

DEPARTMENT OF  
HUMAN SERVICES

RESEARCH PAPER

**MOVING  
YARNS**  
ABORIGINAL  
YOUTH  
HOMELESSNESS  
IN METROPOLITAN  
ADELAIDE

OCTOBER 2001



Government  
of South Australia



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# Executive Summary

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## **The study**

This study was undertaken by the Research, Analysis and Information Team in Metropolitan Division to inform planning for accommodation and support services to Aboriginal young people in metropolitan Adelaide who are homeless or at risk of homelessness. The overall aim was to develop a better understanding of Aboriginal youth homelessness and particularly the ways in which it is both similar to, and different from, non-indigenous youth homelessness. The study consisted of three components:

1. A literature review
2. In-depth interviews with 19 homeless Aboriginal youth (aged 11 – 20)
3. Examination of nine case studies of homeless Aboriginal youth.

Previous research in relation to youth homelessness has almost exclusively taken place with regards to non-indigenous youth; and this is the first study of its kind in Australia.

## **“Moving yarns”**

Areas explored in the interviews included family background and relationships, life history, present circumstances, experiences of services, and the young people’s views on their support needs and future. Themes from these stories are explored in the report. Consistent messages included:

1. Young people’s homelessness was preceded by lengthy histories of high mobility, multiple caregivers and abusive relationships;
2. Families of origin were highly disadvantaged and faced extremely complex and chronic issues, and had minimal capacity to provide care and support to children.
3. The young people had high and complex needs across every dimension from health through housing, support and education. Of particular concern were their difficulties in accessing adequate food; high levels of alcohol and substance abuse; rough sleeping; emotional distress; difficult behaviour; and (for females) sexual health and parenting issues.
4. With regards to services, young people most commonly sought supportive relationships with consistent, safe adults; but also assistance with immediate practical needs, education and employment.
5. Young people’s views on services and their willingness to participate fundamentally turned on the quality of the relationship between worker and client.
6. Participants’ aspirations for the future were similar to those of any other young person: to have good, safe relationships and someone who cared about them; safe and stable accommodation; an education and a job – ie, a decent future. However, these aspirations appeared unlikely to be fulfilled.
7. Support, motivation, resources, opportunity and personal characteristics (including intelligence) were key to achieving change. In addition, a number of factors combine to suggest that girls may be more likely than boys to move towards a more safe and stable life.

8. Issues which work against coordinated and consistent service delivery and case management include: 1) problems in the exchange of information; 2) lack of systems and processes for case coordination and conferencing; 3) models of case management which cannot respond adequately to client mobility; 4) partialised and partial responses by services; and 5) significant gaps in services.

## **Research hypotheses:**

The study explored seven different hypotheses (Chapters 1 & 5). Findings are summarised below.

### **1: Pathways into homelessness**

The primary cause of Aboriginal youth homelessness was found to be family breakdown and child abuse. Homelessness derived from long-term and major disruption of care-giving relationships and complex, chronic family problems, in which children and young people experienced significant levels of harm. Two sub-groups were identified: 1) those who had relatively stable accommodation until their early teen years; and 2) those whose instability began at an early age (ie before seven years). The second group were the largest component of the research sample. Even those in group one, however, were found to have experienced significant levels of harm and had lived within environments marked by disruption, violence and abuse where a triggering factor led to the breakdown of tenuous and sometimes dangerous arrangements. The arrival of adolescence meant it was easier for young people to “take off” or be “evicted”.

The following were suggested as differences in the pathways into homelessness between Aboriginal and non-indigenous youth:

1. Aboriginal young people are more likely to have been living life-styles marked by a high degree of transience and instability since birth;
2. The impact of family homelessness and transience is very significant with considerable second generation homelessness or learnt transience;
3. It may be easier for Aboriginal youth, in comparison with non-indigenous, to move into a transient lifestyle, given proportionally higher level of homelessness, transience and fluid accommodation patterns amongst the Aboriginal population;
4. Sub-standard housing, over-crowding and the ill-health of care-givers are more significant as triggering factors;
5. Peer influence (particularly of “cousins”) is a significant determinant of what young people do and where they go when they leave home;
6. Overall, there is evidence that the level of disadvantage of homeless Aboriginal youth is greater than their non-indigenous counterparts

### **2: Is it homelessness?**

The young people in the study were found to be homeless in accord with accepted definitions. This is contrary to some views that Aboriginal young people are not homeless but rather highly mobile between caregivers, or that a different definition of homelessness should apply for Aboriginal people.

### **3: Primary and secondary homelessness**

A higher than anticipated level of primary homelessness (sleeping rough or in squats) was found, and often for very young adolescents or from early childhood. This is disturbing, given the considerable risks associated with sleeping rough.

### **4: Drug and substance abuse**

Very dangerous patterns of substance abuse were common to at least half the sample, and from a very young age. Family patterns of use were also very influential both in inducting young people into use and creating situations of harm.

### **5: Family relationships**

The research found that the concept of “family” for Aboriginal young people was a distinctive feature of their experience and world view, with a strong emphasis on extended, rather than nuclear, family. Extended family played a more significant role in upbringing, influence and relationships than would be expected amongst a comparable group of non-indigenous youth, and relatives often formed the basis of peer groups. However, family relationships were often problematic and abusive and failed to provide supervision and support. Of particular note was the extent of the breakdown of parent/child relationships.

### **6: Pathways to services**

The juvenile justice and care and protection systems were found to be the major pathways into services. Overall, there are considerable barriers to service access for these young people, and gender differences in both pathways and barriers were identified.

### **7: Outreach support**

The research highlighted the need to continue to develop a broader range of accommodation options for young people who cannot live at home. Outreach support (to self-selected options) is an important component of this.

## **The ideal-typical model of a youth homeless career path**

The study examined the applicability of the model proposed by Chamberlain and MacKenzie (1998) to Aboriginal youth. It was concluded that the model is generally applicable, but the distinctive features of Aboriginal youth homelessness need to be taken into account, including:

1. The concept, role and influence of family, and implications for service delivery
2. The chronic and intergenerational nature of family problems which means short-term or family mediation approaches to intervention are unlikely to be successful
3. The earlier onset of problematic behaviours including running away, and the rapid induction of these young people into the riskiest behaviour (substance abuse, sleeping rough, crime, up-town lifestyles)
4. Distinctive pathways into homelessness: many Aboriginal homeless youth could be classified as “never housed”, with others experiencing a slow slide into homelessness, rather than undergoing a sudden transition in housing status from housed to homeless.

## **Service elements**

- “Family work” was identified as relevant to all homeless Aboriginal young people. However, the nature of this work will tend to change as young people move through the stages of homelessness (from a focus on family intervention and support towards best

connections and safe relationships when living away from family), and also be dependent on the nature of the young person's individual relationship and history with their family.

- Intervention to prevent youth homelessness encompasses **intervention and support to families through all the child rearing years**. Families may require intensive support and intervention around a range of long-term and complex issues, including homelessness, inadequate housing, drug and alcohol abuse, violence, health and poverty.
- **Services to young people:** Homeless Aboriginal young people have complex and multiple problems, and demonstrated service needs in areas including family relationships; safe accommodation; emotional and practical support; basic needs; health care; education; drug and alcohol; and pregnancy and parenting.

## **Key challenges for service development: principles & recommendations**

The following principles are proposed as key elements which reflect the distinctive nature of Aboriginal youth homelessness and the major issues which emerged from the study.

### **PRINCIPLE ONE:**

*All children and young people need, and are entitled to receive, safe, secure care and nurture, ongoing supportive relationships with committed adults, and a standard of accommodation that does not endanger their health or threaten their safety.*

### **PRINCIPLE TWO:**

*Aboriginal children and young people need, and are entitled to receive, adequate food, clothing and shelter, and Government and community have a responsibility to meet this need.*

### **PRINCIPLE THREE:**

*All policy, planning and service delivery for at-risk and homeless Aboriginal young people must be informed by an understanding of the distinctive nature of family in the Aboriginal community, and be sensitive and responsive to this reality.*

### **PRINCIPLE FOUR:**

*Culturally appropriate responses to youth homelessness and support services should include flexibility with regards to age criteria, recognising that Aboriginal young people may display greater degrees of at-risk behaviour and independence at a younger age.*

### **PRINCIPLE FIVE:**

*Sector, service and agency arrangements should support long-term relationships between young people and individual workers, and promote consistency and continuity of care and support.*

### **PRINCIPLE SIX:**

*The population of Aboriginal homeless youth is not homogenous, and a diversity of service responses and models is required to meet their needs. Aboriginal young people should, as far as possible, have choice and options, including between models of service and the ability to choose between Aboriginal specific and mainstream services.*

### **PRINCIPLE SEVEN:**

*As a young person moves along the homelessness continuum, harm minimisation principles become increasingly important in shaping service responses.*

**PRINCIPLE EIGHT:**

*Service planning, structural arrangements and inter-agency relationships should promote holistic approaches to service delivery.*

**PRINCIPLE NINE:**

*Service funding, planning and delivery should be marked by a commitment to innovative, exploratory and flexible practice.*

Based on the findings of the research, key challenges for service development are identified, and the following recommendations made. These recommendations are not designed to address every issue around Aboriginal youth homelessness, but instead focus in on key areas within the scope of responsibility where immediate impact could be made.

**RECOMMENDATION ONE: FAMILY IN SERVICE DELIVERY**

*Family should be a focus in all interventions with Aboriginal youth. However, the nature of this family work will be determined by the young person's relationship with and experience of their family; their wishes; and their circumstances. The focus of family work should range from family intervention and services, to support for best connections and safe relationships where a young person cannot return home.*

**RECOMMENDATION TWO: FAMILY INTERVENTION SERVICES**

*Consideration should be given to increasing the level of Aboriginal family support and intervention services in South Australia.*

*Intervention with Aboriginal families should be holistic, flexible, highly skilled, and able to incorporate any relevant family issue including health, education, violence, drug and alcohol use, housing and poverty.*

*Services should have the capacity to provide intensive support over the long term.*

*Staffing levels and case loads for indigenous services should reflect the extent and complexity of family needs and the expectation that services assume a broader family systems approach in their intervention.*

*Coordinated and integrated care models should continue to be developed and implemented for Aboriginal families*

**RECOMMENDATION THREE: HOLISTIC RESPONSES**

*Homeless and at risk Aboriginal young people, at any stage of the homelessness continuum, are likely to require support for best connections and safe relationships with their family; safe accommodation; emotional support; attention to their practical needs; health care; educational assistance; drug and alcohol services; and income security.*

*Strategies should be developed which enable more holistic, flexible and intensive service responses, which are capable of responding to the breadth of issues and complexity of needs with which these young people present.*

*Specifically, consideration should be given to "one stop shop" models which bring together health, counseling, food, laundry, recreation, practical assistance, drug and alcohol services and educational support, along with the capacity to respond to accommodation issues and provide a safe place.*

**RECOMMENDATION FOUR: BASIC NEEDS**

*Youth-specific strategies should be developed to improve access to food for homeless young people in the inner city.*

*The capacity to provide material goods (including food, hygiene products, clothes) and to respond to immediate poverty issues should be an important and fundamental*

*component of services for Aboriginal young people who are homeless or in transition from home.*

*Income security policy and practice, in particular with regards to mutual obligation requirements, should have the capacity to respond sensitively and appropriately to highly vulnerable youth, and specifically Aboriginal youth, to ensure they have an income sufficient to meet basic needs and the financial capacity to move out of homelessness.*

#### **RECOMMENDATION FIVE: ACCOMMODATION**

*Consideration should be given to strategies to increase the diversity of accommodation options for Aboriginal young people who are homeless or at risk of homelessness. These should include:*

- *a wider range of options for younger adolescents, including greater ease of access for those “on the streets”*
- *options which can accommodate young people with extremely difficult behaviour and intensive needs*
- *options which can provide for young people whose social skills and behaviour make them unlikely to succeed in either family based or congregated care*
- *accommodation that can cater for young people who are using alcohol and substances; and provide special support for young people in the process of rehabilitation.*

#### **RECOMMENDATION SIX: EDUCATION**

*Education and training should be a central focus in services to at risk and homeless Aboriginal youth.*

*Partnerships between education and human services to develop flexible, responsive and innovative programs tailored to the needs of individuals and addressing their individual barriers to learning are a priority.*

*A greater role for educational mentors should be considered.*

*Flexible funding should be available to ensure poverty related barriers to educational participation (food, suitable clothing) are addressed.*

#### **RECOMMENDATION SEVEN: PERSONAL SUPPORT AND CASE MANAGEMENT**

*Consideration should be given to strategies, at both a head office and local level, which address problems in the practice of effective and consistent case management across services, for example:*

- *pilot projects in a defined geographical area that seek to develop models of work, flexibility and funding arrangements which support better co-working and case management, including giving services freedom to do things differently in interagency work;*
- *flexible funding to support “whatever it takes” for a particular individual;*
- *funding mechanisms which allow independent, cross-system case management and worker support which is defined by the needs of the young person rather than the mandate of a particular agency; and/or case management and consistent worker support which is independent of participation in a particular service and can travel with a young person;*
- *flexible criteria for service eligibility so young people are included, not excluded.*

*In particular, priority must be given to strategies which promote consistency of relationship and response over the long term. Achieving a greater level of consistency for vulnerable young people should be a major goal in policy, planning and service delivery.*

*Consideration should be given to increasing the level of outreach support available to homeless and at risk Aboriginal youth, including ensuring that case management and support is available to young people who self-select their accommodation.*

**RECOMMENDATION EIGHT: ACCESS ISSUES**

*At all points of service planning and delivery, strategies should be considered and developed to improve the access of Aboriginal young people to services.*

**RECOMMENDATION NINE: ENCOURAGING INNOVATION AND SUPPORTING SUCCESS**

*Knowledge of the extent of disadvantage of Aboriginal homeless and at risk youth; the complexity of their needs; their particular barriers to service and social participation; and the importance of cultivating innovation; should be key understandings which inform policy, planning and funding decisions at a head office and local level in all services to Aboriginal youth.*



# 1 Introduction

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## 1.1 The Study

This project was undertaken to inform planning by the Department of Human Services for accommodation and support services to Aboriginal young people in metropolitan Adelaide who are homeless or at risk of homelessness.

The research aimed to develop a better understanding of Aboriginal youth homelessness in the metropolitan area, and particularly the ways in which Aboriginal youth homelessness is both similar to, and different from, non-indigenous youth homelessness. The research has also tested out the applicability of the ideal-typical model of the “career-path” of youth homelessness proposed by Chamberlain and MacKenzie (1998) to Aboriginal young people. The study consisted of three major components:

1. A literature review
2. Interviews with Aboriginal young people who were homeless or at risk of homelessness
3. Interviews with service providers around case examples of Aboriginal youth homelessness.

Research in relation to youth homelessness has almost exclusively taken place with regards to non-indigenous youth. However, there are distinctive features in the life experiences, culture, attitudes and behaviour of Aboriginal youth which call into the question the applicability of these findings to Aboriginal young people.

A series of recent reports have heightened awareness in South Australia of the need to improve services to homeless and at risk Aboriginal young people, namely:

*A Window on Vulnerability* (SA Department of Family & Community Services, 1997)

*A Different View* (Department of Human Services, 1998)

*Homelessness in the Aboriginal and Torres Strait Islander context and its possible implications for the Supported Accommodation Assistance Program* (Keys Young 1998)

*Strategic Directions for Services to Aboriginal young people across metropolitan Adelaide* (Aboriginal Services, Department of Human Services, 1999)

These reports suggest:

- A far higher incidence amongst Aboriginal people of the risk factors associated with homelessness;
- The over-representation of Aboriginal people in the homeless population, and of Aboriginal young people amongst adolescents who lack secure, safe and stable accommodation;
- Differences in the causes and context of homelessness amongst Aboriginal youth;
- Patterns of behaviour which can result in Aboriginal homelessness being less visible and acknowledged;
- Barriers to service access for Aboriginal youth;
- The limited ability of the current service system to respond to Aboriginal young people;
- Particular difficulties in providing services to high-need youth, especially males with difficult behaviour and a history of involvement with the justice system.

Given the findings of these reports, there is a need to develop services which are more appropriate to the needs, wishes and patterns of behaviour of Aboriginal youth. It is also apparent that service planning and development must be built on a solid information base, and in a coordinated and networked service system which has the greatest potential to meet the needs of the target group.

## **1.2 Literature Review**

The literature review for the study explored the ideal-typical model of the “homeless career path” proposed by Chamberlain and McKenzie (1998) and analysed the broader literature regarding Aboriginal youth homelessness and effective service responses. Key texts which precipitated the research were also reviewed.

Despite an extensive literature search, few relevant texts were identified. The literature review has thus relied heavily on the key texts, not all of which were research-based. The lack of a strong body of knowledge in this area is concerning, and the development of such an evidence base is an important component in improving outcomes for these very vulnerable young people.

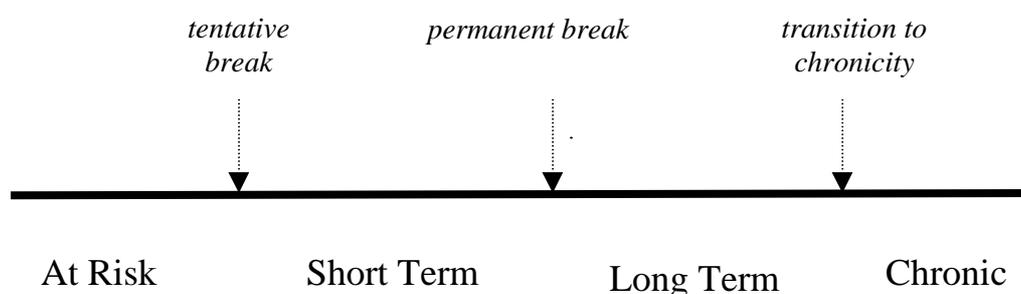
### **1.2.1 The ‘homelessness career’ model**

Chamberlain and MacKenzie have conducted a number of studies into youth homelessness in Australia (see bibliography). Their analysis of youth homelessness at an inner city and suburban youth service in Melbourne was followed by further research into the incidence of youth homelessness amongst secondary students. (In 1994 they conducted a national census of homeless students in which 1,921 government and Catholic schools across Australia participated.) They have also attempted to quantify the numbers of homeless youth through drawing together data from a range of sources (Chamberlain & MacKenzie 1998).

Chamberlain and MacKenzie (1998) have proposed that youth homelessness can be represented on a continuum with stages ranging from “at risk” to “chronically homeless”. This is termed a youth homelessness ‘career path’ in the sense that the young person’s experience of homelessness changes and progresses over time as they move along the continuum.

The model proposed by Chamberlain and MacKenzie is shown diagrammatically below. The model shows four stages in the ‘typical’ youth homelessness career, and three pivotal points which signal the transition from one stage or phase to the next. This does not imply that all homeless young people will go through every stage: young people may exit the “pathway” at any point.

**Diagram 1 : Homelessness ‘career’ pathway**



The value of the model is in conceptualising how young people can progress from first becoming homeless (perhaps a once-off or episodic event) to a much more serious situation of

chronic homelessness. As Chamberlain and MacKenzie argue, it is much harder to intervene and alter the life circumstances of someone who is chronically homeless. Understanding the points along this pathway may assist in identifying crucial intervention points and the way in which service responses should change as young people move further into homelessness. Key phases of the model are outlined below.

***Phase 1 : at risk of homelessness***

Chamberlain and MacKenzie argue that principally young people feel forced to leave home either because they feel unsafe (through abuse, neglect, violence, or an unsatisfactory home environment) or because of relationship conflicts. Leaving may be precipitated by conflict with parents and exacerbated by step-families or sole parent families. Any one or more of these factors may cause the young person to leave, triggering a *tentative break* from family and home. This tentative break occurs when the young person leaves the family home for at least one night without parental permission. This is usually 'run away' behaviour and most young people who run away stay temporarily with relatives or friends.

***Phase 2: Short-term homelessness***

In some instances the young person 'runs away' from home only once, and the event is not repeated. However, some young people embark on a period of running away from home and then returning, only to leave again. For some this may be a short-lived affair, others remain in this 'in and out' phase for a period of time. According to Chamberlain and MacKenzie most family reconciliations usually occur after a few days; they classify short-term homelessness as typically from one to twenty eight days in duration, with the longer the young person stays out of home in this phase, the more likely it being that they will make a *permanent break* from their family.

