

Submission to Discussion Paper
Maximising Potential: improving
life transitions for young
people in care

**From: Women's Centre for
Health Matters Inc. and ACT
Women and Prisons Group**

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Submission to Discussion Paper *Maximising Potential: improving life transitions for young people in care*

The Women's Centre for Health Matters (WCHM) and the ACT Women and Prisons Group (WAP) welcome the opportunity to provide feedback on the proposals contained in the report: on the discussion paper *Maximising Potential: improving life transitions for young people in care*. The feedback is structured around the questions proposed in the paper, but we have chosen to limit our responses to those areas in which we have the most knowledge and expertise – women and women with lived experience of institutional care.

Introduction

The Women's Centre for Health Matters Inc. (WCHM) is a community-based organisation that works in the ACT and surrounding region to improve women's health and wellbeing. WCHM focuses on groups of women who experience disadvantage and uses social research, community development, advocacy and health promotion to empower these women to achieve the highest possible standard of health and wellbeing.

WCHM believes that health is determined not only by biological factors, but by a broad range of social, environmental and economic factors known as the 'social determinants of health'. We acknowledge that that the environment and life circumstances that each woman experiences have a direct impact on her health, and in many cases, women's poor health is rooted in social disadvantage. For these reasons, WCHM is committed to taking a 'whole of life' and social approach to women's health, that is also firmly situated within a human rights framework.

The ACT Women and Prisons Group is a not for profit community group, whose members include ex-prisoners and prisoners currently detained in the criminal justice system, representatives of various ACT Women's Services and other interested women. The Group functions under the auspices of the WCHM and is supported by the ACT Council of Social Services (ACTCOSS)¹.

Discussion

This response is supported with evidence published by the Centre and its partners, including WAP, on the specific needs of ACT women, and with feedback from a variety of ACT women and service providers through focus groups and other consultation processes.

The World Health Organization (WHO) defines '**health**' as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.² WHO considers a state of **well-being**³ to be one where an individual realises his or her own

¹ The ACTCOSS is the peak representative body for not-for-profit community organisations, and disadvantaged and low-income citizens of the Australian Capital Territory.

² <http://www.who.int/about/definition/en/print.html>

³ http://www.who.int/features/factfiles/mental_health/en/

potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

WCHM's *Marginalised and Isolated Women Report* defines institutionalised and post-institutionalised women as women who are currently, or have been, imprisoned, or detained in a detox facility, or in out of home care, or have been institutionalised for mental health reasons. Women who have been institutionalised for any reason are at high risk of social, economic, political, and legal marginalisation and isolation that extends beyond the institutionalised period.

Consultation with the ACT Women and Prisons Group identified three key issues for women who have experienced institutionalisation - rehabilitation, employment opportunities, and social inclusion. Moreover, mental health issues and dependencies are common problems in this group of women.

Post-institutionalisation, these women may find themselves socially isolated with limited support networks. Employment opportunities are restricted to low paying positions, and yet they must navigate their mental health issues, caring responsibilities and employment effectively. Experiencing such challenges concurrently leaves a woman more susceptible to poverty and homelessness⁴.

Historically, young people leaving care and making the transition to independent living have been considered as one of the most vulnerable and disadvantaged social groups. Research has shown that these young people do not have the level of support (emotional, social and financial) available to most young people in their transition to adulthood and that this transition occurs at an earlier age and in a more abrupt manner than young people of the same age in the general population (Arnett & Jones, 2000, cited in Cashmore & Paxman, 2006).

Young people leaving care with mental health or emotional or behavioural difficulties are also more likely to experience post care instability, homelessness, poor employment outcomes and deterioration in physical and mental health, and fare more poorly than other young people their age in the general population. They are less likely to have completed school, and to have somewhere safe, stable and secure to live. They are more likely to rely on government income support, to be in marginal employment, and to have difficulties in 'making ends meet'.

The health, accommodation and support needs of a young person are likely to be influenced by their care experiences, how well they have been prepared for independence, their developmental level and factors such as age, gender, ethnicity, disability and health.

This submission therefore focusses on the issues for young women transitioning from care. The most effective services and approaches for planning for a young woman to safely transition to independence out of care will be those that are characterised by:

- dealing with all of the young women's problems in a holistic and gender sensitive way;
- being accessible in the way that services are delivered;

⁴ Sarah Maslen, "Social Determinants of Women's Health and Well Being in the Australian Capital Territory", (Women's Centre for Health Matters: Canberra, 2008), p25

- being inclusive of and understanding the young women's point of view;
- the inclusion of peer support/mentoring by peers with 'lived experience' as a core support; and
- ensuring access to services and providers who are reliable, friendly and have continuity of connections and relationships.

