Research Synthesis

Evidence to define youth focused homelessness practice

authored by

Hellene Gronda and Georgie Foster

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PURPOSE AND SCOPE

Project objectives

Identify and document evidence-based benchmark principles of youth-focused homelessness practice.

Background

The North and West Metropolitan Region Youth Homelessness Coordination project is an initiative under Creating Connections (Youth Homelessness Action Plan Stage 2). The objectives include strengthening service connectedness and coordination for young people experiencing or at risk of homelessness.

The North and West Metropolitan Region Youth Homelessness Consultative Committee has identified that documenting *youth* focused homelessness practice through the research evidence base is a priority project.

Synthesis project

Australian and international empirical evidence on practice with young people experiencing or at risk of homelessness will be synthesised to draw out findings relevant to the Committee's practice concerns. The synthesis includes an assessment of the scope and quality of the evidence base to identify research gaps.

Research synthesis is a particular style of literature review designed to facilitate evidence-informed policy and practice development.

The synthesis draws out a set of evidence-informed principles for describing youth focused homelessness practice. The synthesis scope includes evidence on young people's developmental vulnerabilities as relevant to homelessness practice. The evidence base does identify different sub-groups within the youth homelessness population, so the synthesis draws out cohort-nuanced principles where supported by the evidence.

Scope

Recent (post 2000) high quality national and international research evidence on:

→ Young people's experience of homelessness.

→ Service delivery practice with young people experiencing or at risk of homelessness.

→ Other human services practice with young people.

Acknowledgements

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EXECUTIVE SUMMARY: EVIDENCE BASED YOUTH FOCUSED PRACTICE PRINCIPLES

This executive summary presents the elements of effective practice identified in the evidence base. The chapters that follow present the empirical studies which generate these findings.

What we know

1. Experiencing homelessness under the age of 18 has specific emotional and practical consequences.

2. Practical resources and skill development are critical elements of *youth focused* practice.

   - Young people, by definition, lack experience in the housing and labour markets. They lack experience of what gets called 'life skills' like budgeting, cooking, cleaning, and personal care.

   - Young people experiencing homelessness typically lack the emotional and practical support of significant adults.

3. At the same time, research finds that young people experiencing homelessness are survivors – surviving on the street without the protections of family and police.

   - Effective engagement requires demonstrating respect for the strength and resilience required to survive homelessness.

4. The synthesis finds that barriers to service accessibility have practical and psycho-social elements.

   - Actions to increase service accessibility are critical to youth focused practice because young people are reticent about accessing formal support services and will seek help only after (if at all) help from family and friends is exhausted.

5. Social interactions are critical to young people's experience and duration of homelessness and their pathways out of homelessness. Social connections are both a source of strengths and risks.

   - Sensitivity is required to manage the ambivalent role of drug use and connections with other homeless young people.

   - Drug use often has a personal pain management function and provides social connections and peer support.

   - Social connections are critical to identity formation and transformation.

6. Respectful relationship-based support is effective. The evidence identifies three key elements to effective relationship based support:

   - Persistence and an adequate duration of support.

   - Demonstrated respect for the young person.

   - Reliability and trustworthiness.

7. Young Indigenous people experiencing homelessness face particular challenges including those due to racism and the impact of colonisation.

   - Indigenous people overall experience homelessness at a far higher rate than mainstream Australians, and there are unique aspects that are not yet well understood including the experience of alienation from country.

Practice implications

The synthesis identifies evidence about overarching elements and two distinct levels of youth-focused practice principles:

→ Engagement with an individual young person.

→ Service accessibility.

In best practice, these two levels are mutually reinforcing. For example, the location and design of a drop in service can support the engagement of a young person in a job skills training program, or conversely the interpersonal engagement of an outreach worker with a young person can support their access to needed health services.

The following three tables highlight key elements of *youth focused* practice identified by the synthesis of the evidence base.

Table 1: Elements of youth focused homelessness practice

Overarching elements
Address youth specific impacts of homelessness
Grieving the loss of childhood home
Managing the impact of traumatic experiences associated with the loss of childhood home
High risk for some sub-groups of long term chronic homelessness
Experiences of betrayal or abuse by individuals, adults or institutions
Support the transition to adult independence (practical, social, emotional skills and resources)
Recognise and address the lack of resources and support usually provided by significant adults
Recognise importance of social connections
Support existing positive relationships
Create opportunities for young people to form new social relationships
Support re-connection to family and significant others *if safe – note high risk of family abuse history in this group*

Table 2: Elements of youth focused homelessness practice

Engagement with individual young people
Note the high rates of poor experiences with adults, services or institutions including betrayal and abuse
Development of trust
Stability and continuity in the supportive relationship
Demonstrating respect in concrete ways, for example, through peer involvement in services
Non-judgmental attitude
Outreach – meeting young people where they are
Emotional development
Maximise opportunities for the young person to control their circumstances
Provide relationship and communication skills training
Program design that allows young people to make mistakes without jeopardizing all assistance
Identify and manage self-destructive behaviours
Recognise survival function of joining drug-using subculture – both peer acceptance, social

support and personal pain management

Mastery of practical skills and formal achievements

Provide information and living skills training and practice

Value young people's existing strengths and skills

Recognise that 'working the system' is an expression of know-how and self-esteem

Build self-confidence through celebration of achievements

Table 3: Elements of youth focused homelessness practice

Service accessibility

Recognise that young people are typically not service literate and avoid mainstream/adult services

Lack of material resources *particularly transport* can inhibit access to services.

Address importance of identity and belonging

Increase psycho-social accessibility through an environment that identifies/mirrors young people and their diverse social and cultural identities (for example Indigenous young people and same sex attracted youth) through art, posters and signs.

Active strategies to increase accessibility

Provide outreach services

Co-locate with mainstream services (e.g. Centrelink, childbirth healthcare providers, schools)

Locate services near local sites of youth recreational activities (e.g. shopping centres, 'the city', parks)

Provide drop-in services and flexible opening hours

Reduce mandatory requirements for formal identification and personal disclosure

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Young people need and seek home-like spaces

Provide spaces that young people can make their own

Maximise privacy and control over surroundings

Remember young people's names

Avoid clinical, 'sterile' settings

Manage risk of exposure to drug-using subcultures

1 INTRODUCTION

This research synthesis brings together contemporary evidence about the experience of homelessness for young people aged 16-25 and about service delivery practice with young people in a variety of the human services. It distils this evidence base to identify the elements of effective *youth focused* practice and service response for working with the current group of young people at risk of or experiencing homelessness in Australia.

It is critical to recognise that the findings of the evidence base cannot capture everything that matters. Rather, the synthesis establishes what we know with sufficient certainty from a research perspective. The elements identified in this synthesis are necessarily limited by the gaps in the evidence base.

The project is intended to assist in generating service development tools and recommendations. The findings may be used to communicate with mainstream services working with youth experiencing homelessness, and within the homelessness sector, to communicate youth focused principles to generalist agencies, in particular 'Access Points.'

The report is structured into three chapters:

1. What is different for young people? Evidence from studies of young people's experience of homelessness.

2. What makes young people different? What we know about young people's stage of life and what makes them different from each other.

3. Services that work for young people. Evidence from research on homelessness service delivery and other human service contexts.

While this project is focused on evidence of these differences, it is essential to acknowledge the consensus from Youth Studies that the category of 'young person' is not a homogenous group, nor a universal essence fixed in time.

There is also important evidence of the significance of diversity within the group of people. The synthesis includes research which identifies principles for working with this diversity relevant to effective *youth focused homelessness practice*.

The project builds on but does not cover the broader evidence base about effective practice for working in the human services. For example, there is evidence about effective case management with people experiencing homelessness, see (Gronda 2009), but the scope and objective of this project is to identify specific elements of practice which are distinctly *youth focused*. To do so it focuses on evidence of differences between young people and adults experiencing homelessness, and on differences between youth and adult service delivery practice.

2 SCOPE AND QUALITY OF THE EVIDENCE BASE

2.1 Synthesis method

The objective of this synthesis is to identify and document what the existing research finds is effective *youth focused homelessness practice*.

This synthesis uses a 'realist' approach to select and assess the evidence from social science research (Pawson 2006). The 'realist' approach selects empirical evidence based on its rigour and relevance for testing and refining current understanding about how a given social policy intervention works.

The realist approach can be contrasted to the use of narrow methodological selection criteria, such as 'only randomised controlled trials,' and is uniquely designed for the evaluation of social policy interventions (Pawson 2002).

The first step in the methodology is an assessment of research, policy and program documentation to identify the current existing theories of *youth focused* practice. The second step is to find relevant, high quality empirical evidence and test these existing ideas in order to confirm, reject or refine the theory.

The first step found that the term 'youth-focused practice' appears widely in policy and program documents but without a clear concrete definition.

The second stage of the search and assessment phase identified two relevant bodies of research evidence: literature about homelessness practice and the literature about effective human service delivery with specific groups of at risk young people.

Homelessness – prevalence, characteristics, experience of

Homelessness service evaluations – what works? For whom and why?

Effective youth focused homelessness practice

Youth focused practice
→ Drug & alcohol
→ Parenting
→ Mental health
→ Same-sex attracted
→ CALD
→ Leaving care
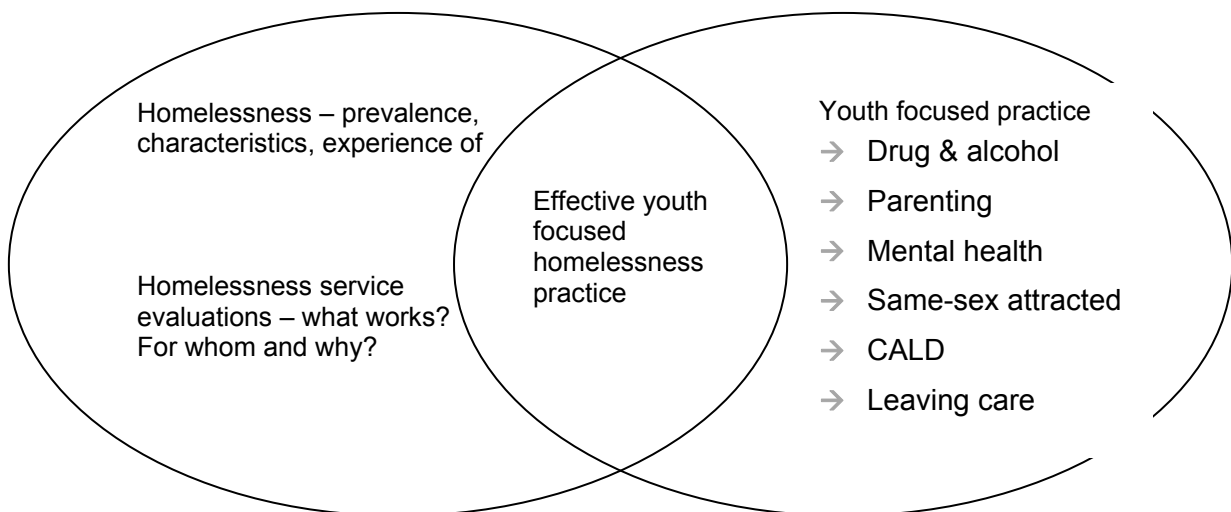
The synthesis method appraises sources against two criteria, rigour and relevance, and then identifies consistent and rigorous findings using cross-validation between sources (Pawson 2005). Synthesis of the evidence is used to build a coherent evidence based understanding about effective social policy interventions (Pawson 2003).

The search and selection process for this review targeted research that met the minimum academic standard of peer reviewed publication, and also non-peer reviewed research conducted by researchers with recognised academic credentials. To find research, we used reiterated searching with the following tools: academic journal databases, the Cochrane and Campbell international collaborative databases of systematic reviews, follow up of bibliographic references in found studies, and general internet searching.

Search terms included combinations of the following words: youth homelessness, young people, youth homelessness practice, engagement, foyer, youth practice, youth-centred practice, youth driven, youth support, youth development, wrap-around.

Article abstracts were reviewed for an initial assessment of relevance and quality, and selected sources were then comprehensively appraised for their quality and relevance to the identification of effective *youth focused* homelessness practice.

Forty-nine empirical sources were ultimately selected using this process and the following table describes their geographic spread.

Table 4: Geographic spread of empirical sources

Research source country	*Number of studies*
Canada	3
United States	8
Australia	27
United Kingdom	7
Australia and US/UK	4

The high number of Australian sources is a tribute to recent youth homelessness research efforts. The sources used a mix of quantitative and qualitative methodologies, as indicated in the following table. The evidence is strongest in qualitative findings, and weakest in experimental design quantitative research.

Table 5: Methodologies used

Methodology	*Number of studies*
Quantitative	6
Qualitative	32
Mixed methods	6
Review study	5

2.2 Scope and quality of the evidence

While the evidence base can never be complete and certainly has many gaps, there is adequate research which provides qualitative, descriptive evidence about service delivery elements from young people's and service provider's perspectives in a range of human service delivery areas.

Qualitative research techniques are particularly effective for understanding the experiences and processes encountered by homelessness service delivery, and particularly in relationship based support. This synthesis includes many strong sources of this kind of evidence which have significant implications for identifying youth focused practice principles at both the engagement and the access levels.

The evidence base is weakest in outcome correlated and comparative evaluations of different kinds of practice with young people at risk of or experiencing homelessness. The synthesis found almost no Australian research (YP[4] being the one notable exception) which correlates young people's outcomes and the service delivery practice, approach or models employed to help them.

Consequently the challenge to defining the elements of effective *youth focused* practice is partly the conceptual challenge of determining what is specifically 'youth focused' as compared to simply good human services practice, and significantly the empirical challenge of finding detailed evidence about causal links between specific practice elements to beneficial outcomes.

Due to these characteristics of the evidence base, the synthesis uses the method of cross-validation of findings across a range of human service delivery domains and target groups. The findings synthesised here are considered robust because they have been confirmed across different research sources, countries, and with different groups of young people.

The issue of Indigenous youth homelessness was identified as a weakness in the evidence base. The available studies on Indigenous homelessness indicate a clear need for further research in this area due to high levels of Indigenous homelessness and evidence of unique, culturally specific needs for this group.

The evidence is strongest in the area of providing mental health care to young people. No relevant empirical studies were found from the field of drug and alcohol services but many of the studies included in the synthesis about young people experiencing homelessness also deal with the issues of problematic drug use.