The *permanent break* is the significant 'marker' that determines that the young person has moved from short-term homelessness into the phase of *long-term homelessness*. When the young person has made a permanent break, they no longer think of themselves as belonging to the family unit, and believe they are unlikely to return to the family home to live on a continuing basis.

***Phase 3 : Long-term homelessness***

Long-term homelessness is characterised by young people being homeless for more than a month but less than a year. Hence the young person has had a significant period out of home, but critically they are likely to be still motivated to exit homelessness. They have made a permanent break from their own family and home, but are not yet ready to accept homelessness as a way of life.

The transition to chronicity can occur some months or longer after the young person has made the permanent break from their home and family and is marked by the young person *accepting homelessness as a way of life*.

***Phase 4 : Chronic Homelessness***

Chronic homelessness is defined as when the young person has been homeless for more than a year, regarding themselves as part of the homeless sub-culture and losing their motivation to be housed. Young people are likely to accept other aspects of the homeless sub-culture – petty crime, substance abuse, drug dealing and prostitution – as their norm.

The homelessness continuum proposed by Chamberlain and MacKenzie is based on the following concepts:

1. there are 'trigger points' at which the young person moves from one stage to another. The trigger points are important events for service providers and planners as they mark that the young person is progressing into the next, more severe stage of homelessness.

2. that there are 'stages' along the continuum which vary in length of time according to what is happening for the young person. Chamberlain and MacKenzie's analysis indicates that most young people will be homeless on a short-term or long-term basis. A significant minority are likely to be chronically homeless, with estimations being that:
  - between 30% and 40% of homeless young people will have a short-term problem (less than 2 weeks)
  - about 40% to 50 % will be homeless on a long-term basis (some months of homelessness)
  - between 15% and 25% will be chronically homeless (more than one year).
3. according to Chamberlain and MacKenzie, youth homelessness peaks at the ages of 16 and 17 years. However a significant proportion of homeless youth are aged 15 years and under.

The Chamberlain and MacKenzie model is based on research findings drawn from various samples of young people. The samples included Aboriginal youth and therefore provide some points of comparison between Aboriginal and non-Aboriginal young people. For example, in 1996 Chamberlain and MacKenzie administered a 'student needs' survey to 42,000 students. Part of the survey was an 'at risk of homelessness' assessment tool. The results found 20 % of the Aboriginal students were 'at risk of homelessness' compared with 12% for the total sample group and 12% for Anglo-Australian students only (Chamberlain & MacKenzie 1998). As Aboriginal students comprised 2.4% of the population but 8.4% of homeless students, they were found to be three to four times more likely to be at risk.

### **1.2.2 Homelessness amongst Aboriginal youth: causes and influences**

Commentators agree that the concept of homelessness has a different meaning and expression for Aboriginal people compared with non-indigenous. According to Keys Young (1998),<sup>1</sup> homelessness for Aboriginal and Torres Strait Islander people is different in the following ways:

- Homelessness is a bigger problem for Aboriginal and Torres Strait Islander people, statistically and in the extent and scope of the problem.
- Indigenous concepts of homelessness are broader than most contemporary concepts, and incorporate both spiritual and physical dimensions.
- Certain forms of homelessness in the indigenous community – such as overcrowding and transience - are largely hidden and tend to be overlooked.
- Homelessness in the non-indigenous community is usually seen to affect individuals whereas in the indigenous community, it often affects groups and families.
- Indigenous homelessness is commonly a recurring or intermittent condition rather than a one-off crisis.
- The causes and contexts of indigenous and non-indigenous homelessness are different.

**Overcrowding** and **escaping an unsafe or unstable home** are two significant influences on Aboriginal youth homelessness (Keys Young, 1998). Overcrowding can mean a young person is often the one most likely to have to give up his/her bed and compete for food when others stay. They will also not receive the attention they need from caregivers, and at worst may be at risk of physical or sexual abuse. Overcrowding affects the young person's ability to study and attend school or work and they will also feel the impact of financial pressure arising from visiting family members (Keys Young, 1998).

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<sup>1</sup> *It must be noted that the findings of the Keys Young report, along with most other documents on Aboriginal youth homelessness, are predominantly based on consultation, and not research. Conclusions need to be viewed in this light.*

Young people may remove themselves from home when it is unstable or unsafe, for instance because of drinking, fighting or overcrowding. Hence they may spend a lot of time away from home or find other places to stay for a few nights at a time. They can end up on the streets, staying with friends or other relatives, or at refuges. Moving around from place to place may provide a roof over their heads, but also mean there is little supervision and no adult taking consistent responsibility for them (DHS 1999). This can result in transience, and can lead young people into less than desirable situations with regard to drug use, involvement in crime and 'street culture' (Keys Young, 1998; Jordan, 1995).

Because of kinship and cultural obligations, it is believed most homeless Aboriginal and Torres Strait Islander youth can find somewhere to stay. This disguises the fact that they are actually without their own accommodation, and can serve to hide the extent of homelessness within the community (Turner, date unknown). While cultural obligations and extended family provide a 'buffer' between young people and living 'on the streets', there is evidence that extended family support networks are becoming less effective, and it is increasingly difficult for families to accommodate 'extras' due to the cost of care, the impact on the extended family, and vulnerability within the extended family itself (MSJ Keys Young, 1991).

Keys Young (1998) concluded that homelessness for Aboriginal adults is caused either by (1) physical/structural factors or (2) social factors; this also holds true for youth. In terms of physical/ structural factors, indigenous people have limited access to secure affordable housing, both long and short term. The participation of Aboriginal youth in the private rental sector is very low, and Aboriginal youth are not as likely as non-indigenous to be found living alone or living together in group households (ABS, 1997). In his study of at risk youth Jordan (1995) found comparatively fewer Aboriginal and Torres Strait Islander youth were living independently: 19% of Aboriginal and Torres Strait Islander youth compared with 33% of non-indigenous youth were renting at the time of his study.

Vulnerability may be exacerbated by the reluctance of some Aboriginal youth to use services. For example, a survey of vulnerable youth undertaken in South Australia found Aboriginal and Torres Strait Islander youth were under-represented in SAAP services (relative to their level of need): Aboriginal and Torres Strait Islander youth comprised only 2.9% of all the young people using SAAP during the survey period (DHS, 1998).

Young people are strongly affected by some of the social factors associated with homelessness. Social and historical forces have created a legacy of disempowerment and disadvantage. The impacts on young people are seen in the pressures on family, kinship and community networks, the loss of parenting skills, and cultural transition issues (Keys Young, 1998). Children may live in chaotic and disturbed environments, with poor parental relationships, and may be inadequately supervised, perhaps leading to involvement in anti-social or risky behaviour.

In research by Jordan (1995) Aboriginal youth reported that the most common reason for leaving home was arguments with parents or other family members, followed by:

- parental alcohol problems
- sexual, physical, and verbal abuse
- other problems in relation to parents
- desire for freedom
- being evicted from the home.

Aboriginal and Torres Strait Islander youth would seem to share these reasons for leaving home with non-indigenous youth. However, Jordan distinguished a distinctive sense of powerlessness and despair: Aboriginal and Torres Strait Islander youth reported feeling

trapped in a hopeless situation and unable to respect their parents and their parent's generation (Jordan, 1995).

Jordan also noted differences in the profile of homeless Aboriginal and Torres Strait Islander and non-indigenous youth, namely that homeless Aboriginal and Torres Strait Islander youth were more likely to come from a stressed or difficult home background; had lower levels of educational attainment; and were worse off on other indicators of disadvantage.

The literature thus suggests:

- Young Aboriginal people leave home prematurely for the same sorts of reasons as other young people, principally as a result of family conflict and breakdown, abuse and neglect. However, Aboriginal youth live with a level of disadvantage greater than other youth, and the precipitators of early leaving are likely to be more severe.
- Family and historical factors play a significant role in the situations leading to homelessness. While young Aboriginals report that they may leave home because of family conflict or abuse, this may be more extreme and take different forms to non-indigenous youth. Evidence is that over-crowding is very common, alcohol abuse is widespread, and poverty levels are higher. These factors are compounded by historical factors that are unique to indigenous people, most notably the legacy of the removal of children.
- Once they have left their home of origin, the pattern of homelessness seems to be different for indigenous young people. Most notably, they are likely to find accommodation (perhaps insecure and irregular) within their extended family. While this may meet immediate needs for food and shelter, it is not likely to be an adequate response to the need for secure accommodation, supervision and guidance.
- There are far more pronounced barriers to secure housing tenure— private rental and public housing – for Aboriginal and Torres Strait Islander youth compared with their non-indigenous counterparts. Their under-utilization of mainstream emergency accommodation services also appears to limit options for this group.

However, it must be emphasised that these conclusions do not rest on a strong research base.

### **1.2.3 Service models in relation to Aboriginal youth homelessness**

Research into the current patterns of service usage by Aboriginal youth indicate that homeless Aboriginal youth have a range of difficulties in accessing services to meet their needs. A South Australian study found:

- Aboriginal youth have different patterns of service usage to non-indigenous youth: they are more likely to receive services at the 'harder' end of the government system (ie in young offender services and foster care), and
- an absence of appropriate services for Aboriginal youth (DHS 1998).

Furthermore, Aboriginal and Torres Strait Islander youth at risk are:

- less likely to make voluntary approaches to services for assistance
- more likely to want an immediate practical response such as help with money or transport
- more likely to 'fall out' of the system in the process of referral and re-referrals; and
- far more likely to be in contact with services because they are legally required to do so (DHS 1998).

Similarly Jordan (1995) identified that Aboriginal and Torres Strait Islander youth tended to make contact with services in different ways, for example:

- fewer were able to find the service by themselves (5% of Aboriginal and Torres Strait Islander youth compared with 11% of non-indigenous youth)
- they were more likely to be seen for the first time when staff went out into community seeking clients (47% compared to 34% of non-indigenous youth)
- specific patterns of behaviour influenced their ability to take up services (for example, Aboriginal and Torres Strait Islander youth had more difficulty obtaining and retaining DSS payments because they did not frequent the city during the day but came in on Friday and Saturday nights.)

Access was also affected by the fact that it can be considered ‘shameful’ for young people to be seen using services by their families (Jordan,1995).

### **1.3 The research hypothesis**

On the basis of the key reports which acted as triggers for this study, and the existing literature, the following hypotheses were developed for exploration:

1. There are different triggers for entry to a homeless life-style for Aboriginal young people compared with non-indigenous youth. Whereas family conflict is likely to be the precipitating factor for non-indigenous; Aboriginal youth are more likely to have had long term experiences of transitory life-styles or instability. The lifestyle may also be a pattern of behaviour learnt from family. Standard of accommodation with family is also a more significant factor (including overcrowding), as is the influence of peer group (ie wanting to go with friends).
2. “A lifestyle characterised by a high degree of unstable and unsafe living arrangements, and the lack of adult support and care” may be a more appropriate descriptor of the lifestyle of Aboriginal young people in this target group than “homeless”.
3. Most Aboriginal young people in the target group are secondary homeless (ie moving frequently from one form of temporary shelter to another), as opposed to primary homeless (sleeping rough).
4. Most of the young people in this target group have patterns of drug and substance abuse.
5. Homeless Aboriginal young people tend to maintain better relationships with their family than do non-indigenous homeless youth. They are less likely to make “a permanent break”, and will maintain contact, including moving in and out of family homes. The concept of family will also be different, and will include an extended family network.
6. The juvenile justice system is the major point of contact between Aboriginal young people in the target group and the service system. Aboriginal youth are less likely than their non-indigenous peers to voluntarily seek assistance.
7. Aboriginal youth tend to self-select their own accommodation within their own networks. Supports other than accommodation should therefore be provided.



## 2 Methodology

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### 2.1 Defining homelessness

The target group for this project was Aboriginal young people in the metropolitan area of Adelaide who are homeless or at risk of homelessness. Homelessness is defined in the SAAP Act (1994):

- “A person is homeless if, and only if, he or she has inadequate access to safe and secure housing. A person is taken to have inadequate access to safe and secure housing if the only housing to which the person has access:
- (a) damages, or is likely to damage, the person’s health; or
  - (b) threatens the person’s safety, or
  - (c) marginalises the person through failing to provide access to:
    - (i) adequate personal amenities; or
    - (ii) the economic and social support that a home normally affords; or
  - (d) places the person in circumstances which threaten or adversely affect the adequacy, safety, security and affordability of that housing.

This definition is broad and difficult to operationalise. It raises particular questions with regards to children and young people: for example, does it include all children and youth who are in families which fail to provide safe and stable care, and those in unstable foster placements?

Chamberlain and MacKenzie’s definition of homelessness (1992) is receiving increased acceptance across Australia. This definition identifies three levels of homelessness:

<b>Primary homeless:</b>	“Sleeping rough” and lacking conventional accommodation.
<b>Secondary homeless:</b>	People who move frequently from one form of temporary shelter to another and including people in SAAP accommodation.
<b>Tertiary homeless</b>	People who live in boarding houses on a medium to long-term basis.

Although this definition is helpful, questions still remain regarding the circumstances in which young people and children should be defined as homeless. A better approach to “tertiary homelessness” may be identifying the elements of boarding house residence which place a person in the homelessness category and then extending these to others in similar circumstances (i.e. lacking secure tenancy and a socially acceptable standard of accommodation). Cultural norms and aspirations, for example, around stable accommodation, especially for Aboriginal people, also needs to be considered. However, this definition has been adopted for this study, as an operationalisation of the SAAP definition.

### 2.2 Interviews with young people

Homeless Aboriginal young people are a highly vulnerable, transient, hidden and hard-to-reach population. As Booth (1999) has identified, conducting research with such a population demands special strategies in making contact with the potential interviewees, structuring interviews, and responding to issues raised in interview. It is also important that the impact of experiences of powerlessness and stigmatisation is recognised, and the process of interview seeks to be empowering and respectful.

Participants were contacted through key services. Services were briefed about the study and invited to identify young people from their clientele who fell within the target group. An attempt was made to gain:

- Equivalent numbers of males and females
- A spread across the age range for the project (12 – 18)
- A spread of young people at different points of the “homeless continuum”.

Services were provided with a flyer which they could use in discussing the project with their client.

Interviews were conducted with twenty Aboriginal young people. Reimbursement of \$20 was provided to participants. Interviews were conducted in a place nominated by and convenient to the interviewee. The interviewer was not indigenous: young people were advised of this, and invited to bring a support person with them if they wished (which two did). On reflection it seemed that the non-indigenous interviewer did not create a barrier, and the skills of the interviewer were perhaps a more important factor than cultural identity. The interviews were very open and frank discussions, with most lasting for between an hour to an hour and a half. Young people disclosed many intimate details of their lives, a sure indication that they felt safe and respected.

Interviews were semi-structured. Broad areas around which information was sought were:

- Family background and relationships
- Support people
- A life history according to their moves (where they had lived, when, with whom, and why they moved)
- Key issues in their current situation (education, friendships, life-style, accommodation, problems)
- Services and “helping people” that they have used/are in contact with
- Positives and negatives about services, and what they want in terms of support.

Young people seemed to appreciate the opportunity provided in the interview to tell their story and some expressed the hope that relating their experiences could contribute to better outcomes for others: wanting to help things change was a common motivation for participation.

The major tool for the interviews was an A3 booklet constructed to allow the young person to record their life-story. The booklet (*“Moving Yarns”*) featured a cover painting by a local Aboriginal young woman. Young people could choose to use the booklet in the interview, or simply talk with the interviewer. Generally, older youth (16 and over) chose not to use the book, although all were interested in the painting and enjoyed looking through the book.

The interviewer gave young people the choice of filling in the booklet themselves, or working on it together. Two chose to have the interviewer scribe. The interviewer also obtained their permission to write her own notes. In some instances young people chose to “censor” what went into their book: they were happy to tell something to the interviewer and for her to write it in her notes, but did not want it in their books.

Using the book was a highly successful strategy. It provided an opening focus and ice breaker. It was less direct and more enjoyable than a question-and-answer format and took pressure off young people, for example, enabling them to avoid eye contact. It allowed for more symbolic (drawing) renditions of their story, and fostered a sense of control over interview. Many intensely enjoyed filling in their book and some gave considerable attention to decoration and lettering, showing pride in the result. The books were later returned to those who wished to keep them.

A proforma to guide the analysis of the interviews was developed and later used to code and order content. The process for analysis was similar to the “framework approach” described

by Bryman & Burgess (1994) in which qualitative material is systematically sifted, charted and sorted according to key issues and themes. On the basis of the coding, some statistical analysis was conducted, including cluster analysis.

The relatively small size of the Aboriginal community (and of homeless Aboriginal youth) creates particular problems in safe-guarding privacy. Consequently, names and some identifying details have been changed in this report, and multiple names may be used throughout this document to mask identity.

### **2.3 The Case Studies**

Interviews were conducted with nine workers from services (three inner city youth services, four SAAP services and two statutory welfare services.) Each worker was asked to discuss a client (aged between 12 and 18 years) they were currently working with or had worked with in the last 12 months.

The interviews were semi-structured, and focused on areas similar to those in the client interviews, with additional questions regarding service system issues and their views on the distinctive nature of Aboriginal youth homelessness.

### **2.4 Limitations and strengths of the research**

Conducting research with such a hard-to-reach and vulnerable population almost inevitably requires pragmatic compromises, particularly with regard to group selection. The sample was not random, was relatively small, and those interviewed were invited to participate through services. However, the primary purpose of qualitative research is not to examine a representative sample, but to explore an issue in depth (Marshall & Rossman 1989).

The consistency of themes that emerged through the interviews, and their consistency also with the broader literature and practice experience, suggests that this was achieved and the sample was at least indicative of the range of experiences of Aboriginal young people who are homeless or at risk of homelessness. Contacting young people through services with which they had a relationship, although creating the possibility of bias, also helped establish trust between interviewer and interviewee.

Due to the tight time frame for the study, there was no opportunity to pilot (although the booklet was “tried out” with a small group). Inevitably, there was learning through the course of the project. In particular, a second round of interviews would more specifically question around themes which were not originally anticipated (eg the impact of ill health across the family network on housing outcomes for youth).

The interview approach was designed to ensure participants were in control of what was revealed. Consequently, the interview product was a record of what the young person wanted to tell, the depth and range of which varied from person to person. The interviewer was aware that often this was a considerable “undertelling” of the young person’s story due to memory, withholding, re-editing or reordering their history. No single interview could adequately capture the complexity and threads of a whole life story. Again, this is an almost inevitable reality for such research. The analysis of the interviews has, therefore, been carefully based on the awareness that the information is not exhaustive. For example, many young people chose to disclose histories of child abuse or neglect. It cannot be assumed that those who did not choose to make such a disclosure have not been abused.

On the positive side, the project was one of the first systematic, research-based study on Aboriginal youth homelessness in Australia. It was also the first to conduct in-depth interviews with homeless Aboriginal young people, and twenty interviews were successfully completed with a very hard-to-reach population.

The interviews themselves were successful, using an innovative methodology of story-book which has applicability for other research. The interviews were rich and candid, and the researchers were regularly surprised by the willingness of the young people to disclose very intimate details and strong personal feelings.

The result is, we believe, a significant contribution to knowledge about homelessness and vulnerability amongst Aboriginal young people. It is also an opportunity for the stories of this hidden group to be better known.

## 3 “Telling our story”

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### 3.1 The participants

Twenty young people were interviewed in the study. After interview it was decided one young man did not fall within the target group. The following analysis is therefore based on nineteen interviews.

Participants were nominated by services. The resulting sample was shaped by both the willingness of young people to participate and the nature of the services through which recruitment occurred. For example, voluntary (non-mandated) services universally report that young women are more likely to use services than young men, and are also more able and willing to talk about their situation. The study found it difficult to recruit males for these same reasons. Consequently, interviews were conducted with thirteen young women and six young men. The males were all contacted through non-voluntary services (juvenile justice or child welfare). This reflects the reality that the most significant pathway to services for vulnerable Aboriginal young people in South Australia, and particularly young men, is the juvenile justice system, and to a lesser extent the care and protection system (DHS, 1998).

Five young people were interviewed in youth detention centres where they were held on either remand or detention. This “captive” group in detention were easy to recruit and interview, a considerable advantage with such a transitory and hidden target group. It is also known that the population of youth detention centres includes some of the most vulnerable young people in South Australia, who frequently circle in and out of custody. For some, lock-up becomes the most stable and safe place in their life (as one girl exclaimed during interview when asked about her use of health services: *“Healthy! The only time we’re healthy is when we’re inside”*.)

Ages ranged from eleven to twenty, with an average age of 15. Female participants were, on average, slightly older, with a mean age of 16, compared to 14. One of the young women had three children under five with her in a SAAP shelter, and another was pregnant.

