 18 in March 2019. Her aftercare program made multiple enquiries to Lindy's DCJ caseworker to determine whether Lindy had an endorsed LCP. At first the DCJ caseworker confirmed that Lindy's LCP had been completed but was still sitting with the DCJ Director. Delays in approval were attributed to Lindy being in custody over the 2018–2019 end of year period, immediately after her plan was submitted.

Outcome: In August 2019, after further enquiries, Lindy's aftercare program was informed that her plan had been approved. However, it had been submitted in the old form and therefore could not be used. In September 2019, Lindy's DCJ caseworker began to draft a new LCP for Lindy. By December 2019 Lindy's plan was yet to be approved.

5. Roles, responsibilities and resourcing

The differentiation in the roles of DCJ, OOHC agencies and specialist aftercare services in providing aftercare support does not appear to be clearly articulated, either contractually or through implied expectations. It is important to note that OOHC agencies do not receive additional funding to provide support for care leavers and are expected to absorb any costs from their general OOHC funding. This can limit the ability of these agencies to provide the supports that care leavers need, especially when funded components of their programs are under pressure. Aftercare services are also stretched to capacity. This situation creates tensions and gaps across the service system—and it is the care leavers who bear the brunt of this as there are no accountability markers or measures.

5.1 Collaboration

Collaboration often depends on good communication and knowing what services or programs can offer. Case study 19 is a great example of strong collaboration between DCJ, a legal representative and a health professional, as well as the correctional centre.

Case study 20

Access to psychiatric assessment provides multiple benefits

Issue: Benton went into adult custody soon after turning 18. Due to traumatic experiences while in OOHC he had little engagement with support services and his OOHC file did not have the evidence needed to substantiate incidents of violence against him when applying for victims' compensation.

His legal advocate made a request to his DCJ caseworker for an amendment to his LCP to pay for a comprehensive psychiatric assessment and report. Within a couple of months, the amendments to his plan were approved, and arrangements were made for the psychiatric assessment to be conducted at the correctional centre, and the invoice to be paid directly by DCJ.

Outcome: The report was used to substantiate various claims of violence perpetrated against Benton and was instrumental in securing victims' compensation payments in his favour. The report was also useful for informing defence submissions in Benton's criminal proceedings. More significantly, Benton reported that undertaking the psychiatric assessment had been an opportunity for him to debrief the traumatic events he had experienced while in OOHC.

TIF practitioners felt it important to emphasise good practice in this paper and it is again noted that the positive case studies captured in this paper exemplify strong collaboration across agencies.

Case study 21

Collaborative practice has best outcomes for young person in custody

Issue: Jayden had difficulties with drug use that made it difficult for him to engage with support services. While in youth detention, he was able to address some of the barriers to his communication and was open to visits from services.

His DCJ and aftercare program caseworkers visited with him a few times and were able to engage him in future planning and LCP development.

Outcome: Jayden developed an LCP that allowed him to exit straight into supported accommodation, with furniture and household items chosen and purchased before his release. Jayden worked with his detention centre caseworker to make informed decisions about the items he wanted purchased, and this was then communicated to DCJ. The collaborative work between Jayden's DCJ, aftercare program and detention centre caseworkers facilitated Jayden's access to funds from his LCP and prevented him from becoming homeless upon exiting detention.

6. Access to emergency and immediate assistance

Inconsistencies also exist regarding the criteria around the provision of emergency and/or immediate assistance for care leavers. This is especially the case where the type of emergency assistance needed is not identified in an approved LCP, which is common.

Flexibility is needed to cater for care leavers' specific needs in emergency circumstances but current procedures, which are often different for each CSC, are difficult to navigate. There is a need for:

- specific policies guiding the application process for emergency and immediate assistance,
- some parameters about what constitutes an emergency or immediate need, and
- the reasonable timeframes in which these should be delivered.

Case study 22

No priority given to funeral costs

Sarah passed away after having exited OOHC. Her OOHC agency caseworker was able to get agreement from DCJ to pay for her funeral costs as part of her LCP but was required to make formal submissions for the funds, which was challenging in the circumstances. DCJ then made multiple requests for further information and changes to the submissions, providing approval only a week before the scheduled funeral.

The OOHC agency spent significant time following up approval during a period where they were supporting the carers with funeral arrangements, coroner's reports, and managing complex relationships with birth families. The invoices for the funeral costs were not paid until two months after the funeral, and only after repeated follow up by the OOHC agency workers, who had to manage regular payment reminders from the local caterers and funeral home.

6.1 Ongoing support

Care leavers will always have the experience of being a care leaver, although they may choose to be identified in a variety of other ways and many will go on to achieve great success. However, the Adverse Childhood Experiences Study²⁷ demonstrates that trauma can impact health and wellbeing in fundamental ways throughout people's lives, suggesting that care leavers should always be able to seek support.