In summary, the available evidence base for this project is limited by the lack of rigorously specified comparative outcome evaluations which could isolate the practice elements that produce beneficial outcomes for young people. However, the evidence base is strong in qualitative evidence from youth practice in a range of different human service contexts, including homelessness, primary and mental health care, drug and alcohol, and responding to socially diverse communities. Using this research has the added advantage of identifying some specific elements which work effectively with particular sub-groups of young people.

3 WHAT IS DIFFERENT FOR YOUNG PEOPLE?

This section presents evidence from research about the experience of youth homelessness, including young people trying to enter the housing market. It includes eleven research reports and identifies what is known about the barriers, challenges and opportunities which particularly affect young people at risk of or experiencing homelessness.

3.1 Risk of long term homelessness

Johnson, G., & Chamberlain, C. (2008). From youth to adult homelessness *Australian Journal of Social Issues, 43*(4), 563-582.

Johnson, G., & Chamberlain, C. (2008). Homelessness and substance abuse: which comes first? *Australian Social Work, 61*(4), 342-356.

There is robust Australian evidence that first experiencing homelessness up to the age of 18 is a significant risk factor for developing problematic substance abuse while homeless and for experiencing long term chronic homelessness.

Johnson and Chamberlain's recent research combined the analysis of quantitative data on 5,186 households assisted by two inner-Melbourne homelessness agencies and qualitative data from 65 in-depth interviews with people who were or had been homeless.

Johnson and Chamberlain specifically analysed the transition from youth to adult homelessness and found evidence that the experience of homelessness at age 18 or under is a particular risk factor for developing other problems and/or having a long experience of homelessness.

Johnson and Chamberlain find that a third of the sample (1,677 people, 32%) had first become homeless at 18 or younger (Johnson & Chamberlain 2008a 567). Of this group, 60 per cent had also subsequently developed problematic substance use, compared to only 14per cent of those who first became homeless at 19 years or older (Johnson & Chamberlain 2008b 350).

This research also finds that the transition from youth to adult homelessness is strongly linked to long term chronic homelessness, as 70 per cent of the sub-group aged 19-24 had experienced long term homelessness, and just over a third (37%) had been homeless for two years or longer. Of those aged over 25, 85 per cent had a long term homelessness experience, and just over half had been homeless for two years or longer (Johnson & Chamberlain 2008a 569).

3.2 Losing your childhood home

Robinson, C. (2002) "I Think Home is More than a Building": Young Home(less) People on the Cusp of Home, Self and Something Else. *Urban Policy and Research, 20*(1), 27 - 38.

Robinson, C. (2005) Grieving home. *Social & Cultural Geography, 6*(1), 47-60.

Australian research by Robinson finds that significant grief is the emotional consequence of losing home as a young person, and this is substantively different to experiencing homelessness later in life. She also finds that young people are actively making a home for themselves even while experiencing what can objectively be called 'homelessness.' This research implies that effective *youth focused* practice will recognise and support young people in both grieving and making-home processes. A

central recommendation is the provision of various forms of places which young people experiencing homelessness can make their own.

Robinson's findings help explain the evidence cited above (Johnson & Chamberlain 2008a) (Johnson & Chamberlain 2008b) that first experiencing homelessness at 18 years old or younger is a disproportionate risk factor for developing problematic substance use while homeless (four times more likely), and strongly linked to long term chronic homelessness.

Her research highlights the importance of a grieving process and how it affects young people's experiences and behaviours in often self-destructive consequences. She identifies the importance of places which young people can make their own, and can enact forms of control over their environment, safe places where grieving and processes of making home can be supported as they occur over time.

Robinson's participant ethnography combined observation and thirty-six in-depth single interviews with young homeless people (aged 16-26) over a period of 8 months at an inner-city Sydney drop-in centre, a crisis accommodation unit and a medium to long-term supported accommodation unit in an inner-city suburb. These young people had either unstable or no accommodation at the time of the research, though not all considered themselves 'homeless' (Robinson 2002 28). Following the formal research period, Robinson also spent 18 months working as a relief youth accommodation worker which involved evening shifts in a youth refuge:

> While on shift I was available at all times for young people to approach and talk to and I ate my meals, played games and watched television with them. (Robinson 2005 50)

Robinson found a stark contrast between the expressions of grief and trauma young people allowed themselves while in the refuge context and the unemotional way they told their stories in her formal research interviews (Robinson 2005 50).

Her research confirms that many young people experiencing homelessness are grappling with the impact, memories and trauma of failed and often abusive homes. She finds that

> grief over past home experiences was lived in terms of the continuing negative relationships with new homes they established (Robinson 2005 52)

Robinson concludes that 'grief is a key barrier to young homeless people's maintenance of housing and yet an important part of the continuing negotiation of home and a place to belong' (Robinson 2005 49).

Robinson finds that excessive drug use and self-harm were the two main coping strategies for the young people in her study, and confirms that while the practices of grieving through drug-numbing and self-harm helped young people manage their traumatic histories, these are 'precisely the practices which reinstigated and reinforced homelessness' (Robinson 2005 54).

This finding validates the broader finding of the evidence base that connections to the homeless subculture, while often necessary for survival, risks extending the experience of homelessness by the adaptation of 'street strategies' including problematic drug use.

Other studies, including Karabanow (2008), Kidd and Davidson (2007), Rice et al. (2005) and Smith (2008), all confirm that young people's involvement in homeless subcultures can be both essential for surviving homelessness and can create damaging effects which extend the duration of homelessness (Karabanow 2008 ; Sean A. Kidd & Davidson 2007 ; Rice et al. 2005 ; H. Smith 2008).

Robinson's work focuses away from a structural analysis toward understanding homelessness as an experience in which young people are both grieving the loss of home and the traumas experienced there, and actively searching for ways to make home – making connections to place and people, and making a safe space for oneself.

This research demonstrates that while assisting young people to negotiate housing and labour markets is important, just as important is the provision of safe spaces to make sense of things, and support to grieve in a healing way. Robinson identifies 'the importance and possibilities for young people of finding places [...] in which to *be* – to think, talk and relax' (Robinson 2002 27). The right to these places is lost when your living situation (housed or homeless) includes the threat of violence.

Robinson finds that young people consistently 'searched for and found particular places of 'connectedness' in which they felt emotionally and physically safe, supported or simply free to think and talk' (Robinson 2005 55).

These 'spaceful' places, as one research participant described them, were sometimes service sites such as drop in centres and refuges, and sometimes private or secret places within the city. A critical dimension of these places is that the young person could exert control over themselves and their environment. Describing an experience in a refuge, a young woman commented:

> It's better ... cos I can do what I want, talk to whoever I want, and dress how I want (Robinson 2005 56).

Another woman explained that home means you are 'able to be whoever you are, instead of having to put on this big staunch front' (Robinson 2002 34).

This ability to *be oneself*, safely, was in contrast with the inability to control what occurred in their family home, and in subsequent living arrangements (Robinson 2005 52). Robinson finds:

> It is in space-full places, that young people are able to make fragile connections, to become-at-home, yearn-for-home [...] even experience a kind of homecoming (Robinson 2002 36).

Robinson's evidence about how young people are making a place for themselves within the experience of homelessness is significant for identifying best practice in the place-aspects of service delivery. The current service system design often does not support these activities for young people. For example, 'as one young man pointed out, the safe buildings with toilets, showers and food are closed during the night, left empty when they are needed most' (Robinson 2002 27).

The research finds that a *youth focused* service will help young people make the place their own and create a sense of belonging. *Youth focused* practice can recognise and highlight young people's strategies of seeking and making home within the experience of homelessness as a concrete way to demonstrate respect for their survival capacities and to support what they are already doing to solve the 'problem'. At the same time, young people need assistance to grieve the trauma and loss they have experienced in ways that can replace the practices of drug numbing and self-harm.

The practice and policy response to this research must also take into account other findings about the potentially damaging effects of drop in centres and refuges as sites where young people are exposed to other homeless people and a strongly drug using homeless subculture.

Synthesis of this work with the overall evidence base implies that creating spaces which young people can make their own is critical, however adequate therapeutic support is needed to help young people heal underlying grief rather than managing it through self-destructive practices.

3.3 Lack of support from significant adults

Roland, J. (2003). Round my place: young people and private rental in South Australia. *Flinders Journal of Law Reform,* **7**(1), 115-135.

This Australian research[1] focused on young people and the private rental housing market. It documents the critical role of significant adults in young people's transition to independent housing.

The research highlights the importance of access to the support of significant adults, which is typically lacking for young people experiencing or at risk of homelessness. It also identifies the very practical set of skills required to negotiate the private rental market, and maintain a successful independent tenancy.

The research participants had all left home between 12 and 21. Thirteen per cent reported leaving home because they felt 'ready,' while one third reported leaving home due to problematic family circumstances. A further fifth had been 'kicked out' (Roland 2003 120).

Young people's success in the private rental market was inhibited by lack of experience with the application process and lack of previous rental references. In addition, most young people were receiving very low incomes and therefore struggled to pay for essential costs or lay aside money to cover unexpected costs. Half had incomes of less than $250 per week and nearly two thirds were paying more than 30 per cent of their income on rent (Roland 2003 121-2).

Notwithstanding these difficulties, the research found that the single most important factor influencing a young person's success in the private rental market was some form of personal support from a significant adult (Roland 2003 127).

Participants reported that parents or other family members helped with looking for properties, completing applications, and meeting the property managers on sign up. For young people moving to Adelaide from rural areas, these forms of support were particularly crucial. Interviews with property managers found that they viewed parental involvement very positively and a sign that the young person would be a responsible tenant (Roland 2003 127). Significant adults also provided some financial support, ongoing practical and emotional support during the tenancy, and back-up accommodation if needed. Almost 30 per cent of the young people in the study reported they had returned to their parents' home after initially moving out (Roland 2003 128).

Homeless young people lack these critical supports and resources.

Roland provides the following summary of elements which assisted or blocked young people's access to housing in the private rental market (Roland 2003 134):

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[1] The research was originally reported in Roland, J. 2000, Round My Place: examining the experiences of young people in the private rental market in South Australia, Shelter SA Adelaide.

Table 6: Summary of elements which assisted or blocked young people's access to housing in the private rental market

Success Factors
The involvement and support of a parent or other significant adult in helping to access or finance accommodation, or to offer practical or emotional support.
Having a certain level of life skills that enable the young tenant to manage household responsibilities including managing money, cleaning, looking after the property and themselves.
Developing open relationships with fellow tenants and neighbours to minimise the impact of any issues that may arise.
Developing good relationships with property managers who are cooperative or sympathetic to the needs of young people.

Barriers
The emphasis placed on rental and work references in the application forms.
Lack of awareness about their rights and responsibilities as tenants.
Negative perceptions of some property managers towards young people and share households.
Problems in negotiating the application process and dealing with property agents.
Insecure or unstable backgrounds or relationships, which can lead to a cycle of instability and marginalisation in poor quality accommodation.

Source: Roland 2003 134

This research implies that effective *youth focused* practice provides training and practice at the concrete skills required to gain and sustain a tenancy; includes interpersonal and communication skills development; and provides ongoing financial, emotional and practical support over the time it takes for young people to establish themselves.

Cobb-Clark, D. A. (2008) *Leaving Home: What Economics Has to Say about the Living Arrangements of Young Australians.* **DISCUSSION PAPER NO. 568 Canberra: The Australian National University, Centre for Economic Policy Research.**

There is a broad demographic change which is relevant for youth focused homelessness practice and worth identifying. This change is the gradual rise over the last decade in the duration of young people's financial dependency, and extended periods of living at home.

Cobb-Clark reviews the recent evidence and reports consistent findings of an increase in the age of leaving home in Australia (Cobb-Clark 2008 4).

Cobb-Clark reports that one study found a significant gender difference in the proportion of young people either remaining at home longer or returning home after leaving, with the increase for young women notably higher. The increase for men was almost completely due to young men returning home, while for young women it included an increase in those who had never left (Cobb-Clark 2008 4).

This broad change is relevant to youth focused homelessness practice because it implies an escalation in the disadvantage caused by the loss of a person's childhood home. Cobb-Clark reports that in most Western developed countries, co-residence with parents provides financial and in-kind material support to adult children:

> Co-residence allows young people to consume, save and invest even in the face of credit constraints (Cox 1990; Fogli 2004; Ermisch, 2003) and to

maintain their relative income position in periods of economic downturns (Card and Lemieux 1997). (Cobb-Clark 2008 6)

These findings are an important contemporary context which identifies the intensified comparative material disadvantage compared to their age-peers faced by young people experiencing homelessness today.

3.4   Surviving without the help of family or the police

Kidd, Sean A., and Larry Davidson. 2007. 'You have to adapt because you have no other choice': The stories of strength and resilience of 208 homeless youth in New York City and Toronto. *Journal of Community Psychology 35* (2):219-238.

This qualitative study of 208 young people experiencing homelessness in New York City and Toronto identifies three critical elements of youth focused practice:

→ Respect for the strength and resilience required to survive homelessness.

→ Sensitivity toward the ambivalent role of connections with other homeless young people.

→ Attention to processes of identity formation and transformation.

The study found that living on the street created profound transformations to a person's identity and their sources of self-regard and social support. The consequences ranged from empowering to destructive, and in some cases were both simultaneously (Sean A. Kidd & Davidson 2007 234-5).

This study describes the stories of young people who have experienced homelessness for long enough that it has changed their identity. A key implication for youth focused homelessness practice is that a high level of assessment, relationship and intervention skills are required. This evidence demonstrates why effective youth focused practice avoids judgemental attitudes toward homelessness survival strategies (for example, problematic drug use). Judgemental attitudes have the potential to alienate young people from the very help they need, or even further damage their self-esteem (Sean A. Kidd & Davidson 2007 236).

This study used in-depth exploratory interviews with young people aged 14 to 24 living on the streets in New York (N=100) in Toronto (N=108). Young people were recruited by agency workers referrals, by word of mouth, or by direct approach. The author spent time out on the streets and often approached young people directly. Interview style was informal, friendly and respectful (Sean A. Kidd & Davidson 2007 220-2).

Overall the study confirmed the rich, conflicting diversity of experiences that get grouped together under the term 'homelessness.' The stories told of the complexity of individuals and their engagement with personal and social forces that both constrained and enabled.