Most (eleven) were subject to a legal order. Five were under the Guardianship of the Minister, and seven were on young offender orders (four were remanded in detention; one was on a detention order, and two were subject to a legal obligation (bond)). One young person was on both a young offender and care and protection order.

Most were in some form of education or training. Nine attended school, mostly part-time and irregular; one attended a special educational facility for young people with extreme behavioural disorders; three were attending TAFE or JPET; and one attended school in detention. Four were not involved in any education, training or employment.

The following table summarises where young people had stayed the night prior to interview, and demonstrates the broad spread of arrangements, with five living with family members and seven in statutory care.

**Table 1: Current accommodation by gender**

<b>Current Accommodation</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Detention	3	2	5
SAAP	3	.	3
Mother	2	.	2
Aunt	1	1	2
Foster Care	1	1	2
Friends	2	.	2
Grandmother	.	1	1
SAHT Direct Lease	1	.	1
Other residential service	.	1	1
<b>Total</b>	<b>13</b>	<b>6</b>	<b>19</b>

The young people had different current experiences of homelessness. Table 2 records the interviewer’s assessment of their housing status at the time of interview.

**Table 2: Housing status by gender**

<b>Housing Status</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Currently homeless	5	.	5
Currently moving in and out of home	3	.	3
Currently highly transient or mobile	.	1	1
Currently at risk housing status (features of instability or vulnerability in housing arrangements)	1	2	3
Currently in stable accommodation but will be at-risk in the future	1	2	3
Currently housed	3	1	4
<b>Total</b>	<b>13</b>	<b>6</b>	<b>19</b>

Identifying housing status and categorising young people as homeless or at risk of homelessness, is not straightforward. The definitions used for this purpose have been outlined in the Methodology. These definitions have been applied conservatively, and arguably young people who were classified as “at risk” could have been included as homeless, due to the degree of instability and lack of safety in their arrangements.

The five young people who were rated as “currently homeless” were staying either in SAAP accommodation (three) or with friends (two). Four had very long-term experiences of chronic homelessness whilst the other had been out of home for one week.

Four others were either highly transient or had well-established patterns of moving in and out of their home base. Although they were not classified as “homeless” for this study (and would not have described themselves in this way), three would clearly fall within the SAAP definition of homeless – ie where they lived failed to provide adequate stability and safety.

Three were currently accommodated, but with instability or vulnerability in their housing arrangements that placed them at risk, and again were arguably homeless. For example, one was staying with an aunt, but on a very casual arrangement (he could sleep there, but there was no commitment to care or support, either financially or emotionally).

Of the three who were currently in stable accommodation but would be at risk in the future, in two cases the accommodation was a condition of their young offender order, and previous instability would recommence after the expiry of the order.

Most were currently using or moving between a number of forms of accommodation, usually including family networks (Table 3):

**Table 3: Forms of accommodation currently used**

<b>Accommodation / living situation</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
With parents	6	.	6
With extended family	3	4	7
Foster care	1	1	2
Secure care	3	3	6
SAAP shelter	3	.	3
Sleeping rough	3	1	4
With friends	4	1	5
Independent living	1	.	1
Other	1	1	2

Nine were currently only living in a single form of accommodation: for three, this was foster care; one independent living; one with a friend; one long-term detention; one in a medium-term SAAP shelter; one with extended family, and one with their mother. However, for all there were still elements of insecurity in their arrangements which made long-term viability questionable.

The remaining ten were highly mobile at the time of interview, predominantly moving between various family members and friends or sleeping rough.

## **3.2 Pathways into homelessness**

### **3.2.1 The start of instability**

Young people were asked to identify when they started “moving around” (Table 4). The answers were revealing, and indicated the long term, or “most of life” experience of instability.

Two major groupings emerged: those who identified they began moving before the age of seven (12 young people, with eight at four years or younger), and then the early teenage years (seven). This suggests two major pathways to instability or homelessness:

1. Through disruption of the basic parent/child or caregiving relationship at an early age
2. Through crises and conflict in the early teenage years.

In their narratives, most (14) identified they had at least one change of caregiver before the age of ten, and usually multiple changes, suggesting the link between early instability, and in particular, early disruption of caregiving, and youth homelessness.

**Table 4: Age housing instability began by gender**

Age housing instability began (years)	Female	Male	Total
1	2	2	4
3	2	-	2
4	1	1	2
5	1	-	1
6	1	-	1
7	-	2	2
11	1	-	1
12	2	1	3
13	3	-	3
Total	13	6	19

### **3.2.2 Child abuse and neglect**

Through the course of the interviews, nine young people voluntarily disclosed abuse by a caregiver. Five described severe emotional abuse, five physical abuse, five neglect, and two sexual abuse, with six describing multiple forms of abuse. (This can be assumed an under-counting of abuse experienced: not all would have been disclosed, and arguably, all the histories constituted emotional abuse and/or neglect.)

Abuse was a significant influence on the progression into homelessness. It was sometimes the trigger for removal from a parent or part of a sequence of events which led to placement in care or moving into the care of another family member. It could also precipitate running away.

*Abuse was a dominant theme in Kate's story, beginning with extreme physical abuse by her father at age four which resulted in permanent injuries. This led to her living with a number of different people in her extended family, one of whom sexually abused her. She was then placed in care, but kept running away and back to her Nana. However, Nana's house was a chaotic environment marked by drugs, drinking and violence in which she was again sexually abused. She was placed back in foster care, moving through a series of placements, including one in which she was again abused. She says she is tired of moving around.*

Four participants had entered the care and protection system as a consequence of abuse in early childhood, having placements with both relative and non-relative carers. However, government intervention had not provided a pathway to stability, and they had experienced multiple caregivers.

*Gavin says he was removed from his mother's care after his step-father hit him with a big pole. He has had multiple placements, and says he hates moving around. Gavin says his behaviour is very difficult, he has "an anger management problem" and foster parents can't cope with him. He often runs away.*

Young people bore both physical and emotional scars from their abuse. Extreme anger was apparent in some interviewees:

*According to Angie "I fucking hate my mother because she cut me with a knife and that's what I'd like to do to her". Angie described a history of extreme physical and emotional abuse in her early years, which led to placement in care. This began a chronicle of moving around between family members and foster placements.*

### 3.2.3 From place to place

Most participants had lived in many places and with many different people. Some could not, or did not want to, remember all their moves. The following table summarises the forms of accommodation which young people identified and must again be taken as an under-counting.

**Table 5: Forms of accommodation over life course**

Accommodation / living situation	Female	Male	Total
With parents	10	6	16
With extended family	13	6	19
Foster care	8	3	11
Residential care	1	1	2
Secure care	4	3	7
SAAP shelter	6	-	6
Squats	3	-	3
Sleeping rough	6	1	7
With friends	6	3	9
Independent direct lease	4	-	4
Other	2	2	4

*Note: participants may have lived in multiple forms of each accommodation (eg with more than one foster carer)*

All reported living in at least two kinds of accommodation, with an average of 4.6. One young person had lived in nine of the ten options.

All had lived with extended family (and usually with a number of different caregivers). Three said they had never lived with their parents, and had been cared for by a grandmother since birth.

Most had lived in foster care for varying lengths of time, ranging from short stays in emergency care to multiple placements over years. Staying with friends was also common, as was sleeping rough (usually in the inner city.) Those who slept in squats or slept rough usually did so with peers - friends or cousins - though two had slept in the Parklands with their homeless parents. Six had lived in SAAP shelters (for one young man, this was in the company of his mother as a child).

Young people moved around for a raft of reasons (Table 6). Most commonly, they moved to get away from conflict, whether directed at them or between other members of the household. Conflict with non-family members in the home caused moves in four cases (for example, conflict with other children in a foster home), and five reported escaping violence or intimidation as a major precipitant for moving (including two cases of domestic violence from a partner).

Lack of appropriate care was cited by eleven, and included abuse or neglect in families or foster care. Lack of care in families was usually associated with alcohol or substance abuse and a high degree of chaos.

The temporary nature of arrangements (for example, staying with friends) was the most often cited reason for moving, and impermanence and instability were common experiences. Often young people saw going to stay with friends or other family, or living on the streets for a while, as “having a break” from conditions at home. Home was a difficult place to be, due to conflict, violence, and alcohol and substance abuse. However, their “respite” often placed them in other kinds of risk: their time on the streets was when they used substances or got into

trouble with the police. For some, these patterns (moving in and out of home) had been continuing for years.

**Table 6: Reasons for moving from accommodation by gender**

Reasons for moving from accommodation	Female	Male	Total
Family conflict	11	3	14
Conflict with others	3	1	4
Not wanted	3	-	3
Health issues	2	-	2
Substance abuse in home	3	2	5
Alcohol abuse in home	3	2	5
High level of chaos in home	3	2	5
Lack of appropriate care	5	6	11
Temporary arrangements	10	4	14
Overcrowding	1	-	1
Restrictions/rules	2	2	4
Violence/intimidation	1	2	3
Excessive responsibility	4	1	5
Eviction	2	-	2
Not comfortable with strangers	1	1	2
Financial problems	3	1	4
Uncomfortable/not belonging	4	1	5
Legal order ceased	3	2	5
Felt isolated	2	1	3
Other	8	3	11

*(Note that young people could have had multiple moves for the same reason but the reason is only counted once).*

The difference between a roof overhead and a home emerged in the instances where young people moved because they felt unwanted, isolated or uncomfortable living with strangers. This was reported most often in foster care (for six), but also when living with extended family and in SAAP:

*Alison was moved back and forth amongst members of her extended family for years. She never felt she belonged, and believed she was treated differently to other members of the family. She described a raft of issues with various caregivers, including alcohol and substance abuse and family feuds in which she felt used as a pawn. She took off and began living on the streets, usually in a squat. She was very young, and made contact with an inner city youth service. Protective services social workers were involved, and tried to organise a return to her mother. However, Alison’s mother did not want her back, which hurt Alison deeply. A placement with an Aboriginal family was arranged, but she only stayed one night: “They were nice people but I felt really inadequate. I didn’t want to be a foster kid. I didn’t want to be put in that category “foster kid”. I didn’t want to be with strangers, having to fit into a foster family”. Looking back, Alison thinks perhaps she could have settled in the family, but was too angry and anxious. She has also lived in a number of SAAP shelters, but hasn’t stayed in any long (in one instance, she cited the age restrictions of the service – she was under 15 and they wouldn’t keep her – and in another case she felt too isolated). She also was placed in a residential care unit but ran away: “It felt like a jail. I didn’t want to be a welfare kid in a government unit”.*

Four cited restrictions or rules in government-funded accommodation (foster care, residential care, or SAAP) as a reason for moving. These young people had lived highly independent lives with minimum supervision from a very young age, and adjusting to a stricter regime was too hard. Inappropriate independence emerged strongly through the interviews, and made young people bad candidates for both formal accommodation options and case management. Alison spoke for many when she said:

*“Government Units and foster homes: they have too many rules and curfews, they try to run your life....Workers are too bossy and pushy, government services are too professional and uptight”.*

Excessive responsibility was cited as a trigger for moving for five youth. Often this involved care of younger siblings when an adult was incapacitated due to alcohol or substance abuse or ill health.

*Brian had lived with members of his extended family for a number of years. At the age of 11, he went to live with his mother, who by this time had four other children under six. “Mum would go out at night and drink and leave me with the kids to look after. I didn’t know what to do with the kids or how to look after them, it was too much for me”. Brian felt overwhelmed, not knowing how to change nappies, feed, or deal with young children, and headed off.*

*Amanda was living with her father when she was thirteen. Due to his drinking there was no money or food. Amanda and her siblings were largely left to their own devices, and an elder brother began drinking heavily. Amanda and her younger sister (aged 10) began to spend a lot of time on the streets, sniffing, and smoking yandi. Angela took on the responsibility of getting food for herself and her sister, and got a few part time jobs, including at a restaurant where she got a free feed on the nights she worked. Angela eventually decided she and her sister had to leave.*

Financial problems were a direct precipitant for moving for four young people, due to families having no money for food or basic goods, or a young person “not being on the pension” of an adult caregiver:

*At age 12, Andrew went to live with an aunt to escape his mother’s abusive and violent behaviour. However, he was unhappy there: “She wouldn’t look after me or herself, and spent her money on the pokies”. There was little food: “only the basics”, ie bread and milk. For the next few months, Andrew moved back and forth between mother and aunt. He then moved to stay with the family of a friend, alternating between this house and inner city squats and the Parklands. After a period in secure care he went to live with another relative. However, “I’m not on her pension yet and there isn’t any money for me”. Consequently he moves in and out and often sleeps up town, and gets food from a number of places so as not to be a burden.*

### **3.2.4 The triggers for homelessness and instability**

Table 7 summarises major reasons which young people identified as the cause of their homelessness. Primarily these related to family issues: conflict, violence, relationship breakdown, abuse, alcohol and substance misuse.

**Table 7: Self-identified reasons for homelessness or instability**

<b>Reasons for homelessness / instability</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Family conflict	6	2	8
Family breakdown	5	1	6
Respite from home	4	-	4
Abuse	2	1	3
Substance abuse in home	1	2	3
Alcohol abuse in home	2	-	2
Danger/violence in home	2	1	3
Placement in care	1	1	2
Parental rejection/abandonment	1	-	1
Other	3	2	5

Post interview, the interviewer also made a judgement with regard to the major triggers for homelessness or transience for each participant:

**Table 8: Interviewer assessment of major triggers**

<b>Assessment of major triggers for</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Family conflict	6	1	7
Family breakdown	6	2	8
Overcrowding	1	-	1
Home unsafe	2	3	5
Conflict with others in home	2	2	4
Learnt transience	1	2	3
Experiences in care	2	1	3
Child abuse	6	3	9
Excessive responsibility	2	-	2
Lack of care in family	4	3	7
Lack of care in foster care	2	1	3
Lack indept living skills	1	-	1
Other	3	-	3

The link between child abuse or neglect and homelessness/transience clearly emerged in the interviewer’s assessment. The strong sense for the interviewer was of young people unable to live in their home because conditions (notably, relationships and safety) were untenable, then failing to achieve stability or safety through family networks or in the care and protection system. This precipitated homelessness.

### **3.2.5 Pathways into homelessness**

Statistical cluster analysis identified two distinct groups with regards to pathways into homelessness:

**Cluster One:** Those who had *relatively* stable accommodation until their early teen years. These had less changes of caregivers, had experienced less abuse, and were more likely to have a positive relationship with at least one parent (seven of those interviewed).

**Cluster Two:** Those whose instability began at an early age (ie before the age of seven), and had early disruption of the parent-child relationship. These had longer histories of housing instability, were more likely to have experienced child abuse and neglect, had at least one change of caregiver before the age of ten, and had negative (or no) relationship with their parents. The majority (12) were in this cluster.

Those in the first category perhaps fit the “usual” understanding of youth homelessness (as depicted, for example, in the report of the Prime Minister’s Taskforce on Youth Homelessness (DFACS 1998) or in the model by Chamberlain and MacKenzie (1998)). However, it must be emphasised that even these young people came from families in which there were chronic and complex problems, and most had already had a number of earlier moves (eg between family members). Their housing and care had been relatively stable. Young people did not come from families experiencing a short-term crisis, but from families living in crisis, for whom perhaps one more event served as a trigger to disintegration. Identified triggers included a care-giver becoming incapacitated (due to ill-health or following a death), or the young persons’ own distress at a family trauma (eg parental separation).

Only one young woman fitted the “classic” model of a young person in “short term homelessness” for whom an early intervention service was urgently required to prevent the

slide into a chronic life-style. Even in this case, however, issues were unlikely to be easily resolved:

*Jenny is fourteen. She ran away from home a week ago and is staying with a friend (a young woman with a long history of homelessness who has just moved into her own accommodation). She started running away last year, but until now, always returned home. She says that this time she has left for good. She knows her parents are looking for her and is scared of being found. Jenny says she runs away because of the fights and violence between her parents: "I go when they start again". She used to stay in her room when the fights were on but now "Mum brings me into it" and she feels unable to cope. She would return home if her parents stopped the violence. Until last week, Jenny was a full-time secondary student. She doesn't know where she will live or where to go to get help. She has no money and no information about services. She said she had rung a social worker on the morning of the interview, but they said there was nothing they could do to help her.*

The young people in Cluster 2 had very little experience of safe, stable accommodation in which their basic needs were met and arguably had been homeless for most of their lives. Further examination of their stories and histories suggests those in Cluster 2 could in fact be divided into two "sub-groups":

**Cluster 2(a)** Those who entered the statutory care and protection system (and then had placements with either/both family members or non-relative caregivers):

**Cluster 2(b)** Those who predominantly remained within the networks of their family, though usually experiencing multiple moves across their family system.

For example, Gavin falls within Cluster 2(a):

*Gavin was placed in care when he was a young boy due to severe physical abuse from his mother's de facto. He has experienced at least seven placements, and still does not have a permanent placement or home.*

Greg is example of a young person in cluster 2(b):

*Greg (aged 14) lived with both parents until they separated when he was two: he has not seen his father since. He moved interstate with his mother, where they lived with an aunt for a couple of years. They moved again, and lived with his grandmother. Greg says his mother then "took off". A couple of years later she returned and resumed care of her children. They moved interstate again to live with another relative. Greg said his mother would often disappear and leave them. They only stayed a little while before moving back to Adelaide. Greg then started living with his Grandmother. Some time later he moved back with his mother, however he says this did not work out due to her drug abuse. He went back to Grandma. Grandma is still his base, but Greg often takes off and stays with friends or cousins for weeks at a time to get away from the problems at Grandma's house.*

### **3.3 Family business**

Family is central in Aboriginal culture, with a far more inclusive and extended concept of family than usually exists amongst non-indigenous people. The practice of children and young people living across a family network is also much more widespread.

One of the hypothesis of the research was that homeless Aboriginal young people would tend to maintain better relationships with their families that do non-indigenous youth, being less likely to make a permanent break and more likely to maintain contact or live with family, and that the concept of extended family would be important to these young people.

### **3.3.1 Relationship with parents**

A high degree of conflict, ambivalence and anger was evident in relationships between young people and their parents, and lack of consistent parenting and parental support was a distinguishing feature of their lives. Only two said they had good relationships with a parent (one with both parents, and the other with their mother, but not father). Four had one parent who was dead.

Eight had virtually no contact with both parents. This loss of contact had been long term. Three viewed themselves as abandoned when infants. Absent parents were described as having life-styles characterised by high levels of transience, and alcohol and substance abuse.

*Ben's parents split up when he was a baby. His mother lives in Queensland, and he hasn't seen her for years. He says she did not want him, and he was sent to live with his grandmother straight after birth. He doesn't know where his father is: dad "moves around a lot" and he has no contact with him "cos he's alcoholic, too violent when he drinks". Ben used to visit his father when he was very young but on one visit his father physically assaulted him. Ben says he now has learning difficulties, epilepsy and memory problems as a consequence of the head injuries he suffered.*

The remaining nine were in some contact with at least one parent but described highly conflictual relationships. Seven had no contact with one parent, and a conflictual relationship with the other, while two described an extremely high degree of conflict with both.

The absence of fathers was particularly noticeable. Only one girl had a positive relationship with her father, and only two others had any regular contact with their fathers (and these were highly conflictual relationships). Most had had little or no contact with their fathers over their life course.

Anger towards absent, abusive or unreliable parents was strong:

*"I fucking hate her" (young woman, aged 15)*

*"Mum won't stop using drugs so it's not up to me to care about her anymore" (young man, aged 12).*

### **3.3.2 Primary family relationship/caregiver**

While mapping their families, young people were asked to identify their primary family relationship or caregiver (Table 9). For most, this was with someone other than a parent, reflecting the common experience of breakdown of parent-child relationships. Family links remained, however, and extended family played a significant role in their lives

**Table 9: Primary family relationship/caregiver by gender**

<b>Primary relationship</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Both parents	2	-	2
Mother	4	-	4
Grandmother	3	4	7
Aunt	1	1	2
Sister	3	-	3
None/unclear	-	1	1
<b>Total</b>	<b>13</b>	<b>6</b>	<b>19</b>

Current significant extended family relationships were all with women – grandmas, aunts and sisters. Grandmothers were most frequently identified, and had often been the long term or

predominant carer. The role of same-age siblings was also important, providing emotional connection and a sense of family.