7. Recommendations

This paper discusses issues and barriers that were encountered by young people when trying to access funds from their financial plan. It identifies various challenges, including the need for consistency, accessibility and accountability across the system for care leavers. These recommendations are offered for consideration for implementation to achieve positive systemic change.

Consistency in policies, procedures and practice

1. Develop clear and specific policies and procedures regarding access to financial plans, that provide consistency in practice across DCJ CSCs and CFDUs throughout NSW.
2. Develop and implement policies that ensure equity across leaving care and financial plans, regardless of factors such as the status of the care leavers' case management arrangements.
3. Roll out a 'good practice guide' for the OOHC sector that reinforces the implementation of the policies and procedures, and clearly identifies minimum standards and reasonable timeframes.
4. Develop policies and procedures that provide guidance in unique and complex situations, including responses to care leavers that do not have an endorsed leaving care plan, to ensure that they can receive easy-to-access, prompt, and thorough responses to their changing needs, including (but not limited to) additional financial support when required.

Streamline financial systems including clear timeframes

5. Implement transparent, consistent and accessible financial delegation and approval procedures specific to the access of financial plans, that are consistent across DCJ.
6. Streamline application and submission processes for access to financial plans, by implementing an online system that reduces and eliminates duplication of administrative work.
7. Create specific financial items within ChildStory (or other relevant financial system) for core and within-guideline items identified in leaving care plans, as well as for other regular resources provided to care leavers (e.g. food vouchers and Opal cards).
8. Increase the range of within-guideline items that can be included in all leaving care financial plans, based on available evidence of the needs and issues experienced by young people leaving care. For example, support payments for young people in custody, allowances to cover baby costs for new parents, and tools and resources for further study (e.g. a suitable laptop).

27 Vincent J. Felitti, Robert F. Anda, Dale Nordenberg, David F. Williamson, Alison M. Spitz, Valerie Edwards, Mary P. Koss, James S. Marks, 1998, 'Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study, *American Journal of Preventive Medicine*, vol 14, n 4, pp245–258.

9. Develop and implement clear policies on the evidence required to substantiate financial requests by, and on behalf of, care leavers.
10. Develop and implement policy on reasonable timeframes to approve requests, make payments or provide relevant purchase vouchers to access support under financial plans.
11. Maintain accounts with regular service providers and vendors to generate purchase orders.
12. Develop and implement policy and procedures to expedite requests for immediate and urgent financial support.

Clear review and appeals processes

13. Develop and implement policy on the escalation and review process for those circumstances where a care leaver is not satisfied with DCJ's handling of their request for financial or other assistance.
14. Develop and implement complaint processes (which are also available online) that provide information on timeframes for complaint allocation and resolution.

Cultural safety and inclusion

15. Expand Aboriginal specialist aftercare services to support Aboriginal care leavers.
16. Develop and implement policies that ensure cultural needs are addressed for Aboriginal care leavers.
17. Educate the wider OOHC sector about the benefit of, and options for, addressing cultural needs within leaving care plans and the related financial plans for Aboriginal care leavers.

Improving ongoing accessibility for care leavers to relevant services and support

18. Provide a flowchart explaining the steps a young person needs to take to access their financial plan, including specific contacts (i.e., who to approach) and timeframes.
19. Develop consistent practices across CSCs to managing aftercare requests and enquiries, through effective triage and a dedicated aftercare contact person and email inbox.
20. Develop and enable access to training for CSC and NGO OOHC agency reception staff and caseworkers that enable them to address a range of aftercare enquiries and issues.
21. Include the contact details of the relevant agency and program in the Minister's letter to care leavers to ensure they have a suitable direct contact for aftercare support.
22. Implement policies and processes to enable the assessment of care leavers' differing capacities, including the development of comprehensive guidance relating to meeting the needs of care leavers with disability.
23. Provide information and/or training on how to access aftercare support to agencies regularly accessed by care leaver (e.g., Health, TAFE, Centrelink).

Increase support for care leavers in custody

24. Develop interagency partnerships between OOHC caseworkers, specialist aftercare services and Youth Justice and Corrective Services to help reduce recidivism for care leavers and plan for their supported exit back into the community.
25. Develop and offer specific training for Youth Justice caseworkers and Corrective Services welfare staff, and provide these workers with information on critical contacts who can support care leavers who have no adequate aftercare support.

Clarify roles and responsibilities for aftercare support for the OOHC sector

26. Develop and implement clear guidelines on the roles and responsibilities of key stakeholders in providing care leavers the supports that they need including better clarity around the concept of 'light touch' support.
27. Review the adequacy of the funding arrangements to meet the needs of care leavers, including allocation of funding for specialist aftercare workers.

Emergency and immediate assistance

28. Develop policies guiding the provision of emergency and immediate assistance, including reasonable timeframes for approving emergency assistance.