It was clear that some aspects of homeless life provided opportunities for self-development. One person commented,

> It is cool seeing other cultures and different cities. Once you figure out that you can still go and see the cities even though you are poor, it is f—king awesome.[..] You have something to be proud of. There are not very many people who are able to do that. (Sean A. Kidd & Davidson 2007 223)

On the other hand, there was a consistent lack resources experienced by young people on the streets. This led to over-emphasis on any source of self-respect and support that could be gleaned: 'we hang on so tightly to every little shred of anything we get' (223).

Adapting to street life requires developing strength and the capacity to look after yourself without the help of family or the police. This was a source of pride and self-respect as the following comments indicate:

> The street, it helped me to be strong. Don't let nobody hurt you. I used to be really sensitive. I had to get strong because there are people who try to hurt you out there. (225)

> …someone can go to a university and know a lot of sh-t but they would come out here and wouldn't know what to do with themselves… people definitely take pride in that. (226)

Developing this strength and independence on the street can create a particular barrier to receiving help, one that must be sensitively negotiated by youth focused practice:

> I'm not proud that I'm homeless, but I'm proud that I can actually go through the day without constantly taking things from people. (230)

Access to needed resources and services must therefore be provided without compromising the person's hard won sources of pride and self-regard.

A key theme was that homelessness involved a radical shift in identity and perspective. In many instances this was a negative and painful transition. In some instances, the shift was positive – freeing and a chance to experience independence and self-reliance. In all cases, once a street mindset was developed, it was harder to leave.

> If something is familiar to you, it is comforting. You know people in it. You know the lifestyle of it. And there are not too many things that are unexpected. It's the same and it's habitual. People fear the unknown. Becoming sober and changing your life like, 'What am I going to do? How am I supposed to live? How am I supposed to get money?' I know this. I am good at this. (Sean A. Kidd & Davidson 2007 224)

Living on the streets often involved a change to the person's identity and a connection to a subculture or street community.

Positive aspects of the street community included helping friends out.

> Even if you are feeling like sh-t, and the other person needs something and you don't have much, giving will make you feel better. Even if it is a quarter or a cigarette or a smile. (Sean A. Kidd & Davidson 2007 230)

The social bonds were essential, and could also be treacherous.

> You really can't trust anybody too much, especially on the street, because a lot of people lie to get what they need. (228)

> A lot of times you don't know if these people are actually your friends until it comes down to it. Like if you go to jail and no one comes to visit you. (228)

So ultimately, social connections on the street could be a barrier to regaining a normal life:

> Once you get yourself off the street, you are still involved in the street life because everybody knows you. It is like two worlds being combined into one, and I am trying to separate from that world, but I can't because of the friends that I was with out on the street, and we used to look out for each other and they are still there. And I am here. I can't ditch them. (Sean A. Kidd & Davidson 2007 229)

Another difficult area that youth focused homelessness practice must often negotiate is problematic drug use. These young people describe the supportive and survival functions drugs have in their lives (Sean A. Kidd & Davidson 2007 231):

> The drugs were always there for me.

> When things get really bad, the only thing that keeps me from wanting to just roll over and die is heroin.

> It takes a long time to relate to people and get respected as a person, but if you want to get into a cool community of people, you just use drugs and it is an immediate in.

To let go of the risky resources and dependencies of drug use and street culture, young people must first acknowledge the benefits of their homeless reality, and confront the barriers to reintegration with mainstream society. The hurtful impact of social stigma, for example, of 'being profoundly rejected by my own society,' was described by many young people.

The following comments show how the choice 'to be homeless' is neither freely taken nor easily altered:

> It's how I live and it has to be. It is not the choice that I want. (224)

> There is nobody in the world that would want to sleep on the streets and not get help. (224)

> It is not a choice of 'I don't want to do dope today. I am not going to.' You have to. It's like a set of handcuffs. In other areas, I feel like I have more choices than the average person because I don't have quite as many responsibilities. So I am not tied down in that sense, but I am definitely tied down in the drug sense. (225)

Comparisons to the past and future revealed a complex weave of reasons for being homeless and motivations for change. For some people a difficult past made the streets attractive, while for others the contrast between the present reality of street life and their dreams for a mainstream future was a motivating factor. Children, for example, were often an inspiration to change. For some people, failed efforts became a further barrier:

> I've been happier living on the streets than doing anything else. I've tried a few times over the years to get my life together and it just gets worse and makes me feel worse. (227)

This comment highlights the persistence and reliability which is essential for an intervention intended to facilitate sustainable change. Relapses may be expected but people need support to cope with the damaging impact on their motivation and courage to change. Understanding and working with a person's lived experience of 'happiness' to facilitate hope requires advanced communication and relationship skills.

The researcher also found that emotional detachment was valuable for listening and connecting to the young people. The expression of pity was 'an instant rapport-killer for most kids' (232) and particularly unhelpful for engaging with these young people.

Another comment indicates the importance of outreach and allowing time for trust to develop: research participants commented favourably that the researcher was a novelty: 'a nonstreet adult who didn't get something and immediately go away—who seemed to want to hang out' (Sean A. Kidd & Davidson 2007 220-2).

Wingert, S., Higgitt, N. & Ristock, J. (2005) Voices from the Margins: Understanding Street Youth in Winnipeg. *Canadian Journal of Urban Research, 14,* **54-80.**

Qualitative evidence from Canadian research confirms the importance of recognising young people's fierce commitment to independence. Wingert et al. conducted in-depth interviews with young people at different stages in their street experience, in the regional city of Winnipeg, reaching data saturation with a sample of 12 (Wingert, Higgitt, & Ristock 2005 62). Two-thirds of the sample (8) were aged 15-17 and the remaining third were 18-27, while three quarters (9) were female (Wingert, Higgitt, & Ristock 2005 63).

Wingert et al. identify the critical impact of homelessness on the life-course. Youth homelessness disrupts the educational achievement and life-skill development necessary for economic participation and adult independence. Without educational credentials, the young adult is then at higher risk of being trapped in low-paid work and continued economic and social marginalisation (Wingert, Higgitt, & Ristock 2005 57).

All the young people reported that neglect, conflict or abuse triggered their homelessness, however, Wingert et al. notice that

> the youth did not portray themselves as victims. They saw themselves as survivors and agents who were in control of their lives (Wingert, Higgitt, & Ristock 2005 64).

This assertion of independence and self-sufficiency, confirmed by Kidd et al., may explain why Wingert et al. also found that young people typically did not identify their health needs nor seek help for them until absolutely necessary (Wingert, Higgitt, & Ristock 2005 61,69). Furthermore, for younger people, the fear of involvement with child protection agencies and the possibility of re-contact with their parents caused them to avoid using services (Wingert, Higgitt, & Ristock 2005 71).

Young people wished to leave the streets on their own terms, but recognised that the lack of education and job skills was a significant barrier (Wingert, Higgitt, & Ristock 2005 72).

Wingert et al. also find that a critical event often motivates the decision to exit homelessness and for young women, pregnancy is a key trigger for making this change. After this event, a mentor, either informal or from a support agency, was typically important in helping the young person secure stable housing and meet their basic needs. From this base, the young person sought reintegration with mainstream society through education or employment and making plans for the future (Wingert, Higgitt, & Ristock 2005 72- 4).

3.5   Getting out of homelessness

Johnson, G., Gronda, H., & Coutts, S. (2008) *On the outside: pathways in and out of homelessness.* **Melbourne: Australian Scholarly Publishing.**

Johnson et al.'s (2008) Australian longitudinal study of 108 homeless people finds that how a person first becomes homeless influences their experience and duration of homelessness as well as their typical pathway out of homelessness.

Johnson et al. identify two typical pathways for young people into homelessness: 'dissenters' and 'escapers'. Escapers typically experienced severely adverse childhood experiences, similar to the group Robinson (2002, 2005) identifies. They often leave home to escape violence, abuse or parental drug use, or are taken from

home by the care and protection system. Dissenters typically become homeless at a later age, and leave because of conflict with family rules and norms.

It is important to note that the 'pathways' describe common patterns found in the biographies of the research participants, but will not always apply to individuals.

The following table summarises the process of becoming homeless and the associated challenges and resources associated with these two types of youth homelessness pathways.

Table 7: Becoming homeless, the challenges and resources associated with two types of youth homelessness pathways

Reason	Process of becoming homeless	Challenges	Resources
Conflict with family rules (youth - dissenters)	Leave home due to perceived excessive parental control and escalated relationship tensions Young person's emerging identity comes into conflict with or leads to rejection of family rules and values Often characterised by 'in and out' behaviour – staying nights with friends after a fight etc, eventually given an ultimatum	Family rules and parental control Cross-cultural differences Stigma of homelessness	Family and social relationships Connectedness to mainstream social and cultural institutions especially school (78% were in or had completed Year 11) Family responsibilities provide strong motivation/incentive to resist homeless subculture
Traumatic childhood experiences (youth - escapers)	Experiences of abuse or neglect in childhood home Pre-homelessness life is chaotic and violent; transition to homelessness is 'relatively seamless' and often experienced as an improvement in safety Parents with mental illness or problematic drug use; housing instability; episodes of foster care; family home a place of danger and drama Disruptions to schooling – contrast between traumatic homelife and normal school too much to bear; isolation and stigmatization Identity is formed in violent, abusive, neglectful situations – unable to reconcile with mainstream pathways and identities	Trauma of physical and/or psychological abuse Stigma of dysfunctional family background Disrupted education and poor labour market position (only 15% had attained Year 10 or above) Experiences of child protection system including foster care – mistrust of mainstream service systems	Strong personal resilience and street survival skills

Source: Johnson, Gronda and Coutts 2008

The study finds, broadly speaking, two clusters in people's 'pathways into and out of homelessness', and hence two types of responses to assist them getting out of homelessness (Johnson, Gronda, & Coutts 2008 173). The two groups of young people fall into different clusters.

One cluster can typically include people who first become homeless due to mental illness or substance abuse, and young people who are 'escapers'.

→ This cluster has typically the longest duration of homelessness and require significant, persistent supports and secure housing, to overcome multiple difficulties (Johnson, Gronda, & Coutts 2008 182-188).

The other cluster can typically include women and families who become homeless through domestic violence or financial disadvantage and young people who are 'dissenters.'

→ This group tend to have a shorter duration of homelessness, and the critical factor for ending their homelessness is affordable, well located housing. Keeping this group out of the 'homelessness service system' is vital for preventing further harms such as the development of mental illness or substance use issues (Johnson, Gronda, & Coutts 2008 174-182).

Karabanow, J. (2008) Getting off the Street: Exploring the Processes of Young People's Street Exits. *American Behavioral Scientist,* **51, 772-788.**

This qualitative Canadian research provides a detailed description of the processes and obstacles encountered by young people. It confirms many of the findings of Kidd and Davidson (2007). Karabanow's description of the processes of exiting homelessness confirms and further develops findings identified by *Project i*, Johnson et al.'s longitudinal study and Wingert, Higgitt and Ristock (2005), indicating that it is a robust and relevant conceptualisation of young people's experience of getting out of homelessness.

Karabanow (2008) conducted qualitative research with 128 young people living on the street in six Canadian cities (90 males, 38 females) and 50 service providers. The research used in-depth interviews and focus groups, and employed two formerly homeless young people as peer research assistants (Karabanow 2008 772-3). It confirms that the population of young people living on the streets is 'diverse, complex and heterogenous' (Karabanow 2008 773).

A key finding is that young people do not describe themselves as passive victims, but typically explain their choice to live on the streets as an active, rational and self-protective choice (Karabanow 2008 775). In fact, '[t]he majority of street youth spoke of street life as a safer space than their previous environments' (Karabanow 2008 786). Accordingly, it is critical to recognise and validate a young person's ability to look after themselves without the protections of home, family and the police.

Karabanow identifies six steps in the process of young people exiting street life: precipitating factors – courage to change – securing help – transitioning from the street – change in routine – successful exiting (Karabanow 2008 780).

Successful exiting involved both tangible and intangible aspects (Karabanow 2008 785). Housing, a return to employment or education and moving away from street culture are the common tangible elements, while hope, spiritual or emotional growth and a sense of control, stability and belief in the future were important for many young people (Karabanow 2008 784-5).

As other studies agree, street culture provides aspects of supportive community for young people and this creates a barrier to exiting homelessness (Karabanow 2008 786). 'Transitioning from the street' is a challenging phase because it involves breaking with the very support network that enabled the young person to survive homelessness. Unsurprisingly, the data showed a strong correlation between the length of homeless experience and the difficulty of making this transition (Karabanow 2008 781). Dealing with drug addictions is a decisive part of this phase.

Of particular importance, this phase requires rebuilding relationships with mainstream society and this is equally as difficult as breaking the street ties. A comment from one young woman exemplifies this challenge:

> 'I think it's really hard because I'm, like, in between right now because a lot of my friends still live street lives. They're all about partying and panning and I'm just not, so I guess it's a kind of lonely time because you're figuring out yourself and what you want to do. (Heidi, age 19, Halifax)' (Karabanow 2008 783).

Karabanow also finds that:

→ Becoming pregnant and other forms of increased responsibility supported young people's motivation to change (Karabanow 2008 778).

→ Safe and sustainable housing was critical for seeking employment (Karabanow 2008 787).

→ Most young people made repeated attempts to disengage from street life: six tries was average for the sample (Karabanow 2008 775).

→ Social ties with homeless subcultures are a key risk factor in returning to street life; duration of homelessness was strongly correlated with the difficulty of breaking these ties (Karabanow 2008 781-84).

The 'changing routine' phase is characterised by 'replacing street activities with formal employment and returning to school' (Karabanow 2008 783). Employment and the accompanying routines of daily working life marked re-integration with mainstream society and enabled young people to see street life at a distance as 'an unhealthy, destructive environment' (Karabanow 2008 784).

Mallett, S., Edwards, J., Keys, D., Myers, P., & Rosenthal, D. (2003). *Disrupting Stereotypes: Young people, drug use and homelessness.* Melbourne: Key Centre for Women's Health in Society, The University of Melbourne.

Rice, E., Milburn, N., Rotheram-Borus, M. J., Mallett, S., & Rosenthal, D. (2005). The Effects of Peer Group Network Properties on Drug Use Among Homeless Youth. *American Behavioral Scientist, 48*(8), 1102-1123.

Mallett, S., Rosenthal, D., Myers, P., Milburn, N., & Rotheram-Borus, M. J. (2004). Practising homelessness: a typology approach to young people's daily routines. *Journal of Adolescence, 27,* 337-349.