Eight young people felt they had a good and supportive relationship with their key family member (including all who nominated a sibling). Most (10), however, did not have a positive relationship, with eight describing some level of ambivalence and conflict and a lack of support, and two a high level of conflict. Thus, though almost all had a family connection, its quality was problematic.

### **3.3.3 Living with family**

Extended family were probably more significant as caregivers than would be expected in a comparable group of non-indigenous youth, and all participants had lived with extended family. Extended family had often been the major source of stability and care: eight had lived with grandmothers for long periods, and grandfathers had been the primary care-giver for two others. The importance of the grandparent relationship was expressed by one young man (aged 15):

*“Grandma has been there for me all my life, and I want to look after her now”.*

Another young woman, now entrenched in a life-style marked by chronic homelessness, looked back with regret:

*“I had everything at home: toys, clothes, food, Nana, the community, it was a good family environment. But I had a couple of mates that didn’t have rules at home, they could come and go, their parents let them. I had rules but I wanted to be like them, I just wanted to be with my mates”.*

Stories also showed that grandparent’s care could be problematic, with grandmothers having their own issues (health, alcohol use, gambling), and/or struggling to manage family demands (eg a heroin addicted son in the household), and sometimes finding it difficult to manage the behaviour of their charge(s).

*Karen (14 years) has lived with her grandmother for most of her life. She says they have a good relationship but sometimes fight. She does not know much about her parents and has no contact with either. Also living in the home are four aunts; and other family members often come to stay. Karen hates the over-crowding: she says she loses her space and control over her room and possessions; the younger children wreck her belongings; and she has to do a lot of extra housework and clean up all the mess. This precipitates running away: to get a break from her family she heads out on the streets and sleeps “up town” in squats for a while. While there, she uses substances, drinks, and steals for food. She also said her grandmother spends all the money for food and clothes on the pokies.*

*Gerry (aged 13) and her siblings have lived with grandma for about four years. An uncle also lives with them. Gerry says her grandma would like this uncle to move out but he pays the rent and grandma needs the money. Another aunt is also living in the home: she has recently been released from prison and is a heavy drug user. Gerry says that her Nana told her that Gerry and her siblings were the most important things in her life. She thinks Nana is under pressure coping with everything - she “take sleeping tablets and good pills to help her”. Against the wishes of her grandmother, Gerry often goes uptown where she stays awake all night and just wanders around. She also sometimes goes and stays with an aunt “even though Nana says no” (because the aunt abuses drugs).*

The interviews identified a range of other problems in extended family care. Three said they had been abused by someone in their extended family; ten described major problems in the household of a family member whilst living there (usually violence and substance abuse); and three stated they had felt unwanted or unwelcome with family.

*Jenny was removed from her mother when she was a young child following severe abuse. She has lived in many places since, including with relatives, in foster care and SAAP. Her times being cared for by extended family were very unhappy. She consistently felt unwelcome and different to the other children in the home, and blamed for things she didn't do. There were lots of fights and arguments and she thought the foster carer subsidy was not spent on her. Her possessions were lost or stolen as she moved about.*

These stories confirm that having somewhere to stay does not equate with having a home, or the stable, loving, care and support all children need. Aside from the clearly harmful experiences of abuse and neglect with relatives, young people described environments in which a lack of emotional support, supervision or involvement were common. Consequently, young people seemed to have little or no boundaries or oversight and a risky degree of independence from a very young age, for example able to “roam the streets”, go “uptown” and stay out all night. The reasons for this seemed either to be a caregiver who was overwhelmed or incapacitated (commonly due to ill-health; alcohol and substance abuse; or the myriad demands on their time and resources), or a caregiver who was not really a caregiver, providing a bed but little else.

Despite the complexities of relationship with family, most (fourteen) still identified a family member with whom they wanted to live. Usually this was grandmother (six), followed by parents (five), an aunt (two) and a same-age sibling (one). In most cases (twelve), the young person said they were able to live with that identified caregiver, either currently or in the future.

However, there was usually very strong indications that this arrangement would not succeed or was unrealistic (usually because nothing was being done to address the problems in the family system which the young person had identified as the reason for their homelessness; or because of the dubious quality of care which the young person had described). In no cases were there any indications that there were services or supports working with families on these issues. The most likely scenario for the future thus seemed to be “more of the same”.

### **3.3.4 Relationship with extended family**

At the time of interview, all but three had significant relationships across their family. These three were perhaps the most vulnerable of all, and exhibited profound loss, anger and confusion about identity and belonging, also describing extensive histories of abuse and homelessness. As one said, “*I've never felt I've belonged anywhere*”. The lack of care in their immediate and extended family was of profound significance in their view of themselves and their future.

*Miranda was moved back and forward between her parents and across her extended family for years. She can't remember all her family moves, but says she always ended up being blamed for things and moved on. Miranda cried during the interview: “I was trying so hard to do the right thing, go to school and everything, but my family always made me feel I was in the way”. She starting living on the streets and is now chronically homeless and a heroin addict.*

Nine had varying degrees of contact with their extended family. One young woman, for example, had contacts with her siblings and grandmother, but none with other family. Some family were interstate, and two young people were quite isolated in South Australia. Most described members of their extended family as having major issues which impacted significantly on the interviewee – for example, they were abusive, violent, threatening, placed the young person at risk, or involved them in offending.

*Mark is 12, and mainly lives with his grandma. He has a lot of problems with his uncle, who also lives in the home: he uses drugs and is violent towards Mark. “Hits me around if he has*

*no drugs or drug money, he'd go off. He's always saying to me, you little bastard, you little c...". To escape, Mark runs away and stays with friends or sleeps rough.*

Six described predominantly strong and positive relationships with extended family. Same-age family members were especially important - "the cousins" were often the major peer group with whom young people spent time (and got into trouble).

Overall, extended family were important and positive relationships contributed significantly to a sense of connection, belonging and identity, as well as providing significant support and care. However, young people described very mixed relationships and experiences, including dangerous and destructive relatives who had either directly harmed them or placed them at risk in other ways. In the long run, though all had lived at some stage with extended family, family had not been able to provide stable and safe accommodation and care.

### **3.3.5 Family problems**

Young people were not specifically asked in the interview about family problems. However, many raised family issues which impacted on their own story. The range and extent of these problems, including their inter-generational nature, was disturbing. These were not families with isolated or short term issues: rather, they were beset with a host of complex problems which directly impacted on housing and safety for children.

The family problems raised are summarised below. It is emphasised again that these are only the issues spontaneously identified by participants and is not exhaustive.

**Table 10: Family problems identified by gender**

<b>Family problems</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Health	4	3	7
Alcohol	4	3	7
Substance abuse	5	3	8
Criminal behaviour	3	2	5
Family violence	6	3	9
Family conflict	7	2	9
Family homelessness	-	4	4
Transience of caregivers	4	4	8
Parental separation	10	5	15
Death of family member	3	4	7
Gambling	1	1	2
Poverty	1	1	2
Overcrowding	1	-	1
Other	5	4	9

Parental separation was a common thread, with only two having parents who still lived together (and in one of these instances violence between the parents was the trigger for the young person running away). The impact of this separation varied depending on circumstances, particularly whether the young person was living with their parents and their age when separation occurred. For one young woman, distress at parental separation when she was aged 12 led to her first instance of running away to live on the streets and in squats, now an established pattern of behaviour.

Nine described families in which a high degree of conflict was a feature, and family violence was discussed by almost half. This violence involved mothers, fathers, brothers, aunts,

uncles, and sometimes was directed at the young person, and sometimes at others. Escaping from violence could trigger leaving:

*Gabrielle is fourteen. She says she has a good relationship with her parents, but has three older brothers who are involved in drug abuse and criminal behaviour. "They keep flogging me". Gabrielle leaves home and stays with friends or sleeps out in squats to escape. When away from home she steals for food.*

Young people gave powerful descriptions of living with and experiencing violence. The profound consequences - emotional and physical trauma and an ongoing feeling of vulnerability – were clear.

Twelve talked about family members who misused either or both alcohol and substances. Absent and itinerant parents were all identified as having alcohol and substance abuse problems; and alcohol and drugs featured in stories of family violence and assault. Patterns of use could be seen across families:

*Marie is thirteen. Her mother died of a heroin overdose, and three older siblings are in jail for drug-related offences. Marie recently spent a month living on the streets "up town". During that time she says she lost 17kgs due to not eating, feeling stressed and substance abuse. While on the streets she took speed, pills, drank alcohol, sniffed paint and smoked dope and cigarettes. Marie said she took drugs because it "helped me go into a fantasy world to forget what dad did" (ie sexual abuse). Marie met up with her older sister on the streets, and they managed to rent a place together. However, due to her sister's drug use, there was no money to have electricity connected or buy food. Marie said she and her sister often cooked flour and water on a gas burner for something to eat. Her sister was often away, and Marie was mostly by herself. She eventually went back on the streets, then moved in with an uncle. She says he had a big dope habit and spent most of the household money on drugs and also stole to support his habit. He took her Abstudy money and there was not enough food in the house.*

Ten young people described patterns of either transience or long-term homelessness in their immediate family (usually parents, but in two cases, a sibling). These youth were second generation homeless: their own transience or homelessness was, in effect, a learnt behaviour and family pattern.

*David is fourteen and has not lived with his mother since age eight. His memory of his mother was that they moved around a lot. He says his mother was highly transient and in and out of his life until she died. At age eight, David moved in with his grandmother but could not settle. He ran away a lot, sneaking out of the house to go "up town" with cousins – sometimes because he was bored, sometimes because grandma was drunk. He has been through a number of foster placements, but keeps running away. He has also lived with several other family members, but none last long. David says he can always find somewhere to stay with friends or cousins.*

*John is thirteen. He recently spent two months living with his father in the Parklands. A friend of his tracked down his father, and John decided to seek him out because he heard his father had swags to sleep in.*

Significant health problems of a caregiver also impacted on the care and stability of young people. In five cases these caregivers were grandmothers, and in another two, mothers. Three described major caregivers incapacitated for a long period of time (at home or in hospital) and direct consequences for themselves:

*Jenny's father died when she was five. As her mother was not well and required frequent hospitalisations, Jenny was placed in foster care. After reunification with her mother, Jenny began a pattern of moving in and out of home.*

*When she was eleven years old, Kylie's mother was severely injured in an accident and was bedridden for several months. Kylie had to assume responsibility for looking after her mother and younger sister: "I was made to look after them: I was only young and I had lots of responsibilities". Kylie found this very hard, and her mother would often be "cross with me for things I didn't do or things I forgot to do". As a result, Kylie started to move in and out of home staying with various relatives.*

*Jackie says her Nana used to drink, which caused considerable health problems. Nana became very ill and was in hospital for a long time. Jackie remained in the home with her younger siblings, and while Nana was away she became pregnant (aged 14) with her first child. She and the baby moved out of the house when Nana returned and went to live with her boyfriend's family. This didn't last long, and was the start of Jackie's slide into homelessness.*

The nature of health problems were often not identified, but included diabetes, and alcohol and stress-related conditions. Those young people whose primary family relationship was their grandmother sometimes expressed anxiety about Nana's health, and felt the vulnerability which resulted for them ("what will happen to me if anything happens to Nana?") One young man (aged 15) planned to take on responsibility to care for his grandmother "for as long as I can".

Death of at least one family members entered the stories of seven. In four cases, the deceased was a parent; three had lost a sibling (one of whom suicided); one had lost his grandfather (his primary caregiver); and another's life had been changed by the murder of a relative. These deaths had led to further family disintegration and heightened vulnerability:

*Chris says her family troubles began after her sister's death. Her mother began to drink heavily and tried to kill herself and at one stage encouraged Chris and her brother to kill themselves with her. In the year after her sister's death, Chris had memories of being pulled out of bed by her mother to accompany her while she went drinking. She also described being left at home for several days when her mother disappeared in the middle of the night and didn't return. She said her mother would sometimes contact Crisis Care and ask them to "take the kids away". Later she'd tearfully apologise for her behaviour, but according to Chris "if the apology wasn't accepted she'd bash us".*

Five young people - all involved in offending - described serious criminal behaviour (resulting in imprisonment) by at least one adult in their family. One girl was highly relieved that her older brother was imprisoned - it gave her a break from his violence. A young man graphically described initiation into offending by a parent:

*Mark's first arrest was whilst in the company of his mother. He said he'd gone out with her and then his mother committed a robbery. She came along in a stolen car and made him get in. The police gave chase and his mother crashed the car. Mark ran away but was eventually caught by the police and charged.*

Two identified gambling as an issue in their family, and in both cases said the family lacked food and clothes because of the money the female caregiver (a grandmother and an aunt) spent on the pokies.

Thus, when young people told the story of their own "moving around", they also told the stories of families beset by major problems and marked by trauma, conflict and struggle over many years. The inter-generational aspect of these problems was suggested by one thirteen year old boy, who described his grandmother as part of the "lost generation", deprived of good parenting herself, and who had planned to foster out her daughter (his mother). This

young man thought this would have been a better option for his mother in the end because his Nana “had no love for her”. He, in turn, did not feel loved by his mother.

In summary, family issues were at the heart of the homelessness as told by these young people. These were not one-off crises or isolated incidents, able to be addressed by short-term intervention. Although young people could sometimes identify a particular crisis which precipitated them moving out or on, these were often only “the straw that broke the camel’s back”.

### **3.4 Getting along**

#### **3.4.1 Self-reported issues**

Young people raised in interview a range of issues current in their lives (Table 11). (This will be an undercounting: young people were not specifically asked to identify issues in their lives, and what is recorded is what young people chose to reveal). Most identified multiple problems, with thirteen describing four or more issues during the course of the interview, and six seven or more.

**Table 11: Current issues by gender**

<b>Current issues</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Use of alcohol	6	1	7
Use of substances	7	2	9
Health issues	7	1	8
Offending behaviour	5	6	11
Feelings of sadness	6	2	8
Feelings of anxiety	5	3	8
Feelings of anger	5	4	9
Suicidal feelings/behaviour	4	-	4
Pregnancy/child care issues	2	-	2
Victim of violence	5	1	6
Educational issues	7	4	11
Boredom	2	4	6
Self esteem	2	-	2
Other	5	-	5

Being “up-town” (including sleeping rough or in squats) was associated with the most at-risk behaviours for young people, namely using alcohol, substances and offending. The eleven young people who identified themselves as offenders all primarily connected their crime with the inner city. Offending was strongly linked to survival needs: the major reason for stealing was to get food, and stealing was the most common access strategy for food.

Young people also identified offending as connected to peer influence and substance abuse. Two young men said boredom was also a factor, but in these cases the focus was different: stealing cars rather than stealing for food.

*Jackie started to “go up town” when she was about 11 years old. She was mainly living with her nana, but also stayed with friends or slept out by the Torrens, in the Parklands, or in squats (including sometimes with her father). During this time she would smoke dope and pop pills and was charged with a number of offences, such as stealing, break and enter, and illegal use of a motor vehicle. Jackie said that when you’re on the streets or up town “you get a big head, you want to be a hero”, and she also started to “roll white kids for their clothes”.*

*Andrew is thirteen. He says that when he is in town he either stays awake all night or sleeps by the Torrens, in Whitmore Square, or in the Parklands. When at the Torrens he sniffs paint with others, usually his cousins. He gets money for food by stealing or else goes to the food van in Whitmore Square. Andrew says he does not go “scabbing for money” (begging) like his cousins do, because he thinks it’s a shame job.*

*During her time on the streets when aged 12, Marie said she was caught three times for stealing soap and shampoo “so I wouldn’t look crusty”. She would also try and “scab money”, but she thought scabbing was shameful and preferred stealing.*

*Jill is currently on charges relating to violence and vandalism which occurred in the inner city when she was high on paint.*

Participants identified using a range of substances: of those who provided this information, seven said they used alcohol; five used dope; three inhalants, two sniffed glue and one paint; two said they used a variety of pills; one said they used speed; and one self-identified as a heroin addict. One young boy said he had just stopped sniffing paint “*because I could feel my brains sliding down the back of my neck*”.

The major triggers for alcohol or substance abuse were “being uptown” or living on the streets and sleeping rough. Peer influence (often “the cousins”) was also a factor, as was exposure to a drug culture through family. Two young woman said their drug use was also fueled by a desire to overcome unhappiness: one, to forget the abuse she had suffered at the hands of her father, and the other, in response to depression and anger she felt about her family background and experiences in care.

Health issues were obvious. Those young people who were caught in a chronic homeless lifestyle identified the most health problems, including general sickness, dental problems, and the after-effects of violence and accidents. Three discussed health problems relating to substance use. Living on the streets was clearly connected with being unhealthy. A range of other health related issues were touched on during the interviews, including inadequate nutrition (often, it seemed, over the long term), ADHD, acquired brain injury, and chronic health conditions.

Issues relating to sexual health, pregnancy and child-care emerged for young women. One was homeless and pregnant at the time of interview, and extremely ambivalent about her pregnancy. She lacked support systems, had not received consistent ante-natal care, and had no plans as to what she would do when her baby was born or where she would live. Another homeless young woman had three young children under five. Three young women disclosed their experiences of sexual abuse, and another of rape. One had worked as a prostitute to support her drug habit. These girls needed support, counselling and health care, including for sexually transmitted diseases. Contraception, abortion and pressure for sexual favours also emerged as issues, particularly when on the streets.

Despite their high level of health needs, only two young people identified that they used health services in the community – in one case, this was Nunukuwarrin Yunti; and in another, a doctor at a Community Health Centre. Three young women (all who lived predominantly with their families) said they associated access to health care with being in detention.

Eleven volunteered they had problems related to education which they wished to address. The extent of concern about educational issues was surprising. The young people recognised their educational problems – including in basic literacy – and wanted to overcome them. Barriers included financial constraints (two wanted to go to TAFE but said there was no money for clothes). All had experienced disruption and failure in the school environment, and needed additional support and/or a different learning environment. Some also talked about the impact of their family environments on their schooling: trying to stay in school

whilst coping with a raft of family responsibilities (eg caring for incapacitated adults), or when there was no food in the house or support for their attendance.

*Amy stated that, when living with her uncle, he would not wake her up in time to go to school and she ended up not attending. She would rather not go to school than arrive late. There was also no food and her uncle expected her to take care of the house and do the housework.*

Two young people discussed the ways in which they felt the education system had let them down and the negative spiral this caused for them: they weren't learning, they played up, they got suspended, they got into trouble, etc etc.

Four spoke positively about educational support they had received, and others were eager to get such assistance. One 15 year old, who had not been in formal education since Year Seven, recognised the importance of schooling for his future. He suggested that what would work for him would be to have a support person he could "talk about things with" – what was happening at school, how to cope – in effect, an educational mentor. Two older participants were particularly concerned about the impact of their lack of education on their future. One girl felt unemployable and anxious about her literacy levels; another recognised the limits his education placed on his employment prospects. The only support this young man said he would accept from services was employment related.

Emotional issues emerged strongly through the interviews, with most revealing strong feelings of sadness or depression, anxiety, anger, suicidal ideation, and/or the ongoing emotional impact of being a victim of violence. Sadness was generally expressed regarding family experiences: around the relationship (or lack of it) with a parent; the death of a family member; feeling unloved and isolated; or experiences of abuse or abandonment. Four young women expressed current or previous suicidal feelings.

*Jenny feels a lot of grief regarding her mother's death and the breakdown of her family. She also has a lot of sadness about the conflict amongst her extended family, and feels badly let down by them. She is trying to come to terms with long-term sexual abuse by a family member. She says she has thought about committing suicide and this happened most often when she was living on the streets, because she wanted support and people to love her. She feels she can't trust anyone.*

One young woman was assessed as at risk of suicide at the time of interview.

Anger was generally focused on family, though also, for two young people, towards FAYS for their experiences whilst in care. Two young men described themselves as having severe problems with anger management, and one exhibited his scars from self-inflicted injuries.

Young people's anxiety was focused on their future, which often seemed confusing and threatening. They had a range of worries: what will happen to me if grandma dies? what will happen if I can't stop sniffing glue? how can I relate to men after my experiences? where will I live and how? what will my future be? can I ever get a job?

Boredom was common: days were empty, with not much to do. Being bored was connected to getting into trouble, offending, and alcohol and substance abuse. Those outside the educational system were most likely to be bored.

As discussed previously, the study has identified two major clusters of young people who entered homelessness through different pathways, namely those young people who essentially have never known stable care, and those who experienced relatively stable care until early teen years. Examination of the problems identified by these two groups does not reveal any statistically significant differences, ie they were not likely to have identified a higher number

of problems, or different kinds of problems. Although this is only an observation, it does suggest the seriousness of the issues in the lives and families of those young people who seemingly received more “stable” care during their formative years.

