



📷 REPORT AUTHOR: Anglicare social policy researcher Catherine Robinson

— Tasmania —

Children as young as 10 are living alone and without proper care, according to a new report

PATRICK BILLINGS, Police reporter, Mercury

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A DAMNING report into Tasmania's child protection and care system has painted a dire picture of abused, neglected and abandoned youth falling between the gaps of a "broken" safety net.

Anglicare's Highly Vulnerable Teens in Tasmania report, to be released today, calls for urgent intervention to end "a gross social injustice occurring in Tasmania".

The report explores the lives of children aged between 10 and 17 who have fled abusive homes but who authorities find "too hard" to place in care.

The report found that, homeless and traumatised, they descend into mental illness, violence, drug use, poverty and crime.

Safety, shelter, care and education were human rights "they often lived without".

"They are actually out in the world, independently, except they are aged 10 and up," report author Catherine Robinson told the *Mercury*.

"I think that's what the community doesn't really understand. I think there's an assumption that child protection would come in and save them, well it doesn't happen."

Dr Robinson said she was shocked when doing the project which traced the lives of 16 highly vulnerable teenagers.

"I've been doing research in the area of homelessness and complex trauma and violence for a lot of my career but I have to say ... the level of violence particularly domestic violence really took me aback," she said.

"When you hear a 14 or 15-year-old describe multiple incidents of violence and harm in such a short lifespan ... I think that's what really blew me away."

Keira*, 15, spent the first 10 years of her life experiencing and witnessing domestic violence as well as being sexually abused.

"I thought it was normal as a kid, you know. I thought that's what happened to little girls," she told interviewers.

The breaking point for Keira came at age 13 and she took off with a boyfriend who was a few years older.

The boyfriend, who had access to "heaps of drugs", started beating her which left her with a broken nose and pre-empted several suicide attempts.

After eventually fleeing the abuse, she ended up at a "party house" where she lived for two months despite being raped there.

"When I went to the toilet he picked me and took me into his bedroom and raped me. He forced me to take ecstasy and stuff like that," she said.

Keira didn't report the attack, saying "all my life until now I've been really badly molested."

A child like Keira may never end up on a protection order for several reasons, including lack of knowledge by authorities or an inability to substantiate allegations.

But Dr Robinson also found among the Child Protection Service a pervasive "lack of confidence" that it could find appropriate care for complex cases.

"From a child protection worker's point of view, if you don't believe that there is alternative care available then there is no point pursuing an order," she said.

"To me that's deeply troubling because the threshold for a care and protection response is being driven by placement options rather than the harm being experienced."

As a result, the report found a "culture of referrals" among youth and child protection services.

"Often ... these particular young people get caught up in a service shuffle," a Child Protection Service manager said.

"If a lead agency can't be identified, they get lost, but then you can't really identify a lead agency because they don't fit nicely into anyone's box to say, 'Yes, I'm the lead'."

Frustration with the system was reflected by a police officer involved in early intervention.

"The other day we had one girl ... I was this close to taking her home, she had nowhere to go," they said.

The lack of adolescent drug services could see Ashley Youth Detention Centre become a carer of last resort.

"Society is making them young criminals because we've got no other place for them," the police officer said.

What was needed, Dr Robinson said, were care options that could accommodate teens with complex needs who had endured severe trauma.

The report makes four recommendations to address the gaps in adolescent care:

CREATE new care services targeted at highly vulnerable young people both with and without Care and Protection Orders.

EXPAND existing specialist adolescent services to include trauma-specific mental health services and residential mental health recovery and drug rehabilitation services.

INCLUDE responses specifically targeted to the needs of highly vulnerable teens in the redesign of child protection and out-of-home care services.

ESTABLISH a specific program area for Youth at Risk Strategy implementation, ongoing service innovation and tendering.

The Government said it welcomed the report and said its recommendations “align well” with the action it was taking to improve services for vulnerable young people.

A spokesman said its Youth at Risk Strategy’s implementation plan would be released in coming months.

*Keira is not her real name