Another significant source of Australian evidence about youth homelessness is *Project i*, an internationally comparative longitudinal study of over 1200 homeless young people in Melbourne and Los Angeles.[2] Project *i* provides evidence about the importance of social connections amongst young homeless people, and between young homeless people and significant positive relationships with others.

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[2] For more information, see http://www.projecti.org.au/

Findings relevant to youth focused practice:

→ Importance of significant others (outside homelessness, and peers in networks).

→ Diversity amongst young people experiencing homelessness.

Project i's qualitative data from Melbourne finds that better relationships with supportive partners and with family was correlated with homeless young people reducing or giving up their problematic drug use (Mallett et al. 2003 62-5).

Project i was able to identify four distinct sub-groups of young people by analyzing their daily routines and social connections (Mallett et al. 2004). While these groups are not intended to imply a fixed or final identity for any individual, the robust analysis provides evidence of the need for differentiated programs and practice.

The largest group, comprising 45 per cent of the sample, were described as 'service connected - harm avoidant homeless'. This group had the youngest members, with the shortest time since first leaving home. The majority were female. They generally spent their time connected to services, including school, rather than with friends or on the street, and were less likely to be engaged in illegal activities (Mallett et al. 2004 344).

In Australia, other young people were more likely to be part of two smaller groups: the 'partnered homeless' (16%) and the 'socially engaged' homeless (21%). The first group were more likely to be young women who had first left home a long time ago, while the second were typically young men who had left home a medium time ago and spent most time in recreational social activities (Mallett et al. 2004 343-344).

A final sub-group was more common in the United States than in Australia; it typically comprised young men with the longest duration of homelessness. This sub-group was just under 19 per cent of the sample and members spent most of their time in transient street locations. This group had the highest level of illegal activities and were only moderately connected to services (Mallett et al. 2004 344).

The findings of *Project i* correlate with the evidence found by Johnson and Chamberlain that connections to other homeless people and particularly exposure to drug using peers increased the young person's own drug use. *Project i* found that having more injecting drug users or homeless peers in a newly homeless young person's social network was associated with higher drug use after three months (Rice et al. 2005 1117). The researchers advocate 'interventions at a street level that attempt to connect homeless youth to positive social influences' (Rice et al. 2005 1119).

4 WHAT MAKES YOUNG PEOPLE DIFFERENT FROM ADULTS AND FROM EACH OTHER?

This chapter presents evidence from eleven studies that demonstrates how young people are different from adults in their needs for service delivery assistance, and also how they are different from each other.

4.1 Ages and stages: youth as transition

This synthesis overall finds consistent evidence that young people experiencing homelessness face distinct challenges and require a particular *youth focused* service response. A strong theory underlying this evidence is that young people are in a transition from childhood to adult independence and face particular challenges as a result.

The following review summarises the evidence for this theory, however it is also important to recognise some contention in this area. There has been criticism of conceptualising 'youth as transition' because it risks over-emphasising biological and psychosocial determinants, which are assumed to be universal, and can diminish the voices of young people and their ability to define themselves (Wyn & Woodman 2006 497-498).

In *Flashpoints & Signposts: Pathways to success and wellbeing for Australia's young people,* Eckersley et al. (2006) document the research evidence which shows that young people's experience, well-being and life-chances are inter-related with the social circumstances of the time, and are formed within the larger forces of social change. Clearly, being a 'young person' in 1950 is not the same as being a young person in 2009.

While this historical context is largely beyond the scope of this synthesis, it is clear that the importance of these complexities do not diminish the broader synthesis finding: facilitating the transition from childhood dependence to adult independence is critical to effective *youth focused* practice and service design.

Schmied, V., & Tully, L. (2009) *Effective strategies and interventions for adolescents in a child protection context: literature review.* **Ashfield: Centre for Parenting & Research, Service System Development Division and NSW Department of Community Services.**

This literature review sought to map the characteristics of adolescence, risk factors and protective factors in order to describe effective casework interventions and outline the evidence that supports these theories.

Schmied and Tully find that adolescence is a significant transitional stage where young people negotiate increasing independence, sexuality, workforce participation, changing education environments, changing relationships, legal responsibilities, self-identity and consolidating cognitive abilities (Schmied & Tully 2009 5). They find that increased risk-taking and conflict with authority are normal behavioural manifestations of hormone and brain functioning changes.

Research indicates an increase in the prevalence of mental health issues, substance abuse, risky sexual behaviour and self-harm during this stage (6). Risk factors that may manifest these problems include (i) individual problems (i.e. developmental delays), (ii) family circumstances (i.e. low socioeconomic status, family conflict), (iii) peer group problems (i.e. rejection, bullying), (iv) schooling (i.e. academic failure) and (v) community environment (i.e. neighbourhood, poverty) (Schmied & Tully 2009 7).

In order to diminish the impact of these risk factors, protective factors can be promoted and are not mutually exclusive with risk factors. Protective factors include a strong connectedness to familial, school, and community networks, the enhancement of academic and social competence and extracurricular activities, encouraging multiple friendship networks (8).

Evans, K. (2002) Taking Control of their Lives? Agency in Young Adult Transitions in England and the New Germany. *Journal of Youth Studies, 5*(3), 245-269.

This study reports findings from the UK Economic and Social Research Council's Youth Citizenship and Social Change Project on how young adults experience control and exercise agency in differing socioeconomic environments.

The study identified young people's consistent beliefs in the importance of education for determining life chances.

Evans also reviews the international research on youth transitions and highlights evidence about the developmental importance of increasing control over one's circumstances. Evans reports that believing in one's own ability to control one's situation has been linked to personal well being, capacity for productive work, and the ability to care for others (Evans 2002 250).

This study explored young people's experience (aged 18-25) of the transition from school to the labour market in Britain, East and West Germany. The study included 900 questionnaires and 21 group interviews involving 136 participants. The sample was split evenly between young people in higher education, unemployed and employed.

The author reports an 'almost universal recognition of the importance of qualifications,' and comments that the 'achievement of qualifications has the status of a universalized goal' (Evans 2002 255). While sexism was recognised as a factor influencing life chances, qualifications were considered to be more important (Evans 2002 257).

Socio-economic background was found to 'frame' interviewees' perspective, and class was often acknowledged as shaping social chances. However, equally, 'there were many indicators that forms of social capital were seen as being convertible and expandable through qualifications, making new connections and taking chances' (Evans 2002 259).

Social connections were also considered to be critical across all the research participants: 'forging them and 'making them work for you', as well as the importance of image and self-presentation were much emphasized' (Evans 2002 262).

This research confirms the synthesis finding that effective *youth focused practice* focuses on the acquisition of practical skills and resources, in this case highlighting education. It also implies that *youth focused practice* can support a critical developmental process by supporting young people's opportunities for informed choice-making and active shaping of their environment.

4.2   Diversity amongst young people

Young people are a diverse population, and effective *youth focused* practice responds to this diversity. Evidence from nine studies is presented here including research about young people who are Indigenous, parenting, women, same-sex attracted and/or from rural areas of Australia.

The evidence from sub-groups of young people highlights the synthesis finding that young people are rarely 'service literate' and in fact are often reticent about seeking

out services for a number of reasons. It also confirms the importance of identity issues and belonging to community as found in the studies of young people's homeless experience.

Ensign and Panke (2002) find that young women experiencing homelessness prefer to access support through informal social networks because of fears about loss of privacy, judgemental attitudes and financial constraints. Similarly, Allwood et al. (2002) find that young Aboriginal men experience shame about accessing support services.

Effective *youth focused* practice recognises this evidence by actively working to increase service accessibility. Loxton et al. (2007) identify the strategic importance of using existing mainstream services, in this case antenatal healthcare to engage with pregnant or parenting young people.

4.2.1 Rural and regional youth homelessness

Beer, A., Delfabbro, P., Oakley, S., Verity, F., Natalier, K., Packer, J., et al. (2005). *Developing models of good practice in meeting the needs of homeless young people in rural areas.* **Melbourne: Australian Housing and Urban Research Institute, Southern Research Centre.**

This Australian study identified the significance of place and community networks for young people experiencing homelessness in rural areas. This research (Beer et al. 2005) comprised five case studies at rural and regional sites in Southern Australia,[3] chosen to reflect the diversity of rural communities. Each case study included focus groups of around 12 young people experiencing homelessness, and interviews with service providers.

Beer et al. find that rural young people have a strong sense of place and community (Beer et al. 2005 20). Young people from rural communities place a high value on staying within their community, and strongly rely on friendship networks for support.

The strength of these community networks is a resource for young people, but can also constitute a barrier for marginalised young people. The study finds that young people in rural areas may suffer from inter-generational discrimination, based on the 'reputation' of their families. This may be a particular challenge for young Indigenous Australians (Beer et al. 2005 1). The study also reported that lesbian and gay young people were particularly vulnerable in rural areas (Beer et al. 2005 29).

Particular barriers facing young people in rural areas include the typically 'thin' labour markets, tight housing markets and less access to services (Beer et al. 2005 1).

Rural homeless young people in this study confirmed that being treated with respect is a crucial foundation for effective practice. The young people complained of patronising treatment from services, and identified that they wanted: 'some help, not a lot'; and they wanted to be 'shown what to do to help yourself' (Beer et al. 2005 21).

4.2.2 Indigenous homelessness

ABS and AIHW. (2008) *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples.* **ABS Catalogue No. 4704.0. Canberra: Australian Bureau of Statistics, Australian Institute of Health and Welfare.**

It is well established that Indigenous people are currently experiencing significantly higher rates of homelessness than non-Indigenous Australians. The Australian Bureau of Statistics and the Australian Institute of Health and Welfare report that in

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[3] Case studies were conducted in South Australia, Western Australia, Tasmania and Victoria.

2005-06 Indigenous people made up 17 per cent of all clients of SAAP, the national homelessness assistance program. While the 2001 Census analysis by Chamberlain and MacKenzie showed that the rate of Indigenous homelessness was far higher than the rest of the population: 176 per 10,000 compared to 50 per 10,000 for the non-Indigenous population (ABS and AIHW 2008 46).

Of particular concern for youth homelessness practice is the evidence that Indigenous children were far more likely to have accompanied a parent to a SAAP service, at a rate of 537 per 10,000 compared to 69 per 10,000 for non-Indigenous children. Of children aged 0-4, 1 in every 11 Indigenous children had attended a SAAP service compared to 1 in every 88 non-Indigenous children (ABS and AIHW 2008 49).

Memmott, P., Long, S., Chambers, C., & Spring, F. (2003) *Categories of Indigenous 'homeless' people and good practice responses to their needs.* **AHURI Final Report No. 49. Melbourne: Australian Housing and Urban Research Centre.**

Memmott et al. (2003) find that mainstream concepts of 'homelessness' do not serve Indigenous people well, and conclude that policy and programs may require different concepts of 'homelessness' in order to adequately understand and respond to the needs of Indigenous people.

This research project evaluated existing literature and empirical studies on Indigenous homelessness in order to assess existing policy and practice. Memmott et al. reviewed research including empirical studies from Alice Springs, Halls Creek (WA), Redfern, Cairns, Mt Isa, Townsville, Darwin and Adelaide.

They propose three broad categories of Indigenous homeless experience: public place dwellers, at-risk-of-homelessness persons, and spiritually homeless persons. The category of spiritual homelessness recognises the importance of place and belonging to place, as well as the impact of colonisation (Memmott et al., 2003 15).[4]

Memmott et al. (2003) also specifically identified Indigenous youth homelessness as a gap in the existing research base.

The study did find evidence that Indigenous youth have higher rates of mobility than non-Indigenous youth due to having to fulfil various cultural and kinship obligations. Whilst the normalisation of mobility in the Indigenous population may serve to mask some youth homelessness, it is not necessarily detrimental to the young person's wellbeing as elders provide vital support for this cohort (Memmott et al. 2003 13-4).

Allwood, D., & Rogers, N. (2002) Moving Yarns: Aboriginal Youth Homelessness in Metropolitan Adelaide (Research Paper). Adelaide: Department of Human Services.

This was the first study to engage with Indigenous youth homelessness and aimed to develop a better understanding of the issue, particularly in comparison with non-Indigenous youth homelessness. The study involved 19 in-depth interviews with homeless Aboriginal youths and an examination of nine case studies in metropolitan Adelaide. A key finding was that the juvenile justice system tended to be the dominant pathway into services and therefore engagement with support services was typically involuntary.

Allwood and Rogers (2002) found that Indigenous young people under-used services relative to need and that service barriers differed according to gender. The research indicates that young males held the perception that they had to be 'tough' and self-

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[4] A current AHURI project on Indigenous homelessness led by Chris Birdsall-Jones is testing Memmott et al. (2003)'s categories.

sufficient with one describing the accessing of services as 'a shame job' (43). This perception acts as a service delivery barrier, with the majority of interviewees reporting involuntary service engagement through the juvenile justice system.

The research found that young females were more likely to access services than their male counterparts and this was attributed to safety issues and no such need to prove self-sufficiency or independence. Service barriers included previous negative experience and feeling unsafe. Most reported they would not access the service unless they knew and trusted the worker.

The key facilitator identified by the young people to engaging with services was emotional support from workers, regardless of whether or not they had accessed the service voluntarily. Key components of this support included being listened to, understood and trusting the worker (44). Continuity of care and physical accessibility of services were also cited as important facilitators to service use (45).

Andrews, B., Simmons, P., Long, I., & Wilson, R. (2002) Identifying and overcoming the barriers to Aboriginal access to General practitioner services in Rural New South Wales. *Australian Journal of Rural Health, 10*(4), 196-201.

This study, while not youth focused, is included because it identifies concrete actions which can contribute to increasing the accessibility of services for Indigenous people.

This project aimed to bring together local general practitioners (GPs), Aboriginal heath workers (AHWs) and members of the Aboriginal community in rural NSW in order to identify barriers to health care, and workshop ideas in order to overcome these barriers. The project involved a total of 15 meetings across five towns and 144 people took part.

Two key barriers were identified (i) poor communication and (ii) cultural differences. In particular GPs reported being unaware of AHWs and unsure of how or in what circumstances to contact them. Many GPs had not undertaken cultural awareness training and due to historical colonial relations many Indigenous community members did not trust non-Indigenous service providers.