### **3.4.2 I’d like help with....**

Young people were invited to identify any needs which they thought they might want assistance with (Table 12).

A common experience for all participants was lack of adult support. It is not surprising, then, that adult support (educational, emotional, and mentoring) was the most consistently identified needs, especially for the younger group (aged 15 and under). This need was usually expressed as “someone to talk things over with”. Four identified the need for counseling for specific issues.

Mentoring and recreational activities were forms of support that were closely linked, with mentors being seen as people who could help them do things or get involved in activities as well as provide guidance. Those who identified mentoring had generally already been through a mentor scheme and had very favorable experiences.

**Table 12: I’d like help with...**

<b>Needs</b>	<b>14 years and under</b>	<b>15 years</b>	<b>16 years and over</b>	<b>Total</b>
Financial assistance	-	1	1	2
Substance abuse services	1	-	1	2
Health services	1	-	2	3
Food	2	1	1	4
Mentoring	3	2	-	5
Recreational activities	2	-	2	4
Educational support	2	3	1	6
Employment support	-	-	1	1
Counselling	2	1	1	4
Personal hygiene/laundry	1	-	1	2
Safe place to sleep on streets	1	-	-	1
Long term accommodation	-	-	3	3
Ind living skills	-	1	1	2
Emotional support	4	-	2	6
Other practical support	-	-	2	2
Emergency accommodation	1	-	-	1
Information	1	-	1	2
Other	-	1	-	1

Only a relatively small number wanted assistance with accommodation. Three older interviewees wanted long term accommodation (their own place – a house or a flat). One young girl, very recently out of home, was seeking emergency accommodation and didn’t know how to access it. Two young women identified the need for a safe shelter that was less formal and regulated than existing services, was not family based care, and would cater for a younger age range (ie under 14). Another said there needed to be a broader range of accommodation options available for young people on the streets.

Being on the streets – uptown – was the precipitant for needing personal hygiene or laundry facilities, practical support (such as bus tickets and money), and food. This was particularly strong for girls.

Access to adequate food (when on the streets or when staying with friends and family) was raised as an issue by ten young people. Young people described being hungry, living on a very inadequate diet, or stealing and “scabbing” for food. The significance of this should not be underestimated. A current research project in the inner city of Adelaide, (Booth, in progress) based on interviews with 150 young people, demonstrates major nutritional issues for homeless young people, and common experiences of hunger and inadequate food intake. Accessing food is a daily challenge for the homeless, and current services do not meet this need.

Two young people wanted support to get off drugs. Miranda’s story encapsulated some of the difficulties in getting clean:

*Miranda is a heroin addict. She will soon be going into Warrinnilla for detox, but doesn't know where she will go after that. She has been homeless for a long time. She says she can no longer stay at friend's places because most of them are drug users and that would be too tempting for her. She identified her failure to obtain accommodation as a major factor in her continuing drug use: "If I'd have had my own place before, I'd be clean by now". She was very anxious about what will happen to her after her time in Warrinnilla: "There are services to help you withdraw, but there is nothing once you withdraw. There is no help for people rehabilitating. I know I will need support. I'm really scared of not getting off drugs. I'm still using now, It's an everyday thing. If I go back on to the streets, I'll be under the influence of wrong people: people using make it hard for other people getting off. There should be a service for people rehabilitating that provides safe, secure housing and support services".*

### **3.4.3 Contact with services**

It would be expected that, given their backgrounds, life-styles and needs, these young people would be heavy users of services. However, the interviews suggest an under-use relative to need.

The nineteen young people identified a total of 81 services they had been in contact with in the past or present (an average of slightly more than four each). In the following tables, these have been split between services located in the voluntary sector, and statutory services accessed through the care and protection or juvenile justice system.

**Table 13: Voluntary services used by gender**

<b>Voluntary services</b>	<b>Female</b>	<b>Male</b>
SAAP shelter	6	.
Inner City Youth	1	.
Kumangka	6	.
Nunkuwarri Yunti	3	1
Street Link	1	.
SAHT Direct Lease	3	.
Freds Van	.	1
General Practitioner	1	.
Community Health	1	.
Hospital	4	.

**Table 14: Non voluntary services used by gender**

Non voluntary services	Female	Male
MAYT	1	5
FAYS District Centre	9	2
MAYT mentor	.	4
FAYS Independent living	2	.
Secure care	4	4
Residential Care	1	.
Foster Care	5	1

Most service usage was non-voluntary, particularly for males. Only two boys had used a service in the voluntary sector – Nunkuwarriin Yunti (for counselling) and Fred’s Van (for emergency food). None of the boys had used a SAAP shelter, nor did they report any use of health or housing services. Two young men said they would feel physically unsafe in shelters. The need to be seen as self-sufficient and tough worked against service use:

*Brian (18 years old) says he does not have, and has never had, any contact with services other than through the juvenile justice system. For him, using services would be “a shame job”. He says he would get a hard time by his cousins: it was important to be viewed as independent and able to look after yourself. He said his peer group looks out for one another.*

*Jeff says the message amongst his peer group is that “services try to run your life, tell you what to do and are nosey”. He thought he needed to be seen as “doing alright” and not needing help: you have to show you are strong and able to look after yourself. Jeff did think, however, that if some of his peers had been able to use the help that was available, they wouldn’t now be in jail. He thought services should do more to overcome these barriers and provide more information about who they are and what they do, in a non-threatening and relaxed manner.*

By contrast, girls used a wider range of services. This gender differences amongst the participants is skewed by a number of factors: there were more girls in the sample; they were older and included some who had been chronically homeless for a number of years. However, the findings are consistent with the unanimous reports from services that girls are more likely than males to seek help; and also with the findings of previous studies (DHS 97, 98 & 99). Young women tend to be better at talking about emotional issues and seeking help, and do not have such a vested need in proving independence and toughness; they have greater physical vulnerabilities for which they are likely to seek protection or help (around sexuality, pregnancy, child care and violence); and also place more store on bathroom and laundry services: they like to have a shower and look okay.

The special needs of young women on the streets was encapsulated by Jane:

*Jane says that when she was living on the streets there were lots of other young girls there, aged from 11 to 14 years. One of her friends was raped during this time. She spoke about the level of violence on the streets, and some of the fights she had been involved in. She says girls are vulnerable on the streets and there is pressure regarding sexual favours: “Aboriginal boys only want a root and girls can be set up by them”. She feels there should be a place in town where girls (especially those under 15) can go to sleep and get some food, have a shower and wash their clothes. She thought it would also be good to have a Doctor there to offer health checks, and a counselor you could talk to if you needed to. She thought that such a facility “could be saving a lot more young girls from rape and drugs”.*

Two young women talked about their ideas for a “one stop shop” for girls on the street.

Six young women reported using SAAP shelters (both Aboriginal specific and mainstream), suggesting the role of SAAP as a safety net for Aboriginal girls (although not all experiences of these shelters were positive, and two were in fact deeply distressed by their experiences in one facility and said they would never go back).

The concentration of service use in the inner city was also very clear, for both genders. This reflects both where young people congregate and where the services are, and the special needs that are attached to being “up town” and on the streets.

The barriers to service usage identified by young women were different to boys. They were not so concerned about pride and image, but mostly affected by lack of trust, feeling unsafe, or previous negative experiences. Girls tended to say that they wouldn’t use a service unless they knew the worker and trusted them.

*Jane was reluctant to go to a youth shelter, because she was frightened it would be “like a prison”. She had once visited her mother in a shelter and her mother was “like a prisoner there”. Jane eventually went to a shelter with an older friend, and found it was fine. She said she did not contact anyone regarding housing options while on the street because the word on the streets was that if you were under 15 years of age you would be put in foster care. She was frightened of this: others had told her that you get physically and sexually abused in foster care.*

*Wendy eventually disclosed her abuse to a doctor in a Community Health Service. She had a good relationship with this doctor and trusted her. The doctor was very sensitive and helped her in lots of ways.*

#### **3.4.4 Pathways to services**

Previous research in South Australia has shown that the pathway into services for vulnerable Aboriginal young people is predominantly the juvenile justice system, and to a lesser extent, the care and protection system; and that Aboriginal youth are less likely than their non-indigenous counterparts to voluntarily access services (DHS 1998). These findings were supported by the current study. Young people were asked how they came in contact with services: Table 15 summarises their responses.

**Table 15: Pathways into services by gender**

<b>Pathways into services</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Juvenile Justice	4	6	10
Care and protection	7	2	9
Self referral	6	.	6
Friends	2	.	2
Family referral	.	1	1
Referral from other service	4	.	4
Other	2	1	3
Unknown	1	.	1

#### **3.4.5 Good experiences, and bad**

Young people were invited to talk about which services had been helpful to them, and why. Emotional support was repeatedly identified as the most important element with ten young people feeling they had received such support from a worker. It is noteworthy that such support came from both voluntary and statutory services, and was related to the particular worker/individual, rather than the service. Positive people identified included foster parents, police, educational support workers, a doctor, FAYS social workers, youth workers in inner city services and detention centres, and mentors. These people were valued because they would listen and understand and could be trusted. Continuity of contact with the same person

over a long time was very important. It is notable that even young men who said they wouldn't access services and didn't need help would still say "there's a youth worker who I like good, I can talk to him". This was seen in terms of a personal relationship – and therefore acceptable – rather than a professional/client situation.

Another valued component was people/services who helped young people fill up their day. A good relationship with a worker was a fundamental component of this. Younger adolescents who had a mentor were positive about this experience, which combined a supportive relationship with activities, and helped break down service access barriers:

*Andrew said he did not use any services when living "up town", mainly because he did not know what was available. He also said he would not go to a shelter – that would be a shame job, and he thought they were unsafe (people would steal your clothes and money). He did, however, have a mentor through his involvement with the young offender system. He said this was very good for him: it helped alleviate boredom, and the mentor introduced him to services which he thought he would continue to use. The mentor had also organised some training for him. He said he trusted and liked his mentor, and relied on him for advice.*

*Gavin says he likes having a mentor to talk to about his problems: "He gives me tips on what to do and takes me out". He says it is important for him to be kept busy and occupied so he "doesn't get into trouble".*

Practical, as well as emotional, support was valued positively by those who had lived on the streets.

*Bernice valued the services which had given her practical support: transport, bus tickets, food, and food vouchers when she was on the streets; furniture and household goods when she was setting up her own place; money for clothes. She also valued the support that had been available from workers, that she could talk over issues with them, and programs that she had done which had helped alleviate boredom.*

The wide-ranging needs of homeless young people, especially young women, and the importance of emotional support, relationships, engagement and trust, practical assistance, and easy access to a range of services, was captured by one young woman:

*Gill said she used "heaps of services" when on the streets. She heard about these services through word of mouth on the street. "I used them because I needed to but I wouldn't have gone if they were not nice people". Gill has used meal services in the inner city, as well as inner city youth agencies. She has also used some of the services at Nunkuwarrin Yunti, and thinks this is a good place with a number of services in the one spot. Gill has had mixed experiences of FAYS social workers: some she didn't like but the last was better. The most helpful part of FAYS involvement, she said, was getting her on a young homeless allowance. This gave her more independence and reduced the need to steal. Gill has lots of views on what services should be like, and high on her list is "good people"; and places where young people can feel at home, relaxed and accepted. "Services should be easy going: kids get scared of being pressured", and "Services are blaming: they make you feel like you were the one that fucked up".*

*As she reflected back, Gill thought there hadn't been much support available to her when she was on the streets. She thinks there needs to be a place young women can go to anytime day or night, where she could have "someone to talk to" if she wanted it. She also thought that the more services that were available at the one place, the better, and used the example of "if you were pregnant you could talk to a worker and get advice". She spoke of the need for a service that would provide food, shelter, programs, advice, health care, and teaching skills (for young mothers in particular, about cooking, cleaning and child care). "There's no place like that now, a place that covers most needs".*

Several mentioned “bad” experiences with services. One talked about “too many rules” and places that were too regulated and “like a prison”; one newly homeless young woman was upset because a social worker hadn’t given any assistance or information when she approached for help; and one talked of services which had “too many procedures”. Two had had very negative experiences in a SAAP shelter. Several were of the view that services would “try and run your life” and were “too nosy”.

### **3.5 Looking to the future**

Young people were invited to talk about their aspirations for the future. Most found this extremely difficult, however through the course of the interviews, aspirations and hopes emerged. These were similar to those of any other young person: to have good relationships and be cared for; somewhere safe and stable to live; an education and a job. In essence, they wanted a decent future.

#### **3.5.1 Stopping moving**

The primary aspiration, expressed by all, was for safe, stable housing. The participants did not enjoy transience or living in danger: “I hate moving around” was a frequent comment.

*Jane (aged 15) said she is “sick of moving around” and has always wanted to be settled. She would like to get a place of her own but is uncertain how this could happen and what help she might need.*

Others, who had a relatively stable but unsafe base from which they fled, wanted issues addressed so they could go home and be safe.

The following table summarises the immediate housing aspirations.

**Table 16: Housing aspirations**

<b>Housing aspiration</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Independent living – Direct lease	3	4	7
Independent living – Other	1	-	1
With family in current arrangements	3	-	3
With family but some things changed	4	2	6
Content with current arrangements	2	-	2
<b>Total</b>	<b>13</b>	<b>6</b>	<b>19</b>

The most common aspiration was to live with family. Most, however, wanted something to be different: the fights and violence to stop, someone to move out.

“*I just want to have my own place*”, or independent living, was the next most common aspiration, generally expressed by the older youth. Two young women had just commenced, or were about to commence, SAHT Direct Lease housing, and two others wanted accommodation to be arranged for them. However, four had already had unsuccessful attempts at independence.

Despite the fact that very few mentioned “accommodation” as something they needed help with, all were well aware that obtaining safe and stable accommodation was absolutely key to improving their quality of life and future prospects. These young people wanted more than just a bed or a roof over their heads: they wanted all the things which young people usually get from home - adult support, financial security, belonging, nurture, care, food, clothes, protection. Achieving change in other domains was usually directly associated with better accommodation and care:

*Billy wants to live a quiet life and stop offending and getting into trouble. He knows he can only do this if he gets away from Adelaide and his peers. He would like to live in the country with his grandfather.*

*Yolande wants to get off drugs before they kill her. She sees her biggest obstacle as not having her own place. All the friends she stays with use, and she can't get away from it.*

*Sally wants to be a good mother and keep her children with her. The first step for her is to get a house and get the children settled.*

The assessments of the interviewer were in stark contrast with the hopes of the participants. Post interview, the interviewer recorded her own judgement on whether she thought the housing aspirations of the young people were likely to be successful. In only four cases was it judged that the housing aspiration was likely to be achieved and sustainable. For six young people, the interviewer felt that the issues in their lives were too great: high levels of transient behaviour; extreme emotional and behavioural problems; lack of emotional and practical support; and unrealistic assessments of their own independent living skills and the difficulties they would face. In five cases, the interviewer felt factors external to the young person would mitigate against their success: the issues which had led to them leaving "home" in the first place were still present, with no indication that anything was likely to change. For a further three, it was felt that their aspirations were simply unrealistic (a young girl wanted to live with her mother after years in care due to abuse; a young boy who wanted to return to a previous foster parent; a thirteen year old who wanted to live independently).

### **3.5.2 Getting an education, getting a job, and having something to do**

Six young people strongly connected their aspirations for the future with getting an education and a job. Two wanted help with money for clothes so they could go to TAFE: a modest enough aim, but one which they had no idea how to pursue. A twenty year old young woman wanted to get an education: *"I can't read properly and can't get a job. Nana was right about schooling"*; but did not know how this might be achieved.

Two young women had, however, recently returned to schooling after moving out of homelessness and into relatively stable family-based care. Both were extremely focused on catching up and doing well.

Getting a job and an education were closely connected with "having something to do" in the minds of young people. Those who wanted to stop "getting into trouble" knew that boredom and idleness were big factors in offending. But beyond this, there was a sense of the fundamental human need to have something meaningful to do, wanting lives that were fulfilled and time that didn't drag on their hands. "To be busy and not be bored" was the hope of one girl, who had recently moved into her own housing.

### **3.5.3 Being cared for**

Another theme running through the conversations was the desire for decent relationships: to be cared for and looked after, to belong, to be able to trust, and to be safe. Sadly, for most this seemed remote. Two girls, however, had recently achieved stable, caring relationships, in one case, with a relative, and in the other, a foster parent. Their happiness in their good fortune was clear:

*After a long history of instability and homelessness, Chris is now in a stable foster placement. She is very happy, and happy, especially, to be somewhere permanent. She says her foster mother is "fun to be with, she makes me happy", and she is now doing better at school. The foster mother is quite strict, Chris says, and always checks up on her as to where she is and what she's doing. Chris enjoys this – she says it makes her feel safe and cared for.*

*Jenny says she can now “eat, have fresh food, showers, and I can wash my clothes and I don’t have to clean up a mess that isn’t mine”. She is very happy.*

In terms of relationships, however, the interviewer noted her particular concerns for the boys: the degree of violence, anger and aggression that was apparent in their responses, their histories of violence and abuse, and the lack of positive male role models and relationships suggested that they, in turn, could become perpetrators of violence.

### **3.5.4 Achieving change**

When thinking about vulnerable populations, including young homeless, one of the great questions soon becomes: who achieves change, and how do they do it? what helps them get out of it? This question is far too big to be dealt with by a study such as this, but what can be offered are some observations.

Six of those interviewed – all girls with long histories of homelessness and instability – described positive changes which they thought they had achieved, or wanted to achieve, in their lives. Reflecting on their stories gives a sense of some of their strengths and personal qualities, as well as external factors which might support change.

*Trudy is about to move into her own accommodation. She says she has made big changes in her life recently, after years of homelessness and disruption. The key factors for her have been support (from a SAAP service, some family members, and friends).*

*Yolande knows if she doesn’t get off the drugs they will kill her. She is highly motivated to change, but is having difficulty finding the services and supports she needs. She says, however, that she doesn’t regret what she has been through: “I’ve learnt a lot so I don’t regret it and I’ve learnt someone is always worse off than yourself”.*

*Sally has three young children, and knows she needs to change if she is going to keep them and be a good mother. She says she stopped offending when she became pregnant.*

*Jill is 17 and just moved into her own accommodation. Despite her terrible life experiences, she presents as very “together”, especially compared with her brother. Why the different responses from two siblings? Personality, and different experiences in the same family (the brother experienced severe physical abuse, the sister did not), may be the distinguishing factors. Jill also seems to be able to manage things herself (for example, she went to SAHT and organised her own housing), and takes responsibility for younger siblings in a nurturing role.*

For two other young women who had recently moved out of homelessness into stable family care, the availability of the right support at the right time was crucial. However, their personal qualities – resilience, intelligence, determination, and the desire to make something different of themselves – were also evident. As one said:

*“I’ve come through a lot and I’m proud of it. I hope telling my story will help other young people..... To change, people have to want to help themselves. I had to help myself. I couldn’t change if I didn’t want to, even with help”.*

This young woman now wants to be a social worker “so I can help other young girls and tell them you can get through bad times”.

These stories suggest that support, motivation, resources, opportunity, and personal characteristics, including intelligence, are key to change. This is in keeping with theories about individual resilience and protective factors (see, for example, Nicholas & Broadstock 1999).

Finally, there were indications of gender differences. Although girls have special vulnerabilities when on the streets, they also seemed, perhaps, more likely to “get out of it”. Girls were more likely to access services and ask for help; they were better able to articulate their feelings and needs; they did not have the same investment in bravado and coping as the boys; they seemed more likely to think of the future rather than live for the moment; they were more bothered by the personal hygiene aspects of being homeless; and they faced sexual health and parenting issues which could push them into services, housing or stability. Gender differences in youth homelessness – with regards to behaviour, life-style, access to services, and pathways out – is an area worthy of further research.



## **4 Stories from the other side: the case studies**

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### **4.1 The interviews**

For the case-study section of the research, interviews were conducted with nine workers from different services. Two case-studies concerned young people who had themselves been interviewed.

The following account of the information from the case-studies must be read with an awareness of the differences between case-studies and client interviews. Client interviews provide a direct flow of information from the target group to the researchers; the information in the case-studies has been mediated and interpreted through a third party. Consequently, some information is lost and some is gained, and the dominant perspective is that of the worker rather than young person.