The importance of a gender sensitive approach

WCHM recommends the importance of including gender sensitive models of care and service pathways for young women transitioning out of care. It will be necessary to be responsive to the specific needs of young women transitioning out of care to independent living, versus young men – a 'one size fits all' approach will not be sufficient to ensure positive outcomes.

The service provision and responses need to recognise the differences in young women's and men's needs and experiences, and acknowledge the way that young women's personal circumstances and socio-economic status may affect their requirements for housing, their support requirements, their healthcare needs, their mental health and wellbeing and their employment and educational requirements differently to those of young men.

The approach will also need to understand that 'women are their own experts' and that women are best placed to make decisions about the issues that affect their health and well-being, so must maximise the opportunities for young women to be engaged in the transition process and any development of plans, and include recognition that assessment of their needs will need to differ from those of young men. It will be important that those who make decisions about, and work with, young women transitioning from care take into account what they say they need and want, and take their views seriously.

The importance of Social Determinants

Good health and wellbeing is shaped by the environment in which women live, and so transition plans and service provision must include the provision of suitable, safe and sustainable housing, adequate income support, education, health and a continuum of care which is affordable, tailored to individual needs and is culturally and disability appropriate.

But any approach also needs to build in to the service planning a more holistic approach which recognises the importance to women of other aspects to transition to independence including adequate community and transport systems in terms of ensuring accessibility, safety and reduction in social isolation, participation in and access to physical activity, sport and recreation pursuits, support to enable family relationships and friendships, and support to enhance social skills and self care skills. The need for inclusion of training and support around hobbies, cooking, budgeting and financial management, family planning, and sexual and social health also needs to be recognised for these young women, and mental health and substance abuse services.

Young women in the ACT also need to be involved in health service planning and decision making so that they are prepared for assuming responsibility for decisions affecting their health and learn how to access required services. But to do this they need to be supported to establish appropriate links to health professionals and services they trust and feel comfortable with, rather than a single provider to access for these services.

An integrated approach / collaboration

An interagency approach will be important because no one agency is able to meet all the needs of young people given their varying backgrounds and situations, or to address the gaps in services which may exist. This will be very important in addressing the multiple dimensions of inequality for young women leaving care. Inadequate housing, transport, access to affordable health and wellbeing professionals, and other services that support marginalised and isolated groups are key areas that need to be addressed within the ACT.

WCHM recommends the commitment to collaboration and to establish cross sectoral partnerships – these will be essential to creating a holistic approach so that the service delivery platform can truly reflect the social determinants model. The policy will be more effective in this area by including strategies to work with other government departments outside of housing to create collaborative approaches to addressing health, transport, education issues etc.

The housing needs of care leavers will be a priority in the ACT as they have limited housing choices and struggle to compete in the housing market, and may be forced to accept poor quality accommodation which is not close to educational and employment opportunities due to affordability or availability issues.

But young people also need to have an identified and trusted health care professional who can attend to the unique challenges of transition and who assumes responsibility for uninterrupted, comprehensive, and accessible health care, and health care planning within their community. And there may need to be consideration of provision of ongoing support, particularly to those with mental health problems and complex needs.

The importance of mentoring / peer support

Research shows that stability and a 'secure base' in care and social support after leaving care are highly significant factors in predicting whether young people do better than others.

Access to the right support while adjusting to the transition to independent living will be important in building social networks, self-esteem and confidence for young women care leavers in the ACT, especially when many of them may not have access to the same level of support that other young people in the general ACT population can access such as families and wider social networks. In addition they are likely to have to cope with a number of major changes in their lives within a shorter timeframe than other young people.

WCHM has shown in its research that women with lived experience of the criminal justice system can provide emotional support and friendship to women involved in, or transitioning out of, the criminal justice system. This support strengthened the rehabilitation and support networks of both current and former women prisoners.

WCHM's findings also found that women with lived experience of the criminal justice system are better placed than any other organisation or service provider; to establish relationships of trust with the women involved in the criminal justice system; to offer

them emotional support and friendship; and to understand their unique needs and experiences.

Therefore we believe that peer support can offer young women care leavers a different type of relationship to professional case workers and service provision, especially as access to informal support networks for this group can be challenging. But without these networks, they may not gain skills in developing trusting and reciprocal relationships – and relationships with service providers or case workers by their very nature (service provider/client) cannot evolve into these types of relationships.

Peer support "...is a system of giving and receiving help founded on key principles of respect shared responsibility, and mutual agreement of what is helpful."
(Mead & Copland, 2000)

"Peer support is based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations."
(Davidson et al., 2006)

The rationale behind peer support is that someone the young person views as their peer acts as a role model who guides them through the complex process of moving to independent living through sharing their experience of care, leaving care and aftercare.

Conclusion

In conclusion, this submission aims to highlight issues from the perspective of young women of the ACT. WCHM looks forward to participating further in the consultation process, and the development of new service delivery platform for young people transitioning from care.

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