Aboriginal community members reported that Indigenous people experienced significant stress and anxiety when accessing health care partly due to the perception that they would be 'taken away' and 'they wouldn't come back'. Suggested ideas to overcome these barriers included physical changes to GPs' practices and waiting rooms, like the display of Aboriginal art, which community members reported would make the environment more 'friendly' because it would indicate that Aboriginal culture was valued, appreciated and recognised. Another suggestion included the employment of Indigenous people in GP practices (Andrews et al. 2002).

4.2.3 Parenting

The following studies indicate that a relationship between worker and client that is warm, respectful and where the client feels listened to and not judged facilitates service delivery with young parents.

Key barriers to accessibility identified in these studies were a lack of knowledge about available service providers and transportation costs due to the geographic dispersal of services. The accessibility of services was increased by networking, interagency cooperation (providing information and referrals) and engagement through existing service connections.

The research shows that many young women will exhaust their informal networks of support before engaging formal service providers, so engaging these young people at

sites like childbirth healthcare providers (as most women engage with antenatal care) and informing them of other service providers may overcome these service barriers.

Loxton, D., Williams, J. S., & Adamson, L. (2007) *Barriers to Service Delivery for Young Pregnant Women and Mothers.* **Canberra: Research Centre for Gender, Health and Ageing, University of Newcastle.**

The key finding from this research study is that the accessibility of services for these young women is strengthened if the service provider and the young person develop and maintain a positive relationship. A positive relationship involved:

→ The young person feeling listened to and respected.

→ The worker being warm and friendly.

→ The worker remembering the client's name.

→ The young person not feeling judged.

→ The worker praising the young person for some aspect of their parenting skills.

This research project sought to better understand the barriers and facilitators to service provision for young pregnant women and mothers. The study draws on qualitative data collected from both agency staff and young pregnant women and mothers. Thirty-seven service provider staff attended six focus groups throughout New South Wales and discussion revolved around their experience of the issues facing these young women when accessing services. Over 100 young pregnant women and mothers were also interviewed about their experience in accessing and engaging with service providers.

Loxton et al. (2007) found that structural barriers such as a lack of a Medicare card, transport, cost of services and an absence of service providers in the local area were all common practical barriers these young women faced when accessing services. Common personal barriers included a lack of knowledge, literacy problems, previous negative experiences with service providers and a lack of social or family support.

Those women from culturally and linguistically diverse (CALD) backgrounds and the one Indigenous participant described additional barriers, which included a lack of services that provided for the needs of specific culture or religions, language, social isolation, a lack of individualised service provision and a lack of Indigenous specific centres, counsellors and health workers. Perceived and actual judgement was a key barrier described by the Indigenous participant.

Those women with mental health, drug and alcohol or intellectual disabilities were further disadvantaged with many services turning them away because they could not cater for their diverse needs or their problems posed a threat to the safety of other clients.

A trusting, respectful relationship between client and worker was a key facilitator for overcoming the barriers mentioned above. In addition to the worker demonstrating respect, warmth and friendliness, active listening and non-judgmental attitudes toward the young person, continuity of care, consultation with the client and providing accurate information also facilitated a positive relationship.

The researchers note that very few service providers discussed facilitating factors for the most vulnerable groups such as CALD and Indigenous women. The service providers' suggestions of provision of information in languages other than English, the use of translators, and cultural sensitivity training for staff were not drawn from actual experience.

In addition to interpersonal barriers and facilitators to service delivery, the researchers also investigated possible practical accessibility barriers and facilitators.

Service providers identified a lack of knowledge about available services as a key barrier and the key facilitator to overcome this barrier involved inter-service networking and information sharing. As most young pregnant women access antenatal care, the research found that pregnancy and childbirth healthcare providers were best positioned to disseminate information regarding postnatal care. Inter-agency networking was best facilitated by regular meetings, willingness of all staff to work collaboratively and a focal point for contact (i.e. a referral centre).

Keys, D. (2007*) Opportunity for change: young motherhood and homelessness.* **A report from the Becoming A Mother project. Melbourne: Key Centre for Women's Health in Society, University of Melbourne.**

This study involved interviews with 24 young mothers (aged between 17 and 26) who had experienced homelessness. The research sought to investigate the impact of motherhood on homelessness.

The study found that overwhelmingly motherhood was described as a positive experience by participants. Many felt they gained maturity and a greater sense of independence through the experience, assisting them to transition into adulthood. Whilst many described motherhood as challenging, the majority reported positive changes in self-perception and having a new sense of purpose. The majority reported better physical health, a reduction or cessation of drug and alcohol use and changes to friendship groups. However, many reported persisting or newly diagnosed mental health issues (most commonly depression), often related to feelings of isolation or feelings of being judged by society and parents. Often this was reported as discrimination and a lack of support.

Keys (2007) found that women's relationships with (ex)partners strongly correlated with their pathways in and out of homelessness. Partners' problematic behaviour, drug use or overspending affected the young women's ability to obtain private rentals or retain tenure in existing housing. Partner violence was experienced by a third of participants and was reported as impacting homelessness status, however sometimes motherhood empowered women to resist controlling behaviour exhibited by their partners.

Only one participant strongly agreed with the statement that 'having a baby has made it hard for me to get out of homelessness', however more than half of the participants were living in transitional housing and most were waiting for public housing. Securing private rental was perceived to be more difficult due to a reduction in income and discrimination against young mothers by realtors.

Both young mothers and service providers saw motherhood as an opportunity for positive change, however service providers reported that positive outcomes were reduced by systemic factors such as conditions in the housing and labour market.

Whilst the participants reported positive experiences with service providers, the majority did not see overcoming isolation or providing emotional support as responsibilities of the sector. The study found that services provided for young people *or* families, but rarely for young mothers. Staff reported that ongoing outreach for this cohort would improve outcomes.

Keys highlights a lack of appropriate crisis accommodation, the temporality of current accommodation options and a lack of targeted responses for this cohort as key barriers to service accessibility. Keys suggests that a multi-stage response beginning

in pregnancy and continuing even after accommodation had been found would meet young mothers' needs more appropriately.

4.2.4 Young women

Ensign, J., & Panke, A. (2002) Barriers and bridges to care: voices of homeless female adolescent youth in Seattle, Washington, USA. *Journal of Advanced Nursing, 37*(2), 166-172.

Ensign and Panke (2002) conducted in-depth interviews and then focus groups with 20 young, homeless females in Seattle in order to better understand their reproductive health-seeking behaviours, sources of advice, and any barriers to access they have experienced.

The key findings from this study are (i) that women access professional help only after they have exhausted their informal networks (their mothers and female friends), and (ii) that they feel the greatest barriers to accessing these services include insurance issues, privacy concerns, feelings of being judged and a lack of respect from workers, not being listened to and being treated like they are ignorant of their health issues.

The young women reported structural barriers, which included being denied care because they did not have an identification card, a fixed address or insurance, and also reported opening hours of free clinics and transportation costs as barriers to seeking assistance. Trust, respect and a non-judgemental approach were all considered facilitators to successfully accessing a service with many participants recounting negative experiences where service providers did not listen to their stories, did not consult them about procedures or a particular medical treatment and assumed the young person was engaging in certain behaviours, like sex work, even if they reported that they were not doing so.

4.2.5 Same-sex attracted youth

Same-sex attracted youth (SSAY) are at significant risk of developing mental health issues, experiencing isolation, alcohol and drug abuse and family conflict (Hillier, Turner, & Mitchell 2005). This cohort is also overrepresented in homelessness figures where it is estimated that between 14 and 30 per cent of homeless youth identify as same sex attracted (Perth Inner city Youth Service 2002). As adolescence is a life stage in which people develop their identities, of which sexuality is a key component (ALSO Foundation 2009), the experiences of SSAY and how they engage with service providers may prove significant for the development of 'youth focussed practice'. The following two studies indicate a degree of invisibility regarding sexuality and service provision, which may prove to be a service barrier for this cohort.

Witthaus, D., & Gennari, I. (2006) I have a gay friend, it's fine. What's the problem?: Same Sex Attracted Young People- Service System Intervention Project. Melbourne: Merri Outreach Support Services.

This research project sought to understand and describe the responsiveness of the housing service system in Melbourne's North West to the needs of same-sex attracted youth (SSAY). The project was managed and supported by Merri Outreach Support Services, a homelessness agency in Melbourne. The results were drawn from housing agency consultations, interviews with SSAY and surveys conducted at training sessions with workers. A total of 14 agencies, 36 workers and 11 SSAY participated.

Whitthaus and Gennari (2006) reported that 21 per cent of agencies believed they did not provide services to SSAY, that 43 per cent of agencies do not have an assessment tool that facilitates discussion about gender or sexuality issues, that 33

per cent of workers do not feel comfortable discussing sexuality issues with young people and 42 per cent of workers were not familiar with SSAY support or referral services. Furthermore, only 45 per cent of young people reportedly received 'good' or neutral responses from workers when discussing their sexuality and 45 per cent reported experiencing harassment by fellow clients on the basis of their sexuality.

The researchers also reported that some comments during the initial stages of the training sessions were homophobic; some workers reported 'already knowing' the issues or reported being 'too busy' to engage with the issues at work. However, after the training workers reported an increased knowledge base and awareness of issues relating to SSAY.

This study is limited as the sampling was not representative and thus findings cannot be generalised. However, it does indicate that there are agencies that are unaware of their clients' sexuality and how this may affect their housing situation, which suggests a degree of invisibility that may prove to be a service barrier for this cohort.

Perth Inner City Youth Service. (2002) *Closets in SAAP.* **Perth: Perth Inner city Youth Service.**

This research project aimed to describe the experience of same-sex attracted youth (SSAY) who accessed Youth Supported Accommodation Assistance Program (YSAAP) services and document how service providers engaged with SSAY in Western Australia.

Ten non-heterosexual young people participated in semi-structured interviews and 13 metropolitan and 4 rural housing agencies were interviewed and surveyed.

The young interviewees reported both positive and negative experiences when engaging with YSAAP services. They reported positive factors such as privacy (e.g. their own room), workers who were understanding and supportive, and a service that visually promoted an environment accepting of young people with diverse sexualities as factors resulting in positive experiences (p.20).

Six of the ten participants reported that actual or perceived homophobia from other clients had made their stay in a YSAAP service unsafe. Often they did not disclose their sexuality to staff or clients in order to avoid this harassment. In the majority of cases the young person felt unsupported by staff and agency and believed they turned a blind-eye to homophobic behaviour, which lead to reinforced feelings of fear and isolation for the young person. They also reported staff often did not know how to respond to disclosure or which services to refer them to if they did disclose (p.23-6).

Similarly to Witthaus and Gennari's research, this project found that the majority of agencies were unaware of the issues faced by SSAY when accessing their service. Fifty-three per cent of agencies reported that they had never or rarely accommodated a SSAY person, with many services commenting *"we don't ask that question"* and *"It is not [our] business as we are providing an accommodation service"* (p.40). Service providers cited homophobia from other clients as a key barrier to SSAY accessing YSAAP services and only a small minority acknowledged that homophobia from staff, a lack of knowledge about SSAY issues and an inability for staff to refer clients to services contributed to a gap in service provision (p.44).

This research employed purposive sampling and can thus only serve as an indication of the experiences of SSAY and how service providers engage with this cohort. However, the research does indicate that there is a lack of awareness around how a young person's sexuality may contribute to their housing status and how perceptions of homophobia contribute to feelings of fear and isolation.

This research indicates *youth focussed* practice requires a physical environment that secures privacy and visibly supports diverse sexuality as well as staff who address homophobic behaviour and who were supportive and knowledgeable about SSAY issues, may facilitate a positive experience for SSAY.

5 SERVICES THAT WORK FOR YOUNG PEOPLE

This chapter presents evidence from twenty-five studies of service delivery from either client or service provider perspectives. Evidence is included from studies of homelessness assistance and studies of other human services provision for young people.

5.1 Overall evidence about homelessness assistance services

The following two studies, one a primary research project conducted as part of *Project i* in Melbourne, and the second a Canadian review of the international research literature both find the same key elements – individualised, respectful, relationship based support to engage with young people and the need for concrete actions to increase the accessibility of services.

The evidence supports two strategic elements of accessibility: outreach and co-location with mainstream sites (institutions or services) where young people are already connected. This is a particularly important principle for early intervention, as shown in the research indicating the capacity building in schools has been effective in reducing the number of homeless students.

Keys, D., Mallett, S., Edwards, J. & Rosenthal, D. (2004) *Who Can help me? Homeless Young People's Perceptions of Services Project i.* **Melbourne: The University of Melbourne.**

This report from the *Project i* research project described above finds that the interpersonal relationship with the worker, service design and service accessibility are key issues for young people. This report draws on data collected from 340 young, homeless people in Los Angeles and Melbourne about their perceptions of the service providers they access, their relationships with workers and why they do not use other services.

Young people consistently reported that they wanted workers to treat them 'like human beings' and that the quality of these relationships was more important than the actual service delivered.

The research found that the interpersonal qualities of the support worker were significant. Participants reported that workers who maintained confidentiality, respected them rather than treated them like a child, listened to *and* believed what they said, who were friendly and expressed interest and time in getting to know them were the most helpful workers. If workers were, or were perceived to be, impersonal, self-serving, dismissive, uncaring or 'only doing their job' then young people reported feeling betrayed and disconnected.

Continuity of care and support was also reported as important for some participants as this secured the stability needed for the young person to engage with activities that may assist them to exit homelessness, like counselling (Keys, 2004 11).

Secondly, young people identified that the scarcity of resources reduced service accessibility. Young people reported that there are insufficient housing services, that short term tenures are destabilising, and that government income support was insufficient to maintain stable accommodation. Inpatient mental health services resulted in more positive experiences than outpatient services, while experiences in community care or foster care placements were generally negative.

Accessibility issues included the inflexibility of arbitrary rules and regulations, like curfews, visitor restrictions and 'lock-out' rules during the day at crisis accommodation, which proved to be a barrier for some young people as they reported a loss of control over their lives and increased feelings of isolation (D. Keys, Mallett, S., Edwards, J. & Rosenthal, D. 2004 8, 10). These feelings were exacerbated if the young person reported poor relationships with workers. Other accessibility issues included the lack of available housing, significant wait times and the lack of co-located services (5).

Participants also reported that the atmosphere and physical environment of housing accommodation was important as old, dank and cold environments contributed to feelings of depression and did not facilitate recuperation (11). Many reported that having to continuously move between crisis, short and medium term housing created instability and prevented them from being able to deal with other issues in their lives (13).