Workers generally held very little information about background and family and that which they had was generally gained from a third party (usually another service) rather than their client. Consequently, whereas in interviews young people talked extensively about their family experiences and pathways into homelessness, such information was very incomplete in the case-studies. The greatest value of the studies was in their collaboration of the patterns identified in the client interviews, and the perspective they added on health and wellbeing, involvement with services, and service-system issues.

### **4.2 The young people**

The nine young people who were the subjects of the case studies were aged between 14 and 18, with an average age of 16.4. Five were girls and four boys.

Subjects were living in a variety of situations. One young man was on remand in a youth detention centre (when interviewed as part of the research study three months before he had been staying with a relative), and another was in a residential program associated with the juvenile justice system. Three had recently moved into their own accommodation under the Housing Trust Direct Lease scheme. However, one was not living in her housing, and did not plan to return to it, due to fears for her safety, and was instead living on the streets and with friends. One young woman was in a SAAP shelter (she had been interviewed for the research when resident of another shelter, and subsequently had a failed attempt to live with a family member before moving on to the second shelter). Two other young women were currently in SAAP housing. One young woman was living short-term with friends, alternating with the streets.

Five were known to be subject to a legal order: three a young offender order, and one as an adult offender. Two were currently under the guardianship of the Minister (and one of these was also under a young offender order), and one had recently exited guardianship after turning 18. It was highly probable that young people also had care and protection or offending orders (current or previous) that were unknown to workers.

The young people had minimal contact with educational or employment programs. One young man was participating in a special educational program and another receiving individual tutoring in literacy and numeracy. The two young men currently in accommodation through the juvenile justice system were involved in programs which included an educational component.

## 4.3 Pathways into homelessness

### 4.3.1 Triggers for homelessness

Services held very limited information on the background of their clients, and were often uncertain about when young people left their home base. The following table summarises the information provided.

**Table 17: Estimated age left home by gender**

Age when left home (yrs)	Female	Male	Total
5	-	1	1
8	1	-	1
9	1	-	1
12	-	1	1
13	2	-	2
14	-	1	1
Unknown	1	1	2
<b>Total</b>	<b>5</b>	<b>4</b>	<b>9</b>

The young people identified as leaving home before the age of 12 all left to enter care as a consequence of child abuse or neglect. However, they had not found security and stability in the care system, and all had experienced breakdown of relative-care arrangements.

Another four had home-leavings associated with early adolescence. Three of these were known to have come from families with long histories of dysfunction and instability. Alcohol abuse, over-crowding, violence and assault were features of their family backgrounds, but in two cases the death of a parent served as the trigger for disintegration, and in the other, parental separation.

*Rachel comes from a very large family. The family is believed to always have struggled financially, and Rachel's father had ongoing health problems compounded by alcohol abuse. Following her father's death the pressure on the family became more intense. The family house was over-crowded, there was no room for Rachel and she was in conflict with her mother's new partner. At age 13, Rachel began moving in and out of home, staying with different family members and friends. She has now left altogether: her mother thinks 15 is old enough to live independently. None of her extended family will provide accommodation.*

Workers linked the young persons' homelessness with previous experiences of child abuse or neglect in eight of the nine case-studies. (In the ninth case, the worker had very little information about background).

Neglect was the most common form of abuse, identified for seven, followed by sexual abuse (three), and emotional and physical abuse for one young person respectively. The stories of both workers and young people supports a strong relationship between histories of child abuse and neglect and subsequent homelessness. It is clear that leaving home was not due to a temporary breakdown in parent-child relationship, but emerged from long-term dysfunctional adult-child relationships, in which children and young people experienced significant levels of harm. In such situations, leaving may be an act of self-preservation and protection from further harm; and there may be no "home" to return to.

The information from the case studies supports the picture developed in the interviews of two different pathways into homelessness (ie, those whose instability began at a very early age, usually associated with child abuse and neglect and often with placement into care, and those

who had a major separation from their family in early teenage years). It also supports the learnings from the interviews that the factors which led to the young people leaving in their early teen years were not once-off crises but rather chronic issues within families, with a trigger which precipitated disintegration of already highly vulnerable and sometimes dangerous arrangements.

*Jenny's parents separated when she was very young, and she remained in the care of her mother until leaving home at age 13. Although on the surface these circumstances suggest a relatively stable care relationship, this was not the case. The worker described her as "never really having a family home"; lacking family support and being essentially independent from a very early age. Both Jenny and her mother are now described as alcoholic; both are highly transient and homeless and "see each other now and again when passing on the street".*

### **4.3.2 Moving around**

The case studies confirmed patterns of high mobility and movements through multiple forms of accommodation amongst the target group, with a minimum of four forms of accommodation and an average of six described. The following table summarises the forms of accommodation which workers knew the young people had lived in (as with the accounts of the young people, this is likely to be an under-counting).

**Table 18: Forms of accommodation over life course**

<b>Accommodation / living situation</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
With parents	5	4	9
With extended family	3	3	6
Foster care	2	4	6
Residential care	1	2	3
Secure care	2	2	4
SAAP shelter	4	3	7
Squats	4	-	4
Sleeping rough	3	2	5
With friends	3	1	4
Independent direct lease	2	2	4
Other	2	2	4

*Note: an individual may have multiple experiences of any form of accommodation*

These young people had "been the rounds". All had lived with at least one of their parents, and most had also lived within the networks of their extended family. Seven were known to have lived in formal government-provided care through either the care and protection or juvenile justice system, and SAAP had also played a significant role. Seven were known to have slept rough or in squats.

Many factors had triggered moves from accommodation (Table 19). As with the interviews, young people usually moved for protective reasons. All had moved at least once to escape conflict; and lack of appropriate care in a home – due to issues such as substance and alcohol abuse and overcrowding – was another common trigger.

**Table 19: Reasons for moving from accommodation**

<b>Reasons for moving from accommodation</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Family conflict	3	2	5
Conflict with others	1	1	2
Not wanted	1	1	2
Substance abuse in home	1	1	2
Alcohol abuse in home	3	2	5
High level of chaos in home	1	1	2
Lack of appropriate care	2	1	3
Temporary arrangements	5	3	8
Overcrowding	2	-	2
Restrictions/rules	1	1	2
Violence/intimidation	2	2	4
Excessive responsibility	-	1	1
Eviction	2	1	3
Financial problems	3	1	4
Uncomfortable/not belonging	1	2	3
Legal order ceased	2	3	5
Felt isolated	1	-	1
Other	-	3	3

*Note: an individual may have moved multiple times for the one reason*

The young people had also developed behaviours and attitudes which made stability hard to achieve. Independence from an early age was commonly reported and was an important survival skill. Young people were described as fiercely protective of their independence – perhaps because it represented a degree of control over their own lives absent in other spheres. This created issues in accommodation, however, with young people finding it difficult to accept rules or restrictions, and moving on if they felt their independence was threatened.

Poor social and conflict resolution skills and difficult (including violent) behaviour also led to moves. This particularly came into play in group living situations and was an issue for all the boys.

*Since his removal from his mother's care, Tom has lived in foster care (with relatives); temporarily with friends; in a number of SAAP shelters and in residential care. He is described as having difficulties in managing anger and resolving conflict. He has been involved in a number of physical fights with his peers when in accommodation. He is seen as afraid of failing: he moves on if he thinks something is not working or likely to fail. He has been moved from accommodation due to his behaviour, including serious physical assault of another resident and altercations with staff. Conflict with others is a major reason behind his moves.*

Conflict in relationships caused moves from informal arrangements with friends. Friends and family could also disrupt accommodation which the young person obtained:

*Jane (16) is highly transient and mainly stays with friends. She tends to only stay for a day or two then move on: her friends also have chaotic lifestyles and there are frequent falling-outs. If she can't find a friend to stay with, Jane will sleep rough. Jane had her own house through the Housing Trust, however she lost this when a boyfriend trashed the place.*

The interviews with service providers were able to identify moves between services and reasons for these in a way that didn't emerge from client interviews. For example:

*Peter's family relationships broke down in his early teenage years. He was placed in foster, then residential, care, then moved on to a shelter. He was reportedly evicted from this shelter when he went to visit his family and was away for a couple of days. He moved to another shelter, then back again to the previous one. He was again evicted after an absence and moved to another shelter. He tried living again with his family but this soon broke down. He moved back to a shelter but was evicted due to what was described as safety concerns for staff in a "pay back" incident in which threats were made to Peter. He moved to another shelter. He was involved in a violent incident there, and moved to another. This broke down due to issues with other residents. He moved in with a friend. This arrangement was also short-lived, and he moved back into a shelter. After an incident with another resident, he was moved for his own protection to another shelter, but was evicted after causing minor property damage. He was placed in a crisis shelter again.*

This "systems roundabout" raises several issues: the use of eviction, and the purposes it does (and doesn't) serve; congregate care and its appropriateness for the target group; and the lack of co-ordination and case-management for high-need young people. A case-manager or support worker who followed Peter across the system and worked with him regardless of the service he was in, would have been a much more sensible solution than "case management" which was attached to his (very short term) residence in each service.

## **4.4 Looking again at families**

### **4.4.1 Relationships with parents**

As with the interviews, the young people in the case studies had extremely poor relationships with parents. Five had no contact at all; and three had some contact, but highly conflictual, with their mother. Only one was described as having a good relationship with her mother, but this was interpreted as destructive: the mother had inducted her daughter into a life-style of homelessness, prostitution and drug abuse, and they now accompanied each other, in a symbiotic and dysfunctional relationship, in these activities and through services.

The break in relationship with parents had been long-term. All had lost contact with at least one parent in early childhood. Parents were often highly transient themselves, which contributed to the breakdown in relationships as well as setting up similar patterns for their children.

### **4.4.2 Relationships with extended family**

Extended family were not seen as providing ongoing care and support. Four had little or no relationship with anyone in their family networks, and the remaining five had some contacts, but of variable quality. Only one was described as having a positive and supportive relationship with anyone in their family, and this was with a grandfather who did not live in Adelaide.

*Nick has a good relationship with his grandfather, however he lives a long way away. Other relatives are highly transient. Nick does not have much to do with his family but if he goes missing, the family in the Parklands will usually know where he is. The extended family is described as "dysfunctional and chaotic", particularly in relation to drug use and crime. Nick has sometimes lived with other members of his extended family, but little care and support was offered to him: he would come and go as he pleased. He lived for a while with an aunt, who was described as having "an open door policy": the home is usually filled with extended family. The worker thought this was of limited benefit to Nick: he is always able to return there and maintains a family connection, but does not get any sense of security or belonging, or guidance and support.*

Six young people had lived with extended family. In three cases, formalised relative-care arrangements had broken down, and they were left with ongoing feelings of anger, rejection and shame.

*Jen had a number of placements with family members. According to the worker, the care in these placements was usually inadequate, including being motivated for financial gain rather than care for Jen. Jen now has no contact with her extended family and her treatment when in their care is a matter of considerable shame to her.*

In such circumstances, the street can provide an alternative family: moving away from the streets is thus doubly hard, because it also means moving away from “family” and further isolation and loss of identity. Jen, for example, was described as “an icon on the streets”: for a young girl whose personal history has been so abusive and damaging, such status is precious.

### **4.4.3 Family problems**

Workers usually had very limited information on the young person’s family background. However, even with this limited knowledge, the picture that emerged was of families beset by chronic and multiple issues. These are summarised in the following table.

**Table 20: Family problems known to services**

<b>Family problems</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Health	1	-	1
Alcohol	4	3	7
Substance abuse	1	2	3
Criminal behaviour	1	1	2
Family violence	1	2	3
Family conflict	3	2	5
Family homelessness	1	1	2
Transience of caregivers	1	3	4
Parental separation	3	2	5
Death of fam member	1	3	4
Poverty	2	1	3
Overcrowding	2	-	2
Other	3	3	6

Alcohol abuse was the most common problem known to exist in families. Family homelessness or transience of a caregiver was present in most cases, demonstrating the impact of inter-generational homelessness. Four were known to have experienced the death of at least one close family member: two had parents who were dead, and two had experienced the suicide of a sibling (and in both these cases, the young person feared they were also destined to die this way).

Family problems were a direct contributor to housing instability: young people had moved out, or been moved out, because of serious family issues. Young people were also carrying scars from their upbringing: emotional and behavioural problems; learnt risk-taking behaviours; learnt transience; and lack of a sense of belonging.

*Geoff’s family background was characterised by alcohol and substance abuse, violence and criminal behaviour. His father is transient and sleeps rough most of the time. His relationship with his mother has been highly conflictual, and he has experienced severe physical and emotional abuse which led to his removal from her care. Geoff has a long history of unstable living arrangements including in alternative care, with family, friends,*

*sleeping rough, and residential care. Emotional issues include grief, extreme ambivalence about his mother, mental health problems, poor self-esteem, fear of failure, and lack of a sense of belonging. These have led to at-risk behaviours including offending and high levels of substance abuse, including sniffing paint and solvents. He was described as having almost killed himself through his substance use on a number of occasions, and had ended up in hospital in intensive care.*

## **4.5 A service perspective on needs and services**

### **4.5.1 A profile of a high-need group**

Workers were asked to identify issues which they knew to be present for the young people in the case studies (aside from their homelessness) (Table 21).

**Table 21: Current issues**

<b>Current issues</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Use of alcohol	3	1	4
Use of substances	3	2	5
Health issues	2	2	4
Offending behaviour	2	2	4
Feelings of sadness	3	2	5
Feelings of anger	2	2	4
Suicidal feelings/behaviour	2	1	3
Pregnancy/child care issues	3	-	3
Victim of violence	3	1	4
Educational issues	3	4	7
Boredom	-	1	1
Self esteem	2	3	5
Social skills / behaviour	5	4	9
Relationships	5	4	9
Other	3	4	7

All young people were identified as having issues related to their social skills/behaviour. Five were described as very introverted, withdrawn and/or shy. Consequences included difficulties in expressing feelings or opinions and articulating needs. One young girl, for example, sometimes missed out on services because she could not express her needs: she has consequently been “coached on what to say” and how to perform in assessment situations. Another was described as often being overlooked and her needs unrecognised, because of her quietness. Social isolation, including from peers; and vulnerability to exploitation or bullying, were also identified. Difficulty in dealing with or resolving conflict was common, which for some meant the use of violence and aggression. The young people were frequently in situations of conflict with people around them, including peers, family, services and “the law”.

Relationship problems of one kind or the other were identified for all. Issues raised included unresolved relationships with family; isolation and loneliness; lack of support; violent and abusive relationships (particularly for girls); and conflict between peers.

A range of emotional issues were identified for all: grief, anger about what had happened to them, identity and self-worth issues, feelings of rejection and being let-down, and the specific impacts of the traumas they had experienced including sexual assault and violence.

As in the client interviews, education emerged as a major concern. All were early school leavers, and usually lacked basic literacy and numeracy. Accessing educational programs and support and maintaining the young people in the programs was a major goal for workers.

Drug and alcohol issues were identified for all but one. Most were described as using a range of substances, and for two these included heavy use of heroin (these young women were both identified as involved in drug-related prostitution). Two girls were described as alcoholic from a very young age (in one case, 13 years). Drug and alcohol abuse was associated with health problems: young people “binged” and did not eat; at least two had been hospitalised as a consequence of their drug use; and one had kidney problems. Workers also hypothesised that the serious mental health symptoms of three young people (hallucinations, paranoia, delusions) were related to substance use.

Three were identified as having chronic health problems for which they should be receiving ongoing care, as should the three with indications of mental illness. The extent to which the young people were receiving health care were unknown, and there were notable gaps in the knowledge of workers about the health needs of the youth and their treatment regimes.

Two young women had children in care, one of whom was believed to be affected by fetal alcohol syndrome. These young women were already repeating their own childhood experiences of unreliable and poor-quality relationships. Another was currently pregnant, highly ambivalent about the pregnancy, and living a high-risk lifestyle.

In summary, all the young people had very high and complex needs. Workers were often unable to respond to these needs because of their complexity or specialist nature, because of their short-term relationship with the client, or because of their limited information.

*Jan (aged 16) has had four contacts with an inner-city service. She has been homeless for a number of years. She still has some contact with her family, but these relationships are complex and difficult to manage. She has unresolved issues arising from her background, including sexual abuse and the rejection and violence she has experienced. Aside from her homelessness, immediate issues include poverty (she has been breached for failure to meet Centrelink requirements, and thus is only receiving a part-allowance, which impacts significantly on her ability to secure housing and meet her day-to-day survival needs) and ongoing health problems. She left school early, and has very limited literacy and numeracy. She is very shy and finds it difficult to articulate her needs, engage with people, or ask for help. She is also very vulnerable to exploitation and assault, tending to “hook up with people very quickly for company”, for example in squats.*

#### **4.5.2 Contact with services**

The young people in the case-study were in contact with many services. The following table summarises services workers knew young people had recently been involved with, averaging 6.66 agencies per youth.

**Table 22: Services used (voluntary/non-voluntary) by gender**

Service usage	Female	Male	Total
<b>Non voluntary</b>			
FAYS District Centre	3	4	7
FAYS Independent living	-	2	2
Foster Care	2	3	5
MAYT	-	2	2
MAYT mentor	-	2	2
Residential Care	1	2	3
Secure care	2	1	3
<b>Voluntary</b>			
Community Health	1	1	2
General Practitioner	1	1	2
Hospital	3	2	5
Inner City Youth	2	-	2
Kumangka	1	-	1
Nunkuwarrin Yunti	2	-	2
SAAP shelter	4	3	7
SAHT Direct Lease	2	2	4
Street Link	3	-	3
Other	4	4	8

Five young people were known to have been, or were currently, clients of the statutory welfare sector due to either offending or care and protection issues. Four young people were still supposedly being case managed by Family and Youth Services. Many of the services with which young people had been in contact were located in the statutory sector, and contact was a consequence of a legal order. Consistent with previous studies (*DHS 1997 & 1998*) and the client interviews, this was particularly significant for boys.

Most had used housing services: all but two had used SAAP (this generally included multiple use of services, and both Aboriginal specific and mainstream agencies) and four had at least once taken on a direct lease of housing through the Housing Trust.

Young people were known to access a number of services for their health needs (Nunkuwarrin Yunti, Street Link, GPs, Community Health, and hospitals), but the Women's and Children's Hospital was the single most significant point of contact, and especially the emergency services department.

#### **4.5.3 What is needed now?**

Workers were asked to identify what they felt to be the current service needs of their clients (Table 23). The most commonly identified areas were emotional and practical support (food, clothes, etc). These things are not complex or highly sophisticated but their provision is reliant on time and money.

Six were identified as needing accommodation. Barriers included a shortage of affordable, appropriate accommodation and support; the lack of the "right models" (whatever these may be); and the difficulties inherent in establishing and maintaining young people in stable housing.

**Table 23: Current service needs of clients**

<b>Needs</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Financial assistance	2	-	2
Substance abuse services	4	1	5
Health services	3	-	3
Mentoring	1	-	1
Recreational activities	-	3	3
Educational support	1	3	4
Employment support	-	2	2
Counseling	2	3	5
Personal hygiene/laundry	-	1	1
Long term accommodation	3	2	5
Ind living skills	4	3	7
Emotional support	4	4	8
Other practical support	4	4	8
Emergency accommodation	1	-	1
Other	1	-	1

#### **4.5.4 Service system issues**

There was a high level of consistency across the case studies about service system issues, essentially relating to 1) case management, or joint working processes between services for clients with complex and multiple needs; and 2) the available range of services. These are discussed below.

##### *1) Case management*

All agencies participating in the case studies use a case management model. Ideally, case management should include planning and intervention based on a good understanding of the client as an individual and their history, needs, circumstances and aspirations; a high quality and consistent relationship between worker and client; and a consistent and planned approach to intervention across the agencies involved. Case management is particularly important as an approach for clients with high and complex needs, where there is multiple agency involvement. However, the case studies highlighted problems with the practice of case management for the very population for whom it is most needed perhaps encapsulated by the often repeated call for “greater consistency”. The commonly identified issues were:

- *Problems in the exchange of information.* Workers reported that they operated with very incomplete knowledge on their client’s background, involvement with other services, treatment and plans. Limitations to information is almost inevitable, given privacy issues, the nature of relationship between service and client, and the choices young people make about disclosure, but even against these realities, there was a clear message that more communication could and should operate, particularly in relation to medical, disability and mental health problems or safety issues.
- *Lack of systems and processes for involved agencies to “come together” around cases.* Workers spoke with extreme frustration of their attempts to “case conference” and develop more coordinated and consistent approaches.
- *The difficulties in case-management models with highly mobile clients.* Many young people have frequent transitions between services. Case management that relies on current residence in a service is problematic and arrangements that could stay with a young person in their moves across services and through various arrangements would be

preferable.