Karabanow, J., & Clement, P. (2004) Interventions with Street Youth: A Commentary on the Practice-Based Research Literature. *Brief Treatment and Crisis Intervention, 4*(1), 93-108.

This Canadian review of the national and international literature on interventions with young people experiencing homelessness focuses on the category of 'street youth' interventions. While the Australian policy and service delivery context is less oriented toward these approaches, at least partly influenced by Chamberlain and MacKenzie's conceptual work (Chamberlain & MacKenzie 1994), the review nonetheless provides valuable research evidence about effective elements of *youth focused* homelessness practice.

Karabanow and Clement find that:

> effective interventions tend to build on people's strengths; to involve elements of participation, self-help, and mutual support; and to offer the least stigmatizing approach. Ideally, the most basic credo of street youth interventions should be to develop a caring and safe space for the population to 'get back on their feet' (Karabanow & Clement 2004 94)

Effective programs achieved this through 'developing trustful, respectful, and safe relationships with street youth'; facilitating connections with mainstream communities; creating a safe community for street youth and building the capacity of the youth homeless community to deal with their own problems (Karabanow & Clement 2004 95).

Karabanow and Clement identify four major service categories available to street youth: basic needs (food, shelter and safety), medical services, therapy and counselling; and skill-building (Karabanow & Clement 2004 95). In practice, a range of these service categories are often provided by one program or agency site, creating a continuum of services.

They report research findings that drop-in services are the most common services accessed by young people and have the highest level of client satisfaction: 'youth perceived that they were provided greater flexibility, less paperwork, and less necessity to disclose personal information (Karabanow & Clement 2004 96).

Another study interviewed over 100 street youth and compiled the following description of a model youth shelter:

> A model youth shelter would provide for immediate basic needs, foster broad and meaningful youth participation in the program's development and

implementation, employ social and community economic development initiatives, promote consciousness raising, link youth with mainstream culture, and advocate on youth's behalves. (Karabanow & Clement 2004 96)

Two studies have shown that while medical services are greatly needed by young people experiencing homelessness there is a low utilisation rate for formal treatment programs (Karabanow & Clement 2004 97). The review reports findings from four studies which identify the key elements of increasing the accessibility of services:

Accessible clinics have convenient locations (i.e. on-site, close to shelter or street youth hangouts), flexible hours of operation, short waiting times, informal structures (i.e. youth do not need to present identification or health cards), well-developed relationships with shelter staff and support workers, confidentiality, and an ability to perform common laboratory procedures and prescribe common drugs. (Karabanow & Clement 2004 97)

The review finds descriptive evidence about how therapy and counselling services are currently provided to street youth, but the only guidance on effectiveness is the negative finding that a small minority (less than 10 per cent) had accessed mental health services and that a general mistrust of professionals leads to youth avoiding clinical settings (Karabanow & Clement 2004 97-8). One study found that practical issues such as lack of transport, difficulty with forms and keeping appointments were barriers to young people accessing therapy and counselling (Karabanow & Clement 2004 99).

Interpersonal skills development is the final category of service provision identified by the review. They report that one study of 100 young men found that relationship and communication skills teaching in a residential context led to significant behavioural improvements (Karabanow & Clement 2004 98). Experiential learning/recreational programs have also been found to have positive benefits, however, the evaluations lack a rigorous analytical basis and fail to identify the specific mechanism for change (Karabanow & Clement 2004 98).

The review also finds five effective 'styles of intervention' supported by the research evidence: individual therapy and counselling, family therapy and reunification, mentorship, peer-based intervention and experiential therapy (Karabanow & Clement 2004 100-1).

Findings about specific intervention styles are contradictory – for example, individual counseling is proven effective at reducing high-risk sexual behavior in one study, while another study cites anecdotal evidence that family interventions are preferable to individual counselling for reducing illicit drug use and conduct disorders (Karabanow & Clement 2004 99).

This lack of consistent results confirms other findings that young people are not a homogenous group and that individualised assistance responses are required. It also highlights a need for further research to understand what intervention styles are more effective for particular sub-groups of young people.

Karabanow and Clement conclude that the evidence supports the following critical elements of effective service delivery with homeless young people. Successful programs, they find, are respectful and genuinely caring, acknowledge the unique circumstances faced by these young people, provide for basic needs, use peer involvement and mentoring models, offer counselling and recreation activities, and assist with family reconciliation *where this is appropriate* (Karabanow & Clement 2004 103).

5.1.1 Relationship based support: respect is critical

The evidence identifies three key elements to effective relationship based support:

→ Persistence and an adequate duration of support.

→ Demonstrated respect for the young person.

→ Reliability and trustworthiness.

Kidd, S. A., Miner, S., Walker, D., & Davidson, L. (2007) Stories of working with homeless youth: On being "mind-boggling". *Children and Youth Services Review, 29*(1), 16-34.

This qualitative study of youth worker practice in Toronto and New York City confirmed a number of known principles of effective relationship based support including an individualised response and the development of trust over time through respectful, persistent and reliable supportive actions (S. A. Kidd et al. 2007).

The research included semi-structured interviews with 15 staff (6 female and 9 male) with a range of experience (from 2 -30 years practice) and current roles (including outreach workers, counselors and service managers).

The research identified a number of concrete elements of respectful practice:

→ Peer involvement in service delivery was identified as another practical demonstration of respect and valuing of young people's experience (S. A. Kidd et al. 2007 19).

→ Outreach also demonstrates that workers value young people 'by being willing to go out, find, and provide services for clients' (S. A. Kidd et al. 2007 19).

Outreach is also identified as a means of increasing the accessibility of services by literally meeting young people 'where they are at' and particularly critical for assisting young people who either do not know about or avoid services (S. A. Kidd et al. 2007 18).

This research highlights that *youth focused practice* requires sensitive negotiation of a relationship between an adult and a young person (more or less close to adulthood) who has typically had a history of negative and or abusive experiences with adults. A significant proportion of young people will have become homeless because they experienced abuse from adults in their lives. Respect for the young person and trustworthiness in the adult are critical elements in creating a positive relationship.

An experienced worker commented:

> I don't think kids come here because they want to talk to their peers. I think they want to talk to staff in the hope that they are sane, level headed, and they can be trusted. And that they are not going to be abused. That [the staff] are adults and they can trust them. (S. A. Kidd et al. 2007 20).

While another worker clarified that respectful practice did not imply a complete acceptance of all behaviours: 'kids look to workers for standards, and as a model of healthier and better ways of living' (S. A. Kidd et al. 2007 30).

This research emphasises the time it takes to develop trust in the relationship with an individual young person, and while the research does not quantify how long this takes, there is a clear implication that complex issues such as early abuse or trauma at home will lengthen the likely duration required. A senior practitioner comments:

> the difficult and time-consuming process of building trust with these young people who have suffered such severe trauma is something that, in my

experience, typically happens in stages. Trust comes fairly readily around small issues (e.g. discussing admission into a shelter, finding an education program). The kind of trust that takes the longest to develop, and through which deeper and life-altering change can be fostered, is the trust needed to allow for openly exploring and addressing the issues that form the reasons why the youth is on the streets and what will cause her or him to move away from street life. This deeper level of trust is something seen far less often … (S. A. Kidd et al. 2007 31)

On an individual practice level, listening, not judging or rejecting young people for illicit behaviours such as sex work or for relapsing, and acknowledging the resilience and strength of young people as survivors was critical. As one worker commented:

> they are way stronger than any of us. They are still alive, and when you consider what has happened to them […] they don't want you to feel sorry for them at all. That is totally degrading and doesn't recognise all the things they have conquered (S. A. Kidd et al. 2007 19).

Arnold, E. M., A. K. Walsh, M. S. Oldham, and C. A. Rapp. 2007. Strengths-based case management: Implementation with high-risk youth. *Families in Society-the Journal of Contemporary Social Services 88* **(1):86-94.**

This was a small qualitative study to explore the implementation of strengths-based case management with runaway adolescents. It concluded that the model can be successful with this target group and identified some distinct areas for focus due to the particular developmental challenges faced by young people.

The study identified a range of adolescent specific barriers and developmental challenges including the impact of peer pressure and conformity, and the precariousness of family dependence particularly in cases of family abuse.

The findings highlight the skills required to deliver the qualities of reliability and persistence, and reinforce the value of respect as a technique for developing a person's capacity to take care of themselves by increasing their self-esteem through goal achievement.

Arnold et al.'s pilot study of 11 runaway young people using strengths based case management and exploring the implementation factors for applying the model to adolescents.

> Perhaps the main challenge is to persevere with these youths, even when they may doubt their own abilities to accomplish the goals they have set for themselves. (Arnold et al. 2007)

Key case manager skills are familiarity with youth needs, strong assessment and interpersonal skills, and follow through with commitments made to the young person.

This study highlighted the profound impact of poverty on the ability to develop hope and motivation. For example, the issue of transportation was a barrier on many levels. This study confirmed previous research showing that young people from socio-economically disadvantaged backgrounds are less likely to attend their mental health appointments.

McGrath, L., & Pistrang, N. (2007). Policeman or Friend? Dilemmas in Working with Homeless Young People in the United Kingdom. *Journal of Social Issues, 63*(3), 589-606.**

UK research conducted by McGrath and Pistrang, using a qualitative study of 12 young homeless people and 10 hostel workers, found that respect was the key to

building a productive support relationship with young homeless people (McGrath & Pistrang 2007 590). Their study identified three key tensions arising in youth homelessness practice: enforcement versus support, emotional involvement versus distance, and resident-centred versus staff-centred practice (McGrath & Pistrang 2007 595).

The key finding was that the support workers' demonstration of respect allowed a productive use of the tension between their need to enforce rules and to provide emotional support. Respect also generated benefits for the young person's self-esteem and assisted with positive decision-making (McGrath & Pistrang 2007 596-7, 601).

McGrath and Pistrang's study used an in-depth phenomenological approach to collect data about individual experiences of 12 homeless young people and 10 hostel workers from two central London hostels. UK hostels provide temporary accommodation ranging from one night to many months, and a key worker providing practical and emotional support. The study sample was aged 16-23 years and had been at the hostel for at least one month (McGrath & Pistrang 2007 593).

Joniak, E. A. (2005) Exclusionary Practices and the Delegitimization of Client Voice: How Staff Create, Sustain, and Escalate Conflict in a Drop-In Center for Street Kids. *American Behavioral Scientist, 48*(8), 961-988.

Joniak (2005) finds that exclusionary practices employed by staff members at a youth drop-in centre in California can serve to escalate staff-client conflict.

The researcher collected qualitative data through participant observation and in-depth interviews with staff members over a period of 11 months. She observed that power was not shared equally amongst staff and clients as staff were able to make decisions that affected clients' ability to access the service, had spaces other than the commonly shared facilities to access if conflict arose and could generally rely on the support of colleagues' in relation to their decision making.

As a result of this power imbalance, when staff utilised exclusionary practices such as non-engagement practices (averting eye contact, not responding or not engaging in discussion regarding client complaints), withdrawal (referring the complaint/ concern on to another staff member) and silencing, the clients' voices were delegitimised and the clients disempowered as they were unable to employ any of these strategies themselves.

From Joniak's observations the only strategy available to clients was "voice", meaning their ability to state their concerns/ feelings, which if delegitimized and unheard leads them to try and reassert their claims more loudly or aggressively, essentially escalating conflict.

Joniak identifies the problem as the way in which staff conceptualise clients (as 'street-wise' people who know how to 'work the system') and the way in which they conceptualise their needs (which includes a belief that clients need to learn how to take responsibility for their actions and learn that there are consequences to their behavior). This is translated into 'tough love' practices that staff believe serve preventative, protective and therapeutic functions. Clients, however view these practices as delegitimizing and punitive.

Joniak argues that through these staff beliefs and practices, client voice is not interpreted as "a "signal" that something is wrong and needs to be corrected but a "signal" that something is wrong with the client." (972). This research identifies a number of concrete ways that well-meaning beliefs can produce disrespectful

relationship and communication practices which undermine effective *youth focused* practice.

5.1.2 Relationship based support: persistence makes a difference

As noted above, Karabanow (2008) found that six tries was average for a young person connected to the homeless subculture trying to attain and sustain stable housing. The evidence base overall contains consistent and reliable findings that persistence is critical for providing an effective service response, and particularly for case management support. Some key studies are presented here.

There is strong Australian evidence on the relationship between length of support and outcomes achieved for young people experiencing homelessness. The evaluation of Victoria's YP[4] Trial is one of the only Australian studies to evaluate the relationship between particular homelessness assistance practice and outcomes achieved.[5] YP[4] is the only existing Australian randomised controlled trial in the area of service delivery practice for young people experiencing both homelessness and unemployment.

Grace, M., & Gill, P. (2008). Improving outcomes for homeless jobseekers: YP4 participant outcomes by amount of case management service received Melbourne: Victoria University.

Grace, M., Batterham, D., & Cornell, C. (2008). Multiple disruptions: circumstances and experiences of young people living with homelessness and unemployment. *Just Policy : a Journal of Australian Social Policy, 48*, 23-41.

This Australian research evaluating two models of working with young unemployed homeless people finds that a minimum of 20 case management contacts was linked to better housing, employment and education outcomes. The YP[4] trial evaluation provides strong evidence about minimum effective durations of support.

The trial compared YP[4]'s model of client-centred case management, involving direct provision of a range of services and the brokering of additional services, with standard services delivered through various community service agencies. The study included 414 participants aged 18-35 years from four different geographic areas of Victoria including inner, suburban and regional centres. Three quarters of the sample were aged under 25 years (Grace, Batterham, & Cornell 2008 23). A randomly selected group of 224 participants were offered intensive, continuous single point of contact case management for up to 18 to 30 months (depending on when they entered the trial), while the remaining group remained eligible for standard services.

Findings comparing the outcomes for the two groups are not yet available. However, a within-group analysis of those in the YP[4] case management group found improved housing, education and employment outcomes for participants who engaged with case management for 20 contacts or more (Grace & Gill 2008 10).[6]

For both affordability and suitability of housing, the highest rate of good outcomes was achieved for clients receiving more than 20 support contacts. The proportion peaked at 21-40 contacts, and showed a small decline for those receiving 41-156 contacts (Grace & Gill 2008 13-14). The decline may imply a sub-group of clients facing extreme challenges.

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[5] For more details see http://www.yp4.org.au/

[6] Outcome data was available for 196 participants from Centrelink administrative data, and from 24 months interviews with 157 participants.

Participants with more than 20 case manager contacts were significantly more likely to be in private rental accommodation, less likely to access no-rent accommodation (sleeping rough, staying with friends), and less likely to be reliant on financial assistance to maintain housing (Grace & Gill 2008 15-17).

About a third of participants engaged in education or training, and Grace et al. found that participants with more than 20 case manager contacts were more likely to persist with their involvement (Grace & Gill 2008 18). The group with 21-40 support contacts reported nearly double the number of education or training days over the year (77 compared to 40) than the 1-5 contacts group (Grace & Gill 2008 19).

Milne, L., & Coventry, L. (2008). Rediscovering Case Management: The theory and practice of joined up service delivery. Melbourne: YP4 and Hanover Welfare Services.

The process evaluation of YP[4] identified the significant practice elements that contributed to successful case management. Analysis of critical reflection data from participating case managers found that a trusting relationship was critical, and it took time to develop. Workers strongly valued the two year time frame, although even this comparatively long fixed term was a constraint in some cases (Milne & Coventry 2008 8-12, 17). Individualised, responsive, flexible support with a comprehensive focus facilitated by brokerage funds allowed case managers to address the full range of issues faced by their clients, at a pace and timing tailored to the young person (Milne & Coventry 2008 21).

Pollio, D. E., Thompson, S. J., Tobias, L., Reid, D., & Spitznagel, E. (2006). Longitudinal Outcomes for Youth Receiving Runaway/Homeless Shelter Services. *Journal of Youth & Adolescence, 35*(5), 852-859.

By contrast, this US longitudinal study finds that short term interventions did not produce sustained benefits. The study followed up 317 youths using emergency shelters at 6 weeks, 3 and 6 months after discharge and analysed the data for relationships between outcomes and services received (Pollio et al. 2006).

They found that while crisis services had an initial positive impact, the benefits were generally lost six months later. For example, receiving employment services post discharge had a positive but short term impact on self-esteem (around 3 months) (Pollio et al. 2006 863-4). And concrete employment outcomes while increasing positively up to 3 months, had declined at 6 months to below baseline (Pollio et al. 2006 862).

5.2   Accessibility through co-location or service integration

A key finding from the synthesis is that newly homeless young people do not 'know' the service system and typically exhibit reticence about seeking out and approaching mainstream or adult services. Young people will seek help only after (if at all) help from family and friends is exhausted. The evidence implies that effective *youth focused* practice actively works to increase the accessibility of services.

Some of the studies already presented find evidence of the importance of providing services where young people already are. In particular, outreach is identified by the research as a concrete way of demonstrating respect for young people.

The following section presents evidence about how accessibility is increased by the co-location and/or integration of services with mainstream services and/or with social and recreational sites and institutions.

5.2.1 School based interventions

MacKenzie, D., & Chamberlain, C. (2008). Youth homelessness 2006. *Youth Studies Australia, 27*(1), 17-25.

There is Australian evidence that school based intervention programs have been effective at prevention and early intervention of homelessness amongst school students.

MacKenzie and Chamberlain (2008) find a decline in Australian youth (12-18) homelessness between 2001 and 2006 from 26,060 to 21,940 nationally. The national rate of youth homelessness declined from 14 cases to 11 per 1,000 young people (MacKenzie & Chamberlain 2008 23). They conclude that investment in early intervention strategies over the last 10 years, including the successful Australian Government Reconnect program, has been a significant factor in this decrease.

MacKenzie and Chamberlain find a greatly increased awareness within schools of both homelessness and effective responses, and more cooperation between schools and community services, reporting that many schools now 'know their homeless kids,' and work assertively to help them stay in education (MacKenzie & Chamberlain 2008 19-20). From their fieldwork for the census of homeless school children they report that many schools are now actively involved in promoting family reconciliation, and that welfare staff provide support for kids who are unable return home. Close working relationships with community agencies, which were rare a decade before, are now routine for many schools (MacKenzie & Chamberlain 2008 25).

Notwithstanding the observed national reduction in homeless school students, Indigenous young people, kids from single parent or blended families, and teenagers who had been in state care and protection are disproportionately represented amongst homeless students. In 2006, 19per cent of homeless school students were identified as Indigenous, compared to a proportion of 3.9per cent Indigenous young people nationally (MacKenzie & Chamberlain 2008 21). Schools reported that 15per cent of their homeless young people had been in state care and protection, while only 0.5per cent of *young* people aged 10-17 nationally were in out of home care in 2005 (MacKenzie & Chamberlain 2008 22).

The Australian Government's evaluation of Reconnect did identify elements of successful work with Indigenous young people. Good outcomes were achieved by Reconnect services that specifically targeted Indigenous young people, and involved the Indigenous community, through developing relationships with respected elders and employing Indigenous staff. Other services had been less successful, it seemed, due to 'a lack of understanding and knowledge of how to go about developing a culturally appropriate service' (Ryan 2003 12).

While highlighting the reduction in school student homelessness, MacKenzie and Chamberlain also estimate using SAAP data that school students comprised only one third of all homeless young people aged 12-18 (MacKenzie & Chamberlain 2008 23).

While the evidence shows the success of capacity building in schools, it also suggests that additional programs are required to assist certain groups of homeless young people, and particularly those who are not attending school.

5.2.2 Housing integrated with education, employment and training support

The evidence from evaluations of Foyer-models implemented in the UK, along with the little evidence available from Australia, indicates that critical elements of effective practice with young people includes housing, integrated with support, which focuses comprehensively on the individual young person and their goals, and has a

significantly practical focus. Young people consistently report that they want to gain skills for independence.

'Foyers' are a European model of providing transitional housing for young people integrated with support, emphasising education, employment and training. Some 'foyers' have group accommodation, while others use dispersed housing models.

Evidence from evaluations of UK 'foyers' shows that effective *youth focused* practice includes integrated, comprehensive support with practical and emotional components. Along with safe housing, the evidence shows that building young people's capacity to live independently through skills, respectful relationship practice and the celebration of achievable practical steps toward economic independence (e.g. the confidence to attend a job interview) was critical. The 'foyer' evaluations also confirm the importance of an adequate duration of service provision, as found in studies of case management support.

There are currently only two explicit 'Foyer' models in Australia[7], however there are also other programs which combine housing with different kinds of support. The research evidence from the UK is relevant to identifying effective practice principles for program models that integrate housing and support in some way.

There is very little evidence about the existing Australian Foyers. Randolph and Wood (2005) conducted a process evaluation of the first year of the NSW Miller Campus, and found indications that the program prevented young people from leaving school. The key attraction of the Campus to young people was the secure accommodation and the opportunity for independent living. The research did not provide further evidence for identifying effective practice elements (Randolph & Wood 2005). In Victoria, there is a 'Foyer'-style model currently called Step Ahead. Melbourne Citymission's Step Ahead Case Practice model notes that selection criteria ensure that young people:

> demonstrate some level of personal stability, (for example, not currently experiencing severe drug or alcohol issues), as well as motivation and willingness to participate in the program. (Melbourne Citymission 2009 7)

The high-functioning eligibility criteria for the Victorian model suggests the targeted applicability of the intervention, and this is confirmed in the evidence available from the UK.

Lovatt, R., Whitehead, C., & Levy-Vroelant, C. (2006). Foyers in the UK and France - Comparisons and Contrasts. *European Journal of Housing Policy, 6*(2), 151-166. ( )

Quilgars, D., Anderson, I., Burrows, R., & Pleace, N. (1997). Addressing the problem of youth homelessness and unemployment. In *Homelessness & Social Policy* (pp. 216-228): Routledge.

Quilgars and Anderson review the contribution of Foyers to the UK support system for young homeless people, and report findings of the pilot evaluation in the early and mid 1990s (Quilgars & Anderson 1997).

Research has shown that Foyer residents had improved employment and education outcomes, though there was no control group comparison. The pilot study found that while young people's outcomes are inherently limited by the housing and labour

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[7] New South Wales established Australia's first 'Foyer' based on the UK model in 2003.

markets, the program increased young people's confidence and helped them compete for existing job and housing opportunities (Quilgars & Anderson 1997 226).

The pilot Foyer provided services to five hundred young people. One quarter of the young people leaving the Foyers left with both employment and permanent housing, however the pilot showed that most young people travelled on a more complex and non-linear pathway than the model assumed (Quilgars & Anderson 1997 224). A significant number left due to breaching their tenancy, highlighting a disadvantage of the service integration, namely that an evicted young person also lost access to the education and training services (Quilgars & Anderson 1997 224).

The initial model proposed a tight integration of accommodation and employment services, with residents required to sign a contract to use the employment and training services. The pilot site did not implement this requirement uniformly, and in fact it was found that the two least integrated hostels had very high user satisfaction, and one achieved the highest job placement success (Quilgars & Anderson 1997 222).

Quilgars and Anderson report that it was important to both workers and young people to measure success by steps along the way to securing a job, for example having the confidence to attend an interview (Quilgars & Anderson 1997 225). The evaluation also found that most young people used the education, employment and training services without compulsion, and the comprehensive nature of the support – not just employment, and not just housing – was highly valued (Quilgars & Anderson 1997 225).

Smith, J., Browne, O., with Vanessa Newton, & O'Sullivan, A. (2006). *What happened next? A report on ex-residents of Foyers.* London: The Housing Corporation and The Foyer Federation.

Smith, J. (2004). *Dispersed foyers: a research study.* London: Centre for Housing and Community Research and The Foyer Federation.

More recent evaluations by Smith (2004) and Smith et al. (2006) evaluated dispersed Foyers, single-site Foyers and floating support schemes. Both studies emphasise how strongly client outcomes are determined by the local housing and employment context, and influenced by the practice differences and needs targeting of the individual Foyer (J. Smith 2004 124).

The first study (2004) asked residents how the Foyer program could be improved. Ex-residents identified the need for more individualised support and more consultation, particularly in order to provide tailored skills development. Comments included:

> Assess what level the residents are on and then help them.
>
> Talk to people and listen to what they have got to say about what they need.
>
> Assess people's skills and then see what they want and need to do.
>
> Research what they are looking for and then ask them: do you want it or not?
> (J. Smith 2004 94)

Money management was considered important and a typical comment was: 'Take them out and show them what it is like to be living in a flat of your own and how much the bills cost' (J. Smith 2004 94). Other comments identified the need for more respectful staff practices, specifically found lacking in over-night or door staff: '… ensure that the door staff don't speak to the residents like children' (J. Smith 2004 94).

The study identifies that rigid requirements for education or employment outcomes, and existing staffing ratios constrained the ability to provide individualised support. These program contexts undermined workers' capacity to take time to find out what

the young person needs and wants. Study participants complained: 'They were just concerned with sending people to college or to work. They didn't deal with anything else'; and instead recommended: 'Concentrate on residents, not just on whether they are training or working' (J. Smith 2004 95).

Smith reports that staff and young people valued both improvements in confidence, self-esteem and a sense of direction, and practical outcomes such as getting a job, a training achievement or a new experience such as volunteering (J. Smith 2004 123-130).

The second study was the UK's first national follow up study of young people who left supported accommodation (J. Smith et al. 2006). The study included 126 young people and found that outcomes for young people are constrained by the housing and employment opportunities in the local area, and by the complex issues facing the young person to begin with. Specifically:

→ 59 per cent of young people in the study reported symptoms indicating high levels of mental distress prior to entering the Foyer (J. Smith et al. 2006 28).

→ On exiting the Foyer, 90 per cent reported that they could not go home.

→ Over half of the sample left and maintained tenancies in social housing (J. Smith et al. 2006 7).

→ One quarter reported that Foyer staff encouragement to go to work or college had made a difference to their lives (J. Smith et al. 2006 59).

→ Two-thirds of the sample were in full or part-time work, training or education at the first follow up interview, declining to just over half by the second follow up interview (J. Smith et al. 2006 61-2).

Smith et al. found that the average length of Foyer stay was 13 months, and minimum effective duration was 8-12 months (J. Smith et al. 2006 10). Some types of young people seem to need longer including those aged 16-17 and those with a disability.

5.3   Different human service contexts

The following section presents research findings from other human service contexts, (dominated by mental health care) and confirms the two distinct levels of *youth focused* practice principles: engagement with a young person through respectful, individualised support and actively increasing service accessibility. The research also highlights the importance of addressing social connections in working with young people.

5.3.1 'Wraparound' for young people with complex needs

Wyles, P. (2007) Success with Wraparound: a collaborative, individualised, integrated and strength-based model. *Youth Studies Australia, 26*(4), 45-53.

This evaluation of a wraparound service in the ACT found that some young clients with complex needs experienced successful outcomes after participating in the 'Turnaround' program.

The 'Turnaround' program was based on 'wraparound' principles developed from practice in the US over the past 20 years. These include an integrated service response based on service collaboration and team work, individualised case management that draws heavily on input from the client, engagement with their family networks and informal supports, which is strength-based, outcome focussed and culturally competent (Wyles 2007 46).

The project evaluated the outcomes for a small number of young people with complex needs in the ACT. The sample size is unclear as the researchers have not stated it explicitly in their report, however we can assume it is small because 'Turnaround' was designed to only cater for 30 – 35 clients at any one time. This evaluation drew on data collected in the first two years of the program.

Clients involved in the ACT program had had previous contact with a number of service providers including SAAP services, youth justice, child protection, mental health and drug and alcohol and disability services (47). Key mechanisms were identified in successful case studies and these included involvement of the young person in decision making, access to a large number of services, focus on working with the whole family and building a trusting relationship (48-9).

The report acknowledges some limitations of the Turnaround program and these include a greater cost of service provision in the short term and the fact that the program intervenes at an individual level and does not address larger structural issues (51).

The report attributes a large proportion of the program's success to the involvement of family and informal support networks in decision making and case management. This finding highlights the additional disadvantages faced by young people experiencing homelessness, and typically lacking access to that kind of social capital.

5.3.2 Leaving care

It is well established in the international research literature that exiting the care system is a highly vulnerable time, and that these young people are at greater risk of homelessness and a range of other negative experiences (Mendes & Moslehuddin 2004 ; Montgomery, Donkoh, & Underhill 2006).[8]

Australian evidence on the housing needs of this group will be significantly advanced by a current AHURI project investigating how to improve housing outcomes for young people leaving care. As part of this project, Johnson et al. (2009) review the international research literature and draw a number of preliminary conclusions.