- *Partialised and partial responsibilities.* Homeless young people have a complex array of needs across diverse areas. Workers tended not to take responsibility for planning and working across these dimensions but rather partialised their own responsibilities and involvement. Unfortunately, in an uncoordinated and resource-stressed service system, this is likely to result in considerable gaps. Who is working with families? Who helps the young person mediate “best connections” with their families? Who will provide the intensive support? Who will do the thorough assessment?

*“There needs to be greater, structured networking and better links between services to consistently and comprehensively address young people’s needs. There needed to be more comprehensive record keeping and information sharing regarding this young man’s history and current situation, including his disability issues and medical needs”.*

*“There should have been a consistent approach to this young woman across the services involved. There needed to be an acceptance of her mistakes, if she stuffs up it can be done again, help her through the steps, hang in with her”.*

*“A consistent support worker for this young woman across the service system would have been very useful”.*

*“Consistent, supportive case management that included regular contact and let her develop a trusting and supportive relationship, would have been very helpful”.*

*“Structured, consistent, intensive intervention, with a consistent worker, would have been most useful to him. It was only after lots of time and considerable effort that we could arrange a case conference for him. If this had happened earlier there might have been better outcomes”.*

## 2) Gaps in service responses

The other major systems issue identified by workers was gaps in services. Within this, consistently and repeatedly raised was the need for flexible and intensive responses, and the need for different models of accommodation.

- *Intensive and flexible responses:* Workers consistently identified that high-need young people need time; and intensive, personalised responses. However, no-one felt resourced to provide the required level of intensity. In some cases, there was also a message that the kind of intense support that was needed wasn’t really their “core-business” or was hard to justify in face of service objectives and structures.

*“We could have made a difference if we had been able to do more intensive work with her and provide intensive support, both at the level of worker availability and time and being able to provide practical resources (money, goods). The ability to provide an immediate response was also critical.”*

*“She needs to be visited every day”.*

*“He needed intensive work that could not be sustained within our service or provided across the system. For example, for a while we were taking him to school every day. This kept him in school but we couldn’t sustain it long term”.*

- *The need for different accommodation options* for these young people was another consistent theme, specifically concerning:
  - The unsuitability of congregate care for high needs young people with difficult behaviour (particularly boys)
  - The lack of placement options and models for adolescents within the care system.

#### **4.5.5 A harm minimisation approach**

The sample of young people considered in the case studies was older, and in some ways, more complex than the interview participants. This perhaps is to be expected: the most complex and chronic homeless youth will be harder to locate and less likely to be interviewed. Also, when invited to contribute a case-study, services may well nominate a “hardest case”.

Five young people in the case studies could unquestionably be classed as “chronic homeless”, with extensive identification with a street life-style and a high level of at-risk behaviours. In these cases, workers seemed to have little hope of achieving significant change, but instead focused on harm minimisation and “keeping them alive”.

*Fiona has a family background of homelessness. She has lived on the streets for several years and has a range of significant health problems due to her lifestyle and long-term heavy drinking. She is very much part of the street culture. She never stays anywhere for long. She doesn't fit well into shelters: she doesn't like rules. When she has had independent accommodation, her open door policy has lost it for her: the house has become a “squat” for others to come and stay. She has also left accommodation to return to sleep on the streets because she felt isolated on her own. The worker could not identify anything that could make a difference to Fiona now. Meeting her basic health and survival needs was the goal of intervention.*

The longer a young person's involvement in homelessness, the more important harm minimisation principles become. However, for the young people in this research, such principles were also very relevant earlier in the “career path”, for example in seeking to minimise harm from drug use or from rough sleeping.

#### **4.6 Working with homeless Aboriginal young people**

Workers were asked to share their observations on any distinct issues in working with homeless Aboriginal, as compared to non-Aboriginal, young people.

In responding, five discussed issues about the complex dynamic for young people of negotiating their relationship with the broader Aboriginal community and addressing issues of Aboriginal identity. The nature of these issues varied: for one young man, for example, it included the desire for a stronger identification with traditional Aboriginal culture and beliefs against the wishes of his family; whereas for others it was manifested in a desire to not identify as Aboriginal whilst experiencing pressure to do so.

In a related issue, all stated that Aboriginal young people need choices as to whether they access Aboriginal-specific or mainstream services, and most wish to be able to use both. Aside from the simple right of the client to choose, reasons included the complexity of the young people's relationship with the community; privacy concerns; and clan/family issues in some Aboriginal services.

*Sarah has friends in both the Aboriginal and non-Aboriginal community. Her identity with the street culture seems to her worker to dominate, and other young people on the streets have become her “family”. Sarah predominantly uses mainstream services, and once told her worker “Just because I'm Aboriginal doesn't mean I want Aboriginal services and things”. She has resisted attempts to involve her in any Aboriginal cultural activities.*

Whilst all homeless youth have complex family relationships, these were perceived as particularly difficult for Aboriginal youth. Cultural and family obligations are greater, and, whilst these are potentially supportive, they could also be disruptive, particularly after a move

into independent accommodation, where expectations of hospitality can place the housing (and the young person's limited resources) at risk.

Separation from community as a consequence of separation from family is also an issue. Non-indigenous young people who make a "final break" from their family are not ostracized from their community; however, this may be the experience of indigenous youth. Isolation from family and group is particularly significant for Aboriginal people, where group and community relationships are so important, and who are already marginalised from mainstream society.

There was agreement amongst all the workers that homeless Aboriginal young people were contending with more complex, multiple and often chronic family problems than their non-indigenous counterparts. Family homelessness and transience, drug and alcohol abuse and offending were more likely to be inter-generational. Over-crowding was more likely to be amongst the triggers for leaving home and the impact of poverty and poor health were greater.

Workers agreed that engagement and building trust were both harder and more important with Aboriginal young people, due to factors including their shyness, shame, and suspicion. Time, consistency, being there, and providing practical assistance were identified as important in these processes. One worker expressed this in terms of a "gift culture":

*"Giving Aboriginal young people practical assistance is a significant way of engagement and establishing trust. Aboriginal young people respond better to the "giving". To give is a way of helping Aboriginal young people: the more you give the better they respond".*



## 5 RETURNING TO THE HYPOTHESES

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The research project sought to examine seven hypotheses (Section 1.4). This section examines each of these in turn, against the information gathered in the study:

### **5.1 Hypotheses 1: Pathways into homelessness**

*“There are different triggers for entry to a homeless life-style for Aboriginal young people compared with non-indigenous youth. Whereas family conflict is likely to be the precipitating factor for non-indigenous; Aboriginal youth are more likely to have had long term experiences of transitory life-styles or instability. The lifestyle may also be a pattern of behaviour learnt from family. Standard of accommodation with family is also a more significant factor (including over-crowding), as is the influence of peer group (ie wanting to go with friends).”*

This study has supported the findings of Jordan (1995) that homelessness for Aboriginal young people has its origins in family breakdown and abuse. Rather than being caused by short-term family conflict or adolescent rebellion, homelessness derived from long-term and major disruption of care-giving relationships, and complex and chronic family problems in which children and young people experienced significant levels of harm.

This study identified two sub-groups within the population of homeless Aboriginal youth:

1. Those who had relatively stable accommodation until their early teen years. These had less changes of caregivers, had experienced less abuse, and were more likely to have a positive relationship with at least one of their parents;
2. Those whose instability began at an early age (ie before the age of seven), and had early disruption of the parent-child relationship. These had longer histories of housing instability, were more likely to have experienced child abuse and neglect, and had negative (or no) relationship with their parents. These young people may have entered the formal Care system, or may have remained predominantly within the informal networks of family.

The second group were the largest component of the research sample.

It was also found that the stability of group one was deceptive: these young people had also experienced a significant level of harm, and had lived in environments marked by considerable disruption, violence and abuse. Families lived in crisis, with a triggering factor leading to the break down of extremely tenuous and sometimes dangerous arrangements. These factors were not related to the young person’s adolescence, but adolescence did mean it was easier for them to “take off” or be “evicted”.

Family breakdown, child abuse and neglect, are known to be major triggers for non-indigenous youth homelessness. However, this study has identified ways in which patterns for Aboriginal youth seem to differ from non-indigenous:

- Most were found to never had known safe, stable care, and to have been living life-styles marked by a high degree of transience and instability since birth;
- The impact of family homelessness and transience was very significant and many of these young people were “second generation homelessness”.
- Proportionally, there is a far higher level of homelessness, transience and fluid accommodation patterns amongst the Aboriginal population, compared to the non-indigenous, and recent cultural and practical connections to sleeping out, camping

or sleeping in temporary forms of accommodation (eg cars). Consequently, there is a greater “ease” for Aboriginal young people in moving into such life-styles, not least because many will know people who live this way.

- Sub-standard housing, over-crowding and the ill-health of family members (especially care givers) have a greater role as triggering factors than would be expected amongst the non-indigenous population.
- Peer influence was not found to be a factor in causing young people to leave home. However, it did influence where young people went and what they did when they left – for example, choosing to sleep with cousins in a squat, using substances, or doing crime.

Again, this supports the findings of Jordan (1995) that the overall level of disadvantage of homeless Aboriginal youth is greater than their non-indigenous counterparts.

## **5.2 Hypotheses 2: Is it homelessness?**

*“A lifestyle characterised by a high degree of unstable and unsafe living arrangements, and the lack of adult support and care” may be a more appropriate descriptor of the lifestyle of Aboriginal young people in this target group than “homeless”.*

Using the definition in the SAAP Act, the young people in this study were clearly homeless or highly at risk of homelessness. However, most would not have defined themselves as homeless<sup>2</sup> (although some did).

Definitions of homelessness can be based on either subjective or objective criteria (is someone homeless if they define themselves to be; or are there an objective criteria which can be used?) Chamberlain and Johnson (2001) have argued strongly for an objective, cultural definition, such as exists with poverty. According to this argument, a person would be homeless if their standard of accommodation fell below the benchmark minimum housing standard for the community and would include people who lack housing security and are living temporarily with others, in boarding houses or moving around, and those whose standard of accommodation places their health and/or safety at risk.

There is cogent reasons to support an objective definition for Aboriginal youth homelessness. It has been argued that moving from place to place, or from family to family, or sleeping rough, is more culturally acceptable in the Aboriginal community, and therefore should not be equated with homelessness. However, it is clear that all children and youth require stable, safe care and ongoing supportive relationships with adults; and that living in substandard accommodation and sleeping rough compromises health and safety regardless of cultural background. To argue that Aboriginal young people have a lesser need for these fundamental conditions of well-being is extremely dangerous. It is also not supported by this research, in which the over-whelming message from the young people was that they did not like moving around, and aspired to safe, stable care with consistent adults in a decent standard of accommodation.

It is therefore argued that the young people in the study were indeed homeless, according to the accepted definitions (The SAAP Act; Chamberlain & MacKenzie 1992).

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<sup>2</sup> This in part may be attributed to some of the negative connotations around the label of “homelessness” which may be particularly cogent in the Aboriginal community.

### **5.3 Hypotheses 3: Primary and secondary homelessness**

*“Most Aboriginal young people in the target group are “secondary homeless” (ie moving frequently from one form of temporary shelter to another, as opposed to primary homeless (sleeping rough))”*

Studies have shown that the majority of homeless fall into the category of “secondary or tertiary” homeless (eg Chamberlain 1999). Further, anecdotal information and conventional wisdom is that Aboriginal young people can always find a roof over their head or somewhere to stay for a while with a friend or relative, and therefore do not need to sleep rough. Consequently, this study did not expect to find high levels of primary homeless, and the frequency of rough sleeping was higher than expected. Most sleeping out was relatively short term, but it was clearly within the repertoire of most of the participants, from necessity rather than “choice”. Further, all had connections with people who were sleeping rough. It would seem that sleeping rough, or primary homelessness, is a common experience amongst homeless Aboriginal young people, and often from a very early age (including childhood). Given the considerable risks associated with sleeping rough, this is extremely concerning.

### **5.4 Hypotheses 4: Drug and substance abuse**

*“Most of the young people in this target group have patterns of drug and substance abuse.”*

Substance abuse emerged as a major issue for approximately half the sample in both case studies and interviews, and it could be assumed some misuse was not identified. Concerning elements in the patterns described included the early age at which use began, the extent of misuse, its destructive impact, and the highly dangerous nature of some of the substances, for example, “chroming” (sniffing paint).<sup>3</sup>

The young people in the study mostly came from families in which there were patterns of alcohol or substance abuse, and great harm associated with these behaviours. Their own usage was influenced by being “uptown” and the street lifestyle, and connected to peer influence, availability, and boredom. It was also described as an escape from feelings of despair and emotional pain. These elements have been connected with substance abuse amongst young Aboriginal people in other studies and anecdotal reports (for example, The Age, 2001). Sadly, the impacts of drug and alcohol use by these teenagers were already being passed on to their children. Some participants were concerned about their use, had failed attempts to change, and felt there was no assistance available for them in this process. Support in both rehabilitation and harm minimisation is of high importance.

### **5.5 Hypotheses 5: Family relationships**

*Homeless Aboriginal young people tend to maintain better relationships with their family than do non-indigenous homeless youth. They are less likely to make “a permanent break” and will maintain contact, including moving in and out of family homes. The concept of family will also be different, and will include an extended family network.*

The research found that the concept of “family” for Aboriginal young people was a distinctive feature of their experience and world view, with a strong emphasis on extended, rather than nuclear family. Extended family played a more significant role in terms of upbringing, influence and relationships than would be expected to occur for non-indigenous children. Family, especially “the cousins”, were also the basis of peer networks.

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<sup>3</sup> Little research has been done on the effects of chroming, but evidence suggests it is dangerous, potentially lethal, and can cause severe damage to brains and kidneys. It has been described as the “gutter drug” because of its cheapness and availability, and recent media reports suggest it to be the drug of choice amongst isolated and marginalised children, especially Aboriginal (The Age, 10 May, 2001).

However, the research also revealed the extent to which these family relationships were problematic, and often abusive and dangerous. Particularly unexpected was the extent of breakdown of parent/child relationships. Breakdown in family relationships was identified as the major precipitant for homelessness and all were bearing the scars of their family experiences.

The interviews suggest that Aboriginal young people tended to move “in and out” of their family before making a “clean break” for longer than may be expected for non-indigenous youth, and certainly moved around their extended family more. However, while it is apparent extended family members fulfill a cultural obligation of providing shelter, they are often unable to provide much needed structure, supervision, or practical and emotional support and can also inflict harm.

Despite the poor quality of relationships, most young people maintained contact with extended family, and it was felt that connection to family was probably more important than would be expected amongst a similar group of non-indigenous youth.

## **5.6 Hypotheses 6: Pathways to services**

*The juvenile justice system is the major point of contact between Aboriginal young people in the target group and the service system. Aboriginal youth are less likely than their non-indigenous peers to voluntarily seek assistance.*

The juvenile justice and the care and protection systems were found to be the major points of contact between the service system and homeless and at risk Aboriginal youth, and most reported service usage was non-voluntary, particularly for males. This confirms the findings of previous studies (eg *A Different View*, DHS, 1998). The research also suggested that there was in fact an under usage of services relative to need (also identified in *A Different View*).

Voluntary access was strongly influenced by “word of mouth”, and especially reports from peers or relatives (usually cousins) on both service availability and what to expect there. There were concerning gaps in knowledge about where to go to get help. Services that provided practical assistance (food, money, bus tickets, showers) were favored.

Gender differences in pathways and access patterns and barriers were identified. Boys were influenced by their need to be seen as independent and strong, and by peer pressure. Girls were more likely to feel hesitant, anxious or unsafe in help seeking. For both genders, however, relationship with workers was crucial and could serve as a mediating point. Strategies are needed to facilitate access and address these barriers.

## **5.7 Hypotheses 7: Outreach support**

*Aboriginal youth tend to self-select their own accommodation within their own networks. Supports other than accommodation should therefore be provided for this target group.*

All homeless people predominately self-select their accommodation. Staying with friends or relatives on a short term basis is probably the most common option for the homeless, with the most comprehensive attempt to enumerate the homeless in Australia suggesting that only around 12% are accommodated in SAAP (Chamberlain, 1999).

This was certainly found to be the case in this study. Although they moved in and out of SAAP or other formal care (eg foster care), most “voted with their feet”, used their own networks as much as possible, and in fact fiercely guarded their independence.

It was also clear, however, that these self-selected options were often highly problematic and sometimes outright dangerous. The study highlights, therefore, the need to continue to develop a range of accommodation options for young people who cannot live at home. Aboriginal young people, like non-indigenous youth, need choice and there is clearly no “one size fits all”.

It is also clear that supports other than accommodation are required, and outreach support for a young person, with whom and wherever they may be living, is an important component. There are also issues in linking support to accommodation, with resulting loss or discontinuity of support when a young person moves. Consistency of relationship, and support that can follow young people across services and through a range of accommodation options, is vital.



## 6 Towards a planning framework for services to homeless Aboriginal young people

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The brief for this study included providing information which would inform the development of a planning framework for services to homeless Aboriginal youth, and considering Chamberlain and MacKenzie's (1998) model of a homeless career path in terms of its applicability. This final chapter, therefore, returns to the model, considers the distinctive nature of Aboriginal youth homelessness and proposes some adaptations. Key challenges for service development are then identified, and specific recommendations are made.

### 6.1 Revisiting the model

One of the aims of this research was to "test out" the ideal-typical model of a homeless "career path" proposed by Chamberlain and MacKenzie (1998) (Diagram 1 discussed in Chapter 1) in terms of its applicability to Aboriginal youth homelessness. The findings suggest a "yes but" answer: the model is generally applicable, but some adaptations need to be made.

The young people whose stories were examined could be fitted "more or less" along the homeless career path. Progressions through the stages of risk and induction into a homeless life style over time were observed. The model can, therefore, act as a useful tool in conceptualising pathways and key points in intervention and changes over time. However, the distinctive nature of homelessness amongst Aboriginal youth also needs to be considered.

Overarching is the concept of "family": The dominant concept of family in Aboriginal culture is extended, not nuclear. Family are likely to play a far greater role in child rearing and an Aboriginal teenager may well have lived for lengthy periods of time across the networks of their family. "Moving out of home" may well mean moving out of the home of an extended family member, rather than from parents. The "permanent break", as proposed by Chamberlain and MacKenzie (ie when a young person no longer thinks of themselves as belonging to a family unit and believes they are unlikely to return to the family home to live on a continuing basis), may perhaps best be conceptualised as *when a young person accepts that they are unlikely to return to their major family base to live on a continuing basis*. Throughout the homelessness "career" an Aboriginal young person is highly likely to continue to have connections with their family (though the study found that this was not always the case); their identity is likely to remain closely connected to family; family may form their major peer group; family members may introduce or reinforce at risk behaviours; and young people may have obligations to family which impact in various ways. Family work, including with regards to "best connections" and support in family relationships when a young person cannot live with family, therefore remains an important consideration at all stages of intervention. It is also likely that the focus of family intervention and support may be extended family.

The research has supported the observations from Chamberlain and MacKenzie that young people feel forced to leave home either because they feel unsafe or because of relationship conflicts. However, for Aboriginal young people, the chronic, complex and often intergenerational nature of family problems is arguably distinctive, and bring into question family mediation approaches which do not have the capacity to deal with the complexity of issues or the degree of threat/harm to a young person in their family environment. Also questionable are approaches which are built on a premise that "at risk of homelessness" is a short-term crisis.

Chamberlain and MacKenzie identified the “tentative break” as a significant transition point (in which the young person first leaves the family home for at least one night without permission, and signaling a move into short term homelessness). The extent to which this is a significant transition point for Aboriginal youth is questionable, with some indications that staying away from home is far more common, and not viewed as negatively in sections of the community. It is, however, still a significant problem. Many of the young people in this study began such behaviour at a very young age (ie pre-teen) and continued it for extensive periods of time until it in itself became a life-style. This was largely built on their need for respite from home conditions. The at risk behaviour and the extreme vulnerability of young people when out of “home” was very clear, and perhaps greater than in an equivalent population of non-indigenous youth who may be more likely to stay with friends rather than on the streets. The involvement in offending, alcohol and substance abuse, sleeping rough and “up town” lifestyles, and the risk which resulted for health and physical safety was deeply concerning. Behaviours that were perhaps more to be expected amongst “chronic” homeless were found for this group amongst very young adolescents who were still in the “moving in and out of home” stage. Generally, age and time frame differences need to be noted, with Aboriginal young people likely to move through the homelessness “career path” at an earlier age, including pre-teen and engage in high risk behaviours earlier. They are also likely to enter and identify with the homeless subculture quicker and easier than non-indigenous youth.

It is also helpful to consider alongside the model a conceptual framework to assist in understanding the different pathways into homelessness. There is sometimes an implicit assumption that homelessness is a clear and perhaps sudden change in status from “housed” to “not housed”. This assumption is problematic. Weitzman, Knickman and Shinn (1990) have proposed three distinctive pathways into family homelessness: the “rapid decline” (those whose housing situation deteriorates rapidly from stable accommodation to homelessness), the “slow slide into homelessness” (people who had once had stable housing whose accommodation situation slowly declines over time), and the “never housed”, who had essentially never held a stable place of their own. On the basis of this research, we would argue that these categories are also useful in conceptualising pathways into homelessness for Aboriginal young people. Some Aboriginal youth could be described as “never housed”, and it is also clear that a “slow decline” into homelessness may have occurred with deteriorating quality or stability of housing and care over years. Only a couple in this study could perhaps be described as having a “rapid decline” into homelessness. By the time they reach puberty, young people may in fact be in a chronic life style, marked by high levels of mobility, minimal access to stable, safe housing, and extremely limited adult supervision, consistency or care. Thus perhaps what changes for these young people as they enter adolescence is their degree of mobility and ability to live independently of adults, especially “care-givers” and vote with their feet and move on, coupled with increasing engagement in risky behaviours.

It is argued, therefore, that the model proposed by Chamberlain and MacKenzie can provide a useful tool in conceptualising Aboriginal youth homelessness; however the distinctive nature of indigenous youth homelessness, especially with regard to family, age, behaviour, pathways and triggers for homelessness, needs to be acknowledged.

## **6.2 Service elements**

The research suggests that there is less difference than may be expected in the kinds of services required as a young person moves further into homelessness, given the early manifestations of high risk behaviours amongst Aboriginal youth and the ongoing need to consider family issues, and what in fact changes may be the intensity or nature of the response that is required (eg as a young person gets older, or their substance abuse becomes an addiction). These issues are discussed below.

### **6.2.1 Family work**

The research has identified “family work” as relevant to homeless Aboriginal young people at any stage of homelessness. However, the nature of this family work tends to change along the continuum (from a focus on family intervention and support, and more towards a major focus on best connections and safe relationships when a young person will not return to family). There is, however, great diversity amongst the population, and in their relationships with and experience of family. For example, the research suggests a considerable proportion of young people move into homelessness from the care system, and relationships with family are already extremely fractured, perhaps since infancy. There are others whose family connections are extremely dangerous. For these, best connections, safe relationships, and support in dealing with emotional issues with regards to their family, should be the focus of family work from the early stages of the homelessness experience.

The intensity and breadth of the family intervention that is required must also be emphasised. These families do not simply need counselling and help in resolving parent/child conflict: they require intensive support and intervention around a range of long-term and complex issues, including homelessness, inadequate housing, drug and alcohol abuse, violence, health, and poverty. The impact of policies of child separation, and loss of community and culture, is clear. The people who have assumed major care-giving roles in families (notably grandmothers) are struggling to provide care, with clear consequences for their own safety and wellbeing.

It was also striking that in none of the stories were there indications of support services being provided or agency involvement. The sense from the research was of Aboriginal families struggling with incredible loads but without support.

It must also be emphasised that “early” intervention to prevent youth homelessness encompasses early family intervention and support to families through all the child rearing years.

### **6.2.2 Services to young people**

Young people who are homeless or at risk of homelessness need services and support far broader than simply “accommodation”. The research suggests no substantial differences between the kinds of needs that young people in the early stages of homelessness have when compared with the “chronic homeless”. However, the intensity of need will increase (eg dealing with heroin addiction rather than marijuana use); the philosophy of service delivery should shift (focusing on harm minimisation and support for independence); and the service model need to change to reflect long term needs (eg from safe respite to long term accommodation).

The many needs of young people have been discussed in detail throughout this report. The research has highlighted, for example, their vulnerable health status and lack of access to health care; sexual health needs; the desire of many of the young people for better educational support and some of the barriers to formal education (including, at the most basic level, decent clothes), and extremely dangerous patterns of alcohol and substance use. Service planning for this target group must be holistic and built upon an understanding of the complexity and extent of these needs.

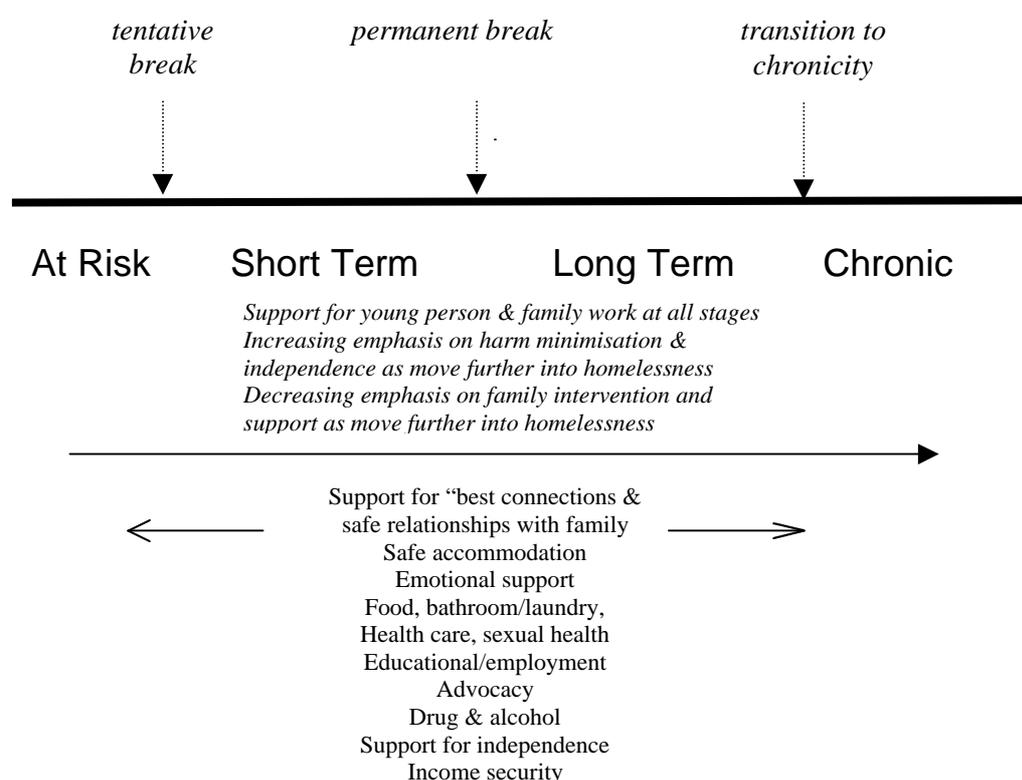
Harm minimisation principles are integral to work with homeless youth. At any stage on the homelessness “continuum”, young people in the study were facing or experiencing considerable harm, which could be minimised by strategic intervention (eg the provision of food, health care, safe shelter). Such responses do not “fix” homelessness but they are realistic, practical and important. Minimising the harms from homelessness, rather than

achieving major change in housing status or a return home, becomes more important as young people move further into chronic homelessness.

### 6.3 A modified model

Diagram 2 overlays the service elements identified as needed by Aboriginal young people who are homeless or at risk of homelessness onto the Chamberlain and MacKenzie model.

Diagram 2: Modified ideal-typical career path, after Chamberlain & MacKenzie (1998).



### 6.4 Key challenges for service development

Making recommendations and focusing in on key challenges in an area such as this is difficult and runs the risk of promoting simplistic solutions. Aboriginal youth homelessness is impacted on by multiple factors and systems, including the health and housing status of Aboriginal people; intergenerational family breakdown; socioeconomic disadvantage; unemployment; and, most significantly, the ongoing impacts of racism, dispossession and loss of family, community, livelihood, land and culture on emotional well-being, self-esteem, family structure; standard of living and social participation.

Responding to Aboriginal youth homelessness is far broader than the responsibility of any one program (such as the Supported Accommodation Assistance Program) or area. Every aspect of Human Services can and should make contributions towards Aboriginal health and wellbeing which will influence the future experiences of Aboriginal children and young people; and beyond DHS, all of government and community have responsibility and influence.

It is emphasised, therefore, that the following recommendations are not designed to address the whole gamut of issues around Aboriginal youth homelessness, but instead focus in on some key areas within the scope of responsibility where immediate impact could be made.

### ***Challenge One: coherent, articulated and strategic planning principles***

Good planning and service delivery is grounded on coherent principles which articulate and encapsulate priorities to be addressed. The following principles are tentatively proposed as key elements which reflect the distinctive nature of Aboriginal youth homelessness and the major issues which have emerged from this study.

#### **PRINCIPLE ONE:**

*All children and young people need, and are entitled to receive, safe, secure care and nurture, ongoing supportive relationships with committed adults, and a standard of accommodation that does not endanger their health or threaten their safety.*

#### **PRINCIPLE TWO:**

*Aboriginal children and young people need, and are entitled to receive, adequate food, clothing and shelter, and Government and community have a responsibility to meet this need.*

#### **PRINCIPLE THREE:**

*All policy, planning and service delivery for at-risk and homeless Aboriginal young people must be informed by an understanding of the distinctive nature of family in the Aboriginal community, and be sensitive and responsive to this reality.*

#### **PRINCIPLE FOUR:**

*Culturally appropriate responses to youth homelessness and support services should include flexibility with regards to age criteria, recognising that Aboriginal young people may display greater degrees of at-risk behaviour and independence at a younger age.*

#### **PRINCIPLE FIVE:**

*Sector, service and agency arrangements should support long-term relationships between young people and individual workers, and promote consistency and continuity of care and support.*

#### **PRINCIPLE SIX:**

*The population of Aboriginal homeless youth is not homogenous, and a diversity of service responses and models is required to meet their needs. Aboriginal young people should, as far as possible, have choice and options, including between models of service and the ability to choose between Aboriginal specific and mainstream services.*

#### **PRINCIPLE SEVEN:**

*As a young person moves along the homelessness continuum, harm minimisation principles become increasingly important in shaping service responses.*

#### **PRINCIPLE EIGHT:**

*Service planning, structural arrangements and inter-agency relationships should promote holistic approaches to service delivery.*

#### **PRINCIPLE NINE:**

*Service funding, planning and delivery should be marked by a commitment to innovative, exploratory and flexible practice.*

### ***Challenge Two: Family and child welfare and support services***

All children need stable, safe care and a consistent nurturing adult presence. The research has explored the stories of young people who, despite often extensive contact with child welfare services, were denied these most basic of needs. Their homelessness was shown to be rooted in an early breakdown of parent-child relationships and learnt patterns of high mobility. Child and family welfare services, including family support, child protection and alternative care, are vital elements in any strategy to prevent youth homelessness. The research also

suggests the need for accessible, high quality and holistic family support services, and for coordinated or integrated care models, as well as innovation and creative development.

**RECOMMENDATION ONE: FAMILY IN SERVICE DELIVERY**

*Family should be a focus in all interventions with Aboriginal youth. However, the nature of this family work will be determined by the young persons' relationship with and experience of their family; their wishes; and their circumstances. The focus of family work should range from family intervention and services to support for best connections and safe relationships where a young person cannot return home.*

**RECOMMENDATION TWO: FAMILY INTERVENTION SERVICES**

*Consideration should be given to increasing the level of Aboriginal family support services in South Australia.*

*Intervention with Aboriginal families should be holistic, flexible, highly skilled, and able to incorporate any relevant family issue including health, education, violence, drug and alcohol use, housing and poverty.*

*Services should have the capacity to provide intensive support over the long term.*

*Staffing levels and case loads for indigenous services should reflect the extent and complexity of family needs and the expectation that services assume a broader family systems approach in their intervention.*

*Coordinated and integrated care models should continue to be developed and implemented for Aboriginal families*

***Challenge Three: Holistic responses and safe places***

The findings of the research support holistic and flexible models of service delivery for families and youth. Several young people independently proposed a “one stop shop” model for homelessness services, which bring together health services, counselling, food, laundry, recreation, practical assistance, drug and alcohol services and educational support. The notion of a “safe place”, a centre, a gathering and meeting place, rather than simply “a service” is integral to this thinking.

The development of such services is not easy for a range of reasons, not the least of which is community reaction to the concept of a centre which might attract disaffected youth. Planning difficulties aside, it must be acknowledged that this is what many young people want and believe will serve them best.

**RECOMMENDATION THREE: HOLISTIC RESPONSES**

*Homeless and at risk Aboriginal young people, at any stage of the homelessness continuum, are likely to require support for best connections and safe relationships with their family; safe accommodation; emotional support; attention to their practical needs; health care; educational assistance; drug and alcohol services; and income security.*

*Strategies should be developed which enable more holistic, flexible and intensive service responses, which are capable of responding to the breadth of issues and complexity of needs with which these young people present.*

*Specifically, consideration should be given to “one stop shop” models which bring together health, counseling, food, laundry, recreation, practical assistance, drug and alcohol services and educational support, along with the capacity to respond to accommodation issues and provide a safe place.*

#### ***Challenge Four: Basic needs***

Providing for the basic survival needs of homeless and at risk young people is an absolute minimum necessary to ensure their physical safety and wellbeing. It is a fundamental harm minimisation strategy, and also an essential component of pathways out of homelessness. Providing basic necessities such as food and income also minimises harm to the community as a crime prevention strategy.

The young people's stories highlighted the difficulties homeless youth – even those out of home for a short period – face in getting food. Commonly, young people commit crime to eat. This same pattern has emerged in Booth's research on nutritional aspects of youth homelessness in Adelaide (in progress). There is something frightening about children and young people in the 21<sup>st</sup> century in suburban Adelaide having to resort to stealing, begging or searching rubbish bins for food. The older homeless in inner city Adelaide have day centres which provide food and laundry facilities; these same services do not exist for our youngest and most vulnerable homeless. And there are clear reasons why young people should not share the same facilities as older homeless.

#### **RECOMMENDATION FOUR: BASIC NEEDS**

*Youth-specific strategies should be developed to improve access to food for homeless young people in the inner city.*

*The capacity to provide material goods (including food, hygiene products, clothes) and to respond to immediate poverty issues should be an important and fundamental component of services for Aboriginal young people who are homeless or in transition from home.*

*Income security policy and practice, in particular with regards to mutual obligation requirements, should have the capacity to respond sensitively and appropriately to highly vulnerable youth, and specifically Aboriginal youth, to ensure they have an income sufficient to meet basic needs and the financial capacity to move out of homelessness.*

#### ***Challenge Five: Accommodation***

The research has highlighted that more and different accommodation options are needed for Aboriginal young people who are homeless and at risk of homelessness. The young people have expressed their preference for:

- safe places for temporary stays with minimal “questions asked”, especially for younger adolescents
- options that are not residential and not foster care, especially for younger adolescents (ie small group facilities)
- minimal rules and intervention.

Such expectations are difficult to meet for a raft of reasons, including legal obligations and the need to guarantee safety and security for all residents. There is no simple “right” model of accommodation, and developing and implementing such models are fraught with difficulty. However, although we hesitate to say, yet again, the obvious, it is clear that more options, and greater diversity, should be aimed for.

#### **RECOMMENDATION FIVE: ACCOMMODATION**

*Consideration should be given to strategies to increase the diversity of accommodation options for Aboriginal young people who are homeless or at risk of homelessness. These should include:*

- *a wider range of options for younger adolescents, including greater ease of access for those “on the streets”*
- *options which can accommodate young people with extremely difficult behaviour and intensive needs*
- *options which can provide for young people whose social skills and behaviour make them unlikely to succeed in either family based or congregated care*
- *accommodation that can cater for young people who are using alcohol and substances; and provide special support for young people in the process of rehabilitation.*

### ***Challenge Six: Educational support***

The importance which the young people gave to education and training suggests these areas should have a more central place in responses to homelessness. There is also a need for education and training in practical areas such as life skills, independent living and parenting. This adds weight to the argument of Chamberlain and MacKenzie (1998) for stronger partnerships between education and welfare services in youth homelessness. Education, including basic literacy and numeracy, must be a priority.

#### **RECOMMENDATION SIX: EDUCATION**

*Education and training should be a central focus in services to at risk and homeless Aboriginal youth.*

*Partnerships between education and human services to develop flexible, responsive and innovative programs tailored to the needs of individuals and addressing their individual barriers to learning are a priority.*

*A greater role for educational mentors should be considered.*

*Flexible funding should be available to ensure poverty related barriers to educational participation (food, suitable clothing) are addressed.*

### ***Challenge Seven: Case management and personal support***

The research highlighted issues with regards to case management including problems in the exchange of information, lack of systems and processes for agencies to come together around cases, the difficulties in case management models with highly mobile clients, and partialised and partial responsibilities. It has also highlighted that relationship is central to successful intervention, and that there are elements in the current structure of the service system which work against the development of consistent relationships and processes of support.

It is also worth noting that the language and model of “case management” is problematic with youth who want neither to be a “case” or to be “managed”.

A supportive relationship is at the heart of successful service delivery. The research has highlighted the following elements, none of which are new or earth-shattering, as integral to this support:

- consistency
- friendship and emotional support
- engagement and trust
- commitment to the young person, particularly over the longer term
- immediacy of response
- availability
- realistic goals, and the acceptance of “failure”

- starting where the young person is
- practical assistance
- recreation/linking with activities
- advocacy and assistance in negotiating the system.

**RECOMMENDATION SEVEN: PERSONAL SUPPORT AND CASE MANAGEMENT**

*Consideration should be given to strategies, at both a head office and local level, which address problems in the practice of effective and consistent case management across services, for example:*

- *pilot projects in a defined geographical area that seek to develop models of work, flexibility and funding arrangements which support better co-working and case management, including giving services freedom to do things differently in interagency work;*
- *flexible funding to support “whatever it takes” for a particular individual;*
- *funding mechanisms which allow independent, cross-system case management and worker support which is defined by the needs of the young person rather than the mandate of a particular agency; and/or case management and consistent worker support which is independent of participation in a particular service and can travel with a young person;*
- *flexible criteria for service eligibility so young people are included, not excluded.*

*In particular, priority must be given to strategies which promote consistency of relationship and response over the long term. Achieving a greater level of consistency for vulnerable young people should be a major goal in policy, planning and service delivery.*

*Consideration should be given to increasing the level of outreach support available to homeless and at risk Aboriginal youth, including ensuring that case management and support is available to young people who self-select their accommodation.*

**Challenge Eight: Service Access**

The research has highlighted issues around access to services for Aboriginal youth. Access barriers are attitudinal (mistrust, suspicion, bravado, fear of weakness), informational (not knowing what exists or how to get help), experiential (put off services by negative experiences) and due to the complex structure of the service system. Access to services, especially boys, is predominantly through the statutory sector. The fact that services are delivered in a non-voluntary context does not mean they cannot be effective or that young people cannot build good relationships with workers. Aboriginal youth look for consistency, responsiveness and trustworthiness, from workers of every sector.

Responses to access issues might include better information in a format acceptable and accessible to the target group; individual services building bridges to the Aboriginal community; addressing barriers which impact on young people at first-point-of-contact including assessment and intake procedures and physical space issues; and the continuing development of high quality and more holistic and flexible responses that will be attractive to and accepted by the young people.

**RECOMMENDATION EIGHT: ACCESS ISSUES**

*At all points of service planning and delivery, strategies should be considered and developed to improve the access of Aboriginal young people to services.*

***Challenge Nine: fostering innovation and positive risk taking***

Finally, it is vital that planners and services have freedom and encouragement to take some risks and try out new ideas. Interventions to address the issues canvassed in this report are all relatively new and there is very little in the way of an evidence base as to “what works”. Developing successful responses requires a commitment, from all levels, to explore, innovate, and be open to change.

**RECOMMENDATION NINE: ENCOURAGING INNOVATION AND SUPPORTING SUCCESS**

*Knowledge of the extent of disadvantage of Aboriginal homeless and at risk youth; the complexity of their needs; their particular barriers to service and social participation; and the importance of cultivating innovation; should be key understandings which inform policy, planning and funding decisions at a head office and local level in all services to Aboriginal youth.*

**6.5 Finally...**

This study has provided a rare opportunity for the stories of a small number of marginalised Aboriginal youth to be heard. We are very grateful for the openness and courage with which they talked. The young people participated in the hope that their stories would help changes things for others: we hope our analysis and retelling will also support that end.

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