Johnson, G., Natalier, K., Bailey, N., Kunnen, N., Liddiard, M., Mendes, P., et al. (2009). *Improving housing outcomes for young people leaving state out of home care.* Melbourne: Australian Housing and Urban Research Institute, RMIT Research Centre.

Johnson et al. find the evidence base is generally poor however it is clear that young people leaving care typically have high support needs and require integrated housing and support services.

They report on an evaluation of a Victorian 'joined up' initiative (Young People Leaving Care Housing and Support Initiative) for young people aged 16-21 leaving care and assessed as 'at risk of homelessness'. A key recommendation was the need for innovation in designing housing options to suit young people leaving care rather than reliance on the traditional range of homelessness accommodation (Johnson et al. 2009 23). The final report from Johnson et al. may provide new ideas for innovation based on the qualitative interviews with young people.

Johnson et al. also highlight evidence of the critical role of social relationships in the successful prevention of homelessness for young people leaving care.

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[8] A current AHURI project, *Improving housing outcomes for young people leaving state out of home care* (30540) will provide evidence about good practice in this area.

They report on Cashmore and Paxman's significant longitudinal NSW study of forty-seven young people leaving care (J Cashmore & Paxman 1996 ; cited by Johnson et al. 2009 34). The study found that the sense of belonging and a network of social supports was an important predictor of housing stability in the first twelve months; and that in shared tenancies, tenant conflict was the main reason for housing breakdown. The most common exit housing for care leavers was shared accommodation, yet conflict between tenants was the most common reason for housing breakdown. Forty one of these young people were also interviewed four to five years later (Judy Cashmore & Paxman 2007), and Johnson et al. report that many young people were doing better after 4-5 years than they had in the first 12 months after leaving care (Johnson et al. 2009 27).

Kroner, M. J. (2007). The role of housing in the transition process of youth and young adults: A twenty-year perspective. *New Directions for Youth Development, 2007*(113), 51-75.

Kroner, M. J., & Mares, A. S. (2008 in press). Lighthouse independent living program: characteristics of youth served and their outcomes at discharge. *Children & Youth Services Review, doi:10.1016/j.childyouth.2008.10.011.*

These studies provide evidence from a long running US program providing housing and intensive support to young people leaving the care system. Kroner et al. identify some critical practice elements for working well with young people at risk of homelessness.

Kroner (2007) provides a detailed practice reflection on 20 years of transitioning young people from care to independence which gives a convincing descriptive account of the elements of effective practice. The Lighthouse Youth Services program in Ohio, US operates under the assumption that

> housing-based independent living programs must be designed to accommodate the full range of mistakes which their clients will make, despite the best efforts of program staff to minimize such mistakes (Kroner & Mares 2008 in press).

Kroner identifies the following elements of the program's success (Kroner 2007 ; Kroner & Mares 2008 in press):

→ The program uses private rental properties and therefore is not limited by available 'bed spaces.'

→ Young people are involved in selection of the property, which is chosen for location and affordability. The intention is that the young person may continue to live there after the program's conclusion.

→ The agency rents the property, pays the bond, and covers utilities and phone for the initial period and takes full responsibility for the young person's behaviour.

→ If the young person is employed at discharge and has proven responsible, they are able to take over the lease and keep the furnishings, supplies and security bond.

→ The program has a range of alternative supervised housing options to provide 'time-out' and preserve neighbourhood relationships, but the property is kept for the young person as an incentive to moderate their behaviours.

→ Young people complete a Life Skills curriculum through 12 projects at their own pace covering skills in living independently, employment and social development.

→ Each young person has an intensive case worker (case loads of 8-12).

→ Staff are available for emergency response 24 hours, 7 days a week.

A recent study of the Lighthouse program analysed outcome data for 455 youth admitted to the program between 2001 and 2006 and finds overall outcome rates of 60per cent school completion, 31 per cent employment and 33 per cent independent housing, with significant variability by risk factor groups, age at admission and length of stay (Kroner & Mares 2008 in press).

Young people were assessed against twenty-two risk factors including mental health, teen pregnancy, juvenile crime, social functioning, learning disabilities and health risks. The research found that clients with one or two risk factors did significantly better than those with four or five, and surprisingly, better than those with no risk factors (Kroner & Mares 2008 in press).

The study also found that young people of age 19-20 generally achieved better outcomes than younger clients who entered at 16-18. The older group were more likely to have completed high school, be employed and be living independently (Kroner & Mares 2008 in press).

Overall, clients who stayed longer than 6 months in the program were more likely to be employed and independently housed (Kroner & Mares 2008 in press).

Recognising that the overall outcome rates for the program (widely considered successful) may appear low, Kroner and Mares note that positive outcome rates could be increased by denying program entry to young people with high risk factors. Their finding that good outcomes are negatively related to high risk factors for youth leaving care reinforces our broader understanding of the known challenges faced by young people experiencing or at risk of homelessness.

Scannapieco, M., Connell-Carrick, K., & Painter, K. (2007) In Their Own Words: Challenges Facing Youth Aging Out of Foster Care. Child & Adolescent Social Work Journal, 24(5), 423-435.

This research was conducted in order to determine what challenges young people in foster care faced when exiting the system and what services may be helpful in assisting them through this transition. Scannapieco et al. (2007) conducted focus groups with past and present foster children, their foster parents and welfare workers in Texas.

The need for '*youth focused* practice' was a key theme to emerge from the research. Apart from the welfare workers, all participants reported that young people experienced a lack of respect and were not involved in the decision making process. They reported that case plans were not individualised and were designed without input from the young person. The young people also expressed a desire to be kept informed of events impacting their lives.

This research finds that '*youth focused* practice' involves genuine respect for young people, client involvement in decision making and case planning, open communication between worker and client, and individualised service delivery. Like the majority of studies in the evidence base, the research did not evaluate the effect of these practice elements in producing particular outcomes for young people.

5.3.3 Mental health

The following six studies all confirm the same set of factors which contribute to successful service provision for, and engagement with, young people.

→ An interpersonal relationship between worker and client that was non-judgemental, trusting and respectful was a key component of successful engagement.

→ Service accessibility was improved by a physical environment that was not 'sterile' or 'cold' and where privacy for clients was secured.

These studies also found that young people turned to informal supports before they sought out formal services and that informal networks (like parents and friends) could facilitate access to formal service provision. This is an important consideration for developing a youth focussed model for the youth homelessness sector, as many homeless youth experiences do not have informal supports and lack support from significant adults.

Dixon, M., & Lloyd, S. (2005) Mental health services: what young people who are homeless say ... *Youth Studies Australia, 24*(3), 24-30.

This study found successful engagement with young people who experienced mental health issues and homelessness relied on a trusting relationship between client and worker where the worker listened to them, allowed them to progress at their own pace and where the young person liked the worker.

This evaluative study sought to unpack what factors resulted in clients successfully accessing the mental health service at Young People's Health Service in Melbourne. To achieve this, semi-structured interviews were conducted with 19 young people already accessing the service.

The majority of the participants reported that the worker and the approach taken by the worker were very important in their decision to continue to use the service. The majority reported that the workers were non-judgemental and respectful, which was vital in building a trusting relationship where they felt comfortable in talking about personal issues. They also valued the anonymity of the service, which made them feel safe.

When asked to reflect on their experience of other mental health providers they reported both negative and positive experiences. Dixon and Lloyd (2005) sorted the negative experiences according to three categories, young person not being listened to, young person being pushed to talk and the young person being told what to do. Not being 'listened to' involved being interrupted when talking and perceptions of being judged by the worker. Those who reported being 'pushed to talk' reported that building a trustful relationship was important in being able to disclose personal information comfortably and going at their own pace gave them a sense of control over the situation.

Whilst the strongest theme regarding successful service delivery reported by young people involved developing a trusting relationship with their worker, they also reported physical barriers to service delivery, which included a 'sterile' or 'cold' counselling room and the lack of available appointments.

Buston, K. (2002) Adolescents with mental health problems: what do they say about health services? *Journal of Adolescence, 25*(2), 231-242.

This research found that barriers to engaging with health services included the physical environment or practical accessibility and interpersonal relations with service providers. Buston (2002) conducted 15 interviews with young patients engaged with the mental health system in Scotland in order to better understand the experiences and views of this cohort.

The majority of responses were coded as negative and these were themed according to the following categories; doctor-patient relationship, treatment, the system and the environs of the hospital/clinic.

The doctor-patient relationship was discussed the most and the key factors determining a positive relationship included the likeability of their doctor, that the young person felt that they were listened to and believed when telling their story and that the doctor understood their illness. Relations broke down when the young person felt the doctors were dismissive of them, felt that their doctors thought they were stupid or when their doctors treated them like children.

Responses relating to 'the system' and the 'environment' were also mostly negative. Participants reported that it was difficult to access medical help on short notice and that their mothers were unsupported. They also reported that the physical environment was often bleak and sterile, and that they experienced a lack of privacy.

Booth, M., Bernard, D., Quine, S., Kang, M., Usherwood, T., Alperstein, G., et al. (2002) *Access to health care amongst NSW adolecents.* **Sydney: NSW Centre for the Advancement of Adolescent Health.**

This research study engaged young people in discussion groups in order to better understand their experiences of, and attitudes toward, healthcare service providers. Participants included a mix of genders and socio-economic backgrounds, and included those who had left school as well as those still engaged with the mainstream education system. Eighty-one focus groups across 28 schools were conducted in NSW, 22 of which were conducted in rural areas.

Booth et al. (2002) found that these young people were more likely to access services that they were familiar with and that they trusted. However, most only sought help from service providers as a last resort, preferring to seek help from informal networks such as friends and relatives where they could. Approximately half did not seek help from anyone at all and males were overrepresented in this cohort.

In regards to service providers, the 'general atmosphere' and attitudes of staff had a greater impact on the young person's decision to access a service than the physical environment or other practical barriers. Whilst there was a correlation between the young person's willingness to access services and their age and gender, there was no marked difference between those from various socio-economic backgrounds.

Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005) Young people's help-seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health, 4*(3), 1-34.

Rickwood et al. (2005) conducted focus groups and questionnaires with nearly 3 000 young people aged 14 – 24 years in NSW, QLD and the ACT. The sample represented a cross-section of young people, including varied socio-economic backgrounds, gender, Indigenous youth, rural and regional youth, and young people in drug and alcohol treatment. Researchers also conducted focus groups with a number of service providers in these jurisdictions.

Similarly to other studies, the researchers found that young people were more likely to utilise informal networks of support before seeking professional help and that young females were more likely to seek formal help than young males. As reported in other studies as well, a negative attitude to health professionals, negative past experiences and the fear of problems not being taken seriously all served as barriers to accessing services for young people. Access was improved through a trusting and familiar rapport with service providers and a functional knowledge base of available services.

Researchers drew out two important findings that are unique to this study. The first is that a young person's 'emotional competency' or 'emotional intelligence' plays a significant role in their ability to seek help. According to the study, the higher their emotional competency, the more likely they are to seek help. The researchers collected both quantitative and qualitative data that supported this finding and claim that not having the language or skills to recognise, interpret and share emotional experiences inhibits people from seeking help. Secondly, young people's intention to seek help decreased as their levels of suicidal thoughts increased, suggesting early intervention practices are important here.

Cohen, A., Medlow, S., Kelk, N., & Hickie, I. (2009) Young people's experiences of mental health care. *Youth Studies Australia, 28*(1), 13-20.

This qualitative study involved interviews with 15 young people who were engaged with mental health services from NSW Victoria, South Australia and the Northern Territory. Similarly to the previous studies Cohen et al. (2009) found that practical barriers to successful accessing of services included a lack of knowledge about available services and a perception that these services were expensive and therefore inaccessible. Once engaged with a service the interpersonal relationship between worker and client was paramount to success and involved trust, respect, and being listened to. Again, many participants reported that they had not been taken seriously by staff, had been judged, discriminated against (based on their age) and patronised.

A key finding that has not presented in the other literature is that parents both served as a facilitator and barrier to young people accessing professional help. As young people will rely on their informal support networks before engaging formal networks, parents and friends are often aware of problems before professional service providers. In several cases parents and friends were critical in facilitating access by organising doctor appointments or by sourcing information for the young person. However, in some cases parents' attitudes served as a barrier. One parent discouraged their child to take medication because she was against drugs of any kind, whilst another refused to allow their child to see a counsellor or psychologist.

Christiani, A., Hudson, A. L., Nyamathi, A., Mutere, M., & Sweat, J. (2008) Attitudes of Homeless and Drug-Using Youth Regarding Barriers and Facilitators in Delivery of Quality and Culturally Sensitive Health Care. *Journal of Child & Adolescent Psychiatric Nursing, 21*(3), 154-163.

This study is included because it documents some of the specific, practical barriers which reduce young people's access to services. It also confirms findings about how drug use is a homelessness survival strategy and links young people to a community, but also creates a barrier to receiving needed health care.

This study reported similar findings to other research projects synthesised for this report. Barriers to health care included structural barriers such as transport, cost of services and prescriptions, and a lack of coordination between providers as well as interpersonal barriers including language, perceived and actual discrimination, distrust of providers and concerns regarding confidentiality. However, unlike other studies the research also found that drug and alcohol use proved to be a barrier to care as was a lack of available 'mentors'.

This research study involved interviews and focus groups with 54 homeless youth who also reported active drug use within the past six months. The participants were recruited from two shelter sites in Los Angeles.

The key structural barrier reported by participants was that agencies operated independently of one another with different bureaucratic requirements, which resulted

in a complex system for clients to navigate. Participants reported being referred to various agencies across the city that were difficult to access and where they had to complete significant amounts of paperwork. This also resulted in a lack of continuity of care. Suggested facilitators to overcome this barrier included pairing the young person up with a 'mentor' who could help them navigate the system and answer questions about health care providers. Many also suggested a 'one stop shop' whereby agencies worked together to provide a number of services in one location, streamlining and simplifying the bureaucratic process as well as mitigating transportation difficulties.

Unique to this study was the finding that drug and alcohol use served as a barrier to health care as many participants reported that substance use assisted them in dealing with mental health issues and helped them connect with other homeless youths. Many reported that if they stopped using they would become socially isolated, which would inhibit their ability to survive on the streets. Many also reported that marijuana use, for example, assisted with depression and helped them sleep, whilst methamphetamines helped them to stay awake and remain vigilant at night when personal safety was an issue (Christiani et al. 2008).

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